**Selection of a Primary Care Provider** - your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, Cigna may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit [www.mycigna.com](http://www.mycigna.com) or contact customer service at the phone number listed on the back of your ID card. For children, you may designate a pediatrician as the primary care provider.

**Direct Access to Obstetricians and Gynecologists** - You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit [www.mycigna.com](http://www.mycigna.com) or contact customer service at the phone number listed on the back of your ID card.

**Behavioral Health for NM residents** - No Charge for in-network state mandated mental health, behavioral or substance use disorder diagnoses.

**A notice for Oklahoma residents per 63 Okl. St. § 1-741.3**: This plan has purchased an optional rider to cover elective abortions. The enrollee has the right to exclude from their plan, and not pay for, coverage for elective abortions.

**A notice for Texas residents per Tex. Ins. Code §1218.001 et.al.**: This plan has purchased an optional rider to cover elective abortions. The enrollee has the right to exclude from their plan, and not pay for, coverage for elective abortions.

### Plan Highlights

<table>
<thead>
<tr>
<th>Plan Highlights</th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Plan Year Accumulation</strong></td>
<td>Your Plan’s Deductibles, Out-of-Pockets and benefit level limits accumulate on a calendar year basis unless otherwise stated.</td>
</tr>
<tr>
<td><strong>Plan Coinsurance</strong></td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td><strong>Maximum Reimbursable Charge</strong></td>
<td>Not Applicable</td>
</tr>
<tr>
<td><strong>Plan Deductible</strong></td>
<td></td>
</tr>
<tr>
<td>- Individual: $5,000</td>
<td>Family: $10,000</td>
</tr>
<tr>
<td>- Benefit copays/deductibles always apply before plan deductible and coinsurance.</td>
<td></td>
</tr>
<tr>
<td>- Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance.</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Services where plan deductible applies are noted with a caret (^).
### Plan Highlights

**Plan Out-of-Pocket Maximum**
- Individual: $5,000
- Family: $10,000

- Plan deductible contributes towards your out-of-pocket maximum.
- All benefit copays/deductibles contribute towards your out-of-pocket maximum.
- Covered expenses that count towards your out-of-pocket maximum include customer paid coinsurance and charges for Mental Health and Substance Use Disorder.
- After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses.
- This plan includes a combined Medical/Pharmacy out-of-pocket maximum.

### Benefit

**In-Network**

**Note:** Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.

#### Physician Services - Office Visits

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician (PCP) Services/Office Visit</td>
<td>Plan pays 100% ^</td>
</tr>
<tr>
<td>Specialty Care Physician Services/Office Visit</td>
<td>Plan pays 100% ^</td>
</tr>
</tbody>
</table>

**NOTE:** Obstetrician and Gynecologist (OB/GYN) visits are subject to either the PCP or Specialist cost share depending on how the provider contracts with Cigna (i.e. as PCP or as Specialist).

#### Surgery Performed in Physician's Office

- Covered same as Physician Services - Office Visit

#### Allergy Treatment/Injections and Allergy Serum

- Allergy serum dispensed by the physician in the office
  - Covered same as Physician Services - Office Visit

#### Virtual Care

**Dedicated Virtual Providers - MDLIVE**

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDLIVE Urgent Virtual Care Services</td>
<td>Plan pays 100% ^</td>
</tr>
<tr>
<td>MDLIVE Primary Care Services</td>
<td>Plan pays 100% ^</td>
</tr>
<tr>
<td>MDLIVE Specialty Care Services</td>
<td>Plan pays 100% ^</td>
</tr>
</tbody>
</table>

- Primary Care cost share applies to routine care. Virtual wellness screenings are payable under Preventive Care.
- Lab services supporting a virtual visit must be obtained through dedicated labs.
- Includes charges for the delivery of medical and health-related services and consultations by dedicated virtual providers as medically appropriate through audio, video, and secure internet-based technologies.

#### Virtual Physician Services - Office Visits

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician (PCP) Services/Office Visit</td>
<td>Plan pays 100% ^</td>
</tr>
<tr>
<td>Specialty Care Physician Services/Office Visit</td>
<td>Plan pays 100% ^</td>
</tr>
</tbody>
</table>

- Physicians may deliver services virtually that are payable under other benefits (e.g., Preventive Care, Outpatient Therapy Services).
- Includes charges for the delivery of medical and health-related services and consultations as medically appropriate through audio, video, and secure internet-based technologies that are similar to office visit services provided in a face-to-face setting.

**NOTE:** Obstetrician and Gynecologist (OB/GYN) visits are subject to either the PCP or Specialist cost share depending on how the provider contracts with Cigna (i.e. as PCP or as Specialist).
<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Convenience Care Clinic</strong></td>
<td>plan pays 100% ^</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>plan pays 100%</td>
</tr>
<tr>
<td>- Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit when billed as part of office visit.</td>
<td></td>
</tr>
<tr>
<td>- Annual Limit: Unlimited</td>
<td></td>
</tr>
<tr>
<td><strong>Immunizations</strong></td>
<td>plan pays 100%</td>
</tr>
<tr>
<td><strong>Mammogram, PAP, and PSA Tests</strong></td>
<td>plan pays 100%</td>
</tr>
<tr>
<td>- Coverage includes the associated Preventive Outpatient Professional Services.</td>
<td></td>
</tr>
<tr>
<td>- Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on Place of Service.</td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient</strong></td>
<td>plan pays 100% ^</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Facility Services</strong></td>
<td>plan pays 100% ^</td>
</tr>
<tr>
<td>Note: includes all Lab and Radiology services, including Advanced Radiological Imaging as well as Medical Specialty Drugs</td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Hospital Physician's Visit/Consultation</strong></td>
<td>plan pays 100% ^</td>
</tr>
<tr>
<td><strong>Inpatient Professional Services</strong></td>
<td>plan pays 100% ^</td>
</tr>
<tr>
<td>- For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists</td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
<td>plan pays 100% ^</td>
</tr>
<tr>
<td><strong>Outpatient Facility Services</strong></td>
<td>plan pays 100% ^</td>
</tr>
<tr>
<td><strong>Outpatient Professional Services</strong></td>
<td>plan pays 100% ^</td>
</tr>
<tr>
<td>- For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td>plan pays 100% ^</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>plan pays 100% ^</td>
</tr>
<tr>
<td>- Includes Professional, X-ray and/or Lab services performed at the Emergency Room and billed by the facility as part of the ER visit.</td>
<td></td>
</tr>
<tr>
<td><strong>Urgent Care Facility</strong></td>
<td>plan pays 100% ^</td>
</tr>
<tr>
<td>- Includes Professional, X-ray and/or Lab services performed at the Urgent Care Facility and billed by the facility as part of the urgent care visit.</td>
<td></td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td>plan pays 100% ^</td>
</tr>
<tr>
<td>Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.</td>
<td></td>
</tr>
</tbody>
</table>

Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.
### In-Network Services at Other Health Care Facilities

**Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities**
- Annual Limit: 60 days

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan pays 100% ^</td>
<td></td>
</tr>
</tbody>
</table>

### Laboratory Services

**Physician’s Services/Office Visit**
- Covered same as Physician Services - Office Visit

**Independent Lab**
- Plan pays 100% ^

**Outpatient Facility**
- Plan pays 100% ^

### Radiology Services

**Physician’s Services/Office Visit**
- Covered same as Physician Services - Office Visit

**Outpatient Facility**
- Plan pays 100% ^

### Advanced Radiological Imaging (ARI)

**Physician’s Services/Office Visit**
- Includes MRI, MRA, CAT Scan, PET Scan, etc.

**Outpatient Facility**
- Plan pays 100% ^

### Outpatient Therapy Services

**Outpatient Therapy Services**
- Covered same as Primary Care Physician - Office Visit

**Annual Limits:**
- All Therapies Combined - Includes Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary Rehabilitation, and Speech Therapy - 80 days
- Limits are not applicable to mental health conditions for Physical, Speech, and Occupational Therapies.

**Note:** Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient therapy services maximum.

**Note:** Additional coverage is available for Physical, Occupational, Chiropractic Therapy and Acupuncture Services when provided as an alternative to opioid treatment for chronic pain management and the provider notifies Cigna of the treatment program.

### Chiropractic Services

**Annual Limit:**
- Chiropractic Care - 20 days

**Note:** Additional coverage is available for Physical, Occupational, Chiropractic Therapy and Acupuncture Services when provided as an alternative to opioid treatment for chronic pain management and the provider notifies Cigna of the treatment program.

### Cardiac Rehabilitation Services

**Annual Limit:**
- Cardiac Rehabilitation - 36 days
<table>
<thead>
<tr>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network</strong></td>
</tr>
</tbody>
</table>

Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.

### Hospice

| Inpatient Facilities | Plan pays 100% ^ |
| Outpatient Services | Plan pays 100% ^ |

**Note:** Includes Bereavement counseling provided as part of a hospice program.

### Bereavement Counseling (for services not provided as part of a hospice program)

Services Provided by a Mental Health Professional

Covered under Mental Health benefit

### Medical Pharmaceutical Drugs

Cigna Pathwell Specialty℠ Medical Pharmaceuticals

**Cigna Pathwell Specialty℠ Network:**
Plan pays 100% ^

**All other medical network or out-of-network providers:**
Not Covered

Other Medical Pharmaceuticals

Plan pays 100% ^

**Note:** This benefit only applies to the cost of Medical Pharmaceutical drugs administered. Related Facility, Office Visit or Professional charges are covered according to the plan design.

### Maternity

Initial Visit to Confirm Pregnancy

Covered same as Physician Services - Office Visit

All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (Global Maternity Fee)

Plan pays 100% ^

Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist)

Covered same as Physician Services - Office Visit

Delivery - Facility (Inpatient Hospital, Birthing Center)

Covered same as plan’s Inpatient Hospital benefit

### Abortion

Abortion Services

Plan Pays 100%

**Note:** Elective and non-elective procedures

### Family Planning

Women’s Services

Plan pays 100%

Includes contraceptive devices as ordered or prescribed by a physician and surgical sterilization services, such as tubal ligation (excludes reversals)

Men’s Services

Coverage varies based on Place of Service

Includes surgical sterilization services, such as vasectomy (excludes reversals)
## Benefit

### Infertility

- **Infertility Treatment**
  - Coverage varies based on Place of Service
  - Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.
  - Lifetime Maximum: Unlimited

### Other Health Care Facilities/Services

#### Home Health Care
- Annual Limit: 60 days (The limit is not applicable to mental health and substance use disorder conditions.)
- 16 hour maximum per day

- **Note:** Includes outpatient private duty nursing when approved as medically necessary

#### Organ Transplants

- **Inpatient Hospital Facility Services**
  - LifeSOURCE Facility: Plan pays 100%
  - Non-LifeSOURCE Facility: Covered same as plan’s Inpatient Hospital benefit

- **Inpatient Professional Services**
  - LifeSOURCE Facility: Plan pays 100%
  - Non-LifeSOURCE Facility: Covered same as plan’s Inpatient Professional benefit
  - Travel Maximum - Cigna LifeSOURCE Transplant Network® Facility Only: Unlimited maximum per Transplant per Lifetime

#### Durable Medical Equipment
- Annual Limit: Unlimited
- **Plan pays 100%**

#### Breast Feeding Equipment and Supplies
- Limited to the rental of one breast pump per birth as ordered or prescribed by a physician
- Includes related supplies
- **Plan pays 100%**

#### External Prosthetic Appliances (EPA)
- $100 EPA annual deductible
- Annual Limit: Unlimited
- **Plan pays 100%**

#### Routine Foot Care
- Not Covered

- **Note:** Services associated with foot care for diabetes and peripheral vascular disease are covered when approved as medically necessary.

#### Hearing Aids
- Maximum of 2 devices (one per ear) per 36 months
- Includes testing and fitting of hearing aid devices at Physician Office Visit cost share
- Coverage through age 17
- **Plan pays 100%**
### Benefit

**Note:** Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.

<table>
<thead>
<tr>
<th>Acupuncture</th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Annual Limit: 12 days</td>
<td>Same as Primary Care Physician office visit</td>
</tr>
</tbody>
</table>

**Note:** Additional coverage is available for Physical, Occupational, Chiropractic Therapy and Acupuncture Services when provided as an alternative to opioid treatment for chronic pain management and the provider notifies Cigna of the treatment program.

### Mental Health and Substance Use Disorder

#### Inpatient Mental Health
- Plan pays 100% ^

#### Outpatient Mental Health – Physician’s Office
- Plan pays 100% ^

#### Outpatient Mental Health – All Other Services
- Plan pays 100% ^

#### Inpatient Substance Use Disorder
- Plan pays 100% ^

#### Outpatient Substance Use Disorder – Physician’s Office
- Plan pays 100% ^

#### Outpatient Substance Use Disorder – All Other Services
- Plan pays 100% ^

**Annual Limits:**
- Unlimited maximum

**Notes:**
- Inpatient includes Acute Inpatient and Residential Treatment.
- Outpatient - Physician's Office - may include Individual, family and group therapy, psychotherapy, medication management, etc.
- Outpatient - All Other Services - may include Partial Hospitalization, Intensive Outpatient Services, Applied Behavior Analysis (ABA Therapy), etc.
- Services are paid at 100% after you reach your out-of-pocket maximum.

**Important Note on Mental Health and Substance Use Disorder Coverage:** Covered medical services listed above, which are received to diagnose or treat a Mental Health or Substance Use Disorder condition will be payable according to this section titled “Mental Health and Substance Use Disorder.”

### Cigna Total Behavioral Health - Inpatient and Outpatient Management
- Inpatient utilization review and case management
- Outpatient utilization review and case management
- Partial Hospitalization
- Intensive outpatient programs
- Changing Lives by Integrating Mind and Body Program
- Narcotic Therapy Management
- inMynd℠ program - a comprehensive, holistic solution to help recognize and find resources to treat behavioral health conditions.
### Pharmacy

#### In-Network

**Cost Share and Supply**

<table>
<thead>
<tr>
<th>Cigna Pharmacy Cost Share</th>
<th>Retail (per 30-day supply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Retail – up to 90-day supply (except Specialty up to 30-day supply)</td>
<td>Generic: You pay 0% ^</td>
</tr>
<tr>
<td>- Home Delivery – up to 90-day supply (except Specialty up to 30-day supply)</td>
<td>Preferred Brand: You pay 0% ^</td>
</tr>
</tbody>
</table>

**Retail and Home Delivery (per 30-day supply):**

Specialty: You pay 0% ^

**Retail and Home Delivery (per 90-day supply):**

Generic: You pay 0% ^
Preferred Brand: You pay 0% ^
Non-Preferred Brand: You pay 0% ^

- Retail drugs for a 30 day supply may be obtained In-Network at a wide range of pharmacies across the nation although prescriptions for a 90 day supply (such as maintenance drugs) will be available at select network pharmacies.

- Cigna 90 Now Program: You can choose to fill your medications in a 30- or 90-day supply. If you choose to fill a 30-day prescription, it can be filled at any network retail pharmacy or network home delivery pharmacy. If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or network home delivery pharmacy to be covered by the plan.

- This plan will not cover out-of-network pharmacy benefits.

- Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered.

- When patient requests brand drug, patient pays the brand cost share plus the cost difference between the brand and generic drugs up to the cost of the brand drug (unless the physician indicates "Dispense As Written" DAW).

- Exclusive specialty home delivery: Specialty medications must be filled through home delivery; otherwise you pay the entire cost of the prescription upon your first fill. Some exceptions may apply.

- Your pharmacy benefits share an out-of-pocket maximum with the medical/behavioral benefits.

### Drugs Covered

#### Prescription Drug List:

Your Cigna Standard Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. To check which drugs are included in your plan, please log on to myCigna.com.

Some highlights:

- Coverage includes Self Administered injectables and optional injectable drugs – but excludes infertility drugs.
- Contraceptive devices and drugs are covered with federally required products covered at 100%.
- Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges are covered.
- Oral Fertility drugs are covered.
## Pharmacy Program Information

### Pharmacy Clinical Management: Essential
Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for the medical condition, including:
- Prior authorization requirements
- Step Therapy on select classes of medications and drugs new to the market
- Quantity limits, including maximum daily dose edits, quantity over time edits, duration of therapy edits, and dose optimization edits
- Age edits, and refill-too-soon edits
- Plan exclusion edits
- Current users of Step Therapy medications will be allowed one 30-day fill during the first three months of coverage before Step Therapy program applies.
- Your plan includes Specialty Drug Management features, such as prior authorization and quantity limits, to ensure the safe prescribing and access to specialty medications.
- For customers with complex conditions taking a specialty medication, we will offer Accredo Therapeutic Resource Centers (TRCs) to provide specialty medication and condition counseling. For customers taking a specialty medication not dispensed by Accredo, Cigna experts will offer this important specialty medication and condition counseling.

### Patient Assurance Program
Your plan includes the Patient Assurance Program, which waives the deductible and reduces the amount you owe for certain medications used to treat chronic conditions included in the program. Additionally:
- Any amount you pay for these medications only count toward meeting your out-of-pocket maximum.
- Any discount provided by a pharmaceutical manufacturer for these medications only count toward meeting your out-of-pocket maximum.

## Additional Information

### Case Management
Coordinated by Cigna HealthCare. This is a service designated to provide assistance to a patient who is at risk of developing medical complexities or for whom a health incident has precipitated a need for rehabilitation or additional health care support. The program strives to attain a balance between quality and cost effective care while maximizing the patient's quality of life.

### Cigna Diabetes Prevention Program in collaboration with Omada
Cigna Diabetes Prevention Program in collaboration with Omada is a program to help you avoid the onset of diabetes, as well as health risks that might lead to heart disease or a stroke. The program is covered by your health plan at the preventive level, just like for your wellness visit. Program participants have access to a professional virtual health coach, an online support group, interactive lessons, and a smart-technology scale. The program will help you make small changes in your eating, activity, sleep, and stress to achieve healthy weight loss through a series of 16 weekly lessons and tools to help you maintain weight loss over time. You will also be offered the opportunity to join a gym for a low monthly fee and no enrollment fee.

### Comprehensive Oncology Program
- Care Management outreach
- Case Management

<table>
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<tr>
<th>Included</th>
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</thead>
</table>

### Healthy Pregnancies/Healthy Babies
- Care Management outreach
- Maternity Case Management
- Neo-natal Case Management

<table>
<thead>
<tr>
<th>$150 (1st trimester) / $75 (2nd trimester) - Option 3</th>
</tr>
</thead>
</table>
### Additional Information

**Out-of-Network Emergency Services Charges**

1. Emergency Services are covered at the In-Network cost-sharing level as required by applicable state or federal law if services are received from a non-participating (Out-of-Network) provider.
2. The allowable amount used to determine the Plan's benefit payment for covered Emergency Services rendered in an Out-of-Network Hospital, or by an Out-of-Network provider in an In-Network Hospital, is the amount agreed to by the Out-of-Network provider and Cigna, or as required by applicable state or federal law.

The member is responsible for applicable In-Network cost-sharing amounts (any deductible, copay or coinsurance). The member is not responsible for any charges that may be made in excess of the allowable amount. If the Out-of-Network provider bills you for an amount higher than the amount you owe as indicated on the Explanation of Benefits (EOB), contact Cigna Customer Service at the phone number on your ID card.

**Medicare Coordination**

In accordance with the Social Security Act of 1965, this plan will pay as the Secondary plan to Medicare Part A and B as follows:

(a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent, or an Employee's Domestic Partner who is also eligible for Medicare and whose insurance is continued for any reason as provided in this plan (including COBRA continuation);

(b) an Employee, a former Employee, an Employee's Dependent, or former Employee's Dependent, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

When a person is eligible for Medicare A and B as described above, this plan will pay as the Secondary Plan to Medicare Part A and B regardless if the person is actually enrolled in Medicare Part A and/or Part B and regardless if the person seeks care at a Medicare Provider or not for Medicare covered services.

**Multiple Surgical Reduction**

Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery.

**One Guide**

Available by phone or through myCigna mobile application. One Guide helps you navigate the health care system and make the most of your health benefits and programs.

**Premium Personal Health Team**

The Premium Personal Health Team is a designated and integrated service delivery approach using a one health advocate model. Core functions include:

- Case Management - Short term and complex
- Inpatient Advocacy
- Pre Admission Outreach
- Post Discharge Outreach
- 24 hour Health Information Line Outreach

<table>
<thead>
<tr>
<th>Care Facility - N/A</th>
</tr>
</thead>
</table>

**Pre-Certification - Continued Stay Review – Complete Care Management Inpatient** - required for all inpatient admissions

In-Network: Coordinated by your physician

**Pre-Certification - Complete Care Management Outpatient Prior Authorization** - required for selected outpatient procedures and diagnostic testing

In-Network: Coordinated by your physician

**Pre-Existing Condition Limitation (PCL)** does not apply.
## Additional Information

### Treatment Decision Support
Treatment decision support for common health conditions. Cigna health advocates provide unbiased information and education on treatment options for common health conditions, including: back pain, coronary artery disease, osteoarthritis of the hip and knee, benign uterine conditions, breast cancer and prostate cancer.

<table>
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<th>Included</th>
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</table>

### Your Health First - 200
Individuals with one or more of the chronic conditions, identified on the right, may be eligible to receive the following type of support:

- Condition Management
- Medication adherence
- Risk factor management
- Lifestyle issues
- Health & Wellness issues
- Pre/post-admission
- Treatment decision support
- Gaps in care

### Holistic health support for the following chronic health conditions:
- Heart Disease
- Coronary Artery Disease
- Angina
- Congestive Heart Failure
- Acute Myocardial Infarction
- Peripheral Arterial Disease
- Asthma
- Chronic Obstructive Pulmonary Disease (Emphysema and Chronic Bronchitis)
- Diabetes Type 1
- Diabetes Type 2
- Metabolic Syndrome/Weight Complications
- Osteoarthritis
- Low Back Pain
- Anxiety
- Bipolar Disorder
- Depression

### Definitions
- **Coinsurance** - After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called Coinsurance.
- **Copay** - A flat fee you pay for certain covered services such as doctor's visits or prescriptions.
- **Deductible** - A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.
- **Out-of-Pocket Maximum** - Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "Maximum Reimbursable Charges" or negotiated fees for covered services.
- **Place of Service** - Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.
- **Prescription Drug List** - The list of prescription brand and generic drugs covered by your pharmacy plan.
- **Professional Services** - Services performed by Surgeons, Assistant Surgeons, Hospital Based Physicians, Radiologists, Pathologists and Anesthesiologists
- **Transition of Care** - Provides in-network health coverage to new customers when the customer's doctor is not part of the Cigna network and there are approved clinical reasons why the customer should continue to see the same doctor.
## Exclusions

### What's Not Covered (not all-inclusive):

Your plan provides for most medically necessary services. The complete list of exclusions is provided in your Certificate or Summary Plan Description. To the extent there may be differences, the terms of the Certificate or Summary Plan Description control. Examples of things your plan does not cover, unless required by law or covered under the pharmacy benefit, include (but aren't limited to):

<table>
<thead>
<tr>
<th>Exclusions</th>
</tr>
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<tbody>
<tr>
<td>• Care for health conditions that are required by state or local law to be treated in a public facility.</td>
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<tr>
<td>• Care required by state or federal law to be supplied by a public school system or school district.</td>
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<tr>
<td>• Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.</td>
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<tr>
<td>• Treatment of an Injury or Sickness which is due to war, declared, or undeclared.</td>
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<td>• Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan. For example, if Cigna determines that a provider or Pharmacy is or has waived, reduced, or forgiven any portion of its charges and/or any portion of Copayment, Deductible, and/or Coinsurance amount(s) you are required to pay for a Covered Expense (as shown on The Schedule) without Cigna's express consent, then Cigna in its sole discretion shall have the right to deny the payment of benefits in connection with the Covered Expense, or reduce the benefits in proportion to the amount of the Copayment, Deductible, and/or Coinsurance amounts waived, forgiven or reduced, regardless of whether the provider or Pharmacy represents that you remain responsible for any amounts that your plan does not cover. In the exercise of that discretion, Cigna shall have the right to require you to provide proof sufficient to Cigna that you have made your required cost share payment(s) prior to the payment of any benefits by Cigna. This exclusion includes, but is not limited to, charges of a non-Participating Provider who has agreed to charge you or charged you at an in-network benefits level or some other benefits level not otherwise applicable to the services received.</td>
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<tr>
<td>• Charges arising out of or relating to any violation of a healthcare-related state or federal law or which themselves are a violation of a healthcare-related state or federal law.</td>
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<td>• Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.</td>
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<tr>
<td>• For or in connection with experimental, investigational or unproven services.</td>
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<tr>
<td>• Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance use disorder or other health care technologies, supplies, treatments, procedures, drug or Biologic therapies or devices that are determined by the utilization review Physician to be:</td>
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<tr>
<td>o not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed;</td>
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<tr>
<td>o not demonstrated, through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or Sickness for which its use is proposed;</td>
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<tr>
<td>o the subject of review or approval by an Institutional Review Board for the proposed use except as provided in the &quot;Clinical Trials&quot; sections of this plan; or</td>
</tr>
<tr>
<td>o the subject of an ongoing phase I, II or III clinical trial, except for routine patient care costs related to qualified clinical trials as provided in the &quot;Clinical Trials&quot; sections of this plan.</td>
</tr>
</tbody>
</table>
Exclusions

In determining whether any such technologies, supplies, treatments, drug or Biologic therapies, or devices are experimental, investigational, and/or unproven, the utilization review Physician may rely on the clinical coverage policies maintained by Cigna or the Review Organization. Clinical coverage policies may incorporate, without limitation and as applicable, criteria relating to U.S. Food and Drug Administration-approved labeling, the standard medical reference compendia and peer-reviewed, evidence-based scientific literature or guidelines. The plan or policy shall not deny coverage for a drug or Biologic therapy as experimental, investigational and unproven if the drug or Biologic therapy is otherwise approved by the FDA to be lawfully marketed and is recognized for the treatment of cancer in authoritative reference compendia as identified by the secretary of the U.S. Department of Health and Human Services.

- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem.
- The following services are excluded from coverage regardless of clinical indications: macromastia or gynecomastia surgeries; surgical treatment of varicose veins; abdominoplasty; panniculectomy; rhinoplasty; redundant skin surgery; removal of skin tags; acupressure; craniosacral/cranial therapy; dance therapy; movement therapy; applied kinesiology; rolffing; prolotherapy; and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Surgical and non-surgical treatment of Temporomandibular Joint Dysfunction (TMJ).
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental Injury to teeth are covered provided a continuous course of dental treatment is started within six months of an accident.
- For medical and surgical services, initial and repeat, intended for the treatment or control of obesity including clinically severe (morbid) obesity, including: medical and surgical services to alter appearance or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a Physician or under medical supervision.
- Unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
- Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- Any medications, drugs, services or supplies for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasmy, and premature ejaculation.
- Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- Non-medical counseling and/or ancillary services including, but not limited to, Custodial Services, educational services, vocational counseling, training and rehabilitation services, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, return to work services, work hardening programs, and driver safety courses.
- Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this plan.
- Private Hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
- Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.
- Hearing aids, (except as described under "Covered Expenses") including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs). A hearing aid is any device that amplifies sound.
- Aids or devices that assist with non-verbal communications, including but not limited to communication boards, pre-recorded speech devices, laptop
Exclusions

- computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Routine refractions, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- Treatment by acupuncture.
- All non-injectable prescription drugs unless Physician administration or oversight is required, injectable prescription drugs to the extent they do not require Physician supervision and are typically considered self-administered drugs, non-prescription drugs, and investigational and experimental drugs, except as provided in this plan.
- Routine foot care, including the paring and removing of corns and calluses and toenail maintenance. However, foot care services for diabetes, peripheral neuropathies and peripheral vascular disease are covered when Medically Necessary.
- Membership costs or fees associated with health clubs or weight loss programs.
- Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- Dental implants for any condition.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Blood administration for the purpose of general improvement in physical condition.
- Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- Enteral feedings, supplies and specially formulated medical foods that are prescribed and non-prescribed, except for infant formula needed for the treatment of inborn errors of metabolism.
- For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- Massage therapy.

These are only the highlights
This summary outlines the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's insurance certificate, service agreement or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

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EHB State: CO
Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

• 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 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
Nondiscrimination Complaint Coordinator
PO 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 the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)


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Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。


French Creole – ATANSYON: Gen sévis éd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).


Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienti firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1.800.244.6224 (TTY: wybierz 711).

Japanese – 注意事項：日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224（TTY: 711）まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tesserina di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).


Arabic – برجاء الإختيار خدمات الترجمة المجانية متاحة لكل عضو Cigna في حالات الاتصال بالرقم المدون على ظهر بطاقة الشخصية. اتصل ب 1.800.244.6224 (TTY).