

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 1-800-Cigna24 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	For in-network providers : \$500/individual or \$1,000/family For out-of-network providers : \$500/individual or \$1,000/family Combined medical/behavioral deductible	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 .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
Are there services covered before you meet your deductible ?	Yes. In-network preventive care & immunizations, office visits, prescription drugs , emergency room visits, urgent care facility visits, in-network hospice, in-network Durable medical equipment .	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/ .
What is the out-of-pocket		

Important Questions	Answers	Why This Matters:
<p>Will you pay less if you use a network provider?</p>	<p>Yes. See www.cigna.com or call 1-800-Cigna24 for a list of network providers.</p>	<p>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.</p>
<p>Do you need a referral to see a specialist?</p>	<p>No.</p>	<p>You can see the specialist you choose without a referral.</p>

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)	

	Outpatient services	\$25 copay /office visit** 20% coinsurance /all other services		
--	---------------------	---	--	--

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)	
	Habilitation services	\$25 copay /PCP visit** \$25 copay / Specialist visit** ** Deductible does not apply	40% coinsurance /PCP visit 40% coinsurance / Specialist visit	The lesser of 50% or \$500 penalty for failure to precertify out-of-network speech therapy services. Services are covered when Medically Necessary to treat a mental health condition (e.g. autism) or a congenital abnormality.
	Skilled nursing care	20% coinsurance	40% coinsurance	The lesser of 50% or \$500 penalty for no out-of-network precertification. Coverage is limited to 150 days annual max.
	Durable medical equipment	No charge Deductible does not apply	40% coinsurance	The lesser of 50% or \$500 penalty for no out-of-network precertification.
	Hospice services	No charge/inpatient services** No charge/outpatient services** ** Deductible does not apply	40% coinsurance /inpatient services 40% coinsurance /outpatient services	The lesser of 50% or \$500 penalty for no out-of-network precertification.
If your child needs dental or eye care	Children's eye exam	No charge Deductible does not apply	No charge Deductible does not apply	Coverage is limited to one exam
	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 .)		
Bariatric surgery	Long-term care	Routine foot care
Cosmetic surgery	Non-emergency care when traveling outside the U.S.	Weight loss programs
Dental care (Adult)	Private-duty nursing	
Dental care (Children)		
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
Acupuncture (20 days)	Hearing aids (2 (one per ear) devices per 36 months)	Infertility treatment
Chiropractic care (combined with Rehabilitation Services)		Routine eye care (Adult)

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: Maine Bureau of Insurance at 1-800-300-5000 and 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 1-800-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 or Maine Bureau of Insurance at 1-800-300-5000. Additionally, a consumer assistance program can help you file your [appeal](#). Contact: Bureau of Insurance State of Maine at (800) 300-5000.

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 1-800-244-6224.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-244-6224.

Chinese (): 1-800-244-6224.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-244-6224.

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)

U The plan's overall deductible	\$500
U Specialist copayment	\$25
U Hospital (facility) coinsurance	20%
U Other coinsurance	20%

Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

U The plan's overall deductible	\$500
U Specialist copayment	\$25
U Hospital (facility) coinsurance	20%
U Other coinsurance	20%

Mia's Simple Fracture (in-network emergency room visit and follow up care)

U The plan's overall deductible	\$500
U Specialist copayment	\$25
U Hospital (facility) coinsurance	20%
U Other coinsurance	20%

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card (TTY: dial 711).

Spanish – ATENCION: Los servicios de asistencia lingüística, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們為您免費提供語言協助服務。如果您目前的現有客戶，請撥電您ID卡背面的號碼。其他客戶請致電1.800.244.6224 (TTY: 711)。

Vietnamese – CHÚ Ý: Quý khách có thể nhận được dịch vụ hỗ trợ ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, 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: 하중을 사용하시는 경우, Cigna 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자 분들께는 ID 카드 뒷면에 있는 번호를 호출해 주십시오. 기타 다른 경우 1.800.244.6224 (TTY: 다이얼 711번으로 전화해 주십시오).

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

Russian – Внимание: Услуги перевода доступны для вас бесплатно. Если вы являетесь участником одного из наших планов, 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).

Arabic – حياكم الابتداء خدمات الله حملة المجانية، Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French/Creole – ATANFYON: Gen sèvis d'asistans langaj di gratis pou ou. Pou kliyan Cigna yo, nimewò ki aye kalf ID ou. Sinon, rele

French – ATTENTION: Des services d'aide linguistique vous sont offerts gratuitement. Si vous êtes un client actuel de Cigna, 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 atuais de Cigna, o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (TTY: 711).

Polish – UWAGA: Aby skorzystać z darmowej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby 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Cignaのお客さまは、IDカード裏面の電話番号よりご連絡ください。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 gratuita. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utente TTY: chiamare il numero 711).

Cigna-Kunde sind, rufen Sie bitte 1.800.244.6224 (TTY: wählen Sie 711).

خدمات لغوی رایجی، به صورت رایجی به شما ارائه می شود. برای Cigna، لطفاً به آن خط کارت شناسایی شماست تماس بگیرد. اگر غیر اینصورت یا شماره 1.800.244.6224 تماس بگیرد (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره دیگری کنید).