

WHAT WILL IT COST ME?



crossoverhealth.com/cisco

COPAY PLAN *		LIFECONNECTIONS PLAN - Stanford Health Care Alliance / Aetna
ALL SERVICES	COPAY	\$10

DEDUCTIBLE WITH COINSURANCE PLANS **		LIFECONNECTIONS PLUS SAVINGS PLAN Stanford Health Care Alliance / Aetna	HEALTH PLUS SAVINGS PLAN UnitedHealthcare or Cigna	PPO PLAN UnitedHealthcare or Cigna
SERVICE	VISIT COST	WHAT YOU PAY		
Preventive Medical Care				
Annual Exam / Women's Wellness Exam	\$180	Preventive Care covered by Cisco ***		
Travel Medicine	\$100			
Vaccines	Varies			
Primary Medical Care				
MD Injury or Illness Visit	\$90	\$0	\$9	\$18
Nurse Visit (Lab Draws, Immunizations)	\$0	\$0	\$0	\$0
Coinsurance and Payment Process		10% after deductible	10% after deductible	20% after deductible
Speciality Medical Care				
Physical Therapy	\$40	\$4	\$4	\$8
Acupuncture	\$40	\$4	\$4	\$8
Chiropractic	\$40	\$4	\$4	\$8
Behavioral Health				
Behavioral Health Session	\$75	\$7.50	\$7.50	\$15
Health Coaching (10 visits max per goal)	\$0	\$0	\$0	\$0
EAP Counseling (10 visits max per concern)	\$0	\$0	\$0	\$0

** Once you meet your out-of-pocket maximum, your plan covers 100% of the cost of eligible care for the remainder of the calendar year.
 *** If, during your preventive visit, follow-up care and/or treatment are required for a diagnosed condition, injury, or illness, applicable fees may apply. Non-preventive radiology tests (e.g., X-ray, MRI, CAT scan, ultrasound, etc.) and various diagnostic lab tests may not be covered at 100%. Please refer to the Summary Plan Descriptions (SPDs) on the U.S. Benefits portal at usbenefitsportal.cisco.com for information about preventive care services.

