Important Questions	Answers	Why This Matters:
network provider?	Yes. Se <u>e www.cigna</u> .com or call 1-800-Cigna24 for a li network providers.	Thisplan uses parovidenetwork. You will pay less if you uprovider in the an's network. You will pay the most if you out-of-network provider, and you might receive a bill froprovider for the difference betweenothinder's charge and what your lan pay so alance billing). Be awaren yet unor kerovider might use can be of-network provider for some ser (such as lab work). Check with provider before you get services.
Do you need <u>meferral</u> to se a <u>specialist?</u>	No.	You can see tapecialist you choose with outeral.

All copayment and coinsurance costs shown in this chart are after dyoctrible has been met, decaluctible applies.

Common		What You Will Pay		Limitations, Exceptions, & Othe
Medical Event	Services You May Nee	In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Important Information
If you visit a health care provider's office or clinic	Primary care visit to trea injury or illness	\$20copay/office visit** No charge/MDLIVE visit** **Deductible does not apply	20% <u>coinsuran</u> ce	No Charge for initial visit per Cal Year.
		\$20copay/visit Deductible does not apply	20%coinsurance	None
	Preventive cass/reening/immunization	No charge Deductible does not apply	20% <u>coinsuran</u> ce	You may have to pay for services aren't preventive. Ask poorider if the services needed are prevention. Then check what yolan will pay for.
If you have a test	Diagnostic test (x-ray, bl work)	No charge	20% <u>coinsuran</u> ce	None
	Imaging (CT/PET scans MRIs)	No charge	20%coinsurance	The lesser of 50% or \$500 penal no out-of-network precertification

Common		What You Will Pay		Limitations Evantions 9 Otho
Medical Event	Services You May Nee	In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Othe Important Information
If you need drugs to trea	Generic drugs (Tier 1)	\$10copay/prescription (reta 30 days), \$20 copay/prescription (retail & home delivery 90 days) Deductible does not apply	20%coinsurance/prescription (retail); Not covered (home delivery) Deductible does not apply	to a 30-day supply (retail and hor delivery) for example: prior
your illness or condition More information about prescription drug covera is available at www.cigna.com	Preferred brand drugs (72)	\$20copay/prescription (reta 30 days), \$40 copay/prescription (retail & home delivery 90 days) Deductible does not apply	20%coinsurance/prescription (retail); Not covered (home delivery) Deductible does not apply	
	Non-preferred brand dru (Tier 3)	\$35copay/prescription (reta 30 days), \$70 copay/prescription (retail & home delivery 90 days) Deductible does not apply	20%coinsurance/prescription (retail); Not covered (home delivery) Deductible does not apply	than the noted retail or home dell cost share amounts. In-network Federally required preventive drugs will be provided no charge.
If you have outpatient	Facility fee (e.g., ambulatory surgery cent	No charge	20%coinsurance	The lesser of 50% or \$500 penal no out-of-network precertification
surgery	Physician/surgeon fees	No charge	20%coinsurance	The lesser of 50% or \$500 penal no out-of-network precertification
	Emergency room care	\$100 <u>copa</u> y/visit <u>Deductible</u> does not apply	\$100 <u>copa</u> y/visit <u>Deductible</u> does not apply	

Common Medical Event	Services You May Nee		ou Will Pay Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Othe Important Information
If you need mental health behavioral health, or substance abuse services		\$20 <u>copa</u> y/office visit** No charge/all other service: **Deductible does not apply		The lesser of 50% or \$500 penal no precert of out-of-network non-routine services (i.e., partial hospitalization, etc.). Includes me services for MH/SA diagnoses. No Charge for initial visit per Calend Year; subsequent visits at no mo than PCP cost share.
	Inpatient services			

Common		What Yo	Limitations, Exceptions, & Othe	
Medical Event	Services You May Nee	In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Important Information
	Habilitation services	\$20 <u>copay</u> /PCP visit** \$20 <u>copay</u> Specialist visit** **Deductible does not apply	20%coinsurance/PCP visit 20%coinsurance/pecialist visit	The lesser of 50% or \$500 penal failure to precertify out-of-network speech therapy services. Service covered whendically Necessary treat a mental health condition (e autism) or a congenital abnormal
	Skilled nursing care	No charge	20%coinsurance	The lesser of 50% or \$500 penal no out-of-network precertification Coverage is limited to 150 days annual max.
	Durable medical equipm	No charge Deductible does not apply	20%coinsurance	The lesser of 50% or \$500 penal no out-of-network precertification
	Hospice services	No charge/inpatient service No charge/outpatient services** **Deductible does not apply	services 20% <u>coinsuran</u> ce/outpatient	The lesser of 50% or \$500 penal no out-of-network precertification
	Children's eye exam	No charge Deductible does not apply	No charge Deductible 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. Other coverage options may be available to you, too, including buying individual insurance information abdatkbeplace, visitivw.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint administry and enial of laim. This complaint is calibrated appeal. For more information about your rights, look at the explanation of benefits you will receive for talmat in the provide also provide complete information on howar grievan [(plany 25.st)-y be] TJ 0

About these Coverage Examples:

Discrimination is against the law.

Medical coverage

Cigna Healthcare complies with applicable Federal civil rights laws. If you believe that Cigna Healthcare has failed to provide these service and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CigHealthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna Healthcare:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (lamiet, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, suab:

- Qualified interpreters
- Information written in other languages

If you need these services, contact customer service at threetoll number shown on your ID card, and ask a Customer Service Associate for assistance.

Ciona-llame al arimero que fiorza on el reverse de sutarieta de identificación. Si polo en llame al 3.900 2006 200 (los usuarios de TIX deben llamas 2.311) a

or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna Healthcare Nondiscrimination Complaint Coordinator P.O. Box 188016 Chattanooga, TN 37422

If you needssistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with

Ciona Healthcare, products and services are, provided exclusively by or through one rating subsidiaries of The Ciona Groun including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., To supply the wind the state of Cigna Variotogican file actors so in the use of the meaning according so the control of the cont Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCION: Si usted habla un idioma que no sea inglés, tiene a su disposición applicación de circles de la contraction de la co

