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 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/office visit** No charge/MDLIVE visit** **Deductible does not apply	20% coinsurance	No Charge for initial visit per Cal Year.
	Specialist visit	$20 copay/visit Deductible does not apply	20% coinsurance	None
	Preventive care/screening/ immunization	No charge Deductible does not apply	20% coinsurance	You may have to pay for service 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)	No charge	20% coinsurance	None
	Imaging (CT/PET scans MRIs)	No charge	20% coinsurance	The lesser of 50% or $500 penal no out-of-network precertification

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 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 & home delivery 90 days) Deductible does not apply	20%coinsurance/prescriptic (retail); Not covered (home delivery) Deductible does not apply	Coverage is limited up to a 90-da supply (retail and home delivery) to a 30-day supply (retail and hor delivery) for Specialty drugs. Certain limitations may apply, including, for example: prior authorization, step therapy, quan limits. For drugs in the Cigna Patient Assurance Program you may pay than the noted retail or home deli cost share amounts. In-network Federally required preventive drugs will be provided no charge.
	Preferred brand drugs (T 2)	$20copay/prescription (reta 30 days), $40 copay/prescription (retail & home delivery 90 days) Deductible does not apply	20%coinsurance/prescriptic (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/prescriptic (retail); Not covered (home delivery) Deductible does not apply	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery cent	No charge	20%coinsurance	The lesser of 50% or $500 penal no out-of-network precertification
	Physician/surgeon fees	No charge	20%coinsurance	The lesser of 50% or $500 penal no out-of-network precertification
	Emergency room care	$100copay/visit Deductible does not apply	$100copay/visit Deductible does not apply	

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 mental healt behavioral health, or substance abuse service	Outpatient services	$20 copay/office visit** No charge/all other service **Deductible does not apply	20% coinsurance/office visit 20% coinsurance/all other services	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. N Charge for initial visit per Calend Year; subsequent visits at no mo than PCP cost share.
	Inpatient services			

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	$20 copay/PCP visit** $20 copay/Specialist visit** **Deductible does not apply	20% coinsurance/PCP visit 20% coinsurance/Specialist visit	The lesser of 50% or $500 penal failure to precertify out-of-networ speech therapy services. Service covered when Medically 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	20% coinsurance/inpatient services 20% coinsurance/outpatient services	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) o www.dol.gov/ebsa/healthreform. Other coverage options may be available to you, too, including buying individual insurance through the Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

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 informatio about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents 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 and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CignaHealthcare 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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