



2017 Medical Summary Cigna Open Access Plus

Out-of-network services are covered under out-of-network benefits except in case of emergency. Out-of-network providers are reimbursed at the in-network fee schedule. You may be balance billed for charges by the provider if they bill more than what is allowed for in-network services, which may then exceed the out-of-network deductible, 70% coinsurance and out-of-pocket maximum.

	In Network	Out of Network*
Deductible	\$600 (\$1,200 family aggregate)	\$850* (\$1,700 family aggregate)
Coinsurance	20%	30%
Out-of-pocket Maximum (includes deductibles, co-insurance, and copays)	\$2,500 per individual \$5,000 per family	\$3,050 per individual * \$6,100 per family*
Outpatient Provider Services <ul style="list-style-type: none"> • Primary Care Physicians • Mental Health Provider** • Specialist Services 	\$35 copay \$35 copay \$50 copay	Covered 70% after deductible* Covered 70% after deductible* Covered 70% after deductible*
Urgent Care <ul style="list-style-type: none"> • Primary Care Physicians • Emergency Room (for non-emergency services) 	\$35 copay Covered 80% after deductible, plus \$60 copay	Covered 70% after deductible* Covered 70% after deductible, plus \$60 copay*
Outpatient Rehabilitation <ul style="list-style-type: none"> • Physical Therapy • Occupational Therapy • Speech Therapy 	\$35 copay \$35 copay \$35 copay – calendar year limit 20 visits	Covered 70% after deductible* Covered 70% after deductible* Covered 70% after deductible*
Hospital and Outpatient Services (e.g., diagnostic services, medical procedures, surgery)***	Covered 80% after deductible	Covered 70% after deductible*
<u>Preventive Care</u> <ul style="list-style-type: none"> • Annual GYN Exam • Wellness & Adult Immunizations • Well Child Care & Immunizations 	\$0 copay \$0 copay \$0 copay	Available in-network only Available in-network only \$0 copay children under age 19
Pregnancy**** <ul style="list-style-type: none"> • Prenatal Care & Delivery • Breast Feeding Equipment Rental 	Covered 80% after deductible (office visit copays waived) 100% no deductible	Covered 70% after deductible* Not covered
Mental Health/ Substance Abuse**	Covered 80% after deductible	Covered 70% after deductible*
Chiropractic Services	\$20 copay – calendar year limit 20 visits	Covered 70% after deductible* Calendar year limit of 20 visits
Prescription Drugs (participating pharmacy)	\$12 generic / \$35 preferred brand names / \$60 non-preferred brand	Not covered

*See important information in red at top of page.

**ASU utilizes Cigna Total Behavioral Health for both inpatient and outpatient management.

***Pre-certification is required for inpatient admissions. In-network pre-certification is coordinated by your physician. Individual responsible for out-of-network pre-certification or subject to \$750 penalty.

****Must enroll in special delivery program by week 14 to receive maximum benefit and avoid \$100 penalty. Member will pay office copay for first visit. Breast feeding equipment rental is covered at 100% from Cigna designated provider only.