



This plan is intended to comply with the federal Patient Protection and Affordable Care Act. Provisions are subject to change as additional regulatory guidance becomes available.

myCigna Health Flex 1500		myCigna Health Flex 1900	
In-network	Out-of-network	In-network	Out-of-network

MEDICAL

Annual Deductible (Individual/family deductible is satisfied when each member has reached their annual individual deductible or when the total annual family deductible amount has been reached by any combination of family members, includes medical and pharmacy)	\$1,500 / \$3,000	\$12,500 / \$25,000	\$1,900 / \$3,800	\$12,500 / \$25,000
Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum)	\$6,350 / \$12,700	\$25,000 / \$50,000	\$6,350 / \$12,700	\$25,000 / \$50,000
Coinsurance (Amount you pay for covered medical services. Out-of-network you may pay more, if the provider's charges exceed the amount Cigna reimburses for billed services)	You pay 30% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
Physician Services (Primary care physician/specialist office visits)	See Note 2 below	You pay 50% after deductible / You pay 50% after deductible	You pay 0% after deductible / You pay 0% after deductible	You pay 50% after deductible / You pay 50% after deductible
Preventive Care for All Ages (Routine physicals and other preventive services)	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived
Inpatient and Physician Services (Inpatient room and board, lab & x-ray, operating room, etc.)	You pay 30% after deductible / You pay 30% after deductible	You pay 50% after deductible / You pay 50% after deductible	You pay 0% after deductible / You pay 0% after deductible	You pay 50% after deductible / You pay 50% after deductible
Lab, X-ray and Ultrasound	You pay 30% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
CT/PET Scans and MRI	You pay 30% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
Short-Term Rehabilitative Therapy (Includes physical, occupational and speech therapy. Calendar year maximum of 20 visits per therapy type, combined in- and out-of-network)	You pay 30% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
Hospital Emergency Room	You pay 30% after deductible	You pay the same level as In-Network if it is an emergency, as defined in your plan otherwise you pay 50% after deductible.	You pay 0% after deductible	You pay the same level as In-Network if it is an emergency, as defined in your plan otherwise you pay 50% after deductible.
Urgent Care Services	You pay \$75, deductible waived		You pay 0% after deductible	
Ambulance	You pay 30% after deductible		You pay 0% after deductible	
Durable Medical Equipment (DME)	You pay 30% after deductible	Not Covered	You pay 0% after deductible	Not Covered
Mental Health & Substance Abuse Inpatient (Includes acute, partial & residential treatment)	You pay 30% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
Mental Health & Substance Abuse Outpatient (Includes individual, group & intensive outpatient treatment)	You pay 30% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible

Note 2 You pay \$30 for visits 1 & 2, deductible waived. You pay 30% after deductible for additional visits. / You pay \$60 for visits 1 & 2, deductible waived. You pay 30% after deductible for additional visits.