



**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 [www.myCigna.com](http://www.myCigna.com) or by calling 1-800-Cigna24

Important Questions	Answers	Why this Matters:
<b>What is the overall deductible?</b>	For in-network providers \$0 person / \$0 family	You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</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>deductible</b> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
<b>Is there an out-of-pocket limit on my expenses?</b>	Yes, \$6,350 person / \$12,700 family	The <b>out-of-pocket limit</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.
<b>What is not included in the out-of-pocket limit?</b>	Premium, balanced-billed charges, penalties for failure to obtain pre-authorization for services and health care this plan doesn't cover	Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .

**Questions:** Call 1-800-Cigna24 or visit us at [www.myCigna.com](http://www.myCigna.com).

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 1-800-Cigna24.com to request a copy.

Important Questions	Answers	Why this Matters:
<b>Is there an overall annual limit on what the plan pays?</b>	No.	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
<b>Does this plan use a network of providers?</b>	Yes. For a list of participating providers, see <a href="http://www.myCigna.com">www.myCigna.com</a> [variable for specific website] or call 1-800-Cigna24	If you use an in-network doctor or other health care <b>provider</b> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <b>provider</b> for some services. Plans use the term in-network, <b>preferred</b> , or participating for <b>providers</b> in their <b>network</b> . See the chart starting on page 3 for how this plan pays different kinds of <b>providers</b> .
<b>Do I need a referral to see a 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.
<b>Are there services this plan doesn't cover?</b>	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> .



- **Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** 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 **co-insurance** 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 an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network 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**, **co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Limitations & Exceptions		
		In-Network Provider	Out-of-network Provider	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$30 co-pay/visit	Not Covered	-----none-----
	Specialist visit	\$30 co-pay/visit	Not Covered	-----none-----
	Other practitioner office visit	\$30 co-pay/visit	Not Covered	Coverage for chiropractic services is limited to 30 visits annual max.
	Preventive care/screening / immunization	No Charge	Not Covered	-----none-----
<b>If you have a test</b>	Diagnostic test (x-ray, blood work)	\$30 co-pay/visit	Not Covered	-----none-----
	Imaging (CT/PET scans, MRIs)	\$30 co-pay/visit	Not Covered	-----none-----
<b>If you need drugs to treat your illness or condition</b>  More information about <a href="http://www.myCigna.com">prescription drug coverage</a> is available at <a href="http://www.myCigna.com">www.myCigna.com</a> .	Generic drugs	50% co-insurance retail and mail	Not Covered	Coverage is limited up to a 30-day supply (retail or home delivery).
	Preferred brand-name drugs	50% co-insurance retail and mail	Not Covered	Coverage is limited up to a 30-day supply (retail or home delivery).
	Non-preferred brand-name drugs	50% co-insurance retail and mail	Not Covered	Coverage is limited up to a 30-day supply (retail or home delivery).
	Specialty drugs	Not Covered	Not Covered	-----none-----
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$30 co-pay	Not Covered	-----none-----
	Physician/surgeon fees	\$30 co-pay	Not Covered	-----none-----
<b>If you need immediate medical attention</b>	Emergency room services	\$100 co-pay/visit	Not Covered	Waived if admitted within 24 hours
	Emergency medical transportation	No Charge	Not Covered	-----none-----
	Urgent care	\$100 co-pay/visit	Not Covered	Waived if admitted within 24 hours

Common Medical Event	Services You May Need	Limitations & Exceptions		
		In-Network Provider	Out-of-network Provider	
If you have a hospital stay	Facility fee (e.g., hospital room)	\$300 co-pay/day	Not Covered	Max. 5 days co-pay/admit; \$3,000 co-pay/year
	Physician/surgeon fee	No Charge	Not Covered	-----none-----
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$30 co-pay/office visit	Not Covered	-----none-----
	Mental/Behavioral health inpatient services	\$300 co-pay/day	Not Covered	Max. 5 days co-pay/admit; \$3,000 co-pay/year
	Substance use disorder outpatient services	\$30 co-pay/office visit	Not Covered	-----none-----
	Substance use disorder inpatient services	\$300 co-pay/day	Not Covered	Max. 5 days co-pay/admit; \$3,000 co-pay/year
If you are pregnant	Prenatal and postnatal care	No Charge	Not Covered	No charge after \$30 co-pay to confirm pregnancy
	Delivery and all inpatient services	\$300 co-pay	Not Covered	Max. 5 days co-pay/admit; \$3,000 co-pay/year
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	Coverage is limited to 60 visits/year
	Rehabilitation services	\$30 co-pay/visit	Not Covered	Coverage is limited to 30 visits/year
	Habilitation services	\$30 co-pay/visit	Not Covered	Coverage is limited to 30 visits/year
	Skilled nursing care	No Charge	Not Covered	Coverage is limited to 60 visits/year, pre-approval required
	Durable medical equipment	No Charge	Not Covered	-----none-----
	Hospice service	No Charge	Not Covered	-----none-----
If your child needs dental or eye care	Eye exam	No Charge	Not Covered	Coverage is limited to 1 exam per Calendar Year
	Glasses	No Charge	Not Covered	Coverage is limited to 1 pair per Calendar Year
	Dental check-up	No Charge	Not Covered	Coverage is limited to 2 visits per Calendar Year

## 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 [excluded services](#).)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adults)
- Routine foot care
- Specialty drugs, and
- Weight loss programs

### 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.)

- Therapeutic manipulation

## 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 1-800-Cigna24.

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-Cigna24. You may also contact your state insurance department: New Jersey Department of Banking and Insurance at 1-609-292-5316, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

## 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: New Jersey Department of Banking and Insurance at 1-609-292-5316.

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

# Coverage Examples

## 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.

Note: These numbers assume enrollment in individual-only coverage.

### Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$7,100
- Patient pays \$440

#### 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	\$0
Co-pays	\$340
Co-insurance	\$70
Limits or exclusions	\$30
<b>Total</b>	<b>\$440</b>

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

- Amount owed to providers: \$5,400
- Plan pays \$2,820
- Patient pays \$2,580

#### 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	\$0
Co-pays	\$240
Co-insurance	\$2,020
Limits or exclusions	\$320
<b>Total</b>	<b>\$2,580</b>

## 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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