



## Volunteer Health Insurance Plan

**Effective September 1, 2018 to August 31, 2019**

Medical Underwritten by Cigna  
AD&D Underwritten by Gerber



Medical Group Number: 2499525

	Cigna "Open Access Plus" Network Preferred Provider	Out-of-Network
<b>Deductible</b>	\$175 per Plan Year*	
<b>Out of Pocket Maximum</b>	\$2,750 (including deductible)	
<b>Benefit Maximum</b>	Unlimited	
<b>Hospital</b>	<b>Prior Authorization Required for All Inpatient Admissions</b>	
Room & Board	80%	60%
Other Hospital Services	80%	60%
Emergency Room	\$100 co-pay per visit, deductible applies, then covered at 80%	
<b>Professional Services</b>		
Office	80%	60%
Urgent Care	\$20 co-pay; deductible applies, then covered at 80%	\$20 co-pay; deductible applies, then covered at 80%
Surgery	80%	60%
Diagnostic Lab & X-ray	80%	60%
Allergy Injections	80%	60%
<b>Preventive Care</b>		
Routine Care (including Preventive screenings)	100% (deductible waived)	60%
Mammogram/Pap Smear	100% (deductible waived)	60%
<b>Outpatient Rehabilitation</b> (Includes Physical, Speech, Occupational and Chiropractic)	80%	60%
	20 visits per Plan Year	
<b>Mental Health</b>		
Inpatient	80%	60%
Outpatient	80%	60%
<b>Chemical Dependency</b>		
Detoxification	80%	60%
Inpatient	80%	60%
Outpatient	80%	60%
<b>Injury to Teeth</b>	80%	60%
<b>Ambulance</b>	80%	80%
<b>Prescription Drugs**</b>	<b>Prior Authorization Required for Some Specialty Prescriptions</b>	
	Co-insurance is paid at the pharmacy	
	80%	60%
<b>AD&amp;D (Gerber)</b>	\$10,000	
<b>Rate (Per Member Per Month)</b>	\$306.95***	

*All benefits are subject to deductible and coinsurance unless otherwise specified.*

\*Plan Year means September 1<sup>st</sup> to August 31. Deductible met on the medical plan in June, July or August will be applied to the deductible that re-sets on September 1<sup>st</sup>.

\*\*Cigna provides coverage for oral contraceptives as required by the Affordable Care Act but is not supported or funded by the Catholic Volunteer Network.

\*\*\*Your program pays 100% of the premium to cover you on this plan.

***CIGNA requires prior authorization for all inpatient hospital admissions, some outpatient procedures and certain prescription drugs.***