



MHMRA of Harris County Open Access Plus Copay Plan

Notice of Grandfathered Plan Status

This plan is being treated as a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your coverage may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at the phone number or address provided in your plan documents, to your employer or plan sponsor or an explanation can be found on CIGNA's website at http://www.cigna.com/sites/healthcare_reform/customer.html.

If your plan is subject to ERISA, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

If your plan is a nonfederal government plan or a church plan, you may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

Annual deductibles and maximums	In-network	Out-of-network
Lifetime maximum	Unlimited per individual	
Pre-Existing Condition Limitation (PCL)	Applies	
Coinsurance	You pay 20% Plan pays 80% after the plan deductible is met	You pay 40% Plan pays 60% after the plan deductible is met
Maximum Reimbursable Charge <ul style="list-style-type: none"> • Determined based on the lesser of: <ul style="list-style-type: none"> • the health care professional's normal charge for a similar service; or • a percentage of a fee schedule developed by CIGNA that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. • In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is determined based on the lesser of: <ul style="list-style-type: none"> • the health care professional's normal charge for a similar service or supply; or • the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. • Out-of-network services are subject to a calendar 	N/A	110%



Annual deductibles and maximums	In-network	Out-of-network
year plan deductible and maximum reimbursable charge limitations.		
<p>Calendar year plan deductible</p> <ul style="list-style-type: none"> In-network plan deductibles only count towards your in-network total. Out-of-network plan deductibles only count towards your out-of-network total. (No cross accumulation) After each family member meets his or her individual plan deductible, the plan will pay his or her claims, less any coinsurance amount. After the family plan deductible has been met, each individual's claims will be paid by the plan, less any coinsurance amount. 	<p>Employee \$1,500</p> <p>Employee and family \$4,500</p>	<p>Employee \$2,500</p> <p>Employee and family \$7,500</p>
<p>Calendar year out-of-pocket maximum</p> <ul style="list-style-type: none"> Plan deductibles do not contribute toward the out-of-pocket maximum. Copays and benefit deductibles do not contribute towards the out-of-pocket maximum. Mental health and substance abuse services count towards your out-of-pocket maximum. After each family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. After the family out-of-pocket maximum has been met, the plan will pay 100% of each individual's covered expenses. 	<p>Employee \$4,000</p> <p>Employee and family \$8,000</p>	<p>Employee \$6,000</p> <p>Employee and family \$12,000</p>

Benefits	In-network	Out-of-network
Physician services		
<p>Office visit</p> <p>Note: OB-GYN visits will be subject to either the PCP or Specialist copay depending on how the provider contracts with CIGNA (i.e. as a PCP or as a Specialist).</p>	<p>Primary care physician You pay \$25 per visit</p> <p>Specialist You pay \$50 per visit</p>	<p>You pay 30% Plan pays 70% after the plan deductible is met</p>
<p>Physician services (hospital)</p> <ul style="list-style-type: none"> In hospital visits and consultations Inpatient Outpatient 	<p>Inpatient and outpatient services You pay 20% Plan pays 80% after the plan deductible is met</p>	<p>You pay 40% Plan pays 60% after the plan deductible is met</p>
<p>Surgery (in a physician's office)</p>	<p>You pay \$25 per visit</p>	<p>You pay 30% Plan pays 70% per visit after the plan deductible is met</p>



Benefits	In-network	Out-of-network
Preventive care		
Children (through age 2) <ul style="list-style-type: none"> Immunizations are covered at no charge (ages 0-6). 	No Charge, no plan deductible	You pay 30% Plan pays 70% per visit after the plan deductible is met
Adults and children (age 3 and older) <ul style="list-style-type: none"> In-network immunizations are covered at no charge (ages 7 and over). Out-of-network immunizations are covered at the out-of-network coinsurance level (ages 7 and over). Subject to a calendar year maximum of Unlimited 	No Charge, no plan deductible	You pay 30% Plan pays 70% per visit after the plan deductible is met
Mammogram, PSA, Pap Smear and Maternity Screening	No charge, no plan deductible If billed by an independent diagnostic facility or outpatient hospital	You pay 30% Plan pays 70% after the plan deductible is met
Inpatient hospital facility services		
Semi-private room and board and other non-physician services <ul style="list-style-type: none"> Inpatient room and board, pharmacy, x-ray, lab, operating room, surgery, etc. Private room stays may result in extra charges for the patient. 	You pay 20% Plan pays 80% after the plan deductible is met	You pay 40% Plan pays 60% after the plan deductible is met
Inpatient Professional Services <ul style="list-style-type: none"> For services performed by surgeons, radiologists, pathologists and anesthesiologists 	You pay 20% Plan pays 80% after the plan deductible is met	You pay 40% Plan pays 60% after the plan deductible is met
Multiple surgical reduction <ul style="list-style-type: none"> Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery. 	Included	Included
Outpatient services		
Outpatient surgery (facility charges) <ul style="list-style-type: none"> Non-surgical treatment procedures are not subject to the facility copay/benefit deductible. 	You pay 20% Plan pays 80% after the plan deductible is met	You pay 40% Plan pays 60% after the plan deductible is met
Outpatient Professional Services <ul style="list-style-type: none"> For services performed by surgeons, radiologists, pathologists and anesthesiologists 	You pay 20% Plan pays 80% after the plan deductible is met	You pay 40% Plan pays 60% after the plan deductible is met



Benefits	In-network	Out-of-network
<p>Physical, occupational, cognitive and speech therapy</p> <ul style="list-style-type: none"> Unlimited days per calendar year for all therapies combined Includes physical therapy, speech therapy, occupational therapy, pulmonary rehabilitation and cognitive therapy Includes chiropractic therapy (Includes chiropractors) Includes cardiac rehabilitation Therapy days, provided as part of an approved Home Health Care plan, accumulate to the outpatient short term rehab therapy maximum. 	<p>Primary care physician You pay \$25 per visit</p> <p>Specialist You pay \$50 per visit</p>	<p>You pay 30% Plan pays 70% after the plan deductible is met</p>
Lab and X-ray		
<p>Lab and X-ray</p> <ul style="list-style-type: none"> Physician's office 	<p>Primary care physician You pay \$25 per visit</p> <p>Specialist You pay \$50 per visit</p>	<p>You pay 30% Plan pays 70% after the plan deductible is met</p>
<p>Lab and X-ray</p> <ul style="list-style-type: none"> Outpatient hospital facility Independent x-ray and/or lab facility 	<p>You pay 20% Plan pays 80% after the plan deductible is met</p>	<p>You pay 40% Plan pays 60% after the plan deductible is met</p>
<p>Lab and X-ray, emergency room and urgent care</p> <ul style="list-style-type: none"> Emergency room when billed by the facility as part of the emergency room visit 	<p>You pay 20% Plan pays 80% no plan deductible</p>	
<p>Lab and X-ray, emergency room and urgent care</p> <ul style="list-style-type: none"> Urgent care when billed by the facility as part of the urgent care visit. Independent x-ray and/or lab facility in conjunction with a emergency room visit 	<p>No charge</p>	
<p>Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.)</p> <ul style="list-style-type: none"> Physician's office visit 	<p>No charge</p>	<p>You pay 30% Plan pays 70% after the plan deductible is met</p>
<p>Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.)</p> <ul style="list-style-type: none"> Inpatient hospital facility Outpatient facility 	<p>You pay 20% Plan pays 80% after the plan deductible is met</p>	<p>You pay 40% Plan pays 60% after the plan deductible is met</p>
<p>Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.)</p> <ul style="list-style-type: none"> Emergency room 	<p>You pay 20% Plan pays 80% no plan deductible</p>	
<p>Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.)</p> <ul style="list-style-type: none"> Urgent care facility 	<p>No charge</p>	



Benefits	In-network	Out-of-network
Emergency and urgent care services		
Hospital emergency room <ul style="list-style-type: none"> Includes radiology, pathology and physician charges Copay waived if admitted, then inpatient hospital charges would apply Out-of-network services are covered at the in-network rate. 	<p>You pay a \$150 copay, then You pay 20% Plan pays 80% no plan deductible</p>	
Ambulance <ul style="list-style-type: none"> Out-of-network services are covered the same as in-network services. Note: Non-emergency transportation (e.g. from hospital back home) is generally not covered. 	<p>You pay 20% Plan pays 80% after the in-network plan deductible is met</p>	
Urgent care services <ul style="list-style-type: none"> Out-of-network services are covered at the in-network rate. Copay waived if admitted, then inpatient hospital charges would apply. 	<p>You pay a \$75 copay</p>	
Other health care facilities		
Skilled nursing facility, rehabilitation hospital and other facilities <ul style="list-style-type: none"> 60 days per calendar year 	<p>You pay 20% Plan pays 80% after the plan deductible is met</p>	<p>You pay 40% Plan pays 60% after the plan deductible is met</p>
Home health care <ul style="list-style-type: none"> 120 days per calendar year 	<p>You pay 20% Plan pays 80% after the plan deductible is met</p>	<p>You pay 40% Plan pays 60% after the plan deductible is met</p>
Hospice Inpatient services Outpatient services	<p>You pay 20% Plan pays 80% after the plan deductible is met</p>	<p>You pay 40% Plan pays 60% after the plan deductible is met</p>
Other health care services		
Durable medical equipment <ul style="list-style-type: none"> Unlimited calendar year maximum 	<p>You pay 20% Plan pays 80% after the plan deductible is met</p>	<p>You pay 40% Plan pays 60% after the plan deductible is met</p>
External prosthetic appliances (EPA) <ul style="list-style-type: none"> Unlimited calendar year maximum 	<p>You pay 20% Plan pays 80% after the plan deductible is met</p>	<p>You pay 40% Plan pays 60% after the plan deductible is met</p>



Benefits	In-network	Out-of-network
<p>TMJ, surgical and non-surgical</p> <p>Provided on a limited, case by case basis. Always exclude appliances and orthodontic treatment. Subject to medical necessity.</p> <ul style="list-style-type: none"> Physician's Office 	<p>No charge</p>	<p>You pay 30% Plan pays 70% after the plan deductible is met</p>
<ul style="list-style-type: none"> Inpatient Facility Outpatient Surgical Facility Physician's Services 	<p>You pay 20% Plan pays 80% after the plan deductible is met</p>	<p>You pay 40% Plan pays 60% after the plan deductible is met</p>
<p>Infertility treatment</p> <p>Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.</p>	<p>Not covered</p>	<p>Not covered</p>
<p>Family planning</p> <ul style="list-style-type: none"> Office Visits, Lab and Radiology Tests and Counseling <p>Note: The standard benefit will include coverage for contraceptive devices (e.g. Depo-Provera and Intrauterine Devices (IUDs)). Diaphragms will also be covered when services are provided in the physician's office.</p>	<p>Primary care physician You pay \$25 per visit</p> <p>Specialist You pay \$50 per visit</p>	<p>You pay 30% Plan pays 70% after the plan deductible is met</p>
<p>Surgical Sterilization Procedure for Vasectomy/Tubal Ligation (excludes reversals)</p> <ul style="list-style-type: none"> Inpatient Facility Outpatient Facility Physician's Services – Inpatient & Outpatient 	<p>You pay 20% Plan pays 80% after the plan deductible is met</p>	<p>You pay 40% Plan pays 60% after the plan deductible is met</p>
<ul style="list-style-type: none"> Physician's Office 	<p>Primary care physician You pay \$25 per visit</p> <p>Specialist You pay \$50 per visit</p>	<p>You pay 30% Plan pays 70% after the plan deductible is met</p>
<p>Mental health and substance abuse services</p>		
<p>Please note the following regarding Mental Health (MH) and Substance Abuse (SA) benefit administration:</p> <ul style="list-style-type: none"> Substance Abuse includes Alcohol and Drug Abuse services. Transition of Care benefits are provided for a 90-day time period. 		
<p>Inpatient mental health services</p> <ul style="list-style-type: none"> Unlimited days per calendar year Mental health services are paid at 100% after you reach your out-of-pocket maximum. 	<p>You pay 20% Plan pays 80% after the plan deductible is met</p>	<p>You pay 40% Plan pays 60% after the plan deductible is met</p>



Benefits	In-network	Out-of-network
<p>Outpatient mental health physician's office services</p> <ul style="list-style-type: none"> • Unlimited visits per calendar year • Mental health services are paid at 100% after you reach your out-of-pocket maximum. • This includes individual, group therapy mental health and intensive outpatient mental health 	<p>You pay \$20 per visit</p>	<p>You pay 30% Plan pays 70% after the plan deductible is met</p>
<p>Outpatient mental health facility services</p> <ul style="list-style-type: none"> • Unlimited visits per calendar year • Mental health services are paid at 100% after you reach your out-of-pocket maximum. • This includes individual, group therapy mental health and intensive outpatient mental health 	<p>You pay 20% Plan pays 80% after the deductible is met</p>	<p>You pay 40% Plan pays 60% after the deductible is met</p>
<p>Inpatient substance abuse services</p> <ul style="list-style-type: none"> • Unlimited days per calendar year • Substance abuse services are paid at 100% after you reach your out-of-pocket maximum. 	<p>You pay 20% Plan pays 80% after the plan deductible is met</p>	<p>You pay 40% Plan pays 60% after the plan deductible is met</p>
<p>Outpatient substance abuse physician's office services</p> <ul style="list-style-type: none"> • Unlimited visits per calendar year • Substance abuse services are paid at 100% after you reach your out-of-pocket maximum. • This includes individual and intensive outpatient substance abuse services. 	<p>You pay \$20 per visit</p>	<p>You pay 30% Plan pays 70% after the plan deductible is met</p>
<p>Outpatient substance abuse facility services</p> <ul style="list-style-type: none"> • Unlimited visits per calendar year • Substance abuse services are paid at 100% after you reach your out-of-pocket maximum. • This includes individual and intensive outpatient substance abuse services. 	<p>You pay 20% Plan pays 80% after the deductible is met</p>	<p>You pay 40% Plan pays 60% after the deductible is met</p>
Prescription drugs		
<p>CIGNA Pharmacy Plus three-tier copay plan</p> <ul style="list-style-type: none"> • Generic push • Includes Oral Contraceptives 	<p>Retail (30 day supply) <u>You pay:</u> Generic \$15 Preferred Brand \$40 Non-Preferred Brand \$60</p> <p>Home Delivery (90 day supply) <u>You pay:</u> Generic \$30 Preferred Brand \$80 Non-Preferred Brand \$120</p>	<p>You pay 30% Plan pays 70%</p>
<p>Pharmacy Clinical Management and Prior Authorization</p> <ul style="list-style-type: none"> • Your plan is subject to certain clinical edits and prior authorization requirements. 		



Benefits	In-network	Out-of-network
Specialty Pharmacy <ul style="list-style-type: none"> • Clinical Programs <ul style="list-style-type: none"> ○ Prior authorization required on specialty medications and quantity limits may apply. ○ TheraCare® Program • Medication Access Option: Retail and/or Home Delivery 		
Vision care	Not covered	

Definitions

Coinsurance – After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called coinsurance.

Copay – A flat fee you pay for certain covered services such as doctor's visits or prescriptions.

Deductible – A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.

Direct Access to Obstetricians and Gynecologists – You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

Out-of-pocket Maximum – Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "maximum reimbursable charges" or negotiated fees for covered services.

Place of service – Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.

Pre-existing condition limitation – Not applicable to anyone under 19 years old. Applies to any injury or sickness that you are diagnosed with and receive treatment for, or incur expenses for during the 90 days before you are insured by these benefits or you begin an eligibility waiting period (whichever is earlier). Please refer to your plan documents for specific details.

Selection of a Primary Care Provider – Your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, CIGNA may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

For children, you may designate a pediatrician as the primary care provider.

Transition of Care – Provides in-network health coverage to new customers when the customer's doctor is not part of the CIGNA network and there are approved clinical reasons why the customer should continue to see the same doctor.

Maximizing your health care dollars

Log on to myCIGNA.com for resources to help you choose a health care professional or compare the cost and quality of medical services, medications and hospital care.

When you need a medical service or procedure, CIGNA offers you opportunities to save on prescription medicine, routine medical care, laboratory services, radiology scans, and outpatient surgery. Details are below:

CIGNA Home Delivery Pharmacy – You can save money and enjoy convenient home delivery by using CIGNA Home Delivery Pharmacy for your prescription medications. You can get up to a 90-day supply of your medication.

Lab – Save on lab services by using a free-standing laboratory instead of a hospital- or clinic-based lab.

Urgent Care – For non-emergency conditions that need attention before you can see your doctor, you can save money by going to an urgent care center instead of an Emergency Room (ER).

Convenience Care – For minor or routine conditions, go to a Convenience Care Clinic when your doctor is unavailable. Convenience Care Clinics are retail-based and often found in pharmacies or grocery stores.

Radiology – Costs for MRIs, PET, and CT scans can vary greatly. Non-hospital based outpatient radiology centers often cost much less than a hospital. CIGNA's network includes both hospitals and outpatient centers, so you can find a radiology center that's right for you.

Outpatient Surgery – Costs for colonoscopies, arthroscopies, and other outpatient procedures can vary greatly. Using a free-standing outpatient surgery center can save hundreds of dollars.

Exclusions

What's Not Covered (*not all-inclusive*):

Your plan provides coverage for most medically necessary services. Examples of things your plan does not cover, unless required by law or covered under the pharmacy benefit, include (but aren't limited to):

- Services provided through government programs
- Services that aren't medically necessary
- Experimental, investigational or unproven services
- Services for an injury or illness that occurs while working for pay or profit including services covered by worker's compensation benefits
- Cosmetic services
- Dental care, unless due to accidental injury to sound natural teeth
- Infertility Services
- Reversal of sterilization procedures
- Genetic screenings
- Obesity surgery and services
- Non-prescription and anti-obesity drugs
- Custodial and other non-skilled services
- Weight loss programs
- Hearing aids
- Acupuncture
- Treatment of sexual dysfunction
- Travel immunizations
- Telephone, email and internet consultations in the absence of a specific benefit
- Eyeglass lenses and frames, contact lenses and surgical vision correction

These are only the highlights

This summary outlines the highlights of your plan. For a complete list of both covered and not-covered services, including benefits required by your state, see your employer's insurance certificate or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

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Open Access Plus Copay Plan**



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