



AFI Plans

CIGNA Network



Administered by:



Major Medical Options

Plan	HSA 8050	HSA 3500	COPAY 4500	COPAY 3500
NETWORK	CIGNA PPO	CIGNA PPO	CIGNA PPO	CIGNA PPO
Individual Deductible (In/Out)	\$8,050 / \$16,100	\$3,500 / \$7,500	\$4,500 / \$8,500	\$3,500 / \$7,500
Family Deductible (In/Out)	\$16,100 / \$32,200	\$7,000 / \$15,000	\$9,000 / \$17,000	\$7,000 / \$15,000
Individual Out-of-Pocket Maximum (In/Out)	\$8,050 / \$24,000	\$7,000 / \$17,500	\$8,150 / \$20,000	\$7,350 / \$17,500
Family Out-of-Pocket Maximum (In/Out)	\$16,100 / \$48,000	\$14,000 / \$35,000	\$16,300 / \$40,000	\$14,700 / \$35,000
Co-Insurance: Member Pays (In/Out)	0% / 50%	30% / 50%	30% / 50%	20% / 50%

Preventive & Physician Services

Preventative	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Telemedicine	Unlimited \$0 Copay	Unlimited \$0 Copay	Unlimited \$0 Copay	Unlimited \$0 Copay
Office Services - Family Physician	Deductible + 0%	Deductible + 30%	\$40 Copay	\$40 Copay
Office Services - Specialist	Deductible + 0%	Deductible + 30%	\$75 Copay	\$75 Copay
Urgent Care	Deductible + 0%	Deductible + 30%	\$90 Copay	\$90 Copay

Laboratory & Imaging Services

Labs & X-rays (Quest Diagnostics/Lab Corp)	Deductible + 0%	Deductible + 30%	100% of Covered charges up to \$500 then Deductible +30%	100% of Covered charges up to \$500 then Deductible +20%
Advanced Imaging	Deductible + 0%	Deductible + 30%	\$300 Copay	\$300 Copay

Plans utilize the CIGNA PPO Network. Plans are not insured by CIGNA.

Please review the Summary of Benefits for each plan for a description of coverage and a list of exclusions.

Hospital & Surgical Services

Inpatient Hospital Services	Deductible + 0%	Deductible + 30%	Deductible + 30%	Deductible + 20%
Outpatient Surgery	Deductible + 0%	Deductible + 30%	Deductible + 30%	Deductible + 20%
Emergency Room	Deductible + 0%	Deductible + 30%	Deductible + 30%	Deductible + 20%

Pharmacy Benefits (Subject to Formulary)*

Deductible	In-Network Deductible	In-Network Deductible	\$0	\$0
Preventive (Generic Only)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Generic Non-Preventive (Retail)	Deductible + 0%	Deductible + 30%	\$20 Copay	\$20 Copay
Copay				
Preferred Brand Non-Preventive (Retail)	Deductible + 0%	Deductible + 30%	\$65 Copay	\$65 Copay
Non-Preferred Brand-Preventive (Retail)	Deductible + 0%	Deductible + 30%	\$95 Copay	\$95 Copay
Specialty Drugs (Retail)	Deductible + 0%	Deductible + 30%	\$200 Copay	\$200 Copay
Plan Specific Pharmacy Notes	All prescriptions up \$200 covered, above \$200 not covered	N/A	N/A	N/A

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Please review the Summary of Benefits for each plan for a description of coverage and a list of exclusions.

*Prescription [formulary](#) is subject to change.

Valued Benefits

 Lively HSA Account	Included*	<i>Eligible</i>	N/A	N/A
Humana Life Insurance	Included	Included	Included	Included
 Supplemental	Included	Included	Included	Included
Rates	8050 HSA	3500 HSA	4500 PPO	3500 PPO
Member	\$636.58	\$736.81	\$773.62	\$866.44
Member & Spouse	\$994.01	\$1,358.57	\$1,440.73	\$1,511.45
Member & Child(ren)	\$1,096.14	\$1,240.78	\$1,324.36	\$1,478.43
Family	\$1,351.15	\$1,856.50	\$1,892.97	\$2,147.72

Plans utilize the CIGNA PPO Network. Plans are not insured by CIGNA.

\$20k of life insurance is included for the primary insured only through **Humana**.

Supplemental benefits can be reviewed by viewing the supplemental schedule of benefits.

Please review the Summary of Benefits for each plan for a description of coverage and a list of exclusions.

Important HSA Information



8050 HSA Information

The 8050 HSA premium listed in this brochure includes a \$25 per month contribution towards your HSA.

3500 HSA Information

The 3500 HSA premium listed in this brochure does NOT include a \$25 per month contribution towards your HSA. However, you are free to fund an HSA of your choice.

Modern Health Savings Account, delivered by Lively

A Health Savings Account (HSA) makes paying for healthcare easier and less expensive. We've teamed up with Lively to give you access to an account that offers competitive features and lets you save tax-free to pay for a range of medical expenses.

What are the HSA contribution limits for 2024?

For 2024, you can contribute \$4,150 into an HSA for an individual or \$8,300 for family coverage. If you're 55 or older (and not yet enrolled in Medicare), you can make an additional "catch-up" contribution of up to \$1,000 per person in 2024.

HSA Eligible Expenses

What can your HSA funds pay for? There are thousands of qualified medical expenses approved by the IRS, including:

- ✓ Doctor visits
- ✓ Dental care
- ✓ Hospital stays
- ✓ Prescription drugs
- ✓ Chiropractor
- ✓ Vision care
- ✓ Lab work
- ✓ Mental health
- ✓ Physical therapy

For a complete list, search Lively's easy-to-use list: livelyme.com/whats-eligible

Additional HSA Information

Maximize your healthcare savings

If you're enrolled in a High Deductible Health Plan (HDHP), an HSA can provide tax-advantaged savings¹. The funds in your HSA are yours, even if you change health plans or employers. Plus, your account balance can be carried over from year to year. No hidden fees.

Your HSA is free for you and your family

No required monthly fees. No minimum balances. No hidden costs.

Get more from your HSA

- Use your debit card at the doctor's office, pharmacy and other healthcare providers.
- Add expenses for reimbursement now or later, and track all your healthcare expenses in your Lively account dashboard.
- Take your HSA on the go with the Lively HSA mobile app.
- Enjoy quick access to Lively's tools, calculators, resources and support person in 2024.

¹ Contributions to and earnings on HSAs are not subject to federal taxes but may be subject to state taxes depending on where you reside.



Supplemental Highlights - Outpatient Care

<i>Supplemental Benefit (Health Screen Benefit)**</i>	<i>Pays \$50 per year</i>			
<i>Supplemental Benefit (PCP/Spec. Visit Benefit)**</i>	<i>Pays \$25 per visit (3x per year)</i>			
<i>Supplemental X-ray Benefit-Sickness (Payable 2x per year)**</i>	<i>Pays \$25</i>	<i>Pays \$25</i>	<i>Pays \$25</i>	<i>Pays \$25</i>
<i>Supplemental X-ray Benefit-Injury (Payable per separate incidents)**</i>	<i>Pays \$85</i>	<i>Pays \$85</i>	<i>Pays \$85</i>	<i>Pays \$85</i>
<i>Supplemental Adv. Imaging - Sickness (payable 1x per year)**</i>	<i>Pays \$500</i>	<i>Pays \$500</i>	<i>Pays \$500</i>	<i>Pays \$500</i>
<i>Supplemental Adv. Imaging - Injury (Payable per separate incidents)**</i>	<i>Pays \$700</i>	<i>Pays \$700</i>	<i>Pays \$700</i>	<i>Pays \$700</i>



Supplemental Highlights - Hospital & Surgical

<i>Supplemental Hospital Confinement: Sickness**</i>	<i>Pays \$2,500</i>	<i>Pays \$2,500</i>	<i>Pays \$2,500</i>	<i>Pays \$2,500</i>
<i>Supplemental Hospital Confinement: Injury**</i>	<i>Pays \$3,500</i>	<i>Pays \$3,500</i>	<i>Pays \$3,500</i>	<i>Pays \$3,500</i>
<i>Supplemental Outpatient Surgery Benefit (payable up to \$1,500/year) Tier 1 / Tier 2**</i>	<i>Pays \$500/\$1,000</i>	<i>Pays \$500/\$1,000</i>	<i>Pays \$500/\$1,000</i>	<i>Pays \$500/\$1,000</i>
<i>Supplemental ER Benefit - Sickness (payable 2x per year)*</i>	<i>Pays \$100</i>	<i>Pays \$100</i>	<i>Pays \$100</i>	<i>Pays \$100</i>
<i>Supplemental ER Benefit - Injury</i>	<i>Pays \$250</i>	<i>Pays \$250</i>	<i>Pays \$250</i>	<i>Pays \$250</i>

HUMANA Life Insurance

<i>Humana Life Insurance Primary Member Only</i>	<i>\$20,000</i>	<i>\$20,000</i>	<i>\$20,000</i>	<i>\$20,000</i>
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*(Payable per separate incidents)***

Please review the Summary of Benefits for each plan for a description of coverage and a list of exclusions.

** Supplemental benefits shown are provided through Benefit Logistics [Accident Supplemental Coverage](#) and [Hospital Medical Bridge](#). This brochure is interactive. Please see plan schedule of benefits for supplemental coverages.

\$20k of life insurance is included for the primary insured only through Humana.

FAQ: Frequently Asked Questions

1. What Providers are In-Network?

Providers that participate with the national CIGNA PPO network!

2. Where can I use my plan?

In all 50 states!

3. Do I need a referral to see a specialist?

No, go to any in-network specialist to access an affordable co-pay.

4. What Pharmacies are in network?

All national recognized pharmacies (Walmart, CVS, Walgreens, and many local pharmacies as well)!

5. When should I use an Emergency Room vs Urgent Care?

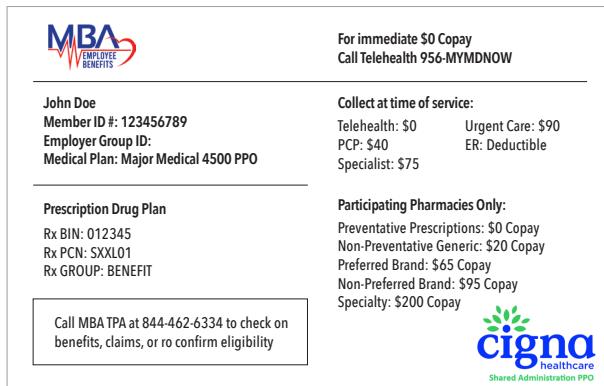
Most medical conditions can be treated at an Urgent Care facility. By choosing Urgent Care, your cost may be greatly reduced compared to an ER visit. However, if you are experiencing an extreme medical condition such as stroke, heart attack, uncontrolled bleeding, severe burns, or electrical shock, please go directly to the nearest Emergency Room. The average cost for an Urgent Care visit is \$90 to \$100, while the average cost for an Emergency Room visit is \$1,300 to \$3,000.

6. Do I Need prior authorization for services?

Yes, most services outside of Primary Care or Specialist will require prior authorization.

6. What will my ID card look like?

Front of Card



Back of Card

