

# BENEFIT SUMMARY



**Cigna Health and Life Insurance Co.**  
**For - University of New England**  
**Open Access Plus Plan**  
**Enhanced**  
**Effective - 01/01/2025**

**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](http://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](http://www.mycigna.com) or contact customer service at the phone number listed on the back of your ID card.

Plan Highlights	In-Network	Out-of-Network
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Plan Year Accumulation</b>	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.	
<b>Plan Coinsurance</b>	Plan pays 100%	Plan pays 80%
<b>Maximum Reimbursable Charge</b>	Not Applicable	200%
<b>Plan Deductible</b>	Individual: \$500 Family: \$1,000	Individual: \$500 Family: \$1,000
<p>The amount you pay for all covered expenses counts toward both your in-network and out-of-network deductibles.                      Benefit copays/deductibles always apply before plan deductible and coinsurance.                      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><b>Note:</b> Services where plan deductible applies are noted with a caret (^).</p>		

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Plan Highlights	In-Network	Out-of-Network
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**Plan Out-of-Pocket Maximum**

Individual: \$3,000  
 Family: \$6,000

Individual: \$3,000  
 Family: \$6,000

The amount you pay for all covered expenses counts towards both your in-network and out-of-network out-of-pocket maximums. Plan deductible contributes towards your out-of-pocket maximum. All benefit copays/deductibles contribute towards your out-of-pocket maximum. Covered expenses that count towards your out-of-pocket maximum include customer paid coinsurance and charges for Mental Health and Substance Use Disorder. Out-of-network non-compliance penalties or charges in excess of Maximum Reimbursable Charge do not contribute towards the out-of-pocket maximum. After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses. This plan includes a combined Medical/Pharmacy out-of-pocket maximum.

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**Benefit**

**In-Network**

**Out-of-Network**

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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.**

### Other Health Care Facilities/Services

#### Home Health Care

Plan pays 100% ^

Plan pays 80% ^

Annual Limit: Unlimited

16 hour maximum per day

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

#### Organ Transplants

##### Inpatient Hospital Facility Services

LifeSOURCE Facility

Plan pays 100%

Plan pays 80% ^

Non-LifeSOURCE Facility

Plan pays 80%

Plan pays 80% ^

##### Inpatient Professional Services

LifeSOURCE Facility

Plan pays 100%

Plan pays 80% ^

Plan pays 80% ^ up to the following transplant maximums:

Non-LifeSOURCE Facility

Covered same as plan's Inpatient Professional benefit

Bone Marrow - \$130,000

Heart - \$150,000

Heart/Lung - \$185,000

Kidney - \$80,000

Kidney/Pancreas - \$80,000

Liver - \$230,000

Lung - \$185,000

Pancreas - \$50,000

Travel Maximum - Cigna LifeSOURCE Transplant Network® Facility Only: \$10,000 maximum per Transplant per Lifetime

#### Durable Medical Equipment

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>Temporomandibular Joint Disorder (TMJ)</b> Unlimited Non-Surgical lifetime maximum	Coverage varies based on Place of Service	Coverage varies based on Place of Service
<b>Note:</b> Provided on a limited, case-by-case basis. Excludes appliances and orthodontic treatment.		
<b>Routine Foot Care</b>	Not Covered	Not Covered
<b>Note:</b> Services associated with foot care for diabetes and peripheral vascular disease are covered when approved as medically necessary.		
<b>Routine Eye Care</b> Annual Limit: One exam	Plan pays 100%	Plan pays 100%
<b>Hearing Aids</b> Annual Limit: Unlimited Maximum of 2 devices (one per ear) per 36 months	Plan pays 100% ^	Plan pays 80% ^



**Benefit**

**In-Network**

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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 (except Specialty up to 30-day supply)	<b>Retail (per 30-day supply):</b> Generic: You pay \$10 Preferred Brand: You pay \$20 Non-Preferred Brand: You pay \$35  <b>Retail and Home Delivery (per 90-day supply):</b> Generic: You pay \$20 Preferred Brand: You pay \$40 Non-Preferred Brand: You pay \$70	<b>Retail:</b> You pay 20% Your plan pays 80%  <b>Home Delivery:</b> Not Covered
<p>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. When patient requests brand drug, patient pays the brand cost share plus the cost difference between the brand and generic drugs up to the cost of the brand drug (unless the physician indicates "Dispense As Written" DAW). Your pharmacy benefits share an out-of-pocket maximum with the medical/behavioral benefits. Specialty Drugs provided at Home Delivery at the Retail (per 30-day supply) cost share.</p>		
<b>Preventive Drugs:</b> Federally required preventive drugs will not be subject to deductible and will be provided at no charge. In addition, In-Network Generic and Preferred Brand Diabetic Supplies including continuous glucose monitor supplies will be provided at no charge.		
<b>Drugs Covered</b>		
<b>Prescription Drug List:</b> 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 – and includes infertility drugs. Contraceptive devices and drugs are covered with federally required products covered at 100%. Lifestyle drugs are covered - limited to sexual dysfunction. Oral Fertility drugs are covered. Prescription weight loss drugs are covered.		

## Pharmacy Program Information

### Pharmacy Clinical Management: Essential

Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for the medical condition, including:

- Prior authorization requirements

- Step Therapy on select classes of medications and drugs new to the market

- Quantity limits, including maximum daily dose edits, quantity over time edits, duration of therapy edits, and dose optimization edits

- Age edits, and refill-too-soon edits

- Plan exclusion edits

Current users of Step Therapy medications will be allowed one 30-day fill during the first three months of coverage before Step Therapy program applies.

Your plan includes Specialty Drug Management features, such as prior authorization and quantity limits, to ensure the safe prescribing and access to specialty medications.

For customers with complex conditions taking a specialty medication, we will offer Accredo Therapeutic Resource Centers (TRCs) to provide specialty medication and condition counseling. For customers taking a specialty medication not dispensed by Accredo, Cigna experts will offer this important specialty medication and condition counseling.

### Patient Assurance Program

Your plan includes the Patient Assurance Program, which waives the deductible and reduces the amount you owe for certain medications used to treat chronic conditions included in the program. Additionally:

- Any amount you pay for these medications only count toward meeting your out-of-pocket maximum.

- Any discount provided by a pharmaceutical manufacturer for these medications only count toward meeting your out-of-pocket maximum.

## Additional Information

### Case Management

Coordinated by Cigna HealthCare. This is a service designated to provide assistance to a patient who is at risk of developing medical complexities or for whom a health incident has precipitated a need for rehabilitation or additional health care support. The program strives to attain a balance between quality and cost effective care while maximizing the patient's quality of life.

### Cigna Diabetes Prevention Program in collaboration with Omada

Cigna Diabetes Prevention Program in collaboration with Omada is a program to help you avoid the onset of diabetes, as well as health risks that might lead to heart disease or a stroke. The program is covered by your health plan at the preventive level, just like for your wellness visit. Program participants have access to a professional virtual health coach, an online support group, interactive lessons, and a smart-technology scale. The program will help you make small changes in your eating, activity, sleep, and stress to achieve healthy weight loss through a series of 16 weekly lessons and tools to help you maintain weight loss over time. You will also be offered the opportunity to join a gym for a low monthly fee and no enrollment fee.

### Healthy Pregnancies/Healthy Babies

- Care Management outreach

- Maternity Case Management

- Neo-natal Case Management

\$150 (1st trimester) / \$75 (2nd trimester) - Option 3

## 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 Calendar 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

In accordance with the Social Security Act of 1965, this plan will pay Secondary to Medicare Part A and B as follows:

- (a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent Spouse and/or Dependent Child(ren), including a former Employee's Domestic Partner, or a COBRA continuant (whose insurance is continued for any reason), and who is also eligible for Medicare due to age or disability;
- (b) an Employee's Domestic Partner who is also eligible for Medicare due to age;
- (c) an Employee, a former Employee, an Employee's or former Employee's Dependent Spouse and/or Dependent Child(ren), an Employee's Dependent, including a Domestic Partner, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

When a person is eligible for Medicare A and B as described above, this plan will pay as the Secondary for Me if services are aBT /F4dul Dim [Emppn.9959,ie f)1(e)-1(e

## Additional Information

### **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.

The lesser of 50% or \$500 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.

The lesser of 50% or \$500 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.

#### **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
- Bipolar Disorder
- Depression

## Definitions

**Coinsurance** - After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called Coinsurance.

**Copay** - A flat fee you pay for certain covered services such as doctor's visits or prescriptions.

**Deductible** - A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.

**Out-of-Pocket Maximum** - Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "Maximum Reimbursable Charges" or negotiated fees for covered services.

**Place of Service** - Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.

**Prescription Drug List** - The list of prescription brand and generic drugs covered by your pharmacy plan.

**Professional Services** - Services performed by Surgeons, Assistant Surgeons, Hospital Based Physicians, Radiologists, Pathologists and Anesthesiologists

**Transition of Care** - Provides in-network transition of Care for Anesthesiologists



## Exclusions

Eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.

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.

Products and supplies associated with the administration of medications that are available to be covered under the Prescription Drug Benefit. Such products and supplies include but are not limited to therapeutic Continuous Glucose Monitor (CGM) sensors and transmitters and insulin pods.

Routine foot care, including the paring and removing of corns and calluses and toenail maintenance. However, foot care services for diabetes, peripheral neuropathies and peripheral vascular disease are covered when Medically Necessary.

Membership costs and fees associated with health clubs, weight loss programs or 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, storage or donation of blood or blood products, except for autologous donation in anticipation of scheduled services when medical management review determines 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.

Health and beauty aids, cosmetics and dietary supplements.

All nutritional supplements, formulae, enteral feedings, supplies and specialty formulated medical foods, whether prescribed or not, 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 related to an Injury or Sickness payable under worker's compensation or similar laws.

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.

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

