A HEALTHY LIFE STARTS WITH A HEALTHIER YOU

We’re here to help you – body & mind.

A guide to your County of York & School Board benefit plan options.

PLAN YEAR: 01/01/2020 - 12/31/2020
Words to know

This guide was created to help you make important decisions about your health care. Before you begin, we think that understanding certain words will help you better understand the choices you need to make. So here are some definitions of words and phrases that you'll see in this guide.

**Deductible:** An annual amount you’ll pay out-of-pocket before your plan begins to pay for covered health care costs.

**Copay:** A preset amount you pay for your covered health care services. The health plan pays the rest.

**Coinsurance:** Your share of the cost of your covered services. The health plan pays the rest.

**Out-of-pocket maximum:** The most you pay before the health plan begins to pay 100% of covered charges. You’ll still need to pay for any expenses the health plan doesn’t count toward the limit.

**In-network:** Health care providers and facilities that have contracts with Cigna to deliver services at a negotiated rate (discount). You pay a lower amount for those services.

**Out-of-network:** A health care provider or facility that doesn’t participate in your plan’s network and doesn’t provide services at a discounted rate. Using an out-of-network health care provider or facility will cost you more.

**Tier 1 provider:** Every year Cigna evaluates provider performance in certain primary care and medical specialties. Providers with top results in delivering quality, cost-efficient care become Tier 1.

1. Some doctors are included in Tier 1 due to contractual obligations or network adequacy requirements and may not meet Cigna quality and/or cost-efficiency measures.

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**Generics:** Generic medications have the same active ingredients, strength and dosage as the brand-name but often cost less.

**Preferred brand:** You’ll often pay more for a preferred brand-name medication than for a generic. Preferred brands may also have a lower-cost generic alternative available.

**Non-preferred brands:** These high-cost medications have lower-cost generic or preferred brand alternatives which are used to treat the same condition.
Ways to get better health

Cigna wants to help you choose benefits that fit your needs and help keep you healthy – body and mind.

This year, County of York & School Board offers you the following health plans:

› **Health Savings Account**
› **OAP 1 Plan**

As well as:

› **Cigna Vision**

Your employer works with Cigna to offer you health plans that provide the coverage, tools and resources you need to help you take control of your health – and health spending.

› Get 24/7/365 live customer service support.
› Take steps to maintain good health with annual wellness check-ups and screenings.
› Ways to compare costs, look at claims, search for health care providers, and more using the myCigna® website or app.
› Choose from a large list of covered brand and generic medications.
› Save when using in-network providers.

At Cigna, we’re here to support you on your health journey. So, you don’t have to go it alone.

Health care reform: Meeting the requirements

Coverage under your employer-sponsored health plan is considered “minimum essential coverage” under the Affordable Care Act. The individual mandate was effectively repealed beginning Jan. 1, 2019, when the penalty was zeroed out; however, Americans will still need to report health coverage during the IRS tax season.

Each year, Cigna, or your employer, will mail you an IRS Form 1095 confirming the coverage you were offered and any coverage you and any dependents may have had during the prior calendar year. The form should be kept with your tax records for audit purposes, and not filed with your income tax return.

Please read all of the information in this brochure. Health plans may work differently, so it’s important to use this along with your other enrollment materials as a guide to how your health plans work.

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1. Health care reform information last updated in March 2019: With a permanent repeal of the individual mandate, it is possible reporting requirements may change. Please check InformedOnReform.com for any updates.
Option 1

Cigna Choice Fund Health Savings Account (HSA)

A Cigna Choice Fund® HSA combines a health plan with a compatible tax-advantaged health savings account (HSA). You can use your HSA to help pay for some of your covered health care costs. You can also use your HSA to pay for qualified covered health care costs not covered through your health plan such as dental and vision expenses. You decide how and when you spend your HSA dollars.

With your health plan, you'll pay an annual amount (deductible) before your health plan begins to pay for covered health care costs. Only services covered by your health plan count toward your deductible.

Once you meet your deductible, you pay a percentage of the cost (coinsurance) for your covered health care costs and your plan pays the rest.

You can choose to pay for your share of the health care costs up to the health plan's out-of-pocket maximum by using your HSA, other personal funds or both.

The amount you pay out-of-pocket is limited. Once you reach an annual limit on your payments (out-of-pocket maximum) the health plan pays your covered health care costs at 100%.

You can take the HSA with you when you leave the plan, change jobs or retire.

Key benefits of choosing an HSA:

› You may contribute to your account, up to the current federal limit.
› You decide how and when to use the money in your HSA. Pay for qualified expenses during the year, save it for future health care needs or open an investment account.
› Your savings account earns interest, tax-free.
› You can take your HSA with you when you leave the plan, change jobs or retire.

Important features:

› You can select the health care providers you want to see – no referral is needed to see a specialist.
› Certain in-network preventive care services are covered at no added cost to you.
› You'll receive 24-hour coverage for emergency care, in- or out-of-network.

You can view highlights of these plans on pages 8-9. Remember, this brochure is a guide only. Make sure to read all your enrollment information thoroughly, as plan details may vary.

1. HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. A few states do not allow pretax treatment of contributions or earnings. Contact your tax professional or accountant for information about your state.
2. If you go out-of-network your expenses may exceed the coinsurance amount because the doctor may bill you for the charges not covered under the plan.

Cigna Choice Fund plans are insured and/or administered by Cigna Health and Life Insurance Company or Connecticut General Life Insurance Company

HOW YOUR HSA WORKS

You pay for covered services with your HSA or personal funds. Until you reach your plan's deductible. Then, you pay a set%. Your health plan pays the rest of the cost. If you reach your plan's out-of-pocket maximum, your health plan pays 100% of your costs for covered services.

This is how most plans work generally, but costs and coverage for specific types of services may vary under your plan.
The Open Access Plus (OAP) plan provides coverage for medical care, including visits to your doctor’s office, hospital stays mental health and substance use services chiropractic treatment, physical therapy and other services. You’re encouraged to select a primary care provider to help guide your care, and you can see a specialist without a referral. You have the option to see any licensed health care provider; however, your costs will be lowest when you use the OAP network.

Once you meet your deductible, you pay either a set fee (copay) and/or a percentage of the cost (coinsurance) and your health plan pays the rest. For any services that have a copay, you will pay that copay amount at the time you receive the service regardless of whether your plan deductible has been met. That copay amount doesn’t apply to your plan deductible.

Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100%.

Important features:

› Option to choose a primary care provider to help guide your care. It’s recommended, but not required.
› No referral is needed to see a specialist, although prior authorization may be required.
› Certain in-network preventive care services are covered at no added cost to you.
› Access to Cigna’s national network of labs, x-ray and radiology centers.
› 24-hour coverage for emergency care, in- or out-of-network.
› The amount you pay out-of-pocket is limited by your plan’s out-of-pocket maximum. Once you spend the annual maximum amount, the health plan pays your covered health care costs at 100%.
› No claim paperwork necessary when you receive care in-network.

You can view highlights of this plan on pages 8-9. Remember, this brochure is a guide only. Make sure to read all your enrollment information thoroughly, as plan details may vary.

Open Access Plus plans are insured and/or administered by Cigna Health and Life Insurance Company or Connecticut General Life Insurance Company

HOW YOUR OAP PLAN WORKS

What’s covered: Your medical care and prescription drugs. Certain in-network preventive care services are covered at no added cost to you.

You pay for covered services with personal funds, until you reach your plan’s deductible, Then, you pay a set fee and a set % of the cost, your health plan pays the rest of the cost.

If you reach your plan’s out-of-pocket maximum, your health plan pays 100% of your costs for covered services.

This is how most plans work generally, but costs and coverage for specific types of services may vary under your plan.
REVIEW YOUR PLAN OPTIONS

OPTION 1

Cigna Choice Fund®
Health Savings Account

Medical plan highlights

<table>
<thead>
<tr>
<th>Medical deductible</th>
<th>Out-of-pocket maximum</th>
<th>Medical deductible</th>
<th>Out-of-pocket maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-network</td>
<td>Out-of-network</td>
<td>In-network</td>
<td>Out-of-network</td>
</tr>
<tr>
<td>Employee</td>
<td>$3000</td>
<td>$5000</td>
<td>$4000</td>
</tr>
<tr>
<td>Family</td>
<td>$6000</td>
<td>$10,000</td>
<td>$8000</td>
</tr>
</tbody>
</table>

OPTION 2

OAP 1 Plan

Medical plan highlights

<table>
<thead>
<tr>
<th>Medical deductible</th>
<th>Out-of-pocket maximum</th>
<th>Medical deductible</th>
<th>Out-of-pocket maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-network</td>
<td>Out-of-network</td>
<td>In-network</td>
<td>Out-of-network</td>
</tr>
<tr>
<td>Employee</td>
<td>None</td>
<td>$400</td>
<td>$3500</td>
</tr>
<tr>
<td>Family</td>
<td>None</td>
<td>$800</td>
<td>$7000</td>
</tr>
</tbody>
</table>

Prescription medication highlights

<table>
<thead>
<tr>
<th>Pharmacy deductible</th>
<th>Retail (30-day supply)</th>
<th>Retail (90-day supply)</th>
<th>Home delivery (90-day supply)</th>
<th>Retail (30-day supply)</th>
<th>Retail (90-day supply)</th>
<th>Home delivery (90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$15</td>
<td>$45</td>
<td>$15</td>
<td>$15</td>
<td>$45</td>
<td>$15</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>$30</td>
<td>$90</td>
<td>$60</td>
<td>$30</td>
<td>$90</td>
<td>$60</td>
</tr>
<tr>
<td>Non-preferred brand</td>
<td>$60</td>
<td>$180</td>
<td>$150</td>
<td>$60</td>
<td>$180</td>
<td>$150</td>
</tr>
<tr>
<td>Therapeutic class</td>
<td>$120</td>
<td>Not Covered</td>
<td>$120 *30 day supply</td>
<td>$120</td>
<td>$120 *30 day supply</td>
<td></td>
</tr>
<tr>
<td>Out-of-network</td>
<td>50%</td>
<td>Not covered</td>
<td>50%</td>
<td>Not covered</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WORDS TO KNOW

Deductible: An annual amount you’ll pay out-of-pocket before your plan begins to pay for covered health care costs.

Copay: A preset amount you pay for your covered health care services. The health plan pays the rest.

Coinsurance: Your share of the cost of your covered services. The health plan pays the rest.

Out-of-pocket maximum: The most you pay before the health plan begins to pay 100% of covered charges. You’ll still need to pay for any expenses the health plan doesn’t count toward the limit.

In-network: Health care providers and facilities that have contracts with Cigna to deliver services at a negotiated rate (discount). You pay a lower amount for those services.

Out-of-network: A health care provider or facility that doesn’t participate in your plan’s network and doesn’t provide services at a discounted rate. Using an out-of-network health care provider or facility may cost you more.

Generics: Generic medications have the same active ingredients, strength and dosage as the brand-name but often cost less.

Preferred brands: You’ll often pay more for a preferred brand-name medication than for a generic. Preferred brands may also have a lower-cost generic alternative available.

Non-preferred brands: These high-cost medications have lower-cost generic or preferred brand alternatives which are used to treat the same condition.

The information in this brochure is provided as a guide only. Make sure to read all your enrollment information thoroughly, as plan details may vary.

Health plans provide coverage for most medically necessary services. However, there are certain services and supplies that may not be covered. See the “What’s Not Covered” section of this guide for examples of plan exclusions.
## Option 1

<table>
<thead>
<tr>
<th>Health Savings Account</th>
<th>Cigna Choice Fund®</th>
</tr>
</thead>
<tbody>
<tr>
<td>OAP 1 Plan</td>
<td></td>
</tr>
</tbody>
</table>

### Office/routine care – What you’ll pay once you meet your deductible

<table>
<thead>
<tr>
<th>Service</th>
<th>In-network</th>
<th>Out-of-network</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult preventive care¹</td>
<td>Plan pays 100%</td>
<td>After deductible, plan pays 70%</td>
<td>Plan pays 100%</td>
<td>After deductible, plan pays 70%</td>
</tr>
<tr>
<td>PCP office visit</td>
<td>After deductible, plan pays 100%</td>
<td>After deductible, plan pays 70%</td>
<td>$15 copay</td>
<td>After deductible, plan pays 70%</td>
</tr>
<tr>
<td>Specialist visit</td>
<td>After deductible, plan pays 100%</td>
<td>After deductible, plan pays 70%</td>
<td>$35 copay</td>
<td>After deductible, plan pays 70%</td>
</tr>
<tr>
<td>Prenatal visit</td>
<td>After deductible, plan pays 100%</td>
<td>After deductible, plan pays 70%</td>
<td>$15 copay</td>
<td>After deductible, plan pays 70%</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>After deductible, plan pays 100%</td>
<td>After deductible, plan pays 70%</td>
<td>$25 copay</td>
<td>After deductible, plan pays 70%</td>
</tr>
<tr>
<td>Physical, occupational and speech therapy</td>
<td>After deductible, plan pays 100%</td>
<td>After deductible, plan pays 70%</td>
<td>$25 copay</td>
<td>After deductible, plan pays 70%</td>
</tr>
<tr>
<td>Well-childcare¹</td>
<td>Plan pays 100%</td>
<td>After deductible, plan pays 70%</td>
<td>Plan pays 100%</td>
<td>After deductible, plan pays 70%</td>
</tr>
<tr>
<td>Lab, x-ray, diagnostic tests</td>
<td>After deductible, plan pays 100%</td>
<td>After deductible, plan pays 70%</td>
<td>$15 copay / $35 copay Specialist</td>
<td>After deductible, plan pays 70%</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>After deductible, plan pays 100%</td>
<td>After deductible, plan pays 70%</td>
<td>Plan pays 80%</td>
<td>After deductible, plan pays 70%</td>
</tr>
</tbody>
</table>

### Hospital and urgent care – What you’ll pay once you meet your deductible

<table>
<thead>
<tr>
<th>Service</th>
<th>In-network</th>
<th>Out-of-network</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient hospitalization</td>
<td>After deductible, plan pays 100%</td>
<td>After deductible, plan pays 70%</td>
<td>$200/day copay up to $1000 per admission max</td>
<td>After deductible, plan pays 70%</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>After deductible, plan pays 100%</td>
<td>After deductible, plan pays 70%</td>
<td>$150 per facility visit copay then plan pays 100%</td>
<td>After deductible, plan pays 70%</td>
</tr>
<tr>
<td>Emergency room</td>
<td>After deductible, plan pays 100%</td>
<td>After deductible, plan pays 70%</td>
<td>$200/visit, plan pays 100% (copay waived if admit)</td>
<td>$200/visit, plan pays 100% (copay waived if admit)</td>
</tr>
<tr>
<td>Urgent care center</td>
<td>After deductible, plan pays 100%</td>
<td>After deductible, plan pays 70%</td>
<td>$35 copay</td>
<td>After deductible, plan pays 70%</td>
</tr>
<tr>
<td>Ambulance</td>
<td>After deductible, plan pays 100%</td>
<td>After deductible, plan pays 70%</td>
<td>Emergency plan 100% / Non-Emergency: not covered</td>
<td>Emergency plan 100% / Non-Emergency: not covered</td>
</tr>
</tbody>
</table>

### Mental health and substance use – What you’ll pay once you meet your deductible

<table>
<thead>
<tr>
<th>Service</th>
<th>In-network</th>
<th>Out-of-network</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient (unlimited day maximum)</td>
<td>After deductible, plan pays 100%</td>
<td>After deductible, plan pays 70%</td>
<td>$200/day copay up to a $1000 per admission max</td>
<td>After deductible, plan pays 70%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>After deductible, plan pays 100%</td>
<td>After deductible, plan pays 70%</td>
<td>$200/day copay up to a $1000 per admission max</td>
<td>After deductible, plan pays 70%</td>
</tr>
</tbody>
</table>

1. This is the most a family (employees plus covered family members) will pay for in-network out-of-pocket expenses. It’s important to note that each individual family member’s out-of-pocket costs are capped at $8,150 for 2020 health plans, overall family in-network costs are capped at $13,800. The out-of-pocket costs for people with individual coverage are capped at $6,900. To see examples of how this works, please visit [www.InformedOnReform.com](http://www.InformedOnReform.com) > Reform Topics Overview > Cost Sharing Limits, or Cigna.com/health-care-reform/embedded-oop-customer-impacts.

2. What you’ll pay after you meet your deductible: You’ll pay 100% of the cost until you meet your deductible.

3. Certain in-network preventive care services and well-childcare services are covered at no added cost to you. You have no deductible to meet for these services.

The information in this brochure is provided as a guide only. Make sure to read all your enrollment information thoroughly, as plan details may vary. Health plans provide coverage for most medically necessary services. However, there are certain services and supplies that may not be covered. See the “What’s Not Covered” section of this guide for examples of plan exclusions.
How your Cigna Vision PPO Exam Only (E1) plan works:

<table>
<thead>
<tr>
<th>Plan details for in-network coverage</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam copay</td>
<td>$15</td>
</tr>
</tbody>
</table>

Please review your Benefit Summary for details, including plan exclusions and limitations.
At Cigna, we’re committed to making it easier for you to take control of your health – and your health care costs. Here are a few easy ways you can save on out-of-pocket health care expenses if you enroll in a health plan.

**Stay in-network.**
Save big when you use a doctor, hospital or facility that’s part of your plan’s network. Chances are, there’s a network doctor or facility right in your neighborhood. It’s easy to find quality, cost-effective care right where you need it.

**Consider using an urgent care center.**
If you need medical attention, but it’s not serious or life-threatening, you may not have to go to an emergency room (ER). An urgent care center provides quality care like you’d get in the ER, but also provides lower costs, shorter wait times and extended hours. An urgent care center can treat things like minor cuts, burns and sprains, fever and flu symptoms or lower back pain.

**Consider using a convenience care clinic.**
Sinus infection. Rash. Earache. Minor burns. When you need face-to-face routine medical care but can’t wait for an appointment, consider using a convenience care clinic. You’ll get quick access to quality and affordable medical care. A convenience care clinician can treat you for a range of routine medical conditions and immunizations. You can find convenience care clinics in grocery stores, pharmacies and other retail stores.

**You can use telehealth for 24/7 care.**
Cigna Telehealth Connection lets you get the care you need – including most prescriptions (if appropriate) – for a wide range of minor conditions. You can connect with a board-certified provider via video chat or phone, when, where and how it works best for you.

Choose when: 24/7/365 Day or night, weekdays, weekends and holidays.

Choose where: Home, work or on the go.

Choose how: Phone or video chat.

Prescriptions are not guaranteed to be written and telehealth may not be available in all areas or with all providers. Video chat may not be available in all areas or with all providers. Providers are solely responsible for any treatment provided to their patients. See your enrollment materials for details.

**Know before you go.**
Here’s an at-a-glance view of your options when you need medical care.

<table>
<thead>
<tr>
<th></th>
<th>Cost</th>
<th>Wait time</th>
<th>Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigna Telehealth Connection</td>
<td>$$$$</td>
<td>☻☻☻☻☻</td>
<td>☼♢♢♢♢</td>
</tr>
<tr>
<td>Convenience care clinic</td>
<td>$$$$</td>
<td>☻☻☻☻☻</td>
<td>☼♢♢♢♢</td>
</tr>
<tr>
<td>Primary care provider</td>
<td>$$$$</td>
<td>☻☺☻☻☻</td>
<td>☼♢♢♢♢</td>
</tr>
<tr>
<td>Urgent care center</td>
<td>$$$$</td>
<td>☻☺☻☻☻</td>
<td>☼♢♢♢♢</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$$$$</td>
<td>☻☺☻☻☻</td>
<td>☼♢♢♢♢</td>
</tr>
</tbody>
</table>

* For illustrative purposes only. Actual costs and wait times will vary. Always consult with your doctor for medical advice, including prior to selecting another provider for care.

**Stick with lower-cost labs.**
If you go to a national lab, such as Quest Diagnostics® or Laboratory Corporation of America (LabCorp®), you can get the same quality service and save up to 70%. Even though other labs may be part of the Cigna network, you’ll often get even bigger savings when you go to a national lab. And with hundreds of locations nationwide, they make it easy to get lab services at a lower cost. *(Savings estimate is based on national 2018 averages of participating facilities. Savings will vary.)*

**Visit independent radiology centers.**
If you need a CT scan or MRI, you could save hundreds of dollars by using an independent radiology center. These centers can provide you with quality service like you’d get at a hospital, but usually at a lower price.

**Choose the right place for your colonoscopy, endoscopy or arthroscopy.**
When you choose to have one of these procedures at an in-network freestanding outpatient surgery center, you could save hundreds of dollars. These facilities specialize in certain types of outpatient procedures, and offer quality care, just like a hospital, but at a lower cost to you.

This information is for educational purposes only. It is not medical advice. Always consult your doctor for examinations, treatment, testing and care recommendations. In an emergency, dial 911 or visit the nearest emergency room.
Prescription medication coverage.

Your plan’s drug list.
The Cigna Prescription Drug List is a list of the generic and brand medications your plan covers. You can search for a specific medication or view your plan’s drug list on myCigna.com.

Cigna 90 Now
When it comes to filling your prescriptions, choice and convenience are important. With Cigna 90 Now™, you have the choice of filling your maintenance medications in either a 30-day or 90-day supply. These are the medications you take every day to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma. Here’s how it works.

› If you choose to fill a 30-day supply, you can use any retail pharmacy in your plan’s network. You have the option of switching to a 90-day supply at any time.

› If you choose to fill a 90-day (or three-month) supply, you can use an in-network retail pharmacy approved to fill 90-day prescriptions or Cigna Home Delivery Pharmacy™.

Filling your prescription in a 90-day supply helps make life easier. You’ll make fewer trips to the pharmacy for refills and it helps keep you from missing a dose.

Most plans require you to fill your prescriptions at an in-network pharmacy to receive coverage. If you fill a prescription at a pharmacy that’s not in your plan’s network, your plan may not cover the medication or you may pay more out-of-pocket. You should check your plan materials to learn more about your out-of-network coverage.

The money you spend on your prescription medications goes toward your plan’s annual deductible. This includes the prescriptions you fill at your local in-network retail pharmacy and/or through Cigna Home Delivery Pharmacy, as well as pharmacies that aren’t in your network.

Use the pharmacy tools and resources on the myCigna App or website to learn more about your pharmacy benefits. Online, 24/7.

Avoid surprises at the pharmacy.
› Price a medication and search for lower-cost alternatives, if available
› See which medications your plan covers
› Ask a pharmacist a question

Stay organized.
› See your pharmacy claims
› Update your personal profile
› Set up your communication preferences

Cigna Home Delivery Pharmacy.
› Sign up for auto refill, if available
› Request a refill
› Check your order status and track shipments

View your order and medication histories
1. Please refer to your phone’s manufacturer for your phone’s specific capabilities. The downloading and use of the myCigna app is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply. Actual myCigna features may vary depending on your plan and individual security profile.

2. You may be taking a medication that isn’t actually available in a 90-day supply. Certain medications may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it’s not a “90-day supply”, it’s still considered a 90-day prescription.

3. Not all plans are the same, so some plans may not include Cigna Home Delivery Pharmacy. Please log in to the myCigna App or website, or check your plan materials, to learn more about the pharmacies in your plan’s network.

4. Prices are not guaranteed, and even though a price is displayed, it’s not a guarantee of coverage. Your costs and coverage may change by the time you fill your prescription at the pharmacy, and medication costs at individual pharmacies can vary. For example, your pharmacy’s retail cash price for a specific medication may be less than the price shown. Coverage and pricing may change. See your plan documents for cost and coverage details.

Cigna One Guide.
Navigating health care can be complex and that’s why we make getting and staying healthy as easy as possible with Cigna One Guide®. One call or click to chat with our personal guides can help you make informed choices and get health and money saving recommendations based on what matters most to you and this personalized support comes with your medical plan.

During the preenrollment period, you can call the One Guide team at 800.244.6224 for help with all your questions about available health plans and coverage. After enrollment, One Guide continues to offer ongoing support to help you:
Understand your plan.
› Know your coverage and how it works
› Get answers to all your health care or plan questions

Get care.
› Find the right doctor, lab or urgent care center
› Connect to health coaches and more
› Stay on track with appointments and preventive care
› Take advantage of dedicated one-on-one support for complex health situations

Save and earn.
› Maximize your benefits and earn incentives (if provided in your plan)
› Get cost estimates and service comparisons to avoid surprises
› Check account balances and claim activity to manage expenses

Once you have enrolled, start using Cigna One Guide support by registering on myCigna® web or app, click to chat or by phone.
1. The downloading and use of the myCigna app is subject to the terms and conditions of the app and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

Find a doctor on Cigna.com.
Check to see if your doctor is in-network at Cigna.com.
1. Click on the blue button “Find a Doctor, Dentist or Facility” in the upper right corner of the home page
2. Under “Not a Cigna Customer Yet,” click on the link that reads “Plans through your employer or school”
3. Enter your search location (city and state or zip code)
4. Select your plan
5. Type in the provider name, specialty or type of care you’re looking for in the Search box, and either select one of the suggestions or hit the magnifying glass icon to search

Cigna Veteran Support Line.
This free hotline is available 24/7/365 to all veterans, their families and caregivers. No need to be a Cigna customer. Cigna stands ready to connect you with:
› Pain management resources
› Substance use counseling
› Financial support
› Food, clothing, housing
› Legal assistance
› Parenting and child care
› Aging services
› Weekly Mindfulness for Vets phone sessions and more
Call 855.244.6211.

24/7 customer assistance.
Anytime you need us, feel free to call the toll-free number printed on the back of your Cigna ID card.
› You can reach us 24 hours a day, seven days a week.
› You can get answers to your health, claims and benefit questions.
› Ask for a Spanish-speaking service representative or someone who can translate one of 200 languages.
› You can order an ID card, update insurance information and check claim status.

24/7 customer assistance is available for medical and dental plan customers only.

GET SMARTER ABOUT WAYS TO STAY HEALTHY
Notice of grandfathered plan status

This plan is being treated as a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your coverage may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost-sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the health plan administrator at the phone number or address provided in the health plan documents, to your employer or plan sponsor or an explanation can be found on Cigna’s website at InformedonReform.com.

If the health plan is subject to ERISA, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 866.444.3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

If the health plan is a nonfederal government plan or a church plan, you may also contact the U.S. Department of Health and Human Services at www.healthcare.gov.

What’s not covered

Your benefit plan pays for health services that may help you stay well, treat illness or manage medical conditions, but all plans have exclusions and limitations. Following are examples of some services not covered by your employer’s medical plan, unless required by law.

› Services provided through government programs
› Services that aren’t medically necessary
› Experimental, investigational or unproven services
› Services for an injury or illness that occurs while working for pay or profit, including services covered by worker’s compensation benefits

› Cosmetic services
› Dental care, unless due to accidental injury to sound natural teeth
› Reversal of sterilization procedures
› Genetic screenings
› Custodial and other non-skilled services
› Weight-loss programs
› Hearing aids
› Treatment of sexual dysfunction
› Travel immunizations
› Telephone, email and internet consultations in the absence of a specific benefit
› Acupuncture
› Infertility services
› Obesity surgery and services
› Eyeglass lenses and frames, contact lenses and surgical vision correction

If your employer offers prescription drug coverage through Cigna, Your plan doesn’t cover all medications. For example, over-the-counter medicines (which are available without a prescription) and weight loss medications are typically not covered. Not all plans are the same, but, in general, to be eligible for coverage, a medication must be approved by the U.S. Food and Drug Administration (FDA), prescribed by a health care provider, purchased from a licensed pharmacy and medically necessary. If your plan covers certain prescription medications at no cost-share to you, your plan may require you to use an in-network pharmacy to fill the prescription. If you use a pharmacy that isn’t in your plan’s network, your prescription may not be covered, or reimbursement may be limited by your plan’s copay, coinsurance or deductible requirements.

These services may not be covered under your medical plan. However, you may be able to pay for them using your health account (for example HRA, HSA or FSA) if you have one, if permitted under applicable federal tax regulations.

1. This is a summary only and your plan’s actual terms may vary. For a complete list of both covered and not-covered services, including benefits required by your state, please see your employer’s insurance certificate or summary plan description – the official plan document. If there are any differences between the information in this brochure and the plan document, the information in the plan document takes precedence.
Discrimination is against the law

Medical coverage

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
800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html
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 的現有客戶，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）。


Korean - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711) 번으로 전화해주십시오.


Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 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 dost pnej, bezpłatnej pomocy j zykowej, obecní klienci firmy Cigna mog dzwoni 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 tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).


Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوایان: شماره 711 را شماره مغزی کنید).
**If you are declining enrollment.**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if:

- You or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage). If the other coverage is COBRA continuation coverage, you and your dependents must complete your entire COBRA coverage period before you can enroll in this plan, even if your former employer ceases contributions toward the COBRA coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009 or later, if you or your dependents lose eligibility for state Medicaid or Children’s Health Insurance Program (CHIP) coverage or become eligible for assistance with group health plan premium payment under a state Medicaid or CHIP plan, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the state Medicaid or CHIP coverage ends or you are determined eligible for premium assistance. To request special enrollment or obtain more information, call our Customer Service Team at 800.Cigna24 (800.244.6224).

To request special enrollment or obtain more information, call our Customer Service Team at 800.Cigna24 (800.244.6224).

**Other late entrants.**

If you decide not to enroll in this plan now, then want to enroll later, you must qualify for special enrollment. If you do not qualify for special enrollment, you may have to wait until an open enrollment period, or you may not be able to enroll, depending on the terms and conditions of your health plan. Please contact your plan administrator for more information.

**Women’s Health and Cancer Rights Act (WHCRA).**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance or copays applicable to other medical and surgical benefits provided under this plan as shown in the Summary of Benefits. If you would like more information on WHCRA benefits, call our Customer Service Team at 800.Cigna24 (800.244.6224).
Your enrollment checklist

This is one of the most important decisions you’ll make this year. These steps will help you choose wisely.

☐ Think about your health history and health care needs. How much do you spend, on average, for health care? How might that change in the upcoming year?

☐ Contact a One Guide personal guide at 800.244.6224 who can help you select a plan that meets the needs of you and your family.

☐ Check the online directory on Cigna.com to see if your doctor participates in our network.

☐ Review your Summary of Benefits for specific plan details.

Call the preenrollment hotline at 800.Cigna24 (800.244.6224) if you have questions.
The information in this brochure is provided as a guide only. Make sure to read all your enrollment information thoroughly as plan details may vary. If you need more assistance, talk with your Human Resources representative.

Dentists that participate in the Cigna network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna.

The health care provider information we include in this guide and through Cigna websites is for educational purposes only. It is not a guarantee of the quality of care that will be provided to individual patients. You are encouraged to consider all relevant factors and consult with your physician when selecting a health care provider. The providers that participate in Cigna’s networks and available through the Cigna Telehealth Connection program (if offered with your plan) are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna.

Product availability may vary by location and plan type and is subject to change. All group insurance policies and group benefit plans may contain exclusions, limitations, reduction of benefits, and terms under which the policies or plans may be continued in force or discontinued. For costs and complete details of coverage, see your plan documents.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. “Cigna Home Delivery Pharmacy” refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, LLC. In Texas, Open Access Plus and LocalPlus® plans are considered Preferred Provider Plans with certain managed care features, and Open Access Plus In-Network and LocalPlus IN plans are considered Exclusive Provider plans with certain managed care features. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.
We're here when you need us.

By phone.

We know your health issues don't always happen nine to five, so we keep our call centers open for business around the clock – 24/7/365.

› Call anytime, day or night, weekends or holidays, and you'll get live customer service for your health or dental plan questions.

› Ask for a Spanish-speaking representative or to speak with us in your preferred language - interpreter service is available in more than 200 languages.

› Talk with a nurse advocate* for information about treatment options and where to go to receive care.

We want to help you take control of your health. And that means being ready to help when you want us, wherever you want us.

myCigna – online or through the app.²

› Find a doctor. Personalized search results make it easy to find the right doctor in your plan’s network. You can search by name, specialty and more.

› Compare cost and quality information. Quality and cost information appear for doctors and hospitals with every search result; Cigna Care Designated doctors appear at the top of your list.

› Manage and track claims. Quickly search and sort through your claims.

› Track account balances and deductibles. Take control of your spending by managing your account online.

› Take a health assessment. A confidential, online questionnaire will give you a better understanding of your health today – and help you improve your health in the future.

› Get organized. You can store, organize and manage your health information in one private location.

› Learn something new. Search our interactive medical library for information on health conditions, first aid, medical exams, wellness and more.

MYCIGNA APP USERS LOG IN WITH JUST ONE TOUCH.

Download the myCigna® App and access your account with just a fingerprint on any compatible device.³

1 These nurse advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice in any capacity as a health advocate.

2 This service is only available for medical and Cigna Dental Care (DHMO) plan customers.

3 Please refer to your phone’s manufacturer for your phone’s specific capabilities. The downloading and use of the myCigna App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

The Apple logo is a trademark of Apple Inc., registered in the U.S. and other countries. App Store is a registered service mark of Apple Inc. Google Play is a trademark of Google LLC. Amazon, Kindle, Fire and all related logos are trademarks of Amazon.com, Inc. or its affiliates.

Together, all the way.