

SUMMARY OF BENEFITS Cigna Health and Life Insurance Co.



Community Action Team - Group #00181103
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Notice of Grandfathered Plan Status

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

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at the phone number or address provided in your plan documents, to your employer or plan sponsor or an explanation can be found on Cigna's website at http://www.cigna.com/sites/healthcare_reform/customer.html.

If your plan is subject to ERISA, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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

General Services	In-Network	Out-of-Network
Physician office visit <ul style="list-style-type: none"> Includes Naturopathic services 	Primary care physician You pay \$20 copay per visit Specialist You pay \$20 copay per visit	You pay 40% Plan pays 60% after the deductible is met
Urgent care visit <ul style="list-style-type: none"> All services including Lab & X-ray 	Urgent care copay You pay \$20	You pay 40% Plan pays 60% after the deductible is met
Preventive Care	You pay \$20 copay	You pay 40% Plan pays 60% after the deductible is met
Preventive Services	Plan pays 100%, no copay, no deductible	You pay 40% Plan pays 60% after the deductible is met
Immunizations	Plan pays 100%, no copay, no deductible	You pay 40% Plan pays 60% after the deductible is met

General Services	In-Network	Out-of-Network
Choice pharmacy plan <ul style="list-style-type: none"> Includes contraceptives If a Brand name drug is requested when there is a Generic equivalent, member must purchase the Generic drug, or pay 100% of the difference between the Brand name price and the Generic price, plus the appropriate brand-name copay. This is true even where physician may dictate "Dispense As Written (DAW)" on the prescription Cigna National Pharmacy Network 	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Home Delivery 2x 90-Day supply at 3x retail copay	Member pays 100% at the time of purchase then reimbursed 50% after the applicable copay
Coinsurance	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met
Calendar year deductible <ul style="list-style-type: none"> Carryover Deductible provision included but does not credit the out-of-pocket amount. Deductible waived for in-network Lab & X-ray in office or outpatient facility and for office surgery when performed in-network In-network and out-of-network expenses do not cross accumulate. 	Individual \$500 Family \$1,500	Individual \$500 Family \$1,500
Out-of-pocket annual maximum <ul style="list-style-type: none"> Medical copays do not apply towards the out-of-pocket maximum Medical deductibles do not apply towards out-of-pocket maximums Expenses do not cross accumulate between in-network and out-of-network out-of-pocket maximums 	Individual \$3,000 Family \$9,000	Individual \$5,000 Family \$15,000
Lifetime maximum	Unlimited Per individual	
Emergency room care <ul style="list-style-type: none"> All services rendered apply to ER benefit including Lab & X-ray 	Emergency room copay You pay \$100	
Ambulance <ul style="list-style-type: none"> Unlimited per day maximum 	You pay 20% Plan pays 80% after the in-network deductible is met	
Office surgery	You pay 20% Plan pays 80% no deductible	You pay 40% Plan pays 60% after the deductible is met
Other office services <ul style="list-style-type: none"> Independent lab paid based on status of the facility When network lab & x-ray is performed and billed by the office, deductible is waived All other network office services: in-network coinsurance and deductible 	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met
Outpatient lab and x-ray <ul style="list-style-type: none"> Independent Lab and X-ray paid based on status of the facility 	You pay 20% Plan pays 80% no deductible	You pay 40% Plan pays 60% no deductible

General Services	In-Network	Out-of-Network
Office advanced radiology imaging services <ul style="list-style-type: none"> Includes MRI, MRA, PET, CT-Scan and Nuclear medicine 	You pay 20% Plan pays 80% no deductible	You pay 40% Plan pays 60% no deductible
Outpatient advanced radiology imaging services <ul style="list-style-type: none"> Includes MRI, MRA, PET, CT-Scan and Nuclear medicine 	You pay 20% Plan pays 80% no deductible	You pay 40% Plan pays 60% no deductible
Durable medical equipment <ul style="list-style-type: none"> Unlimited lifetime maximum Unlimited annual maximum Includes external prosthetic appliances Does accumulate towards the out-of-pocket maximum 	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met

Benefits	In-Network	Out-of-Network
Hospital Services		
Inpatient hospital services <ul style="list-style-type: none"> Including anesthesia \$500 out-of-network per admission deductible is separate and in addition to the plan deductible. Plan deductible only applies to the Professional Services. Inpatient Lab & X-ray services are subject to the professional service reimbursement 	In-network facility You pay 20% Plan pays 80% after the deductible is met	Out-of-network facility You pay \$500 per admission deductible Then You pay 40% Plan pays 60% after the deductible is met
Outpatient hospital services <ul style="list-style-type: none"> \$500 out-of-network per admission deductible is separate and in addition to the plan deductible. Plan deductible only applies to the Professional Services. Outpatient surgery Including anesthesia Ambulatory Surgery Lab & X-Ray paid based on facility network status 	Outpatient facility You pay 20% Plan pays 80% after the deductible is met	Outpatient facility You pay \$500 per admission deductible Then You pay 40% Plan pays 60% after the deductible is met
Skilled nursing facility care <ul style="list-style-type: none"> 100 days per calendar year maximum 	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met
Hospice care	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met
Home health care <ul style="list-style-type: none"> 100 visits per calendar year maximum 	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met

Benefits	In-Network	Out-of-Network
Mental Health and Substance Use Disorder		
Inpatient mental health <ul style="list-style-type: none"> \$500 out-of-network per admission deductible is separate and in addition to the plan deductible. Plan deductible only applies to the Professional Services. 	In-network facility You pay 20% Plan pays 80% after the deductible is met	Out-of-network facility You pay \$500 per admission deductible Then You pay 40% Plan pays 60% after the deductible is met
Inpatient substance use disorder <ul style="list-style-type: none"> \$500 out-of-network per admission deductible is separate and in addition to the plan deductible. Plan deductible only applies to the Professional Services. 	In-network facility You pay 20% Plan pays 80% after the deductible is met	Out-of-network facility You pay \$500 per admission deductible Then You pay 40% Plan pays 60% after the deductible is met
Outpatient mental health – all other services	You pay 20% Plan pays 80%	You pay 40% Plan pays 60% after the deductible is met
Outpatient mental health – office	You pay \$20 copay per visit	You pay 40% Plan pays 60% after the deductible is met
Outpatient substance use disorder – all other services	You pay 20% Plan pays 80%	You pay 40% Plan pays 60% after the deductible is met
Outpatient substance use disorder – office	You pay \$20 copay per visit	You pay 40% Plan pays 60% after the deductible is met
Therapy Services		
Outpatient physical therapy <ul style="list-style-type: none"> 40 visits per calendar year 	You pay \$20 copay	You pay 40% Plan pays 60% after the deductible is met
Outpatient speech therapy, hearing therapy and occupational therapy <ul style="list-style-type: none"> 40 visits per calendar year 	You pay \$20 copay	You pay 40% Plan pays 60% after the deductible is met
Chiropractic services <ul style="list-style-type: none"> 20 visits per calendar year Unlimited lifetime dollar maximum 	You pay \$20 copay	You pay 40% Plan pays 60% after the deductible is met
Acupuncture <ul style="list-style-type: none"> \$600 calendar year maximum 	You pay 20% Plan pays 80% after the deductible is met	You pay 40% Plan pays 60% after the deductible is met

Benefits	In-Network	Out-of-Network
Additional Services		
Family planning <ul style="list-style-type: none"> Tubal ligations and vasectomies Includes elective abortions Includes infertility testing for diagnosis only 	Varies based on place of service	You pay 40% Plan pays 60% after the deductible is met
Contraceptives <ul style="list-style-type: none"> Includes contraceptive devices Cost and fitting of contraceptive devices in office is subject to the physician office visit benefit Prescriptions subject to prescription drug benefit 	Varies based on place of service	You pay 40% Plan pays 60% after the deductible is met
Organ transplant <ul style="list-style-type: none"> Services paid at network level if performed at Cigna LifeSOURCE Transplant Network® Facilities Travel maximum \$10,000 per lifetime (only available if using Cigna LifeSOURCE Transplant Network® facility) 	In-network facility You pay 20% Plan pays 80% after the deductible is met	Out-of-network facility Not Covered
Out-of-area services <ul style="list-style-type: none"> Coverage for services rendered outside a network area ER and Ambulance paid the same as network services Preventive care services covered at 100% for out of area Out-of-network deductible and out-of-pocket maximums apply 	For all other services You pay 20% Plan pays 80% after the out-of-network deductible is met	
Vision Services - *Optional - Must be Elected		
Eye exams	Plan pays 100% up to \$60 maximum benefit amount	
Lenses, contacts and frames	Plan pays 100% up to \$120 maximum benefit amount	
Additional lenses and frames <ul style="list-style-type: none"> The amount paid is stated as a percentage of the Lenses, contacts and frames maximum benefit amount 	Bifocal Lenses and Frames \$138 Trifocal Lenses and Frames \$150 Lenticular Lenses and Frames \$192 Contact Lenses - Medical Necessity \$360	
Benefit period	Eye exam every 24 months Lenses, contacts and frames every 24 months	

Additional Information

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

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

Out of Pocket Maximum

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

- Medical copays do not apply towards the out-of-pocket maximum
- Medical deductibles do not apply towards out-of-pocket maximums

Plan Coverage for Out-of-network Providers

- The allowable covered expense for non-network services is based on the lesser of the health care professional's normal charge for a similar service or at 110% of a fee schedule developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is based on the lesser of the health care professional's normal charge for a similar service or supply or the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. Out-of-network services are subject to a calendar year deductible and maximum reimbursable charge limitations.

Precertification Penalty

Pre-authorization is required on all inpatient admissions and outpatient surgery not performed in the doctor's office. Network providers are contractually obligated to perform pre-authorization on behalf of their customers. For an out-of-network provider, the customer is responsible for following the pre-authorization procedures. If a customer does not follow the recommended care plan for obtaining pre-treatment authorization for an out-of-network provider, an ineligible expense penalty of \$250 will be applied.

General Notice of Preexisting Condition Exclusion

- Not applicable

Exclusions

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

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

These are only the highlights

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

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