HSA 1600/3200 LOCALPLUS

2018 OPTIONS AT A GLANCE — (DEDUCTIBLE 1600/3200) USING THE LOCALPLUS NETWORK

This chart summarizes the coverage under the Health Savings Account 1600/3200 (HSA) Option using the LocalPlus® network.

2018 CIGNA CONTRIBUTION – HEALTH SAVINGS ACCOUNT (HSA) WITH HSA BANK

When you enroll, a health savings account will automatically be opened for you with HSA Bank that can be used to pay your share of health care expenses. Cigna and you make tax-free contributions to your account through payroll deduction, subject to federal limits.

CIGNA HSA CONTRIBUTION MAXIMUM	EMPLOYEE HSA CONTRIBUTION MAXIMUM*
Up to $750 with employee only coverage (prorated quarterly)	Up to $2,700 with employee only coverage
Up to $1,500 when you enroll other family members (prorated quarterly)	Up to $5,400 when you enroll other family members

* The additional catch up contribution for employees who are 55 in 2018 is $1,000.

The maximum employee contribution is the federal limit reduced by Cigna's maximum contribution. Cigna's contribution is made incrementally, each quarter in 2018. The maximum shown above reflects an employee who qualifies for contributions for the entire plan year. Cigna's contributions cease when your employment terminates or coverage under the Standard HSA Option is cancelled, whichever comes first.

WHAT'S COVERED	WHAT YOU'LL PAY	
	LOCALPLUS NETWORK[1]	OUT-OF-NETWORK
You must satisfy the annual deductible before you are reimbursed for medical services, mental health/substance use disorder services and prescriptions, unless otherwise noted; you then pay the portion of the negotiated fee or, in the case of out-of-network services, the maximum allowed for covered services, shown below.		
Annual Deductible[2]	$1,600 when you cover yourself $3,200 when you cover other family members.	$2,375 when you cover yourself $4,750 when you cover other family members.
Annual Out-of-pocket Maximum (includes deductible)[2]	$3,750 per individual $7,500 family limit	$5,500 when you cover yourself $11,000 when you cover other family members.
Lifetime Maximum	None	
Preexisting Condition Limitation	None	
Preadmission Certification and Continued Stay Review	Your network physician will obtain authorization for network inpatient care. You must get approval from Cigna for out-of-network care. If you do not obtain authorization,you will pay 50% of covered charges after deductible for services that would have been authorized for hospital days initially or during concurrent review, you will receive no benefit for unauthorized days.	
Preadmission Testing	15% after deductible	35% after deductible
Lab Services – Independent Lab Facility (i.e., LabCorp or Quest)	10% after deductible	30% after deductible

WHAT'S COVERED	WHAT YOU'LL PAY	
	LOCALPLUS NETWORK[1]	OUT-OF-NETWORK
Preventive Care Screenings		
Periodic Health Exams; Well-Woman Exams[3]	No charge; no deductible	Not covered
Mammogram	No charge; no deductible	35% after deductible
Pap Smear (lab services)	No charge; no deductible (one every 12 months	35% after deductible
Well-Child Care	No charge; no deductible	Not covered
Routine Immunizations/Injections	No charge; no deductible	35% after deductible
Vision/Hearing Screening	No charge; no deductible	Not covered
Smoking Cessation	No charge; no deductible; combined in-network and out-of-network benefits	
Physician Services		
Primary Physicians • Office Visits • X-rays • Allergy Testing/Treatment • Blood Pressure Checks • Casting & Dressing	15% after deductible	35% after deductible
• Lab	15% after deductible	40% after deductible
Specialty Care & Consultants	15% after deductible	35% after deductible
Telehealth Services (MDLIVE/American Well)	15% after deductible	Not covered
Mental Health and Substance Use Disorder Treatment		
Inpatient	15% after deductible	35% after deductible
Outpatient	15% after deductible	35% after deductible
Group Therapy	15% after deductible	35% after deductible
Maternity Care[3]		
Prenatal and Postnatal Exams/Delivery	15% after deductible	35% after deductible
Hospital and other facilities	15% after deductible	35% after deductible
Family Planning[3]		
Voluntary Sterilization Procedures	15% after deductible	35% after deductible
Infertility Diagnosis and Treatment	Coaching required for services to be covered. All applicable deductible and coinsurance levels apply. All services related to infertility diagnosis and treatment $10,000 benefit maximum per lifetime ($15,000 if a Center of Excellence is used).	Not covered
Surgeon Fees/Hospital Visits - Call **888.992.4462** to complete a presurgical decision support program for back, hip and knee surgery. If the program is not completed, a $1,000 penalty will apply.		
	15% after deductible	35% after deductible
Inpatient Hospital Services		
• Semi-Private Room & Board • X-rays & Lab • Operating & Recovery Rooms • Intensive Care Unit • Drugs & Medications • Hemodialysis • Anesthesia/Respiratory Inhalation Therapy • Radiation Therapy & Chemotherapy	15% after deductible	35% after deductible

WHAT'S COVERED	WHAT YOU'LL PAY	
	LOCALPLUS NETWORK[1]	OUT-OF-NETWORK
Inpatient & Outpatient Professional Services - Call **888.992.4462** to complete a presurgical decision support program for back, hip and knee surgery. If the program is not completed, a $1,000 penalty will apply.		
• Surgeon • Radiologist • Anesthesiologist • Pathologist	15% specialists after deductible	35% after deductible
Outpatient Hospital Services - Call **888.992.4462** to complete a presurgical decision support program for back, hip and knee surgery. If the program is not completed, a $1,000 penalty will apply.		
• Operating & Recovery Rooms • X-rays • Hemodialysis • Radiation Therapy & Chemotherapy • Anesthesia/Respiratory Inhalation Therapy	15% after deductible	35% after deductible
• Lab	15% after deductible	40% after deductible
Emergency Care		
Doctor's Office/Outpatient	After deductible, subject to regular primary physician or specialist coinsurance, depending on who provides the care	Coverage at in-network level
Hospital, Outpatient/Urgent Care Facility	15% after deductible	
Ambulance	15% after deductible	
Skilled Nursing Facility	**15% after deductible; combined network and out-of-network benefits limited to 60 days per calendar year for skilled nursing.**	
Therapy Services		
Short-term Rehabilitation and Chiropractic Services (limited to 60 treatment days in-and out-of-network per calendar year)		
• **Provider**	15% after deductible	35% after deductible
• **Outpatient/Facility**	15% after deductible	35% after deductible
ABA therapy for autism spectrum disorders (unlimited treatment days in-and out-of-network per calendar year)[4]	15% after deductible	35% after deductible
Home Health Care	15% after deductible; no maximum	35% after deductible; home health care limited to 80 days per calendar year
Hospice Care		
Inpatient	15% after deductible; number of days unlimited	15% after deductible; number of days unlimited
Outpatient	15% after deductible; no maximum; number of days unlimited	35% after deductible; number of days unlimited
Durable Medical Equipment	**15% after deductible**	**35% after deductible**
External Prosthetic Appliances	**15% after deductible**	**35% after deductible**
Hearing Aids		
• **$1,500 device maximum** • **Limited to two devices every 36 months** • **Includes testing and fitting of hearing aid device**	15% after deductible	35% after deductible

WHAT'S COVERED	WHAT YOU'LL PAY	
	LOCALPLUS NETWORK[1]	OUT-OF-NETWORK
Prescription Drugs[5] Includes coverage for prescription birth control and oral fertility drugs which are part of an approved fertility program, and smoking cessation-related prescription drugs.		
Pharmacies (limited to a 30-day supply)	**No charge, no deductible** • Generic preventive drugs • Generic and preferred brand birth control **Charge for other drugs after deductible** • 30% per generic • 40% per preferred brand • 50% per non-preferred brand	After deductible 30% per preventive and other generic 40% per preferred brand 50% per non-preferred brand
Cigna Home Delivery Service or Cigna 90 Now Required for all medications used on an ongoing basis	**No charge; no deductible** • Generic preventive drugs • Generic and preferred brand birth control **No deductible (applies only to Cigna Home Delivery Service):** • 30% per certain preventive brand drugs with no generic alternative, deductible will apply to Cigna 90 Now **No charge, no deductible (applies only to Cigna Home Delivery Service):** One Touch Test Strips 100% covered at Cigna Home Delivery only (Cigna 90 Now and other retail pharmacy deductible and preferred brand coinsurance of 40% will apply) **Charges for other drugs after deductible** • 20% per other generic • 30% per preferred brand • 40% per non-preferred brand	Benefits for mail-order only available through Cigna Home Delivery Service
Specialty Pharmacy Medication Limited to a 30-day supply and required to be filled through Cigna Specialty Pharmacy	Coinsurance applies to retail and mail order. A $67 maximum copay applies at mail order only, after deductible has been met. The $67 cap applies towards the out-of-pocket maximum.	

Notes:

1. The directory for the LocalPlus network is available online at myCigna.com or by calling the Customer Service Center at 888/99Cigna (888.9924462). Primary care doctors and specialists with the Cigna Care designation are identified by the Tree of Life symbol. The Cigna Care designation does not apply to all specialties; some specialties may have no Cigna Care designated specialist. In some locations, there may be no physicians with a Cigna Care designation.

2. The entire deductible amount must be met before the plan pays covered expenses for any family member. For in-network services, once an individual reaches the individual out-of-pocket maximum, the plan pays 100% of that individual's covered expenses for the rest of the year. For out-of-network services, the entire out-of-pocket maximum must be met before the plan pays 100% of covered expenses for the rest of the year for any family member.

3. In accordance with the Patient Protection and Affordable Care Act (PPACA), coverage for certain women's preventive services , which includes lactation counseling/ services, FDA-approved contraceptive methods, sterilization procedures for women and gestational diabetes screenings, is available with no cost-sharing when received in-network. See Summary Plan Description.

4. Covered services include speech therapy with a licensed speech-language therapist, occupational therapy with a licensed occupational therapist and physical therapy with a licensed physical therapist to improve the individual's ability to participate in activities of daily living, including speech, walking, coordination, balance and fine-motor movements.

5. Please note the following requirements:

- To be covered, maintenance medication used on an ongoing basis must be filled through Cigna Home Delivery Pharmacy or a participating Cigna 90 Now pharmacy after three fills at a nonparticipating retail pharmacy. If you continue to fill a maintenance medication at a nonparticipating pharmacy, it will not be covered.

- If you or your doctor request a brand-name medication, you will pay the entire cost of the brand-name medication, even if dispense as written is indicated on the prescription. The cost of non-covered medications will not count toward meeting your deductible or out-of-network out-of-pocket maximum.