



2018 Medical Summary - Cigna Open Access Plus

Please refer to ASU Summary Plan Description (SPD) for plan coverage, limitations and restrictions.

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 Network¹
Deductible	\$850 (\$1,700 family aggregate)	\$1700 (\$3,400 family aggregate)
Coinsurance	20%	30%
Out-of-pocket Maximums (includes deductibles, co-insurance, and copays)	\$3,000 per individual (medical)/\$1,500 per individual (pharmacy) \$6,000 per family (medical)/\$3,000 per individual (pharmacy)	\$6,000 per individual per individual (medical) \$12,000 per family (medical)
Outpatient Provider Services ² <ul style="list-style-type: none"> • Primary Care Physicians • Mental Health Provider³ • 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 \$200 copay	Covered 70% after deductible Covered 70% after deductible, plus \$200 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, advanced imaging, surgery) ⁴	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
Inpatient Mental Health/ Substance Abuse ⁵	Covered 80% after deductible	Covered 70% after deductible
Chiropractic Services	\$35 copay – calendar year limit 20 visits	Covered 70% after deductible Calendar year limit of 20 visits
Prescription Drugs (participating pharmacy)	\$12 generic / \$50 preferred brand names / \$80 non-preferred brand Some maintenance drugs are available with two copays for a 90- day supply at participating 90-now pharmacies or mail order.	Not covered

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¹ See important information in red at top of page.

² *Copay covers labs related to office visit, but does not cover other services including advanced imaging, surgery, which are subject to deductible and co-insurance.

³ ASU utilizes Cigna Total Behavioral Health for both inpatient and outpatient management.

⁴ Pre-certification is required for in-patient and outpatient services including advanced imaging, surgery and medical procedures. In-network pre-certification is coordinated by your physician. Individual responsible for out-of-network pre-certification or subject to \$750 penalty.