

APPENDIX E
HEALTH BENEFIT PLAN SUMMARIES
MATRIX CIGNA HDHP-HSA

BENEFIT	High Deductible Health Plan/ Health Savings Account
Cost shares	Deductible - \$2,000/\$4,000 Coinsurance - 100% after plan deductible met for in network services \$4,000/\$8,000 out of pocket maximum Coinsurance - 80% after plan deductible met for out of network services Employer Contribution \$1,000 single coverage \$2,000 double or family coverage Lifetime Maximum In-Network - Unlimited Lifetime Maximum Out-Of-Network - Unlimited
Preventive Care	
Pediatric	Covered
Adult	Covered
Hearing	Covered Screening part of physical exam
Gynecological	Covered
Medical Services	
Medical Office Visit	Covered 100% after plan deductible met
Outpatient PT/OT/ST/Chiro.	Covered 100% after plan deductible met 60 Combined Days per calendar year per member
Allergy Services	Covered 100% after plan deductible met
Diagnostic Lab & X-ray	Covered 100% after plan deductible met
Inpatient Medical Services	Covered 100% after plan deductible met
Surgery Fees	Covered 100% after plan deductible met
Office Surgery	Covered 100% after plan deductible met

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HEALTH BENEFIT PLAN SUMMARIES (CONTINUED)
MATRIX CIGNA HDHP-HSA

BENEFIT	High Deductible Health Plan/
Outpatient MH/SA	Covered 100% after plan deductible met
Emergency Care	
Emergency Room	Covered 100% after plan deductible met
Urgent Care	Covered 100% after plan deductible met
Ambulance	Covered 100% after plan deductible met
Inpatient Hospital	
General/Medical/Surgical/ Maternity (Semi-private)	Covered 100% after plan deductible met
Ancillary Services Medication, Supplies	Covered 100% after plan deductible met
Psychiatric	Covered 100% after plan deductible met Unlimited days
Substance Abuse/Detox	Covered 100% after plan deductible met Unlimited days
Skilled Nursing/Rehabilitation Facility	Covered 100% after plan deductible met Covered up to 180 days per calendar year
Hospice	Covered 100% after plan deductible met
Outpatient Hospital	
Outpatient Surgery Facility Charges	Covered 100% after plan deductible met (Prior Authorization Required)
Diagnostic Lab & X-ray	Covered 100% after plan deductible met
Pre-Admission Testing	Covered 100% after plan deductible met
Other Services	
Durable Medical Equipment	Covered 100% after plan deductible met
Prosthetics	Covered 100% after plan deductible met
Home Health Care	Covered 100% after plan deductible met Unlimited days

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HEALTH BENEFIT PLAN SUMMARIES (CONTINUED)
MATRIX CIGNA HDHP-HSA

BENEFIT	High Deductible Health Plan/ (Prior Authorization Required)
Vision	Covered 100% after plan deductible met Covered once every 24 months
Prescriptions prior to 7/1/2016 (Coverage through Cigna)	Covered 100% after plan deductible met Three Tier Formulary RX Rider
Prescriptions (Coverage through Cigna)	Rx copays apply after the deductible is met \$5/\$20/\$35 Three Tier Formulary RX Rider

*** All benefits listed are for In-Network. For Out-of-Network benefits, please refer to your Employee Benefit Summary.**

**** Plan is Non-Gatekeeper. No referrals are required. No primary care physician is required.**

INFERTILITY: Coverage is subject to a \$5,000 lifetime maximum.

ELIGIBILITY: Dependent children covered to age 26.