Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services Cigna Health and Life Insurance Co.: LocalPlus IN HDHPQ

Coverage Period: 07/01/2024 - 12/31/2024

Coverage for: Indiv 5xN HDHPQ

| Common | | What You Will Pay | | Limitations, Exceptions, & Other |
|--|--|--|---|---|
| Medical Event | Services You May Need | In-Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | Important Information |
| | Specialty drugs (Tier 4) | 20% up to \$75 copay /prescription (retail & home delivery 30 days) | Not covered | In-network Federally required preventive drugs will be provided at no charge. |
| If you have outpatient | Facility fee (e.g., ambulatory surgery center) | 20% coinsurance | Not covered | None |
| surgery | Physician/surgeon fees | 20% coinsurance | Not covered | None |
| If you need immediate medical attention | Emergency room care | 20% <u>coinsurance</u> | 20% <u>coinsurance</u> | Out-of-network services are paid at the in-network cost share and deductible. |
| | Emergency medical transportation | 20% coinsurance | 20% <u>coinsurance</u> | Out-of-network air ambulance services are paid at the in-network cost share and deductible. |
| | <u>Urgent care</u> | 20% coinsurance | 20% coinsurance | None |
| If you have a hospital stay | Facility fee (e.g., hospital room) | 20% coinsurance | Not covered | None |
| , , | Physician/surgeon fees | 20% coinsurance | Not covered | None |
| If you need mental health, behavioral health, or | Outpatient services | 20% coinsurance/office visit 20% coinsurance/all other services | Not covered | Includes medical services for MH/SA diagnoses. |
| substance abuse services | Inpatient services | 20% <u>coinsurance</u> | Not covered | Includes medical services for MH/SA diagnoses. |

| Common | | What You Will Pay | | Limitations, Exceptions, & Other |
|----------------------------|----------------------------|---|--|----------------------------------|
| Medical Event | Services You May Need | In-Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | Important Information |
| | Hospice services | 20% <u>coinsurance</u> /inpatient services 20% <u>coinsurance</u> /outpatient services | Not covered | None |
| If your child needs dental | Children's eye exam | Not covered | Not covered | None |
| or eye care | Children's glasses | Not covered | Not covered | None |
| | Children's dental check-up | Not covered | Not covered | None |

Excluded Services & Other Covered Services:

| Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.) | | | |
|--|---|--------------------------|--|
| Cosmetic surgery | Long-term care | Routine eye care (Adult) | |
| Dental care (Adult) | Non-emergency care when traveling outside the | Routine foot care | |
| Dental care (Children) | U.S. | Weight loss programs | |
| Eye care (Children) | Private-duty nursing | | |

| Other Covered Services (Limitations may apply | y to these services. This isn't a complete list. Please see your <u>p</u> | lan document.) |
|---|---|-----------------------|
| Acupuncture (12 days) | Chiropractic care (combined with Rehabilitation | Infertility treatment |
| Bariatric surgery | <u>Services</u>) | • |
| | Hearing aids (2 (one per ear) devices per 36 | |
| | months, through age 17) | |

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Cigna at 1-800-Cigna24, Colorado Division of Insurance at 1-800-930-3745 and Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.delthreform. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace, visit www.delthreform. Other coverage options may be available to you, too, including buying individual insurance coverage through the Marketplace, visit www.delthreform. Other coverage options may be available to you, too, including buying individual insurance coverage through the https://www.delthreform. Other coverage options may be available to you, too, including buying individual insurance coverage through the https://www.delthreform. Other coverage options may be available to you, too, including buying individual insurance coverage through the https://www.delthreform. Other coverage options may be available to you, too, including buying individual insurance coverage through the https://www.delthreform.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>grievance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>plan</u> documents also provide complete information on how to submit a claim, appeal or a grievance for any reason to your <u>plan</u>. For more information about your rights, this notice, or assi425.63899953 (for any r1 nCruor a)-16.mook gn

Medical coverage

Cigna Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna Healthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna Healthcare:

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- Qualified sign language interpreters
- Written information in other formats
 (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

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