



OPEN ACCESS PLUS



How it works for you

With the Open Access Plus plan (OAP), you get choice. So, each time you need care, you choose the health care provider or facility that works best for you.

Options for care:

- › **Primary Care care provider** – You can decide to choose a PCP as your personal provider to help coordinate care and act as a personal health advocate. It's recommended, but not required.
- › **In-network** – Choose to see providers or other health professionals who are in the Cigna network to keep your costs lower and eliminate paperwork.
- › **No-referral specialist care** – If you need to see a specialist, you don't need a referral.

You may need prior authorization for hospital stays and some types of outpatient care. Use in-network health care professionals, and there's no paperwork for you to fill out.

- › **Out-of-network** – You have the freedom to see providers or use facilities that are not part of the Cigna network, but your costs will be higher and you may need to file a claim.
- › **Emergency and urgent care** – When you need care, you have coverage.

With your plan, you will pay an annual amount (deductible) before the plan begins to pay for covered health care costs. Once you meet your deductible, you pay coinsurance (a portion of the charges) for covered

services. Then, the plan pays the rest. If you receive out-of-network care, out-of-network providers and facilities may bill you for charges that are more than what your plan pays for covered expenses.

Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100%.

24/7 service – Whenever you need us, customer service representatives are available to take your call.

Partner with a health advocate – Even when you're not sure where to begin, you'll get confidential assistance from reliable, caring professionals who want to help you take an active role in your health.

Access to myCigna.com

- › **Learn** more about your plan, and the coverage and programs that come with it.
- › **View** claim history and account transactions; print claim forms.
- › **Find** information and estimate costs for medical procedures and treatments.
- › **Compare** hospitals by number of procedures performed, patients' average length of stay and cost.

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

Do I have to choose a PCP?

No, but it is recommended. A PCP gives you and your covered family members a valuable resource and can be a personal health advocate.

Do I need a referral to see a specialist?

You do not need a referral to see an in-network specialist. If you choose an out-of-network specialist, your care will be covered at the out-of-network level.

What is the difference between in-network and out-of-network coverage?

Each time you seek medical care, you can choose your provider – either a provider who is in the Cigna network or someone who is not. When you visit an in-network provider, you receive “in-network coverage” with lower out-of-pocket costs. That’s because our in-network health care professionals have agreed to charge lower fees, and your plan covers a larger share of the charges. If you visit a provider outside of the network, your out-of-pocket costs will be higher.

What if I need to be admitted to the hospital?

In an emergency, you have coverage. Requests for nonemergency hospital stays, other than maternity stays, must be approved in advance or “preauthorized.” This lets Cigna determine if the services are covered by your plan. Prior authorization is not required for maternity stays of 48 hours for vaginal deliveries or 96 hours for cesarean sections. Depending on your plan, you may be eligible for additional coverage. Any hospital stay beyond the first 48 or 96 hours must be approved.

Who must get prior authorization?

Your provider will help you decide which procedures require you to be admitted to the hospital and which can be handled on an outpatient basis. If your provider is in the Cigna network, he or she will arrange for prior authorization. If you use an out-of-network provider, you must make the arrangements. Look at your plan documents to see which procedures need prior authorization.

What if I go to an out-of-network provider who sends me to an in-network hospital? Will I pay in-network or out-of-network charges for my hospital stay?

Your plan will cover authorized medical services provided by an OAP in-network hospital at your in-network coverage level, whether you were sent there by an in- or out-of-network provider.

How do I find out if my provider is in the Cigna network before I enroll?

It’s quick and easy to search for in-network providers, specialists, pharmacies and hospitals close to home and work. Go to **Cigna.com** and click on “Find a Provider.” You can review a provider’s background, languages spoken and hospital affiliations, and get directions.



All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your employer's insurance certificate, group service agreement or summary plan description. Health care professionals and facilities who participate in Cigna's network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.