



## Multi-language Interpreter Services

This notice has important information about your application or coverage. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call [866-494-2111]. **English**

ይህ ማስታወቂያ ማመልከቻዎን ወይም ሽፋንዎን የሚመለከት አስፈላጊ መረጃ የያዘ ነው። በዚህ ማስታወቂያ ላይ ቁልፍ በሆኑት ቀናት ላይ ያተኮሩ። የጤና መድን ሽፋንዎ ለማስቀጠል ወይም የህክምና ወጪ የሚሸፍን እርዳታ ለማግኘት በተወሰነ የጊዜ ገደብ ውስጥ እርምጃ መውሰድ ሊያስፈግዎ ይችላል። ይህንን እርዳታ እና መረጃ ያለ ምንም ክፍያ እና በቋንቋዎ የማግኘት መብት አለዎት። በ 866-494-2111 ይደውሉ። **Amharic**

هذا الإشعار يحتوي على معلومات هامة عن الاستمارة الخاصة بك أو التغطية. ابحث عن التواريخ الرئيسية بهذا الإشعار. من الممكن أن تحتاج لاتخاذ بعض الإجراءات في مواعيد محددة للإبقاء على التغطية التأمينية أو المساعدة في التكاليف. من حقك الحصول على المساعدة و المعلومات بلغتك و بدون أي تكلفة. اتصل على [866-494-2111]. **Arabic**

本通知包含與您的申請或保險福利有關的重要資訊。請注意本通知中的重要日期。您可能需要在特定期限前採取行動，才能保有您的健康保險福利或費用補助。您有權免費以您的語言取得本資訊和相關協助。請致電 [866-494-2111]。 **Chinese**

Beeksiisni kun odeeffannoo garii iyyannoo kessan irratti ykn ni qabaata . Beeksiisa kana kessatti guyyaa hubadha.Yeroo Murtaa’ee Kessatti uwwisaa fayyaa argachuuf ykn deegers taa baasii argachuuf wanta raawwatamuu qabuu raawwachuu . haala kanaan deeggersa odeeffannoobarabaadan argachuu ni dandessu . lakk.Bilbilaa [866-494-2111]. **Cushite**

Cet avis contient des informations importantes concernant votre demande ou votre couverture. Chercher les dates importantes dans cet avis. Vous devez peut-être prendre des mesures avant une certaine date pour garder votre couverture des soins de santé ou aider à affronter les coûts. Vous avez le droit d’obtenir ces informations et de l’aide dans votre langue, sans frais. Composez le [866-494-2111]. **French**

Diese Mitteilung enthält wichtige Informationen zu Ihrem Versicherungsantrag bzw. zu Ihrer Versicherungsdeckung. Achten Sie auf wichtige Daten in dieser Mitteilung. Möglicherweise müssen Sie innerhalb bestimmter Fristen reagieren, um Ihre Versicherungsdeckung oder Kostenunterstützungen zu behalten. Sie sind berechtigt, kostenfrei diese Informationen und Hilfe in Ihrer Sprache zu erhalten. Rufen Sie unter [866-494-2111] an. **German**

本通知には、お申込みまたは補償に関する重要な情報が含まれています。本通知に記載されている重要な日付にご注意ください。医療保険を維持するもしくは医療費の補償を受けるには、特定の期限までに対応していただく必要があります。あなたには、無料で使用言語によるこの情報および援助を得る権利があります。[866-494-2111]までお電話ください。 **Japanese**

본 공지는 귀하의 지원 또는 보장에 대한 중요한 정보를 포함하고 있습니다. 본 공지에 포함된 주요 일자를 확인하십시오. 귀하의 건강보험 보장 또는 비용에 대한 도움을 유지하기 위해서 특정 기한까지 행동을 취할 필요가 있을 수 있습니다. 귀하는 무료로 귀하의 모국어를 이용해 본 정보 및 도움을 받을 권리가 있습니다. [866-494-2111]번으로 전화하십시오. **Korean**

Ozi a nwere ozi di mkpa banyere ngwa gi ma o bu mkpuchi. Choputa isi AFQ na ozi a. I nwere ike ime ihe ufodu tupu ngwucha ka i nyere aka na-ahụ ike mkpuchi ma o bu aka mana-akwọ ugwo. I nwere ikike iji nweta ozi a na enyemaka n'asụsụ gi na-atufughi ego. kpọ [866-494-2111]. **Kru, Ibo, Yoruba**

यस सूचनामा तपाईंको आवेदन अथवा क्षेत्राधिकार(कभरेज) सम्बन्धि महत्त्वपूर्ण जानकारीहरु छन्। कृपया यस सूचनामा रहेको मुख्य मितिहरुमा ध्यान दिनु होला। तपाईंको स्वास्थ्य कभरेज जारी राख्न अथवा खर्चसम्बन्धी सहयोग चाहिएमा तपाईंले केही कार्यहरु निश्चितसमयसीमा भित्र गर्नु पर्ने अवस्था रहन सक्छ। तपाईंसँग आफ्नै भाषामा निःशुल्क यस्तो सहयोग तथा जानकारी लिने अधिकार छ। सम्पर्क गर्नुहोस् [866-494-2111]। **Nepali**

این اعلامیه حاوی اطلاعات مهمی در مورد درخواست نامه یا پوشش شماست. به تاریخ های کلیدی در این اعلامیه توجه کنید. ممکن است لازم باشد که برای حفظ پوشش بهداشتی یا دریافت کمک در پرداخت هزینه ها تا مهلت های خاصی اقدام کنید. شما حق دارید که این اطلاعات و راهنمایی را بدون اخذ هزینه به زبان خودتان دریافت کنید. با شماره [866-494-2111] تماس بگیرید. **Persian**

Данное уведомление включает важную информацию о Вашей заявке или страховом покрытии. Обратите внимание на основные даты в данном уведомлении. Вам, возможно, потребуется принять меры до определенных сроков, чтобы сохранить Ваше страховое покрытие или помощь с расходами. Вы имеете право на бесплатное получение данной информации и помощи на родном языке. Позвоните по телефону [866-494-2111]. **Russian**

Este aviso contiene información importante acerca de su solicitud o cobertura. Preste atención a las fechas clave que contiene este aviso. Es posible que deba hacer cosas antes de determinadas fechas para mantener su cobertura de salud o ayudar con los costos. Usted tiene derecho a obtener esta información y ayuda en su idioma sin costo. Llame al 1866-494-2111. **Spanish**

Naglalaman ang abisong ito ng mahalagang impormasyon tungkol sa inyong aplikasyon o saklaw. Bigyang-pansin ang mahahalagang petsa sa abisong ito. Maaaring mayroon kayong kailangang gawin bago sumapit ang ilang partikular na deadline upang patuloy na matanggap ang inyong saklaw sa kalusugan o tulong sa mga gastusin. Mayroon kayong karapatang makuha ang impormasyong ito at ang tulong na kailangan ninyo sa inyong wika nang libre. Tumawag sa [866-494-2111]. **Tagalog**

Thông báo này có thông tin quan trọng về đơn đề nghị hoặc việc bao trả của quý vị. Tìm kiếm những ngày quan trọng trong thông báo này. Quý vị có thể cần phải thực hiện một số hoạt động theo kỳ hạn nhất định để duy trì việc bao trả bảo hiểm sức khỏe của quý vị hoặc giúp đỡ về chi phí. Quý vị có quyền nhận thông tin này và giúp đỡ bằng ngôn ngữ của quý vị mà không mất khoản phí nào. Vui lòng gọi số [866-494-2111]. **Vietnamese**

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**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.cigna.com/individuals-families/colorado-health-insurance-plans-2017](http://www.cigna.com/individuals-families/colorado-health-insurance-plans-2017) or by calling 1-866-494-2111.

Important Questions	Answers	Why this Matters:
<p><b>What is the overall <u>deductible</u>?</b></p>	<p><b>\$6,400</b> person/ <b>\$12,800</b> family Does not apply to preventive care, PCP, urgent care visits, prescription drugs and pediatric vision.</p>	<p>You must pay all the costs up to the <b><u>deductible</u></b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b><u>deductible</u></b> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <b><u>deductible</u></b>.</p>
<p><b>Are there other <u>deductibles</u> for specific services?</b></p>	<p>No.</p>	<p>You don't have to meet <b><u>deductibles</u></b> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.</p>
<p><b>Is there an <u>out-of-pocket limit</u> on my expenses?</b></p>	<p>Yes, <b>\$7,150</b> person/ <b>\$14,300</b> family</p>	<p>The <b><u>out-of-pocket limit</u></b> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</p>
<p><b>What is not included in the <u>out-of-pocket limit</u>?</b></p>	<p>Premium, balanced-billed charges, penalties for failure to obtain pre-authorization for services, and health care this plan doesn't cover</p>	<p>Even though you pay these expenses, they don't count toward the <b><u>out-of-pocket limit</u></b>.</p>
<p><b>Is there an overall annual limit on what the plan pays?</b></p>	<p>No.</p>	<p>The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits</p>
<p><b>Does this plan use a <u>network</u> of <u>providers</u>?</b></p>	<p>Yes. For a list of Participating providers, see <a href="http://www.cigna.com/ifp-providers">www.cigna.com/ifp-providers</a> or call 1-866-494-2111</p>	<p>If you use a Participating doctor or other health care <b><u>provider</u></b>, this plan will pay some or all of the costs of covered services. Be aware, your Participating doctor or hospital may use a Non-participating <b><u>provider</u></b> for some services. Plans use the term in-network, <b><u>preferred</u></b>, or participating for <b><u>providers</u></b> in their <b><u>network</u></b>. See the chart starting on page 2 for how this plan pays different kinds of <b><u>providers</u></b>.</p>

**Questions:** Call 1-866-494-2111 or visit us at [www.cigna.com/individuals-families/colorado-health-insurance-plans-2017](http://www.cigna.com/individuals-families/colorado-health-insurance-plans-2017)

If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-866-494-2111 to request a copy.

Do I need a referral to see a <b>specialist</b> ?	No. You don't need a referral to see a specialist	You can see the <b>specialist</b> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <b>excluded services</b> .



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If a Non-participating **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if a Non-participating hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use Participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-participating Provider	Limitations & Exceptions
If you visit a health care <b>provider's</b> office or clinic	Primary care visit to treat an injury or illness	\$45 co-pay/visit	Not Covered	Expanded Access Telehealth visit-\$40 co-pay/visit if from a provider in the expanded access telehealth network. Refer to the policy for more information.
	Specialist visit	50% co-insurance	Not Covered	-----None-----
	Other practitioner office visit	50% co-insurance	Not Covered	Coverage is limited to 20 visits annual max for Chiropractic care.
	Preventive care/screening/immunization	No charge	Not Covered	-----None-----
If you have a test	Diagnostic test (x-ray, blood work)	50% co-insurance	Not Covered	-----None-----
	Imaging (CT/PET scans, MRIs)	50% co-insurance	Not Covered	Pre-authorization required, call 1-866-494-2111.

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Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-participating Provider	Limitations & Exceptions
<p>If you need drugs to treat your illness or condition</p> <p>More information about <a href="http://www.cigna.com/ifp-drug-list">prescription drug coverage</a> is available <a href="http://www.cigna.com/ifp-drug-list">www.cigna.com/ifp-drug-list</a></p>	Preferred generic drugs	\$8 co-pay (retail)/ \$20 co-pay (home delivery)	Not Covered	Coverage is limited up to a 90-day supply (retail/home delivery). You pay co-pay for each 30 day supply (retail).
	Non-preferred generic drugs	\$35 co-pay (retail)/ \$87 co-pay (home delivery)	Not Covered	Coverage is limited up to a 90-day supply (retail/home delivery). You pay co-pay for each 30 day supply (retail).
	Preferred brand drugs	\$90 co-pay (retail)/ \$225 co-pay (home delivery)	Not Covered	Coverage is limited up to a 90-day supply (retail/home delivery). You pay co-pay for each 30 day supply (retail).
	Non-preferred brand drugs	\$500 co-pay (retail)/ \$1250 co-pay (home delivery)	Not Covered	Coverage is limited up to a 90-day supply (retail/home delivery). You pay co-pay for each 30 day supply (retail).
	Specialty drugs	\$550 co-pay (retail)/ \$475 co-pay (home delivery)	Not Covered	Coverage is limited up to a 30-day supply (retail/home delivery).
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	50% co-insurance	Not Covered	-----None-----
	Physician/surgeon fees	50% co-insurance	Not Covered	Pre-authorization required, call 1-866-494-2111.
If you need immediate medical attention	Emergency room services	50% co-insurance	Not Covered	You pay the same level as in-network if it is an emergency as defined in your plan, otherwise Not Covered.
	Emergency medical transportation	50% co-insurance	Not Covered	
	Urgent Care	\$75 co-pay/visit	Not Covered	
If you have a hospital stay	Facility fee (e.g., hospital room)	50% co-insurance	Not Covered	Pre-authorization required, call 1-866-494-2111.
	Physician/surgeon fee	50% co-insurance	Not Covered	-----None-----

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Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-participating Provider	Limitations & Exceptions
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services – office visit	50% co-insurance	Not Covered	-----None-----
	Mental/Behavioral health outpatient services – all other outpatient	50% co-insurance	Not Covered	-----None-----
	Mental/Behavioral health inpatient services	50% co-insurance	Not Covered	Pre-authorization required, call 1-866-494-2111.
	Substance use disorder outpatient services – office visit	50% co-insurance	Not Covered	-----None-----
	Substance use disorder outpatient services – all other outpatient	50% co-insurance	Not Covered	-----None-----
<b>If you are pregnant</b>	Substance use disorder inpatient services	50% co-insurance	Not Covered	Pre-authorization required, call 1-866-494-2111.
	Prenatal and postnatal care	50% co-insurance	Not Covered	All prenatal and first postpartum consultations
<b>If you need help recovering or have other special health needs</b>	Delivery and all inpatient services	50% co-insurance	Not Covered	-----None-----
	Home health care	50% co-insurance	Not Covered	Coverage is limited to 28 hours per week. Pre-authorization required, call 1-866-494-2111.
	Rehabilitation services	50% co-insurance	Not Covered	Coverage is limited to 20 visits annual max per therapy
	Habilitation services	50% co-insurance	Not Covered	Coverage is limited to 20 visits annual max per therapy
	Skilled nursing care	50% co-insurance	Not Covered	Coverage is limited to 100 days annual max. Pre-authorization required, call 1-866-494-2111.
	Durable medical equipment	50% co-insurance	Not Covered	-----None-----
	Hospice services	50% co-insurance	Not Covered	Pre-authorization required, call 1-866-494-2111.

Questions: Call 1-866-494-2111 or visit us at [www.cigna.com/individuals-families/colorado-health-insurance-plans-2017](http://www.cigna.com/individuals-families/colorado-health-insurance-plans-2017)

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Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-participating Provider	Limitations & Exceptions
If your child needs dental or eye care	Eye exam	No charge	Not Covered	Children up to age 19. Coverage is limited to 1 exam per year
	Glasses	No charge	Not Covered	Children up to age 19. Coverage is limited to 1 pair of glasses per year
	Dental check-up	Not Covered	Not Covered	Coverage is available through a stand-alone dental policy

**Excluded Services & Other Covered Services:**

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <u>excluded services</u> .)		
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Cosmetic surgery</li> <li>• Dental care (Adult)</li> <li>• Elective abortion</li> </ul>	<ul style="list-style-type: none"> <li>• Glasses (Adult)</li> <li>• Long-term care</li> <li>• Non-emergency care when traveling outside the U.S</li> </ul>	<ul style="list-style-type: none"> <li>• Routine eye care (Adult)</li> <li>• Routine foot care</li> <li>• Weight loss programs</li> </ul>
Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none"> <li>• Chiropractic care (limited to 20 visits annual max)</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing aids (limited to 1 hearing aid per ear every 3 years) (Children up to age 18)</li> </ul>	

Questions: Call 1-866-494-2111 or visit us at [www.cigna.com/individuals-families/colorado-health-insurance-plans-2017](http://www.cigna.com/individuals-families/colorado-health-insurance-plans-2017)

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### Your Rights to Continue Coverage:

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State
- You move outside the coverage area

For more information on your rights to continue coverage, contact the insurer at 1-866-494-2111.

You may also contact your state insurance department at 1-800-930-3745.

### Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**.

For questions about your rights, this notice, or assistance, you can contact: Colorado Department of Insurance at 1-800-930-3745.

### Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

### Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-494-2111.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-494-2111.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-866-494-2111.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-866-494-2111.

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*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*

**Questions:** Call 1-866-494-2111 or visit us at [www.cigna.com/individuals-families/colorado-health-insurance-plans-2017](http://www.cigna.com/individuals-families/colorado-health-insurance-plans-2017)

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## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$610
- Patient pays \$6,930

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$6,400
Copays	\$90
Coinsurance	\$410
Limits or exclusions	\$30
<b>Total</b>	<b>\$6,930</b>

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4,060
- Patient pays \$1,340

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$140
Copays	\$920
Coinsurance	\$0
Limits or exclusions	\$280
<b>Total</b>	<b>\$1,340</b>

**Questions:** Call 1-866-494-2111 or visit us at [www.cigna.com/individuals-families/colorado-health-insurance-plans-2017](http://www.cigna.com/individuals-families/colorado-health-insurance-plans-2017)

If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-866-494-2111 to request a copy.

## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles, co-payments, and co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

- ✗ **No**. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

- ✗ **No**. Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

- ✓ **Yes**. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

- ✓ **Yes**. An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments, deductibles, and co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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