

2026 AMSURG Medical Coverage Options

The following table provides a side-by-side comparison of the benefits available under each medical plan. This summary is an overview of benefits and not a contract. For a detailed listing of benefits, go to our benefits website via UKG or by visiting **AMSURG-Benefits.com** to see the official plan documents.

Note: When you enroll, you may have the option to select from a Local Plus (narrow) network or an Open Access (broad) network. Premiums vary based on the network you select. Local Plus networks are not available in all locations and are based on home zip code.

	Cigna PPO	HSA Primary	HSA Base
Deductible	In-Network: \$2,500 individual \$5,000 family Out-of-Network: \$5,000 individual \$10,000 family (embedded)	In-Network: \$4,000 individual \$8,000 family Out-of-Network: \$8,000 individual \$16,000 family (embedded)	In-Network: \$5,500 individual \$11,000 family Out-of-Network: \$10,000 individual \$20,000 family (embedded)
Coinsurance (Plan Pays)	In-Network: 80% Out-of-Network: 50%	In-Network: 80% Out-of-Network: 50%	In-Network: 80% Out-of-Network: 50%
Out-of-Pocket Maximum ¹	In-Network: \$6,000 individual \$12,000 family Out-of-Network: \$15,000 individual \$30,000 family	In-Network: \$6,000 individual \$12,000 family Out-of-Network: \$15,000 individual \$30,000 family	In-Network: \$6,850 individual \$13,700 family Out-of-Network: \$20,550 individual \$41,100 family
HSA Contribution ²	N/A	\$750 individual \$1,000 family	\$500 individual \$750 family
Office Visit (PCP/Specialist)	In-Network: \$30 PCP / \$60 SPC (deductible waived) Out-of-Network: 50%	In-Network: 80% Out-of-Network: 50%	In-Network: 80% Out-of-Network: 50%
Telemedicine: MDLIVE	In-Network: \$30 copay	In-Network: 80%	In-Network: 80%
Inpatient Hospital	In-Network: 80% Out-of-Network: 50%	In-Network: 80% Out-of-Network: 50%	In-Network: 80% Out-of-Network: 50%
Outpatient Surgery	In-Network: 100% Out-of-Network: 50%	In-Network: 100% Out-of-Network: 50%	In-Network: 100% Out-of-Network: 50%
Emergency Room	In-Network: 80% Out-of-Network: 80%	In-Network: 80% Out-of-Network: 80%	In-Network: 80% Out-of-Network: 80%
Urgent Care	In-Network: \$60 copay (deductible waived) Out-of-Network: 50%	In-Network: 80% Out-of-Network: 50%	In-Network: 80% Out-of-Network: 50%
Mental Health/Substance Abuse Inpatient	In-Network: 80% Out-of-Network: 50%	In-Network: 80% Out-of-Network: 50%	In-Network: 80% Out-of-Network: 50%
Mental Health/Substance Abuse Outpatient	In-Network: \$30 copay (deductible waived) Out-of-Network: 50%	In-Network: 80% Out-of-Network: 50%	In-Network: 80% Out-of-Network: 50%

¹ Deductibles, coinsurance and copays (where applicable) accumulate toward the medical out-of-pocket maximum.

² The Company HSA contribution is available to all teammates who contribute to the plan.

2026 AMSURG Prescription Coverage Options

PPO Plan	HSA Primary	HSA Base
Generic: \$20 copay Preferred Brand: \$50 copay Non-Preferred Brand: \$70 copay Specialty: 20% coinsurance (Not subject to deductible but expenses paid by you count toward your plan's annual out-of-pocket maximum.)	Generic: 20% coinsurance after deductible Preferred Brand: 20% coinsurance after deductible Non-Preferred Brand: 20% coinsurance after deductible Specialty: 20% coinsurance after deductible Preventive Generic: You pay nothing Preventive Preferred Brand: You pay 20%. No deductible Preventive Non-Preferred Brand: You pay 20% after deductible	Generic: 20% coinsurance after deductible Preferred Brand: 20% coinsurance after deductible Non-Preferred Brand: 20% coinsurance after deductible Specialty: 20% coinsurance after deductible Preventive Generic: You pay nothing Preventive Preferred Brand: You pay 20%. No deductible Preventive Non-Preferred Brand: You pay 20% after deductible

Note: Coinsurance you pay for prescription drugs applies to the out-of-pocket maximum under all medical plans.