

SUMMARY OF BENEFITS Cigna Health and Life Insurance Co.

Kass Shuler, P.A.
High Deductible Health Plan Open Access Plus IN
www.myCigna.com
 Member Services 866-494-2111



General Services	In-Network	
Physician office visit	You pay 20% Plan pays 80% after the deductible is met	
Cigna Telehealth Connection services <ul style="list-style-type: none"> Includes charges for the delivery of medical and health-related consultations via secure telecommunications technologies, telephones and internet only when delivered by contracted medical telehealth providers (see details on myCigna.com). 	You pay 20% Plan pays 80% after the plan deductible is met	
Urgent care visit <ul style="list-style-type: none"> All services including Lab & X-ray 	You pay 20% Plan pays 80% after the deductible is met	
Preventive Care	Plan pays 100%, no copay, no deductible	
Preventive Services	Plan pays 100%, no copay, no deductible	
Immunizations	Plan pays 100%, no copay, no deductible	
Pharmacy Coverage	In-Network	Out-of-Network

General Services	In-Network	
<p>Med pharmacy plan</p> <ul style="list-style-type: none"> Includes contraceptives - with specific products covered at 100% Deductible and out of pocket maximums are integrated with medical Member can elect Brand or Generic with no penalty Includes home delivery Pharmacy Network - 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 Cigna Home Delivery. If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or Cigna Home Delivery to be covered by the plan. Your Cigna Advantage Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. Some of the more expensive drugs are excluded when there are less expensive alternatives. To check which drugs are included in your plan, please log on to myCigna.com. Specialty medications are limited to a 30-day supply Specialty Drugs provided at Home Delivery at the Retail cost share 	<p>Once the medical deductible is met then the member is responsible for the coinsurance</p> <p>Retail - (per 30 day supply) You pay 20% Plan pays 80%</p> <p>Retail and Home Delivery - (per 90 day supply) You pay 20% Plan pays 80%</p>	<p>In-network coverage only</p>
General Services	In-Network	
<p>Coinsurance</p>	<p>You pay 20% Plan pays 80% after the deductible is met</p>	
<p>Calendar year deductible</p> <ul style="list-style-type: none"> Entire Family deductible must be met before benefits will be paid. 	<p>Individual \$4,000 Family \$12,000</p>	
<p>Out-of-pocket annual maximum</p> <ul style="list-style-type: none"> Medical deductibles apply towards the out-of-pocket maximums 	<p>Individual \$6,550 Individual – In a Family \$6,850 Family \$13,100</p>	
<p>Lifetime maximum</p>	<p>Unlimited Per individual</p>	
<p>Emergency room care</p> <ul style="list-style-type: none"> All services rendered apply to ER benefit including Lab & X-ray 	<p>You pay 20% Plan pays 80% after the deductible is met</p>	
<p>Ambulance</p>	<p>You pay 20% Plan pays 80% after the deductible is met</p>	

General Services	In-Network
Office surgery	You pay 20% Plan pays 80% after the deductible is met
Other office services <ul style="list-style-type: none"> Independent lab paid based on status of the facility 	You pay 20% Plan pays 80% after the deductible is met
Outpatient lab and x-ray <ul style="list-style-type: none"> Independent Lab and X-ray paid based on status of the facility 	You pay 20% Plan pays 80% after the deductible is met
Office advanced radiology imaging services <ul style="list-style-type: none"> Includes MRI, MRA, PET, CT-Scan and Nuclear medicine 	You pay 20% Plan pays 80% after the deductible is met
Outpatient advanced radiology imaging services <ul style="list-style-type: none"> Includes MRI, MRA, PET, CT-Scan and Nuclear medicine 	You pay 20% Plan pays 80% after the deductible is met
Durable medical equipment <ul style="list-style-type: none"> Unlimited lifetime maximum Unlimited annual maximum Includes external prosthetic appliances Does accumulate towards the out-of-pocket maximum 	You pay 20% Plan pays 80% after the deductible is met
Breast-feeding equipment and supplies <ul style="list-style-type: none"> Limited to the rental of one breast pump per birth as ordered or prescribed by a physician. Includes related supplies 	Plan pays 100%, no copay, no deductible

Benefits	In-Network
Hospital Services	
Inpatient hospital services <ul style="list-style-type: none"> Including anesthesia Inpatient Lab & X-ray services are subject to the professional service reimbursement 	You pay 20% Plan pays 80% after the deductible is met
Outpatient hospital services <ul style="list-style-type: none"> Outpatient surgery Including anesthesia Ambulatory Surgery Lab & X-Ray paid based on facility network status 	You pay 20% Plan pays 80% after the deductible is met
Skilled nursing facility care <ul style="list-style-type: none"> 60 days per calendar year maximum 	You pay 20% Plan pays 80% after the deductible is met
Hospice care	You pay 20% Plan pays 80% after the deductible is met
Home health care <ul style="list-style-type: none"> 60 visits per calendar year maximum 	You pay 20% Plan pays 80% after the deductible is met
Mental Health and Substance Use Disorder	
Inpatient mental health	You pay 20% Plan pays 80% after the deductible is met

4/1/2017

ASO

High Deductible Health Plan Open Access Plus - Kass Shuler, P.A. HDHP OAP-IN - 6202697. Version# 9

KitTrak: CSW22426

Benefits	In-Network
Inpatient substance use disorder	You pay 20% Plan pays 80% after the deductible is met
Outpatient mental health – all other services	You pay 20% Plan pays 80% after the deductible is met
Outpatient mental health – office • Includes behavioral telehealth consultation	You pay 20% Plan pays 80% after the deductible is met
Outpatient substance use disorder – all other services	You pay 20% Plan pays 80% after the deductible is met
Outpatient substance use disorder – office • Includes behavioral telehealth consultation	You pay 20% Plan pays 80% after the deductible is met
Therapy Services	
Outpatient physical therapy, speech therapy, hearing therapy and occupational therapy • 20 visits per calendar year	You pay 20% Plan pays 80% after the deductible is met
Chiropractic services • 20 visits per calendar year	You pay 20% Plan pays 80% after the deductible is met
Acupuncture	Not Covered
Additional Services	
Family planning • Vasectomy • Includes elective abortions • Includes infertility testing for diagnosis only	Varies based on place of service
Contraceptives • Includes contraceptive devices as ordered or prescribed by a physician • Surgical services such as tubal ligation are covered (excluding reversals) • Physician services	Plan pays 100%, no copay, no deductible
TMJ	Not Covered
Organ transplant • Services paid at network level if performed at Cigna LifeSOURCE Transplant Network® Facilities • Travel maximum \$10,000 per lifetime (only available if using Cigna LifeSOURCE Transplant Network® facility)	You pay 20% Plan pays 80% after the deductible is met
Out-of-area services • Coverage for services rendered outside a network area • ER and Ambulance paid the same as network services • Preventive care services covered at 100% for out of area • In-network deductible and out-of-pocket maximums apply	For all other services You pay 20% Plan pays 80% after the in-network deductible is met

Additional Information

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 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 or contact customer service at the phone number listed on the back of your ID card.

Out of Pocket Maximum

Once you reach the individual or family out-of-pocket maximum (non-covered benefits are excluded from this total) in any one calendar year, covered services will be payable at 100% for the remainder of the year.

- Medical deductibles apply towards the out-of-pocket maximums

Complete Care Management

Pre-authorization is required on all inpatient admissions and selected outpatient procedures, diagnostic testing, and outpatient surgery. Network providers are contractually obligated to perform pre-authorization on behalf of their clients.

General Notice of Preexisting Condition Exclusion

- Not applicable

Exclusions

What's Not Covered (This Is Not All Inclusive; check your plan documents for a complete list)

- Services that aren't medically necessary
- Experimental or investigational treatments, except for routine patient care costs related to qualified clinical trials as described in your plan document
- Accidental injury that occurs while working for pay or profit
- Sickness for which benefits are paid or payable under any Worker's Compensation or similar law
- Services provided by government health plans
- Cosmetic surgery, unless it corrects deformities resulting from illness, breast reconstruction surgery after a mastectomy, or congenital defects of a newborn or adopted child or child placed for adoption
- Dental treatments and implants
- Custodial care
- Surgical procedures for the improvement of vision that can be corrected through the use of glasses or contact lenses
- Vision therapy or orthoptic treatment
- Hearing aids
- Reversal of sterilization procedures
- Nonprescription drugs or anti-obesity drugs
- Gene manipulation therapy
- Smoking cessation programs
- Non-emergency services incurred outside the United States
- Bariatric surgery
- Infertility services
- Treatment of TMJ disorders and craniofacial muscle disorders

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 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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc. and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

EHB State: FL