

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and others would share the cost for covered health care services. NOTE: Information about the cost of (that is, 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 to <https://www.healthcare.gov/coverage>. For general definitions of common terms, such as allowed amount, balance billing, insurance payment, 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:
<p>What is the overall <u>deductible</u>?</p>	<p>For <u>in-network providers</u>: \$3,300/individual - employee or \$6,600/family maximum (no more than \$3,300 per individual within a family) For <u>out-of-network providers</u>: \$3,300/individual - employee or \$6,600/family maximum (no more than \$3,300 per individual within a family) Combined medical/behavioral and pharmaceutical <u>deductible</u></p>	<p>Generally, you must pay all of the costs <u>up to the deductible</u> amount before <u>the plan</u> begins to pay. If you have other family members on the <u>plan</u>, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets overall family <u>deductible</u>.</p>
<p>Are there services covered before you meet your <u>deductible</u>?</p>	<p>Yes. In-network <u>preventive care</u> & immunizations, in-network preventive drugs.</p>	<p>This <u>plan</u> covers some items and services even if you have not met the <u>deductible</u> amount. <u>Cost-sharing</u> or <u>insurance</u> may not apply. For example, <u>this</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u>. See the list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/</p>
<p>Are there other <u>deductibles</u> for specific services?</p>	<p>No.</p>	<p>You don't have to meet <u>deductibles</u> for specific services.</p>
<p>What is the</p>		

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

All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [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 provider's office or clinic	Primary care visit to treat injury or illness	10% coinsurance /office visit	30% coinsurance	No Charge after plan deductible is met. Initial visit per Calendar Year.
	Specialist visit	10% coinsurance /MDLIVE visit	30% coinsurance	None
	Preventive care / screening /immunization	No charge Deductible does not apply	30% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
	Diagnostic test (x-ray, blood work)	10% coinsurance		

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)	
	Preferred brand drugs (1 2)			

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)	
	Inpatient services	10% coinsurance	30% coinsurance	<p>The lesser of 50% or \$500 penalty with no out-of-network precertification. Includes medical services for MRSA diagnoses.</p> <p>Primary Care Specialist benefit levels apply for initial visit to confirm pregnancy.</p> <p>Cost sharing does not apply for preventive services.</p> <p>Depending on the type of service, copayment, coinsurance, or deductible may apply. Maternity care may include tests, C. reg. [(coinsurance)-1]</p>
If you are pregnant	Office visits	10% coinsurance	30% coinsurance	
	Childbirth/delivery professional services	10% coinsurance	30% coinsurance	
	Childbirth/delivery facility services	10% coinsurance	30% coinsurance	

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 informati

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how costs might cover medical care. Your actual costs will be depending on the actual care you receive, the prices providers charge, and many other factors. Focus on sharing amounts (deductibles, payments and insurance) and excluded services under the plan. Use this information to compare the portion of costs 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 hospital delivery)

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

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

The plan's overall deductible	\$3,300
Specialist coinsurance	10%
Hospital (facility) coinsurance	10%
Other coinsurance	10%

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This EXAMPLE event includes services like
[Specialist office visits](#) (prenatal care)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (ultrasounds and blood work)
[Specialist visits](#) (anesthesia)

This EXAMPLE event includes services like
[Primary care physician office visits](#) (including disease education)

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

