The Summary of Be
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 info

| Important Questions | Answers | Why This Matters: |
| --- | --- | --- |
| What is the overall deductible? | For in-network providers: $500/individual or $1,500/fami | Generally, you must pay all of the costs from providers up to th deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible |

| Important Questions | Answers | Why This Matters: |
|---|---|---|
| Will you pay less if you use network provider? | Yes. See www.cigna.com or call 1-800-Cigna24 for a li network providers. | This plan uses a provider network. You will pay less if you u provider in the plan's network. You will pay the most if you out-of-network provider, and you might receive a bill fro provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some ser (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 without 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 Nee | What You Will Pay | | Limitations, Exceptions, & Othe 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 trea injury or illness | $20 copay/visit<br>Deductible does not apply | Not covered | None |
| | Specialist visit | $35 copay/visit<br>Deductible does not apply | Not covered | None |
| | Preventive care/screening/ immunization | No charge<br>Deductible does not apply | Not covered | You may have to pay for services aren't preventive. Ask your provider if the services needed are preventi Then check what your plan will pay for. |
| If you have a test | Diagnostic test (x-ray, bl work) | 10% coinsurance | Not covered | None |
| | Imaging (CT/PET scans MRIs) | 10% coinsurance | Not covered | None |

| Common Medical Event | Services You May Nee | What You Will Pay | | Limitations, Exceptions, & Othe Important Information |
|---|---|---|---|---|
| | | In-Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you need drugs to trea your illness or condition<br><br>More information about prescription drug covera is available at www.cigna.com | Generic drugs (Tier 1) | $10copay/prescription (reta 30 days), $20 copay/prescription (retail 9( days); $20copay/prescriptio (home delivery 90 days) Deductible does not apply | Not covered | Coverage is limited up to a 90-da supply (retail and home delivery) to a 30-day supply (retail) and a ! day supply (home delivery) for Specialty drugs.<br>Certain limitations may apply, including, for example: prior authorization, step therapy, q n5a |
| | Preferred brand drugs (T 2) | $25copay/prescription (reta 30 days), $50 copay/prescription (retail 9( days); $50copay/prescriptio (home delivery 90 days) Deductible does not apply | Not covered | |
| | Non-preferred brand dru (Tier 3) | $45copay/prescription (reta 30 days), $90 copay/prescription (retail 9( days); $90copay/prescriptio (home delivery 90 days) Deductible does not apply | Not covered | |

| Common Medical Event | Services You May Nee | What You Will Pay | | Limitations, Exceptions, & Othe Important Information |
|---|---|---|---|---|
| | | In-Network Provider | | |

| Common Medical Event | Services You May Nee | What You Will Pay | | Limitations, Exceptions, & Othe Important Information |
|---|---|---|---|---|
| | | In-Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| | Habilitation services | $35 copay/visit Deductible does not apply | Not covered | Services are covered when Medically Necessary to treat a mental heal condition (e.g. autism) or a conge abnormality. Limits are not applicable to ment health conditions for Physical, Sp and Occupational therapies. |
| | Skilled nursing care | 10% coinsurance | | |

## Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic surgery
- Dental care (Adult)
- Dental care (Children)
- Eye care (Children)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture

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## 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 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 pay under different health plans. Please note these coverage examples are based on self-only coverage.

## 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:**

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- 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

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