

CITY OF RAYMORE

Employee Benefits Summary

2018-2019





Important Information

This Benefits Guide is designed to provide a general understanding of your benefits, describe important features of the plans and answer some of the most commonly asked questions.

While it is intended to be as comprehensive as possible, the explanations contained herein are subject to the detailed provisions of the legal documents and contracts of the individual plans. In the event of a discrepancy between the guide and the plan document, the plan document will prevail.

The plan year for The City of Raymore's benefits is December 1, unless otherwise stated.

Qualifying Events

When you participate in our health plans or Section 125 plan, you are obligated to maintain your election through the full year. However, certain qualifying events may occur that would allow you to add, change or terminate your election(s). Examples of qualifying events include:

- Birth or adoption of a child
- Marriage or divorce
- Legal separation
- Loss of dependent status
- Change in your employment status
- Change in the employment status of your spouse or dependent
- Gain or loss of eligibility for Medicare/Medicaid for yourself, spouse or dependent

Please note that child dependents are covered under the medical, dental and vision to age 26. Insurance coverage for child dependents will cease on 12/31 regardless of what month they turn 26.

To change any of your elections due to a qualifying event, notify Human Resources within 30 days of the event date. If Human Resources is not notified within 30 days, you will need to wait to make any changes to your elections until the annual enrollment period. Please note that proper documentation of the qualifying event will be required. Additionally, the change you make to your election must be consistent with and appropriate for your new circumstance.

Please note that your medical and dental deductible starts over every year with services beginning January 1st. Although our plans renew and may change in December you are not responsible for a new deductible until January 2019.

Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information, contact Human Resources.

Human Resources

Contact:	Shawn Aulgur	Nancy Johnson
Phone:	816-892-3005	816-892-3031
Email:	saulgur@raymore.com	njohnson@raymore.com
Fax:	816-892-3057	816-892-3081

Insurance Consultant: Holmes Murphy & Associates

Contact:	Kevin Casey	Candise Clark
Phone:	816-857-7822	816-857-7825
Email:	KCasey@holmesmurphy.com	CClark@holmesmurphy.com

Medical Insurance

Page 4

Carrier:	Cigna Healthcare
Customer Service:	800-244-6224
Website:	www.mycigna.com
Network:	Open Access Plus or SureFit
Group Number:	00623633

Dental Insurance

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Carrier:	UNUM
Customer Service:	888-400-9304
Website:	AlwaysAssist.com
Network:	Dentemax Plus
Group Number:	00687471

Vision Insurance

Page 11

Carrier:	EyeMed
Customer Service:	1-866-800-5457
Website:	www.eyemed.com
Network:	INSIGHT
Group Number:	1002434

Flexible Spending Account (FSA)

Page 12

Administrator:	Surency
Customer Service:	866-818-8805
Website:	www.surency.com
Group Number:	60196

Group Life & ADD Benefits**Page 14**

Carrier: USABLE
 Customer Service: 800-370-5856
 Website: www.usablelife.com
 Group Number: 50020952 (Group Life, Vol Life & Disability)

Carrier: Trustmark (worksite benefits)
 Customer Service: 800-918-8877

Disability & Worksite Benefits**Page 16**

Carrier: USABLE
 Customer Service: 800-370-5856
 Website: www.usablelife.com
 Group Number: 50020952 (Group Life, Vol Life & Disability)

Carrier: Trustmark (worksite benefits)
 Customer Service: 800-918-8877

Additional Benefit Offerings**Page 17**

Long Term Care Insurance: UNUM
 Customer Service: 800-227-4165

Online EAP: New Directions Employee Assistance Program
 Web: www.ndbh.com
 Passcode: USAL903
 Phone: 800-624-5544

Retirement Plan: VOYA
 Contact: Eric Niswonger
 Phone: 800-335-8325
 Email: eric.niswonger@voyafa.com

Paid Time Off, Vacation & Sick Leave Policy**Page 18****Annual Notices****Page 19**

The following important government-mandated notices are included on page 19.

- Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)
- Health Insurance Marketplace Coverage
- Medicare Part D Notice of Creditable Coverage
- General Notice of COBRA Continuation Coverage Rights
- HIPAA Notice of Special Enrollment Rights
- Women’s Health and Cancer Rights Act (WHCRA)
- HIPAA Notice of Privacy Practices
- Cigna Summary of Benefits and Coverage (SBC)



MEDICAL INSURANCE

Cigna

Benefits You Receive

City of Raymore offers four medical plan choices through Cigna Healthcare. Below is a side-by-side comparison of the plans and the amount(s) you are responsible for when you use in- and out-of network providers.

Cigna						
Network:	Open Access \$1000 Deductible Buy Up		Open Access \$3500 Deductible Base		SureFit \$1000 Deductible Buy Up	SureFit \$3500 Deductible Base
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network ONLY	In-Network ONLY
Calendar Year Deductible						
Single	\$1,000	\$1,000	\$3,500	\$3,500	\$1,000	\$3,500
Family	\$3,000	\$3,000	\$7,000	\$7,000	\$3,000	\$7,000
Coinsurance Limits:	20% after deductible	50% after deductible	0% after deductible	20% after deductible	20% after deductible	0% after deductible
Out of Pocket Maximum Includes: Deductible, coinsurance, office visit and prescription drug copays						
Single	\$4,000	\$8,000	\$3,500	\$7,000	\$4,000	\$3,500
Family	\$8,000	\$16,000	\$7,000	\$14,000	\$8,000	\$7,000
Office Visits and Preventive Care – Employee Pays						
Primary Care Provider (PCP) & Specialist	\$30 copay	50% after deductible	\$40 copay	20% after deductible	\$30 copay	\$40 copay
Preventive care	100% covered		100% covered		100% covered	100% covered
Hospital Services – Employee Pays						
Inpatient facility/surgical	20% after deductible	50% after deductible	0% after deductible	20% after deductible	20% after deductible	0% after deductible
Outpatient facility/surgical						
Urgent care	\$10 copay	50% after deductible	\$10 copay	20% after deductible	\$10 copay	\$10 copay
Emergency room	\$100 copay, then 20% coinsurance		Deductible Applies		\$100 copay, then 20% coinsurance	Deductible Applies

Cigna

Network:	Open Access \$1000 Deductible Buy Up		Open Access \$3500 Deductible Base		SureFit \$1000 Deductible Buy Up	SureFit \$3500 Deductible Base
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network ONLY	In-Network ONLY
Other Medical Services – Employee Pays						
Outpatient lab & x-ray	Deductible Applies	50% Deductible Applies	Deductible Applies	20% Deductible Applies	Deductible Applies	Deductible Applies
Durable medical equipment	Deductible Applies	Deductible and Coinsurance Applies	Deductible Applies	Deductible Applies	Deductible Applies	Deductible Applies
Chiropractic Services	\$30 copay		\$40 copay		\$30 copay	\$40 copay
Prescription Drugs – Employee Pays						
Retail	\$15 / \$70 / \$110		\$15 / \$70 / \$110		\$15 / \$70 / \$110	\$15 / \$70 / \$110
Mail order	\$38 / \$175 / \$275		\$38 / \$175 / \$275		\$38 / \$175 / \$275	\$38 / \$175 / \$275

Semi-Monthly Payroll Deductions

The City of Raymore pays an average of 94% for the Employee only premium, and 86% for all other family tiers.

Plan Option	Coverage Tier	Full Monthly Premium	Employer Premium	Employee Per Month	Employee Per Paycheck
Open Access \$1000 Deductible	Employee Only	\$548.38	\$474.95	\$73.43	\$36.72
	Employee + Spouse	\$1307.34	\$1006.25	\$301.09	\$150.55
	Employee + Child(ren)	\$953.09	\$733.58	\$219.51	\$109.76
	Family	\$1587.56	\$1222.30	\$365.26	\$182.63
Open Access \$3500 Deductible	Employee Only	\$529.70	\$474.95	\$54.75	\$27.38
	Employee + Spouse	\$1262.80	\$1006.25	\$256.55	\$128.28
	Employee + Child(ren)	\$920.60	\$733.58	\$187.02	\$93.51
	Family	\$1533.48	\$1222.30	\$311.18	\$155.59

SureFit \$1000 Deductible	Employee Only	\$459.13	\$449.13	\$10.00	\$5.00
	Employee + Spouse	\$1094.56	\$1006.25	\$88.31	\$44.16
	Employee + Child(ren)	\$797.96	\$733.58	\$64.38	\$32.19
	Family	\$1329.18	\$1222.30	\$106.88	\$53.44
SureFit \$3500 Deductible	Employee Only	\$443.47	\$438.47	\$5.00	\$2.50
	Employee + Spouse	\$1057.23	\$1006.25	\$50.98	\$25.49
	Employee + Child(ren)	\$770.73	\$733.58	\$37.15	\$18.58
	Family	\$1283.83	\$1222.30	\$61.53	\$30.76

Need help finding a provider?

Go to www.CIGNA.com,

then click: Find a Doctor

If you have not registered, you can select the "Not a customer yet" and then select "Plans through your employer or school".

Enter your location

Then select your medical plan Network

OAP

Open Access Plus, OA plus, Choice Fund OA Plus

or

Cigna SureFit®

Cigna SureFit Kansas City

Kansas City Network Comparison

METROPOLITAN HOSPITALS	Cigna OAP	Cigna SureFit
	2Q 2018	2Q 2018
Atchison Hospital (Atchison)	X	
Bates County Memorial Hospital (Butler)	X	
Belton Regional Medical Center (Belton) ^	X	X
Cameron Regional Medical Center (Cameron)	X	
Carroll County Memorial Hospital (Carrollton)	X	X
Cass Regional Medical Center (Harrisonville) ^	X	X
Centerpoint Medical Center ^	X	X
Children's Mercy Hospital	X	X
Children's Mercy Hospital (Kansas)	X	X
Excelsior Springs Hospital	X	
Kansas City Orthopaedic Institute	X	
Kindred Hospital Northland	X	
Lafayette Regional Health Center (Lexington) ^	X	X
Lawrence Memorial Hospital (Lawrence)	X	
Lee's Summit Medical Center ^	X	X
Liberty Hospital	X	
Menorah Medical Center ^	X	X
Miami County Medical Center (Paola)	X	
Mosaic Life Care (Saint Joseph)	X	
North Kansas City Hospital	X	X
Olathe Medical Center	X	
Overland Park Regional Medical Center ^	X	X
Promise Hospital of Overland Park	X	
Providence Medical Center	X	
Ransom Memorial Hospital (Ottawa)	X	
Ray County Memorial Hospital (Richmond)	X	X
Research Medical Center ^	X	X
Saint John Hospital (Leavenworth)	X	
Saint Luke's Cushing Hospital (Leavenworth)	X	
Saint Luke's East Hospital	X	
Saint Luke's Hospital	X	
Saint Luke's Northland Hospital	X	
Saint Luke's South Hospital	X	
Select Specialty Hospital - KC	X	X
Select Specialty Hospital - Western Missouri	X	X
Shawnee Mission Medical Center	X	
St. Joseph Medical Center	X	
St. Mary's Medical Center	X	
Truman Medical Center (Hospital Hill)	X	
Truman Medical Center (Lakewood)	X	
University of Kansas Medical Center	X	
Western Missouri Medical Center (Warrensburg)	X	
TOTAL ACUTE CARE HOSPITALS	37	13
TOTAL SPECIALTY HOSPITALS	5	2
TOTAL FACILITIES	42	15
Blue Name indicates Specialty Hospital		



Cigna Additional Benefits

Cigna Member Perks!

Telehealth Online Doctor Visits

Don't want to leave the house to be treated for a simple cold? No Problem! Telehealth services are here to help with minor medical conditions at the convenience of your own home! This service is quick, and convenient from your home. The cost of using the Telehealth services depends on your plan choice. The \$1,000 plans have a copay of \$30 and the \$3500 plans have a copay of \$40.

- Colds and Flu
- Headaches
- Acne
- Rashes
- Fever
- Stomachaches
- Sore Throats
- Allergies
- UTI's and more

As a valued Cigna member you have access to two Telehealth providers:
Visit their website or call to register:

1. AmwellforCigna.com 855-667-9722 or 2. MDLIVEforCigna.com 888-726-3171

Know Before You Go:

Cigna's health information line is staffed by nurses 24 hours a day, 7 days a week, 365 days a year. They will help you understand and make informed decisions about health care issues, at no extra cost. They can help you choose the right care at the right time. Just call the number on your Cigna ID card and ask to speak with a nurse regarding health questions.

Doctor's office	Urgent care center	Emergency room
The best place to go for routine or preventive care, to keep track of medications, or for a referral to see a specialist.	For conditions that aren't life threatening. Staffed by nurses and doctors and usually have extended hours.	For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life-threatening, call 911 or go to the nearest emergency room. "Freestanding" emergency room (ER) locations are becoming more common in many areas. Because these ERs are not inside hospitals, they may look like urgent care centers. When you receive care at an ER, you're billed at a much higher cost than at other health care facilities.
<ul style="list-style-type: none"> › General health issues › Preventive care › Routine checkups › Immunizations and screenings 	<ul style="list-style-type: none"> › Fever and flu symptoms › Minor cuts, sprains, burns, rashes › Headaches › Lower back pain › Joint pain › Minor respiratory symptoms › Urinary tract infections 	<ul style="list-style-type: none"> › Sudden numbness, weakness › Uncontrolled bleeding › Seizure or loss of consciousness › Shortness of breath › Chest pain › Head injury/major trauma › Blurry or loss of vision › Severe cuts or burns › Overdose
<ul style="list-style-type: none"> › May charge copay/coinsurance and/or deductible › Usually need appointment › Short wait times 	<ul style="list-style-type: none"> › Costs lower than ER › No appointment needed › Wait times vary 	<ul style="list-style-type: none"> › Highest cost › No appointment needed › Wait times may be long



DENTAL INSURANCE

UNUM

Benefits You Receive

The City of Raymore offers two dental insurance plans through UNUM. The following chart summarizes the benefits available under the plan.

UNUM Dental Network: DenteMax Plus		
Plan Feature	Base Plan	Buy Up
Annual Benefit Maximum	\$1,250	\$1,500
Orthodontic Lifetime Benefit	None	\$1,500
Calendar Year Deductible	\$75 individual, \$225 family	\$50 individual, \$150 family
Preventive Services Oral Exams –once every 6 months Cleanings – once every 6 months Fluoride Treatment – to age 16, once every 12 months	Plan pays 100% not subject to deductible	Plan pays 100% not subject to deductible
Basic Services Full-Mouth Xrays: once every 2 years Fillings: Amalgam (silver) & Composite (white) Endodontics: root canal Simple Extractions Sealants: to age 16, once every 36 months Space Maintainers to age 16, once every 24 months	Plan pays 80% after deductible	Plan pays 90% after deductible
Major Services Bridges Dentures Crowns General Anesthesia Periodontal Surgery Inlays, Onlays	Plan pays 50% after deductible	Plan pays 60% after deductible
Orthodontia For dependents to age 19	Not Covered	Plan pays 50% \$1,500 lifetime maximum benefit

UNUM Dental Network: DenteMax Plus		
Plan Feature	Base Plan	Buy Up
Rollover Benefit- a small portion of unused funds can be carried over to the next plan year. Members must be seen for services to trigger the rollover.	Maximum Rollover Amount: \$300	Maximum Rollover Amount: \$350

Semi Monthly Payroll Deductions

The City of Raymore pays 100% of coverage for the employee and 80% for other tiers if you are enrolling in the Base Plan. The City applies the same amount towards the Buy Up Option, you are responsible for the remaining cost.

Base Plan	Full Monthly Premium	Employer Premium	Employee Per Month	Employee Per Paycheck
Employee Only	\$18.42	\$18.42	\$0	\$0
Family	\$55.16	\$44.13	\$11.03	\$5.52
Buy Up Plan	Full Monthly Premium	Employer Premium	Employee Per Month	Employee Per Paycheck
Employee Only	\$23.72	\$18.98	\$4.74	\$2.37
Family	\$76.88	\$61.50	\$15.38	\$7.69



VISION INSURANCE

EYEMED

Benefits You Receive: Vision insurance is available through EYEMED. The following chart provides an overview of the benefits you receive when you see an EYEMED provider.

EYEMED Vision Summary		Network : INSIGHT		
Plan Design	In-Network		Out-of-Network	
Eye Exam	12 months			
Lenses or contact lenses	12 months			
Frames	24 months			
Eye exam	\$10 copay	Up to \$40		
Lenses, Lens Options and Frames				
Single vision lined lenses	\$25 copay		Up to \$30	
Bifocal lined lenses			Up to \$50	
Trifocal lined lenses			Up to \$70	
Standard progressive	\$90	Up to \$50		
Premium progressive	\$110 - \$135			
Frames	\$130 allowance	Up to \$91		
Contact lens	\$130 allowance	Up to \$130		
Contact lens fit & follow up	Standard – paid in full Premium – 10% off prices then apply \$55 allowance		Up to \$40	
Additional pairs benefit	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the allowance has been used		N/A	
Laser vision correction	Average 15% off retail price or 5% off promotional price			
Buy Up Plan	Full Monthly Premium	Employer Premium	Employee Per Month	Employee Per Paycheck
Employee Only	\$4.81	\$4.81	\$0	\$0
Employee Spouse	\$9.15	\$4.81	\$4.34	\$2.17
Employee Child(ren)	\$9.63	\$4.81	\$4.82	\$2.41
Family	\$14.15	\$4.81	\$9.34	\$4.67



FLEXIBLE SPENDING & DEPENDENT CARE ACCOUNT

Surency

Benefits You Receive

Each eligible employee may voluntarily redirect a portion of his or her gross pay to a flexible spending account (FSA) and/or the dependent care account (DCA) which is administered by Surency. These dollars can be used during the plan year to pay for the unreimbursed medical, dental, vision and dependent care expenses you incur.

Dependent Care Account

Maximum contribution if single or married filing jointly: \$5,000

This account allows working parents to pay for daycare and before/after school expenses with pre-tax dollars. Dependents must be a child under the age of 13, or, a child, spouse, or other dependent that is physically or mentally incapable of self-care and spends at least eight hours a day in your household. Expenses for kindergarten fees, elementary school expenses for a child in first grade or higher, and expenses paid to a housekeeper, maid, cook, etc. are NOT eligible (except where incidental to child or dependent adult care).

Medical Flexible Spending Account

Maximum contribution: \$2,650

The Medical FSA allows you to pay with pre-tax dollars for health, dental and vision expenses that are not covered by insurance.

Reimbursable expenses include:

- Deductibles, Copays, Coinsurance
- Splints & Casts, Prescriptions
- Wheel chairs, Crutches, Xrays
- Diabetes testing
- Dental services, fillings, root canals, Orthodontia
- Vision exams, contacts, glasses

If you have questions about qualified medical expenses, call 866-818-8805 or visit www.surency.com to view a complete list of approved expenses.

How Flexible Spending Accounts Work

You decide how much you will spend on unreimbursed health, dental, and vision expenses, and/or dependent care costs for the plan year. You elect to redirect part of your paycheck into a pre-tax FSA. This amount can be changed only at open enrollment or if you have a qualifying event. Once you've enrolled your entire election amount is available to you on the first day of the plan year. Use your FSA card for qualified expenses and simply swipe your card. If you prefer to pay upfront then be reimbursed, you can file a claim electronically from the Member Login and you can be reimbursed from your FSA.



! Surency 2018 Flex Reminders!! !

If you have not used up your 2018 Flex dollars, you have until **2/15/2019** to incur claims. The City offers a **grace period** which means that you can incur claims in December (2018) through February 15th of 2019 and file for reimbursement from your 2018 flex account. You have until **April 15th to file all claims.**

Manage Your Account Online!

- Visit www.surency.com and select Member Login, then select Surency AdvantagePlus Members.
- From the member portal you can view your account balances, track account activity, view payment history, report lost or stolen cards, file claims and update your bank account for electronic funds transfer.

FSA Debit Card

The VISA debit card is provided at no cost and allows you to simply swipe the card at an IRS qualified service provider for payment of qualified plan expenses. You will be required to submit documentation for substantiation. Exceptions include: Plan co-payment matches and reoccurring expenses from a previously approved transaction. Receipts must indicate the name of the provider/merchant, original date of service, the type of service/purchase made, and the amount charged.

Don't forget to download the Surency FSA App (Compatible on Apple and Android)



MOBILE APPLICATION

TAKE CONTROL OF YOUR HEALTH CARE EXPENSES



Want to check your health care balances and submit receipts anywhere, anytime? We have an app for that!



Available for free on Apple or Android devices.



With the free Surency AdvantagePlus benefits app:

- : Check flexible spending account (FSA), dependent care flexible spending account (DC FSA), health reimbursement arrangement (HRA) and health savings account (HSA) balances
- : File new FSA claims & Request HSA Distributions
- : Upload receipts using your mobile device's camera
- : View account activity

Setting Up Your Account

1. Download the Mobile App

- : Search the Apple Store or Google Play (Android) for Surency AdvantagePlus. Download the app to your device.

2. Login to the Mobile App

- : Login using your username and password (same as your Member Login information)
- : Select a 4-digit code for security
- : If you are a new member and do not have a username and password, you can login using the information provided below.

Username: first name (all lowercase) + last four digits of Social Security Number

Password: last name (all lowercase) + last four digits of Social Security Number *

* If your last name is hyphenated, your password should be entered with no hyphen or space between the two names. See example 2 below.

Example 1: If your name is John Smith and the last four digits of your SSN are 1234, your username would be john1234 and your password would be smith1234.

Example 2: If your name is Jane Smith-Jones and the last four digits of your SSN are 1234, your username would be jane1234 and your password would be smithjones1234.

Note: If you experience any difficulty signing in to the Surency Member Login Site, please call Customer Service at 866.818.8805



LIFE AND AD&D INSURANCE

USABLE

Benefits You Receive

The City of Raymore provides basic group life and accidental death and dismemberment (AD&D) insurance through USABLE at no cost to the employee. Employees receive a benefit of one times annual salary, up to a maximum of \$100,000. Age reduction applies to insured individuals age 65 and above.

Voluntary Life Insurance

If you want to supplement your group life insurance benefit, you may purchase additional coverage on a voluntary basis for you, your spouse and your dependent children.

Employee Benefits:

Additional employee coverage is available in \$10,000 increments up to \$300,000 or five times your annual salary, whichever is less. The Guarantee Issue is 80,000. If you are currently enrolled, you can elect an additional **\$10,000 during open enrollment** without having to complete an Evidence of Insurability Form as long as your total Voluntary Life coverage amount does NOT exceed the Guarantee Issue amount. If you elect coverage above the Guarantee Issue amount, please contact Human Resources for an Evidence of Insurability form (medical questionnaire), which is subject to approval by USABLE.

Monitoring dependent age/eligibility is the responsibility of the employee. Notify Human Resources immediately upon ineligibility of any dependent.

Spousal Benefits:

You may purchase additional life insurance for your spouse, up to 50% of your voluntary employee coverage amount. Spouse coverage is available in \$5,000 increments. The minimum election is \$10,000 up to a maximum of \$150,000. Guarantee Issue for spouses is \$30,000. If you elect spousal coverage over the guarantee issue amount, please contact Human Resources for an Evidence of Insurability form (medical questionnaire), which is subject to approval by USABLE.

Child Benefits:

Child coverage is available in \$5,000 increments up to \$10,000. The Guarantee Issue is \$10,000. Maximum dependent age is 26. You must purchase additional life insurance for yourself, in order to purchase child coverage.

See next page for cost.

LIFE AND AD&D INSURANCE

Voluntary Cost

Term Life Coverage Rates per Month – The Life rates include ADD Benefit NOTE: Spousal rate is based on employee age		
Age Band	Employee per \$10,000 Monthly	Per Paycheck
Less than 30	\$ 1.00	\$.50
30-34	\$ 1.20	\$.60
35-39	\$ 1.30	\$.65
40-44	\$ 1.80	\$.90
45-49	\$ 2.60	\$ 1.30
50-54	\$ 4.70	\$ 2.35
55-59	\$ 7.30	\$ 3.65
60-64	\$ 8.60	\$ 4.30
65-69	\$ 14.80	\$ 7.40
70-74	\$ 34.60	\$ 17.30
75+	\$ 131.40	\$ 65.70
Child Life \$5,000 or \$10,000	\$ 1 .10 / \$2.20	\$.55 / \$ 1.10



DISABILITY BENEFITS

USABLE & Trustmark

Benefits You Receive

Disability benefits provide income replacement if you are unable to work due to a serious health condition, non-work-related injury, or disability, which includes illness or disabilities caused by pregnancy, childbirth, long-term illness, or other disabling medical conditions.

Short-Term Disability Leave – 25% paid by City of Raymore

The City of Raymore's short-term disability leave of absence policy provides a financial benefit for employees who are unable to work due to a qualified disability. While recovering from an injury or sickness the benefit will pay you 60% of your earnings, to a maximum of \$350 per week. Since this is partially paid by your employer and is based on your individual salary, contact Human Resources for cost information.

Long-Term Disability Insurance – 100% paid by City of Raymore

Long-term disability insurance provides income replacement if you are disabled due to injury or illness and unable to work for a period greater than 90 days. If you are unable to return to work, you may receive benefits until normal retirement age. The benefit will pay 60% of your earnings, to a maximum of \$5,000 per month.

Additional Worksite Benefits - Trustmark

The following policies pay you a cash benefit in the event you and/or your family are diagnosed with a critical illness or have injuries. The brief description is provided below.

- Accident- cash benefits for burns, dislocations, eye injuries, fractures, lacerations.
- Critical Illness- benefit covers illnesses such as cancer, coronary artery and cerebral vascular disease.
- Universal Life- benefits can be paid as a death benefit, living benefit or as a combination of both.

For more information on these benefits and cost, please contact Human Resources.



Additional Benefits

Long-Term Care Insurance -UNUM

Long-term care goes beyond medical care and nursing care to include all the assistance you may need if you ever have a chronic illness or disability that leaves you unable to care for yourself for an extended period of time. You can receive long-term care in a nursing home, assisted living facility, or in your own home. Although older people use the most long-term care services, a young or middle-aged person who has been in an accident or suffered a debilitating illness might also need long-term care.

City of Raymore pays for \$1,000 monthly benefit for a maximum of 3 years. You may choose a higher amount of coverage by paying for the additional cost. You can elect in \$1,000 increments up to \$9,000 per month. You can also choose your benefit duration. Options are 3 years, 6 years or lifetime.

Employee Assistance Plan (EAP) offered through New Directions Behavioral Health

The EAP online resource is full of comprehensive and trustworthy information at your fingertips. As a valued EAP member you also have access to 6 free counseling visits per incident. The online EAP features over 5,000 articles:

- Videos featuring expert presenters
- Legal and financial referrals
- Childcare and parenting
- Eldercare and caregiving
- Personal growth
- Behavioral health
- Calculators and self-assessments
- Stress

To use your online EAP go to:

www.ndbh.com and enter code USAL903, sign up for e-Directions and take time to browse the personal directions.

Retirement Plan - LAGERS

The City of Raymore makes 100% of the contribution to LAGERS. This benefit provides you a monthly benefit for life upon retirement. The benefit is vested after 5 years of service and is dependent on salary and years of service. The benefit is $\% \times \text{final average salary} \times \text{years of service} = \text{monthly benefits for life}$. The final average salary is the average of the highest 36 months of the last 120 months of wages.

457 (b) – Voya

Through salary reductions, you can contribute up to the IRS maximum of \$18,500 toward your retirement. If you are 50 or older, you may defer an additional \$6,000. Contributions and earnings are tax-deferred. Both the maximum and catch up contribution amounts are subject to change based on IRS guidelines.



Paid Time Off, Vacation & Sick Leave

2019 EMPLOYER PAID HOLIDAY'S

New Year's Day	Tuesday, January 1
Martin Luther King Day	Monday, January 21
Presidents Day	Monday, February 18
Memorial Day	Monday, May 27
Independence Day	Thursday, July 4
Labor Day	Monday, September 2
Veterans Day	Monday, November 11
Thanksgiving	Thursday, November 28
Day-After Thanksgiving	Friday, November 29
Christmas Eve Holiday	Tuesday, December 24
Christmas Holiday	Wednesday, December 25
Floating Holiday	With Approval of Supervisor

For inquiries regarding vacation and sick leave, please refer to the administrative policy.

ANNUAL MODEL NOTICES

2018-2019

Each year, The City of Raymore is required to provide certain notices to you. Please see the following notices presented in this guide for your convenience.

- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- Health Insurance Marketplace Coverage
- Medicare Part D Notice of Creditable Coverage
- General Notice of COBRA Continuation Coverage Rights
- HIPAA Notice of Special Enrollment Rights
- Women's Health and Cancer Rights Act (WHCRA)
- CIGNA HIPAA Notice of Privacy Practices
- Summaries of Benefits and Coverage

Premium Assistance Under Medicaid and The Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2018. You should contact your State for further information on eligibility –

KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512
MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

To see if any more States have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)
Number 1210-0137 (expires 12/31/2019)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565 OMB Control

Notice of Marketplace Coverage Options

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact: Shawn Aulgur, saulgur@raymore.com 816-892-3005.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact: Shawn Aulgur, saulgur@raymore.com 816-892-3005.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name CITY OF RAYMORE	4. Employer Identification Number (EIN) 43-0815510	
5. Employer address 100 MUNICIPAL CIRCLE	6. Employer phone number 816-892-3005	
7. City RAYMORE	8. State MO	9. ZIP code 64083
10. Who can we contact about employee health coverage at this job? SHAWN AULGUR		
11. Phone number (if different from above)	12. Email address SAULGUR@RAYMORE.COM	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees.
 - Some employees. Eligible employees are: •
EMPLOYEES REGULARLY SCHEDULED TO WORK 30 OR MORE HOURS PER WEEK.
 - We do offer coverage. Eligible dependents are:
LEGALLY MARRIED SPOUSE
DEPENDENT CHILDREN TO AGE 26, REGARDLESS OF STUDENT STATUS
 - We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

Medicare Part D
Notice of Creditable Coverage
Important Notice from CITY OF RAYMORE About
Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Raymore and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
 2. CIGNA has determined that the prescription drug coverage offered by the City of Raymore is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
-

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from **October 15th through December 7th.**

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current CIGNA coverage will not be affected. Your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan. If you drop your coverage with CIGNA and enroll in a Medicare prescription drug plan, you may not be able to get this coverage back later. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with CIGNA and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may

have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You may receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook from Medicare. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA). For information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: **September 20, 2018**

Name of Entity/Sender: **City of Raymore**

Contact--Position/Office: **Shawn Aulgur – Human Resources Manager**

Address: **100 Municipal Circle Raymore, MO 64083**

Phone Number: **816-892-3005**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. CMS Form 10182-CC

General Notice of COBRA Continuation Coverage Rights

Continuation Coverage Rights Under COBRA

Introduction

You are receiving this notice because you have recently become or may become covered under the City of Raymore Group Health Care Plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Humana Group Health Plan Summary document or contact the Plan Administrator.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to Shawn Aulgur (816) 892-3005.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. In order to determine if you or a covered member of your family qualify for the disability extension, you must send documentation received from SSA verifying the disability determination to: **Shawn Aulgur: Human Resources Manager, City of Raymore 816-892-3005**

HIPAA Notice of Special Enrollment Rights

This notice is being provided to insure that you understand your right to enroll in the City of Raymore Health Plan. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). **However, you must request enrollment within 31 days after your or your dependents' other coverage ends** (or after the employer stops contributing toward the other coverage).

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his/her employment. If you notify us within 31 days of the date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

Example: Marriage, Birth or Adoption. If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. **However, you must request enrollment within 31 days after the marriage, birth, or placement for adoption.**

Example: When you were hired by us, you were single and chose not to elect health insurance benefits. During the year you get married. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 31 days from the date of your marriage.

For More Information or Assistance

To request special enrollment or obtain more information, please contact:

**Shawn Aulgur, Human Resources Manager
City of Raymore
816-892-3005**

Women’s Health and Cancer Rights Act (WHCRA)

The Women’s Health and Cancer Rights Act of 1998 (WHCRA) provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

The City of Raymore Health Plan provides coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

Cigna Plan	Deductible/ Coinsurance	In- Network	Out-of- Network
Open Access PPO \$1000	Individual Deductible	\$1,000	\$1,000
	Family Deductible	\$3,000	\$3,000
	Coinsurance	80%	50%
Open Access \$3500	Individual Deductible	\$3,500	\$3,500
	Family Deductible	\$7,000	7,000
	Coinsurance	100%	80%
Surefit \$1000	Individual Deductible	\$1,000	N/A
	Family Deductible	\$3,000	N/A
	Coinsurance	80%	N/A
SureFit \$3500	Individual Deductible	\$3,500	N/A
	Family Deductible	\$7,000	N/A
	Coinsurance	100%	N/A

For more information regarding these compliance notices, please contact:
Shawn Aulgur, Human Resources Manager
City of Raymore: 816-892-3005

NOTICE OF PRIVACY PRACTICES

Cigna Global Health Benefits®

This notice describes how medical information about you, may be used and disclosed, and how you can get access to this information. Please review it carefully.

Our privacy commitment

Thank you for giving us the opportunity to serve you. In the normal course of doing business – providing medical care to you – Cigna Global Health Benefits (“CGHB”) creates records about you and the treatment and services we provide to you. The information we collect is called Protected Health Information (“PHI”). We take our obligation to keep your PHI secure and confidential very seriously.

We are required by federal and state law to protect the privacy of your PHI and to provide you with this Notice about how we safeguard and use it and to notify you following a breach of your unsecured PHI.

When we use or give out (“disclose”) your PHI, we are bound by the terms of this Notice. This Notice applies to all electronic or paper records we create, obtain, and/or maintain that contain your PHI.

How we protect your privacy

We understand the importance of protecting your PHI. We restrict access to your PHI to authorized workforce members who need that information for your treatment, for payment purposes and/or for health care operations. We maintain technical, physical and administrative safeguards to ensure the privacy of your PHI.

To protect your privacy, only authorized and trained workforce members are given access to our paper and electronic records and to non-public areas where this information is stored.

Para recibir este Aviso de prácticas de privacidad en español, llame al Centro de servicio internacional al 302.797.3100 o al 800.441.2668.

Workforce members are trained on topics including:

- ▶ Privacy and data protection policies and procedures including how paper and electronic records are labeled, stored, filed and accessed.
- ▶ Technical, physical and administrative safeguards in place to maintain the privacy and security of your PHI.

Our corporate Privacy Office monitors how we follow the policies and procedures, and educates our organization on this important topic.

How we use and disclose your PHI

Uses of PHI without your authorization

We may disclose your PHI without your written authorization if necessary while providing your health benefits. We may disclose your PHI for the following purposes:

- ▶ **Treatment:**
 - To share with hospital staff, nurses, doctors, pharmacists, optometrists, health educators and other health care professionals and personnel at health care facilities so they can determine your plan of care.
 - To help you obtain services and treatment you may need – for example, to order lab tests and using the results.

Together, all the way.™



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

- To coordinate your health care and related services with a different health care facility or professional.

➤ **Payment:**

- To obtain payment of premiums for your coverage.
- To make coverage determinations - for example, to speak to a health care professional about payment for services provided to you.
- To coordinate benefits with other coverage you may have - for example, to speak to another health plan or insurer to determine your eligibility or coverage.
- To obtain payment from a third party that may be responsible for payment, such as a family member.
- To otherwise determine and fulfill our responsibility to provide your health benefits - for example, to administer claims.

➤ **Health care operations:**

- To provide customer service.
- To support and/or improve the programs or services we offer you.
- To assist you in managing your health - for example, to provide you with information about treatment alternatives to which you may be entitled.
- To support another health plan, insurer, or health care professional who has a relationship with you for activities such as case management, care coordination and quality improvement activities. For example, we may share your claims information with your doctor if you have a medical need that requires attention.

We may also disclose your PHI without your written authorization for other purposes, as permitted or required by law. This includes:

➤ **Disclosures to others involved in your health care.**

- If you are present or otherwise available to direct us to do so, we may disclose your PHI to others - for example, a family member, a close friend, or your caregiver.
- If you are in an emergency situation, are not present, or are incapacitated, we will use our professional judgment to decide whether disclosing your PHI to others is in your best interests. If we do disclose your PHI in a situation where you are unavailable, we would disclose only information that is directly relevant to the person's involvement with your treatment or for payment related to your treatment. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location or your general medical condition.

- We may disclose your child's PHI to your child's other parent.

➤ **Disclosures to your employer as sponsor of your health plan.** We may disclose your PHI to your employer or to a company acting on your employer's behalf, so that entity can monitor, audit and otherwise administer the employee health plan in which you participate. Your employer is not permitted to use the PHI we disclose for any purpose other than administration of your benefits. The Health Plan may also provide Summary Health Information to the plan sponsor as allowed by law so that the plan sponsor may solicit premium bids from other health plans or modify, amend or terminate the plan. See your employer's health plan documents for information on whether your employer receives PHI and, if so, the identity of the employees who are authorized to receive your PHI.

➤ **Disclosures to vendors and accreditation organizations.** We may disclose your PHI to:

- Companies that perform certain services we've requested. For example, we may engage vendors to help us to provide information and guidance to users with chronic conditions like diabetes and asthma.
- Accreditation organizations such as the National Committee for Quality Assurance (NCQA) for quality measurement purposes.

Please note that before we share your PHI, we obtain the vendor's or accreditation organization's written agreement to protect the privacy of your PHI.

➤ **Communications.** We may disclose your PHI to:

- Encourage you to purchase or use a product or service that is not part of the health care services and benefits we provide when we meet with you in person, as permitted by law.
- Provide you with a promotional gift of nominal value.

Except as permitted by law, we will not use your PHI for marketing purposes without your prior written authorization.

➤ **Health or safety.** We may disclose your PHI to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of another individual or the general public

➤ **Public health activities.** We may disclose your PHI to:

- Report health information to public health authorities authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability, or monitoring immunizations;
- Report child abuse or neglect, or adult abuse, including domestic violence, to a

government authority authorized by law to receive such reports;

- Report information about a product or activity that is regulated by the U.S. Food and Drug Administration (FDA) to a person responsible for the quality, safety or effectiveness of the product or activity;
- Alert a person who may have been exposed to a communicable disease, if we are authorized by law to give this Notice.
- **Health oversight activities.** We may disclose your PHI to:
 - A government agency that is legally responsible for oversight of the health care system or for ensuring compliance with the rules of government benefit programs, such as Medicare or Medicaid.
 - Other regulatory programs that need health information to determine compliance.
- **Research.** We may disclose your PHI for research purposes, but only according to and as allowed by law.
- **Compliance with the law.** We may use and disclose your PHI to comply with the law.
- **Judicial and administrative proceedings.** We may disclose your PHI in a judicial or administrative proceeding or in response to a valid legal order.
- **Law enforcement officials.** We may disclose your PHI to the police or other law enforcement officials, as required by law or in compliance with a court order or other process authorized by law.
- **Government functions.** We may disclose your PHI to various departments of the government such as the U.S. military or the U.S. Department of State as required by law.
- **Workers' compensation.** We may disclose your PHI when necessary to comply with workers' compensation laws and similar programs.

Uses of PHI that require your authorization

Other than for the purposes described above or as permitted by applicable law, we must obtain your written authorization to use or disclose your PHI. For example, we would need your authorization:

- To use your PHI to a prospective employer.
- Use your PHI for marketing communications and when we receive direct or indirect payment from a third party for making such communications.
- For any sale involving your PHI, as required by law.
- To use genetic information for underwriting purposes.

Uses and disclosures of certain PHI deemed "Highly Confidential." For certain kinds of PHI, federal and state law may require enhanced privacy protection. These would include PHI that is:

- Maintained in psychotherapy notes;
- About alcohol and drug abuse prevention, treatment and referral;
- About HIV/AIDS testing, diagnosis or treatment;
- About venereal and/or communicable disease(s);
- About genetic testing.

We can only disclose this type of specially protected PHI with your prior written authorization except when specifically permitted or required by law. Any other uses and disclosures not described in this Notice will only be made with your prior written authorization.

Cancellation. You may cancel ("revoke") a written authorization you gave us before. The cancellation, submitted to us in writing, will apply to future uses and disclosures of your PHI. It will not impact disclosures made previously, while your authorization was in effect.

Your individual rights

You have the following rights regarding the PHI that CGHB creates, obtains, and/or maintains about you.

- **Right to request restrictions.** You may ask us to restrict the way we use and disclose your PHI for treatment, payment and health care operations, as explained in this Notice. We are not required to agree to the restrictions, but we will consider them carefully. If we do agree to the restrictions, we will abide by them.
- **Right to receive confidential communications.** You may ask to receive CGHB communications containing PHI by alternative means or at alternative locations – for example, you may ask that we contact you by phone at home, rather than at work. We will accommodate reasonable requests whenever feasible.
- **Right to inspect and copy your PHI.** You may ask in advance to review or receive a copy of your PHI that is included in certain paper or electronic records we maintain such as prescription and billing records. Under limited circumstances, we may deny you access to a portion of your records.

You may request that we disclose or send a copy of your PHI to a Health Information Exchange (HIE).
- **Right to amend your records.** You have the right to ask us to correct your PHI contained in our electronic or paper records if you believe it is inaccurate. If we determine that the PHI is inaccurate, we will correct it if permitted by law. If a health care facility

or professional created the information that you want to change, you should ask them to amend the information.

- ▶ **Right to receive an accounting of disclosures.** Upon your request, we will provide a list of the disclosures we have made of your PHI for a specified time period. However, the list will exclude:
 - Disclosures you have authorized.
 - Disclosures made earlier than six years before the date of your request (in the case of disclosures made from an electronic health record, this period may be limited to three years before the date of your request).
 - Disclosures made for treatment, payment, and health care operations purposes except when required by law.
 - Certain other disclosures that are excepted by law.

If you request an accounting more than once during any 12-month period, we will charge you a reasonable fee for each accounting report after the first one.

- ▶ **Right to name a personal representative.** You may name another person to act as your Personal Representative. Your representative will be allowed access to your PHI, to communicate with the health care professionals and facilities providing your care, and to exercise all other HIPAA rights on your behalf. Depending on the authority you grant your representative, he or she may also have authority to make health care decisions for you.
- ▶ **Right to receive a paper copy of this Notice.** Upon your request, we will provide a paper copy of this Notice, even if you have already received one, as described in the Notice Availability and Duration section later in this Notice.

Actions you may take

Contact GHB If you have questions about your privacy rights, believe that we may have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact us at the following address or telephone number:

Privacy Office
Cigna Global Health Benefits
300 Bellevue Parkway
Wilmington, DE 19809
International Service Centers:
302.797.3100 or 800.441.2668

For certain types of requests, you must complete and mail to us an applicable form, which is available by calling the International Service Centers or going to our website (www.Cignaenvoy.com).

Contact a government agency. If you believe we may have violated your privacy rights, you may also file a written complaint with the Secretary (the "Secretary") of the U.S. Department of Health and Human Services ("HHS").

Your complaint can be sent by email, fax, or mail to the HHS' Office for Civil Rights ("OCR"). For more information, go to the OCR website <http://www.hhs.gov/ocr/privacy/hipaa/complaints>. We will provide you with the contact information for the OCR Regional Manager in your area if you request it from our Privacy Office.

We will not take any action against you if you exercise your right to file a complaint, either with us or with the Secretary.

Notice availability and duration

Notice availability. A copy of this Notice is available by calling the International Service Centers or on our website (go to www.Cignaenvoy.com and click Notice of Privacy Practices).

Right to change terms of this Notice. We may change the terms of this Notice at any time, and we may, at our discretion, make the new terms effective for all of your PHI in our possession, including any PHI we created or received before we issued the new Notice.

If we change this Notice, we will update the Notice on our website and, if you are enrolled in a CGHB plan at that time, we will send you the new Notice, as required. In addition, you can obtain a copy of the new Notice upon request when you call the International Service Centers or from our website

Effective date. This Notice is effective as of April 14, 2003, and updated as of September 23, 2013.





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 1-866-494-2111 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p>For in-network providers: \$1,000/individual or \$3,000/family For out-of-network providers: \$1,000/individual or \$3,000/family</p>	<p>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.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. In-network preventive care, office visits, diagnostic test, prescription drugs, emergency room visits, urgent care facility visits.</p>	<p>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/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>For in-network providers \$4,000/individual or \$8,000/family; For out-of-network providers \$8,000/individual or \$16,000/family. Combined medical/behavioral and pharmacy out-of-pocket limit</p>	<p>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p>Penalties for failure to obtain pre-authorization for services, premiums, balance-billing charges, and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>

Important Questions	Answers	Why This Matters:
Will you pay less if you use a network provider ?	Yes. See www.myCigna.com or call 1-866-494-2111 for a list of network providers .	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.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

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)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 copay /visit Deductible does not apply	50% coinsurance	None
	Specialist visit	\$30 copay /visit Deductible does not apply	50% coinsurance	None
	Preventive care/ screening /immunization	No charge/visit** No charge/other services** No charge/immunizations** ** Deductible does not apply	Not covered/visit Not covered/other services Not covered/immunizations	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge Deductible does not apply	50% coinsurance	None
	Imaging (CT/PET scans, MRIs)	20% coinsurance at an outpatient facility 20% coinsurance in the office	50% coinsurance at an outpatient facility 50% coinsurance in the office	\$750 penalty for no precertification.

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)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.myCigna.com	Generic drugs (Tier 1)	\$15 copay /prescription (retail 30 days), \$38 copay /prescription (retail & home delivery 90 days) Deductible does not apply	Not covered	Coverage is limited up to a 90-day supply (retail and home delivery); up to a 30-day supply (retail and home delivery) for Specialty drugs. Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits.
	Preferred brand drugs (Tier 2)	\$70 copay /prescription (retail 30 days), \$175 copay /prescription (retail & home delivery 90 days) Deductible does not apply	Not covered	
	Non-preferred brand drugs (Tier 3)	\$110 copay /prescription (retail 30 days), \$275 copay /prescription (retail & home delivery 90 days) Deductible does not apply	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	50% coinsurance	\$750 penalty for no precertification.
	Physician/surgeon fees	20% coinsurance	50% coinsurance	\$750 penalty for no precertification.
If you need immediate medical attention	Emergency room care	\$100 copay /visit, plus 20% coinsurance Deductible does not apply	\$100 copay /visit, plus 20% coinsurance Deductible does not apply	Per visit copay is waived if admitted
	Emergency medical transportation	20% coinsurance	20% coinsurance	None
	Urgent care	\$10 copay /visit Deductible does not apply	50% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	50% coinsurance	\$750 penalty for no precertification.
	Physician/surgeon fees	20% coinsurance	50% coinsurance	\$750 penalty for no precertification.

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)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30 copay /office visit** 20% coinsurance /all other services ** Deductible does not apply	50% coinsurance /office visit 50% coinsurance /all other services	\$750 penalty if no precert of non-routine services (i.e., partial hospitalization, IOP, etc.).
	Inpatient services	20% coinsurance	50% coinsurance	\$750 penalty for no precertification.
If you are pregnant	Office visits	20% coinsurance	50% coinsurance	Primary Care or Specialist benefit levels apply for initial visit to confirm pregnancy. Depending on the type of services, a copayment , coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% coinsurance	50% coinsurance	
	Childbirth/delivery facility services	20% coinsurance	50% coinsurance	

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)	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	50% coinsurance	\$750 penalty for no precertification. Coverage is limited to 60 visits annual max. (The limit is not applicable to mental health and substance use disorder conditions.)
	Rehabilitation services	\$30 copay /visit for Physical, Speech, Hearing & Occupational therapy** \$30 copay /visit for Chiropractic care** ** Deductible does not apply	50% coinsurance /visit for Physical, Speech, Hearing & Occupational therapy 50% coinsurance /visit for Chiropractic care	\$750 penalty for failure to precertify speech therapy. Coverage is limited to an annual max of 60 visits for Physical therapy and 60 visits for Speech, Hearing & Occupational therapy and 60 visits annual max for Chiropractic care services. Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	Habilitation services	Not covered	Not covered	None
	Skilled nursing care	20% coinsurance	50% coinsurance	\$750 penalty for no precertification. Coverage is limited to 60 days annual max.
	Durable medical equipment	20% coinsurance	50% coinsurance	\$750 penalty for no precertification.
	Hospice services	20% coinsurance	50% coinsurance	\$750 penalty for no precertification.
If your child needs dental or eye care	Children's eye exam	Not covered		None
	Children's glasses	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](#).)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Dental care (Children)
- Habilitation services
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside of the U.S.
- Private-duty nursing
- Routine eye care (Adult)
- Routine eye care (Children)
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Chiropractic care (60 visits)

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: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. 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 to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For questions about your rights, this notice, or assistance, you can contact Cigna Customer service at 1-866-494-2111. 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. Additionally, a consumer assistance program can help you file your [appeal](#). Contact: Missouri Division of Insurance at (800) 735-2966 (toll-free). However, for information regarding your own state's consumer assistance program refer to www.healthcare.gov.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

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 1-866-494-2111.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-494-2111.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-866-494-2111.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 1-866-494-2111.

-----*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)

- The [plan's](#) overall [deductible](#) \$1,000
- [Specialist copayment](#) \$30
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,000
Copayments	\$50
Coinsurance	\$2,100
<i>What isn't covered</i>	
Limits or exclusions	\$10
The total Peg would pay is	\$3,160

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

- The [plan's](#) overall [deductible](#) \$1,000
- [Specialist copayment](#) \$30
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$900
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$200
The total Joe would pay is	\$1,100

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

- The [plan's](#) overall [deductible](#) \$1,000
- [Specialist copayment](#) \$30
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$630
Copayments	\$300
Coinsurance	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,030

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



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 1-866-494-2111 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p>For in-network providers: \$3,500/individual or \$7,000/family For out-of-network providers: \$3,500/individual or \$7,000/family</p>	<p>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.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. In-network preventive care, office visits, prescription drugs, urgent care facility visits.</p>	<p>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/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>For in-network providers \$3,500/individual or \$7,000/family; For out-of-network providers \$7,000/individual or \$14,000/family. Combined medical/behavioral and pharmacy out-of-pocket limit</p>	<p>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p>Penalties for failure to obtain pre-authorization for services, premiums, balance-billing charges, and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>

Important Questions	Answers	Why This Matters:
Will you pay less if you use a network provider ?	Yes. See www.myCigna.com or call 1-866-494-2111 for a list of network providers .	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.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

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)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$40 copay /visit Deductible does not apply	20% coinsurance	None
	Specialist visit	\$40 copay /visit Deductible does not apply	20% coinsurance	None
	Preventive care/ screening/immunization	No charge/visit** No charge/other services** No charge/immunizations** ** Deductible does not apply	Not covered/visit Not covered/other services Not covered/immunizations	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	20% coinsurance	None
	Imaging (CT/PET scans, MRIs)	No charge at an outpatient facility No charge in the office	20% coinsurance at an outpatient facility 20% coinsurance in the office	\$750 penalty for no precertification.

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)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.myCigna.com	Generic drugs (Tier 1)	\$15 copay /prescription (retail 30 days), \$38 copay /prescription (retail & home delivery 90 days) Deductible does not apply	Not covered	Coverage is limited up to a 90-day supply (retail and home delivery); up to a 30-day supply (retail and home delivery) for Specialty drugs. Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits.
	Preferred brand drugs (Tier 2)	\$70 copay /prescription (retail 30 days), \$175 copay /prescription (retail & home delivery 90 days) Deductible does not apply	Not covered	
	Non-preferred brand drugs (Tier 3)	\$110 copay /prescription (retail 30 days), \$275 copay /prescription (retail & home delivery 90 days) Deductible does not apply	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	20% coinsurance	\$750 penalty for no precertification.
	Physician/surgeon fees	No charge	20% coinsurance	\$750 penalty for no precertification.
If you need immediate medical attention	Emergency room care	No charge	No charge	None
	Emergency medical transportation	No charge	No charge	None
	Urgent care	\$10 copay /visit Deductible does not apply	20% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	20% coinsurance	\$750 penalty for no precertification.
	Physician/surgeon fees	No charge	20% coinsurance	\$750 penalty for no precertification.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$40 copay /office visit** No charge/all other services ** Deductible does not apply	20% coinsurance /office visit 20% coinsurance /all other services	\$750 penalty if no precert of non-routine services (i.e., partial hospitalization, IOP, etc.).
	Inpatient services	No charge/admission	20% coinsurance	\$750 penalty for no precertification.

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)	
If you are pregnant	Office visits	No charge	20% coinsurance	Primary Care or Specialist benefit levels apply for initial visit to confirm pregnancy. Depending on the type of services, a copayment , coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No charge	20% coinsurance	
	Childbirth/delivery facility services	No charge	20% coinsurance	
If you need help recovering or have other special health needs	Home health care	No charge	20% coinsurance	\$750 penalty for no precertification. Coverage is limited to 60 visits annual max. (The limit is not applicable to mental health and substance use disorder conditions.)
	Rehabilitation services	\$40 copay /visit for Physical, Speech, Hearing & Occupational therapy** \$40 copay /visit for Chiropractic care** ** Deductible does not apply	20% coinsurance /visit for Physical, Speech, Hearing & Occupational therapy 20% coinsurance /visit for Chiropractic care	\$750 penalty for failure to precertify speech therapy. Coverage is limited to an annual max of 60 visits for Physical therapy and 60 visits for Speech, Hearing & Occupational therapy and 60 visits annual max for Chiropractic care services. Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	Habilitation services	Not covered	Not covered	None
	Skilled nursing care	No charge	20% coinsurance	\$750 penalty for no precertification. Coverage is limited to 60 days annual max.
	Durable medical equipment	No charge	20% coinsurance	\$750 penalty for no precertification.
	Hospice services	No charge	20% coinsurance	\$750 penalty for no precertification.

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)	
If your child needs dental or eye care	Children's eye exam	Not covered		None
	Children's glasses	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 .)		
<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Cosmetic surgery • Dental care (Adult) • Dental care (Children) 	<ul style="list-style-type: none"> • Habilitation services • Hearing aids • Infertility treatment • Long-term care • Non-emergency care when traveling outside of the U.S. 	<ul style="list-style-type: none"> • Private-duty nursing • Routine eye care (Adult) • Routine eye care (Children) • Routine foot care • Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)
<ul style="list-style-type: none"> • Chiropractic care (60 visits)

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)

- The [plan's](#) overall [deductible](#) **\$3,500**
- [Specialist copayment](#) **\$40**
- Hospital (facility) [coinsurance](#) **0%**
- Other [coinsurance](#) **0%**

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$3,460
Copayments	\$60
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$10
The total Peg would pay is	\$3,530

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

- The [plan's](#) overall [deductible](#) **\$3,500**
- [Specialist copayment](#) **\$40**
- Hospital (facility) [coinsurance](#) **0%**
- Other [coinsurance](#) **0%**

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$130
Copayments	\$900
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$200
The total Joe would pay is	\$1,230

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

- The [plan's](#) overall [deductible](#) **\$3,500**
- [Specialist copayment](#) **\$40**
- Hospital (facility) [coinsurance](#) **0%**
- Other [coinsurance](#) **0%**

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,350
Copayments	\$200
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,550

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



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 1-866-494-2111 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p>For in-network providers: \$1,000/individual or \$3,000/family</p>	<p>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.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. In-network preventive care & immunizations, office visits, diagnostic test, emergency room visits, urgent care facility visits, prescription drugs.</p>	<p>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/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>For in-network providers \$4,000/individual or \$8,000/family. Combined medical/behavioral and pharmacy out-of-pocket limit</p>	<p>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p>Premiums, balance-billing charges, and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>

Important Questions	Answers	Why This Matters:
Will you pay less if you use a network provider ?	Yes. See www.myCigna.com or call 1-866-494-2111 for a list of network providers .	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.
Do you need a referral to see a specialist ?	Yes.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

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)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 copay /visit Deductible does not apply	Not covered	None
	Specialist visit	\$30 copay /visit Deductible does not apply	Not covered	None
	Preventive care/ screening/ immunization	No charge/visit** No charge/other services** No charge/immunizations** ** Deductible does not apply	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge Deductible does not apply	Not covered	None
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	None

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)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.myCigna.com	Generic drugs (Tier 1)	\$15 copay /prescription (retail 30 days), \$38 copay /prescription (retail & home delivery 90 days) Deductible does not apply	Not covered	Coverage is limited up to a 90-day supply (retail and home delivery); up to a 30-day supply (retail and home delivery) for Specialty drugs. Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits.
	Preferred brand drugs (Tier 2)	\$70 copay /prescription (retail 30 days), \$175 copay /prescription (retail & home delivery 90 days) Deductible does not apply	Not covered	
	Non-preferred brand drugs (Tier 3)	\$110 copay /prescription (retail 30 days), \$275 copay /prescription (retail & home delivery 90 days) Deductible does not apply	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	Not covered	None
	Physician/surgeon fees	20% coinsurance	Not covered	None
If you need immediate medical attention	Emergency room care	\$100 copay /visit, plus 20% coinsurance Deductible does not apply	\$100 copay /visit, plus 20% coinsurance	None
	Emergency medical transportation	20% coinsurance	20% coinsurance	None
	Urgent care	\$10 copay /visit Deductible does not apply	\$10 copay /visit Deductible does not apply	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	Not covered	None
	Physician/surgeon fees	20% coinsurance	Not covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30 copay /office visit** 20% coinsurance /all other services ** Deductible does not apply	Not covered	None
	Inpatient services	20% coinsurance	Not covered	None

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)	
If you are pregnant	Office visits	20% coinsurance	Not covered	Primary Care or Specialist benefit levels apply for initial visit to confirm pregnancy. Depending on the type of services, a copayment , coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% coinsurance	Not covered	
	Childbirth/delivery facility services	20% coinsurance	Not covered	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	Not covered	Coverage is limited to 60 visits annual max. (The limit is not applicable to mental health and substance use disorder conditions.)
	Rehabilitation services	\$30 copay /visit for Physical, Speech, Hearing & Occupational therapy** \$30 copay /visit for Chiropractic care services** ** Deductible does not apply	Not covered	Coverage is limited to an annual max of 60 visits for Physical therapy and 60 visits for Speech, Hearing, & Occupational therapy and 60 visits annual max for Chiropractic care services Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	Habilitation services	Not covered	Not covered	None
	Skilled nursing care	20% coinsurance	Not covered	Coverage is limited to 60 days annual max.
	Durable medical equipment	20% coinsurance	Not covered	None
	Hospice services	20% coinsurance /inpatient; 20% coinsurance /outpatient services	Not covered	None
	If your child needs dental or eye care	Children's eye exam	Not covered	Not covered
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](#).)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Dental care (Children)
- Habilitation services
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)
- Routine eye care (Children)
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Chiropractic care (first 26 visits per Calendar Year without referral, additional visits if medically necessary)

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)

- The [plan's](#) overall [deductible](#) \$1,000
- [Specialist copayment](#) \$30
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,000
Copayments	\$50
Coinsurance	\$2,100
<i>What isn't covered</i>	
Limits or exclusions	\$10
The total Peg would pay is	\$3,160

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

- The [plan's](#) overall [deductible](#) \$1,000
- [Specialist copayment](#) \$30
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$900
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$200
The total Joe would pay is	\$1,100

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

- The [plan's](#) overall [deductible](#) \$1,000
- [Specialist copayment](#) \$30
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$630
Copayments	\$300
Coinsurance	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,030

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



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Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p>For in-network providers: \$3,500/individual or \$7,000/family</p>	<p>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.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. In-network preventive care & immunizations, office visits, urgent care facility visits, prescription drugs.</p>	<p>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/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>For in-network providers \$3,500/individual or \$7,000/family. Combined medical/behavioral and pharmacy out-of-pocket limit</p>	<p>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p>Premiums, balance-billing charges, and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>

Important Questions	Answers	Why This Matters:
Will you pay less if you use a network provider ?	Yes. See www.myCigna.com or call 1-866-494-2111 for a list of network providers .	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.
Do you need a referral to see a specialist ?	Yes.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

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)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$40 copay /visit Deductible does not apply	Not covered	None
	Specialist visit	\$40 copay /visit Deductible does not apply	Not covered	None
	Preventive care/ screening/ immunization	No charge/visit** No charge/other services** No charge/immunizations** ** Deductible does not apply	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	Not covered	None
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	None

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)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.myCigna.com	Generic drugs (Tier 1)	\$15 copay /prescription (retail 30 days), \$38 copay /prescription (retail & home delivery 90 days) Deductible does not apply	Not covered	Coverage is limited up to a 90-day supply (retail and home delivery); up to a 30-day supply (retail and home delivery) for Specialty drugs. Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits.
	Preferred brand drugs (Tier 2)	\$70 copay /prescription (retail 30 days), \$175 copay /prescription (retail & home delivery 90 days) Deductible does not apply	Not covered	
	Non-preferred brand drugs (Tier 3)	\$110 copay /prescription (retail 30 days), \$275 copay /prescription (retail & home delivery 90 days) Deductible does not apply	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	Not covered	None
	Physician/surgeon fees	No charge	Not covered	None
If you need immediate medical attention	Emergency room care	No charge	No charge	None
	Emergency medical transportation	No charge	No charge	None
	Urgent care	\$10 copay /visit Deductible does not apply	\$10 copay /visit Deductible does not apply	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	Not covered	None
	Physician/surgeon fees	No charge	Not covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$40 copay /office visit** No charge/all other services ** Deductible does not apply	Not covered	None
	Inpatient services	No charge/admission	Not covered	None

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)	
If you are pregnant	Office visits	No charge	Not covered	Primary Care or Specialist benefit levels apply for initial visit to confirm pregnancy. Depending on the type of services, a copayment , coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No charge	Not covered	
	Childbirth/delivery facility services	No charge	Not covered	
If you need help recovering or have other special health needs	Home health care	No charge	Not covered	Coverage is limited to 60 visits annual max. (The limit is not applicable to mental health and substance use disorder conditions.)
	Rehabilitation services	\$40 copay /visit for Physical, Speech, Hearing & Occupational therapy** \$40 copay /visit for Chiropractic care services** ** Deductible does not apply	Not covered	Coverage is limited to an annual max of 60 visits for Physical therapy and 60 visits for Speech, Hearing, & Occupational therapy and 60 visits annual max for Chiropractic care services Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	Habilitation services	Not covered	Not covered	None
	Skilled nursing care	No charge	Not covered	Coverage is limited to 60 days annual max.
	Durable medical equipment	No charge	Not covered	None
	Hospice services	No charge/inpatient; No charge/outpatient services	Not covered	None
	If your child needs dental or eye care	Children's eye exam	Not covered	Not covered
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](#).)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Dental care (Children)
- Habilitation services
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)
- Routine eye care (Children)
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Chiropractic care (first 26 visits per Calendar Year without referral, additional visits if medically necessary)

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: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. 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 to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For questions about your rights, this notice, or assistance, you can contact Cigna Customer service at 1-866-494-2111. 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. Additionally, a consumer assistance program can help you file your [appeal](#). Contact the program for this [plan's](#) situs state: Missouri Division of Insurance at (800) 735-2966 (toll-free). However, for information regarding your own state's consumer assistance program refer to www.healthcare.gov.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

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 1-866-494-2111.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-494-2111.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-866-494-2111.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 1-866-494-2111.

-----*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*-----

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Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) **\$3,500**
- [Specialist copayment](#) **\$40**
- Hospital (facility) [coinsurance](#) **0%**
- Other [coinsurance](#) **0%**

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$3,460
Copayments	\$60
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$10
The total Peg would pay is	\$3,530

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

- The [plan's](#) overall [deductible](#) **\$3,500**
- [Specialist copayment](#) **\$40**
- Hospital (facility) [coinsurance](#) **0%**
- Other [coinsurance](#) **0%**

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$130
Copayments	\$900
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$200
The total Joe would pay is	\$1,230

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

- The [plan's](#) overall [deductible](#) **\$3,500**
- [Specialist copayment](#) **\$40**
- Hospital (facility) [coinsurance](#) **0%**
- Other [coinsurance](#) **0%**

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,350
Copayments	\$200
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,550

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file

a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



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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. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, 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：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về 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: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시고, 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시고.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng 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: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, 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 – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki deyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés 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 Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o 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。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。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 gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوایان: شماره 711 را شماره‌گیری کنید).



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