


| Important Questions  | Answers   | Why This Matters:  |
|--|---|--|
| Will you pay less if you use a <a href="#">network provider</a> ?            | Yes. See <a href="http://www.cigna.com">www.cigna.com</a> or call 1-800-Cigna24 for a list of <a href="#">network providers</a> . | This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services. |
| Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ? | No.   | You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .   |

 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<br>(You will pay the least)   | Out-of-Network Provider<br>(You will pay the most)   |   |
| If you visit a health care <a href="#">provider's</a> office or clinic | Primary care visit to treat an injury or illness         | \$25 <a href="#">copay</a> /visit<br><a href="#">Deductible</a> does not apply  | 40% <a href="#">coinsurance</a>  | None  |
|  | <a href="#">Specialist</a> visit                         | \$25 <a href="#">copay</a> /visit<br><a href="#">Deductible</a> does not apply  | 40% <a href="#">coinsurance</a>  | None  |
|  | <a href="#">Preventive care/ screening/ immunization</a> | No charge/visit**<br>No charge/ <a href="#">screening</a> **<br>No charge/immunizations**<br><br>** <a href="#">Deductible</a> does not apply | 40% <a href="#">coinsurance</a> /visit**<br>40% <a href="#">coinsurance</a> / <a href="#">screening</a> **<br>40% <a href="#">coinsurance</a> /<br>immunizations**<br><br>** <a href="#">Deductible</a> does not apply | None<br>None<br>None<br><br>You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for. |
| If you have a test   | <a href="#">Diagnostic test</a> (x-ray, blood work)      | No charge<br><a href="#">Deductible</a> does not apply  | 40% <a href="#">coinsurance</a>  | None  |
|  | Imaging (CT/PET scans, MRIs)                             | 25% <a href="#">coinsurance</a>   | 40% <a href="#">coinsurance</a>  | \$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<br>(You will pay the least)   | Out-of-Network Provider<br>(You will pay the most)   |   |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services                       | \$25 <a href="#">copay</a> /office visit**<br>25% <a href="#">coinsurance</a> /all other services**<br>** <a href="#">Deductible</a> does not apply | 40% <a href="#">coinsurance</a> /office visit<br>40% <a href="#">coinsurance</a> /all other services | \$750 penalty if no precert of out-of-network non-routine services (i.e., partial hospitalization, etc.).   |
|   | Inpatient services                        | 25% <a href="#">coinsurance</a><br><a href="#">Deductible</a> does not apply  | 40% <a href="#">coinsurance</a>  | \$750 penalty for no out-of-network precertification.   |
| If you are pregnant   | Office visits                             | No charge<br><a href="#">Deductible</a> does not apply  | 40% <a href="#">coinsurance</a>  | Primary Care or <a href="#">Specialist</a> benefit levels apply for initial visit to confirm pregnancy.<br><a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> .<br>Depending on the type of services, a <a href="#">copayment</a> , <a href="#">coinsurance</a> or <a href="#">deductible</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). |
|   | Childbirth/delivery professional services | No charge<br><a href="#">Deductible</a> does not apply  | 40% <a href="#">coinsurance</a>  |   |
|   | Childbirth/delivery facility services     | 25% <a href="#">coinsurance</a><br><a href="#">Deductible</a> does not apply  | 40% <a href="#">coinsurance</a>  |   |
| If you need help recovering or have other special health needs            | <a href="#">Home health care</a>          | 25% <a href="#">coinsurance</a><br><a href="#">Deductible</a> does not apply  | 40% <a href="#">coinsurance</a><br><a href="#">Deductible</a> does not apply                         | \$750 penalty for no out-of-network precertification.<br>16 hour maximum per day  |
|   | <a href="#">Rehabilitation services</a>   | \$25 <a href="#">copay</a> /visit<br><a href="#">Deductible</a> does not apply  | 40% <a href="#">coinsurance</a> /visit   | \$750 penalty for failure to precertify out-of-network speech therapy services. Coverage is limited to annual max of: 100 days for Chiropractic care services, Cognitive, Physical, Speech and Occupational therapies.<br><br>Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.  |

Common  
Medical Event

Services You May Need

What You Will Pay

Limitations, Exceptions, & Other  
Important Information

Excluded Services & Other Covered Services:  
Services Your

### 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: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://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](http://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 1-800-Cigna24. 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](http://www.dol.gov/ebsa/healthreform). Additionally, a consumer assistance program can help you file your [appeal](#). Contact: Maryland Office of the Attorney General at (410) 528-8662.

### 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,

## 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](#)







