

<b>Benefit Type</b>	<b>CIGNA - SCHOOLCARE Yellow w/ Choice Fund HRA</b>	<b>CIGNA - SCHOOLCARE Yellow w/ NO Choice Fund HRA</b>
<b>Embedded Choice Fund (HRA) if activated, pays for eligible expenses</b>	\$1,000 individual / \$2,000 family	N/A
<b>Preventative Care</b>	\$0	\$0
<b>Routine Hearing Exam</b>	\$0	\$0
<b>Routine Eye Exam</b>	\$0	\$0
<b>Office Visit Copays</b>	<i>Deductible; then 20% co-insurance</i>	<i>Deductible; then 20% co-insurance</i>
<b>Specialist Visit Copays</b>		
<b>Allergy Injections</b>		
<b>ER Copays</b>		
<b>Urgent Care</b>		
<b>Convenience Care</b>		
<b>Emergency Transport</b>		
<b>Lab Work</b>		
<b>X-Rays</b>		
<b>Chiropractic</b>		
<b>PT/OT/SP visits</b>		
<b>Accupuncture</b>		
<b>Outpatient Surgery</b>		
<b>Deductible</b>	\$1250/\$2500	\$1250/\$2500
<b>Co-Insurance</b>	\$750/\$1500	\$750/\$1500
<b>Pharmacy Co-pays</b>	Deductible; then 10% co-insurance (\$75 cap after deductible)	Deductible; then 10% co-insurance (\$75 cap after deductible)
<b>Durable Medical Equipment</b>	Deductible; then 20% co-insurance	Deductible; then 20% co-insurance
<b>Out of Pocket Maximum Medical I/F</b>	\$2000/\$4000	\$2000/\$4000
<b>Out of Pocket Maximum Pharmacy I/F</b>		

All deductibles, coinsurance, and copayments contribute towards the out-of-pocket maximum. Once the individual or family medical out-of-pocket maximum is satisfied, the plan will pay 100% of the covered medical expenses through the remainder of the plan year.

Retail Pharmacy and Home Delivery copays apply to the out-of-pocket maximum per plan year.