

THE EMPLOYMENT COMMONS



2025 Member Benefits guide

Benefit Plan Information Effective January 1, 2025 - December 31, 2025

Welcome to Your Employee Benefits guide

BENEFIT PLAN INFORMATION EFFECTIVE JANUARY 1, 2025 – DECEMBER 31, 2025

It is our privilege to welcome you to Employment Commons LCA, the movement building a community-owned, global public utility infrastructure for employment. Congratulations on your successful Freelancing career. We hope it only gets better from here. This guide was developed to describe the benefits we have for our Members to choose from.

The Member Benefits guide is your go-to resource for all things benefits and can help to make informed decisions about your member benefits package. In this guide you will find:

- Eligibility Requirements
- Enrollment Opportunities
- Benefit Plan Details
- Member Plan Costs
- Vendor Contact Information & Resources
- Much More!

Please spend some time reviewing the available options summarized in this guide and choose your benefits carefully. If you have any questions about our member benefits program, please contact one of the many resources available on page 4 of this guide.

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This guide provides highlights of the benefit plans offered to you by Employment Commons, LCA, and in no way serves as the actual plan description or plan document. Certain restrictions and exclusions apply. For exact terms and conditions, please refer to the Plan Document, Contract, or the Summary of Benefits & Coverage (SBC). The plan documents will always govern the benefits that Employment Commons offers. Employment Commons reserves the right to modify any or all of these plans at any time. Please email support@opolis.co for more information.

The information provided in this guide is advisory and is provided for general informational purposes only. This information should not be considered legal or tax advice or legal or tax opinion on any specific facts or circumstances. Readers and participants are urged to consult their legal counsel and tax advisor concerning any legal or tax questions that may arise.

Medical

Cigna
Cigna PPO National Network Access
Search for Providers at [cigna.com](https://www.cigna.com) = PPO, Open Access PPO

800.853.2713
[MyCigna.com](https://www.MyCigna.com)

Life & Disability

Principal Group
#1158391
800.247.4695
[principal.com](https://www.principal.com)

Pharmacy

Cigna Walgreens Anchor - 30 day retail
Express Scripts - 90 day mail order

800.835.3784
[MyCigna.com](https://www.MyCigna.com)

Term Life, Critical Illness, Accident & Hospital

Assurity
800.869.0355, Ext. 4279.
[Assurity Customer Center](https://www.AssurityCustomerCenter.com)

Dental

Principal
Group #1158391
800.247.4695
[principal.com](https://www.principal.com)

Legal

Legal Shield
800.654.7757
[accounts.legalshield.com](https://www.accounts.legalshield.com)

Vision

Principal login – VSP Choice Plus Network Access
Group #1158391
800.247.4695 or VSP 800.877.7195
[principal.com](https://www.principal.com) and [vsp.com](https://www.vsp.com)

Employee Assistance Program

Principal and Magellan
800.356.7089
[magellanascend.com](https://www.magellanascend.com)

Flexible Spending & Health Savings Accounts

HealthEquity
866.346.5800
[healthequity.com](https://www.healthequity.com)

Need Medicare Guidance?

For those eligible or nearing eligibility for Medicare, we encourage you to reach out to Lewin & Gavino to review your options. Lewin & Gavino can explain how Medicare works and help you to make an informed decision about your Medicare enrollment.
www.lewinandgavino.com 201.659.7170

Benefits Training

Join a monthly community benefits education, learn about how we are changing the healthcare landscape, and engage in question-and-answer sessions. Members may also request a one-on-one review of their benefits annually.

[MONTHLY COMMUNITY CALL](#)

Eligibility

Qualified, full-time working Members running payroll are eligible for benefits beginning on the first of the month following, or coinciding, with the date of joining Employment Commons LCA as a payroll Member. This is referred to as your Initial Eligibility Period. Eligible dependents can also enroll in the Medical, Dental, and Vision plans. Eligible dependents include your spouse or domestic partner, your children, and your spouse's or domestic partner's children. Dependent children are eligible through the last day of the month of their 26th birthday.

Enrollment Opportunities

You are eligible to enroll and/or make plan changes in the Medical, Dental, and Vision plans as follows:

1. Initial Eligibility Period (above)

2. Qualifying Life Event *

- Marriage, Divorce, or Legal Separation
- Birth or Adoption
- Death
- Loss or Gain of Group Coverage through Employer, Medicare, Medicaid, or State Health Insurance Program

* If you have a Qualifying Life Event change, you must notify support@opolis.co within 30 days, or you forfeit your opportunity to make changes and must wait until the next Open Enrollment period.

3. Annual Open Enrollment, which is held in November/December for a January 1st effective date.

Enrollment Instructions

Benefit plan enrollment is done through our website, during your Initial Eligibility Period, and confirmed again annually during Open Enrollment:

[COMMONS.OPOLIS.CO](https://commons.opolis.co)

From this site you will be able to:

- Review the available benefit plan options.
- See how much the plans will cost you.
- Access benefit plan details and additional member information and resources.
- Elect your beneficiaries
- ENROLL

Employment Commons offers Group Medical Plans administered by Cigna, with access to Cigna’s largest National PPO Network. Members have the option of selecting between Copay and High Deductible Health Plans for the coverage that best meets their needs. Included with the medical plans is Prescription Drug coverage, administered by Cigna Walgreens Anchor.

Evaluating Your Medical Plan Options

To help in your plan selection, the following pages include details about each of the available Premium and Value plans through Employment Commons, with a side-by-side highlight comparison of the plans.

Medical Plan Comparison	Value High Deductible Health Plan	Premium High Deductible Health Plan	Value Copay Plan	Premium Copay Plan
Network	Cigna PPO Network	Cigna PPO Network	Cigna PPO Network	Cigna PPO Network
Monthly Plan Costs	Pre-Tax	Pre-Tax	Pre-Tax	Pre-Tax
Employee Only	\$390.97	\$590.29	\$420.69	\$859.44
Employee + Spouse	\$999.99	\$1,458.58	\$1,182.02	\$1,999.99
Employee + Child(ren)	\$948.91	\$1,350.50	\$1,087.64	\$1,821.36
Employee + Family	\$1,499.95	\$2,125.62	\$1,712.24	\$2,845.32
FSA or HSA Pre-Tax Plans For Eligible Healthcare Expenses	HSA Eligible Plan	HSA Eligible Plan	FSA Eligible Plan <small>*S-Corp not eligible for FSA</small>	FSA Eligible Plan <small>*S-Corp not eligible for FSA</small>
Annual Deductible	\$5,000 Employee Only \$10,000 E + Dependent(s)	\$4,900 Employee Only \$9,800 E + Dependent(s)	\$6,000 Per Member \$12,000 Family Max.	\$750 Per Member \$1,500 Family Max.
Annual Maximum	\$7,500 Employee Only \$15,000 E + Dependent(s)	\$4,900 Employee Only \$9,800 E + Dependent(s)	\$9,100 Per Member \$18,200 Family Max.	\$6,500 Per Member \$13,000 Family Max.
Physician Visits	All Services Subject to Annual Member Deductible	All Services Subject to Annual Member Deductible	\$50 Primary Care Copay \$75 Specialist Copay	\$20 Primary Care Copay \$40 Specialist Copay
Prescription Drugs	Covered After Deductible	Covered After Deductible	\$15 Generic; \$45 Brand; \$70 Non-Preferred Brand; 50% Specialty	\$10 Generic; \$20 Brand; \$70 Non-Preferred Brand; 50% Specialty

Copay vs. High Deductible Health Plan

Preventive care is always covered, no matter which plan you choose. Copay Plan means you’ll pay only a set fee, even before your deductible, for routine doctor and specialist visits. Want lower monthly costs and to build long-term healthcare savings? Choose a high-deductible plan (HDHP) paired with an HSA. You’ll pay more out-of-pocket until you meet your deductible, but your HSA lets you save pre-tax money to cover those costs and grow your savings tax-free year after year.

Medical · PPO High Deductible Health Plans



We offer 2 qualified High Deductible Health Plans (HDHP) providing access to Cigna’s largest National PPO Network. HDHP plans have a large, upfront deductible for most services; an HDHP encourages members to closely analyze their healthcare decisions.

To help offset large, up-front plan costs, we encourage members to sign up for the HealthEquity Health Savings Account (HSA), available with our High Deductible Health Plans. An HSA is a personal bank account that allows members to set aside pre-tax dollars to pay for eligible healthcare expenses.

Per Calendar Year	Value High Deductible Health Plans		Premium High Deductible Health Plans		
	Network	Cigna PPO Network	Out-of-Network	Cigna PPO Network	Out-of-Network
Annual Deductible		\$5,000 Per Member \$10,000 Family Maximum	\$10,000 Per Member \$20,000 Family Maximum	\$4,900 Per Member \$9,800 Family Maximum	\$9,800 Per Member \$19,600 Family Maximum
Annual Out-Of-Pocket Maximum (OOPM)		\$7,500 Per Member \$15,000 Family Maximum	\$25,000 Per Member \$50,000 Family Maximum	\$4,900 Per Member \$9,800 Family Maximum	\$19,600 Per Member \$39,200 Family Maximum
Preventative Care Services		Covered in Full	50% After Deductible	Covered in Full	50% After Deductible
Physician Visits Primary Care, Specialist.		\$40 Copay Primary Care \$50 Copay Specialist <i>*after deductible</i>	50% After Deductible	Covered After Deductible	50% After Deductible
Outpatient PT, Outpatient Speech & OT, Chiropractic.		Covered After Deductible	50% After Deductible	Covered After Deductible	50% After Deductible
Lab & X-Ray		Ind Lab - Covered in Full* Office Visit - 30%* Adv. Radiology - 30%* <i>*after deductible</i>	50% After Deductible	Ind Lab* Office Visit* Adv. Radiology* <i>*Covered in full after deductible*</i>	50% After Deductible
Hospital Services		30% After Deductible	50% After Deductible	Covered After Deductible	50% After Deductible
Urgent Care <small>SAVE MONEY BY USING URGENT CARE FOR SAME-DAY NON-EMERGENT CARE</small>		\$60 After Deductible	50% After Deductible	Covered After Deductible	50% After Deductible
Emergency Room		Deductible then \$250 Copay + 30% until OOPM		Covered After Deductible	
MDLive Virtual Urgent Care		\$45 Before Deductible / Covered in Full After		\$45 Before Deductible / Covered in Full After	
Prescription Drugs <small>*some restrictions apply</small>		30 Day Supply Retail Network Pharmacies*	90 Day Supply Mail Order Home Delivery	30 Day Supply Retail Network Pharmacies*	90 Day Supply Mail Order Home Delivery
Annual Deductible		None		None	
Generic		Covered After Deductible	Covered After Deductible	Covered After Deductible	Covered After Deductible
Brand		Covered After Deductible	Covered After Deductible	Covered After Deductible	Covered After Deductible
Non-Preferred Brand		Covered After Deductible	Covered After Deductible	Covered After Deductible	Covered After Deductible
Specialty		Covered After Deductible	Covered After Deductible	Covered After Deductible	Covered After Deductible

USING A HIGH DEDUCTIBLE HEALTH PLAN

- Access to network and non-network providers and facilities. A higher amount is covered when obtaining care with network providers and facilities.
- Physician referrals are not required.
- Preventive Care Services are covered in full with network providers.
- Little Pre-authorization is required on the HDHP Plan.
- For all covered non-preventive care services, members are required to pay a specific dollar amount up front, referred to as the Annual Deductible.
- Once the Annual Deductible has been met, most services will continue to require the member to pay a percentage of the cost, known as Coinsurance, or a dollar amount, known as a Copay.
- Once a member has met the Annual Out-Of-Pocket Maximum limit, most services will be covered in full by the plan for the remainder of the calendar year.
- Under HDHPs, the Deductible and Annual Maximum amounts are based on enrollment. If enrolled with dependents, all members are subject to the Employee + Dependent(s) amounts.
- Benefits and visit limitations accrue on a calendar year basis, resetting annually on January 1st.

Medical · Health Savings Account

By enrolling in a Qualified High Deductible Health Plan, you are eligible to contribute tax-free* money into a Health Savings Account (HSA). An HSA is a personal bank account, administered by an authorized financial institution, which accumulates funds that can be used to pay healthcare costs, particularly those associated with the deductible under your High Deductible Health Plan, also known as an HDHP.

ADVANTAGES OF A HIGH-DEDUCTIBLE HEALTH PLAN w/HSA

- Lower medical plan premiums than traditional PPO medical plans.

Use the monthly premium savings to contribute to your HSA. Contributions can be set up to be automatically deducted from each paycheck and deposited directly into your HSA.

- HSA pre-tax contributions may reduce your taxable income.
- HSA funds accumulate tax-free* interest, subject to state law.
- You own your HSA. The monies in the account are yours, and will remain with you, even if you leave the company.
- Withdrawals are tax-free* when paying for qualified expenses.
- Post-tax contributions you make to your HSA may be tax-deductible on your tax return (excluding AL, CA and NJ up to the applicable maximum contribution).
- Your HSA is a vehicle to save for future health needs, such as COBRA premiums, long-term care or healthcare after retirement.

HSA ELIGIBILITY QUALIFICATIONS

To make tax-free* deposits to an HSA, the IRS requires that:

- You are covered by an HSA Qualified High Deductible Health Plan (HDHP);
- You have no other health coverage such as other non-HDHP health plan (spouse's plan), Medicare, Tricare, military health benefits;
- You have not received any health or prescription benefits from the Veteran's Administration, or one of their facilities, in the last 3 months. Exception for those enrolled in VA benefits and use the plan solely for "service-related injuries".
- You are not covered by, or eligible to make claims for, a non-limited Healthcare Flexible Spending Account (FSA);

If you have money left over in your FSA at the end of 2024 that your previous employer allows you to carry over into 2025, this will affect your ability to contribute to an HSA in 2025. Because an FSA carryover is considered an active FSA, you will be ineligible to contribute to an HSA for the entire year of 2025. To contribute to an HSA in 2025, you would need to forfeit any 2024 FSA carryover amount.

- Your spouse is not enrolled in a general-purpose FSA through their employer;
- You are not claimed as a dependent on another individual's tax return.

ANNUAL HSA CONTRIBUTION LIMITS

Contributions cannot exceed \$4,300 for employee only enrollment, and \$8,550 for employee + dependent(s) enrollment in 2025. Individuals age 55 or older may also contribute an additional \$1,000 in "catch-up" contributions.

USING YOUR HSA FUNDS

You can use your money tax-free* at any time for HSA eligible expenses. If you use the money for non-eligible HSA expenses, you will be subject to income tax and a 20% tax penalty. See separate rules/taxation for those over age 65.

To use your HSA, the most convenient way to pay for qualified HSA expenses is to utilize your HSA Debit Card. You can also use your own funds and reimburse yourself by making a withdrawal from your HSA. It is recommended that you keep all receipts for HSA purchases should you ever be audited by the IRS.



ACTIVATE YOUR HSA

The High Deductible Health Plans come with an HSA administered through HealthEquity. To activate your personal HealthEquity HSA:

1. Enroll in one of the HSA eligible High Deductible Health Plans through our website.
2. Enter you pre-tax contribution. Your elected contribution will then automatically be deducted from each paycheck and deposited directly into your HSA.
3. Once you confirm your HSA election, your HealthEquity Health Savings Account will be opened on your behalf

ACCESSING YOUR HSA

Once your account has been set up by HealthEquity, you will receive a packet of information, mailed to your home, with details about your HealthEquity HSA, including your HSA Debit Card.

Manage your account at any time, online at healthequity.com or via HealthEquity's mobile app:

- Make payments to providers.
- View your account balance, transactions, and contributions.

\$ Easy to use investment features to maximize tax-free earning potential on your HSA funds.

FOR MORE INFORMATION
HEALTHEQUITY.COM/HSALEARN
 866.346.5800

THE INFORMATION PROVIDED IS INTENDED FOR GENERAL GUIDANCE ONLY. WE RECOMMEND THAT YOU CONSULT WITH A TAX ADVISOR FOR SPECIFIC TAXATION INFORMATION AND ADVICE BEFORE ENROLLING IN A HIGH DEDUCTIBLE HEALTH PLAN.

* HSA's are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Most states recognize HSA funds as tax-free with very few exceptions. Consult a tax advisor regarding your state's specific rules.

Medical - PPO Copay Plans

We offer 2 Copay Plans providing access to Cigna's largest National PPO Network, Copay Plans include first dollar coverage for physician office visits and prescription drug benefits for an up-front, low-cost copay.

For members with a C-corp, the Copay Plans can be paired with a Flexible Spending Account (FSA), which allows members to set aside pre-tax dollars to help pay for eligible out-of-pocket medical, dental, and vision expenses (deductibles, coinsurance, copays).

Per Calendar Year	Value Copay Plan		Premium Copay Plan		
	Network	Cigna PPO Network	Out-of-Network	Cigna PPO Network	Out-of-Network
Annual Deductible	\$6,000 Per Member \$12,000 Family Maximum	\$12,000 Per Member \$24,000 Family Maximum	\$750 Per Member \$1,500 Family Maximum	\$6,500 Per Member \$13,000 Family Maximum	
Annual Out-Of-Pocket Maximum	\$9,100 Per Member \$18,200 Family Maximum	\$25,000 Per Member \$50,000 Family Maximum	\$6,500 Per Member \$13,000 Family Maximum	\$13,000 Per Member \$26,000 Family Maximum	
Preventative Care Services	Covered in Full	50% After Deductible	Covered in Full	50% After Deductible	
Physician Visits Primary Care, Specialist. <small>Specialist Incl: Outpatient PT, Outpatient Speech & OT, Chiropractic</small>	\$50 Copay Primary Care \$75 Copay Specialist	50% After Deductible	\$20 Copay Primary Care \$40 Copay Specialist	50% After Deductible	
Lab & X-Ray	Ind Lab - Covered in Full Office Visit - 30%* Adv. Radiology - 30%* <small>*after deductible</small>	50% After Deductible	Ind Lab - Covered in Full Office Visit - 30%* Adv. Radiology - 30%* <small>*after deductible</small>	50% After Deductible	
Hospital Services	30% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible	
Urgent Care <small>SAVE MONEY BY USING URGENT CARE FOR SAME-DAY NON-EMERGENCY CARE</small>	\$100 Copay	50% After Deductible	\$40 Copay	50% After Deductible	
Emergency Room	\$250 Copay Then 30% After Deductible		\$250 Copay Then 30% After Deductible		
MDLive Virtual Urgent Care	Covered in Full		Covered in Full		
Prescription Drugs <small>*some restrictions apply</small>	30 Day Supply Retail Network Pharmacies*	90 Day Supply Mail Order Home Delivery	30 Day Supply Retail Network Pharmacies*	90 Day Supply Mail Order Home Delivery	
Annual Deductible	None		None		
Generic	\$15 Copay	\$45 Copay	\$10 Copay	\$30 Copay	
Formulary Brand	\$45 Copay	\$135 Copay	\$20 Copay	\$60 Copay	
Non-Preferred Brand	\$70 Copay	\$210 Copay	\$70 Copay	\$210 Copay	
Specialty	50% Copay	50% Copay	50% Copay	\$240 Copay	

USING A COPAY PLAN

- Access to network and non-network providers and facilities. A higher amount is covered when obtaining care with network providers and facilities.
- Copay Plans have no requirement for Physician referrals.
- Copay Plans offer Preventative Care Services covered in full with network providers.
- Certain services, such as Physician Office Visits, may require a fixed-dollar payment upfront, referred to as your Copay.
- Certain services, such as hospital-based procedures, may require members to pay a percentage of the cost of care, known as Coinsurance.
- Little Pre-authorization is required on the Copay Plan.
- Before the plan will pay certain medical expenses, members may be required to pay a specific dollar amount, referred to as the Annual Deductible.
- Once a member has met the Annual Out-Of-Pocket Maximum limit, most services will be covered in full by the plan for the remainder of the plan year.
- Benefits and visit limitations accrue on a calendar year basis, resetting annually on January 1st.

Cigna

Get the most out of your medical plan membership - connect to your personal plan information online through [Cigna](#) directly.

TRACK YOUR BENEFITS & COVERAGE

Review claims, see your deductible, and more.

FIND A DOCTOR

Visit [Cigna provider search](#) or, if already enrolled, search in myCigna [app or on web](#).

PRESCRIPTION INFO

You can also search for your pharmacy needs in the myCigna [app or on web](#).

REACH FOR BETTER HEALTH & SAVINGS

Access additional resources available to members to assist with healthy living and out-of-pocket savings.

SERVICES REQUIRING PRE-AUTHORIZATION

THE FOLLOWING NON-EMERGENT SERVICES REQUIRE AUTHORIZATION FOR COVERAGE BEFORE SERVICES ARE PROVIDED.

Failure to obtain pre-authorization prior to receiving these services will result in higher out-of-pocket costs to the member. Contact Cigna's Pre-Authorization Team for more information, 800.288.2078.

GET THE RIGHT CARE AT THE RIGHT TIME FOR THE RIGHT PRICE

PRIMARY CARE (\$)

Want to see someone who knows your health, but it's not urgent? Have a chronic problem, need preventive care or follow-up? Contact your Primary Care Provider to schedule an appointment.

URGENT CARE (\$\$)

Know you need help right away, but don't think you are in immediate danger? Urgent care can deal with things like minor cuts and burns, infections and more. Visit an urgent care facility near you.

EMERGENCY (\$\$\$)

Think your life may be in danger? Maybe you have signs of heart attack, stroke, uncontrolled bleeding, or unbearable pain? Go immediately to the nearest emergency room.

- Hospital Admissions and Inpatient Confinements
- Select Outpatient Procedures and Surgeries:
 - Any Potentially Cosmetic Service (Breast, Eyes/Nose, Head/Ear, Skin, Trunk/Body or Vein Therapy/Treatment)
 - Any Potentially Investigational/Experimental Service, Maxillofacial orthopedics and Mandibular Surgical Procedures
 - Spinal Surgeries and Procedures of the Spine
- Skilled Nursing and Sub-Acute Facility Admissions and Confinements
- Durable medical equipment (DME)
- Home Health Care and In-Home Services (including IV therapy)
- Transplant Related Services (including Initial Consultation and Evaluation)
- Sleep Management Programs, including but not limited to:
 - Obstructive Sleep Apnea, Diagnostic or Therapeutic Sleep Studies.
 - Oral Pharynx Procedures (Uvullectomy, and LAUP Procedures)
- Inpatient Mental/Nervous and Substance Use Disorder Services: Pre-Authorization through Cigna, 1.800.882.4462 .
- Specialty and High-Cost Prescription Drugs: Pre-Authorization through Caremark, 877.860.6415.

Pharmacy · Express Scripts

Our Pharmacy program through Cigna Walgreens Anchor offers access to 30 day supply pharmacy at any pharmacy nationwide **with Walgreens being our preferred pharmacy**. Express Scripts® Pharmacy, our home delivery pharmacy, is a convenient option if you're taking a medication on a regular basis to treat an ongoing health condition. Express Scripts® Pharmacy, which is a Cigna company, is one of the country's largest home delivery pharmacies.

What are the benefits of using Express Scripts® Pharmacy?

Express Scripts® Pharmacy helps make it easy for you to get your medication. With just a few simple clicks of your mobile phone, tablet or computer, your important medications will be on their way to your door (or location of your choice).

- › Easily order, manage, track and pay for your medications on your phone or online
- › Standard shipping at no extra cost
- › Fill up to a 90-day supply at one time
- › Helpful pharmacists available 24/7
- › Automatic refills and refill reminders so you don't miss a dose
- › Flexible payment options

Three easy ways to switch to home delivery

1. Log-in to the myCigna® App or myCigna.com to move your prescription electronically. Click on the Prescriptions tab and select My Medications from the drop down menu. Then simply click the button next to your medication name to move your prescription(s).
2. Call your doctor's office. Ask them to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery. Or,
3. Call Express Scripts® Pharmacy at **800.835.3784**. They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.

Use the myCigna® App or website. It's your "go-to" for everything you need to know about your plan's coverage.

Easily manage all of your prescriptions on the My Medications page. Click on the Prescriptions tab and select My Medications from the drop down menu.

1. View all of the prescriptions you've filled within the last 18 months.
2. Use the myCigna App to review your medications with your doctor during an office visit.
3. Move your prescription from a retail pharmacy to home delivery with the click of a button.
4. For home delivery fills: Refill your prescriptions, get real-time order status and tracking, sign up for automatic refills, pay your bill online, sign up for a payment plan, and more.
5. For retail pharmacy fills: View where and when you last filled your medications.
6. For specialty medications: Easily connect to your online Accredo account to manage orders.

- › See which medications your plan covers. You have hundreds of generic, preferred brand, and non-preferred brand medications to choose from.
- › Use the Price a Medication tool to see how much your medication costs. You can also see if there are lower-cost alternatives available.
- › View your plan information. See your pharmacy claim history, coverage details, and account balances.

Call 800.835.3784

Place an order

Talk to customer service about an order

Talk to a pharmacist about your medication

- Standard shipping costs are included as part of your prescription plan.
- Express Scripts® Pharmacy can automatically refill certain medications. Log-in to the myCigna App or website or call 800.835.3784 to sign up.
- Certain medications may only be packaged in less than a 90-day supply. 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.
- Not all plans offer Accredo as a covered pharmacy option. Please log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network.
- Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

Head-to-toe virtual care from MDLIVE.®

It's not always easy to find time for the health care you need. After all, doctors' appointments traditionally involve time and travel. That can lead to putting off care until problems become more serious, and potentially more expensive.

That's why Cigna has partnered with MDLIVE to offer a comprehensive suite of convenient virtual care options – available by phone or video whenever it works for you. MDLIVE board-certified doctors, dermatologists, psychiatrists and licensed therapists have an average of over 10 years of experience, and provide personalized care for hundreds of medical and behavioral health needs.

Primary Care!

Preventive care, routine care, and specialist referrals

- Preventive care checkups/wellness screenings available at no additional cost to identify conditions early
- Routine care visits allow you to build a relationship with the same primary care provider (PCP) to help manage conditions
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for bio-metrics, blood work and screenings at local facilities

Urgent Care

On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the emergency room
- Prescriptions available, if appropriate

Behavioral Care

Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists
- Schedule an appointment that works for you
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, life changes, grief and depression

Dermatology

Fast, customized care for skin, hair and nail conditions – no appointment required

- Board-certified dermatologists review pictures and symptoms; prescriptions available, if appropriate
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Diagnosis and customized treatment plan, usually within 24 hours

3 easy steps to connect to care

Virtual care visits are convenient and easy. To schedule an appointment:

- Access MDLIVE by logging into myCigna.com and clicking on "Talk to a doctor." You can also call MDLIVE at 888.726.3171. (No phone calls for virtual dermatology.)
- Select the type of care you need: medical care or counseling; cost will be displayed on both myCigna.com and MDLIVE
- Follow the prompts for an on-demand urgent care visit, to make an appointment for primary or behavioral care, or to upload photos for dermatology care

Appointments are available via video or phone, whenever it's most convenient for you. Virtual dermatology does not require an appointment.

Visit myCigna.com to make an appointment for virtual care today.

Visit Fees

	Value CoPay - HDHP		Premium CoPay - HDHP	
Behavioral Care	\$0	\$45	\$0	\$45
Urgent Care	\$0	\$45	\$0	\$45
Primary Care	\$0	\$45	\$0	\$45
Dermatology	\$0	\$45	\$0	\$45

Primary Care Zoom Calls: Having a virtual meeting with your normal Primary Care Provider is not considered telemedicine, your doctor will bill the plan as normal.

• Cigna provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna medical members aged 18 and older.

• For customers who have a non-zero preventive care benefit, MDLIVE virtual wellness screenings will not cost \$0 and will follow their preventive benefit.

• Limited to labs contracted with MDLIVE for virtual wellness screenings.

• Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours.

We offer 2 dental plan options with varying levels of coverage for members to select the plan that best meets their needs. Both plans allow members to access services from any licensed dentist, up to an Annual Maximum Benefit. By utilizing Principal's national network of providers, your out-of-pocket costs will be less and your Annual Maximum Benefit will go further.

[PRINCIPAL.COM](https://www.principal.com)

- Find Principal Network Providers
- Estimate Costs For Procedures
- View Claims Status and Details
- Check Deductible and Maximum Status
- Download Your Member ID Card

Dental Plan Highlights	Value Plan	Premium Plan
Annual Deductible Per Calendar Year	\$50 Per Member \$150 Family Maximum	\$50 Per Member \$150 Family Maximum
Diagnostic & Preventative Care Exam, Cleaning, X-ray, Fluoride, Sealants	Covered in Full Deductible Waived	Covered in Full Deductible Waived
Basic Services Fillings, Extractions, Root Canal, Periodontics, Endodontics	20% After Deductible	20% After Deductible
Major Services Crowns, Bridges, Inlays/Onlays, Dentures	50% After Deductible	50% After Deductible
Orthodontia	Not Covered	50% Coinsurance \$3,000 Lifetime Maximum Benefit
Annual Maximum Benefit PER CALENDAR YEAR <small>Maximum Rollover: For members who receive services under the annual threshold, additional dollars will be rolled over to next year's Maximum Benefit.</small>	\$1,000 Per Member Per Calendar Year + MAXIMUM ACCUMULATION ROLLOVER	\$3,000 Per Member Per Calendar Year + MAXIMUM ACCUMULATION ROLLOVER

ASK YOUR DENTIST FOR A PRE-TREATMENT ESTIMATE PRIOR TO OBTAINING ANY NON-PREVENTIVE CARE SERVICES.

The dentist will verify benefits with Principal and confirm what your total out-of-pocket cost will be prior to the service. This is particularly important when seeing non-network providers, as these providers have not agreed to Principal's contracted rates and may balance bill members for additional amounts.

MONTHLY PRE-TAX COST	VALUE PLAN	PREMIUM PLAN
Employee Only	\$27.36	\$43.09
Employee + Spouse	\$57.80	\$87.24
Employee + Child(ren)	\$69.14	\$127.02
Employee + Family	\$98.34	\$181.22

The VSP Choice Vision Plan offered through Principal provides up-front coverage from VSP Choice Network Providers. To find a VSP Choice Network Provider go to principal.com or vsp.com.



**Maximize Your Vision
Benefits by Using VSP
Choice Network Providers**

Using your VSP Vision benefit is easy!

- Create an account at vsp.com. Once your plan is effective, review your benefit information.
- Find an eye doctor who's right for you. Visit vsp.com or call 800.877.7195.
- At your appointment, tell them you have VSP through Principal. No ID card necessary

MONTHLY PRE-TAX COST	VALUE PLAN
Member Only	\$6.35
Member + Spouse	\$13.73
Member + Child(ren)	\$15.37
Member + Family	\$25.19

VISION PLAN HIGHLIGHTS	VSP CHOICE NETWORK BENEFITS
Well Vision Exam Once Per Calendar Year	\$10 Copay
Hardware	\$25 Copay
Lenses Once Per Calendar Year	Single Vision Lined Bifocal, Lined Trifocal, Lenticular Lens Enhancements Available See Applicable Copays and Additional Discounts
Frames Once Per Calendar Year	\$200 Allowance + 20% Discount For Cost Above Allowance
Contacts In Lieu of Glasses Once Per Calendar Year	\$200 Allowance for Elective Contact Lenses Up To \$60 Copay for Fitting/Evaluation

See the Plan Documents for allowances when seeing non-VSP Choice Network Providers. You may have to pay out-of-pocket when seeing non-VSP providers. Go to vsp.com for details on submitting claim reimbursement requests for services received from non-VSP providers.

ADDITIONAL VSP VISION SAVINGS @ VSP.COM/OFFERS

- GLASSES & SUNGLASSES 20% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam.
- LASER VISION CORRECTION Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. After surgery, use your frame allowance (if eligible), or discounts for sunglasses, from any VSP doctor.

See NY plan below

10 & 20 Year Term - MONTHLY RATES

Term life insurance is designed as an inexpensive solution to short-term insurance needs. As the name implies, this coverage lasts for a specified period of time, often when a family is most vulnerable to losing income if something happens to the insured.

10 YEAR

Member Benefit	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
Under - 26	\$3.26	\$6.54	\$9.80	\$13.08	\$16.34	\$19.62
26-30	\$3.64	\$7.28	\$10.92	\$14.58	\$18.22	\$21.86
31-35	\$5.38	\$10.78	\$16.18	\$21.58	\$26.96	\$32.36
36-40	\$7.64	\$15.28	\$22.92	\$30.58	\$38.22	\$45.86
41-45	\$9.60	\$19.20	\$28.80	\$38.40	\$48.00	\$57.62
46-50	\$12.98	\$25.98	\$38.98	\$51.98	\$64.98	\$77.98
51-55	\$19.38	\$38.78	\$58.18	\$77.58	\$96.96	\$116.36
56-60	\$29.56	\$59.12	\$88.68	\$118.24	\$147.80	\$177.36
61-65	\$46.60	\$93.20	\$139.80	n/a	n/a	n/a
66-70	\$74.62	\$149.24	\$223.86	n/a	n/a	n/a

20 YEAR

Member Benefit	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
Under - 26	\$3.32	\$6.66	\$9.98	\$13.32	\$16.66	\$19.98
26-30	\$3.94	\$7.90	\$11.86	\$15.82	\$19.78	\$23.74
31-35	\$5.62	\$11.24	\$16.86	\$22.48	\$28.12	\$33.74
36-40	\$7.90	\$15.82	\$23.74	\$31.66	\$39.58	\$47.48
41-45	\$10.34	\$20.70	\$31.06	\$41.40	\$51.76	\$62.12
46-50	\$14.42	\$28.86	\$43.30	\$57.74	\$72.18	\$86.62
51-55	\$21.78	\$43.58	\$65.36	\$87.16	\$108.94	\$130.74
56-60	\$33.42	\$66.86	\$100.30	\$133.74	\$167.18	\$200.60

Spouse and Children Riders

Spouse Coverage: 30% of Member
 Childrens Coverage: 10% of Member

Child Rider: Provides level benefit term life insurance to age 26 on the insured member's children meeting eligibility conditions and listed on the original application or born to or adopted by the insured employee while the policy and this rider are in force. Eligible children includes any natural child, stepchild or legally adopted child of the employee who is at least 15 days of age and younger than age 18 on the date of the application for this rider or the date they first become eligible.

Spouse Rider: Provides level premium, level benefit term life insurance on the employee's spouse for a 10-year or 20-year period. The benefit amount selected during enrollment is 30 percent of the employee's term coverage. Coverage for spouse terminates at the end of spouse rider term period.

KEY FEATURES:

- Easy-to-understand life coverage for shorter-term or specific needs.
- Guaranteed, level premium periods.
- Affordable coverage through payroll deduction.
- Excellent option to supplement permanent life benefits.
- Coverage may be converted to permanent life insurance.
- Portable coverage—if you switch jobs or retire you can take your coverage with you, after 30 days of continuous coverage.
- Accelerated Death Benefit - upon diagnosis of Terminal Illness.

10 & 20 Year Term Family Rates

MEMBER AND CHILDREN 10 YEAR - MONTHLY RATES

Member Benefit	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
Under - 26	\$4.28	\$8.60	\$12.88	\$17.20	\$21.48	\$25.80
26-30	\$4.66	\$9.34	\$14.00	\$18.70	\$23.36	\$28.04
31-35	\$6.40	\$12.84	\$19.26	\$25.70	\$32.10	\$38.54
36-40	\$8.66	\$17.34	\$26.00	\$34.70	\$43.36	\$52.04
41-45	\$10.62	\$21.26	\$31.88	\$42.52	\$53.14	\$63.80
46-50	\$14.00	\$28.04	\$42.06	\$56.10	\$70.12	\$84.16
51-55	\$20.40	\$40.84	\$61.26	\$81.70	\$102.10	\$122.54
56-60	\$30.58	\$61.18	\$91.76	\$122.36	\$152.94	\$183.54
61-65	\$47.62	\$95.26	\$142.88	n/a	n/a	n/a
66-70	\$75.64	\$151.30	\$226.94	n/a	n/a	n/a

MEMBER AND SPOUSE 10 YEAR - MONTHLY RATES

Member Benefit	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
Under - 26	\$4.54	\$9.12	\$13.68	\$18.26	\$22.82	\$27.40
26-30	\$5.02	\$10.06	\$15.10	\$20.14	\$25.18	\$30.22
31-35	\$7.38	\$14.80	\$22.20	\$29.62	\$37.02	\$44.42
36-40	\$10.48	\$20.96	\$31.46	\$41.96	\$52.46	\$62.94
41-45	\$13.18	\$26.38	\$39.58	\$52.76	\$65.96	\$79.18
46-50	\$17.80	\$35.64	\$53.46	\$71.30	\$89.12	\$106.96
51-55	\$26.54	\$53.12	\$79.70	\$106.26	\$132.82	\$159.40
56-60	\$40.46	\$80.94	\$121.42	\$161.90	\$202.38	\$242.86
61-65	\$63.86	\$127.74	\$191.62	n/a	n/a	n/a
66-70	\$102.38	\$204.76	\$307.16	n/a	n/a	n/a

FAMILY 10 YEAR - MONTHLY RATES

Member Benefit	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
Under - 26	\$5.56	\$11.18	\$16.76	\$22.38	\$27.96	\$33.58
26-30	\$6.04	\$12.12	\$18.18	\$24.26	\$30.32	\$36.40
31-35	\$8.40	\$16.86	\$25.28	\$33.74	\$42.16	\$50.60
36-40	\$11.50	\$23.02	\$34.54	\$46.08	\$57.60	\$69.12
41-45	\$14.20	\$28.44	\$42.66	\$56.88	\$71.10	\$85.36
46-50	\$18.82	\$37.70	\$56.54	\$75.42	\$94.26	\$113.14
51-55	\$27.56	\$55.18	\$82.78	\$110.38	\$137.96	\$165.58
56-60	\$41.48	\$83.00	\$124.50	\$166.02	\$207.52	\$249.04
61-65	\$64.88	\$129.80	\$194.70	n/a	n/a	n/a
66-70	\$103.40	\$206.82	\$310.24	n/a	n/a	n/a

MEMBER AND CHILDREN 20 YEAR - MONTHLY RATES

Member Benefit	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
Under - 26	\$4.34	\$8.72	\$13.06	\$17.44	\$21.80	\$26.16
26-30	\$4.96	\$9.96	\$14.94	\$19.94	\$24.92	\$29.92
31-35	\$6.64	\$13.30	\$19.94	\$26.60	\$33.26	\$39.92
36-40	\$8.92	\$17.88	\$26.82	\$35.78	\$44.72	\$53.66
41-45	\$11.36	\$22.76	\$34.14	\$45.52	\$56.90	\$68.30
46-50	\$15.44	\$30.92	\$46.38	\$61.86	\$77.32	\$92.80
51-55	\$22.80	\$45.64	\$68.44	\$91.28	\$114.08	\$136.92
56-60	\$34.44	\$68.92	\$103.38	\$137.86	\$172.32	\$206.78

MEMBER AND SPOUSE 20 YEAR - MONTHLY RATES

Member Benefit	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
Under - 26	\$4.62	\$9.28	\$13.90	\$18.56	\$23.22	\$27.84
26-30	\$5.44	\$10.90	\$16.36	\$21.84	\$27.30	\$32.76
31-35	\$7.72	\$15.44	\$23.16	\$30.90	\$38.64	\$46.36
36-40	\$10.84	\$21.70	\$32.58	\$43.44	\$54.32	\$65.16
41-45	\$14.20	\$28.42	\$42.64	\$56.84	\$71.06	\$85.28
46-50	\$19.78	\$39.58	\$59.38	\$79.18	\$98.98	\$118.78
51-55	\$29.82	\$59.68	\$89.52	\$119.38	\$149.20	\$179.06
56-60	\$45.76	\$91.54	\$137.34	\$183.12	\$228.92	\$274.68

FAMILY 20 YEAR - MONTHLY RATES

Member Benefit	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
Under - 26	\$5.64	\$11.34	\$16.98	\$22.68	\$28.36	\$34.02
26-30	\$6.46	\$12.96	\$19.44	\$25.96	\$32.44	\$38.94
31-35	\$8.74	\$17.50	\$26.24	\$35.02	\$43.78	\$52.54
36-40	\$11.86	\$23.76	\$35.66	\$47.56	\$59.46	\$71.34
41-45	\$15.22	\$30.48	\$45.72	\$60.96	\$76.20	\$91.46
46-50	\$20.80	\$41.64	\$62.46	\$83.30	\$104.12	\$124.96
51-55	\$30.84	\$61.74	\$92.60	\$123.50	\$154.34	\$185.24
56-60	\$46.78	\$93.60	\$140.42	\$187.24	\$234.06	\$280.86

See NY plan below

**Plan Pays 30k Lump Sum
at Covered Percentage**

Critical Illness

More people are surviving life threatening illnesses than ever before. Unfortunately, the cost of critical illness care is high and medical bills can follow survivors long after they've proven victorious in their fight.

Critical illness insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other out-of-pocket expenses.

Group Critical Illness insurance pays a lump-sum benefit directly to you if you are diagnosed with stroke, heart attack, or a number of other covered conditions.

Monthly Pre-Tax Cost	Member	Member + Spouse
18-24	\$8.58	+ \$4.10
25-29	\$11.68	+ \$5.50
30-34	\$15.98	+ \$7.68
35-39	\$23.46	+ \$11.42
40-44	\$32.44	+ \$15.94
45-49	\$46.80	+ \$23.26
50-54	\$69.08	+ \$34.54
55-59	\$99.04	+ \$49.70
60-64	\$132.56	+ \$66.54
65-69	\$189.68	+ \$95.20
70+	\$333.82	+ \$167.46

Covered Condition	Percent of Benefit
Heart Attack	100%
Coronary Artery Bypass Surgery	25%
Stroke	100%
Invasive Cancer (30-day waiting period)	100%
Non-Invasive Cancer (30-day waiting period)	25%
Skin Cancer (30-day waiting period)	\$250 / calendar year
Kidney (Renal) Failure	100%
Major Organ Transplant	100%
Advanced Alzheimer's Disease	100%
Coma	100%
Paralysis	100%
Loss of Sight	100%
Loss of Speech	100%
Loss of Hearing	100%
Advanced Parkinson's Disease	100%
Benign Brain Tumor	100%
Occupational HIV	100%

KEY FEATURES:

- Pays a lump sum directly to you.
- The return of premium benefit pays you back 100% of the premiums paid for the policy and riders if you die from a cause other than a covered critical illness.
- Guaranteed issue – no medical exams or tests.
- Children covered at 25% of benefit on all coverages.
- Spouse covered at 50% of benefit when enrolled.

See NY plan below

Accident

Even with a good health insurance plan, a trip to the doctor or hospital can be expensive. Many people find themselves paying more out of their own pocket each year. If you or someone in your family are hurt in an accident, the last thing you want to think about is how you are going to pay for medical care.

Accident expense insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other expenses.

Group Accident Expense insurance pays a benefit directly to you when you receive treatment from a physician for a covered accident.

Monthly Pre-Tax Cost	Low Plan	High Plan
Member Only	\$13.94	\$24.70
Member + Spouse	\$24.36	\$43.00
Member + Child(ren)	\$29.02	\$47.94
Member + Family	\$42.90	\$71.58

COVERED EVENTS	Cash Benefits Paid	
	Low Plan	High Plan
EMERGENCY CARE Dr Office, Urgent Care, Ambulance:	\$100 - \$600	\$200 - \$1,200
SUPPORTIVE CARE Follow-Up, Physical therapy, Appliances, Travel:	\$60 - \$4,000	\$120 - \$8,000
SPECIFIC INJURY CARE Burns, Lacerations, Fracture, Coma, Paralysis:	\$60 - \$4,000	\$120 - \$8,000
HOSPITAL CARE Daily benefits paid up to 365 days per Accident	\$2,000 Admission \$200 Confinement	\$4,000 Admission \$400 Confinement
SURGERIES Inpatient, Outpatient, Anesthesia:	\$200 - \$2,000	\$400 - \$4,000
WELLNESS Blood Screening, Physical, Eye Exam, Immunization:	\$50 one per year	\$100 one per year
Accidental Death Benefit	\$40,000 - Member \$20,000 - Spouse \$10,000 - Child	\$80,000 - Member \$40,000 - Spouse \$20,000 - Child

Key Features:

- Helps with out-of-pocket expenses associated with covered accidents
- No deductibles, copays, coinsurance or networks - see any doctor
- Guaranteed issue – no medical exams or tests

See NY plan below

Hospital

A hospital stay can be expensive even with a good health insurance plan. If you or someone in your family gets sick or injured and needs to go to the hospital, the last thing you want to think about is how you are going to pay for medical care.

Hospital indemnity insurance provides peace of mind and gives you additional cash to pay your health insurance deductible and other expenses resulting from a covered hospital stay.

Group Hospital Indemnity insurance pays a benefit directly to you, starting at admission, for each day of hospital confinement.

Monthly Pre-Tax Cost	High Plan
Member Only	\$28.12
Member + Spouse	\$56.98
Member + Child(ren)	\$53.94
Member + Family	\$80.30

Covered Condition	Percent of Benefit
<p>Pays a lump-sum benefit of \$2,000 for the first hospital confinement in a calendar year for a covered sickness or injury sustained in a covered accident. Confinement means the assignment to a bed as a resident inpatient as prescribed by a physician for a period of at least 20 consecutive hours.</p>	
<p>Hospital Care Daily benefits paid up to 365 days per Accident</p>	<p>Hospital Confinement - \$150 per day up to 30 days ICU Confinement - \$300 per day of confinement, up to 10 days</p>
<p>Preventative Care physical exam, routine eye exam, immunizations</p>	<p>\$50 benefit up to the maximum of twice per insured person or four times per family in a calendar year.</p>

Key Features:

- Pays a lump-sum benefit starting at admission
- Pays a daily benefit for each day confined in a hospital
- Includes a wellness benefit for a number of preventive care procedures
- No deductibles, copays, coinsurance or networks (see any doctor)
- Guaranteed issue – no medical exams or tests

Critical Illness

**Plan Pays 20k Lump Sum
at Covered Percentage**

More people are surviving life threatening illnesses than ever before. Unfortunately the cost of critical illness care is high and medical bills can follow survivors long after they've proven victorious in their fight.

Critical illness insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other out-of-pocket expenses.

Group Critical Illness insurance pays a lump-sum benefit directly to you if you are diagnosed with stroke, heart attack or a number of other covered conditions.

Monthly Pre-Tax Cost	Member	Member + Spouse
18-29	\$5.19	+ \$2.65
30-39	\$13.90	+ \$7.05
40-49	\$32.19	+ \$16.37
50-59	\$59.04	+ \$29.96
60-64	\$79.96	+ \$40.57
65+	\$123.43	+ \$62.52

Covered Condition	Percent of Benefit
Stroke	100%
Heart Attack	100%
Coronary Artery Bypass Surgery	25%
Invasive Cancer <small>(30-day waiting period)</small>	100%
Carcinoma in Situ <small>(30-day waiting period)</small>	25%
Skin Cancer <small>(30-day waiting period)</small>	\$250 / calendar year
End Stage Renal Failure	100%
Major Organ Transplant	100%

Specified Chronic Illness or Injury Rider	Injury 100% / Illness 50%
Advanced Alzheimer's Disease	Injury 100% / Illness 50%
Advanced Parkinson's Disease	Injury 100% / Illness 50%
Benign Brain Tumor	Injury 100% / Illness 50%
Coma	Injury 100% / Illness 50%
Complete Loss of Hearing, Sight, or Speech	Injury 100% / Illness 50%
Paralysis	Injury 100% / Illness 50%

KEY FEATURES:

- Pays a lump sum directly to you.
- Reoccurrence of Critical Illness Benefits, same amount as Initial Critical Illness Benefit or Cancer Critical Illness Benefit.
- Waiver of Premium (employee only)
- Guaranteed issue – no medical exams or tests.
- Children covered at 25% of benefit on all coverages.
- Spouse covered at 50% of benefit when enrolled.

Accident

Even with a good health insurance plan, a trip to the doctor or hospital can be expensive. Many people find themselves paying more out of their own pocket each year. If you or someone in your family are hurt in an accident, the last thing you want to think about is how you are going to pay for medical care.

Accident expense insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other expenses.

Group Accident Expense insurance pays a benefit directly to you when you receive treatment from a physician for a covered accident.

Monthly Pre-Tax Cost	Low Plan	High Plan
Member Only	\$9.28	\$12.88
Member + Spouse	\$16.06	\$22.27
Member + Child(ren)	\$19.73	\$27.57
Member + Family	\$25.70	\$35.42

COVERED EVENTS	Cash Benefits Paid	
	Low Plan	High Plan
EMERGENCY CARE Dr Office, Urgent Care, Ambulance:	\$100 - \$600	\$150 - \$900
SUPPORTIVE CARE Follow-Up, Physical therapy, Appliances, Travel:	\$60 - \$500	\$120 - \$750
SPECIFIC INJURY CARE Burns, Lacerations, Fracture, Coma, Paralysis:	\$100 - \$30,000	\$150 - \$45,000
HOSPITAL CARE Daily benefits paid up to 365 days per Accident	\$1,000 Admission \$200 Confinement	\$1,500 Admission \$300 Confinement
SURGERIES Inpatient, Outpatient, Anesthesia:	\$200 - \$2,000	\$300 - \$3,000
Accidental Death and Functional Loss Benefit	\$40,000 - Accidental Death \$100,000 - Common Carrier \$40,000 - Dismemberment* \$40,000 - Functional Loss*	\$60,000 - Accidental Death \$150,000 - Common Carrier \$60,000 - Dismemberment* \$60,000 - Functional Loss*

Key Features:

- Helps with out-of-pocket expenses associated with covered accidents
- No deductibles, copays, coinsurance or networks - see any doctor
- Guaranteed issue – no medical exams or tests

Hospital

A hospital stay can be expensive even with a good health insurance plan. If you or someone in your family gets sick or injured and needs to go to the hospital, the last thing you want to think about is how you are going to pay for medical care.

Hospital indemnity insurance provides peace of mind and gives you additional cash to pay your health insurance deductible and other expenses resulting from a covered hospital stay.

Group Hospital Indemnity insurance pays a benefit directly to you, starting at admission, for each day of hospital confinement.

Monthly Pre-Tax Cost	Hospital Plan
Member Only	\$20.80
Member + Spouse	\$58.24
Member + Child(ren)	\$36.01
Member + Family	\$62.40

Covered Condition	Percent of Benefit
Pays a lump-sum benefit of \$2,000 First Day Hospital Confinement - once per continuous confinement per covered person, up to the limit stated on the HSA Compatible Benefit Offerings page. Not paid for newborn child's initial confinement after birth. Subject to 12 month look back on preexisting conditions, preexisting conditions covered after 12 months forward.	
Hospital Care	Hospital Confinement - \$200 per day up to 10 days ICU Confinement - \$200 per day of confinement, up to 10 days

Key Features:

- Pays a lump-sum benefit starting at admission
- Pays a daily benefit for each day confined in a hospital
- Includes a wellness benefit for a number of preventive care procedures
- No deductibles, copays, coinsurance or networks (see any doctor)
- Guaranteed issue – no medical exams or tests

Prepaid Legal

- **Unlimited number of issues**
- **Letters/Calls Made On Your Behalf**
- **Contracts/Documents Reviewed**
Up to 15 pages each for personal legal matters
- **Will Preparation**
Will, Living Will, Healthcare/Financial Power of Attorney
- **Family/Domestic Services** (Uncontested: divorce, adoption, separation, name change)
- **Traffic Ticket Assistance**
- **Emergency Access**

Plan Options

- **Legalshield**
Members can access legal counsel and advice from qualified lawyers simply by calling a toll-free number. Covers you and your family members.
- **Business Supplement**
Add coverage for your business and access help for legal document preparation and business legal matters.
- **IDshield**
Gain peace of mind and protect your security, credit, and identity.

LegalShield	
Member + Family	\$21.95
Small Business Supplement	\$14.95

IDsheild	
Member Only	\$21.95
Member + Family	\$22.95

Life and Accidental Death & Dismemberment (AD&D)

Life and AD&D benefits are provided through Principal. The Life Insurance benefit pays your designated beneficiary(ies) \$50,000 in the event of your death. This benefit is doubled if your death is the result of an accident. Benefits are also payable in the case of dismemberment.

MONTHLY COST: \$7.60

YOUR LIFE BENEFITS ARE PAID TO THE INDIVIDUAL(S) OR ENTITY(IES) YOU HAVE SELECTED AS YOUR BENEFICIARY. **UPDATE YOUR BENEFICIARY DESIGNATION AT COMMONS.OPOLIS.CO.**

Will & Legal Document Center provided by ARAG®

Create legal documents with this FREE online resource through Principal. ARAGWILLS.COM/PRINCIPAL

Disability

Your ability to earn an income may be your most important asset. No one expects to get sick or injured, however, life can change in an instant. When the unexpected becomes reality, Disability Insurance can provide income protection and peace of mind while you are unable to work. Short and Long Term Disability Insurance is provided through Principal.

SHORT TERM DISABILITY BENEFIT HIGHLIGHTS

Short Term Disability (STD) Insurance can help you replace a portion of your income during the initial weeks of a disability.

Elimination Period: If you are disabled due to an injury or sickness, your elimination period, which is 7 days, will need to be satisfied before benefits begin.

Weekly Benefit: Once you have satisfied your elimination period, a weekly benefit may be paid, up to 60% of your pre-disability earnings, to a weekly maximum of \$1,500. Applicable State Disability offsets apply.

Benefit Duration: Benefits can be paid for a maximum duration of 12 weeks.

MONTHLY COST PER \$10 OF WEEKLY BENEFIT: \$0.07

LONG TERM DISABILITY BENEFIT HIGHLIGHTS

Long Term Disability (LTD) Insurance helps replace a portion of your income during an extended disability.

Elimination Period: If you are disabled due to an injury or sickness, your elimination period, which is 90 days, will need to be satisfied before benefits begin.

Monthly Benefit: Once you have satisfied your elimination period, monthly benefits may be paid at 60% of your predisability earnings, up to \$5,000 maximum per month. Applicable State Disability offsets apply.

Benefit Duration: Benefits may be paid for a maximum duration up to your Social Security Normal Retirement Age (SSNRA).

MONTHLY COST PER \$100 OF COVERED EARNINGS:

Age < 25	\$0.09	Age 50 - 54	\$0.65
Age 25 - 29	\$0.11	Age 55 - 59	\$0.83
Age 30 - 34	\$0.17	Age 60 - 64	\$0.84
Age 35 - 39	\$0.22	Age 65 - 69	\$0.62
Age 40 - 44	\$0.36	Age 70 +	\$0.64
Age 45 - 49	\$0.50		

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your life's journey – made easier. The EAP is a FREE and CONFIDENTIAL resource provided by Employment Commons, through Principal and Magellan, to help assist you and your immediate family members manage life's daily challenges.

THE EAP PROVIDES 3 FREE COUNSELING SESSIONS WITH PROFESSIONALS, AVAILABLE 24/7/365.

- WELL-BEING COACHING – When you have a goal to achieve coaches help you create a plan of action and stay on track.
- WELL-BEING COUNSELING – For more difficult issues like grief or stress, counselors can provide support tailored to your unique situation.
- ONLINE PROGRAMS – Self-guided, interactive programs to help improve emotional well-being for issues like depression and anxiety.

800.356.7089

MAGELLANASCEND.COM

Free Resources Included with our Principal Plans

For more information about these great resources go to principal.com.

- **Laser Vision Correction** discounts through National Lasik Network.
- **Hearing Aid** discounts up to 48% off through American Hearing Benefits.
- **Identity Theft** Protection & Restoration Resources Kit
- **Will & Legal Document Center**
- **Beneficiary Support** through Magellan Healthcare EAP

TRAVEL ASSISTANCE PLAN

provided by AXA Assistance USA

Whether you're traveling in the United States or leaving the country, you can rely on AXA, a comprehensive program that can bring help, comfort and reassurance if you face a medical emergency while traveling 100 or more miles from home.

[PRINCIPAL.COM/TRAVELASSISTANCE](https://principal.com/travelassistance)

- Pre-Trip Planning – Visa, Vaccinations, Exchange Rate, Travel Advisories, Customs Information, Embassy and Consulate Locations and Referrals
- ID Recovery Assistance
- Lost or Stolen Travel Documents
- Emergency Medical Transportation
- Language Translation Services
- Medical and Dental Facility/Provider Referrals
- Assistance with Medications, Vaccines, Corrective Lens, and Medical Device Replacement
- Evacuation Coordination For Emergency Security or Political Event
- Legal Concerns / Assistance

THE COMMONS RETIREMENT PLAN



[FORUSALL.COM](https://forusall.com)

Contact Support@opolis.co for more information

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: General Information:

When key parts of the health care law took effect in 2014, a new way to buy health insurance was introduced: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October for coverage that starts as early as January 1st.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

In most cases, employees offered health insurance through their employer are not eligible for a premium tax credit in the Health Insurance Marketplace. However, you might qualify for a tax credit if the employer-sponsored plan does not meet certain affordability and minimum value standards. A plan fails to meet affordability standards if the cost of the lowest-priced option providing minimum value exceeds 9.13% of your household income for 2025. Minimum value means the plan covers at least 60% of the total allowed costs of benefits. To illustrate, a single individual with a household income below \$51,570 annually, where the lowest-priced plan option is \$390.97 (Value HDHP) per month, might qualify for a tax credit. The affordability threshold for families is determined by the lowest-priced plan covering all family members. Employees should carefully assess their employer-sponsored health plan options, comparing costs and coverage with Marketplace alternatives, before enrolling. Please contact micah@opolis.co with any questions about premium tax credit eligibility.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact support@opolis.co. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit www.healthcare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Employer Name Employment Commons, LLC	Employer Identification Number (EIN) 85.1138180	Employer Address 1624 Market Street Suite 226 #93720	
Employer Phone Number 720.689.1521	City Denver	State CO	ZIP Code 80202
Contact The Support Team	Phone Number 720.689.1521	Email Address support@opolis.co	

Here is some basic information about health coverage offered:

As your employer, we offer a health plan to:

- All employees:
- Some employees: Active employees working a minimum of 20 hours per week.
- We do not offer coverage.
- We do offer coverage. Eligible dependents are eligible.

- ✓ An eligible employee's legal spouse/domestic partner and/or children
- ✓ Children are considered eligible if they are:
 - An eligible employee's or their spouse's / domestic partner's biological children, stepchildren, adopted child or foster child up to age 26.
 - An eligible employee's or their spouse's / domestic partner's children of any age if they are incapable of self-support due to a physical or mental disability.
- IF CHECKED, HEALTH PLAN COVERAGE MEETS THE MINIMUM VALUE STANDARD, AND THE COST OF THIS COVERAGE TO YOU IS INTENDED TO BE AFFORDABLE, BASED ON EMPLOYEE WAGES.**

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

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 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.

If you or your dependent(s) lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the loss of CHIP or Medicaid coverage. If you or your dependent(s) become eligible to receive premium assistance under a state CHIP or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days of the determination of eligibility for premium assistance from state CHIP or Medicaid. To request special enrollment or obtain more information please contact support@opolis.co.

YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

WHAT IS "BALANCE BILLING" (SOMETIMES CALLED "SURPRISE BILLING")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network. "Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay, and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit. "Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

YOU ARE PROTECTED FROM BALANCE BILLING FOR:

EMERGENCY SERVICES If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

CERTAIN SERVICES AT AN IN-NETWORK HOSPITAL OR AMBULATORY SURGICAL CENTER When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

YOU'RE NEVER REQUIRED TO GIVE UP YOUR PROTECTIONS FROM BALANCE BILLING. YOU ALSO AREN'T REQUIRED TO GET CARE OUT-OF-NETWORK. YOU CAN CHOOSE A PROVIDER OR FACILITY IN YOUR PLAN'S NETWORK.

WHEN BALANCE BILLING ISN'T ALLOWED, YOU ALSO HAVE THE FOLLOWING PROTECTIONS:

You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

Your health plan generally must:

- Cover emergency services without requiring you to get approval for services in advance (prior authorization).
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

IF YOU BELIEVE YOU'VE BEEN WRONGLY BILLED, you can file an appeal with your insurance company, then ask for an external review of the company's decision after the initial appeal is completed with your plan. You can also contact the No Surprises Helpdesk, operated by the U.S. Department of Health and Human Services, at 1.800.985.3059, or visit <https://www.cms.gov/files/document/memo-no-surprises-act-phone-number-and-website-url-clean-508-mm2.pdf> for more information about your rights under federal law.

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT (MHPAEA) DISCLOSURE

The Mental Health Parity and Addiction Equity Act of 2008 ensures fair treatment in health coverage. It requires that group health plans and health insurance issuers apply the same financial requirements, such as co-pays and deductibles, to mental health or substance use disorder benefits as they do to most medical/surgical benefits. For information regarding the criteria for medical necessity determinations with respect to mental health or substance use disorder benefits, please contact support@opolis.co.

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) NOTICES

ENROLLMENT NOTICE

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; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

ANNUAL NOTICE

Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? If you would like more information on WHCRA benefits, please contact support@opolis.co.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Healthcare Notices

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) NOTICE

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage using funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs, but you may be eligible to buy individual insurance coverage through the Health Insurance Marketplace. For more information visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1.877.KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. Contact your State for more information on eligibility. The following list of States is current as of July 31, 2022:

ALABAMA – Medicaid http://myalhipp.com 1-855-692-5447	LOUISIANA – Medicaid www.Medicaid.la.gov or www.ldh.la.gov/lahipp Medicaid 1-888-342-6207 LaHIPP 1-855-618-5488	OKLAHOMA – Medicaid & CHIP http://www.insureoklahoma.org 1-888-365-3742
ALASKA – Medicaid The AK Health Insurance Premium Payment Program http://myakhipp.com 1-866-251-4861 customerservice@myakhipp.com Medicaid Eligibility https://health.alaska.gov/dpa/Pages/default.aspx	MAINE – Medicaid Enrollment www.maine.gov/dhhs/of/applications-forms 1-800-442-6003 TTY: Maine Relay 711 https://www.maine.gov/dhhs/of/applications-forms 1-800-977-6740 TTY: Maine Relay 711	OREGON – Medicaid http://healthcare.oregon.gov/Pages/index.aspx www.oregonhealthcare.gov/index-es.html 1-800-699-9075
ARKANSAS – Medicaid https://myarhipp.com 1-855-MyARHIPP (855-692-7447)	MASSACHUSETTS – Medicaid & CHIP www.mass.gov/masshealth/pa 1-800-862-4840	PENNSYLVANIA – Medicaid https://www.dhs.pa.gov/providers/Pages/Medical/HIPPProgram.aspx 1-800-692-7462
COLORADO – Health First Colorado (Medicaid) & CHP+ Health First www.healthfirstcolorado.com 1-800-221-3943 / State relay 711 CHP+ https://www.colorado.gov/pacific/hcpf/hcpf-child-health-plan-plus 1-800-359-1991 / State Relay 711 Health Insurance Buy-In Program (HIB) https://www.Colorado.gov/pacific/hcpf/health-insurance-buy-program	MINNESOTA – Medicaid http://mn.gov/dhs/people-we-serve/seniors/health-care/health-careprograms/programs-and-services/other-insurance.jsp 1-800-657-3739	RHODE ISLAND – Medicaid http://www.eohhs.ri.gov 855-697-4347 Direct Rite Share Line 401-462-0311
FLORIDA – Medicaid www.flmedicaidprecovery.com/ flmedicaidprecovery.com/hipp/index.html 1-877-357-3268	MISSOURI – Medicaid http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573-751-2005	SOUTH CAROLINA – Medicaid http://www.scdhhs.gov 1-888-549-0820
GEORGIA – Medicaid HIPP https://Medicaid.Georgia.gov/health-insurance-premium-paymentprogram-hipp 678-564-1162 Press 1 GA CHIPRA https://medicaid.georgia.gov/programs/third-partyliability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678-564-1162 Press 2	MONTANA – Medicaid http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 1-800-694-3084	SOUTH DAKOTA – Medicaid http://dss.sd.gov 1-888-828-0059
INDIANA – Medicaid Healthy Indiana Plan for Low-Income Adults 19-64 www.in.gov/fssa/hip/ 1-877-438-4479 All Other Medicaid www.in.gov/Medicaid/ 1-800-457-4584	NEBRASKA – Medicaid http://www.ACCESSNebraska.ne.gov 1-855-632-7633 Lincoln 402-473-7000 Omaha 402-595-1178	TEXAS – Medicaid http://gethipptexas.com 1-800-440-0493
IOWA – Medicaid and CHIP (Hawki) https://dhs.iowa.gov/ime/members 1-800-338-8366 http://dhs.iowa.gov/hawki 1-800-257-8563 https://dhs.iowa.gov/ime/members/Medicaid-a-to-z/ hipp 1-888-346-9562	NEVADA – Medicaid http://dhcftp.nv.gov 1-800-992-0900	UTAH – Medicaid & CHIP Medicaid https://medicaid.utah.gov CHIP http://health.utah.gov/chip 1-877-543-7669
KANSAS – Medicaid https://www.kancare.ks.gov/ 1-800-792-4884	NEW HAMPSHIRE – Medicaid https://www.dhhs.nh.gov/oii/hipp.htm 603-271-5218 HIPP Program 800-852-3345 x-5218	VERMONT – Medicaid http://www.greenmountaincare.org 1-800-250-8427
KENTUCKY – Medicaid KI-HIPP http://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 1-855-459-6328 kihipp.program@ky.gov KCHIP https://kidshealth.ky.gov/Pages/index.aspx 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	NEW JERSEY – Medicaid & CHIP Medicaid www.state.nj.us/humanservices/dmahs/clients/medicaid/ 609-631-2392 CHIP www.njfamilycare.org/index.html 1-800-701-0710	VIRGINIA – Medicaid & CHIP https://www.covera.org/en/famis-select https://www.coverva.org/en/hipp 1-800-432-5924
	NEW YORK – Medicaid https://www.health.ny.gov/health_care/medicaid/ 1-800-541-2831	WASHINGTON – Medicaid http://www.hca.wa.gov/ 1-800-562-3022
	NORTH CAROLINA – Medicaid https://medicaid.ncdhhs.gov/ 919-855-4100	WEST VIRGINIA – Medicaid & CHIP https://dhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid 304-558-1700 CHIP 1-855-MyWVHIPP (699-8447)
		WISCONSIN – Medicaid & CHIP https://www.dhs.wisconsin.gov/publications/p1p10095.pdf 1-800-362-3002
		WYOMING – Medicaid https://health.wyo.gov/healthcarefin/Medicaid/programs-andeligibility/ 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor - Employee Benefits Security Administration
www.dol.gov/agencies/ebsa 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services - Centers for Medicare & Medicaid Services
www.cms.hhs.gov 1-877-267-2323, Menu Option 4, x-61565

THIS IS AN IMPORTANT NOTICE ABOUT YOUR CREDITABLE PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about prescription drug coverage available through your employer's health plan and your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare prescription drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- Your employer has determined that the prescription drug coverage offered is expected to pay, on average, as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare prescription drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Prescription Drug Plan?

If you decide to join a Medicare drug plan, the prescription coverage through your employer's group health plan will not be affected. Plan participants can keep their prescription drug coverage under their employer's group health plan if they select Medicare Part D prescription drug coverage. If they select Medicare Part D prescription drug coverage, the employer's health plan prescription drug coverage will coordinate with the Medicare Part D prescription drug coverage. If you are eligible for Medicare and do decide to enroll in a Medicare prescription drug plan and drop your employer's group health prescription drug coverage, be aware that you and your dependents can re-enroll in your employer's group plan, but you may have to wait for the annual open enrollment period.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with your employer and don't join a Medicare prescription drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage

Contact support@opolis.co for further information.

NOTE: You will receive this notice annually, and again if the coverage through your employer changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:


- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit the Social Security Administration (SSA) online at www.socialsecurity.gov, or call SSA at 1.800.772.1213 (TTY 1.800.325.0778).

KEEP THIS CREDITABLE COVERAGE NOTICE.

If you decide to join one of the Medicare prescription drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty). You may disregard this notice if you are NOT eligible for Medicare Part D or will not become eligible for Medicare within the next 12 months.

Value HDHP

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, go online at www.cigna.com/sp. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-866-494-2111 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p>For in-network providers: \$5,000/individual - employee only or \$10,000/family maximum (no more than \$5,000 per individual - within a family) For out-of-network providers: \$10,000/individual - employee only or \$20,000/family maximum (no more than \$10,000 per individual - within a family) Combined medical/behavioral and pharmacy deductible</p>	<p>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. In-network preventive care & immunizations, in-network generic and preferred brand preventive drugs.</p>	<p>This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>For in-network providers: \$7,500/individual - employee only or \$15,000/family maximum (no more than \$7,500 per individual - within a family) For out-of-network providers: \$25,000/individual - employee only or \$50,000/family maximum (no more than \$25,000 per individual - within a family) Combined medical/behavioral and pharmacy out-of-pocket limit</p>	<p>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p>Penalties for failure to obtain pre-authorization for services, certain drug coupon amounts, premiums, balance-billing charges, and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>

Important Questions	Answers	Why This Matters:
Will you pay less if you use a network provider ?	Yes. See www.cigna.com or call 1-866-494-2111 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$40 copay /office visit No charge/MDLIVE visit	50% coinsurance	None
	Specialist visit	\$60 copay /office visit No charge/MDLIVE visit	50% coinsurance	None
	Preventive care/ screening/immunization	No charge Deductible does not apply	50% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	50% coinsurance	None
	Imaging (CT/PET scans, MRIs)	No charge at an outpatient facility No charge in the office	50% coinsurance at an outpatient facility 50% coinsurance in the office	\$750 penalty for no out-of-network precertification.
If you need drugs to treat your illness or condition More information about	Generic drugs (Tier 1)	No charge/prescription (retail and home delivery)	No charge/prescription (retail); Not Covered (home delivery)	Coverage is limited up to a 90-day supply (retail and home delivery); up to a 30-day supply (retail) and a 90-day supply (home delivery) for
	Preferred brand drugs (Tier 2)	No charge/prescription (retail and home delivery)	No charge/prescription (retail); Not Covered (home delivery)	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
prescription drug coverage is available at www.cigna.com	Non-preferred brand drugs (Tier 3)	No charge/prescription (retail and home delivery)	No charge/prescription (retail); Not Covered (home delivery)	Specialty drugs . Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits. For drugs in the Clinical Day Supply program, you may pay less than the noted cost share for certain specialty drugs. For drugs in the Cigna Patient Assurance Program you may pay less than the noted retail or home delivery cost share amounts. In-network Federally required preventive drugs will be provided at no charge.
	Facility fee (e.g., ambulatory surgery center)	No charge	50% coinsurance	
If you have outpatient surgery	Physician/surgeon fees	No charge	50% coinsurance	\$750 penalty for no out-of-network precertification. \$750 penalty for no out-of-network precertification.
	Emergency room care	No charge	No charge	
If you need immediate medical attention	Emergency medical transportation	No charge	No charge	Out-of-network air ambulance services are paid at the in-network cost share and deductible .
	Urgent care	\$60 copay /visit	50% coinsurance	
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	50% coinsurance	\$750 penalty for no out-of-network precertification. \$750 penalty for no out-of-network precertification.
	Physician/surgeon fees	No charge	50% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$60 copay/office visit No charge/all other services	50% coinsurance/office visit 50% coinsurance/all other services	\$750 penalty if no percent of out-of-network non-routine services (i.e., partial hospitalization, etc.). Includes medical services for MH/SA diagnoses. \$750 penalty for no out-of-network precertification. Includes medical services for MH/SA diagnoses. Primary Care or Specialist benefit levels apply for initial visit to confirm pregnancy. Cost sharing does not apply for preventive services . Depending on the type of services, a copayment , coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). \$750 penalty for no out-of-network precertification. Coverage is limited to 60 visits annual max. (The limit is not applicable to mental health and substance use disorder conditions.)
	Inpatient services	No charge/admission	50% coinsurance	
	Office visits Childbirth/delivery professional services	No charge No charge	50% coinsurance 50% coinsurance	
If you are pregnant	Childbirth/delivery facility services	No charge	50% coinsurance	
	Home health care	No charge	50% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Rehabilitation services	No charge/visit for Physical, Speech, Hearing & Occupational therapy	50% coinsurance /visit for Physical, Speech, Hearing & Occupational therapy	\$750 penalty for failure to precertify out-of-network speech therapy. Coverage is limited to an annual max of 40 visits for Physical therapy and 20 visits for Speech, Hearing & Occupational therapy and 20 visits annual max for Chiropractic care services. Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
		No charge/visit for Chiropractic care services	50% coinsurance /visit for Chiropractic care	
	Habilitation services	No charge/visit for Physical, Speech, Hearing & Occupational therapy	50% coinsurance /visit for Physical, Speech, Hearing & Occupational therapy	\$750 penalty for failure to precertify out-of-network speech therapy. Services are covered when Medically Necessary to treat a mental health condition (e.g. autism) or a congenital abnormality. Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
		No charge	50% coinsurance	
	Skilled nursing care	No charge	50% coinsurance	\$750 penalty for no out-of-network precertification. Coverage is limited to 60 days annual max.
	Durable medical equipment	No charge	50% coinsurance	\$750 penalty for no out-of-network precertification.
	Hospice services	No charge/inpatient services No charge/outpatient services	50% coinsurance /inpatient services 50% coinsurance /outpatient services	\$750 penalty for no out-of-network precertification.
		No charge	50% coinsurance	
If your child needs dental	Children's eye exam	Not covered	Not covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
or eye care	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)
<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Cosmetic surgery • Dental care (Adult) • Dental care (Children) • Hearing aids • Infertility treatment • Long-term care • Non-emergency care when traveling outside of the U.S. • Private-duty nursing • Routine eye care (Adult) • Routine eye care (Children) • Routine foot care • Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)
<ul style="list-style-type: none"> • Chiropractic care (20 visits)

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Cigna at 1-866-494-2111, Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#) or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Cigna Customer service at 1-866-494-2111. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes.

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-494-2111.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-494-2111.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-866-494-2111.

Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-866-494-2111.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and excluded services under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's overall deductible](#) \$5,000
- [Specialist copayment](#) \$60
- [Hospital \(facility\) coinsurance](#) 0%
- [Other coinsurance](#) 0%

This **EXAMPLE** event includes services like:
[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost \$12,700

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$5,000
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Peg would pay is	\$5,020

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's overall deductible](#) \$5,000
- [Specialist copayment](#) \$60
- [Hospital \(facility\) coinsurance](#) 0%
- [Other coinsurance](#) 0%

This **EXAMPLE** event includes services like:
[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription](#) drugs
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost \$5,600

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$5,000
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$40
The total Joe would pay is	\$5,040

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's overall deductible](#) \$5,000
- [Specialist copayment](#) \$60
- [Hospital \(facility\) coinsurance](#) 0%
- [Other coinsurance](#) 0%

This **EXAMPLE** event includes services like:
[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)


Total Example Cost \$2,800

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,800
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,800

The [plan](#) would be responsible for the other costs of these **EXAMPLE** covered services.

Value Copay

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go online at www.cigna.com/sp. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-866-494-2111 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p>For in-network providers: \$750/individual or \$1,500/family For out-of-network providers: \$6,500/individual or \$13,000/family</p>	<p>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. In-network preventive care & immunizations, office visits, diagnostic test, prescription drugs, emergency room visits, in-network urgent care facility visits.</p>	<p>This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>For in-network providers: \$6,500/individual or \$13,000/family For out-of-network providers: \$13,000/individual or \$26,000/family Combined medical/behavioral and pharmacy out-of-pocket limit</p>	<p>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p>Penalties for failure to obtain pre-authorization for services, certain drug coupon amounts, premiums, balance-billing charges, and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>

Important Questions	Answers	Why This Matters:
Will you pay less if you use a network provider ?	Yes. See www.cigna.com or call 1-866-494-2111 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay /office visit** No charge/MDLIVE visit**	50% coinsurance	None
	Specialist visit	** Deductible does not apply \$40 copay /office visit** No charge/MDLIVE visit**	50% coinsurance	None
	Preventive care / screening /immunization	** Deductible does not apply No charge Deductible does not apply	50% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge Deductible does not apply	50% coinsurance	None
	Imaging (CT/PET scans, MRIs)	30% coinsurance at an outpatient facility 30% coinsurance in the office	50% coinsurance at an outpatient facility 50% coinsurance in the office	\$750 penalty for no out-of-network precertification.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition</p> <p>More information about prescription drug coverage is available at www.cigna.com</p>	Generic drugs (Tier 1)	\$10 copay /prescription (retail 30 days), \$30 copay /prescription (retail 90 days); \$30 copay /prescription (home delivery 90 days) Deductible does not apply	Not covered	Coverage is limited up to a 90-day supply (retail and home delivery); up to a 30-day supply (retail) and a 90-day supply (home delivery) for Specialty drugs . Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits. For drugs in the Clinical Day Supply program, you may pay less than the noted cost share for certain specialty drugs.
	Preferred brand drugs (Tier 2)	\$20 copay /prescription (retail 30 days), \$60 copay /prescription (retail 90 days); \$60 copay /prescription (home delivery 90 days) Deductible does not apply	Not covered	For drugs in the Clinical Day Supply program, you may pay less than the noted cost share for certain specialty drugs. For drugs in the Cigna Patient Assurance Program you may pay less than the noted retail or home delivery cost share amounts. In-network Federally required preventive drugs will be provided at no charge.
	Non-preferred brand drugs (Tier 3)	\$70 copay /prescription (retail 30 days), \$210 copay /prescription (retail 90 days); \$210 copay /prescription (home delivery 90 days) Deductible does not apply	Not covered	
	Specialty drugs (Tier 4)	50% coinsurance /prescription (retail); \$240 copay /prescription (home delivery) Deductible does not apply	Not covered	
<p>If you have outpatient surgery</p>	Facility fee (e.g., ambulatory surgery center)	30% coinsurance	50% coinsurance	\$750 penalty for no out-of-network precertification.
	Physician/surgeon fees	30% coinsurance	50% coinsurance	\$750 penalty for no out-of-network precertification.
<p>If you need immediate medical attention</p>	Emergency room care	\$250 copay /visit Deductible does not apply	\$250 copay /visit Deductible does not apply	Per visit copay is waived if admitted. Out-of-network services are paid at the in-network cost share.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Emergency medical transportation	30% coinsurance	30% coinsurance	Out-of-network air ambulance services are paid at the in-network cost share and deductible . Services for MH/SA diagnoses will be payable according to Emergency room care benefits.
	Urgent care	\$40 copay /visit Deductible does not apply	50% coinsurance	
If you have a hospital stay	Facility fee (e.g., hospital room)	30% coinsurance	50% coinsurance	\$750 penalty for no out-of-network precertification.
	Physician/surgeon fees	30% coinsurance	50% coinsurance	\$750 penalty for no out-of-network precertification.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$40 copay /office visit** 30% coinsurance /all other services** ** Deductible does not apply	50% coinsurance /office visit 50% coinsurance /all other services	\$750 penalty if no percent of out-of-network non-routine services (i.e., partial hospitalization, etc.). Includes medical services for MH/SA diagnoses.
	Inpatient services	30% coinsurance	50% coinsurance	\$750 penalty for no out-of-network precertification. Includes medical services for MH/SA diagnoses.
If you are pregnant	Office visits	30% coinsurance	50% coinsurance	Primary Care or Specialist benefit levels apply for initial visit to confirm pregnancy. Cost sharing does not apply for preventive services . Depending on the type of services, a copayment , coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	30% coinsurance	50% coinsurance	
	Childbirth/delivery facility services	30% coinsurance	50% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p>If you need help recovering or have other special health needs</p>	Home health care	30% coinsurance	50% coinsurance	\$750 penalty for no out-of-network precertification. Coverage is limited to 60 visits annual max. (The limit is not applicable to mental health and substance use disorder conditions.)
	Rehabilitation services	\$40 copay /visit for Physical, Speech, Hearing & Occupational therapy** \$40 copay /visit for Chiropractic care** ** Deductible does not apply	50% coinsurance /visit for Physical, Speech, Hearing & Occupational therapy 50% coinsurance /visit for Chiropractic care	\$750 penalty for failure to precertify out-of-network speech therapy. Coverage is limited to an annual max of 40 visits for Physical therapy and 20 visits for Speech, Hearing & Occupational therapy and 20 visits annual max for Chiropractic care services. Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	Habilitation services	\$40 copay /visit for Physical, Speech, Hearing & Occupational therapy** ** Deductible does not apply	50% coinsurance /visit for Physical, Speech, Hearing & Occupational therapy	\$750 penalty for failure to precertify out-of-network speech therapy. Services are covered when Medically Necessary to treat a mental health condition (e.g. autism) or a congenital abnormality. Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	Skilled nursing care	30% coinsurance	50% coinsurance	\$750 penalty for no out-of-network precertification. Coverage is limited to 60 days annual max.
	Durable medical equipment	30% coinsurance	50% coinsurance	\$750 penalty for no out-of-network precertification.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Hospice services	30% coinsurance /inpatient services 30% coinsurance /outpatient services	50% coinsurance /inpatient services 50% coinsurance /outpatient services	\$750 penalty for no out-of-network precertification.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)
<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Cosmetic surgery • Dental care (Adult) • Dental care (Children) • Hearing aids • Infertility treatment • Long-term care • Non-emergency care when traveling outside of the U.S. • Private-duty nursing • Routine eye care (Adult) • Routine eye care (Children) • Routine foot care • Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)
<ul style="list-style-type: none"> • Chiropractic care (20 visits)

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Cigna at 1-866-494-2111, Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

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There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#) or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Cigna Customer service at 1-866-494-2111. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes.

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

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If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-494-2111.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-494-2111.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-866-494-2111.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-866-494-2111.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and excluded services under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's overall deductible](#) \$750
- [Specialist copayment](#) \$40
- [Hospital \(facility\) coinsurance](#) 30%
- [Other coinsurance](#) 30%

This **EXAMPLE** event includes services like:
[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost \$12,700

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$750
Copayments	\$30
Coinsurance	\$3,100
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Peg would pay is	\$3,900

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's overall deductible](#) \$750
- [Specialist copayment](#) \$40
- [Hospital \(facility\) coinsurance](#) 30%
- [Other coinsurance](#) 30%

This **EXAMPLE** event includes services like:
[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription](#) drugs
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost \$5,600

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$700
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$40
The total Joe would pay is	\$740

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's overall deductible](#) \$750
- [Specialist copayment](#) \$40
- [Hospital \(facility\) coinsurance](#) 30%
- [Other coinsurance](#) 30%

This **EXAMPLE** event includes services like:
[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost \$2,800

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$750
Copayments	\$500
Coinsurance	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,350

The [plan](#) would be responsible for the other costs of these **EXAMPLE** covered services.

Premium HDHP



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go online at www.cigna.com/sp. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-866-494-2111 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p>For in-network providers: \$4,900/individual - employee only or \$9,800/family maximum (no more than \$4,900 per individual - within a family) For out-of-network providers: \$9,800/individual - employee only or \$19,600/family maximum (no more than \$9,800 per individual - within a family) Combined medical/behavioral and pharmacy deductible</p>	<p>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. In-network preventive care & immunizations, in-network generic and preferred brand preventive drugs.</p>	<p>This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>For in-network providers: \$4,900/individual - employee only or \$9,800/family maximum (no more than \$4,900 per individual - within a family) For out-of-network providers: \$19,600/individual - employee only or \$39,200/family maximum (no more than \$19,600 per individual - within a family) Combined medical/behavioral and pharmacy out-of-pocket limit</p>	<p>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p>Penalties for failure to obtain pre-authorization for services, certain drug coupon amounts, premiums, balance-billing charges, and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>

Important Questions	Answers	Why This Matters:
Will you pay less if you use a network provider ?	Yes. See www.cigna.com or call 1-866-494-2111 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No charge/visit	50% coinsurance	None
	Specialist visit	No charge/visit	50% coinsurance	None
	Preventive care / screening/immunization	No charge Deductible does not apply	50% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	50% coinsurance	None
	Imaging (CT/PET scans, MRIs)	No charge at an outpatient facility No charge in the office	50% coinsurance at an outpatient facility 50% coinsurance in the office	\$750 penalty for no out-of-network precertification.
If you need drugs to treat your illness or condition More information about	Generic drugs (Tier 1)	No charge/prescription (retail and home delivery)	No charge/prescription (retail); Not Covered (home delivery)	Coverage is limited up to a 90-day supply (retail and home delivery); up to a 30-day supply (retail) and a 90-day supply (home delivery) for
	Preferred brand drugs (Tier 2)	No charge/prescription (retail and home delivery)	No charge/prescription (retail); Not Covered (home delivery)	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
prescription drug coverage is available at www.cigna.com	Non-preferred brand drugs (Tier 3)	No charge/prescription (retail and home delivery)	No charge/prescription (retail); Not Covered (home delivery)	Specialty drugs . Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits. For drugs in the Clinical Day Supply program, you may pay less than the noted cost share for certain specialty drugs. For drugs in the Cigna Patient Assurance Program you may pay less than the noted retail or home delivery cost share amounts. In-network Federally required preventive drugs will be provided at no charge.
	Facility fee (e.g., ambulatory surgery center) Physician/surgeon fees Emergency room care	No charge No charge No charge	50% coinsurance 50% coinsurance No charge	
If you need immediate medical attention	Emergency medical transportation Urgent care	No charge No charge	No charge No charge	Out-of-network air ambulance services are paid at the in-network cost share and deductible . None
	Facility fee (e.g., hospital room) Physician/surgeon fees	No charge No charge	50% coinsurance 50% coinsurance 50% coinsurance	\$750 penalty for no out-of-network precertification. \$750 penalty for no out-of-network precertification.
If you have a hospital stay				

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge/office visit No charge/all other services	50% coinsurance /office visit 50% coinsurance /all other services	\$750 penalty if no percent of out-of-network non-routine services (i.e., partial hospitalization, etc.). Includes medical services for MH/SA diagnoses. \$750 penalty for no out-of-network precertification. Includes medical services for MH/SA diagnoses.
	Inpatient services	No charge/admission	50% coinsurance	
	Office visits Childbirth/delivery professional services	No charge No charge	50% coinsurance 50% coinsurance	
If you are pregnant	Childbirth/delivery facility services	No charge	50% coinsurance	Primary Care or Specialist benefit levels apply for initial visit to confirm pregnancy. Cost sharing does not apply for preventive services . Depending on the type of services, a copayment , coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
		No charge		
If you need help recovering or have other special health needs	Home health care	No charge	50% coinsurance	\$750 penalty for no out-of-network precertification. Coverage is limited to 60 visits annual max. (The limit is not applicable to mental health and substance use disorder conditions.)

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Rehabilitation services	No charge/visit for Physical, Speech, Hearing & Occupational therapy	50% coinsurance /visit for Physical, Speech, Hearing & Occupational therapy	\$750 penalty for failure to precertify out-of-network speech therapy. Coverage is limited to an annual max of 40 visits for Physical therapy and 20 visits for Speech, Hearing & Occupational therapy and 20 visits annual max for Chiropractic care services.
		No charge/visit for Chiropractic care services	50% coinsurance /visit for Chiropractic care	
	Habilitation services	No charge/visit for Physical, Speech, Hearing & Occupational therapy	50% coinsurance /visit for Physical, Speech, Hearing & Occupational therapy	\$750 penalty for failure to precertify out-of-network speech therapy. Services are covered when Medically Necessary to treat a mental health condition (e.g. autism) or a congenital abnormality.
	Skilled nursing care	No charge	50% coinsurance	\$750 penalty for no out-of-network precertification. Coverage is limited to 60 days annual max.
	Durable medical equipment	No charge	50% coinsurance	\$750 penalty for no out-of-network precertification.
	Hospice services	No charge/inpatient services No charge/outpatient services	50% coinsurance /inpatient services 50% coinsurance /outpatient services	\$750 penalty for no out-of-network precertification.
If your child needs dental	Children's eye exam	Not covered	Not covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
or eye care	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)
<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Cosmetic surgery • Dental care (Adult) • Dental care (Children) • Hearing aids • Infertility treatment • Long-term care • Non-emergency care when traveling outside of the U.S. • Private-duty nursing • Routine eye care (Adult) • Routine eye care (Children) • Routine foot care • Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)
<ul style="list-style-type: none"> • Chiropractic care (20 visits)

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Cigna at 1-866-494-2111, Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#) or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Cigna Customer service at 1-866-494-2111. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes.

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-494-2111.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-494-2111.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-866-494-2111.

Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-866-494-2111.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and excluded services under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's overall deductible](#) **\$4,900**
- [Specialist coinsurance](#) **0%**
- [Hospital \(facility\) coinsurance](#) **0%**
- [Other coinsurance](#) **0%**

This EXAMPLE event includes services like:
[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost **\$12,700**

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$4,900
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Peg would pay is	\$4,920

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's overall deductible](#) **\$4,900**
- [Specialist coinsurance](#) **0%**
- [Hospital \(facility\) coinsurance](#) **0%**
- [Other coinsurance](#) **0%**

This EXAMPLE event includes services like:
[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription](#) drugs
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost **\$5,600**

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$4,900
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$40
The total Joe would pay is	\$4,940

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's overall deductible](#) **\$4,900**
- [Specialist coinsurance](#) **0%**
- [Hospital \(facility\) coinsurance](#) **0%**
- [Other coinsurance](#) **0%**

This EXAMPLE event includes services like:
[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)


Total Example Cost **\$2,800**

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,800
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,800

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

Premium Copay

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go online at www.cigna.com/sp. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-866-494-2111 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p>For in-network providers: \$6,000/individual or \$12,000/family For out-of-network providers: \$12,000/individual or \$24,000/family</p>	<p>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. In-network preventive care & immunizations, office visits, diagnostic test, prescription drugs, in-network urgent care facility visits.</p>	<p>This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>For in-network providers: \$9,100/individual or \$18,200/family For out-of-network providers: \$25,000/individual or \$50,000/family Combined medical/behavioral and pharmacy out-of-pocket limit</p>	<p>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p>Penalties for failure to obtain pre-authorization for services, certain drug coupon amounts, premiums, balance-billing charges, and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>

Important Questions	Answers	Why This Matters:
Will you pay less if you use a network provider ?	Yes. See www.cigna.com or call 1-866-494-2111 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$50 copay /office visit** No charge/MDLIVE visit**	50% coinsurance	None
	Specialist visit	** Deductible does not apply \$75 copay /office visit** No charge/MDLIVE visit**	50% coinsurance	None
	Preventive care/ screening/immunization	** Deductible does not apply No charge Deductible does not apply	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge Deductible does not apply	50% coinsurance	None
	Imaging (CT/PET scans, MRIs)	30% coinsurance at an outpatient facility 30% coinsurance in the office	50% coinsurance at an outpatient facility 50% coinsurance in the office	\$750 penalty for no out-of-network precertification.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition</p> <p>More information about prescription drug coverage is available at www.cigna.com</p>	Generic drugs (Tier 1)	\$15 copay /prescription (retail 30 days), \$45 copay /prescription (retail 90 days); \$45 copay /prescription (home delivery 90 days) Deductible does not apply	50% coinsurance /prescription (retail); Not covered (home delivery) Deductible does not apply	Coverage is limited up to a 90-day supply (retail and home delivery); up to a 30-day supply (retail) and a 90-day supply (home delivery) for Specialty drugs . Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits. For drugs in the Clinical Day Supply program, you may pay less than the noted cost share for certain specialty drugs.
	Preferred brand drugs (Tier 2)	\$45 copay /prescription (retail 30 days), \$135 copay /prescription (retail 90 days); \$135 copay /prescription (home delivery 90 days) Deductible does not apply	50% coinsurance /prescription (retail); Not covered (home delivery) Deductible does not apply	For drugs in the Cigna Patient Assurance Program you may pay less than the noted retail or home delivery cost share amounts. In-network Federally required preventive drugs will be provided at no charge.
	Non-preferred brand drugs (Tier 3)	\$70 copay /prescription (retail 30 days), \$210 copay /prescription (retail 90 days); \$210 copay /prescription (home delivery 90 days) Deductible does not apply	50% coinsurance /prescription (retail); Not covered (home delivery) Deductible does not apply	\$750 penalty for no out-of-network precertification. \$750 penalty for no out-of-network precertification.
<p>If you have outpatient surgery</p>	Facility fee (e.g., ambulatory surgery center)	30% coinsurance	50% coinsurance	
	Physician/surgeon fees	30% coinsurance	50% coinsurance	
<p>If you need immediate medical attention</p>	Emergency room care	\$250 copay /visit, plus 30% coinsurance	\$250 copay /visit, plus 30% coinsurance	Per visit copay is waived if admitted. Out-of-network services are paid at the in-network cost share and deductible .
	Emergency medical transportation	30% coinsurance	30% coinsurance	Out-of-network air ambulance services are paid at the in-network cost share and deductible .
	Urgent care	\$100 copay /visit Deductible does not apply	50% coinsurance	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	30% coinsurance	50% coinsurance	\$750 penalty for no out-of-network precertification.
	Physician/surgeon fees	30% coinsurance	50% coinsurance	\$750 penalty for no out-of-network precertification.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$75 copay /office visit** 30% coinsurance /all other services** ** Deductible does not apply	50% coinsurance /office visit 50% coinsurance /all other services	\$750 penalty if no percent of out-of-network non-routine services (i.e., partial hospitalization, etc.). Includes medical services for MH/SA diagnoses.
	Inpatient services	30% coinsurance	50% coinsurance	\$750 penalty for no out-of-network precertification. Includes medical services for MH/SA diagnoses.
	Office visits Childbirth/delivery professional services	30% coinsurance 30% coinsurance	50% coinsurance 50% coinsurance	Primary Care or Specialist benefit levels apply for initial visit to confirm pregnancy. Cost sharing does not apply for preventive services . Depending on the type of services, a copayment , coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
If you are pregnant	Childbirth/delivery facility services	30% coinsurance	50% coinsurance	\$750 penalty for no out-of-network precertification. Coverage is limited to 60 visits annual max. (The limit is not applicable to mental health and substance use disorder conditions.)
If you need help recovering or have other special health needs	Home health care	30% coinsurance	50% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Rehabilitation services	\$75 copay /visit for Physical, Speech, Hearing & Occupational therapy**	50% coinsurance /visit for Physical, Speech, Hearing & Occupational therapy	\$750 penalty for failure to precertify out-of-network speech therapy. Coverage is limited to an annual max of 40 visits for Physical therapy and 20 visits for Speech, Hearing & Occupational therapy and 20 visits annual max for Chiropractic care services. Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
		\$75 copay /visit for Chiropractic care** ** Deductible does not apply	50% coinsurance /visit for Chiropractic care	
	Habilitation services	\$75 copay /visit for Physical, Speech, Hearing & Occupational therapy** ** Deductible does not apply	50% coinsurance /visit for Physical, Speech, Hearing & Occupational therapy	\$750 penalty for failure to precertify out-of-network speech therapy. Services are covered when Medically Necessary to treat a mental health condition (e.g. autism) or a congenital abnormality.
				Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	Skilled nursing care	30% coinsurance	50% coinsurance	\$750 penalty for no out-of-network precertification. Coverage is limited to 60 days annual max.
	Durable medical equipment	30% coinsurance	50% coinsurance	\$750 penalty for no out-of-network precertification.
Hospice services	30% coinsurance /inpatient services 30% coinsurance /outpatient services	50% coinsurance /inpatient services 50% coinsurance /outpatient services	\$750 penalty for no out-of-network precertification.	
If your child needs dental	Children's eye exam	Not covered	Not covered	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
or eye care	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)
<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Cosmetic surgery • Dental care (Adult) • Dental care (Children) • Hearing aids • Infertility treatment • Long-term care • Non-emergency care when traveling outside of the U.S. • Private-duty nursing • Routine eye care (Adult) • Routine eye care (Children) • Routine foot care • Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)
<ul style="list-style-type: none"> • Chiropractic care (20 visits)

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Cigna at 1-866-494-2111, Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#) or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Cigna Customer service at 1-866-494-2111. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes.

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-494-2111.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-494-2111.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-866-494-2111.

Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-866-494-2111.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and excluded services under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's overall deductible](#) \$6,000
- [Specialist copayment](#) \$75
- [Hospital \(facility\) coinsurance](#) 30%
- [Other coinsurance](#) 30%

This EXAMPLE event includes services like:
[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost \$12,700

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$6,000
Copayments	\$60
Coinsurance	\$1,500
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Peg would pay is	\$7,580

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's overall deductible](#) \$6,000
- [Specialist copayment](#) \$75
- [Hospital \(facility\) coinsurance](#) 30%
- [Other coinsurance](#) 30%

This EXAMPLE event includes services like:
[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription](#) drugs
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost \$5,600

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$1,200
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$40
The total Joe would pay is	\$1,240

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's overall deductible](#) \$6,000
- [Specialist copayment](#) \$75
- [Hospital \(facility\) coinsurance](#) 30%
- [Other coinsurance](#) 30%

This EXAMPLE event includes services like:
[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost \$2,800

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,680
Copayments	\$600
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,280

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

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Discrimination is against the law.

Medical coverage

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

Cigna Healthcare:

- 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 Healthcare 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 Healthcare

Nondiscrimination Complaint Coordinator
P.O. 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)

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

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Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna Healthcare 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 Healthcare, 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 Healthcare 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）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna Healthcare, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna Healthcare 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시시오.

Tagalog – PAUNAWA: Makakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna Healthcare, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna Healthcare, 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).

الحاليين برجاء الاتصال بالرقم المدون علي بطاقتكم الشخصية. - **Arabic**
او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

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

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna Healthcare, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna Healthcare 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 klienci firmy Cigna Healthcare 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 Healthcare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 Healthcare 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).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna Healthcare-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. برای مشتریان فعلی Cigna Healthcare به شما ارائه می‌شود. برای مشتریان رایگان به شما ارائه می‌شود. شماره تلفن ویژه ناشنایان: شماره 711 را شمار گیری کنید).