



Selection of a Primary Care Provider - your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, Cigna may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card. For children, you may designate a pediatrician as the primary care provider.

Direct Access to Obstetricians and Gynecologists - You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

Behavioral Health for NM residents - No Charge for in-network state mandated mental health, behavioral or substance use disorder diagnosis.

Plan Highlights	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited
Plan Year Accumulation	Your Plan's Deductibles, Out-of-Pockets and benefit level limits accumulate on a calendar year basis unless otherwise stated. In addition, all plan maximums and service-specific maximums (dollar and occurrence) cross-accumulate between In- and Out-of-Network unless otherwise noted.	
Plan Coinsurance	Plan pays 90%	Plan pays 70%
Maximum Reimbursable Charge	Not Applicable	80th Percentile
Plan Deductible	Individual: \$300 Family: \$600	Individual: \$750 Family: \$1,500
<p>Only the amount you pay for in-network covered expenses counts towards your in-network deductible. Only the amount you pay for out-of-network covered expenses counts towards your out-of-network deductible.</p> <p>Benefit copays/deductibles always apply before plan deductible and coinsurance.</p> <p>Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance.</p> <p>Note: Services where plan deductible applies are noted with a caret (^).</p>		

Administered by - Cigna Health and Life Insurance Co.
 For - Arlington County Public Schools
 Open Access Plus Plan
 OAPL
 Effective - 01/01/2023

Plan Highlights

In-Network

Out-of-Network

Plan Out-of-Pocket Max \$10,000

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Virtual Physician Services - Office Visits		
Primary Care Physician (PCP) Services/Office Visit	\$20 copay, and plan pays 100%	Plan pays 70% ^
Specialty Care Physician Services/Office Visit	\$40 copay, and plan pays 100%	Plan pays 70% ^
Physicians may deliver services virtually that are payable under other benefits (e.g., Preventive Care, Outpatient Therapy Services).		
Includes charges for the delivery of medical and health-related services and consultations as medically appropriate through audio, video, and secure internet-based technologies that are similar to office visit services provided in a face-to-face setting.		
NOTE: Obstetrician and Gynecologist (OB/GYN) visits are subject to either the PCP or Specialist cost share depending on how the provider contracts with Cigna (i.e. as PCP or as Specialist).		
Convenience Care Clinic		
Convenience Care Clinic	\$20 copay, and plan pays 100%	Plan pays 70% ^
Preventive Care		
Preventive Care	Plan pays 100%	PCP: Plan pays 70% ^ Specialist: Plan pays 70% ^
Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit when billed as part of office visit.		
Annual Limit: Unlimited		
Immunizations	Plan pays 100%	PCP: Plan pays 70% ^ Specialist: Plan pays 70% ^
Mammogram, PAP, and PSA Tests	Plan pays 100%	Covered same as other x-ray and lab services, based on Place of Service

Benefit	In-Network	Out-of-Network
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Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.

Outpatient

Outpatient Facility Services

Annual Limit:	Benefit	In-Network	Out-of-Network
<p>Chiropractic rehabilitation and</p> <p>Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.</p>			
<p>Inpatient Services at Other Health Care Facilities Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities Annual Limit: 120 days</p>		Plan pays 90% ^	Covered same as Physician Services - Office Visit Plan pays 70% ^
<p>Laboratory Services</p>			
<p>Physician's Services/Office Visit</p>		Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
<p>Independent Lab</p>		Plan pays 100%	Plan pays 70% ^
<p>Outpatient Facility</p>		Plan pays 100%	Plan pays 70% ^
<p>Radiology Services</p>			
<p>Physician's Services/Office Visit</p>		Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
<p>Outpatient Facility</p>		Plan pays 100%	Plan pays 70% ^
<p>Advanced Radiological Imaging (ARI)</p>		Includes MRI, MRA, CAT Scan, PET Scan, etc.	
<p>Outpatient Facility</p>		\$100 copay per type of scan per day, and plan pays 90% ^	Plan pays 70% ^
<p>Physician's Services/Office Visit</p>		\$100 copay per type of scan per day, then covered same as Physician Services – Office Visit coinsurance	Covered same as Physician Services - Office Visit
<p>Outpatient Therapy Services</p>			
<p>Outpatient Therapy Services</p>		Plan pays 90% ^	Covered same as Physician Services - Office Visit
<p>Annual Limits: Speech Therapy and Occupational Therapy - Unlimited days Pulmonary Rehabilitation and Physical Therapy - 75 days Cognitive Therapy - 40 days Limits are not applicable to mental health conditions for Physical, Speech and Occupational Therapies.</p>			
<p>Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient therapy services maximum.</p>			
<p>Chiropractic Services</p>		Plan pays 90% ^	Covered same as Physician Services - Office Visit
<p>Annual Limit: Chiropractic Care - Unlimited days</p>			
<p>Cardiac Rehabilitation Services</p>			

Benefit	In-Network	Out-of-Network
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Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.

Family Planning

Women's Services

Plan pays 100%

Coverage varies based on Place of Service

Includes contraceptive devices as ordered or prescribed by a physician and surgical sterilization services, such as tubal ligation (excludes reversals)

Men's Services

Coverage varies based on Place of Service

Coverage varies based on Place of Service

Includes surgical sterilization services, such as vasectomy (excludes reversals)

Infertility

Infertility Treatment

Coverage varies based on Place of Service

Coverage varies based on Place of Service

Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.

Lifetime Maximum: Unlimited

Outpatient Dialysis Services

Physician's Services/Office Visit

Covered same as Physician Services - Office Visit

Not Covered

Home Dialysis

Note: Dialysis visits will not accumulate to Home Health Care maximum

Covered same as plan's Home Health Care benefit

Not Covered

Outpatient Facility Services

Covered same as plan's Outpatient Facility Services benefit

Not Covered

Outpatient Professional Services

Covered same as plan's Outpatient Professional Services benefit

Not Covered

Other Health Care Facilities/Services

Home Health Care

Plan pays 90% ^

Plan pays 70% ^

Annual Limit: 120 days (The limit is not applicable to mental health and substance use disorder conditions.)

16 hour maximum per day

Note: Includes outpatient private duty nursing when approved as medically necessary

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Organ Transplants		
Inpatient Hospital Facility Services		
LifeSOURCE Facility	\$250 per admission copay, and plan pays 100%	Not Applicable
Non-LifeSOURCE Facility	Covered same as plan's Inpatient Hospital benefit	Covered same as plan's Inpatient Hospital benefit
Inpatient Professional Services		
LifeSOURCE Facility	Plan pays 100%	Not Applicable
Non-LifeSOURCE Facility	Covered same as plan's Inpatient Professional benefit	Covered same as plan's Inpatient Professional benefit
Travel Maximum - Cigna LifeSOURCE Transplant Network® Facility	Only: \$10,000 maximum per Transplant	
Durable Medical Equipment		
Annual Limit: Unlimited	Plan pays 100%	Plan pays 70% ^
Breast Feeding Equipment and Supplies		
Limited to the rental of one breast pump per birth as ordered or prescribed by a physician Includes related supplies	Plan pays 100%	Plan pays 70% ^
External Prosthetic Appliances (EPA)		
Annual Limit: Unlimited	Plan pays 90% ^	Plan pays 70% ^
Temporomandibular Joint Disorder (TMJ)		
Unlimited lifetime maximum	Coverage varies based on Place of Service	Coverage varies based on Place of Service
Note: Provided on a limited, case-by-case basis. Excludes appliances and orthodontic treatment.		
Bariatric Surgery		
Unlimited lifetime limit	Coverage varies based on Place of Service	Coverage varies based on Place of Service
Treatment of Clinically severe obesity, as defined by the body mass index (BMI) is covered. The following are excluded: medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or		

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Mental Health and Substance Use Disorder		
Inpatient Mental Health	\$250 per admission copay, and plan pays 90% ^	\$250 per admission deductible, and plan pays 70% ^
Outpatient Mental Health – Physician’s Office	\$20 copay, and plan pays 100%	Plan pays 70% ^
Outpatient Mental Health – All Other Services	Plan pays 100%	Plan pays 70% ^
Inpatient Substance Use Disorder	\$250 per admission copay, and plan pays 90% ^	\$250 per admission deductible, and plan pays 70% ^
Outpatient Substance Use Disorder – Physician’s Office	\$20 copay, and plan pays 100%	Plan pays 70% ^
Outpatient Substance Use Disorder – All Other Services	Plan pays 100%	Plan pays 70% ^
Annual Limits: Unlimited maximum		

Notes:

Drugs Covered

Prescription Drug List:

Your Cigna Standard Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. To check which drugs are included in your plan, please log on to myCigna.com.

Some highlights:

- Coverage includes Self Administered injectables and optional injectable drugs – but excludes infertility drugs.

- Contraceptive devices and drugs are covered with federally required products covered at 100%.

- Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges are covered.

- Lifestyle drugs are covered - limited to sexual dysfunction.

- Oral Fertility drugs are covered.

- Prescription smoking cessation drugs are covered.

Additional Information

Health Advisor - A

Support for healthy and at-risk individuals to help them stay healthy

- Health Assessments
- Health and Wellness Coaching
- Gaps in Care Coaching
- Treatment Decision Support
- Educate and Refer

Included

Maximum Reimbursable Charge

Additional Information

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Additional Information

Your Health First - 200

Individuals with one or more of the chronic conditions, identified on the right, may be eligible to receive the following type of support:

- Condition Management
- Medication adherence
- Risk factor management
- Lifestyle issues
- Health & Wellness issues
- Pre/post-admission
- Treatment decision support
- Gaps in care

Holistic health support for the following chronic health conditions:

- Heart Disease
- Coronary Artery Disease
- Angina
- Congestive Heart Failure
- Acute Myocardial Infarction
- Peripheral Arterial Disease
- Asthma
- Chronic Obstructive Pulmonary Disease (Emphysema and Chronic Bronchitis)
- Diabetes Type 1
- Diabetes Type 2
- Metabolic Syndrome/Weight Complications
- Osteoarthritis
- Low Back Pain
- Anxiety

Exclusions

Treatment of an Injury or Sickness which is due to war, declared, or undeclared.

Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan. For example, if Cigna determines that a provider or Pharmacy is or has waived, reduced, or forgiven any portion of its charges and/or any portion of Copayment, Deductible, and/or Coinsurance amount(s) you are required to pay for a Covered Expense (as shown on The Schedule) without Cigna's express consent, then Cigna in its sole discretion shall have the right to deny the payment of benefits in connection with the Covered Expense, or reduce the benefits in proportion to the amount of the Copayment, Deductible, and/or Coinsurance amounts waived, forgiven or reduced, regardless of whether the provider or Pharmacy represents that you remain responsible for any amounts that your plan does not cover. In the exercise of that discretion, Cigna shall have the right to require you to provide proof sufficient to Cigna that you have made your required cost share payment(s) prior to the payment of any benefits by Cigna. This exclusion includes, but is not limited to, charges of a non-Participating Provider who has agreed to charge you or charged you at an In-Network benefits level or some other benefits level not otherwise applicable to the services received.

Charges arising out of or relating to any violation of a healthcare-related state or federal law or which themselves are a violation of a healthcare-related state or federal law.

Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.

For or in connection with experimental, investigational or unproven services.

Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance use disorder or other health care technologies, supplies, treatments, procedures, drug or Biologic therapies or devices that are determined by the utilization review Physician to be:

- o not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed;
- o not demonstrated, through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or Sickness for which its use is proposed;
- o the subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" sections of this plan; or
- o the subject of an ongoing phase I, II or III clinical trial, except for routine patient care costs related to qualified clinical trials as provided in the "Clinical Trials" sections of this plan.

In determining whether any such technologies, supplies, treatments, drug or Biologic therapies or devices are experimental, investigational and/or unproven, the utilization review Physician may rely on the clinical coverage policies maintained by Cigna or the Review Organization. Clinical coverage policies may incorporate, without limitation and as applicable, criteria relating to U.S. Food and Drug Administration-approved labeling, the standard medical reference compendia and peer-reviewed, evidence-based scientific literature or guidelines.

Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem. The following services are excluded from coverage regardless of clinical indications: abdominoplasty; panniculectomy; blepharoplasty; redundant skin surgery; removal of skin tags; acupressure; craniosacral/cranial therapy; dance therapy; movement therapy; applied kinesiology; rolfing; prolotherapy; and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.

Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental Injury to teeth are covered provided a continuous course of dental treatment is started within six months of an accident.

Medical and surgical services, initial and repeat, intended for the treatment or control of obesity, except for treatment of clinically severe (morbid) obesity as shown in Covered Expenses, including: medical and surgical services to alter appearance or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a

Exclusions

Physician or under medical supervision.

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