east.west. ADMINISTRATORS

ScImage®

Effective 01-01-2023
Brief Medical Summary
with Cigna + Oscar Bronze $6000
www.hioscar.com

Benefits with NO Deductible	In Network Employee Pays	Out-of-Network Employee Pays
Preventive Care		
Well-baby care	$0	50% after deducitble
Immunizations	$0	50% after deducitble
Screening test including Mammogram/Pap/PSA Screening	$0	50% after deducitble

Benefits After Deductible (Calendar Year)	Employee Pays $ 500 Individual / $ 1,750 Family (Employer picks up the balance minus Co-pays & Co-insurance)	Employee Pays $ 13,200 individual / $ 26,400 Family
Office Visit [1]	$ 20 (Ded Waived)	50% ++
Specialist Visit [1]	$ 50 (Ded Waived)	50% ++
Urgent Care Visit	$ 50 (Ded Waived)	50% ++
Outpatient Mental Health Visits for Non-Severe	$ 20 (Ded Waived)	50% ++
Outpatient Diagnostic Lab Non-Hospital	$ 30 Co-pay	50% ++
X-ray/Imaging	$ 40 Co-pay	50% ++
Complex Imaging - MRI/CAT/PET Scans	$ 250 Co-pay	50% ++
Hospital Inpatient	$ 500 per day / Max 6 days	50% ++
Outpatient Surgery	$ 400 Co-pay per procedure	50% ++
Emergency Visit	$ 325 Co-pay + 10%	50% ++
Ambulance	$ 250 Co-pay	50% ++
Physical, Speech, and Occupational Therapy	$ 20 Co-pay	50% ++
Acupuncture	$ 20 (Ded Waived)	Not Covered
Chiropractic	50% (Ded Waived/)Limited to 20 visits	Not Covered
Durable Medical Equipment	50%	50% ++

Prescription Benefits (30 days Supply)		Employee Pays	Employee Pays
Tier 1	Generic	$20 Co-pay (ded does not apply)	Not Covered
Tier 2	Brand Formulary	$ 40 Co-pay	Not Covered
Tier 3	Non-Formulary Brand	$ 80 Co-pay	Not Covered
Tier 4	Specialty	30% Co-insurance up to $500	Not Covered
Drugs administered through IPM (For Tiers 2, 3, 4)			
Out of Pocket Maximum (Individual) - Includes Deductible		$4,000	$17,400
Out of Pocket Maximum (Family Agg) - Includes Deductible		$8,500	$34,800

Footnote:
[1] Deductible is waived for the three visits combined for primary, and specialist
++ Member responsible for out of network charges in excess of the Maximum Allowable charges