

**SCHEDULE OF MEDICAL BENEFITS
FOR
ELIGIBLE PARTICIPANTS AND DEPENDENTS**

ALL BENEFITS PAYABLE UNDER THIS PLAN ARE SUBJECT TO THE APPLICABLE PLAN EXCLUSIONS AND MAXIMUM ELIGIBLE EXPENSE (MEE)

THE BENEFIT PERIOD IS A CALENDAR YEAR

COST SHARING PROVISIONS	TIER 1 THT CLARK COUNTY	TIER 2 CIGNA OAP	NON- NETWORK
<u>DEDUCTIBLE</u>			
Per Covered Person per Benefit Period	\$500	\$1,500	No Benefit
Per Family per Benefit Period	\$1,500	\$4,500	
The Deductible applies to all benefits unless specifically indicated as waived.			
Tier 1 and Tier 2 Deductibles are completely separate and do not cross accumulate.			
<u>OUT-OF-AREA RETIREES DEDUCTIBLE</u>			
Per Covered Person per Benefit Period	\$500	\$250	No Benefit
Per Family per Benefit Period	\$1,500	\$750	
Out-of-Area Retiree is defined as a Retiree who resides outside the borders of Clark County, Nevada. The Deductible applies to all benefits unless specifically indicated as waived.			
Tier 1 and Tier 2 Out-of-Pocket Maximums are completely separate and do not cross accumulate.			
<u>BENEFIT PERCENTAGE</u>			
	80%	80%	No Benefit
The Benefit Percentage applies after Deductible is satisfied and applies to all benefits unless specifically stated otherwise. Benefits are payable at 100% after satisfaction of the Out-of-Pocket Maximum for the remainder of the Benefit Period.			
<u>COPAYMENTS</u>			
Copayments apply to certain services as specifically stated below in this section. Copayments apply towards the Out-of-Pocket Maximum and after the Out-of-Pocket Maximum is satisfied, Copayments will no longer apply for the remainder of the Benefit Period.			
<u>OUT-OF-POCKET MAXIMUM (Medical and Pharmacy Benefits)</u>			
Per Covered Person per Benefit Period	\$6,850	\$7,900	No Benefit
Per Family per Benefit Period	\$13,700	\$15,800	No Benefit
Includes the Deductible, Medical Benefit and Pharmacy Benefit Copayments and Tier 1 or Tier 2 Network Eligible Expenses in excess of the Benefit Percentage.			
Tier 1 and Tier 2 Out-of-Pocket Maximums are completely separate and do not cross accumulate.			
MAXIMUM BENEFIT PER BENEFIT PERIOD FOR ALL CAUSES		None	
MAXIMUM LIFETIME BENEFIT FOR ALL CAUSES		None	

COST SHARING PROVISIONS	TIER 1 THT CLARK COUNTY	TIER 2 CIGNA OAP	NON- NETWORK
<p>PRE-CERTIFICATION/PRE-TREATMENT REVIEW</p> <p>Pre-certification or Pre-treatment Review by the Plan is strongly recommended for certain services. If Pre-certification or Pre-treatment Review is not obtained, the charge could be denied if the service, treatment or supply is not found to be Medically Necessary or found to be otherwise excluded by the Plan when the claim is submitted.</p> <p>See Hospital Admission Certification and Pre-Treatment Review for further details.</p>			

CHRONIC CARE PROGRAMS
<p>The Teachers Health Trust provides several Chronic Care Programs covering conditions that include Diabetes, Asthma/COPD, Congestive Heart Failure(CHF), Hypertension, Hyperlipidemia and High-Risk Pregnancy. Members must be enrolled in at least one of these programs to receive the following benefits when visiting any THT PCP or Specialty Care Physician.</p> <p>Primary Care Physician or Specialty Care Physician: 100%, Deductible Waived for the office visit. 80%, Deductible Waived for all other services.</p>

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	TIER 1 THT CLARK COUNTY	TIER 2 CIGNA OAP	NON- NETWORK
ACUPUNCTURE TREATMENT			
	100% after \$20 Copayment per Visit, Deductible Waived	80% after Deductible	No Benefit
<p>Benefit Limits: 20 Visits per Benefit Period</p> <p>Benefit limits are for services received from all benefit tiers.</p>			

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	TIER 1 THT CLARK COUNTY	TIER 2 CIGNA OAP	NON- NETWORK
ADVANCED RADIOLOGY IMAGING (MRI, MRA, CT, PET imaging, etc.)			
CT Scan - Freestanding Diagnostic Facility	100% after \$50 Copayment, Deductible Waived	80% after Deductible	No Benefit
CT Scan - All other Providers (with referral)	80%, Deductible Waived	80% after Deductible	No Benefit
CT Scan - All other Providers (without referral)	80% after Deductible	80% after Deductible	No Benefit
MRI/MRA - Freestanding Diagnostic Facility	100% after \$75 Copayment, Deductible Waived	80% after Deductible	No Benefit
MRI/MRA - All other Providers (with referral)	80%, Deductible Waived	80% after Deductible	No Benefit
MRI/MRA - All other Providers (without referral)	80% after Deductible	80% after Deductible	No Benefit
PET Scan - Freestanding Diagnostic Facility	100% after \$200 Copayment, Deductible Waived	80% after Deductible	No Benefit
PET Scan- All other Providers (with referral)	80%, Deductible Waived	80% after Deductible	No Benefit
PET Scan- All other Providers (without referral)	80% after Deductible	80% after Deductible	No Benefit
ALCOHOLISM AND/OR CHEMICAL DEPENDENCY (See Hospital Admission Certification and Pre-Treatment Review for further details)			
Inpatient Facility Services	100% after \$400 Copayment per day; \$800 Copayment Maximum per admission, Deductible Waived	80% after Deductible	No Benefit
Inpatient/Outpatient - Professional Provider Services	100% after \$20 Copayment, Deductible Waived	80% after Deductible	No Benefit
Residential Treatment Facility and Partial Hospitalization Services	100% after \$150 Copayment per day; \$750 Copayment Maximum per admission, Deductible Waived	80% after Deductible	No Benefit
Outpatient Facility Services	80%, Deductible Waived	80% after Deductible	No Benefit
Office Visit Services	100% after \$10 Copayment, Deductible Waived	100% after \$30 Copayment, Deductible Waived	No Benefit

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	TIER 1 THT CLARK COUNTY	TIER 2 CIGNA OAP	NON- NETWORK
ALLERGY TREATMENT			
Allergy Treatment (with referral)	80%, Deductible Waived	80% after Deductible	No Benefit
Allergy Treatment (without referral)	80% after Deductible	80% after Deductible	No Benefit
Office visit Copayment applies when an office visit charge is assessed.			
AMBULANCE SERVICE			
Air Ambulance	80%, Deductible Waived		
Ground Ambulance	80%, Deductible Waived		
AMBULATORY SURGICAL CENTER			
Facility Services	100% after \$100 Copayment; Deductible Waived	80% after Deductible	No Benefit
Professional Provider Services	80% after Deductible	80% after Deductible	No Benefit
BARIATRIC SURGERY/WEIGHT MANAGEMENT			
	No Benefit	No Benefit	No Benefit
BIRTHING CENTER			
Facility Services	100% after Deductible	80% after Deductible	No Benefit
Professional Provider Services	80% after Deductible	80% after Deductible	No Benefit
CARDIAC REHABILITATION THERAPY - OUTPATIENT			
	100% after \$20 Copayment, Deductible Waived	80% after Deductible	No Benefit
CARDIOLOGY NUCLEAR DIAGNOSTIC PROCEDURES - OUTPATIENT			
Hospital Facility Services	80%, Deductible Waived	80% after Deductible	No Benefit
All other Providers (with referral)	80%, Deductible Waived	80% after Deductible	No Benefit
All other Providers (without referral)	80% after Deductible	80% after Deductible	No Benefit

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	TIER 1 THT CLARK COUNTY	TIER 2 CIGNA OAP	NON- NETWORK
CHEMOTHERAPY			
Office or Cancer/Freestanding Oncology Center Facility Services	100% after \$20 Copayment per session, Deductible Waived	80% after Deductible	No Benefit
Outpatient Hospital Services	80%, Deductible Waived	80% after Deductible	No Benefit
CHIROPRACTIC CARE			
Evaluation/Adjustment	100% after \$20 Copayment, Deductible Waived	80% after Deductible	No Benefit
Diagnostic Testing including X-rays	80%, Deductible Waived	80% after Deductible	No Benefit
Benefit Limits: 20 Visits per Benefit Period. "Visit" includes all services provided during a calendar day, except for X-rays.			
Benefit limits are for services received from all benefit tiers.			
COLONOSCOPY AND ENDOSCOPIES			
Routine Colonoscopy	100%, Deductible Waived	100%, Deductible Waived	No Benefit
Diagnostic Colonoscopies and Endoscopies	80% after Deductible	80% after Deductible	No Benefit
CONTRACEPTIVES (Including Contraceptive Management)			
Administered during Office Visit	100%, Deductible Waived	80%, Deductible Waived	No Benefit
See Pharmacy Benefit for details if obtained from a Pharmacy.			
CVS MINUTE CLINICS			
	100% after \$15 Copayment, Deductible Waived		No Benefit
Covered Persons may visit all CVS Minute Clinics nationwide; no referral is required. Minute Clinics are not meant to replace established care with your PCP. They are meant only as bridge care; to be utilized in place of a quick care facility or emergency rooms for non-emergent or life-threatening symptoms.			
DENTAL SERVICES (Accidental Injury Only)			
	Payable the same as regular benefit depending on the place of service and type of provider.		
DIABETIC EDUCATION			
	100%, Deductible Waived	80% after Deductible	No Benefit

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	TIER 1 THT CLARK COUNTY	TIER 2 CIGNA OAP	NON-NETWORK

DIAGNOSTIC TESTING - OUTPATIENT

Laboratory at Quest diagnostics or dialysis lab	100%, Deductible Waived	80% after Deductible	No Benefit
Laboratory/Pathology - All other Providers	80%, Deductible Waived	80% after Deductible	No Benefit
Radiology - Freestanding Diagnostic Facility	100%, Deductible Waived	80% after Deductible	No Benefit
Radiology and all other Diagnostic Testing - All other Providers (with referral)	80%, Deductible Waived	80% after Deductible	No Benefit
Radiology and all other Diagnostic Testing - All other Providers (without referral)	80% after Deductible	80% after Deductible	No Benefit

DIALYSIS TREATMENTS - OUTPATIENT

Physician/Nephrologist	100% after \$20 Copayment*, Deductible waived	80% after Deductible	No Benefit
Facility/Hospital	100% after \$20 Copayment*, Deductible waived	80% after Deductible	No Benefit
Home Dialysis including training, Physician evaluation, ultrafiltration and supplies	100% after \$20 Copayment*, Deductible waived	80% after Deductible	No Benefit

*Copayment applies per visit.

Note: Covered Persons are strongly encouraged to enroll in Medicare Part B to avoid potential billing that is not covered by the Plan.

EMERGENCY ROOM SERVICES

Facility Services for Emergency as defined	100% after \$250 Copayment*, Deductible Waived		
Professional Provider Services for Emergency as defined	80% after Tier 1 Deductible		
Facility Services for non-emergency	100% after \$400 Copayment, Deductible Waived	No Benefit	
Professional Provider Services for non-emergency	80% after Tier 1 Deductible	No Benefit	

*Copayment is waived if admitted as Inpatient immediately following the emergency room.

EYE EXAMINATION FOR REFRACTORY CONDITIONS AND RETINAL SCREENING

	No Benefit	No Benefit	No Benefit
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TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	TIER 1 THT CLARK COUNTY	TIER 2 CIGNA OAP	NON- NETWORK

GENETIC TESTING - OUTPATIENT (Not otherwise covered under Preventive Care)

Professional Provider Services (with referral)	80%, Deductible Waived	80% after Deductible	No Benefit
Professional Provider Services (without referral)	80% after Deductible	80% after Deductible	No Benefit
Standalone Lab	100%, Deductible Waived	80% after Deductible	No Benefit

HEARING AIDS (Includes exam and fitting)

	100%, Deductible Waived	No Benefit
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Benefit Limits: \$2,500 Maximum Benefit per ear every 3 Benefit Periods

Benefit limits are for services received from all benefit tiers.

HEARING BENEFIT

Routine Hearing Exam	See Preventive Care Benefit		
Diagnostic Test	80%, Deductible Waived	80% after Deductible	No Benefit

HOME HEALTH CARE

	80%, Deductible Waived	80% after Deductible	No Benefit
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HOSPICE CARE

	80%, Deductible Waived	80% after Deductible	No Benefit
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TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	TIER 1 THT CLARK COUNTY	TIER 2 CIGNA OAP	NON- NETWORK
HOSPITAL SERVICES			
Inpatient Facility Services	100% after \$400 Copayment per day; \$800 Copayment Maximum per admission, Deductible Waived	80% after Deductible	No Benefit
Inpatient Primary Care Physician Services	100%, Deductible Waived	80% after Deductible	No Benefit
Inpatient All Other Physician Services	80% after Deductible	80% after Deductible	No Benefit
Outpatient Facility Services other than Outpatient Facility Services related to Surgery (see below)	80%, Deductible Waived	80% after Deductible	No Benefit
Outpatient Surgery Facility Services performed in a Hospital	80% after Deductible	80% after Deductible	No Benefit
Outpatient Primary Care Physician Services	100%, Deductible Waived	80% after Deductible	No Benefit
Outpatient Radiologist/Pathologist Services	100%, Deductible Waived	80% after Deductible	No Benefit
Outpatient All Other Physician Services Not Listed Above	80% after Deductible	80% after Deductible	No Benefit
INFERTILITY TREATMENT (beyond diagnosis)			
	No Benefit	No Benefit	No Benefit
INFUSION SERVICES - OUTPATIENT			
Office or Home	100% after \$20 Copayment per session, Deductible Waived	80% after Deductible	No Benefit
Hospital Services	80%, Deductible Waived	80% after Deductible	No Benefit
MAMMOGRAMS			
Routine Mammograms	100%, Deductible Waived	100%, Deductible Waived	No Benefit
Diagnostic Mammograms	See Diagnostic Testing		
MASSAGE THERAPY (Services of a massage therapist)			
	No Benefit	No Benefit	No Benefit

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	TIER 1 THT CLARK COUNTY	TIER 2 CIGNA OAP	NON- NETWORK

MEDICAL EQUIPMENT/SUPPLIES

Durable Medical Equipment	80%, Deductible Waived	80% after Deductible	No Benefit
Prosthetic Appliances	80%, Deductible Waived	80% after Deductible	No Benefit
Orthopedic Devices	80%, Deductible Waived	80% after Deductible	No Benefit
Other Medical Supplies	80%, Deductible Waived	80% after Deductible	No Benefit

Benefit Limits:

- Compression Garments:** Limited to 4 per limb per Benefit Period
- Bras:** Limited to 2 per Benefit Period
- Breast Prosthesis:** Limited to 1 per breast every two Benefit Periods
- Prosthesis:** As part of bra limited to 2 per Benefit Period

Benefit limits are for services received from all benefit tiers.

MENTAL ILLNESS

(See Hospital Admission Certification and Pre-Treatment Review for further details)

Inpatient Facility Services	100% after \$400 Copayment per day; \$800 Copayment Maximum per admission, Deductible Waived	80% after Deductible	No Benefit
Inpatient/Outpatient - Professional Provider Services	100% after \$20 Copayment, Deductible Waived	80% after Deductible	No Benefit
Residential Treatment Facility and Partial Hospitalization Services	100% after \$150 Copayment per day; \$750 Copayment Maximum per admission, Deductible Waived	80% after Deductible	No Benefit
Outpatient Facility Services	80%, Deductible Waived	80% after Deductible	No Benefit
Electroconvulsive Therapy (ECT)	80%, Deductible Waived	80% after Deductible	No Benefit
Psychosocial Rehabilitation/Autism Services	100% after \$10 Copayment, Deductible Waived	80% after Deductible	No Benefit
Office Visit Services	100% after \$10 Copayment, Deductible Waived	100% after \$30 Copayment, Deductible Waived	No Benefit

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	TIER 1 THT CLARK COUNTY	TIER 2 CIGNA OAP	NON- NETWORK
NATUROPATHY/HOMEOPATHIC			
	No Benefit	No Benefit	No Benefit
NUTRITIONAL COUNSELING (Not otherwise covered under the Preventive Care Benefit or Diabetic Education)			
Registered Dietician	100% after \$20 Copayment, Deductible Waived	80% after Deductible	No Benefit
Benefit Limits: 6 Visits per Benefit Period			
Benefit limits are for services received from all benefit tiers.			
OCCUPATIONAL THERAPY - OUTPATIENT			
	100% after \$20 Copayment, Deductible Waived	80% after Deductible	No Benefit
Note: Visits in excess of 30 visits per twelve-month period will be reviewed for Medical Necessity.			
OFFICE VISIT			
Primary Care Physician (Office Visit Charge)	100% after \$10 Copayment*, Deductible Waived	100% after \$30 Copayment*, Deductible Waived	No Benefit
Specialty Care Physician (Office Visit Charge with referral)	100% after \$20 Copayment*, Deductible Waived	80% after Deductible	No Benefit
Specialty Care Physician (Office Visit Charge without referral)	80% after Deductible	80% after Deductible	No Benefit
Additional office charges other than office visit charge including allergy injections, diagnostic testing and office surgery (with referral)	80%, Deductible Waived	80% after Deductible	No Benefit
Additional office charges other than office visit charge including allergy injections, diagnostic testing and office surgery (without referral)	80% after Deductible	80% after Deductible	No Benefit
*Copayment applies only to those charges billed for the provider's office visit services for evaluation and management (the consultation and examination in the physical presence of the provider in an office, clinic or other Outpatient setting). Other than Sleep Study, all other charges for services that are performed at the time of the visit or that are incurred in conjunction with the office visit, are subject to the applicable Deductible and Benefit Percentage.			

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	TIER 1 THT CLARK COUNTY	TIER 2 CIGNA OAP	NON- NETWORK

ORGAN AND TISSUE TRANSPLANT SERVICES

Network is limited to a Center of Excellence

Hospital and Professional Provider Services	100% after \$1,500 Copayment, Deductible Waived Charges will apply to Tier 1 Out-of-Pocket Maximum		
Non-Ambulance Travel Benefit	100% after Deductible		
<p>Benefits are payable up to \$5,000 Maximum Lifetime Benefit, limited to the following: Coach airfare. If driving, IRS standard mileage rate reimbursement. Meals limited to \$50 per day per person. Lodging not to exceed \$125 per day.</p> <p>This benefit is subject to proof of expenses and is available to the patient and one companion, limited to travel to a contracted Center of Excellence, if treatment at a contracted Center of Excellence is more cost effective than the same treatment if received from other providers.</p>			

ORTHOTICS (Foot)

	80%, Deductible Waived	80% after Deductible	No Benefit
<p>Benefit Limits: 1 per foot per Benefit Period. Benefit Limit is waived if enrolled in the Diabetic Program.</p> <p>Benefit limits are for services received from all benefit tiers.</p>			

PEDIATRIC SERVICES

Routine Newborn Inpatient Nursery (Applies until the earlier of the Newborn's discharge from hospital or 48 hours for vaginal delivery or 96 hours for cesarean section.)	100%, Deductible Waived	80% after Deductible	No Benefit
Inpatient Physician Care	80%, Deductible Waived	80% after Deductible	No Benefit
Inpatient or Outpatient Newborn Circumcision	80%, Deductible Waived	80% after Deductible	No Benefit
Physicians Office Visits due to Illness or Injury	100% after \$10 Copayment, Deductible Waived	100% after \$30 Copayment, Deductible Waived	No Benefit

PHYSICAL THERAPY - OUTPATIENT

(Refer to Physical Therapy - Outpatient under Medical Benefits section for additional information)

	100% after \$20 Copayment, Deductible Waived	80% after Deductible	No Benefit
<p>Note: Visits in excess of 30 visits per twelve-month period will be reviewed for Medical Necessity.</p>			

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	TIER 1 THT CLARK COUNTY	TIER 2 CIGNA OAP	NON- NETWORK
PREGNANCY/MATERNITY SERVICES			
See Preventive Care Benefit for well-women prenatal visits.			
Office Visit (if not part of a global fee)	100% after \$10 Copayment*, Deductible Waived	100% after \$30 Copayment*, Deductible Waived	No Benefit
Professional Provider Services (if billed as global fee)	80%, Deductible Waived	80% after Deductible	No Benefit
Inpatient Facility Services	100% after Deductible	80% after Deductible	No Benefit
Perinatologist Office Services Normal Pregnancy (with referral)	100% after \$20 Copayment*, Deductible Waived	80% after Deductible	No Benefit
Perinatologist Office Services High Risk Pregnancy (with referral)	100%, Deductible Waived	80% after Deductible	No Benefit
Perinatologist Office Services (without referral)	80% after Deductible	80% after Deductible	No Benefit
Perinatologist Hospitalist Services	80% after Deductible	80% after Deductible	No Benefit
Ultrasounds - Freestanding Diagnostic Facility	100%, Deductible Waived	80% after Deductible	No Benefit
Ultrasounds - All other Providers	80%, Deductible Waived	80% after Deductible	No Benefit
*Copayment applies only to those charges billed for the provider's office visit services for evaluation and management (the consultation and examination in the physical presence of the provider in an office, clinic or other Outpatient setting). All other charges for services that are performed at the time of the visit or that are incurred in conjunction with the office visit, are subject to the applicable Deductible and Benefit Percentage.			

PRESCRIPTION DRUGS - SEE PHARMACY BENEFIT FOR DETAILS

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	TIER 1 THT CLARK COUNTY	TIER 2 CIGNA OAP	NON- NETWORK

PREVENTIVE CARE

	100%, Deductible Waived	100%, Deductible Waived	No Benefit
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Covered Services:

- ◆ Well-Child Care
- ◆ Physical examinations
- ◆ Pelvic examination and pap smear
- ◆ Laboratory and testing
- ◆ Hearing and vision screening
- ◆ Mammogram
- ◆ Prostate cancer screening Prostate-specific Antigen (PSA) or Digital Rectal Examination (DRE)
- ◆ Cardiovascular screening blood tests
- ◆ Colorectal cancer screening tests
- ◆ Vaccinations and Immunizations recommended by Physician
- ◆ BRCA1 and BRCA2 when medically indicated
- ◆ Nutritional counseling
- ◆ Well Women Preventive Care

Complete list of recommended preventive services can be viewed at:

<https://www.healthcare.gov/coverage/preventive-care-benefits/>

If any diagnostic x-rays, labs or other tests or procedures are ordered or provided in connection with any of the Preventive Care covered services, those tests or procedures will not be covered as Preventive Care and will be subject to the cost sharing that applies to those specific services.

RADIATION THERAPY - OUTPATIENT

Office or Cancer/Freestanding Oncology Center Facility Services	100% after \$20 Copayment per session, Deductible Waived	80% after Deductible	No Benefit
Hospital Services	80%, Deductible Waived	80% after Deductible	No Benefit

RESPIRATORY/PULMONARY THERAPY - OUTPATIENT

	100% after \$20 Copayment, Deductible Waived	80% after Deductible	No Benefit
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SKILLED NURSING FACILITY

	100% after \$400 Copayment per day; \$800 Copayment Maximum per admission, Deductible Waived	80% after Deductible	No Benefit
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TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	TIER 1 THT CLARK COUNTY	TIER 2 CIGNA OAP	NON- NETWORK

SLEEP STUDIES

Office Visit	See Office Visit		No Benefit
Sleep Study Diagnostic Test	100% after \$75 Copayment*, Deductible Waived	80% after Deductible	No Benefit
Facility	80%, Deductible Waived	80% after Deductible	No Benefit

*Copayment applies only to the sleep study diagnostic test.

SPEECH THERAPY - OUTPATIENT

	100% after \$20 Copayment, Deductible Waived	80% after Deductible	No Benefit
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STERILIZATION PROCEDURES

Female Sterilization Procedures	100%, Deductible Waived	80%, Deductible Waived	No Benefit
Vasectomy	100%, Deductible Waived	80%, Deductible Waived	No Benefit

SURGERY - OUTPATIENT

Same Day Surgery Facility/Ambulatory Surgical Center	100% after \$100 Copayment, Deductible Waived	80% after Deductible	No Benefit
Professional Provider Services	80% after Deductible	80% after Deductible	No Benefit

TELEMEDICINE/TELETHERAPY

MDLive Consultations	100%, Deductible Waived	N/A	N/A
Telemedicine other than MDLive	No Benefit	No Benefit	No Benefit

TMJ/JAW DISORDERS (Non-surgical treatment only)

Diagnostic Testing	See Diagnostic Testing and Advanced Radiology Imaging		
TMJ appliance is covered under Dental Benefits.			

URGENT CARE FACILITY

	100% after \$50 Copayment*, Deductible Waived	No Benefit
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*Copayment applies to all charges for services provided at the Urgent Care Facility.

TYPE OF SERVICE / LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT		
	TIER 1 THT CLARK COUNTY	TIER 2 CIGNA OAP	NON- NETWORK
VISION SERVICES (initial purchase of eyeglasses following a Medically Necessary surgical procedure to the eye, cataract surgery or for aphakic patients, soft lenses or sclera shells intended for use as corneal bandages)			
	80%, Deductible Waived	80% after Deductible	No Benefit
WELL-CHILD CARE			
	See Preventive Care Benefit		
WIG/HAIRPIECE (Loss of hair as a result of a medical condition or Medically Necessary treatment)			
	100%, Deductible Waived		
Benefit Limits: \$1,000 Maximum Benefit per condition or course of treatment.			
Benefit limits are for services received from all benefit tiers.			