Amerus Summit Health Plans

NBBA

Member Benefit Program

MAJOR MEDICAL COVERAGE - EPO

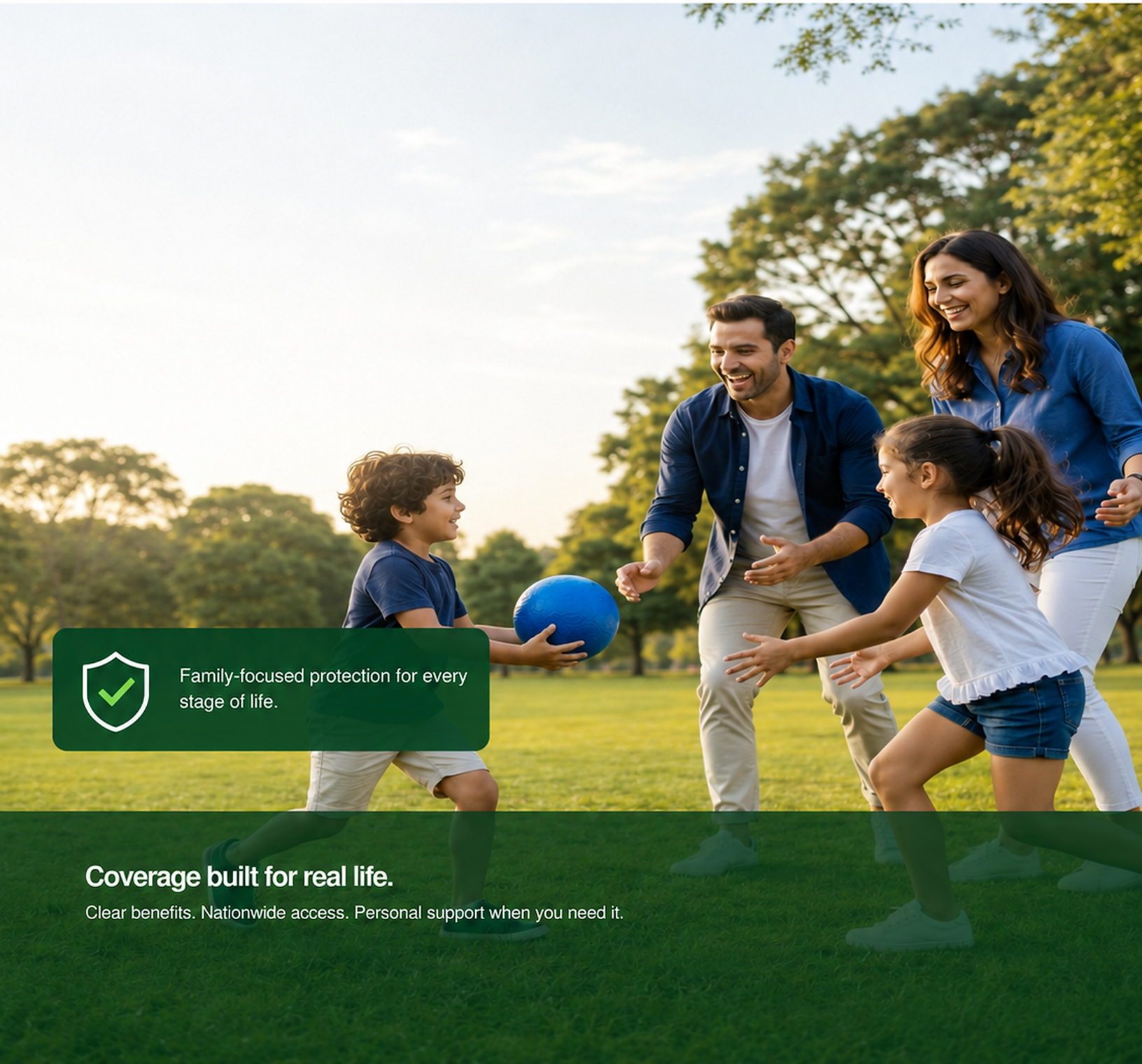
Coverage that holds when it counts.

PLAN OPTION

BRONZE W4 EPO

CIGNA EPO NETWORK

Major medical access, Cigna EPO network benefits and member-focused support designed to help protect your budget.



PLAN OVERVIEW

Straightforward coverage with practical support.

The Bronze W4 EPO plan combines Cigna EPO network access with clear copays, enhanced benefits, digital tools and member-focused guidance.

PLAN TYPE

EPO

PROVIDER NETWORK

Cigna

DEDUCTIBLE

$0 individual / $0 family

OUT-OF-POCKET MAX

$3,500 individual / $7,000 family

DESIGNED FOR SIMPLICITY

Predictable copays and enhanced plan benefits

Member tools and support help make it easier to locate care, understand benefits and access services.

WHY MEMBERS VALUE THIS PLAN

- $40 primary care and $60 specialist copays
- $75 urgent care copay
- Plan pays 100% for listed hospital, facility and diagnostic benefits
- Digital ID cards, provider search and benefit information
- 24/7 care navigation and virtual care access
- Straightforward prescription coverage

BEFORE YOU ENROLL

Confirm that your physicians, facilities and pharmacies participate in the network. Pre-certification requirements apply to certain services.

MEDICAL BENEFIT SCHEDULE

Schedule of benefits

The amounts below reproduce the supplied Bronze W4 EPO benefit summary. Refer to the official plan documents for all terms, conditions, exclusions and limitations.

SERVICE	IN-NETWORK COST	IMPORTANT NOTE
Deductible	**$0 individual / $0 family**	Individual and family amounts.
Out-of-pocket maximum	**$3,500 individual / $7,000 family**	Individual and family amounts.
Primary care visit	**$40 copay**	Cigna EPO network benefit.
Specialist visit	**$60 copay**	Cigna EPO network benefit.
Inpatient hospitalization	**Plan pays 100%**	Subject to plan terms and conditions.
Outpatient facility	**Plan pays 100%**	Subject to plan terms and conditions.
Emergency room	**$500 copay**	Subject to plan terms and conditions.
Urgent care	**$75 copay**	Subject to plan terms and conditions.
Laboratory	**Plan pays 100%**	Subject to plan terms and conditions.

ADDITIONAL COVERED SERVICES

Schedule of benefits, continued

SERVICE	IN-NETWORK COST	IMPORTANT NOTE
X-ray	**Plan pays 100%**	Subject to plan terms and conditions.
Imaging (MRI/CT)	**Plan pays 100%**	Subject to plan terms and conditions.

MEMBER EXPERIENCE

24/7 CARE NAVIGATION

Support when members need help finding or coordinating care.

DIGITAL ID CARDS

Convenient access to benefit information.

PROVIDER SEARCH

Tools to help locate participating providers.

VIRTUAL CARE

Convenient care access when appropriate.

PRESCRIPTION BENEFITS

See Page 5 for prescription benefits and monthly rates.

PRESCRIPTION AND PLAN COSTS

Straightforward benefits and monthly rates

SERVICE	IN-NETWORK COST	IMPORTANT NOTE
Generic drugs	$0 copay	Prescription coverage.
Preferred drugs	$35 copay	Prescription coverage.
Non-preferred drugs	$75 copay	Prescription coverage.
Specialty drugs	$200 copay	Prescription coverage.

MONTHLY COVERAGE RATES

Select the coverage tier that fits your household.

M	Member only MONTHLY	$699.95
S	Member + spouse MONTHLY	$1,549.95
C	Member + children MONTHLY	$1,449.95
F	Family MONTHLY	$2,149.95

PRICING NOTES

Rates include a $24.95 monthly association fee. A one-time $99.00 fee applies with the first month.

PLAN HIGHLIGHTS

1

Network access

Cigna EPO network access and provider search support.

2

Member tools

Digital ID cards, benefit access and 24/7 care navigation.

3

Convenient care

Virtual care access and member-focused guidance.

PLAN DETAILS

Important information and member support

This brochure is an abbreviated marketing summary prepared from the supplied benefit brochure. It is not the insurance contract, Summary Plan Description or complete Summary of Benefits and Coverage. If any statement differs from the governing plan documents, the governing documents control.

PLAN SUMMARY

- Plan option: Bronze W4 EPO
- Cigna EPO network access
- $0 individual and family deductible
- $3,500 / $7,000 out-of-pocket maximum

MEMBER RESOURCES

- 24/7 care navigation
- Digital ID cards and benefit access
- Provider search support
- Virtual care access

PLEASE REMEMBER

- Confirm network participation before care.
- Review official documents for exclusions and limitations.
- Benefits and rates remain subject to plan terms.
- Contact member support with benefit questions.

IMPORTANT PLAN INFORMATION

The benefit and rate amounts in this brochure reproduce the supplied AmeriHealth Shield EPO summary. Benefits, rates, eligibility and availability remain subject to plan terms, conditions, exclusions and carrier policies. Review the official plan documents before enrollment.

READY TO LEARN MORE?

Amerus Summit Health Plans

Call (888) 441-7891 to review eligibility and enrollment options.

AMERUS SUMMIT HEALTH PLANS

Benefits and eligibility are subject to the official plan documents, carrier administration, availability and final approval. This brochure does not guarantee payment of any claim.