

BENEFIT SUMMARY

Administered by - Cigna Health and Life Insurance Co.
For - Luna Gourmet Coffee & Tea Company, LLC
HSA OAP Plan
HSAIN
Effective - 01/01/2024



Selection of a Primary Care Provider - your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, Cigna may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card. For children, you may designate a pediatrician as the primary care provider.

Direct Access to Obstetricians and Gynecologists - You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

Your coverage includes a health savings account that you can use to pay for eligible out-of-pocket expenses.

Plan Highlights	In-Network
Lifetime Maximum	Unlimited
Plan Year Accumulation	Your Plan's Deductibles, Out-of-Pockets and benefit level limits accumulate on a calendar year basis unless otherwise stated.
Plan Coinsurance	Plan pays 80%
Plan Deductible	Individual - Employee Only: \$3,000 Family Maximum: \$6,000
<ul style="list-style-type: none">Plan deductible always applies before any benefit copay/deductible or coinsurance.Plan deductible does not apply to preventive services.All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied.This plan includes a combined Medical/Pharmacy plan deductible.In-Network Generic preventive drugs and products included in the Preventive Package will not be subject to deductible. This may apply to drugs for: Asthma, Cholesterol Lowering, Depression, Diabetes (including diabetic supplies but excluding continuous glucose monitor supplies), Heart Disease and Stroke, High Blood Pressure, Osteoporosis, Prenatal Vitamins. <p>Note: Services where plan deductible applies are noted with a caret (^).</p>	

Plan Highlights		In-Network
Plan Out-of-Pocket Maximum		Individual - Employee Only: \$6,600 Individual - within a Family: \$6,600 Family Maximum: \$13,200
<ul style="list-style-type: none"> Plan deductible contributes towards your out-of-pocket maximum. All benefit copays/deductibles contribute towards your out-of-pocket maximum. Covered expenses that count towards your out-of-pocket maximum include customer paid coinsurance and charges for Mental Health and Substance Use Disorder. After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses. This plan includes a combined Medical/Pharmacy out-of-pocket maximum. 		
Benefit		In-Network
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.		
Physician Services - Office Visits		
Primary Care Physician (PCP) Services/Office Visit		Plan pays 80% ^
Specialty Care Physician Services/Office Visit		Plan pays 80% ^
Surgery Performed in Physician's Office		Covered same as Physician Services - Office Visit
Virtual Care		
Dedicated Virtual Providers - MDLIVE		
MDLIVE Urgent Virtual Care Services		Plan pays 80% ^
MDLIVE Primary Care Services		Plan pays 80% ^
MDLIVE Specialty Care Services		Plan pays 80% ^
<ul style="list-style-type: none"> Primary Care cost share applies to routine care. Virtual wellness screenings are payable under Preventive Care. For MDLIVE Behavioral Services, please refer to the Mental Health and Substance Use Disorder section (below). Lab services supporting a virtual visit must be obtained through dedicated labs. Includes charges for the delivery of medical and health-related services and consultations by dedicated virtual providers as medically appropriate through audio, video, and secure internet-based technologies. 		
Virtual Physician Services - Office Visits		
Primary Care Physician (PCP) Services/Office Visit		Plan pays 80% ^
Specialty Care Physician Services/Office Visit		Plan pays 80% ^
<ul style="list-style-type: none"> Physicians may deliver services virtually that are payable under other benefits (e.g., Preventive Care, Outpatient Therapy Services). Includes charges for the delivery of medical and health-related services and consultations as medically appropriate through audio, video, and secure internet-based technologies that are similar to office visit services provided in a face-to-face setting. 		
Convenience Care Clinic		
Convenience Care Clinic		Plan pays 80% ^
Preventive Care		

Benefit		In-Network	
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.			
Preventive Care Office Visit		Plan pays 100%	
Preventive Services		Plan pays 100%	
<ul style="list-style-type: none">Includes preventive Mammograms, Papanicolaou (Pap), Prostate Specific Antigen (PSA) tests and colorectal screenings.Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service.			
Immunizations		Plan pays 100%	
Inpatient			
Inpatient Hospital Facility Services		Plan pays 80% ^	
Note: Includes all Lab and Radiology services, including Advanced Radiological Imaging as well as Medical Specialty Drugs			
Inpatient Hospital Physician's Visit/Consultation		Plan pays 80% ^	
Inpatient Professional Services		Plan pays 80% ^	
<ul style="list-style-type: none">For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists			
Outpatient			
Outpatient Facility Services		Plan pays 80% ^	
Outpatient Professional Services		Plan pays 80% ^	
<ul style="list-style-type: none">For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists			
Emergency Services			
Emergency Room		Plan pays 80% ^	
<ul style="list-style-type: none">Includes ER Physician Charges, Lab and Radiology including Advanced Radiological Imaging (ARI)			
Urgent Care Facility		Plan pays 80% ^	
<ul style="list-style-type: none">Includes Physician Charges, Lab and Radiology		Plan pays 80% ^	
Ambulance		Plan pays 80% ^	
Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.			
Inpatient Services at Other Health Care Facilities			
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities		Plan pays 80% ^	
<ul style="list-style-type: none">Annual Limit: 60 days			
Laboratory Services			
Physician's Services/Office Visit		Covered same as Physician Services - Office Visit	
Independent Lab		Plan pays 80% ^	
Outpatient Facility		Plan pays 80% ^	
Radiology Services			
Physician's Services/Office Visit		Covered same as Physician Services - Office Visit	
Outpatient Facility		Plan pays 80% ^	

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Benefit	In-Network
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.	
Advanced Radiological Imaging (ARI)	Includes MRI, MRA, CAT Scan, PET Scan, etc.
Outpatient Facility	Plan pays 80% ^
Physician's Services/Office Visit	Plan pays 80% ^
Outpatient Therapy Services	
Outpatient Physical Therapy	Plan pays 80% ^
Annual Limits:	
<ul style="list-style-type: none"> Physical Therapy – 20 visits Limits are not applicable to mental health conditions. 	
Note: Therapy visits, provided as part of an approved Home Health Care plan, accumulate to the applicable Home Health Care maximum.	
Outpatient Speech Therapy, Hearing Therapy and Occupational Therapy	Plan pays 80% ^
Annual Limits:	
<ul style="list-style-type: none"> Speech, Hearing and Occupational Therapies – 20 visits Limits are not applicable to mental health conditions for Speech and Occupational Therapies. 	
Note: Therapy visits, provided as part of an approved Home Health Care plan, accumulate to the applicable Home Health Care maximum.	
Chiropractic Care	Plan pays 80% ^
Annual Limit:	
<ul style="list-style-type: none"> Chiropractic Care – 12 visits 	
Hospice	
Inpatient Facilities	Plan pays 80% ^
Outpatient Services	Plan pays 80% ^
Note: Includes Bereavement counseling provided as part of a hospice program.	
Medical Pharmaceutical Drugs	
Cigna Pathwell SpecialtySM Medical Pharmaceuticals	Cigna Pathwell SpecialtySM Network: Plan pays 80% ^
	All other medical network or out-of-network providers: Not Covered
Other Medical Pharmaceuticals	Plan pays 80% ^
Note: This benefit only applies to the cost of Medical Pharmaceutical drugs administered. Related Facility, Office Visit or Professional charges are covered according to the plan design.	

Benefit		In-Network	
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.			
Family Planning			
Women's Services		Plan pays 100%	
Includes contraceptive devices as ordered or prescribed by a physician and surgical sterilization services, such as tubal ligation (excludes reversals)			
Men's Services		Not Covered	
Includes surgical sterilization services, such as vasectomy (excludes reversals)			
Abortion			
Abortion Services		Coverage varies based on Place of Service	
Note: Non-elective procedures only			
Infertility			
Infertility Treatment			
Note: Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.			
Outpatient Dialysis Services			
Physician's Services/Office Visit		Covered same as Physician Services - Office Visit	
Home Dialysis		Covered same as plan's Home Health Care benefit	
Note: Dialysis visits will not accumulate to Home Health Care maximum			
Outpatient Facility Services		Covered same as plan's Outpatient Facility Services benefit	
Outpatient Professional Services		Covered same as plan's Outpatient Professional Services benefit	
Other Health Care Facilities/Services			
Home Health Care		Plan pays 80% ^	
• Annual Limit: 40 visits (The limit is not applicable to mental health and substance use disorder conditions.)			
Organ Transplants		Covered same as Inpatient benefit	
• Services paid at in-network level if performed at Cigna LifeSOURCE Transplant Network® Facilities.			
• Travel Maximum - Cigna LifeSOURCE Transplant Network® Facility Only: After the plan deductible is met, \$10,000 maximum per Transplant			
Condition-Specific Care		Plan pays 100% ^	
• Must be enrolled in the Condition-Specific Care program for orthopedic treatment prior to surgery and receive care from a specifically designated provider in order to qualify.			
• Includes specific services for surgery, including Facility and Professional charges from admission through discharge. Some limitations may apply.			
• Travel Maximum - After the deductible is met, \$600 per procedure			
Durable Medical Equipment and External Prosthetic Appliances		Plan pays 80% ^	
• Annual Limit: Unlimited			
Breast Feeding Equipment and Supplies		Plan pays 100%	
• Limited to the rental of one breast pump per birth as ordered or prescribed by a physician			
• Includes related supplies			

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