

SUMMARY OF BENEFITS



Cigna Health and Life Insurance Co.
For - Box Elder County School District
QHDHP Open Access Plus \$4,000 Plan

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.

Plan Highlights	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited
Coinsurance	Your plan pays 80%	Your plan pays 50%
Maximum Reimbursable Charge	Not Applicable	110%
Contract Year Deductible	Individual: \$4,000 Family: \$8,000	Individual: \$8,000 Family: \$16,000
<ul style="list-style-type: none"> Only the amount you pay for in-network covered expenses counts toward your in-network deductible. Only the amount you pay for out-of-network covered expenses counts toward your out-of-network deductible. Plan deductible always applies before any copay or coinsurance. All eligible family members contribute towards the family plan deductible. Once the family deductible has been met, the plan will pay each eligible family member's covered expenses based on the coinsurance level specified by the plan. This plan includes a combined Medical/Pharmacy plan deductible. Prescription medications used to prevent any of the following medical conditions are not subject to the individual and/or family plan deductible: hypertension, high cholesterol, diabetes, asthma, osteoporosis, stroke, prenatal nutrient deficiency <p>Note: Services where plan deductible applies are noted with a caret (^)</p>		

Plan Highlights		In-Network	Out-of-Network
Contract Year Out-of-Pocket Maximum		Individual: \$6,000 Individual in a Family: \$6,550 Family: \$12,000	Individual: \$12,000 Family: \$24,000
<ul style="list-style-type: none"> Only the amount you pay for in-network covered expenses counts toward your in-network out-of-pocket maximum. Only the amount you pay for out-of-network covered expenses counts toward your out-of-network out-of-pocket maximum. Plan deductible contributes towards your out-of-pocket maximum. All copays and benefit deductibles contribute towards your out-of-pocket maximum. Mental Health and Substance Use Disorder covered expenses contribute towards your out-of-pocket maximum. After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses. This plan includes a combined Medical/Pharmacy out-of-pocket maximum. Retail and home delivery Pharmacy costs contribute to the combined Medical/Pharmacy out-of-pocket. 			
Benefit	In-Network	Out-of-Network	
Physician Services			
Physician Office Visit – Primary Care Physician (PCP) <ul style="list-style-type: none"> All services including Lab & X-ray Copay will apply after the plan deductible is met. 	Plan deductible, \$40 copay, then your plan pays 100%	After the plan deductible is met, your plan pays 50%	
Physician Office Visit – Specialist <ul style="list-style-type: none"> All services including Lab & X-ray Copay will apply after the plan deductible is met. 	Plan deductible, \$50 copay, then your plan pays 100%	After the plan deductible is met, your plan pays 50%	
NOTE: Obstetrician and Gynecologist (OB/GYN) visits are subject to either the PCP or Specialist cost share depending on how the provider contracts with Cigna (i.e. as PCP or as Specialist)			
Surgery Performed in Physician’s Office - PCP	Plan deductible, \$40 copay, then your plan pays 100%	After the plan deductible is met, your plan pays 50%	
Surgery Performed in Physician's Office – Specialist	Plan deductible, \$50 copay, then your plan pays 100%	After the plan deductible is met, your plan pays 50%	
Allergy Treatment/Injections Performed in Physician's Office PCP	Plan deductible, \$40 copay, then your plan pays 100% or actual charge (if less)	After the plan deductible is met, your plan pays 50%	
Allergy Treatment/Injections Performed in Specialist Office	Plan deductible, \$50 copay, then your plan pays 100% or actual charge (if less)	After the plan deductible is met, your plan pays 50%	
Allergy Serum - PCP	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 50%	
Allergy Serum - Specialist <ul style="list-style-type: none"> Dispensed by the physician in the office 	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 50%	

Benefit	In-Network	Out-of-Network
Preventive Care		
Preventive Care	Plan pays 100%	PCP: After the plan deductible is met, your plan pays 50% Specialist: After the plan deductible is met, your plan pays 50%
Immunizations	Plan pays 100%	PCP: After the plan deductible is met, your plan pays 50% Specialist: After the plan deductible is met, your plan pays 50%
Mammogram, PAP, and PSA Tests <ul style="list-style-type: none"> Coverage includes the associated Preventive Outpatient Professional Services. Associated wellness exam is covered in-network only. Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service. 	Plan pays 100%	Plan pays based on place of service.
Inpatient		
Inpatient Hospital Facility	After the plan deductible is met, your plan pays 80%	After the plan deductible is met, your plan pays 50%
Semi-Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate Special Care Units (Intensive Care Unit (ICU), Critical Care Unit (CCU)): In-Network: Limited to the negotiated rate / Out-of-Network: Limited to ICU/CCU daily room rate		
Inpatient Hospital Physician's Visit/Consultation	After the plan deductible is met, your plan pays 80%	After the plan deductible is met, your plan pays 50%
Inpatient Professional Services <ul style="list-style-type: none"> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists 	After the plan deductible is met, your plan pays 80%	After the plan deductible is met, your plan pays 50%
Outpatient		
Outpatient Facility Services <ul style="list-style-type: none"> Non-surgical treatment procedures are not subject to the facility per visit copay/benefit deductible 	After the plan deductible is met, your plan pays 80%	After the plan deductible is met, your plan pays 50%
Outpatient Professional Services <ul style="list-style-type: none"> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists 	After the plan deductible is met, your plan pays 80%	After the plan deductible is met, your plan pays 50%

Benefit	In-Network	Out-of-Network
Short-Term Rehabilitation - PCP	Plan deductible, \$40 copay, then your plan pays 100%	After the plan deductible is met, your plan pays 50%
Short-Term Rehabilitation – Specialist	Plan deductible, \$50 copay, then your plan pays 100%	After the plan deductible is met, your plan pays 50%
Contract Year Maximums: <ul style="list-style-type: none"> • Pulmonary Rehabilitation, Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy and Cardiac Rehabilitation – 30 days • Chiropractic Care – 12 days Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient short term rehab therapy maximum.		
Other Health Care Facilities/Services		
Home Health Care (includes outpatient private duty nursing subject to medical necessity) <ul style="list-style-type: none"> • 30 days maximum per Contract Year 	After the plan deductible is met, your plan pays 80%	After the plan deductible is met, your plan pays 50%
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility <ul style="list-style-type: none"> • 30 days maximum per Contract Year 	After the plan deductible is met, your plan pays 80%	After the plan deductible is met, your plan pays 50%
Durable Medical Equipment <ul style="list-style-type: none"> • Unlimited maximum per Contract Year 	After the plan deductible is met, your plan pays 80%	After the plan deductible is met, your plan pays 50%
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 	Your plan pays 100%	After the plan deductible is met, your plan pays 50%
External Prosthetic Appliances (EPA) <ul style="list-style-type: none"> • Unlimited maximum per Contract Year 	After the plan deductible is met, your plan pays 80%	After the plan deductible is met, your plan pays 50%
Routine Foot Disorders	Not Covered	Not Covered

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Benefit	In-Network	Out-of-Network
Medical Specialty Drugs		
Inpatient <ul style="list-style-type: none"> This benefit applies to the cost of the Infusion Therapy drugs administered in an Inpatient Facility. This benefit does not cover the related Facility or Professional charges. 	After the plan deductible is met, your plan pays 80%	After the plan deductible is met, your plan pays 50%
Outpatient Facility Services <ul style="list-style-type: none"> This benefit applies to the cost of the Infusion Therapy drugs administered in an Outpatient Facility. This benefit does not cover the related Facility or Professional charges. 	After the plan deductible is met, your plan pays 80%	After the plan deductible is met, your plan pays 50%
Physician's Office <ul style="list-style-type: none"> This benefit applies to the cost of the Infusion Therapy drugs administered in the Physician's Office. This benefit does not cover the related Office Visit or Professional charges. 	After the plan deductible is met, your plan pays 80%	After the plan deductible is met, your plan pays 50%
Home <ul style="list-style-type: none"> This benefit applies to the cost of the Infusion Therapy drugs administered in the patient's home. This benefit does not cover the related Professional charges. 	After the plan deductible is met, your plan pays 80%	After the plan deductible is met, your plan pays 50%

Place of Service - your plan pays based on where you receive services

Note: Services where plan deductible applies are noted with a caret (^)

Benefit	Physician's Office		Independent Lab		Emergency Room/ Urgent Care Facility		Outpatient Facility	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Laboratory	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 80% ^	Plan pays 50% ^	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Emergency Room/Urgent Care Services	Plan pays 80% ^	Plan pays 50% ^
Radiology	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Not Applicable	Not Applicable	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Emergency Room/Urgent Care Services	Plan pays 80% ^	Plan pays 50% ^

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Place of Service - your plan pays based on where you receive services

Note: Services where plan deductible applies are noted with a caret (^)

Benefit	Physician's Office		Independent Lab		Emergency Room/ Urgent Care Facility		Outpatient Facility	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Advanced Radiology Imaging	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Not Applicable	Not Applicable	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Outpatient Facility Services	Covered same as plan's Outpatient Facility Services

Advanced Radiology Imaging (ARI) includes MRI, MRA, CAT Scan, PET Scan, etc...

Note: All lab and x-ray services, including ARI, provided at Inpatient Hospital are covered under Inpatient Hospital benefit

Benefit	Emergency Room / Urgent Care Facility		Outpatient Professional Services		*Ambulance	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Care	Plan pays 80% ^		Plan pays 80% ^		Plan pays 80% ^	
Urgent Care	\$50 per visit, then your plan pays 80%^	Plan pays 60%^	Plan pays 80%^	Plan pays 60%^	Not Applicable*	

*Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.

Benefit	Inpatient Hospital and Other Health Care Facilities		Outpatient Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospice	Plan pays 80% ^	Plan pays 50% ^	Plan pays 80% ^	Plan pays 50% ^
Bereavement Counseling	Plan pays 80% ^	Plan pays 50% ^	Plan pays 80% ^	Plan pays 50% ^

Note: Services provided as part of Hospice Care Program

Note: Services where plan deductible applies are noted with a caret (^)

Benefit	Initial Visit to Confirm Pregnancy		Global Maternity Fee (All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges)		Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist)		Delivery - Facility (Inpatient Hospital, Birthing Center)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Maternity	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 80% ^	Plan pays 50% ^	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Covered same as plan's Inpatient Hospital benefit	Covered same as plan's Inpatient Hospital benefit

Note: Services where plan deductible applies are noted with a caret (^)

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Benefit	Physician's Office		Inpatient Facility		Outpatient Facility		Inpatient Professional Services		Outpatient Professional Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Abortion (Non-elective procedures)	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 80% ^	Plan pays 50% ^	Plan pays 80% ^	Plan pays 50% ^	Plan pays 80% ^	Plan pays 50% ^	Plan pays 80% ^	Plan pays 50% ^
Family Planning - Men's Services	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 80% ^	Plan pays 50% ^	Plan pays 80% ^	Plan pays 50% ^	Plan pays 80% ^	Plan pays 50% ^	Plan pays 80% ^	Plan pays 50% ^
Includes surgical services, such as vasectomy (excludes reversals)										
Family Planning - Women's Services	Plan pays 100%	Covered same as plan's Physician's Office Services	Plan pays 100%	Plan pays 50% ^	Plan pays 100%	Plan pays 50% ^	Plan pays 100%	Plan pays 50% ^	Plan pays 100%	Plan pays 50% ^
Includes surgical services, such as tubal ligation (excludes reversals) Contraceptive devices as ordered or prescribed by a physician.										
Infertility Note: Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.										
Note: Services where plan deductible applies are noted with a caret (^)										
Benefit	Inpatient Hospital Facility			Inpatient Professional Services						
	Lifesource Facility In-Network	Non-Lifesource Facility In-Network	Out-of-Network	Lifesource Facility In-Network	Non-Lifesource Facility In-Network	Out-of-Network				
Organ Transplants	Plan pays 100%	Plan pays 80% ^	Plan pays 50% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 50% ^				
• Travel Maximum - Lifesource Facility: Unlimited										
Note: Services where plan deductible applies are noted with a caret (^)										
Benefit	Inpatient		Outpatient - Physician's Office		Outpatient - All Other Services					
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network				
Mental Health	Plan pays 80% ^	Plan pays 50% ^	\$50 copay ^	Plan pays 50% ^	Plan pays 80% ^	Plan pays 50% ^				

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Benefit	Inpatient		Outpatient - Physician's Office		Outpatient – All Other Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Substance Use Disorder	Plan pays 80% ^	Plan pays 50% ^	\$50 copay ^	Plan pays 50% ^	Plan pays 80% ^	Plan pays 50% ^

Note: Services where plan deductible applies are noted with a caret (^)

Notes: Detox is covered under medical

- Unlimited maximum per Contract Year
- Services are paid at 100% after you reach your out-of-pocket maximum
- Inpatient includes Residential Treatment
- Outpatient includes Individual, Intensive Outpatient, and Group Therapy; also Partial Hospitalization

Mental Health and Substance Use Disorder Services

Mental Health/Substance Use Disorder Utilization Review, Case Management and Programs

Cigna Total Behavioral Health - Inpatient and Outpatient Management

- Inpatient utilization review and case management
- Outpatient utilization review and case management
- Partial Hospitalization
- Intensive outpatient programs
- Changing Lives by Integrating Mind and Body Program
- Lifestyle Management Programs: Stress Management, Tobacco Cessation and Weight Management.
- Narcotic Therapy Management
- Complex Psychiatric Case Management

Pharmacy

In-Network

Out-of-Network

Cigna Pharmacy four-tier copay plan

- Retail drugs may be obtained In-Network at a wide range of pharmacies across the nation.
- When patient requests brand drug, patient pays the generic copay plus the cost difference between the brand and generic drugs up to the cost of the brand drug.
- Your pharmacy benefits have a combined annual deductible and out-of-pocket maximum with the medical/behavioral benefits. The applicable cost share for covered drugs applies after the combined deductible has been met.
- Oral contraceptives included
- Includes oral contraceptives - with specific products covered 100%
- Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges included
- Specialty medications are limited to a 30-day supply
- Preventive Generic and Preferred Brand drugs are covered at 100%

Retail - 30 day supply

Generic: You pay \$5 after deductible
 Preferred Brand: You pay \$35 after deductible
 Non-Preferred Brand: You pay \$75 after deductible
 Self administered injectables: You pay \$150 after deductible

Home delivery - 90 day supply

Generic: You pay \$10 after deductible
 Preferred Brand: You pay \$70 after deductible
 Non-Preferred Brand: You pay \$225 after deductible
 Self administered injectables: You pay \$150 after deductible

You pay 30% after deductible
 Your plan pays 70%

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