Open Access Medical Plan: Equity-League Health Fund

Coverage Period: 01/01/2017-12/31/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for: Individual & Family | Plan Type: OAP**

This is only a summary. If you want more detail about your medical/vision coverage and costs, you can get the complete terms in the policy or plan document at **www.myCigna.com**, by calling **1-800-Cigna24,** or from the Fund Office at 212.869.9380 or www.equityleague.org.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	For in-network providers **$0** person**/$0** family. For out-of-network providers **$350** person**/$700** family. Co-payments don't apply toward satisfying the deductible.	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually but not always January 1st). Please see the chart starting on page 2 to see how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	Yes. In-network and out-of-network prescription drugs. **$100** person**/$200** family. Home health care **$50**. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an out–of–pocket limit on my expenses?	Yes. For in-network providers $0 person/ $0 family out-of-network providers **$5,000** person**/$10,000** family.	The out-of-pocket limit is the most you could pay during a coverage period per calendar year for your share of the cost of covered services from out-of-network providers. This limit helps you plan for health care expenses.
What is not included in the out–of–pocket limit?	Premiums, balance-billed charges, co-payments, deductibles, prescription drugs and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit for medical care. However, there is a separate out-of-pocket-limit for prescription drugs that is described on page three of this summary.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for *specific* covered services such as office visits.
Does this plan use a network of providers?	Yes. For a list of participating providers, see www.myCigna.com or call 1-800-Cigna24.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes	Some of the services this plan doesn't cover are listed on page 5. See your plan document for additional information about **excluded services**.

Questions: Call **1-800-Cigna24** or visit us at **www.myCigna.com.** If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at **www.cciio.cms.gov** or call 1-800-Cigna 24 to request a copy. To learn about the Health Fund's medical, vision or separate dental benefits, you can also call the Fund Office at 212.869.9380 or www.equityleague.org.

- **Co-payments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service received from an out-of-network provider, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **co-insurance** payment of 30% would be $300. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight hospital stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use **in-network providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$25 co-payment/visit	30% co-insurance	None
	Specialist visit	$25 co-payment/visit	30% co-insurance	None
	Other practitioner office visit	$15 co-payment/visit for a chiropractor	30% co-insurance	None. Separate per day maximums apply for certain procedures
	Preventive care/screening	$25 co-payment/visit	30% co-insurance	None
	Immunization	No charge	30% co-insurance	None
If you have a test	Diagnostic test (x-ray, blood work)	No charge	30% co-insurance	None
	Imaging (CT/PET scans, MRIs)	No charge	30% co-insurance	None

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.myCigna.com or www.equityleague.org.	Generic drugs	20% co-insurance but not less than $10 co-payment/ prescription (retail), $20 co-payment/prescription (home delivery)	30% co-insurance	Prescription drugs are reimbursed at **0%** co-insurance after you have reached the **$5,000** annual out-of-pocket maximum for drugs. Coverage is limited up to a 30 day supply (retail) and up to a 90 day supply (home delivery)
	Preferred brand drugs	25% co-insurance but not less than $20/prescription (retail), $40 co-payment/ prescription (home delivery)	30% co-insurance	Prescription drugs are reimbursed at **0%** co-insurance after you have reached the **$5,000** annual out-of-pocket maximum for drugs. Coverage is limited up to a 30 day supply (retail) and up to a 90 day supply (home delivery)
	Non-preferred brand drugs	30% co-insurance but not less than $25 co-payment/ prescription (retail), $50 co-payment/prescription (home delivery)	30% co-insurance	Non-Preferred Brand Names are reimbursed at **5%** co-insurance after you have reached the **$5,000** annual out-of-pocket maximum for drugs. Coverage is limited up to a 30 day supply (retail) and up to a 90 day supply (home delivery)
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	30% co-insurance	None
	Physician/surgeon fees	No charge	30% co-insurance	None
If you need immediate medical attention	Emergency room services	$50 co-pay/visit	$50 co-pay/visit	Per visit co-payment is waived if admitted
	Emergency medical transportation	No charge	No charge	None
	Urgent care	No charge	No charge	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	30% coinsurance	$250 co-payment penalty for not pre-certifying a non-emergency inpatient admission to a health care facility (e.g., hospital, mental health/substance abuse facility)
	Physician/surgeon fee	No charge	30% co-insurance	None

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	$25 co-payment per visit	30% co-insurance	None
	Mental/Behavioral health inpatient services	No charge	30% co-insurance	$250 co-payment penalty for not pre-certifying a non-emergency inpatient admission to a facility.
	Substance use disorder outpatient services	$25 co-payment per visit	30% co-insurance	None
	Substance use disorder inpatient services	No charge	30% co-insurance	$250 co-payment penalty for not pre-certifying a non-emergency inpatient admission to a facility.
If you are pregnant	Prenatal and postnatal care	No charge	30% co-insurance	None
	Delivery and all inpatient services	No charge	30% co-insurance	$250 co-payment penalty for not pre-certifying a non-emergency inpatient admission to a facility.
If you need help recovering or have other special health needs	Home health care	No charge	25% co-insurance after $50 home health care deductible	Coverage is limited to 200 days annual max
	Rehabilitation services	$15 co-pay/visit for Physical Therapy, $25 co-pay per visit for all other Rehabilitation Services	30% co-insurance	Coverage for Rehabilitation, including Cardiac Rehabilitation, and Physical Therapy services is limited to 60 days annual maximum. Separate per day maximums apply for certain procedures.
	Habilitation services	Not covered	Not covered	None
	Skilled nursing care	No charge	30% co-insurance	Coverage is limited to 60 days annual max
	Durable medical equipment	No charge	30% co-insurance	None
	Hospice service	No charge	30% co-insurance	None
If your child needs dental or eye care	Eye exams and Glasses	Eye exams once every 12 months and eyeglasses with select frames once every 24 months.	Same benefits as in-network up to an amount comparable to what is paid to in-network providers	There is a $25 copay for covered contact lenses at in-network providers. Out-of-network medically necessary contacts are reimbursed up to $225.
	Dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover **(This isn't a complete list. Check your policy or plan document for other excluded services.)**

- Cosmetic surgery
- Dental care (Adult and Children)*
- Habilitation services
- Hearing aids
- Long term care
- Routine foot care
- Weight loss programs

Other Covered Services **(This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)**

- Acupuncture
- Bariatric surgery
- Chiropractic care
- Infertility treatment
- Private duty nursing (outpatient)
- Routine eye care (Adult and Children)

* Dental care can be covered under an optional, separate dental plan, a description of which is available at www.equityleague.org, or by calling 212-869-9380.

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply. For more information on your rights to continue coverage, contact the Fund Office at 212-869-9380. You may also contact the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for medical claims under the Open Access Medical plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact Cigna Customer service at 1-800-Cigna24. For appeals regarding your vision benefits, you can contact the Fund Office at 212-869-9380. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or ww.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact the program for this plan's situs state: Community Service Society of New York, Community Health Advocates at 888-614-5400. However, for information regarding your own state's consumer assistance program refer to www.healthcare.gov.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage". **This plan does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers:** $7,540
- **Plan pays** $7,350
- **Patient pays** $190

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

Patient pays:

Deductibles	$100
Co-pays	$60
Co-insurance	$0
Limits or exclusions	$30
Total	**$190**

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $5,400
- **Plan pays** $3,790
- **Patient pays** $1,610

Sample care costs:

Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	**$5,400**

Patient pays:

Deductibles	$100
Co-pays	$520
Co-insurance	$670
Limits or exclusions	$320
Total	**$1,610**

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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