

The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go online at [www.cigna.com/sp](http://www.cigna.com/sp). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-800-Cigna24 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	For <a href="#">in-network providers</a> : \$500/individual or \$1,000/family For <a href="#">out-of-network providers</a> : \$500/individual or \$1,000/family Combined medical/behavioral <a href="#">deductible</a>	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. In-network <a href="#">preventive care</a> & immunizations, office visits, <a href="#">prescription drugs</a> , emergency room visits, <a href="#">urgent care</a> facility visits, in-network hospice, in-network <a href="#">Durable medical equipment</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
What is the <a href="#">out-of-pocket</a>		

Important Questions	Answers	Why This Matters:
<p>Will you pay less if you use a <a href="#">network provider</a>?</p>	<p>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>.</p>	<p>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 a <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 your <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.</p>
<p>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</p>	<p>No.</p>	<p>You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a>.</p>



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)	

	Outpatient services	\$25 <a href="#">copay</a> /office visit** 20% <a href="#">coinsurance</a> /all other services		
--	---------------------	---------------------------------------------------------------------------------------------------	--	--

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)	
	<a href="#">Habilitation services</a>	\$25 <a href="#">copay</a> /PCP visit** \$25 <a href="#">copay</a> / <a href="#">Specialist</a> visit** ** <a href="#">Deductible</a> does not apply	40% <a href="#">coinsurance</a> /PCP visit 40% <a href="#">coinsurance</a> / <a href="#">Specialist</a> visit	The lesser of 50% or \$500 penalty for failure to precertify out-of-network speech therapy services. Services are covered when <a href="#">Medically Necessary</a> to treat a mental health condition (e.g. autism) or a congenital abnormality.
	<a href="#">Skilled nursing care</a>	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	The lesser of 50% or \$500 penalty for no out-of-network precertification. Coverage is limited to 150 days annual max.
	<a href="#">Durable medical equipment</a>	No charge <a href="#">Deductible</a> does not apply	40% <a href="#">coinsurance</a>	The lesser of 50% or \$500 penalty for no out-of-network precertification.
	<a href="#">Hospice services</a>	No charge/inpatient services** No charge/outpatient services** ** <a href="#">Deductible</a> does not apply	40% <a href="#">coinsurance</a> /inpatient services 40% <a href="#">coinsurance</a> /outpatient services	The lesser of 50% or \$500 penalty for no out-of-network precertification.
If your child needs dental or eye care	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	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

### Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)		
Bariatric surgery	Long-term care	Routine foot care
Cosmetic surgery	Non-emergency care when traveling outside the U.S.	Weight loss programs
Dental care (Adult)	Private-duty nursing	
Dental care (Children)		
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)		
Acupuncture (20 days)	Hearing aids (2 (one per ear) devices per 36 months)	Infertility treatment
Chiropractic care (combined with <a href="#">Rehabilitation Services</a> )		Routine eye care (Adult)

### 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: Maine Bureau of Insurance at 1-800-300-5000 and Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), 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 your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#) or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Cigna Customer service at 1-800-Cigna24. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or Maine Bureau of Insurance at 1-800-300-5000. Additionally, a consumer assistance program can help you file your [appeal](#). Contact: Bureau of Insurance State of Maine at (800) 300-5000.

### Does this plan provide Minimum Essential Coverage? Yes.

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

### Does this plan meet the Minimum Value Standards? Yes.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-244-6224.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-244-6224.

Chinese ( ): 1-800-244-6224.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-244-6224.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

## About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)

U The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$500
U <a href="#">Specialist copayment</a>	\$25
U Hospital (facility) <a href="#">coinsurance</a>	20%
U Other <a href="#">coinsurance</a>	20%

### Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

U The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$500
U <a href="#">Specialist copayment</a>	\$25
U Hospital (facility) <a href="#">coinsurance</a>	20%
U Other <a href="#">coinsurance</a>	20%

### Mia's Simple Fracture (in-network emergency room visit and follow up care)

U The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$500
U <a href="#">Specialist copayment</a>	\$25
U Hospital (facility) <a href="#">coinsurance</a>	20%
U Other <a href="#">coinsurance</a>	20%





C, F  
C,  
C,

E,

C, D  
A  
C, ACAG C,

G, G  
B, A

D, C, D, G

## Proficiency of Language Assistance Services

**English** – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. (TTY: dial 711)

**Spanish** – ATENCION: Los servicios de asistencia lingüística, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

**Chinese** – 注意：我們為您免費提供語言協助服務。如果您目前的現有客戶，請致電您ID卡背面的號碼。其他客戶請致電1.800.244.6224 (TTY: 711)。

**Vietnamese** – CHÚ Ý: Quý khách có thể nhận được dịch vụ hỗ trợ ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

**Korean** – 주의: 하중 서비스를 받으시는 경우, 현재 Cigna 가입자임을 증명할 수 있는 ID 카드 뒷면에 있는 번호를 호출하십시오. 기타 다른 경우, 1.800.244.6224 (TTY: 다이얼 711) 번호로 전화하십시오.

**Tagalog** – PAUNANG: Makakakuha ka ng mga libre sa wika nang tulong sa wika nang libre. Para sa mga kasalukuyang angom ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

**Russian** – Внимание: Услуги перевода доступны для вас бесплатно. Если вы являетесь участником одного из наших планов, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

**Arabic** – Cigna حارة الانتباه خدمات الله حمة المجانية، يمكنك ان تستخدم هذه الخدمات مجاناً. إذا كنت من المشاركين في أحد خططنا، فراجع الرقم المدون على ظهر بطاقةك الشخصية. أو اتصل بالرقم 1.800.244.6224 (TTY: اتصل ب 711).

**French** – ATTENTION: Des services d'aide linguistique vous sont offerts gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

**Portuguese** – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes atuais da Cigna, o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (TTY: 711).

**Polish** – UWAGA: Aby skorzystać z darmowej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby korzystając z numeru 1.800.244.6224 (TTY: wybierz 711).

**Japanese** – 注意事項:日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在Cignaのお客さまは、IDカード裏面の電話番号よりご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

**Italian** – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuita. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utente TTY: chiamare il numero 711).

**Cigna-Kunde sind, rufen Sie bitte** 1.800.244.6224 (TTY wählen Sie 711).

خدمات لغوی رایجی، به صورت رایجی به شما ارائه می شود. برای استفاده از این خدمات رایجی، اگر شما مشتری فعلی شرکت بیمه Cigna هستید، لطفاً به پشت کارت شناسایی شماست تماس بگیرید. اگر غیر اینصورت یا شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره دیگری کنید).