University of New England
2018 Medical Plans
Effective Date: 01-01-2018

	Option A- Open Access In-Network Enhanced $20 Plan	Option B – Open Access In-Network Basic $25 Plan	Option C – HSA (UNE contributes up to $2,600 to your 2018 HSA)	
SERVICES			**In-Network**	**Out-of-Network**
I. PLAN SPECIFICATIONS				
Deductibles	$500 individual/$1,000 family	$500 individual/$1,000 family	$2,700 individual/$5,400 family	$2,700 individual/$5,400 family
Coinsurance	100% coinsurance	80% coinsurance	90% coinsurance	70% coinsurance
Out-of-Pocket Maximum (OPM) (note: copays accumulate towards out of pocket maximum)	$3,000 individual/$6,000 family	$3,500 individual/$7,000 family	$3,000 individual/$6,000 family	$6,000 individual/$12,000 family
Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Pre-existing Condition Limit	None	None	None	None
II. HOSPITAL SERVICES				
Room and Board Intensive Care Coronary Care	Covered at 100% after plan deductible	Covered at 80% after plan deductible	Covered at 90% after plan deductible	Covered at 70% after plan deductible
Physician /Surgeons Services	Covered at 100% after plan deductible	Covered at 80% after plan deductible	Covered at 90% after plan deductible	Covered at 70% after plan deductible
Anesthesia	Covered at 100% after plan deductible	Covered at 80% after plan deductible	Covered at 90% after plan deductible	Covered at 70% after plan deductible
Surgical Assistant	Covered at 100% after plan deductible	Covered at 80% after plan deductible	Covered at 90% after plan deductible	Covered at 70% after plan deductible
In-Hospital Diagnostic Treatment Supplies, Drugs, Medicines, X-ray and Laboratory	Covered at 100% after plan deductible	Covered at 80% after plan deductible	Covered at 90% after plan deductible	Covered at 70% after plan deductible

Short-Term Rehab Therapy (includes cardiac rehab, physical, speech, occupational, pulmonary rehab, cognitive therapy and chiropractic services) 90 days combined per cal yr)	Covered at 100% after $20 copay per visit ($40 copay for specialist)	Covered at 100% after $25 copay per visit ($50 copay for specialist)	Covered at 90% after plan deductible	Covered at 70% after plan deductible
Emergency Room	$100 copay , covered 100% after plan deductible, Waived if admitted	$150 copay, covered at 100% after plan deductible, Waived if admitted	Covered at 90% after plan deductible	Covered at 90% after plan deductible
Urgent Care Services	$50 copay, covered at 100% after plan deductible	$75 copay, covered at 100% after plan deductible	Covered at 90% after plan deductible	Covered at 70% after plan deductible
Ambulance	Covered at 100% after plan deductible	Covered at 100% after plan deductible	Covered at 90% after plan deductible (ambulance services used as non-emergency transportation generally are not covered)	Covered at 90% after plan deductible (ambulance services used as non-emergency transportation generally are not covered)
Skilled Nursing/Rehabilitative Facility	Covered at 100% after plan deductible	Covered at 80% after plan deductible	Covered at 90% after plan deductible	Covered at 70% after plan deductible
Home Health Care	Covered at 100% after plan deductible	Covered at 100% after plan deductible	Covered at 90% after plan deductible	Covered at 70% after plan deductible
Hospice Care	Inpatient: No charge Outpatient: No charge	Inpatient: No charge Outpatient: No charge	Covered at 90% after plan deductible	Covered at 70% after plan deductible

III. MATERNITY COVERAGE				
Outpatient Maternity Physician Care	Covered at 100% after $20 copay (initial visit only) ($40 copay for specialist)	Covered at 100% after $25 copay (initial visit only) ($50 copay for specialist)	Covered at 90% after plan deductible	Covered at 70% after plan deductible
All subsequent prenatal visits, postnatal visits, and physician's delivery charges	Covered at 100% after plan deductible	Covered at 80% after plan deductible	Covered at 90% after plan deductible	Covered at 70% after plan deductible
Inpatient Maternity (hospital facility, physician charges and newborn charges)	Covered at 100% after plan deductible	Covered at 80% after plan deductible	Covered at 90% after plan deductible	Covered at 70% after plan deductible
IV. PROFESSIONAL SERVICES				
General Health Care				
Physician Office Visits illness or injury	Covered at 100% after $20 copay per visit ($40 copay for specialist)	Covered at 100% after $25 copay per visit ($50 copay for specialist)	Covered at 90% after plan deductible	Covered at 70% after plan deductible
Allergy Testing &Treatment	Covered at 100% after $20 copay per visit ($40 copay for specialist)	Covered at 100% after $25 copay per visit ($50 copay for specialist)	Covered at 90% after plan deductible	Covered at 70% after plan deductible
Routine Hearing Exams	Covered at 100% after $20 copay per visit ($40 copay for specialist)	Covered at 100% after $25 copay per visit ($50 copay for specialist)	Covered at 100% for children only	Not covered
Outpatient Lab, X-ray, EKG, and Other Diagnostic Tests in a Physician's Office	Covered at 100% after $20 copay per visit ($40 copay for specialist)	Covered at 100% after $25 copay per visit ($50 copay for specialist)	Covered at 90% after plan deductible	Covered at 70% after plan deductible
Outpatient Surgery in a physician's office	Covered at 100% after $20 copay per visit ($40 copay for specialist)	Covered at 100% after $25 copay per visit ($50 copay for specialist)	Covered at 90% after plan deductible	Covered at 70% after plan deductible
Second Surgical Opinion	Covered at 100% after $20 copay per visit ($40 copay for specialist)	Covered at 100% after $25 copay per visit ($50 copay for specialist)	Covered at 90% after plan deductible	Covered at 70% after plan deductible
Outpatient Facility Services Ambulatory Surgery; Outpatient Hospital, Lab, Radiology and Advanced Radiology Imaging	Covered at 100% after plan deductible	Covered at 80% after plan deductible	Covered at 90% after plan deductible	Covered at 70% after plan deductible

Preventive Health Care				
Routine Physical Exams	Covered at 100%	Covered at 100%	Covered at 100%	Not covered
Well Baby/ Well Child Care	Covered at 100%	Covered at 100%	Covered at 100%	Not covered
Immunizations	Covered at 100%	Covered at 100%	Covered at 100%	Not covered
Routine/Preventive Colonoscopies	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 70% after plan deductible
Voluntary Family Planning	Covered 100% after $20 copay per visit ($40 copay for specialist); if services performed outside physician's office covered at 100% after plan deductible	Covered 100% after $25 copay per visit ($50 copay for specialist); if services performed outside physician's office covered at 80% after plan deductible	Covered at 90% after plan deductible for men; Covered at 100% for women	Covered at 70% after plan deductible
Infertility Services (Direct Access to GYN and Infertility Specialists)	The following services are covered: Testing and treatment services performed in connection with an underlying medical condition, testing performed specifically to determine the cause of infertility, treatment and/or procedures performed specifically to restore fertility (e.g. procedures to correct an infertility condition) and artificial insemination. Surgical Treatment: Limited to procedures for the correction of infertility (excludes in-vitro, GIFT, ZIFT, etc).			
Routine Mammography, PSA, Pap Smear	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 70% after plan deductible
Voluntary Sterilization (reversals not covered)	Covered at 100%, after plan deductible	Covered at 80% after plan deductible	Covered at 90% after plan deductible for men; Covered at 100% for women	Covered at 70% after plan deductible
V. MENTAL HEALTH				
Inpatient	Covered at 100% after plan deductible	Covered at 80% after plan deductible	Covered at 90% after plan deductible	Covered at 70% after plan deductible
Outpatient (Includes Individual, Group and Intensive Outpatient) Physician's Office Outpatient Facility	Covered at 100% after $20 copay per visit ($40 copay for specialist) Covered at 100% after plan deductible	Covered at 100% after $25 copay per visit ($50 copay for specialist) Covered at 80% after plan deductible	Covered at 90% after plan deductible	Covered at 70% after plan deductible
SUBSTANCE ABUSE				

Inpatient	Covered at 100% after plan deductible	Covered at 80% after plan deductible	Covered at 90% after plan deductible	Covered at 70% after plan deductible
Outpatient (Includes Individual and Intensive Outpatient) Physician's Office Outpatient Facility	 Covered 100% after $20 copay per visit ($40 copay for specialist) Covered at 100% after plan deductible	 Covered 100% after $25 copay per visit ($50 copay for specialist) Covered at 80% after plan deductible	 Covered at 90% after plan deductible	 Covered at 70% after plan deductible
VI. PRESCRIPTION DRUGS				
Up to a 30 day supply of the following are covered: FRA Approved Drugs in conjunction with Covered Health Services. Insulin/Blood Glucose Test Strips/Lancets Syringes necessary for dispensing covered FDA approved drugs or insulin	Covered 100% after: Generic $10 copay Preferred brand name $20 co-pay Non-preferred brand name $35 copay **Two copays for 90 day supply for both Retail and Mail Order**	Covered 100% after: Generic $15 copay Preferred brand name $30 co-pay Non-preferred brand name $50 copay **Two copays for 90 day supply for both Retail and Mail Order**	Generic Preventive: You pay 10% if preventive Preferred brand name Preventive: You pay 20% if preventive Non-preferred brand name Preventive: You pay 30% if preventive All other drugs covered at 90% after plan deductible	Not covered
VII. DURABLE MEDICAL EQUIPMENT	Covered at 100%	Covered at 100%	Covered at 90% after deductible	Covered at 70% after deductible

Step Therapy: For many conditions, several medication options are available. Step Therapy promotes the use of cost-effective therapeutically appropriate medications. Cigna will add Step Therapy to 11 additional therapeutic categories effective January 1, 2017. This program helps a customer and physician choose the most affordable option.

DAW: The Dispense-as-Written program now applies to UNE's pharmacy benefit plan. Some customers continue to request brand name prescriptions even though their doctor approved the generic. Going forward, customers will pay the additional cost and insurance will pay no more than the cost of the generic.

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VIII. VISION				
Exam Copay	$10	$20	$20	N/A
Exam Allowance (one per frequency, no age limit)	Covered in full every 12 months; reimbursement up to $45 out-of-network	Covered in full every 12 months; reimbursement up to $45 out-of-network	Covered in full every 12 months	reimbursement up to $45
Materials Copay	$10	$20	$20	N/A
Base Lenses: (one pair per frequency)				
Single Vision Allowance	Covered in full every 24 months; reimbursement up to $32 out-of-network	Covered in full every 24 months; reimbursement up to $32 out-of-network	Covered in full every 24 months	Reimbursement up to $32
Bifocal Allowance	Covered in full every 24 months; reimbursement up to $55 out-of-network	Covered in full every 24 months; reimbursement up to $55 out-of-network	Covered in full every 24 months	Reimbursement up to $55
Trifocal Allowance	Covered in full every 24 months; reimbursement up to $65 out-of-network	Covered in full every 24 months; reimbursement up to $65 out-of-network	Covered in full every 24 months	Reimbursement up to $65
Frame Retail Allowance (one per frequency)	$100 every 24 months; reimbursement up to $55 out-of-network	$100 every 24 months; reimbursement up to $55 out-of-network	$100 every 24 months	Reimbursement up to $55
Contact Lens Allowance	$100 every 24 months; reimbursement up to $87 out-of-network	$100 every 24 months; reimbursement up to $87 out-of-network	$100 every 24 months	Reimbursement up to $87

The CIGNA Open Access Medical and CIGNA Vision are two separate plans. The CIGNA Vision Plan provides care for a routine eye exam annually including but not limited to eye health examination, dilation, refraction and hardware coverage for lenses, frames or contacts. The Open Access In-Network Plans and the HSA Plan include medical eye care coverage only for treatment of eye conditions. You should have a Medical and Vision ID Card.

The CIGNA Medical and CIGNA Vision are two separate plans. The CIGNA Vision Plan provides care for a routine eye exam annually including but not limited to eye health examination, dilation, refraction and hardware coverage for lenses, frames or contacts. The Open Access In-Network Plans and the Open Access Plan include medical eye care coverage only for treatment of eye conditions. You should have a Medical and Vision ID Card.

HOW TO USE YOUR VISION BENEFITS- Q&A

Q1. **Who Is a Vision Provider?**
You have access to private practice optometrists and ophthalmologists, as well as nationally recognized retail optical professionals.

Q2. **How Do I Locate a Vision Provider?**
Once enrolled in the CIGNA Vision Plan, your specific vision plan information, claims and Provider Directory are available on www.myCIGNA.com – go to the Medical or Dental main page and click on the "Vision Benefits" link. If you are not able to access myCIGNA.com, please go to www.CIGNA.com and select **CIGNA Vision** from the "Customer Care" section of the home page. Sign-in for complete access to your specific vision plan information. You can also call CIGNA Vision Customer Service at 1.877.478.7557

Q3. **Whom Do I Contact If I Didn't Receive a Vision ID Card or Need a Replacement Card?**
You can order replacement vision ID cards by calling CIGNA Vision at 1-877-478-7557. A maximum of two vision cards are issued to a family. Family members will need to share the Vision ID cards.

Q4. **How Do I Schedule An Appointment? (Be sure to identify yourself as a CIGNA Vision Enrollee)**
Present your CIGNA Vision ID Card at the time of your appointment, which will quickly assist the doctor's office to access your vision plan benefits and verify your eligibility. *Enjoy added savings and virtually no paperwork when you visit an in-network eye care professional through CIGNA Vision network.*

NOTE: Some In-network Optometrists and Ophthalmologists may cross over and participate as a CIGNA Medical provider as well.

Q5. **Can I See an Out-of-network Eye Care Professional for Vision Services?**
Yes, you have the option of seeing an out-of-network eye care professional; however, you will need to submit a completed CIGNA Vision claim form and itemized receipt for reimbursement.

Q6. **How do I File a Vision Claim?**
Submit a completed CIGNA Vision claim form and itemized receipt for reimbursement. Vision Claim Address: CIGNA Vision, Claims Department: P.O. Box 997561, Sacramento, CA 95899-7561. Claim forms are available by visiting www.CIGNA.com – go to Forms, Vision Forms or call CIGNA Vision Member Services: 1.877.478.7557

Vision Care for you and your family's eye care needs!

Although information on www.mycigna.com is updated regularly, always call the eye care professional's office to verify participation in the CIGNA Vision Plan before making an appointment. Please have your CIGNA Vision Identification Card available.

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CIGNA VISION PROVIDERS

BIDDEFORD AREA

Biddeford

Beacon Eye Care PA
3 Beacon Ave Ste 101
Biddeford, ME 04005
(207) 284-4231

Dr. Robert Bolduc OD
311 Alfred St
Biddeford, ME 04005
(207) 284-6651

Leonard J Mendez OD
567 Elm St
Biddeford, ME 04005
(207) 283-4440

Richard J Doiron OD
2 Medical Center Dr
Biddeford, ME 04005
(207) 284-6351

Kennebunk

Associated Eye Care PA
45 Portland Rd
Kennebunk, ME 04043
(207) 985-7353

Saco

Family Eye Care PA
323 Main St
Saco, ME 04072
(207) 284-4560

Wells

David H Upton OD
1662 Post Rd
Wells, ME 04090
(207) 646-5332

PORTLAND AREA

Portland

Eyes on Rosemont LLC
595 Brighton Ave
Portland, ME 04102
(207) 210-6700

Tracy K Giles OD PA
1039 Washington Ave
Portland, ME 04103
(207) 775-6533

Westbrook

Eye Care and Eyewear Center of Maine
151 Main St
Westbrook, ME 04092
(207) 854-1801

Falmouth

Brighton Eyecare
75 Leighton Rd
Falmouth, ME 04105
(207) 797-2990
(207) 797-2992

South Portland

Dr David Heward
743 Broadway
South Portland, ME 04106
(207) 799-3031

Eyecare Today
324 Cummings Rd
South Portland, ME 04106
(207) 773-3232

Mark E Elkinson OD PA
200 Gorham Rd Ste 940
South Portland, ME 04106
(207) 761-9054

Pearle Vision
343 Gorham Rd
South Portland, ME 04106
(207) 774-6783

Sears Optical
400 Maine Mall Rd
South Portland, ME 04106
(207) 775-7712

*****Please refer to the instructions under How to Use Your Vision Benefits to locate additional Vision Providers*****

The CIGNA Vision doctors contained in this list were CIGNA Vision doctors at the time the list was created. Please check with the CIGNA Vision doctor of your choice when making your appointment to ensure he or she is currently participating with CIGNA Vision and provides the services you require.