

UFCW Local 1625 and Employers Health & Welfare Fund

c/o National Employee Benefits Administrators, Inc.

2010 N.W. 150th Avenue, Suite 100 • Pembroke Pines, FL 33028

(800) 842-5899 • (954) 266-6322 • Fax (954) 266-2079



Date: September 20, 2020
To: Eligible Bargaining Unit Employees
From: Board of Trustees
Re: Open Enrollment 2020

The Fund will be holding an open enrollment period from October 1, 2020 through October 31, 2020. During this period, Employees will have the opportunity to enroll for coverage effective January 1, 2021. **If you are currently enrolled and wish to continue your coverage, no action is required.** By electing to continue your enrollment, you are authorizing the payroll deductions for your coverage, in the amounts shown on the following page. This election will apply for the entire year and you will not be able to add, change or rescind your coverage and associated payroll deduction until the next open enrollment period, except as permitted through a Special Enrollment right.

If you are not currently enrolled and wish to enroll, you must do so by October 31, 2020. If you fail to enroll by October 31, 2020, you will not be permitted to enroll until the next Open Enrollment Period that will be held in the Fall of 2021 (for changes that will be effective on January 1, 2022) unless you have a qualifying event.

The orange box to the right shows the ways in which you can enroll.

There are no changes to the benefit plan for 2021, but the employee contribution amounts are changing. The charts on the following page highlight the benefits and outline the new contribution amounts. In addition, the Orange Plan Summary of Benefits and Coverage (SBC) is enclosed with this notice to provide additional detail.

Opportunities for Special Enrollment

Members who are eligible to enroll in the health plan but choose not to do so, or who choose not to enroll some of their dependents, usually have to wait until an Open Enrollment Period to make changes. You may not have to wait until Open Enrollment to make changes, however, under the following circumstances:

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

IMPORTANT ANNOUNCEMENT

Ways to Enroll

Visit the enrollment site at:
<https://www.nebainc.com/OS/1625enroll>

The site will be available during open enrollment.

OR

Due to COVID-19, a Representative will be available by phone for Open Enrollment assistance and to answer any questions you may have about the Plan. Please see the attached Schedule of Dates by location for the date a Representative will be available. As always, NEBA will be available to answer questions Monday – Friday from 8am – 5pm at 800-842-5899. Please also check your breakroom for the phone number for your Representative.

Your monthly contribution based upon your family tier election would be as follows:

BASED ON YOUR FAMILY TIER ELECTION	YOUR MONTHLY CONTRIBUTION IS:
Employee Only	\$182.00
Employee + 1 Child	\$485.00
Employee + Children	\$865.00

Here are the highlights of the Orange Plan benefits:

CIGNA OPEN ACCESS PLUS NETWORK	
COVERAGE IS FOR IN-NETWORK PROVIDERS ONLY (and Non-Network Emergency Services)	
	ORANGE PLAN
IF YOU NEED TO SEE THE DOCTOR	
Primary Care	You pay a \$40 copay, no deductible
Specialist	You pay 40% coinsurance, after deductible
Mental Health/Substance Abuse	You pay a \$40 copay, no deductible
MD Live (24/7 Telemedicine)	You pay a \$20 copay, no deductible
WHEN YOU RECEIVE PREVENTIVE CARE	
ACA Preventive Care Services	You pay \$0, no deductible
IF YOU NEED A PRESCRIPTION DRUG	
RETAIL (30-day supply)	
Tier 1: Generic	You pay a \$20 copay, no deductible
Tier 2: Preferred Brand	You pay a \$50 copay, after deductible
Tier 3: Non-Preferred Brand	You pay the greater of 60% or \$100, after deductible
HOME DELIVERY (90-day supply)	
Tier 1: Generic	You pay a \$40 copay, no deductible
Tier 2: Preferred Brand	You pay a \$100 copay, after deductible
Tier 3: Non-Preferred Brand	You pay the greater of 60% or \$200, after deductible
SPECIALTY (30-day supply)	
Specialty Medications	You pay the greater of 60% or \$100, after deductible
IF YOU NEED OTHER MEDICAL SERVICES	
CALENDAR YEAR DEDUCTIBLE	
Individual	\$5,500
Family	\$11,000
MAXIMUM OUT-OF-POCKET	
Individual	\$7,150
Family	\$14,300
EMERGENCY CARE	
Emergency Room	You pay 40% coinsurance, after deductible
Transportation	You pay 40% coinsurance, after deductible
Urgent Care	You pay 40% coinsurance, after deductible
OTHER SERVICES	
In-Network	You pay 40% coinsurance, after deductible
Out-of-Network	Not covered

To obtain more information, contact the Fund Office at 1-800-842-5899.

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1 (800) 842-5899 | Fax (954) 266-2079

Enrollment Form

1. First, tell us about yourself.

Please complete all boxes.

First Name		Middle Initial		Last Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate	/ /	SSN	
Address					
City, State Zip			Marital Status		
Employer Name					

2. If we need to get in touch with you, what do you prefer?

Please mark your preferred method.

<input type="checkbox"/>	Call me	Home: () -	Cell: () -	Work: () -
<input type="checkbox"/>	Email me	Email Address:	<input type="checkbox"/> Mail to me at the address listed above	

3. Do you want to enroll for coverage under the Plan?

Please choose one of the options below.

<input type="checkbox"/>	YES, enroll me for employee only coverage.	I request coverage under the UFCW Local 1625 and Employers Health and Welfare Fund (the Plan).
<input type="checkbox"/>	YES, enroll me & my eligible dependents.	If I am enrolling dependent children, I understand that I will be required to submit supporting documents which demonstrate that my dependents meet the Plan's definition of eligible dependent, such as my children's birth certificates. Signature: _____ Date: _____
<input type="checkbox"/>	NO, do not enroll me. I have other health plan coverage.	I understand that by declining coverage, I am waiving all benefits to which I am entitled. Under the Affordable Care Act, if I do not have health insurance, I may be subject to a fee called the individual shared responsibility payment.
<input type="checkbox"/>	NO, do not enroll me. I <u>do not</u> have other health plan coverage.	Signature: _____ Date: _____

4. Which doctor in the CIGNA OAP Network will provide your primary care?

If you don't currently have an in network Primary Care Physician (PCP), please call Cigna CareAllies at 1-800-768-4695. Cigna CareAllies can help you find a doctor in your area that participates in the Cigna OAP Provider Network. You are not required to name a PCP, but you are encouraged to do so. It's important to establish a relationship with a PCP before you get sick! If you don't, it can be difficult to get an appointment when you need one.

Physician Name:	Physician Address:
Physician Phone Number:	

5. Are you enrolling dependents? If so, please complete the section below.

To enroll your dependents you will need to provide copies of their social security cards (if available), birth certificates (required for children), and a marriage certificate (required for stepchildren). Other documents may be required and could be requested by NEBA. To add dependents, please fill out their information below and submit the required documents to NEBA via fax, secure email, website upload, or mail within 15 days. Dependents will not be enrolled in the Plan if the documentation is not submitted timely.

The term "Dependent" is defined in the Plan Document as a Covered Employee's natural child, adopted child, stepchild, foster child, and/or any child for whom there is a Qualified Medical Child Support Order which states that health care coverage must be maintained by the Covered Employee.

Complete the following section if you are enrolling dependent children.

Dependent 1:

Full Name:	Relationship:	SSN:	DOB: / /
Primary Care Physician:	Address:	Phone:	

Dependent 2:

Full Name:	Relationship:	SSN:	DOB: / /
Primary Care Physician:	Address:	Phone:	

Dependent 3:

Full Name:	Relationship:	SSN:	DOB: / /
Primary Care Physician:	Address:	Phone:	

Dependent 4:

Full Name:	Relationship:	SSN:	DOB: / /
Primary Care Physician:	Address:	Phone:	

Dependent 5:

Full Name:	Relationship:	SSN:	DOB: / /
Primary Care Physician:	Address:	Phone:	

Please contact NEBA if you wish to add more than five dependent children.

That's it! Thank you for completing your enrollment form.

UFCW / Cigna Open Enrollment 2021-Airamed, Jacaranda

Facility	Employer	Street	City	ST	Zip	Phone			Meeting Dates	Meeting Time	Cigna Team/Sudler Team/Troller Team/NEBA Team
Winter Haven Health & Rehabilitation Center	Airamed	202 Avenue O North East	Winter Haven	FL	33881	863-293-3103			10/13 & 10/14		Liz
Evergreen Woods Health & Rehab Center	Airamed	7045 Evergreen Woods Trail	Spring Hill	FL	34608	352-596-8371			10/1 & 10/2	9:00 am - 4:00 pm	Mike
Windsor Woods Rehab & Healthcare Center	Airamed	13719 Dallas Drive	Hudson	FL	34667	727-862-6795			10/6 & 10/7	9:00 am - 4:00 pm	Liz
Emerald Coast Center	Airamed	114 3rd Street South East	Ft Walton Beach	FL	32548	850-243-6134			10/5 & 10/6	9:00 am - 4:00 pm	Graham Hayes
Lakeland Hills Center	Airamed	610 East Bella Vista Drive	Lakeland	FL	33805	863-688-8591			10/6 & 10/7	9:00 am - 4:00 pm	Liz
South Heritage Health & Rehab Center	Airamed	718 Lakeview Avenue South	St. Petersburg	FL	33705	727-894-5125			10/1 & 10/2	9:00 am - 4:00 pm	Mike
Concordia Manor	Airamed	321 13th Avenue North	St. Petersburg	FL	33701	727-822-3030			10/5 & 10/6	9:00 am - 4:00 pm	Mike
Rehabilitation Center of the Palm Beaches	Airamed	301 Northpointe Parkway	West Palm Beach	FL	33407	561-712-1717			10/5 & 10/6	9:00 am - 4:00 pm	Mike
Alpine Health & Rehabilitation Center	Airamed	3456 21st Avenue South	St. Petersburg	FL	33711	727-327-1988			10/7 & 10/8	9:00 am - 4:00 pm	Mike
Bartow Center	Airamed	2055 East Georgia Street	Bartow	FL	33830	863-533-0578			10/13 & 10/14	9:00 am - 4:00 pm	Liz
Boca Ciega Center	Airamed	1414 59th Street South	Gulfport	FL	33707	727-344-4608			10/7 & 10/8	9:00 am - 4:00 pm	Mike
Abbey Rehabilitation & Nursing Center	Airamed	7101 9th Street N.	St. Petersburg	FL	33702	727-527-7231			10/9 & 10/12	9:00 am - 4:00 pm	Mike
Rehab & Healthcare Center of Cape Coral	Airamed	2629 Del Prado Blvd S	Cape Coral	FL	33904	239-574-4434			10/9 & 10/12	9:00 am - 4:00 pm	Mike
Bay Pointe Nursing Pavilion	Airamed	4201 31st Street South	St. Petersburg	FL	33712	727-867-1104			10/13 & 10/14	9:00 am - 4:00 pm	Mike
Winkler Court	Airamed	3250 Winkler Avenue Extension	Fort Myers	FL	33916	239-939-4993			10/13 & 10/14	9:00 am - 4:00 pm	Mike
Egret Cove Center	Airamed	550 62nd Street South	St. Petersburg	FL	33707	727-347-6151			10/15 & 10/16	9:00 am - 4:00 pm	Mike
Titusville Rehabilitation & Nursing Center	Airamed	1705 Jess Parrish Court	Titusville	FL	32796	321-269-5720			10/15 & 10/16	9:00 am - 4:00 pm	Mike
Clermont Health & Rehabilitation Center	Airamed	151 East Minnehaha Avenue	Clermont	FL	34711	352-394-2188			10/19 & 10/20	9:00 am - 4:00 pm	Mike
Clearwater Center	Airamed	1270 Turner Street	Clearwater	FL	33756	727-443-7639			10/19 & 10/20	9:00 am - 4:00 pm	Mike
Delaney Park Health & Rehabilitation Center	Airamed	215 Annie Street	Orlando	FL	32806	407-841-4371			10/21 & 10/22	9:00 am - 4:00 pm	Mike
Highland Pines Rehabilitation Center	Airamed	1111 South Highland Avenue	Clearwater	FL	33756	727-446-0581			10/21 & 10/22	9:00 am - 4:00 pm	Mike
Healthcare & Rehabilitation of Sanford	Airamed	950 Mellonville Avenue	Sanford	FL	32771	407-322-8566			10/23 & 10/26	9:00 am - 4:00 pm	Mike
University Center East		991 East New York Avenue	Deland	FL	32724	386-734-9083			N/A	N/A	Terminated
Regents Park of Jacksonville	Airamed	8700 A.C. Skinner Parkway	Jacksonville	FL	32256	904-642-7300			10/12 & 10/13	9:00 am - 4:00 pm	Graham Hayes
University Center West		545 West Euclid Avenue	Deland	FL	32720	386-734-9085			N/A	N/A	Terminated
First Coast Health & Rehabilitation Center	Airamed	7723 Jasper Avenue	Jacksonville	FL	32211	904-725-8044			10/5 & 10/6	9:00 am - 4:00 pm	Graham Hayes
Regents Park of Winter Park	Airamed	558 North Semoran Boulevard	Winter Park	FL	32792	407-679-1515			10/23 & 10/26	9:00 am - 4:00 pm	Mike
Orlando Health & Rehabilitation Center	Airamed	830 29th Street	Orlando	FL	32805	407-843-3230			10/27 & 10/28	9:00 am - 4:00 pm	Mike
Sarasota Health & Rehabilitation Center	Airamed	1524 East Avenue South	Sarasota	FL	34239	941-365-2422			10/27 & 10/28	9:00 am - 4:00 pm	Mike
Deerfield Beach Health & Rehab Center	Airamed	401 East Sample Road	Pompano	FL	33064	954-941-4100			10/29 & 10/30	9:00 am - 4:00 pm	Mike
Oaks at Avon Park, The	Airamed	1010 US 27 North	Avon Park	FL	33825	863-453-5200			10/20 & 10/21	9:00 am - 4:00 pm	Liz
Pompano Health & Rehabilitation Center	Airamed	51 West Sample Road	Pompano	FL	33064	954-942-5530			10/29 & 10/30	9:00 am - 4:00 pm	Mike
Groves Center, The	Airamed	512 South 11th Street	Lake Wales	FL	33853	863-676-8502			10/19 & 10/20	9:00 am - 4:00 pm	Graham Hayes
Boca Raton Rehabilitation Center	Airamed	755 Meadows Road	Boca Raton	FL	33486	561-391-5200			10/7 & 10/8	9:00 am - 4:00 pm	Graham Hayes
Casa Mora Rehabilitation & Extended Care	Airamed	1902 59TH Street West	Bradenton	FL	34209	941-761-1000			10/7 & 10/8	9:00 am - 4:00 pm	Graham Hayes
Community Convalescent Center	Airamed	2202 West Oak Avenue	Plant City	FL	33563	813-754-3761			10/20 & 10/21	9:00 am - 4:00 pm	Liz
Treasure Isle Care Center	Airamed	1735 North Treasure Drive	N. Bay Village	FL	33141	305-865-2383			10/14 & 10/15	9:00 am - 4:00 pm	Graham Hayes
Jacaranda Manor	Grace	4250 66 Street North	St. Petersburg	FL	33709	727-546-2405			N/A	N/A	Terminated
Regents Park of Sunrise	Airamed	9711 West Oakland Park Blvd	Sunrise	FL	33351	954-572-4000			10/5 & 10/6	9:00 am - 4:00 pm	Graham Hayes
Rehab & Healthcare Center of Tampa	Airamed	4411 North Habana Avenue	Tampa	FL	33614	813-872-2771			10/7 & 10/8	9:00 am - 4:00 pm	Graham Hayes
Whispering Oaks	Airamed	1514 East Chelsea Street	Tampa	FL	33610	813-238-6406			10/14 & 10/15	9:00 am - 4:00 pm	Graham Hayes
Tarpon Bayou Center	Airamed	515 Chesapeake Drive	Tarpon Springs	FL	34689	727-934-4629			10/19 & 10/20	9:00 am - 4:00 pm	Graham Hayes
Carrollwood Care Center	Airamed	15002 Hutchinson Road	Tampa	FL	33625	813-960-1969			10/19 & 10/20	9:00 am - 4:00 pm	Graham Hayes

Electricians: Pending

ELECTRONIC OPEN ENROLLMENT

ENROLL IN THE UFCW LOCAL 1625 AND EMPLOYERS
HEALTH AND WELFARE PLAN

<https://www.nebainc.com/OS/1625Enroll>

OCTOBER 1, 2020 – OCTOBER 31, 2020



FOR ASSISTANCE, CONTACT THE FUND OFFICE AT (800) 842-5899

WELCOME TO THE UFCW 1625 OPEN ENROLLMENT WEBSITE

STEP ONE: ACCESS THE UFCW 1625 OPEN ENROLLMENT WEBSITE

Go to NEBA’s website at
<https://www.nebainc.com/1625enroll>
Under “Links” Click on “Enrollment Website”

Links

[Open Enrollment Website](#)

STEP TWO: VERIFY YOUR IDENTITY

Fill out the form and click “Continue”

INSURANCE VERIFICATION

Verify Your Identity

Fill out the information below using the secure form and click continue.

First Name

Enter your First Name...

Last Name

Enter your Last Name...

SSN

Enter your Social Security Numb

Date Format: MM/DD/YYYY

DOB

Enter Your Date of Birth...

Continue

We are here to assist! Call us at (800) 842-5899 Monday - Friday from 8:00 am - 5:00 pm EST.

Recommended Web Browsers: Chrome, Firefox and Safari.

STEP THREE: COMPLETE THE ENROLLMENT PROCESS

When you log in, you’ll be directed to the Welcome Page where you will begin the Open Enrollment Process:

Log Out

INSURANCE VERIFICATION

New Hire Enrollment

Event:

Start Date:

End Date:

Start New Form

Welcome to Online Enrollment

Dear Participant:

Let's get to know you!

How to Use the Online Enrollment Form

Buttons: Previous, Next, Save, Submit

This will bring the Open Enrollments.
Click on “Complete Enrollment Form”

You will now be directed to the Welcome Page where the Open Enrollment Process will begin.

NEED HELP? CALL NEBA AT 1 (800) 842-5899

UFCW Local 1625 and Employers Health & Welfare Fund
2021 Benefit Plan Offering

CIGNA OPEN ACCESS PLUS NETWORK	
COVERAGE IS FOR IN-NETWORK PROVIDERS ONLY (and Non-Network Emergency Services)	
	ORANGE PLAN
IF YOU NEED TO SEE THE DOCTOR	
Primary Care	You pay a \$40 copay, no deductible
Specialist	You pay 40% coinsurance, after deductible
Mental Health/Substance Abuse	You pay a \$40 copay, no deductible
MD Live (24/7 Telemedicine)	You pay a \$20 copay, no deductible
WHEN YOU RECEIVE PREVENTIVE CARE	
ACA Preventive Care Services	You pay \$0, no deductible
IF YOU NEED A PRESCRIPTION DRUG	
RETAIL (30-day supply)	
Tier 1: Generic	You pay a \$20 copay, no deductible
Tier 2: Preferred Brand	You pay a \$50 copay, after deductible
Tier 3: Non-Preferred Brand	You pay the greater of 60% or \$100, after deductible
HOME DELIVERY (90-day supply)	
Tier 1: Generic	You pay a \$40 copay, no deductible
Tier 2: Preferred Brand	You pay a \$100 copay, after deductible
Tier 3: Non-Preferred Brand	You pay the greater of 60% or \$200, after deductible
SPECIALTY (30-day supply)	
Specialty Medications	You pay the greater of 60% or \$100, after deductible
IF YOU NEED OTHER MEDICAL SERVICES	
CALENDAR YEAR DEDUCTIBLE	
Individual	\$5,500
Family	\$11,000
MAXIMUM OUT-OF-POCKET	
Individual	\$7,150
Family	\$14,300
EMERGENCY CARE	
Emergency Room	You pay 40% coinsurance, after deductible
Transportation	You pay 40% coinsurance, after deductible
Urgent Care	You pay 40% coinsurance, after deductible
OTHER SERVICES	
In-Network	You pay 40% coinsurance, after deductible
Non-Network	Not covered


BASED ON YOUR FAMILY TIER ELECTION	YOUR MONTHLY CONTRIBUTION IS:
Employee Only	\$182.00
Employee + 1 Child	\$485.00
Employee + Children	\$865.00

If you are enrolled for benefits, log-on to www.mycigna.com or download the myCigna mobile app for information on your claims, provider directories and other easy-to-use tools.



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE:** Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 800-842-5899. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at <https://healthcare.gov/sbc-glossary> or call 1-800-Cigna24 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	In-Network : \$5,500/individual; \$11,000/family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Generic (Tier 1) prescription drugs , primary care In-Network provider office visits and preventive services .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	In-Network : \$7,150/individual; \$14,300/family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums ; balance-billing charges; and healthcare this plan doesn't cover	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.myCigna.com or call 1-800-Cigna24 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral , except that the plan will not cover tests or examinations performed by an Audiologist unless ordered by your doctor.

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$40 copay /visit Deductible does not apply	Not Covered	None
	Specialist visit	40% coinsurance	Not Covered	None
	Preventive care/screening/immunization	No charge	Not covered	You may have to pay for services that aren't preventive . Ask your provider if the services you need are preventive. Then check what your plan will pay for. No charge for Cologuard® for colorectal cancer screening up to \$700; amounts over \$700 subject to deductible and 20% coinsurance if you participate in the plan's wellness program or 30% coinsurance if no wellness participation.
If you have a test	Diagnostic test (x-ray, blood work)	40% coinsurance	Not Covered	Preauthorization is required for genetic testing. No coverage if you fail to obtain preauthorization .
	Imaging (CT/PET scans, MRIs)	40% coinsurance	Not Covered	Preauthorization is required. No coverage if you fail to obtain preauthorization .
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.myCigna.com	Generic drugs	\$20 copay /prescription (retail 30 days), \$40 copay /prescription (retail & home delivery 90 days) Deductible does not apply	Not covered	Coverage is limited up to a 90-day supply (retail and home delivery) for Tier 1, Tier 2 and Tier 3 drugs. Coverage is limited up to a 30-day supply for Tier 4 drugs. Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits.
	Preferred brand drugs	\$50 copay /prescription (retail 30 days), \$100 copay /prescription (retail & home delivery 90 days)	Not covered	
	Non-preferred brand drugs	You pay 60% with a minimum of \$100 copay /prescription (retail 30 days), You pay 60% with a minimum of \$200 copay /prescription (retail & home delivery 90 days)	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	Specialty drugs	You pay 60% coinsurance with a minimum of \$100 copay /prescription (retail & home delivery 30 days)	Not covered	Specialty drugs (Tier 4) applies only to self-administered injectable prescriptions.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	40% coinsurance	Not Covered	Preauthorization is required. No coverage if you fail to obtain preauthorization .
	Physician/surgeon fees	40% coinsurance	Not Covered	
If you need immediate medical attention	Emergency room care	40% coinsurance	Not Covered	None.
	Emergency medical transportation	40% coinsurance	Not Covered	None.
	Urgent care	40% coinsurance	Not Covered	None.
If you have a hospital stay	Facility fee (e.g., hospital room)	40% coinsurance	Not Covered	Admissions must be preauthorized or certified . No coverage for stays/days if you fail to obtain preauthorization or certification .
	Physician/surgeon fees	40% coinsurance	Not Covered	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$40 copay /office visit** ** Deductible does not apply 40% coinsurance /other outpatient services	Not covered	Precertification is required for certain outpatient services
	Inpatient services	40% coinsurance	Not covered	Admissions must be preauthorized or certified . No coverage for stays/days if you fail to obtain preauthorization or certification .
If you are pregnant	Office visits	40% coinsurance	Not covered	Cost sharing does not apply to certain preventive services . Depending on the type of services, coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Dependent child pregnancy charges excluded, except for mandated preventive services .
	Childbirth/delivery professional services	40% coinsurance	Not covered	
	Childbirth/delivery facility services	40% coinsurance	Not covered	
If you need help recovering or	Home health care	40% coinsurance	Not covered	16 hour maximum per day Precertification is required

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
have other special health needs	Rehabilitation services	\$40 copay /PCP visit** ** Deductible does not apply 40% coinsurance /Specialist visit	Not covered	Coverage for Rehabilitation, including Cardiac rehab and Chiropractic care, services is limited to 60 days annual max. Precertification is required for Speech therapy. Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	Habilitation services	Not covered	Not covered	None
	Skilled nursing care	40% coinsurance	Not covered	Coverage is limited to 60 days annual max. Precertification is required for admission to skilled nursing facility
	Durable medical equipment	40% coinsurance	Not covered	Precertification is required
	Hospice services	40% coinsurance	Not covered	Precertification is required for admission to hospice facility
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	None
	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 .)		
<ul style="list-style-type: none"> Acupuncture Bariatric surgery Cosmetic Surgery, except to repair disfigurement caused by an accident, abnormal congenital conditions of a child or where required by law Dental care (Adult) Dental care (Children) Eye care (children) 	<ul style="list-style-type: none"> Hearing aids Infertility treatment Long Term Care Non-emergency care when traveling outside the U.S. Pregnancy related charges for dependent children, except those covered under preventive care 	<ul style="list-style-type: none"> Private Duty Nursing Routine eye care (Adult) Routine foot care Substance abuse services Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none"> Chiropractic care (limited to 60 days annual maximum, combined with other Rehabilitation services) 		

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: 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.HealthCare.gov or call 1-800-318- 2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, you can contact Cigna Customer service at 1-800-Cigna24. You may also contact the Florida Office of Insurance Regulation at 1-877-693-5236 or www.floir.com or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes.

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-244-6224.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-244-6224.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-244-6224.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 1-800-244-6224.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$1,150
■ Specialist coinsurance	40%
■ Hospital (facility) coinsurance	50%
■ Other coinsurance	50%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$5,500
Copayments	\$10
Coinsurance	\$1,410
What isn't covered	
Limits or exclusions	\$20
The total Peg would pay is	\$6,940

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$1,150
■ Specialist coinsurance	40%
■ Hospital (facility) coinsurance	30%
■ Other coinsurance	30%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$4,200
Copayments	\$420
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Joe would pay is	\$4,620

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$1,150
■ Specialist coinsurance	40%
■ Hospital (facility) coinsurance	30%
■ Other coinsurance	30%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$2,790
Copayments	\$10
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$2,800

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.