



Important Questions	Answers	Why This Matters:
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.cigna.com">www.cigna.com</a> or call 1-800-Cigna24 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from the <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware that a <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose with a <a href="#">referral</a> .

All [copayment](#) and [coinsurance](#) costs shown in this chart are after [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat injury or illness	\$20 <a href="#">copay</a> /office visit** No charge/MDLIVE visit** ** <a href="#">Deductible</a> does not apply	20% <a href="#">coinsurance</a>	No Charge for initial visit per Calendar Year.
	<a href="#">Specialist</a> visit	\$20 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	20% <a href="#">coinsurance</a>	None
	<a href="#">Preventive care/screening/immunization</a>	No charge <a href="#">Deductible</a> does not apply	20% <a href="#">coinsurance</a>	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	No charge	20% <a href="#">coinsurance</a>	None
	Imaging (CT/PET scans, MRIs)	No charge	20% <a href="#">coinsurance</a>	The lesser of 50% or \$500 penalty with no out-of-network precertification

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<p>If you need drugs to treat your illness or condition</p> <p>More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.cigna.com">www.cigna.com</a></p>	Generic drugs (Tier 1)	\$10 <a href="#">copay</a> /prescription (retail 30 days), \$20 <a href="#">copay</a> /prescription (retail & home delivery 90 days) <a href="#">Deductible</a> does not apply	20% <a href="#">coinsurance</a> /prescription (retail); Not covered (home delivery) <a href="#">Deductible</a> does not apply	<p>Coverage is limited up to a 90-day supply (retail and home delivery) to a 30-day supply (retail and home delivery) for <a href="#">Specialty drugs</a>. Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits.</p> <p>For drugs in the Cigna Patient Assurance Program you may pay more than the noted retail or home delivery cost share amounts.</p> <p>In-network Federally required preventive drugs will be provided at no charge.</p>
	Preferred brand drugs (Tier 2)	\$20 <a href="#">copay</a> /prescription (retail 30 days), \$40 <a href="#">copay</a> /prescription (retail & home delivery 90 days) <a href="#">Deductible</a> does not apply	20% <a href="#">coinsurance</a> /prescription (retail); Not covered (home delivery) <a href="#">Deductible</a> does not apply	
	Non-preferred brand drugs (Tier 3)	\$35 <a href="#">copay</a> /prescription (retail 30 days), \$70 <a href="#">copay</a> /prescription (retail & home delivery 90 days) <a href="#">Deductible</a> does not apply	20% <a href="#">coinsurance</a> /prescription (retail); Not covered (home delivery) <a href="#">Deductible</a> does not apply	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	20% <a href="#">coinsurance</a>	<p>The lesser of 50% or \$500 penalty for no out-of-network precertification</p> <p>The lesser of 50% or \$500 penalty for no out-of-network precertification</p>
	Physician/surgeon fees	No charge	20% <a href="#">coinsurance</a>	
	<a href="#">Emergency room care</a>	\$100 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	\$100 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	

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If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20 <u>copay</u> /office visit** No charge/all other services ** <u>Deductible</u> does not apply	20% <u>coinsurance</u> /office visit 20% <u>coinsurance</u> /all other services	The lesser of 50% or \$500 per calendar year per cent of out-of-network non-routine services (i.e., partial hospitalization, etc.). Includes mental health services for MH/SA diagnoses. No charge for initial visit per Calendar Year; subsequent visits at no more than PCP cost share.
	Inpatient services			

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	<a href="#">Habilitation services</a>	\$20 <a href="#">copay</a> /PCP visit**	20% <a href="#">coinsurance</a> /PCP visit	The lesser of 50% or \$500 penal failure to precertify out-of-network speech therapy services. Service covered when <a href="#">Medically Necessary</a> treat a mental health condition (e autism) or a congenital abnormal	
		\$20 <a href="#">copay</a> /Specialist visit** ** <a href="#">Deductible</a> does not apply	20% <a href="#">coinsurance</a> /Specialist visit		
	<a href="#">Skilled nursing care</a>	No charge	20% <a href="#">coinsurance</a>		The lesser of 50% or \$500 penal no out-of-network precertification Coverage is limited to 150 days annual max.
	<a href="#">Durable medical equipm</a>	No charge <a href="#">Deductible</a> does not apply	20% <a href="#">coinsurance</a>		The lesser of 50% or \$500 penal no out-of-network precertification
	<a href="#">Hospice services</a>	No charge/inpatient service No charge/outpatient services** ** <a href="#">Deductible</a> does not apply	20% <a href="#">coinsurance</a> /inpatient services 20% <a href="#">coinsurance</a> /outpatient services		The lesser of 50% or \$500 penal no out-of-network precertification
	Children's eye exam	No charge <a href="#">Deductible</a> does not apply	No charge <a href="#">Deductible</a> does not apply		Coverage is limited to one exam
Children's glasses	Not covered				

### Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Cigna at Bureau of Insurance at 1-800-300-5000 and Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) c [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Other coverage options may be available to you, too, including buying individual insurance [Health Veragethe Marketplace](http://www.healthveragetheMarketplace). For more information about [Marketplace](http://www.HealthCare.gov), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

### Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint [against a denial of a claim](#). This complaint is called a [grievance appeal](#). For more information about your rights, look at the explanation of benefits you will receive for [claim medical](#) documents also provide complete information on how a [grievance appeal](#) works. [grievance appeal](#) (plan 25.st)-y be] TJ 0

About these Coverage Examples:







the **English**. **ATTENTION:** Language assistance services, free of charge, are available to you. For current Cigna Healthcare customers call

