

SUMMARY OF BENEFITS Cigna Health and Life Insurance Co.



Churchill County
Open Access Plus Choice Plan

General Services	In-Network	Out-of-Network
Physician office visit	Primary care physician You pay \$20 copay per visit Specialist You pay \$40 copay per visit	You pay 30% Plan pays 70% after the deductible is met
Urgent care visit • All services including Lab & X-ray	Urgent care copay You pay \$50	You pay 30% Plan pays 70% after the deductible is met
Preventive Care	Plan pays 100%, no copay, no deductible	You pay 30% Plan pays 70% after the deductible is met
Preventive Services	Plan pays 100%, no copay, no deductible	You pay 30% Plan pays 70% after the deductible is met
Immunizations	Plan pays 100%, no copay, no deductible	You pay 30% Plan pays 70% after the deductible is met
Performance pharmacy plan • Includes contraceptives - with specific products covered at 100% • 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 (unless the physician indicates "Dispense As Written" DAW) • Cigna National Pharmacy Network • Specialty medications are limited to a 30-day supply • Specialty Drugs provided at Home Delivery at the Retail cost share	Retail - (per 30 day supply) Tier 1: \$10 Tier 2: \$30 Tier 3: \$60 Home Delivery - (per 90 day supply) 2.5x 90-day Retail supply at 3x retail copay for Non-Specialty medications	You pay 30% Plan pays 70%
Coinsurance	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
Calendar year deductible • In-network and out-of-network expenses do not cross accumulate.	Individual \$750 Family \$1,500	Individual \$1,250 Family \$2,500

7/1/2016

NV

Open Access Plus - Churchill County OAP Choice Plan 7-1-16 - 5502063. Version# 6

General Services	In-Network	Out-of-Network
Out-of-pocket annual maximum <ul style="list-style-type: none"> Medical copays apply towards the out-of-pocket maximums Medical deductibles apply towards the out-of-pocket maximums Expenses do not cross accumulate between in-network and out-of-network out-of-pocket maximums Pharmacy copays and coinsurance apply towards the out-of-pocket maximums 	Individual \$5,150 Family \$10,300	Individual \$10,300 Family \$20,600
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 \$150	
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% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
Other office services <ul style="list-style-type: none"> Independent lab paid based on status of the facility Lab & Xray 	You pay 20% Plan pays 80% after the deductible is met Plan pay 100%, no deductible	You pay 50% Plan pays 50% after the deductible is met You pay 50% Plan pays 50% 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 	Plan pays 100% no deductible	You pay 30% Plan pays 70% after the deductible is met
Office advanced radiology imaging services <ul style="list-style-type: none"> Includes MRI, MRA, PET, CT-Scan and Nuclear medicine 	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
Outpatient advanced radiology imaging services <ul style="list-style-type: none"> Includes MRI, MRA, PET, CT-Scan and Nuclear medicine 	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
Durable medical equipment <ul style="list-style-type: none"> Unlimited lifetime maximum Unlimited annual maximum Includes external prosthetic appliances Does accumulate towards the out-of-pocket maximum 	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
Breast-feeding equipment and supplies <ul style="list-style-type: none"> Limited to the rental of one breast pump per birth as ordered or prescribed by a physician. Includes related supplies 	Plan pays 100%, no copay, no deductible	You pay 30% Plan pays 70% after the deductible is met

Benefits	In-Network	Out-of-Network
Hospital Services		
Inpatient hospital services <ul style="list-style-type: none"> Including anesthesia Inpatient Lab & X-ray services are subject to the professional service reimbursement 	In-network facility You pay 20% Plan pays 80% after the deductible is met	Out-of-network facility You pay 50% Plan pays 50% after the deductible is met
Outpatient hospital services <ul style="list-style-type: none"> \$250 in-network per admission deductible \$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 \$250 per admission deductible Then You pay 0% Plan pays 100%	Outpatient facility You pay \$500 per admission deductible Then You pay 30% Plan pays 70% after the deductible is met
Skilled nursing facility care <ul style="list-style-type: none"> 60 days per calendar year maximum 	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
Hospice care	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
Home health care <ul style="list-style-type: none"> 60 visits per calendar year maximum 	You pay 20% Plan pays 80% after the deductible is met	You pay 50% Plan pays 50% after the deductible is met
Mental Health and Substance Use Disorder		
Inpatient mental health	In-network facility You pay 20% Plan pays 80% after the deductible is met	Out-of-network facility You pay 50% Plan pays 50% after the deductible is met
Inpatient Substance Use Disorder	In-network facility You pay 20% Plan pays 80% after the deductible is met	Out-of-network facility You pay 50% Plan pays 50% after the deductible is met
Outpatient mental health – all other services	You pay 20% Plan pays 80%	You pay 50% Plan pays 50%
Outpatient mental health – office	You pay \$40 copay per visit	You pay 50% Plan pays 50% after the deductible is met
Outpatient substance use disorder – all other services	You pay 20% Plan pays 80%	You pay 50% Plan pays 50%
Outpatient substance use disorder – office	You pay \$40 copay per visit	You pay 50% Plan pays 50% after the deductible is met
Therapy Services		
Outpatient physical therapy <ul style="list-style-type: none"> 20 visits per calendar year 	You pay \$40 copay	You pay 30% Plan pays 70% after the deductible is met
Outpatient speech therapy, hearing therapy and occupational therapy <ul style="list-style-type: none"> 20 visits per calendar year 	You pay \$40 copay	You pay 30% Plan pays 70% after the deductible is met

7/1/2016

NV

Open Access Plus - Churchill County OAP Choice Plan 7-1-16 - 5502063. Version# 6

Benefits	In-Network	Out-of-Network
Chiropractic services <ul style="list-style-type: none"> 20 visits per calendar year 	You pay \$40 copay	You pay 30% Plan pays 70% after the deductible is met
Acupuncture	Not Covered	Not Covered
Additional Services		
Family planning <ul style="list-style-type: none"> Vasectomy Includes elective abortions Includes infertility testing for diagnosis only 	Varies based on place of service	You pay 50% Plan pays 50% after the deductible is met
Contraceptives <ul style="list-style-type: none"> Includes contraceptive devices as ordered or prescribed by a physician Surgical services such as tubal ligation are covered (excluding reversals) Physician services 	Plan pays 100%, no copay, no deductible	You pay 50% Plan pays 50% after the deductible is met
TMJ <ul style="list-style-type: none"> Unlimited calendar year maximum for surgical and non-surgical treatment 	Varies based on place of service	You pay 50% Plan pays 50% after 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 You pay 50% Plan pays 50% after the deductible is met with transplant maximums Heart - \$150,000 Liver - \$230,000 Bone Marrow - \$130,000 Kidney - \$80,000 Pancreas - \$50,000 Kidney/Pancreas - \$80,000 Heart/Lung - \$185,000 Lung - \$185,000

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 apply towards the out-of-pocket maximums
- Medical deductibles apply towards the 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 the lesser of 50% of covered expenses or \$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
- Infertility services

These are only the highlights

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

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

EHB State: NV