

Health Insurance Summary
Tender Touch Rehab Services LLC
Effective: October 1, 2019

Administrator	American Plan Administrators	American Plan Administrators	American Plan Administrators
Network Website	www.cigna.com	www.cigna.com	www.cigna.com
Plan Type	Base Plan	Middle Plan	High Plan
In-Network Expenses			
Primary Office Visit Copay	\$20	\$20	\$20
Primary Care Physician Selection	Optional	Optional	Optional
Specialist Copay	\$20	\$20	\$20
Preventive Care	\$0	\$0	\$0
Referrals Required	No	No	No
In-Patient Hospital Copay	Coinsurance after Deductible	Coinsurance after Deductible	Coinsurance after Deductible
Outpatient Surgery	Coinsurance after Deductible	Coinsurance after Deductible	Coinsurance after Deductible
Laboratory	\$0/office based	\$0/office based	\$0/office based
(Participating Lab: Quest Diagnostics)	\$150 copay/hospital	\$150 copay/hospital	\$150 copay/hospital
X-Ray	\$0/office based	\$0/office based	\$0/office based
	\$300 copay/hospital	\$300 copay/hospital	\$300 copay/hospital
	\$100/office based	\$100/office based	\$100/office based
MRI & CT Scans	\$500 copay/hospital	\$500 copay/hospital	\$500 copay/hospital
Deductible	\$2,000 / \$4,000	\$1,250 / \$2,500	\$500 / \$1,000
Coinsurance	30%	20%	10%
Out of Pocket Max	\$6,000 / \$12,000	\$5,000 / \$10,000	\$4,000 / \$8,000
Emergency Room Copay	\$300 copay	\$300 copay	\$300 copay
Urgent Care Provider	\$50 copay	\$50 copay	\$50 copay
RX Copay	\$20 / \$40 / \$60	\$20 / \$40 / \$60	\$20 / \$40 / \$60
	\$40/ \$80 /\$120	\$40/ \$80 /\$120	\$40/ \$80 /\$120
	\$100 surcharge applies for employee that continue to fill scripts that are covered by CanRx.	\$100 surcharge applies for employee that continue to fill scripts that are covered by CanRx.	\$100 surcharge applies for employee that continue to fill scripts that are covered by CanRx.
Mail Order RX			
Specialty RX Copay	Not covered	Not covered	Not covered
Routine Eye Exams			
(1 exam per 24 months)	\$0	\$0	\$0
Vision Eyewear	100% up to \$100	100% up to \$100	100% up to \$100
(every 24 months)			
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Out-of-Network Expenses			
Deductible	\$10,000 / \$20,000	\$10,000 / \$20,000	\$5,000 / \$10,000
Coinsurance	50%	50%	40%
Out of Pocket Max	\$20,000 / \$40,000	\$20,000 / \$40,000	\$10,000 / \$20,000
Out Of Network Hospital	Ded/Coins	Ded/Coins	Ded/Coins
Emergency Room Copay	\$300 copay	\$300 copay	\$300 copay
Lifetime Maximum	Unlimited	Unlimited	Unlimited