



Cigna’s group of highly qualified doctors who meet our standards of care is one of the largest in the New York and New Jersey area with over 30,000 personal doctors and over 115,000 specialists. You’re free to choose your own doctors, and each member of your family can elect his or her own Primary Care Physician from our network. With the Cigna HealthCare Open Access Plus In-Network plan you may visit any doctor who participates in the Cigna HealthCare Open Access Plus network.

At a Glance	
<b>Plan Type:</b>	HMO Open Access
<b>Geographic Service Area</b>	Cigna HealthCare provides coverage to NYC employees and non-Medicare eligible retirees living in New York, New Jersey, Connecticut, Los Angeles, CA, and Phoenix, AZ.
<b>Does this plan use a network of providers?</b>	Yes. Visit the website at <a href="http://www.myCigna.com">www.myCigna.com</a> or call 1-800-CIGNA24 (1-800-564-7642) for a list of participating providers.
<b>Do I need a referral to see a specialist?</b>	No, you don’t need a referral to see a specialist.
<b>Contact Information</b>	Cigna HealthCare Attn: Dan Moskowitz 499 Washington Blvd, 2 <sup>nd</sup> Floor Jersey City, NJ 07405  1-800-CIGNA24 (1-800-564-7642). Please inform the representatives that you are calling for information on account number 3211464 (The City of New York).
<b>Web Site</b>	<a href="http://www.cigna.com">www.cigna.com</a>

Plan Features	Cost
<b>What is the overall deductible for this plan?</b>	• \$0
<b>What are the costs when you visit a health care provider’s office or clinic?</b>	<ul style="list-style-type: none"> <li>• Primary care visit to treat an injury or illness: \$15</li> <li>• Specialist visit: \$25</li> <li>• Other practitioner office visit Chiropractor: \$25</li> <li>• Preventive care/screening/immunization: No charge</li> </ul>
<b>What are the costs if you have a test?</b>	Diagnostic test (x-ray, blood work): No charge Imaging (CT/PET scans, MRIs): No charge
<b>What are the costs if you have outpatient surgery?</b>	Facility fee (e.g., ambulatory surgery center): No charge Not covered for non-participating provider  Physician/surgeon fees: No charge Not covered for non-participating provider
<b>What are the costs if you need immediate medical attention?</b>	Emergency room services: \$50 co-pay/visit \$50 co-pay/visit for non-participating provider Per visit is waived if admitted Emergency medical transportation: No charge No charge for non-participating provider
<b>What are the costs if you have a hospital stay?</b>	Facility fee (e.g., hospital room): \$150 co-pay/admission Not covered for non-participating provider  Physician/surgeon fee: No charge Not covered for non-participating provider
<b>What are the costs if you are pregnant?</b>	Prenatal and postnatal care: No charge Not covered for non-participating provider  Delivery and all inpatient services: \$150 co-pay/admission Limited to 48 hours for natural delivery and 96 hours for caesarean delivery. Prior approval required.

**WHAT ARE THE COSTS IF YOU HAVE MENTAL HEALTH, BEHAVIORAL HEALTH, OR SUBSTANCE ABUSE NEEDS?**

Service	Cost
<b>Mental/Behavioral health Outpatient services</b>	<ul style="list-style-type: none"> <li>• \$25 co-pay/visit</li> <li>• Not covered for non-participating provider</li> </ul>
<b>Mental/Behavioral health Inpatient services</b>	<ul style="list-style-type: none"> <li>• \$150 co-pay/admission</li> <li>• Not covered for non-participating provider</li> </ul>
<b>Substance abuse Outpatient services</b>	<ul style="list-style-type: none"> <li>• \$25 co-pay/visit</li> <li>• Not covered for non-participating provider</li> </ul>
<b>Substance abuse Inpatient services</b>	<ul style="list-style-type: none"> <li>• \$150 co-pay/admission</li> <li>• Not covered for non-participating provider</li> </ul>

**WHAT ARE THE COSTS IF YOU NEED HELP RECOVERING OR HAVE OTHER SPECIAL HEALTH NEEDS?**

Service	Cost
<b>Home health care</b>	<ul style="list-style-type: none"> <li>• No charge</li> <li>• Not covered for non-participating provider</li> </ul>
<b>Skilled nursing care</b>	<ul style="list-style-type: none"> <li>• No charge</li> <li>• Limited to 60 days annual max</li> <li>• Not covered for non-participating provider</li> </ul>
<b>Durable medical equipment (DME)</b>	<ul style="list-style-type: none"> <li>• No charge</li> <li>• Not covered for non-participating provider</li> </ul>
<b>Hospice service</b>	<ul style="list-style-type: none"> <li>• No charge</li> <li>• Not covered for non-participating provider</li> </ul>

**OPTIONAL RIDER**

**WHAT IS THE COST IF YOU NEED DRUGS TO TREAT YOUR ILLNESS OR CONDITION?**

	Retail	Mail Order
<b>Generic drugs*</b>	\$5 co-pay/30 day supply	\$10 copay/90 day supply
<b>Preferred brand drugs*</b>	\$20 co-pay/30 day supply	\$40 co-pay/90 day supply
<b>Non-preferred brand drugs*</b>	\$50 co-pay/30 day supply	\$100 co-pay/90 day supply

\*Must be dispensed by a Participating Pharmacy.

Please refer to the Summary of Benefits and Coverage (SBC) for additional information and to see what this plan covers and any cost-sharing responsibilities.