Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Coverage Period: 01/01/2025 - 12/31.

Cigna Health and Life Insurance Co.: Choice Fund Open Access F Coverage for: Individual/Individual + Family | Plan Type HSA

The Summary of Benefits and Coverage (SBC) document will help you choose anhealth SBC shows you how you and threwould share the cost for covered health care services. NOTE: Information about the cost of the theoretical 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 graph and definitions of common terms, such a moubalance billingpinsurance oppayment deductible rovider, or other underlined terms, see the Glossa can view the Glossa by the complete terms of coverage and the cove

| Important Questions | Answers | Why This Matters: |
|---|--|---|
| What is the overall deductible? | Forin-network providers: \$3,300/individual - employee of \$6,600/family maximum (no more than \$3,300 per individual a family) Forout-of-network providers: \$3,300/individual - employ or \$6,600/family maximum (no more than \$3,300 per in within a family) Combined medical/behavioral and phaemacyble | deductible amount before this begins to pay. If you have other family members on the each family member must |
| Are there services covered before you meet your deductible? | Yes. In-networkeventive care & immunizations, in-networkeventive drugs. | Thisplan covers some items and services even if you had met the leductible amount. But payment opinsurance may apply. For example, this covers certain eventive services without cost-sharing and before you metale toward list of covered eventive services at https://www.healthcare.gov/coverage/preventive-care-b |
| Are there othereductibles for specific services? | No. | You don't have to metalluctibles for specific services. |
| What is the | | |

| Important Questions | Answers | Why This Matters: |
|---|--|--|
| network provider? | Yes. Se <u>e www.cigna</u> .com or call 1-800-Cigna24 for a linetwork 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 betweenotheer's charge and what your name paysolance billing). Be aware network provider might use cant-of-network provider for some ser (such as lab work). Check with network provider before you get services. |
| Do you need <u>meferral</u> to see a <u>specialist?</u> | No. | You can see tapecialist you choose with materal. |

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

| Common | Services You May Nee | | u Will Pay Out-of-Network Provider | Limitations, Exceptions, & Othe |
|--|--|--|---------------------------------------|---|
| Medical Event | | (You will pay the least) | (You will pay the most) | |
| | Primary care visit to trea injury or illness | 10% <u>coinsuran</u> ce/office visit 10% <u>coinsuran</u> ce/MDLIVE v | 30%coinsurance | No Charge after plan deductible initial visit per Calendar Year. |
| | Specialist visit | 10%coinsurance/visit | 30%coinsurance | None |
| If you visit a health care provider's office or clinic | | No charge Deductible does not apply | 30%coinsurance | You may have to pay for services aren't preventive. Ask poorider if the services needed are preventi. Then check what yolan will pay for. |

Diagnostic test (x-ray, bl work) 10%coinsurance

| Common | Services You May Nee | What Yo | Limitations Expontions 8 Otho | |
|-------------------------|----------------------------|---|---|---|
| Common Medical Event | | In-Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | Limitations, Exceptions, & Othe Important Information |
| | Preferred brand drugs (72) | | | |

| 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 |
| | Inpatient services | 10%coinsurance | 30% <u>coinsuran</u> ce | The lesser of 50% or \$500 penal no out-of-network precertification Includes medical services for MI-diagnoses. |
| | Office visits | 10%coinsurance | 30%coinsurance | Primary Care <u>Specialist</u> benefit |
| | Childbirth/delivery professional services | 10%coinsurance | 30%coinsurance | levels apply for initial visit to conf pregnancy. |
| If you are pregnant | Childbirth/delivery facility services | ⁾ 10% <u>coinsuran</u> ce | 30% <u>coinsuran</u> ce | Cost sharing does not apply for preventive services. Depending on the type of service copaymentoinsurance deductible may apply. Maternity care may include testy C. rg [(coininclu)-1] |

| | 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 |
| | | Durable medical equipm | 10%coinsurance | 30% <u>coinsuran</u> ce | The lesser of 50% or \$500 penal no out-of-network precertification |
| | | Hospice services | No charge/inpatient service No charge/outpatient service | | The lesser of 50% or \$500 penal no out-of-network precertification |
| | If your child needs denta | Children's eye exam | No charge | No charge | Coverage is limited to one exam |
| | or eye care | Children's glasses | Not covered | Not covered | None |
| | | Children's dental check- | Not covered | Not covered | None |

Excluded Services & Other Covered Services:

| Services Yourlan Generally Does NOT Cover (Che | eck your palley atocument for more information | and a list of anyeothleided services.) |
|--|---|--|
| Bariatric surgery | Long-term care | Routine foot care |
| Cosmetic surgery | Non-emergency care when traveling our | Weight loss programs |
| Dental care (Adult) | U.S. | |
| Dental care (Children) | Private-duty nursing | |
| Other Covered Services (Limitations may apply to | these services. This isn't a complete list. Pleas | ersele gwonnent.) |
| Acupuncture (20 days) | Hearing aids (2 (one per ear) devices pe | Infertility treatment |
| Chiropractic care (combined Rwith bilitation | months) | Routine eye care (Adult) |
| Services) | | - |

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.do85.4000001 0 [(www)1(.haebsa/hea to cthre)-1(TJ ET q 0 0 1(ervice it TJ 1 0 Q q ds.op these serbTJ ET availquipmur y0 0 -u,mur

Your Grievance and Appeals Rights:
There are agencies that can help if you have a complaint adjainfstryaodenial offaim. This complaint is caltered vance of appeal. For more information

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples <u>pdfh</u>owightscover medical care. Your actual costs will be depending on the actual care you receive, the <u>pricesident</u> charge, and many other factors. Focussous <u>Itlaeing</u> amounts (<u>deductible sppayments and insurance</u>) and <u>lead to the services under the portion of costs pay under different health</u>s. Please note these coverage examples are based on self-only coverage.

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

| Theplan's overaldeductible | \$3,300 |
|-------------------------------|---------|
| Specialistoinsurance | 10% |
| Hospital (facility)oinsurance | 10% |
| Othercoinsurance | 10% |

This EXAMPLE event includes services like Specialist office vising natal care)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic testultrasounds and blood work)
Specialist vistanesthesia)

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

| Theplan's overaldeductible | \$3,300 |
|-------------------------------|---------|
| Specialistoinsurance | 10% |
| Hospital (facility)oinsurance | 10% |
| Othercoinsurance | 10% |

This EXAMPLE event includes services like <u>Primary care physician office (instantaling</u> <u>disease education)</u>

Mia's Simple Fracture (in-network emergency room visit and follower)

| Theplan's overaldeductible | \$3,300 |
|-------------------------------|---------|
| <u>Specialistoinsurance</u> | 10% |
| Hospital (facility)oinsurance | 10% |
| Othercoinsurance | 10% |

Discrimination is against the law.

Medical coverage

Cigna Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna Healthcare 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 (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

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

If you believe that Cigna Healthcare has failed to provide these services 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 need assistance 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

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