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Benefit	In-Network	Out-of-Network
<b>Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.</b>		
<b>Virtual Physician Services - Office Visits</b>		
<b>Primary Care Physician (PCP) Services/Office Visit</b>	\$30 copay, and plan pays 100%	Plan pays 60% ^
<b>Specialty Care Physician Services/Office Visit</b>	\$60 copay, and plan pays 100%	Plan pays 60% ^
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.		
<b>NOTE:</b> 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).		
<b>Convenience Care Clinic</b>		
<b>Convenience Care Clinic</b>	\$30 copay, and plan pays 100%	Plan pays 60% ^
<b>Preventive Care</b>		
<b>Preventive Care</b>	Plan pays 100%	PCP: Plan pays 60% ^ Specialist: Plan pays 60% ^
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		
<b>Immunizations</b>	Plan pays 100%	PCP: Plan pays 60% ^ Specialist: Plan pays 60% ^
<b>Mammogram, PAP, and PSA Tests</b>	Plan pays 100%	Covered same as other x-ray and lab services, based on Place of Service
Coverage includes the associated Preventive Outpatient Professional Services. Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on Place of Service. Preventive mammogram paid at 100%, no deductible for In-Network and Out-of-Network		
<b>Inpatient</b>		
<b>Inpatient Hospital Facility Services</b>	\$250 per admission copay, and plan pays 80% ^	\$250 per admission deductible, and plan pays 60% ^
<b>Note:</b> Includes all Lab and Radiology services, including Advanced Radiological Imaging as well as Medical Specialty Drugs		
<b>Inpatient Hospital Physician's Visit/Consultation</b>	Plan pays 80% ^	Plan pays 60% ^
<b>Inpatient Professional Services</b>	Plan pays 80% ^	Plan pays 60% ^
For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists		

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<b>Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.</b>		
<b>Outpatient</b>		
<b>Outpatient Facility Services</b> Non-surgical treatment procedures are not subject to the facility per visit copay.	\$100 per facility visit copay, and plan pays 80% ^	\$100 per facility visit deductible, and plan pays 60% ^
<b>Outpatient Professional Services</b> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists	Plan pays 80% ^	Plan pays 60% ^
<b>Early Intervention Services</b> Coverage for ages up to 3 years	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
<b>Emergency Services</b>		
<b>Emergency Room</b> Includes X-ray and/or Lab services performed at the Emergency Room and billed by the facility as part of the ER visit. Professional services performed at the Emergency Room and billed by the facility as part of the ER visit. Per visit copay is waived if admitted. An additional per scan copay of \$100 applies to Advanced Radiological Imaging.	\$250 copay, and plan pays 100%  Plan pays 100% ^	\$250 copay, and plan pays 100%
<b>Urgent Care Facility</b> Includes X-ray and/or Lab services performed at the Urgent Care Facility and billed by the facility as part of the urgent care visit. Professional services performed at the Urgent Care Facility and billed by the facility as part of the urgent care visit. An additional per scan copay of \$100 applies to Advanced Radiological Imaging.	\$50 copay, and plan pays 100%  Plan pays 100% ^	\$50 copay, and plan pays 100%
<b>Ambulance</b> Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.	Plan pays 80% ^	Plan pays 80% ^
<b>Inpatient Services at Other Health Care Facilities</b>		
<b>Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities</b> Annual Limit: 120 days	Plan pays 80% ^	Plan pays 60% ^
<b>Laboratory Services</b>		
<b>Physician's Services/Office Visit</b>	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
<b>Independent Lab</b>	Plan pays 100%	Plan pays 60% ^
<b>Outpatient Facility</b>	Plan pays 80% ^	Plan pays 60% ^

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**Radiology Services**

Physician's Services/Office Visit

Covered same as Physician Services -  
Office Visit

Covered same as Physician Services -  
Office Visit

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**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**

Covered same as plan's(02-0.5 0 W41.7999

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## Benefit

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Pharmacy	In-Network	Out-of-Network
<b>Cost Share and Supply</b>		
<b>Cigna Pharmacy Cost Share</b> Retail – up to 90-day supply (except Specialty up to 30-day supply) Home Delivery – up to 90-day supply	<b>Retail (per 30-day supply):</b> Generic: You pay \$4 Preferred Brand: You pay 35% subject to a minimum of \$35 and a maximum of \$50 Non-Preferred Brand: You pay 50% subject to a minimum of \$50 and a maximum of \$100  <b>Retail (per 90-day supply):</b> Generic: You pay 0% Preferred Brand: You pay 35% subject to a minimum of \$70 and a maximum of \$140 Non-Preferred Brand: You pay 50% subject to a minimum of \$100 and a maximum of \$200  <b>Home Delivery (per 90-day supply):</b> Generic: You pay 0% Preferred Brand: You pay 35% subject to a minimum of \$70 and a maximum of \$140 Non-Preferred Brand: You pay 50% subject to a minimum of \$100 and a maximum of \$200	<b>Retail:</b> Same as Retail In-Network  <b>Home Delivery:</b> Not Covered

Retail drugs for a 30 day supply may be obtained In-Network at a wide range of pharmacies across the nation although prescriptions for a 90 day supply (such as maintenance drugs) will be available at select network pharmacies.

Cigna 90 Now Program: For specified maintenance medications, you must obtain a 90-day prescription (filled at either a 90-day network retail pharmacy or network home delivery pharmacy) for the medication to be covered by the plan. Otherwise, after three 30-day fill(s), you pay the entire cost of the prescription.

Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis,



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## Additional Information

### One Guide

Available by phone or through myCigna mobile application. One Guide helps you navigate the health care system and make the most of your health benefits and programs.

### Premium Personal Health Team

The Premium Personal Health Team is a designated and integrated service delivery approach using a one health advocate model. Core functions include:

- Case Management - Short term and complex
- Inpatient Advocacy
- Pre Admission Outreach
- Post Discharge Outreach
- 24 hour Health Information Line Outreach

Care Facility - N/A

### Pre-Certification - Continued Stay Review - Preferred Care Management Inpatient - required for all inpatient admissions

In-Network: Coordinated by your physician

Out-of-Network: Customer is responsible for contacting Cigna Healthcare. Subject to penalty/reduction or denial for non-compliance.

20% penalty applied to hospital inpatient charges for failure to contact Cigna Healthcare to precertify admission.

Benefits are denied for any admission reviewed by Cigna Healthcare and not certified.

Benefits are denied for any additional days not certified by Cigna Healthcare.

### Pre-Certification - Preferred Care Management Outpatient Prior Authorization - required for selected outpatient procedures and diagnostic testing

In-Network: Coordinated by your physician

Out-of-Network: Customer is responsible for contacting Cigna Healthcare. Subject to penalty/reduction or denial for non-compliance.

20% penalty applied to outpatient procedures/diagnostic testing charges for failure to contact Cigna Healthcare and to precertify admission.

Benefits are denied for any outpatient procedures/diagnostic testing reviewed by Cigna Healthcare and not certified.

**Pre-Existing Condition Limitation (PCL)** does not apply.

### Treatment Decision Support

Treatment decision support for common health conditions. Cigna health advocates provide unbiased information and education on treatment options for common health conditions, including: back pain, coronary artery disease, osteoarthritis of the hip and knee, benign uterine conditions, breast cancer and prostate cancer.

Included

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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

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## Exclusions

Physician or under medical supervision.

Unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.







