

# Cigna Closed Point-of-Service (POS) Plan—2016

Note: The closed POS plan (Cigna Open Access Plus—Closed) is open to employees hired before January 1, 1994 only.

Closed Point-of-Service (POS) Plan	Cigna Open Access Plus—Closed (POS)	
	In-Network	Out-of-Network
Annual Deductible	None	\$200 individual; \$400 family
<b>Preventive Care</b>		
Routine Physical Exam	Covered in full, \$10 copay	Not covered
Well Baby/Child Care	Covered in full, \$10 copay	80%, no deductible
Childhood Immunizations	Covered in full	80%, no deductible
<b>Physician Services</b>		
Physician Office Visit	\$10 copay	80% after deductible
Specialist Office Visit	\$15 copay	80% after deductible
Lab Work and X-rays	Covered in full	Diagnostic: 90% after deductible
Allergy Evaluations	\$10 copay—each visit	80% after deductible
Allergy Shots	Covered in full	90% after deductible
<b>Maternity Care</b>		
Prenatal and Postnatal Care	\$10 copay first visit, covered in full thereafter	90% after deductible
Physician Services	Covered in full	90% after deductible
Hospital Services	Covered in full	90% after deductible
<b>Emergency Service (when medically necessary)</b>		
Urgent Care Centers	\$10 copay	Paid as in-network
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
Emergency Physician Services	Covered in full	Covered in full
Emergency Ambulance	Covered in full	Covered in full
<b>Hospital Services—Inpatient</b>		
Semi-private Room	Covered in full	90% after deductible, up to 180 days
Professional Services	Covered in full	90% after deductible
Surgical Procedures	Covered in full	90% after deductible
Specialty Care/Consultation	Covered in full	90% after deductible
Anesthesia	Covered in full	90% after deductible
Radiology and Drugs	Covered in full	90% after deductible
Intensive Care	Covered in full	90% after deductible
Coronary Care	Covered in full	90% after deductible
<b>Hospital Services—Outpatient</b>		
Surgical Procedures	Covered in full	90% after deductible
Professional Fees	Covered in full	90% after deductible
<b>Mental Health/Substance Abuse Services</b>		
Inpatient Days	Covered in full	100% up to 180 days (after deductible)
Outpatient Visits	\$10 copay***	80% after deductible
<b>Other Services</b>		
Catastrophic Illness	Covered in full	Covered in full after \$1,500 out-of-pocket expenses (excludes deductible)
Durable Medical Equipment	Covered in full**	80% after deductible
Home Health Care/ Skilled Nursing Care	Covered in full	90% after deductible
	(up to 40 visits in- and out-of-network) For indemnity, home health care—unlimited days maximum; for skilled nursing facility—60 days maximum	
Hospice Care	Covered in full	90% after deductible

\*Applies to services not specifically listed in the previous preventive care charts.

\*\* Does not include diabetic supplies such as lancets, glucose strips, etc. See CVS Caremark Prescription for details.

**Note:** All percentages shown for out-of-network service represent percent of Usual, Customary, and Reasonable (UCR) charge as determined by Cigna Open Access Plus plans. The description of benefits and services is intended to provide a summary. For complete information, please refer to the Evidence of Coverage on the ERSC website.