lp Q	W	Wh Th M
W p <u>w kp</u> ?	Yes. See <u>www.cigna.com</u> or call 1-800-Cigna24 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan</u> 's <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider</u> 's charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network</u> <u>provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
D?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

All <u>c p</u> and <u>c</u> costs shown in this chart are after your <u>c b</u> has been met, if a <u>c b</u> applies.				
МсЕ	c Y M N	WhY INwk (Ywph)	W ONwk (Ywph)	– , Excp, & Oh IpI
	Primary care visit to treat an injury or illness	\$25 <u>copay</u> /visit <u>Deductible</u> does not apply	40% coinsurance	None
I h hc	Specialist visit	\$25 <u>copay</u> /visit <u>Deductible</u> does not apply	40% coinsurance	None
<u>p</u> ' c c c	Preventive care/ screening/			
	providor's office or clinic			

		Wh Y	W	,Excp,&Oh
M c E	C Y M N	INwk (Ywph)	ONwk (Ywph)	,Excp,&Oh IpI
	Generic drugs (Tier 1)	\$10 <u>copay</u> /prescription (retail 30 days), \$20 <u>copay</u> /prescription (retail 90 days); \$20 <u>copay</u> /prescription (home delivery 90 days) <u>Deductible</u> does not apply	20%	

		Wh Y	W	,Excp,&Oh
МсЕ	c Y M N	INwk (Ywph)	ONwk (Ywph)	-,Excp,&Oh IpI
	Physician/surgeon fees	25% <u>coinsurance</u> <u>Deductible</u> does not apply	40% coinsurance	\$750 penalty for no out-of-network precertification.
l hh, bh hh,	Outpatient services	\$25 <u>copay</u> /office visit** 25% <u>coinsurance</u> /all other services** ** <u>Deductible</u> does not apply	40% <u>coinsurance</u> /office visit 40% <u>coinsurance</u> /all other services	\$750 penalty if no precert of out-of- network non-routine services (i.e., partial hospitalization, etc.). Includes medical services for MH/SA diagnoses.
b с b с	Inpatient services	25% <u>coinsurance</u> <u>Deductible</u> does not apply	40% coinsurance	\$750 penalty for no out-of-network precertification. Includes medical services for MH/SA diagnoses.
	Office visits	No charge <u>Deductible</u> does not apply	40% coinsurance	Primary Care or <u>Specialist</u> benefit levels apply for initial visit to confirm
	Childbirth/delivery professional services	No charge Deductible does not apply	40% coinsurance	pregnancy. Cost sharing does not apply for
Iр	Childbirth/delivery facility services	25% <u>coinsurance</u> <u>Deductible</u> does not apply	40% <u>coinsurance</u>	preventive services. Depending on the type of services, a copayment, coinsurance or

M c E	c Y M N	Wh Y INwk (Ywph)	/W ONwk (Ywph)	— ,Excp,&Oh IpI
	Rehabilitation services	25% <u>coinsurance</u> /visit	40% <u>coinsurance</u> /visit	\$750 penalty for failure to precertify out-of-network speech therapy services. Coverage is limited to annual max of: 100 days for Chiropractic care services, Cognitive, Physical, Speech and Occupational therapies.
				Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies. \$750 penalty for failure to precertify out-of-network speech therapy

Habilitation services

25% coinsurance/visit

40% coinsurance/visit

		WhYW	
МСЕ	C Y M N		

Y R h

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 1-800-Cigna24, Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or 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.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 or call 1-800-318-2596.

YG c pp Rh

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

b h	Ex p
^	Th c . Treatments shown are just examples of how this <u>plan</u> might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your <u>providers</u> charge, and many other factors. Focus on the <u>cost sharing</u> amounts

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:

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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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