

# UFCW Local 1625 and Employers Health & Welfare Fund

c/o National Employee Benefits Administrators, Inc.

2010 N.W. 150<sup>th</sup> Avenue, Suite 200 • Pembroke Pines, FL 33028

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



Date: September 25, 2024  
To: Eligible Bargaining Unit Employees  
From: Board of Trustees  
Re: Open Enrollment

The Fund will be holding an open enrollment period from October 1, 2024 through November 15, 2024. During this period, Employees will have the opportunity to enroll for coverage effective January 1, 2025. **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. The deduction amounts are 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 November 15, 2024. If you fail to enroll by November 15, 2024, you will not be permitted to enroll until the next Open Enrollment Period that will be held in the Fall of 2025 (for changes that will be effective on January 1, 2026) 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 2025. The charts on the following page highlight the benefits and outline payroll deductions. 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 no more than 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**  
FOR THE EASIEST WAY  
TO ENROLL  
Visit the  
enrollment site at:

<https://www.nebainc.com/1625enroll/>

The site will be  
available during open  
enrollment.

**OR**

A Representative will be  
available in person at all  
locations, to enroll you in the  
Plan and to answer any  
questions you may have.

Please see the enclosed  
Schedule of Dates by  
location. As always, NEBA  
will be available to answer  
questions Monday –  
Friday from 8am – 5pm at  
800-842-5899.

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

<b>BASED ON YOUR FAMILY TIER ELECTION</b>	<b>YOUR 2025 MONTHLY CONTRIBUTION IS:</b>
<b>Employee Only</b>	\$201.00
<b>Employee + 1 Child</b>	\$504.00
<b>Employee + Children</b>	\$884.00

Here are the highlights of the Orange Plan benefits for 2025:

<b>CIGNA OPEN ACCESS PLUS NETWORK</b>	
<b>COVERAGE IS FOR IN-NETWORK PROVIDERS ONLY (and Non-Network Emergency Services)</b>	
	<b>ORANGE PLAN</b>
<b>IF YOU NEED TO SEE THE DOCTOR</b>	
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
<b>WHEN YOU RECEIVE PREVENTIVE CARE</b>	
ACA Preventive Care Services	You pay \$0, no deductible
<b>IF YOU NEED A PRESCRIPTION DRUG</b>	
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
<b>IF YOU NEED OTHER MEDICAL SERVICES</b>	
<b>CALENDAR YEAR DEDUCTIBLE</b>	
Individual	\$5,500
Family	\$11,000
<b>MAXIMUM OUT-OF-POCKET</b>	
Individual	\$7,150
Family	\$14,300
<b>EMERGENCY CARE</b>	
Emergency Room	You pay 40% coinsurance, after deductible
Transportation	You pay 40% coinsurance, after deductible
Urgent Care	You pay 40% coinsurance, after deductible
<b>OTHER SERVICES</b>	
In-Network	You pay 40% coinsurance, after deductible
Non-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

(If you prefer to complete this paper form, you may return it by mail or fax as listed above, or securely upload at <https://www.nebainc.com/1625upload>)

### 1. First, tell us about yourself.

Please complete all boxes.

First Name		Middle Initial		Last Name	
Gender	Male	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:	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 do not 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.

<b>Physician Name:</b>	<b>Physician Address:</b>
<b>Physician Phone Number:</b>	

#### 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.			
<b>Dependent 1:</b>			
<b>Full Name:</b>	<b>Relationship:</b>	<b>SSN:</b>	<b>DOB: / /</b>
<b>Primary Care Physician:</b>	<b>Address:</b>	<b>Phone:</b>	
<b>Dependent 2:</b>			
<b>Full Name:</b>	<b>Relationship:</b>	<b>SSN:</b>	<b>DOB: / /</b>
<b>Primary Care Physician:</b>	<b>Address:</b>	<b>Phone:</b>	
<b>Dependent 3:</b>			
<b>Full Name:</b>	<b>Relationship:</b>	<b>SSN:</b>	<b>DOB: / /</b>
<b>Primary Care Physician:</b>	<b>Address:</b>	<b>Phone:</b>	
<b>Dependent 4:</b>			
<b>Full Name:</b>	<b>Relationship:</b>	<b>SSN:</b>	<b>DOB: / /</b>
<b>Primary Care Physician:</b>	<b>Address:</b>	<b>Phone:</b>	
<b>Dependent 5:</b>			
<b>Full Name:</b>	<b>Relationship:</b>	<b>SSN:</b>	<b>DOB: / /</b>
<b>Primary Care Physician:</b>	<b>Address:</b>	<b>Phone:</b>	

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

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

# UFCW Local 1625 and Employers Health & Welfare Fund Open Enrollment for 2025 Coverage—Cigna Health Insurance

All Meetings are 8-11am & 2-5pm

\*Union Bargaining Unit Employees Only\*


<b>Dates</b>	<b>Facility</b>	<b>Street</b>	<b>City</b>	<b>Zip</b>
Oct 1	Clearwater Center	1270 Turner Street	Clearwater	33756
Oct 1	Bay Pointe Nursing Pavilion	4201 31st Street South	St. Petersburg	33712
Oct 1 & 15	Carrollwood Care Center	15002 Hutchinson Road	Tampa	33625
Oct 2	Abbey Rehabilitation & Nursing Center	7101 9th Street N.	St. Petersburg	33702
Oct 2 & 16	Rehab & Healthcare Center of Tampa	4411 North Habana Avenue	Tampa	33614
Oct 3 & 17	Whispering Oaks	1514 East Chelsea Street	Tampa	33610
Oct 7	Treasure Isle Care Center	1735 North Treasure Drive	N. Bay Village	33141
Oct 7	Community Convalescent Center	2202 West Oak Avenue	Plant City	33563
Oct 8	Casa Mora Rehabilitation & Extended Care	1902 59th Street West	Bradenton	34209
Oct 8	Clermont Health & Rehabilitation Center	151 East Minnehaha Avenue	Clermont	34711
Oct 8	Pompano Health & Rehabilitation Center	51 West Sample Road	Pompano	33064
Oct 8 & 17	Winter Haven Health & Rehabilitation Center	202 Avenue O North East	Winter Haven	33881
Oct 9	Sarasota Health & Rehabilitation Center	1524 East Avenue South	Sarasota	34239
Oct 9	Deerfield Beach Health & Rehab Center	401 East Sample Road	Pompano	33064
Oct 9	The Groves Center	512 South 11th Street	Lake Wales	33853
Oct 10	Boca Raton Rehabilitation Center	755 Meadows Road	Boca Raton	33486
Oct 11	Rehabilitation Center of the Palm Beaches	301 Northpointe Parkway	West Palm Bch	33407
Oct 14	Tarpon Bayou Center	515 Chesapeake Drive	Tarpon Springs	34689
Oct 15	The Oaks at Avon Park	1010 US 27 North	Avon Park	33825
Oct 15	Evergreen Woods Health & Rehab Center	7045 Evergreen Woods Trail	Spring Hill	34608
Oct 15	Highland Pines Rehabilitation Center	1111 South Highland Avenue	Clearwater	33756
Oct 16	Windsor Woods Rehab & Healthcare Center	13719 Dallas Drive	Hudson	34667
Oct 18	First Coast Health & Rehabilitation Center	7723 Jasper Avenue	Jacksonville	32211
Oct 21	Bartow Center	2055 East Georgia Street	Bartow	33830
Oct 22	Rehab & Healthcare Center of Cape Coral	2629 Del Prado Blvd S	Cape Coral	33904
Oct 22	Titusville Rehabilitation & Nursing Center	1705 Jess Parrish Court	Titusville	32796
Oct 22	Concordia Manor	321 13th Avenue North	St. Petersburg	33701
Oct 23	Winkler Court	3250 Winkler Avenue Extension	Fort Myers	33916
Oct 23	Healthcare & Rehabilitation of Sanford	950 Mellonville Avenue	Sanford	32771
Oct 23 & 24	Orlando Health & Rehabilitation Center	830 29th Street	Orlando	32805
Oct 24	Delaney Park Health & Rehabilitation Center	215 Annie Street	Orlando	32806
Oct 28	Lakeland Hills Center	610 East Bella Vista Drive	Lakeland	33805
Oct 28 AM	South Heritage Health & Rehab Center	718 Lakeview Avenue South	St. Petersburg	33705
Oct 28 PM	Alpine Health & Rehabilitation Center	3456 21st Avenue South	St. Petersburg	33711
Oct 29	Boca Ciega Center	1414 59th Street South	Gulfport	33707
Oct 30	Egret Cove Center	550 62nd Street South	St. Petersburg	33707



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:
<b>What is the overall <a href="#">deductible</a>?</b>	<a href="#">In-Network</a> : \$5,500/individual; \$11,000/family	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	Yes. Generic (Tier 1) <a href="#">prescription drugs</a> , primary care <a href="#">In-Network provider</a> primary care office visits and <a href="#">preventive services</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	<a href="#">In-Network</a> : \$7,150/individual; \$14,300/family	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	<a href="#">Premiums</a> ; <a href="#">balance-billing</a> charges; and healthcare this <a href="#">plan</a> doesn't cover	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
<b>Will you pay less if you use a <a href="#">network provider</a>?</b>	Yes. See <a href="http://www.myCigna.com">www.myCigna.com</a> or call 1-800-Cigna24 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
<b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b>	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> , except that the <a href="#">plan</a> 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 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	Not Covered	\$10 <a href="#">copay</a> /visit for visits completed through MDLIVE ( <a href="http://www.mycigna.com">www.mycigna.com</a> or <a href="http://www.mdliveforcigna.com">www.mdliveforcigna.com</a> )
	<a href="#">Specialist</a> visit	40% <a href="#">coinsurance</a>	Not Covered	\$10 <a href="#">copay</a> /visit for visits completed through MDLIVE ( <a href="http://www.mycigna.com">www.mycigna.com</a> or <a href="http://www.mdliveforcigna.com">www.mdliveforcigna.com</a> )
	<a href="#">Preventive care/screening/immunization</a>	No charge	Not covered	You may have to pay for services that aren't <a href="#">preventive</a> . Ask your <a href="#">provider</a> if the services you need are preventive. Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	40% <a href="#">coinsurance</a>	Not covered except as required under the No Surprises Act	<a href="#">Preauthorization</a> is required for genetic testing. No coverage if you fail to obtain <a href="#">preauthorization</a> .
	Imaging (CT/PET scans, MRIs)	40% <a href="#">coinsurance</a>	Not covered except as required under the No Surprises Act	<a href="#">Preauthorization</a> is required. No coverage if you fail to obtain <a href="#">preauthorization</a> .
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.myCigna.com">www.myCigna.com</a>	Generic drugs	\$20 <a href="#">copay</a> /prescription (retail 30 days), \$40 <a href="#">copay</a> /prescription (retail & home delivery 90 days) <a href="#">Deductible</a> 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.
	Preferred brand drugs	\$50 <a href="#">copay</a> /prescription (retail 30 days), \$100 <a href="#">copay</a> /prescription (retail & home delivery 90 days)	Not covered	
	Non-preferred brand drugs	You pay 60% with a minimum of \$100 <a href="#">copay</a> /prescription (retail 30 days), You pay 60% with a minimum of \$200 <a href="#">copay</a> /prescription (retail & home delivery 90 days)	Not covered	Certain limitations may apply, including, for example: prior authorization, step therapy, quantity limits.  <a href="#">Specialty drugs</a> (Tier 4) applies only to self-administered injectable prescriptions.
	<a href="#">Specialty drugs</a>	You pay 60% <a href="#">coinsurance</a> with a minimum of \$100 <a href="#">copay</a> / prescription (retail & home delivery 30 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)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	40% <a href="#">coinsurance</a>	Not Covered	<a href="#">Preauthorization</a> is required. No coverage if you fail to obtain <a href="#">preauthorization</a> .
	Physician/surgeon fees	40% <a href="#">coinsurance</a>	Not covered except as required under the No Surprises Act	
If you need immediate medical attention	<a href="#">Emergency room care</a>	40% <a href="#">coinsurance</a>	Covered as <a href="#">In-Network Provider</a>	None.
	<a href="#">Emergency medical transportation</a>	40% <a href="#">coinsurance</a>	Covered as <a href="#">In-Network Provider</a>	None.
	<a href="#">Urgent care</a>	40% <a href="#">coinsurance</a>	Not covered except as required under the No Surprises Act	None.
If you have a hospital stay	Facility fee (e.g., hospital room)	40% <a href="#">coinsurance</a>	Not Covered	Admissions must be <a href="#">preauthorized or certified</a> . No coverage for stays/days if you fail to obtain <a href="#">preauthorization or certification</a> .
	Physician/surgeon fees	40% <a href="#">coinsurance</a>	Not covered except as required under the No Surprises Act	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$40 <a href="#">copay</a> /office visit** ** <a href="#">Deductible</a> does not apply 40% <a href="#">coinsurance</a> /other outpatient services	Not covered	\$10 <a href="#">copay</a> /visit for visits completed through MDLIVE ( <a href="http://www.mycigna.com">www.mycigna.com</a> or <a href="http://www.mdliveforcigna.com">www.mdliveforcigna.com</a> ) <a href="#">Precertification</a> is required for certain outpatient services
	Inpatient services	40% <a href="#">coinsurance</a>	Not covered	Admissions must be <a href="#">preauthorized or certified</a> . No coverage for stays/days if you fail to obtain <a href="#">preauthorization or certification</a> .
If you are pregnant	Office visits	40% <a href="#">coinsurance</a>	Not covered	<a href="#">Cost sharing</a> does not apply to certain <a href="#">preventive services</a> . Depending on the type of services, <a href="#">coinsurance</a> may apply. Maternity care may include tests and services described elsewhere in the SBC
	Childbirth/delivery professional services	40% <a href="#">coinsurance</a>	Not covered except as required under the No Surprises Act	



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)	
	Childbirth/delivery facility services	40% <a href="#">coinsurance</a>	Not covered	(i.e. ultrasound). Dependent child pregnancy charges excluded, except for mandated <a href="#">preventive services</a> .
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	40% <a href="#">coinsurance</a>	Not covered	16 hour maximum per day <a href="#">Precertification</a> is required
	<a href="#">Rehabilitation services</a>	\$40 <a href="#">copay</a> /PCP visit** ** <a href="#">Deductible</a> does not apply 40% <a href="#">coinsurance</a> /Specialist visit	Not covered	Coverage for Rehabilitation, including Cardiac rehab and Chiropractic care, services is limited to 60 days annual max. <a href="#">Precertification</a> is required for Speech therapy. Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.
	<a href="#">Habilitation services</a>	Not covered	Not covered	None
	<a href="#">Skilled nursing care</a>	40% <a href="#">coinsurance</a>	Not covered	Coverage is limited to 60 days annual max. <a href="#">Precertification</a> is required for admission to skilled nursing facility
	<a href="#">Durable medical equipment</a>	40% <a href="#">coinsurance</a>	Not covered	<a href="#">Precertification</a> is required
	<a href="#">Hospice services</a>	40% <a href="#">coinsurance</a>	Not covered	<a href="#">Precertification</a> is required for admission to hospice facility
	If your child needs dental or eye care	Children's eye exam	Not covered	Not covered
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](#).)

- |                          |                         |  |
|--------------------------|-------------------------|--|
| • Acupuncture            | • Eye care (Children)   | • Non-emergency care when traveling outside the U.S. |
| • Bariatric Surgery      | • Habilitation services | • Private-duty nursing                               |
| • Cosmetic Surgery       | • Hearing aids          | • Routine eye care (Adult)                           |
| • Dental care (Adult)    | • Infertility treatment | • Routine foot care                                  |
| • Dental care (Children) | • Long-term care        | • Weight loss programs                               |

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- 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](http://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](http://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](http://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](http://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, kwijigo 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](#) \$5,500
- [Specialist coinsurance](#) 40%
- Hospital (facility) [coinsurance](#) 40%
- Other [coinsurance](#) 40%

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*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$5,500
<a href="#">Copayments</a>	\$10
<a href="#">Coinsurance</a>	\$1,400
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Peg would pay is</b>	<b>\$6,930</b>

**Managing Joe's Type 2 Diabetes**

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

- The [plan's](#) overall [deductible](#) \$5,500
- [Specialist coinsurance](#) 40%
- Hospital (facility) [coinsurance](#) 40%
- Other [coinsurance](#) 40%

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*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$4,200
<a href="#">Copayments</a>	\$400
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$4,600</b>

**Mia's Simple Fracture**

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

- The [plan's](#) overall [deductible](#) \$5,500
- [Specialist coinsurance](#) 40%
- Hospital (facility) [coinsurance](#) 40%
- Other [coinsurance](#) 40%

This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$2,800
<a href="#">Copayments</a>	\$10
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,810</b>

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