

# HONEYWELL MEDICAL PLAN AT-A-GLANCE

Benefit Feature	In-Network <sup>1</sup>	Out-of-Network <sup>1</sup>
Dependent Coverage	Up to age 26	
Annual Deductible	<ul style="list-style-type: none"> <li>• \$1,500 for single coverage</li> <li>• \$3,000 for family coverage<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>• \$3,000 for single coverage</li> <li>• \$6,000 for family coverage<sup>2</sup></li> </ul>
Preventive Care	100%, no deductible	Not covered
Primary And Specialty Care Office Visits, Including Mental Health And Substance Abuse Outpatient Visits	80% after deductible <sup>3</sup>	50% of allowable amount <sup>4</sup> after deductible
Hospital Stay	80% after deductible	50% of allowable amount <sup>4</sup> after deductible
Emergency Room	80% after deductible	80% after deductible
Prescription Drugs <sup>5</sup>	80% after deductible	50% of allowable amount <sup>4</sup> after deductible
All Other Covered Services	80% after deductible	50% of allowable amount <sup>4</sup> after deductible
Annual Out-Of-Pocket Maximum (Includes Annual Deductible, See The Summary Plan Description For Additional Information About Which Expenses Count Toward This Maximum)	If your annualized base pay is \$50,000 or less: <ul style="list-style-type: none"> <li>• \$2,500 for single coverage</li> <li>• \$5,000 per family</li> </ul> If your annualized base pay is over \$50,000: <ul style="list-style-type: none"> <li>• \$4,000 for single coverage</li> <li>• \$8,000 per family</li> </ul>	<ul style="list-style-type: none"> <li>• \$8,000 for single coverage</li> <li>• \$16,000 per family</li> </ul>
Lifetime Maximum	None	None

<sup>1</sup> Out-of-network expenses do not apply to the in-network deductible or in-network out-of-pocket maximum. In-network expenses do not apply to the out-of-network deductible or out-of-network out-of-pocket maximum.

<sup>2</sup> If you are covering one or more dependents under the Honeywell Medical Plan, the family annual deductible must be satisfied before coinsurance begins.

<sup>3</sup> For Cigna Staff participants: In-network primary care office visits out of the Cigna Staff model are covered at 70% after deductible.

<sup>4</sup> 110% of Medicare RBRVS.

<sup>5</sup> After the deductible is satisfied, you pay the coinsurance, subject to a \$200 maximum per prescription for retail and \$400 maximum for a 90-day supply for mail order.

## SURGERY DECISION SUPPORT

In order to support you as you make surgical decisions, if you are being treated for any of the following five procedures:

- Knee replacement
- Hip replacement
- Hysterectomy
- Low back
- Bariatric surgery

**You will be required to engage with a HealthResource Health Advocate, otherwise, you will face a \$1,000 penalty. To learn more, contact HealthResource at 1-800-944-4887.**  
*This requirement does not apply to emergency situations.*