

Plan Highlights

In-Network

Out-of-Network

Plan Out-of-Pocket Maximum

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Emergency Services		
Emergency Room Includes Professional, X-ray and/or Lab services performed at the Emergency Room and billed by the facility as part of the ER visit. Per visit copay is waived if admitted.	\$150 copay, and plan pays 100%	\$150 copay, and plan pays 100%
Urgent Care Facility Includes Professional, X-ray and/or Lab services performed at the Urgent Care Facility and billed by the facility as part of the urgent care visit.	\$25 copay, and plan pays 100%	\$25 copay, and plan pays 100%
Ambulance Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.	Plan pays 80% ^	Plan pays 80% ^
Inpatient Services at Other Health Care Facilities		
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities Annual Limit: 150 days	Plan pays 80% ^	Plan pays 60% ^
Laboratory Services		
Physician's Services/Office Visit	Plan pays 80% ^	Plan pays 60% ^
Independent Lab	Plan pays 80% ^	Plan pays 60% ^
Outpatient Facility	Plan pays 80% ^	Plan pays 60% ^
Radiology Services		
Physician's Services/Office Visit	Plan pays 80% ^	Plan pays 60% ^
Outpatient Facility	Plan pays 80% ^	Plan pays 60% ^
Advanced Radiological Imaging (ARI)	Includes MRI, MRA, CAT Scan, PET Scan, etc.	
Outpatient Facility	Plan pays 80% ^	Plan pays 60% ^
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit

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 80% ^

Plan pays 60% ^

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% ^

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
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.		
Routine Foot Care	Not Covered	Not Covered
Note: Services associated with foot care for diabetes and peripheral vascular disease are covered when approved as medically necessary.		
Routine Eye Care Annual Limit: One exam	Plan pays 100%	Plan pays 100%
Hearing Aids Annual Limit: Unlimited Maximum of 2 devices (one per ear) per 36 months Includes testing and fitting of hearing aid devices at Physician Office Visit cost share	Plan pays 80% ^	Plan pays 60% ^
Wigs Maximum of 1 wig per Lifetime	Plan pays 100%	Plan pays 100%
Acupuncture Annual Limit: 20 days	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit

Benefit**In-Network****Out-of-Network**

Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.

Mental Health and Substance Use Disorder

Inpatient Mental Health	Plan pays 80% ^	Plan pays 60% ^
Outpatient Mental Health – Physician’s Office	\$25 copay, and plan pays 100%	Plan pays 60% ^
Outpatient Mental Health - MDLIVE Behavioral Services	\$25 copay, and plan pays 100%	Not Covered
Outpatient Mental Health – All Other Services	Plan pays 80% ^	Plan pays 60% ^
Inpatient Substance Use Disorder	Plan pays 80% ^	Plan pays 60% ^
Outpatient Substance Use Disorder – Physician’s Office	\$25 copay, and plan pays 100%	Plan pays 60% ^
Outpatient Substance Use Disorder - MDLIVE Behavioral Services	\$25 copay, and plan pays 100%	Not Covered
Outpatient Substance Use Disorder – All Other Services	Plan pays 80% ^	Plan pays 60% ^

Annual Limits:

Unlimited maximum

Notes:

Plan pays 100% for the first Mental Health and Substance Use Disorder office visit per Calendar Year; subsequent visits will be paid at the PCP cost share or better.

Inpatient includes Acute Inpatient and Residential Treatment.

Outpatient - Physician's Office and MDLIVE Behavioral Services - may include Individual, family and group therapy, psychotherapy, medication management, etc.

Outpatient - All Other Services - may include Partial Hospitalization, Intensive Outpatient Services, Applied Behavior Analysis (ABA Therapy), etc.

Services are paid at 100% after you reach your out-of-pocket maximum.

Important Note on Mental Health and Substance Use Disorder Coverage: Covered medical services listed above, which are received to diagnose or treat a Mental Health or Substance Use Disorder condition will be payable according to this section titled “Mental Health and Substance Use Disorder.”

Mental Health/Substance Use Disorder Utilization Review, Case Management and Programs**Cigna Total Behavioral Health - Inpatient and Outpatient Management**

Inpatient utilization review and case management

Outpatient utilization review and case management

Partial Hospitalization

Intensive outpatient programs

Changing Lives by Integrating Mind and Body Program

Lifestyle Management Programs: Stress Management, Tobacco Cessation and Weight Management.

Narcotic Therapy Management

inMynd program - a comprehensive, holistic solution to help recognize and find resources to treat behavioral health conditions.

01/01/2025

ME

Open Access Plus - Basic

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

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.

Holistic health support for the following chronic health conditions:

Heart Disease

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

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.

01/01/2025
ME

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.

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

