

THE CARE YOU NEED. THE SAVINGS YOU WANT.

Get both with the Open Access Plus In-network plan from Cigna.



Offering flexible access to thousands of providers – plus programs and services to support your whole health needs – the Open Access Plus In-network (OAPIN) plan is designed to make it easier for you to get the quality care you need and the savings you want. So you can take control of your health: Body and mind.

Here's how it works.

› Care coordination

Although it's not required, you can choose to select a primary care provider (PCP) as your personal health advocate. This will give you and your family a valuable resource to help coordinate care with other providers. Cigna is also here to help, anytime you need us.

› In-network savings

When you visit a doctor who is in the Cigna OAP network, you receive in-network coverage and will have lower out-of-pocket costs. That's because our in-network health care providers have agreed to charge lower fees, and your plan will pay for covered services. If you choose to visit a doctor outside of the network, you will not have coverage under your plan, except in emergencies.

› No-referral specialist care

If you need to see a specialist for any reason, you don't need a referral to see an in-network doctor. If you choose an out-of-network specialist, your care will not be covered by your plan.

› Hospital stays

In an emergency, you have coverage. However, requests for nonemergency hospital stays (other than maternity stays) and some types of outpatient care must have prior authorization or be "precertified." This lets Cigna determine if the services are covered by your plan. Your Cigna OAP network doctor or other network provider will arrange for prior authorization.

› Out-of-pocket costs

Depending on your plan, you may have to pay an annual amount (deductible) before your plan begins to pay for covered health care costs. You may also need to pay a copay and/or coinsurance (a portion of the covered charge) for covered services. Then, your plan pays the rest. Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100% for the rest of your plan year.

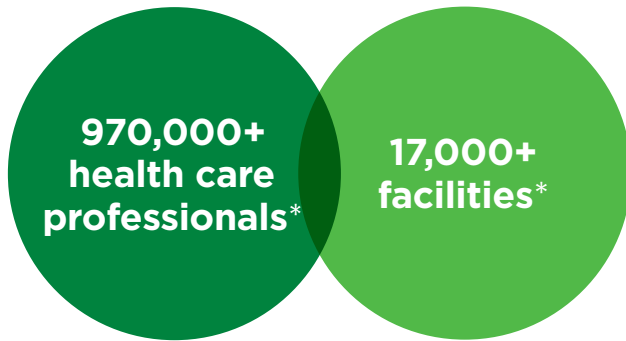
If you receive out-of-network care, out-of-network doctors and facilities will bill you directly. Those additional costs do not contribute to your deductible or out-of-pocket limits (except for emergency care).

Together, all the way.®



Offered by Cigna Health and Life Insurance Company.

Large national network



Added convenience and support

› Online doctor visits

Through Cigna Telehealth Connection, you can connect with doctors and behavioral health professionals by phone or video chat without leaving home or work. This nonemergency care is available 24/7 and costs the same or less than a regular doctor visit.**

› Cigna Health Information Line

With the Cigna Health Information Line, clinicians are just a phone call away – 24/7, and at no extra cost. They can help you understand health issues you might be experiencing, and help you to make informed decisions – whether it’s reviewing home treatment options, following up on a doctor’s appointment, or choosing and finding the right care in the right setting.

› Live, 24/7 customer service

Customer service representatives are here for you where and when you need us – over the phone, or via chat at **myCigna.com** or on the myCigna® App.

› The myCigna website and app

On **myCigna.com** and the myCigna App, you have easy access to personalized tools to help you take control of your health and your health care spending. From your computer or mobile device, you can:

- Manage and track claims
- See cost estimates for medical procedures
- Compare quality information for doctors and hospitals
- Track your account balances and deductibles
- Use the easy health and wellness tools
- Print a temporary ID card



Want to check if your doctor is in the Cigna OAP network before you enroll?

Just go to [Cigna.com](https://www.cigna.com) and click on “Find a Doctor, Dentist or Facility”, then click on “Plans through your employer or school.” to search the provider directory.



* Cigna’s internal Central Provider File (CPF) as of March, 2019. Subject to change.

** Telehealth services are provided by third party companies/entities and not by Cigna. Providers are solely responsible for any treatment provided. Not all providers have video chat capabilities. Video chat is not available in all areas. A PCP referral is not required. Medical telehealth services are separate from your health plan’s provider network. Telehealth services may not be available under all plan types. In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all services are eligible or may be covered under your specific medical plan. The following services are generally not covered: services that aren’t medically necessary; experimental, investigational or unproven services; services for an injury or illness that occurs while working for pay or profit, including services covered by Worker’s Compensation benefits; treatment of sexual dysfunction. This is a summary only and the terms of your specific medical plan may vary. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents.

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