

Medical Insurance Plans

Cigna Medical Plans

Mister Car Wash offers two medical plan options through Cigna. The plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will save money by choosing a Cigna network provider. Locate a Cigna network provider at www.myCigna.com.

The table below summarizes the key features of the medical plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Cigna Open Access Plus Plan \$2,000		Cigna Choice Fund Open Access Plus HSA Plan \$2,600	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible Individual/Family	\$2,000/\$4,000 ¹	\$6,000/\$12,000 ¹	\$2,600/\$5,200 ²	\$6,000/\$12,000 ²
Calendar Year Out-of-Pocket Maximum Individual/Family	Includes deductible, copay, and coinsurance. \$6,000/\$12,000 ¹ \$16,000/\$32,000 ¹		Includes deductible, copay, and coinsurance. \$6,000/\$12,000 ² \$16,000/\$32,000 ²	
Preventive Care	Plan pays 100%	40% after ded.	Plan pays 100%	40% after ded.
Physician Services				
Primary Care Physician	\$30 copay	40% after ded.	20% after ded.	40% after ded.
Specialist	\$40 copay	40% after ded.	20% after ded.	40% after ded.
Telemedicine	\$30 copay	Not covered	\$38 office visit charge	Not covered
Urgent Care	\$50 copay ³		20% after ded.	
Lab/X-Ray				
Diagnostic Lab/X-Ray	Plan pays 100%	40% after ded.	20% after ded.	40% after ded.
High-Tech Services (MRI, CT, PET)	20% after ded. ⁴	40% after ded. ⁴	20% after ded.	40% after ded.
Hospital Services				
Inpatient	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Outpatient	20% after ded.	40% after ded.	20% after ded.	40% after ded.
Emergency Room	\$200 copay ³		20% after ded.	
Chiropractic Care	\$40 copay	40% after ded.	20% after ded.	40% after ded.
Prescription Drugs (up to a 30 day supply)				
Preventive	See page 7 for details	30%	\$10 copay	30% after ded.
Generic	\$10 copay	30%	20% after ded.	30% after ded.
Preferred Brand	\$35 copay	30%	20% after ded.	30% after ded.
Non-preferred Brand	\$60 copay	30%	20% after ded.	30% after ded.
Mail Order (up to a 90 day supply)	2.5x retail copay	Not covered	\$25 copay for preventive, 20% after ded. for all others	Not covered

(1) OAP plan: The amount you pay for in-network covered expenses only counts toward your in-network deductible and out-of-pocket maximum. The amount you pay for out-of-network covered expenses counts toward your out-of-network deductible and out-of-pocket maximum.

(2) HSA plan: Only the amount you pay for in-network covered expenses counts towards your in-network deductible. The amount you pay for out-of-network covered expenses counts towards both your in-network and out-of-network deductibles.

(3) Copay waived if admitted.

(4) At outpatient facility.