

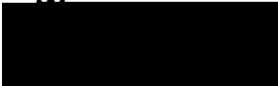
ACASOM23
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This document printed in January, 2023 takes the place of any documents previously issued to you which described your benefits.


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The following page regarding “Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) – Non Quantitative Treatment Limitations (NQTLs)” is added to your medical certificate. ~~TE#vbPPXR976`~~



in excess of the allowable amount. If the Out-of-Network provider bills you for an amount higher than the amount you owe as indicated on the Explanation of Benefits (EOB), contact Cigna Customer Service at the phone number on your ID card.

SCHED - FED

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Any existing paragraphs regarding “Maximum Reimbursable Charge” in _____ of your medical certificate are hereby replaced as follows as a result of the Consolidated Appropriations Act -



condition when Medically Necessary. Phase II is a Hospital-based outpatient program following an inpatient Hospital discharge. The Phase II program must be Physician directed with active treatment and EKG monitoring.

Phase III and Phase IV cardiac rehabilitation is not covered. Phase III follows Phase II and is generally conducted at a



The following replaces the definition of “Emergency Services” shown in the _____ section of your medical certificate as a result of the

:

Emergency services means, with respect to an emergency medical condition, a medical screening examination that is within the capability of the emergency department of a Hospital or of an independent freestanding emergency facility, including ancillary services routinely available to the emergency department to evaluate the emergency medical condition; and such further medical examination and treatment, to the extent they are within the capabilities of the staff and facilities available at the Hospital, to stabilize the patient.

HC-DFS1696

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The following replaces the definition of “Maximum Reimbursable Charge - Medical” shown in the _____ section of your medical certificate as a result of the

:

The Maximum Reimbursable Charge for covered services for Open Access Plus is determined based on the lesser of:

- the provider’s normal charge for a similar service or supply;
- the amount agreed to by the Out-of-Network provider and Cigna; or

- a policyholder-selected percentile of charges made by providers of such service or supply in the geographic area where it is received as compiled in a database selected by Cigna. If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then state, regional or national charge data may be used. If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used.