



Cigna Open Access Plus Plan At-A-Glance

Network	Open Access Plus	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Single	\$600	\$600
Family	\$1,200	\$1,200
Coinsurance		
Member Responsibility	20%	50%
Calendar Year Out-of-Pocket Limit		
Single	\$3,000	\$6,000
Family	\$6,000	\$12,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance and Rx Copays	
Physician Services		
Primary Care Physician (PCP) Office Visit	20% After CYD	50% After CYD
Specialist Office Visit	20% After CYD	50% After CYD
Telehealth Services	20% After CYD	Not Covered
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Blood Work) at Quest or Labcorp**	20% After CYD	50% After CYD
X-rays	20% After CYD	50% After CYD
Advanced Imaging (MRI, PET, CT)	20% After CYD	50% After CYD
Outpatient Surgery in Surgical Center	20% After CYD	50% After CYD
Physician Services at Surgical Center	20% After CYD	50% After CYD
Urgent Care Center (Per Visit)	20% After CYD	20% After CYD
Hospital Services		
Inpatient Hospital (Per Admission)	20% After CYD	50% After CYD
Physician Services at Hospital	20% After CYD	50% After CYD
Emergency Room (Per Visit; Waived if Admitted)	20% After CYD	20% After CYD
Mental Health/Alcohol & Substance Abuse		
Inpatient (Prior Authorization Required)	20% After CYD	50% After CYD
Outpatient (Prior Authorization Required)	20% After CYD	50% After CYD
Prescription Drugs (Rx)		
Generic	\$10 Copay	Not Covered
Preferred Brand Name	\$25 Copay	Not Covered
Non-Preferred Brand Name	\$50 Copay	Not Covered
Mail Order Drug (90 Day Supply)	2x Retail Copay	Not Covered



Locate a Provider

To search for a participating provider, contact Cigna's customer service or www.cigna.com. After completing the necessary search criteria, select **Open Access Plus** network.



Plan References

***Out-Of-Network Balance Billing:** For information regarding out-of-network balance billing that may be charged by an out-of-network provider for services rendered, please refer to the *Out-of-Network Benefits* section on the *Summary of Benefits and Coverage (SBC)*.

****Quest Diagnostics and LabCorp** are the preferred labs for bloodwork through Cigna. When using a lab other than Quest or LabCorp, please confirm they are contracted with Cigna's Open Access Plus Network prior to receiving services.



Dental Insurance

Cigna Dental PPO Plan

The Sheriff's Office provides dental insurance through Cigna at no cost to benefit-eligible employees and dependent(s). A brief summary of benefits is provided on the following page. For more detailed information about the dental plan, please refer to Cigna's summary plan document or contact Cigna's customer service.

In-Network Benefits

The PPO plan provides benefits for services received from in-network and out-of-network providers. It is also an open access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers can be found in **Cigna's Total DPPO** network. These participating dental providers have contractually agreed to accept Cigna's contracted fee or "allowed amount". This fee is the maximum amount a Cigna dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's charge limitations.

Please Note: Members have the option to utilize a dentist that participates in Cigna's Total DPPO Network. However, members who use the Cigna Advantage Network will see additional cost savings from the added discount that is allowed for using an Advantage network provider. Members are responsible for verifying whether the treating dentist is an Advantage Dentist or a DPPO Dentist.

Out-of-Network Benefits

Out-of-network benefits are used when members receive services by a non-participating Cigna provider. Cigna reimburses out-of-network services based on what it determines is the Maximum Reimbursable Charge (MRC). The MRC is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member will pay the out-of-network benefit plus the difference between the amount that Cigna reimburses (MRC) for such services and the amount charged by the dentist. This is known as balance billing. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

The Cigna DPPO plan requires a \$50 individual or a \$150 family deductible to be met for in-network or out-of-network services before most benefits will begin. The deductible is waived for diagnostic, preventive and orthodontic services.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the dental PPO plan will pay for each covered member is \$3,000 for in-network or out-of-network services combined. Diagnostic and preventive services accumulate towards the benefit maximum.



IMPORTANT NOTES

- Each covered family member may receive up to two (2) routine cleanings per calendar year.
- Waiting periods and age limitations may apply for certain services.
- Teeth missing prior to coverage effective date are not covered.

This benefits summary has been provided as a convenient reference. For details regarding all the plan's coverages, exclusions, and stipulations, contact Cigna's customer service.

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Cigna Dental PPO Plan At-A-Glance

Network	Total Cigna DPPO	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network*
Per Member	\$50	\$50
Per Family	\$150	\$150
Waived for Class I Services?	Yes	Yes
Calendar Year Benefit Maximum		
Per Member (Includes Class I Services)	\$3,000	\$3,000
Class I Services: Diagnostic & Preventive Care		
Routine Oral Exam (2 Per Calendar Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (2 Per Calendar Year)		
Bitewing X-rays (2 Per Calendar Year)		
Complete X-rays (1 Every 36 Months)		
Sealants (Under Age 14)		
Class II Services: Basic Restorative Care		
Fillings (Amalgam or Composite)	Plan Pays: 90% After CYD	Plan Pays: 90% After CYD (Subject to Balance Billing)
Periodontal Services		
Endodontics		
Oral Surgery		
Anesthetics		
Class III Services: Major Restorative Care		
Crowns	Plan Pays: 60% After CYD	Plan Pays: 60% After CYD (Subject to Balance Billing)
Dentures		
Bridges		
Surgical Implants		
Class IV Services: Orthodontia		
Lifetime Maximum	\$2,000	\$2,000
Benefit (Dependent Children Up to Age 19)	Plan Pays: 100%	Plan Pays: 100% (Subject to Balance Billing)



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.cigna.com. After completing the necessary search criteria, select Cigna's Total DPPO network.



Plan References

***Out-Of-Network Balance Billing:** For information regarding out-of-network balance billing that may be charged by an out-of-network provider, please refer to the Out-of-Network Benefits section on the previous page.



Vision Insurance

Cigna Vision Plan At-A-Glance



Locate a Provider

To search for a participating provider, contact Cigna customer service or visit www.cigna.com. When completing the necessary search criteria, select **Cigna Vision** network.

Network	Cigna Vision	
	In-Network	Out-of-Network
Services		
Eye Exam	\$10 Copay	Up to \$45 Reimbursement
Frequency of Services		
Examination	12 Months	

Cigna Vision Plan

The Sheriff's Office provides vision insurance through Cigna at no cost to benefit-eligible employees and dependent(s). For more information about the vision plan, including exclusions and stipulations, please refer to the carrier's benefit summary or contact Cigna's customer service.

In-Network Benefits

The vision plan offers employee and covered dependent(s) coverage for routine eye exams. To schedule an appointment, covered employee and dependent(s) can select any network provider who participates in the **Cigna Vision** network. At the time of service, routine vision examinations will be covered as shown on the plan's schedule of benefits.

Out-of-Network Benefits

Employee and covered dependent(s) may also choose to receive services from vision providers who do not participate in the Cigna Vision Plan. When going out of network, the provider will require payment at the time of appointment. Cigna will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

Calendar Year Deductible

There is no calendar year deductible.

Calendar Year Out-of-Pocket Maximum

There is no out-of-pocket maximum. However, there are benefit reimbursement maximums.

Healthy Rewards® – Vision Network Savings Program

When employee visits a Cigna Vision Network Eye Care Professional, employee can save 20% (or more) on additional frames and/or lenses, including lens options with valid prescription. This savings does not apply to contact lens materials. Please contact Cigna's customer service for additional information.

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