





Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.		
<b>Virtual Care</b>		
Dedicated Virtual Providers - MDLIVE		
MDLIVE Urgent Virtual Care Services	Plan pays 80% ^	Not Covered
MDLIVE Primary Care Services	Plan pays 80% ^	Not Covered
MDLIVE Specialty Care Services	Plan pays 80% ^	Not Covered
<p>Primary Care cost share applies to routine care. Virtual wellness screenings are payable under Preventive Care.            For MDLIVE Behavioral Services, please refer to the Mental Health and Substance Use Disorder section (below).            Lab services supporting a virtual visit must be obtained through dedicated labs.            Includes charges for the delivery of medical and health-related services and consultations by dedicated virtual providers as medically appropriate through audio, video, and secure internet-based technologies.</p>		
Virtual Physician Services - Office Visits		
Primary Care Physician (PCP) Services/Office Visit	Plan pays 80% ^	Plan pays 60% ^
Specialty Care Physician Services/Office Visit	Plan pays 80% ^	Plan pays 60% ^
<p>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.</p>		
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).		
<b>Convenience Care Clinic</b>		
Convenience Care Clinic	Plan pays 80% ^	Plan pays 60% ^
<b>Preventive Care</b>		
Preventive Care	Plan pays 100%	Plan pays 60% ^
<p>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</p>		
Immunizations	Plan pays 100%	Plan pays 60% ^
Mammogram, PAP, and PSA Tests	Plan pays 100%	Covered same as other x-ray and lab services, based on Place of Service
<p>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.            In-network diagnostic-related mammograms, including professional readings, are covered at 100%, no deductible</p>		
Diagnostic Colorectal Cancer Screening	Plan pays 100%	Covered based on Place of Service
Related charges will be covered at the applicable place of service benefit level.		

01/01/2025

ASO

Choice Fund Health Savings Account (HSA) Open Access Plus - HDHPQ \$3,300

## Benefit

---

01/01/2025

ASO

Choice Fund Health Savings Account (HSA) Open Access Plus - HDHPQ \$3,300

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.		
<b>Outpatient Therapy Services</b>		
Outpatient Therapy Services	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Annual Limits: All Therapies Combined - Includes Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary Rehabilitation, and Speech Therapy - Unlimited days		
Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient therapy services maximum.		
Chiropractic Services	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Annual Limit: Chiropractic Care - 40 days		
Cardiac Rehabilitation Services	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Annual Limit: Cardiac Rehabilitation - Unlimited days		
<b>Hospice</b>		
Inpatient Facilities	Plan pays 80% ^	Plan pays 60% ^
Outpatient Services	Plan pays 80% ^	Plan pays 60% ^
Note: Includes Bereavement counseling provided as part of a hospice program.		
<b>Bereavement Counseling (for services not provided as part of a hospice program)</b>		
Services Provided by a Mental Health Professional	Covered under Mental Health benefit	Covered under Mental Health benefit
<b>Medical Pharmaceutical Drugs</b>		
Cigna Pathwell Specialty Medical Pharmaceuticals	Cigna Pathwell Specialty Network: Plan pays 80% ^  All other medical network providers: Not Covered	Not Covered
Other Medical Pharmaceuticals	Plan pays 80% ^	Plan pays 60% ^
Note: This benefit only applies to the cost of Medical Pharmaceutical drugs administered. Related Facility, Office Visit or Professional charges are covered according to the plan design.		

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.		
<b>Maternity</b>		
Initial Visit to Confirm Pregnancy	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (Global Maternity Fee)	Plan pays 80% ^	Plan pays 60% ^
Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist)	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Delivery - Facility (Inpatient Hospital, Birthing Center)	Covered same as plan's Inpatient Hospital benefit	Covered same as plan's Inpatient Hospital benefit
<b>Abortion</b>		
Abortion Services	Coverage varies based on Place of Service	Coverage varies based on Place of Service
Note: Elective and non-elective procedures		
<b>Family Planning</b>		
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)		
<b>Infertility</b>		
<p>Infertility Treatment</p> <p>Infertility covered services: lab and radiology tests; counseling; access to harvesting of sperm and oocytes for the purpose of cryopreservation and short term storage when an infertility condition is imminent; cryopreservation, storage and thawing of sperm, eggs and embryos; surgical treatment, including artificial insemination, invitro fertilization, GIFT, ZIFT, etc. Injectable infertility drugs are covered under the medical plan benefit.</p> <p>Infertility services are managed via Progyny and available exclusively from their national network of providers. Members can activate their Progyny benefits by calling (833) 233-1088. Services include unlimited guidance and support from a dedicated Patient Care Advocate.</p>		

01/01/2025

ASO

Choice Fund Health Savings Account (HSA) Open Access Plus - HDHPQ \$3,300

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.		
<b>Outpatient Dialysis Services</b>		
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Home Dialysis Note: Dialysis visits will not accumulate to Home Health Care maximum	Covered same as plan's Home Health Care benefit	Covered same as plan's Home Health Care benefit
Outpatient Facility Services	Covered same as plan's Outpatient Facility Services benefit	Covered same as plan's Outpatient Facility Services benefit
Outpatient Professional Services	Covered same as plan's Outpatient Professional Services benefit	Covered same as plan's Outpatient Professional Services benefit
<b>Other Health Care Facilities/Services</b>		
Home Health Care Annual Limit: 100 days (The limit is not applicable to mental health and substance use disorder conditions.) 16 hour maximum per day	Plan pays 80% ^	Plan pays 60% ^
Note:		

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.		
Durable Medical Equipment Annual Limit: Unlimited	Plan pays 80% ^	Plan pays 60% ^
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 60% ^
External Prosthetic Appliances (EPA) Annual Limit: Unlimited	Plan pays 80% ^	Plan pays 60% ^
Temporomandibular Joint Disorder (TMJ) Unlimited Non-Surgical 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	Not Covered
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 clinically severe (morbid) obesity weigh 1(Surger)-1(y)] TJ ET Q q 1 0 0 1 the roereprogra0267mprogra0267mprogriatric Surgery		



---

01/01/2025

ASO

Choice Fund Health Savings Account (HSA) Open Access Plus - HDHPQ \$3,300

Pharmacy	In-Network	Out-of-Network
<b>Cost Share and Supply</b>		
Cigna Pharmacy Cost Share Retail – up to 90-day supply (except Specialty up to 30-day supply) Home Delivery – up to 90-day supply (except Specialty up to 30-day supply)	Retail (per 30-day supply): Generic: You pay 20% ^ Preferred Brand: You pay 20% ^ Non-Preferred Brand: You pay 20% ^  Retail and Home Delivery (per 90-day supply): Generic: You pay 20% ^ Preferred Brand: You pay 20% ^ Non-Preferred Brand: You pay 20% ^	Retail: You pay 40% ^ Your plan pays 60% ^  Home Delivery: Not Covered

Retail drugs may be obtained In-Network at a wide range of pharmacies across the nation. You can choose to fill your medications in a 30- or 90-day supply at any network pharmacy. Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered.



## Additional Information

### Maximum Reimbursable Charge

The allowable covered expense for non-network services is based on the lesser of the health care professional's normal charge for a similar service or a percentage of a fee schedule (200%) developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is based on the lesser of the health care professional's normal charge for a similar service or a percentile (80th) of charges made by health care professionals of such service or supply in the geographic area where it is received. If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used. Out-of-network services are subject to a Contract Year deductible and maximum reimbursable charge limitations.

### Out-of-Network Emergency Services Charges

1. Emergency Services are covered at the In-Network cost-sharing level as required by applicable state or federal law if services are received from a non-participating (Out-of-Network) provider.
2. The allowable amount used to determine the Plan's benefit payment for covered Emergency Services rendered in an Out-of-Network Hospital, or by an Out-of-Network provider in an In-Network Hospital, is the amount agreed to by the Out-of-Network provider and Cigna, or as required by applicable state or federal law.

The member is responsible for applicable In-Network cost-sharing amounts (any deductible, copay or coinsurance). The member is not responsible for any charges that may be made in excess of the allowable amount. If the Out-of-Network provider bills you for an amount higher than the amount you owe as indicated on the Explanation of Benefits (EOB), contact Cigna Customer Service at the phone number on your ID card.

### Medicare Coordination

## Additional Information

---

01/01/2025  
ASO  
Choice Fund Health Savings Account (HSA) Open Access Plus - HDHPQ \$3,300

## Exclusions

What's Not Covered (not all-inclusive):

Your plan provides for most medically necessary services. The complete list of exclusions is provided in your Certificate or Summary Plan Description. To the extent there may be differences, the terms of the Certificate or Summary Plan Description control. Examples of things your plan does not cover, unless required by law or covered under the pharmacy benefit, include (but aren't limited to):

- Care for health conditions that are required by state or local law to be treated in a public facility.

- Care required by state or federal law to be supplied by a public school system or school district.

- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.

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

01/01/2025

ASO

Choice Fund Health Savings Account (HSA) Open Access Plus - HDHPQ \$3,300

## Exclusions

All non-injectable prescription drugs, unless Physician administration or oversight is required, injectable prescription drugs to the extent they do not require Physician supervision and are typically considered self-administered drugs, non-prescription drugs, and investigational and experimental drugs, except as provided in this plan.

Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.

Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.

Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.

Dental implants for any condition.

Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.

Blood administration for the purpose of general improvement in physical condition.

Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.

Cosmetics, dietary supplements and health and beauty aids.

All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism.

For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.

Charges for the delivery of medical and health-related services via telecommunications technologies, including telephone and internet, unless provided as specifically described under Covered Expenses.

Massage therapy.

These are only the highlights

This summary outlines the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's insurance certificate, service agreement or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. and HMO or service company subsidiaries of Cigna Health Corporation.

EHB State: ME

01/01/2025

ASO

Choice Fund Health Savings Account (HSA) Open Access Plus - HDHPQ \$3,300





the **English**. **ATTENTION:** Language assistance services, free of charge, are available to you. For current Cigna Healthcare customers call

