TAKE CONTROL OF YOUR HEALTH.

Body & mind.

A guide to your Bowdoin College benefit plan options.

PLAN YEAR: 01/01/2022 - 12/31/2022

Together, all the way.

**A guide to your Bowdoin College benefit plan options**

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Words to know

This guide was created to help you make important decisions about your health care. Before you begin, we think that understanding certain words will help you better understand the choices you need to make. So here are some definitions of words and phrases that you'll see in this guide.

**Deductible**: An annual amount you’ll pay out-of-pocket before your plan begins to pay for covered health care costs.

**Copay**: A preset amount you pay for your covered health care services. The health plan pays the rest.

**Coinsurance**: Your share of the cost of your covered services. The health plan pays the rest.

**Out-of-pocket maximum**: The most you pay before the health plan begins to pay 100% of covered charges. You’ll still need to pay for any expenses the health plan doesn’t count toward the limit.

**In-network**: Health care providers and facilities that have contracts with Cigna to deliver services at a negotiated rate (discount). You pay a lower amount for those services.

**Generics**: Generic medications have the same active ingredients, strength and dosage as the brand-name but often cost less.

**Preferred brand**: You’ll often pay more for a preferred brand-name medication than for a generic. Preferred brands may also have a lower-cost generic alternative available.

**Out-of-network**: A health care provider or facility that doesn’t participate in your plan’s network and doesn’t provide services at a discounted rate. Using an out-of-network health care provider or facility will cost you more.

**Non-preferred brands**: These high-cost medications have lower-cost generic or preferred brand alternatives which are used to treat the same condition.
Benefit highlights

Cigna wants to help you choose benefits that fit your needs and help keep you healthy – body and mind.

This year, your employer offers you the following:

› Open Access Plus Plan HDHP #1
› Open Access Plus Plan HDHP #2
› Open Access Plus Plan

Your employer works with Cigna to offer you health plans that provide the coverage, tools and resources you need to help you take control of your health – and health spending.

› Save when using in-network providers.
› Choose from a large list of covered brand and generic medications.
› Through virtual care, find help with minor medical or behavioral issues from board-certified doctors by video or phone.*
› Compare costs, look at claims, search for health care providers, and more using the myCigna® website or app.
› Take steps to maintain good health with annual wellness check-ups and screenings.

Please read all of the information in this brochure. Health plans may work differently, so it's important to use this along with your other enrollment materials.

This is one of the most important decisions you'll make this year. If you have questions, we're here to help.

Mary Cote
1.207.725.3033 or mcote@bowdoin.edu
Pre-enrollment line: 1.888.806.5042

4. Cigna provides access to virtual care through national telehealth providers as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan’s network and may not be available in all areas or under all plan types. A Primary Care Provider referral is not required for this service. See full virtual care disclaimer at the back of this guide.
The Open Access Plus (OAP) plan provides coverage for medical care, including visits to your doctor’s office, hospital stays, behavioral health and substance use services, chiropractic treatment, physical therapy and other services.

You’re encouraged to select a primary care provider to help guide your care, and you can see a specialist without a referral. You have the option to see any licensed health care provider; however, your costs will be lowest when you use the OAP network.

With the OAP plan, you may pay an annual amount (deductible) before your health plan begins to pay for covered health care costs. Once you meet your deductible, you pay a percentage of the cost (coinsurance) for your covered health care costs and the plan pays the rest.¹

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

¹ If you go out-of-network for care, your expenses may exceed the coinsurance amount because the doctor may bill you for charges not covered under the plan.

Important features:

› Option to choose a primary care provider to help guide your care. It’s recommended, but not required.
› No referral is needed to see a specialist, although prior authorization may be required.
› Certain in-network preventive care services are covered at no added cost to you.
› Access to Cigna’s national network of labs, x-ray and radiology centers.
› 24-hour coverage for emergency care, in- or out-of-network.
› The amount you pay out-of-pocket is limited by your plan’s out-of-pocket maximum. Once you spend the annual maximum amount, the health plan pays your covered health care costs at 100%.
› No claim paperwork necessary when you receive care in-network.

See OAP highlights in Review Your Plan Options. Remember, this brochure is a guide only. Make sure to read all your enrollment information thoroughly, as plan details may vary.

Open Access Plus plans are insured and/or administered by Cigna Health and Life Insurance Company or Connecticut General Life Insurance Company

HOW YOUR OAP PLANS WORK

What’s covered: Your medical care and prescription medication. Certain in-network preventive care services are covered at no added cost to you.

You pay for covered services with personal funds,

until you reach your plan’s deductible. Then,

you pay a set %
your health plan pays the rest of the cost.

If you reach your plan’s out-of-pocket maximum,
your health plan pays 100% of your costs for covered services.

This is how most plans work generally, but costs and coverage for specific types of services may vary under your plan.
Take control of your health – and your health care costs.
Cigna health plans can help find the care you need and save on out-of-pocket health care expenses. Once enrolled, you also can find more affordable in-network providers and facilities by calling the number on your Cigna ID card or going to Find Care & Costs on the myCigna website or app.

Stay in-network and save
Network doctors, hospitals and health care facilities
Chances are, there’s a network doctor or facility in your neighborhood. It’s easy to find quality, cost-effective care right where you need it.

Lower-cost labs
If you go to a national lab, such as Quest Diagnostics® or Laboratory Corporation of America (LabCorp®), you can get the same quality service and save money. Even though other labs may be part of the Cigna network, you’ll often get even bigger savings when you go to a national lab. And with hundreds of locations nationwide, they make it easy to get lab services at a lower cost.

Independent radiology centers
If you need a CT scan or MRI, you could save hundreds of dollars by using an independent radiology center. These centers can provide you with quality service like you’d get at a hospital, but usually at a lower price.

Colonoscopy, endoscopy or arthroscopy facilities
When you choose to have one of these procedures at an in network freestanding outpatient surgery center, you could save hundreds of dollars. These facilities specialize in certain types of outpatient procedures, and offer quality care, just like a hospital, but at a lower cost to you.

Know before you go
Convenience care clinics
When you need face-to-face routine medical care but can’t wait for an appointment, consider using a convenience care clinic.

You’ll get quick access to quality and affordable treatment, as well as routine immunizations. You can find convenience care clinics in grocery stores, pharmacies and other retail stores.

Know before you go
Here’s an at-a-glance view of your options when you need medical care.

<table>
<thead>
<tr>
<th>Option</th>
<th>Cost</th>
<th>Wait time</th>
<th>Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virtual care</td>
<td>$$$</td>
<td>1</td>
<td>+ + +</td>
</tr>
<tr>
<td>Convenience care clinic</td>
<td>$$$</td>
<td>1</td>
<td>+ + +</td>
</tr>
<tr>
<td>Primary care provider</td>
<td>$$$</td>
<td>1</td>
<td>+ + +</td>
</tr>
<tr>
<td>Urgent care center</td>
<td>$$$</td>
<td>1</td>
<td>+ + +</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$$$</td>
<td>1</td>
<td>+ + +</td>
</tr>
</tbody>
</table>

Virtual medical care
Find a safe and convenient way to speak with a board-certified doctor or pediatrician, any time of day without leaving home. Use virtual care to:

- Get care and treatment for a wide variety of minor medical conditions, including allergies, colds and flu, upper respiratory infections, urinary tract infections and more.
- Have same day, on-demand visit, or schedule an appointment at a time that’s convenient for you.
- Have a prescription sent directly to your local pharmacy, if appropriate.

Virtual behavioral care
If you or a covered family member is dealing with anxiety, stress or depression, speak with a licensed counselor or psychiatrist from the comfort and privacy of your home.

- Schedule appointment online at a time that’s convenient for you.
- Have a prescription sent directly to your local pharmacy, if appropriate.

1. For illustrative purposes only. Actual covered benefits, costs and wait times will vary. Always consult with your doctor for medical advice, including prior to selecting another provider for care.
2. Availability may vary by location and plan type and is subject to change. Cigna provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna also provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan’s network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. All health care providers are solely responsible for the treatment provided to their patients; providers are not agents of Cigna. Refer to plan documents for complete description of virtual care services and costs. Not all plans include behavioral coverage.
**Pharmacy benefits**

**Prescription drug list**
The Cigna Prescription Drug List is a list of the generic and brand medications your plan covers. You can view your plan’s drug list online at Cigna.com/PDL or on the myCigna App or website. You can also use the Price a Medication tool on the myCigna App or website to see how much your medication costs and if there are lower-cost alternatives available.

**Pharmacy network**
There are thousands of retail pharmacies in your plan’s network. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores – all places where you may already shop. If your plan allows, you can use Express Scripts® Pharmacy, our home delivery pharmacy, to fill your prescriptions.

Every pharmacy in your plan’s network can fill 30-day prescriptions, and a select number of pharmacies can fill 90-day prescriptions. To find an in-network pharmacy that’s approved to fill 90-day supplies, go to Cigna.com/Rx90network.

**Maintenance medications**
Your plan covers the medications you take on a regular basis to treat an ongoing health condition in a 90-day (or 3-month) supply. Having a 90-day supply means fewer trips to the pharmacy for refills and it helps keep you from missing a dose. You can fill your 90-day prescription at:

› A retail pharmacy in your plan’s network that’s approved to fill larger supplies.

› Express Scripts® Pharmacy, our home delivery pharmacy.

**myCigna website and app tools and resources**

**Avoid surprises.**

› Price a medication and search for lower-cost alternatives, if available

› See which medications your plan covers

› Ask a pharmacist a question

**Stay organized**

› See your pharmacy claims

› Update your personal profile

› Set up your communication preferences

**Easily manage all of your prescriptions**

› Order a refill, track order status or pay your bill online for home delivery prescriptions.

› View where and when you last filled your medications at retail pharmacies.

› Move your prescription from a retail pharmacy to home delivery with the click of a button.

› Connect to your online Accredo account to manage specialty medications.

**Speak with a pharmacist**
Because taking your medication as prescribed is a big part of your overall health, your Cigna pharmacy plan has licensed pharmacists trained to help you with any medication questions or challenges. At no extra cost, they can:

› Find ways to help you save on medication costs

› Help you better understand how your medication works and helps keep you healthy

› Provide tips to help you remember to take your medication

› Give you options that can help make refills easier

1. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com. App/online store terms and mobile phone carrier/data charges apply.

2. Not all plans offer home delivery or Accredo as covered pharmacy options. Please log in to the myCigna App or website, or check your plan materials, to learn more about the pharmacies in your plan’s network.

3. You may be taking a medication that isn’t actually available in a 90-day supply. Certain medications may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it’s not a “90-day supply,” it’s still considered a 90-day prescription.

4. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
### WORDS TO KNOW

**Deductible**: An annual amount you’ll pay out-of-pocket before your plan begins to pay for covered health care costs.

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**Coinsurance**: Your share of the cost of your covered services. The health plan pays the rest.

**Out-of-pocket maximum**: The most you pay before the health plan begins to pay 100% of covered charges. You’ll still need to pay for any expenses the health plan doesn’t count toward the limit.

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**Generics**: Generic medications have the same active ingredients, strength and dosage as the brand-name but often cost less.

**Preferred brands**: You’ll often pay more for a preferred brand-name medication than for a generic. Preferred brands may also have a lower-cost generic alternative available.

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### Review Your Plan Options

#### OPTION 1

**Open Access Plus Plan HDHP #1**

<table>
<thead>
<tr>
<th>Medical plan highlights</th>
<th>Out-of-pocket maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical deductible</strong></td>
<td><strong>Out-of-network</strong></td>
</tr>
<tr>
<td>In-network</td>
<td>$1,500</td>
</tr>
<tr>
<td>Out-of-network</td>
<td>$1,500</td>
</tr>
<tr>
<td>Family</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

#### OPTION 2

**Open Access Plus Plan HDHP #2**

<table>
<thead>
<tr>
<th>Medical plan highlights</th>
<th>Out-of-pocket maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical deductible</strong></td>
<td><strong>Out-of-network</strong></td>
</tr>
<tr>
<td>In-network</td>
<td>$2,800</td>
</tr>
<tr>
<td>Out-of-network</td>
<td>$2,800</td>
</tr>
<tr>
<td>Family</td>
<td>$5,200</td>
</tr>
</tbody>
</table>

### Prescription medication highlights

<table>
<thead>
<tr>
<th>Pharmacy deductible</th>
<th>Retail (30-day supply)</th>
<th>Retail (90-day supply)</th>
<th>Home delivery (90-day supply)</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Generic)</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>40%</td>
</tr>
<tr>
<td>Tier 2 (Preferred brand)</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>40%</td>
</tr>
<tr>
<td>Tier 3 (Non-preferred brand)</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>40%</td>
</tr>
<tr>
<td>Out-of-network</td>
<td>40%</td>
<td>40%</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

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Health plans provide coverage for most medically necessary services. However, there are certain services and supplies that may not be covered. See the "What’s Not Covered" section of this guide for examples of plan exclusions.
# OPTION 3

**Open Access Plus Plan**

## Medical plan highlights

<table>
<thead>
<tr>
<th></th>
<th>Medical deductible</th>
<th>Out-of-pocket maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-network</td>
<td>Out-of-network</td>
</tr>
<tr>
<td>Individual</td>
<td>$750</td>
<td>$750</td>
</tr>
<tr>
<td>Family</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

## Prescription medication highlights

<table>
<thead>
<tr>
<th></th>
<th>Retail (30-day supply)</th>
<th>Retail (90-day supply)</th>
<th>Home delivery (90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy deductible</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Tier 1 (Generic)</td>
<td>$10</td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td>Tier 2 (Preferred brand)</td>
<td>$40</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Tier 3 (Non-preferred brand)</td>
<td>$70</td>
<td>$175</td>
<td>$175</td>
</tr>
<tr>
<td>Out-of-network</td>
<td>40%</td>
<td>40%</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

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**We’re here 24/7/365 when you need us.**

Life doesn’t operate 9 to 5 – and neither should your health plan. That’s why we’re available 24 hours a day, seven days a week, 365 days a year.

› Call us to find a doctor, check on your coverage or ask about a claim. Get help finding answers to your health questions with a nurse advocate.*
› Log in to the myCigna® website or App to get personalized search results and view ID card information.**
› Use virtual care to connect with a board-certified provider via video or phone.***
› Talk with a pharmacist about your medication, interactions or to help find ways to lower your costs.

*These nurse advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice in any capacity as a health advocate.
**Actual myCigna features will vary, depending on your plan and individual security profile. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com. App/online store terms and mobile phone carrier/data charges apply.
***Cigna provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna also provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan’s network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. All health care providers are solely responsible for the treatment provided to their patients; providers are not agents of Cigna. Refer to plan documents for complete description of virtual care services and costs.
### REVIEW YOUR PLAN OPTIONS

#### OPTION 1

Open Access Plus Plan HDHP #1

<table>
<thead>
<tr>
<th>Service</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult preventive care</td>
<td>No charge/visit</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>PCP office visit</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Specialist visit</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Virtual care***</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Prenatal care</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Physical, occupational and speech therapy</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Well-childcare*</td>
<td>No charge/visit</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Lab, x-ray, diagnostic tests</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
</tbody>
</table>

#### OPTION 2

Open Access Plus Plan HDHP #2

<table>
<thead>
<tr>
<th>Service</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult preventive care</td>
<td>No charge/visit</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>PCP office visit</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Specialist visit</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Virtual care***</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Prenatal care</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
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<td>Chiropractic</td>
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<tr>
<td>Lab, x-ray, diagnostic tests</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
</tbody>
</table>

### Hospital and urgent care – What you’ll pay once you meet your deductible

<table>
<thead>
<tr>
<th>Service</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient hospitalization</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Emergency room</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Urgent care center</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Ambulance</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
</tr>
</tbody>
</table>

### Behavioral health and substance use – What you’ll pay once you meet your deductible

<table>
<thead>
<tr>
<th>Service</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient (unlimited day maximum)</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Outpatient</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
</tbody>
</table>

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1. This is the most a family (employees plus covered family members) will pay for in-network out-of-pocket expenses. It's important to note that each individual family member's out-of-pocket costs are capped by the IRS at $8,700 for 2022 health plans, and overall family in-network costs are capped at $14,100. The out-of-pocket costs for people with individual coverage capped at $7,050 for 2022. To see examples of how this works, please visit www.InformedOnReform.com > FederalRegulations > CostSharingLimits, or Cigna.com/health-care-reform/embedded-oop-customer-impacts.

2. What you’ll pay after you meet your deductible. You'll pay 100% of the cost until you meet your deductible.

3. Certain in-network preventive care services and well-childcare services are covered at no added cost to you. You have no deductible to meet for these services.

The information in this brochure is provided as a guide only. Make sure to read all your enrollment information thoroughly, as plan details may vary. If you need more assistance, contact Mary Cote at 1.207.725.3033 or mcote@bowdoin.edu.

Health plans provide coverage for most medically necessary services. However, there are certain services and supplies that may not be covered. See the “What’s Not Covered” section of this guide for examples of plan exclusions.
# Option 3

Open Access Plus Plan

## Office/routine care (continued)

<table>
<thead>
<tr>
<th>Service</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult preventive care¹</td>
<td>No charge/visit</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>No charge/screening</td>
<td></td>
</tr>
<tr>
<td>PCP office visit</td>
<td>$20 copay</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>deductible does not apply</td>
<td></td>
</tr>
<tr>
<td>Specialist visit</td>
<td>$50 copay</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>deductible does not apply</td>
<td></td>
</tr>
<tr>
<td>Virtual care***</td>
<td>$20 copay</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>deductible does not apply</td>
<td></td>
</tr>
<tr>
<td>Prenatal care</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>$50 copay</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Physical, occupational and speech therapy</td>
<td>$50 copay</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Well-childcare¹</td>
<td>No charge/visit</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>No charge/screening</td>
<td></td>
</tr>
<tr>
<td>Lab, x-ray, diagnostic tests</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
</tbody>
</table>

## Hospital and urgent care (continued)

<table>
<thead>
<tr>
<th>Service</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient hospitalization</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$200 copay/visit</td>
<td>$200 copay/visit deductible does not apply</td>
</tr>
<tr>
<td></td>
<td>deductible does not apply</td>
<td>deductible does not apply</td>
</tr>
<tr>
<td>Urgent care center</td>
<td>$50 copay/visit</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>deductible does not apply</td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
</tr>
</tbody>
</table>

## Behavioral health and substance use (continued)

<table>
<thead>
<tr>
<th>Service</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient (unlimited day maximum)</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$20 copay</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>deductible does not apply</td>
<td></td>
</tr>
</tbody>
</table>

***Cigna provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna also provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan’s network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. All health care providers are solely responsible for the treatment provided to their patients; providers are not agents of Cigna. Refer to plan documents for complete description of virtual care services and costs."
Make myCigna your Cigna

Nothing is more important than your good health. That’s why there’s myCigna – your online home for assessment tools, plan management, medical updates and much more.

On myCigna you can:

› Find in-network doctors, dentists and medical services
› View ID card information
› Review your coverage
› See how much your medication will cost you at the different pharmacies in your plan’s network1
› Manage and track claims
› Manage your home delivery prescription orders2
› Compare cost and quality information for doctors and hospitals
› Access a variety of health and wellness tools and resources
› Sign up to receive alerts when new plan documents are available
› Track your account balances and deductibles

Use the myCigna App and access your account with just a fingerprint on any compatible device.3

1. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
2. Not all plans offer home delivery as a covered pharmacy option. Please log in to the myCigna App or website, or check your plan materials, to learn more about the pharmacies in your plan’s network.
3. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com. App/store terms and mobile phone carrier/data charges apply.

Cigna Total Behavioral Health

When you or a family member need help taking care of your emotional well-being, Cigna provides access to a wide range of behavioral experts, programs and resources to help you take control of your whole health - mind and body.

Cigna’s behavioral health network includes licensed therapists, psychiatrists and nurse practitioners, behavioral facilities and programs, and more. Our Fast Access guarantees appointments with psychiatrists or psychiatric nurse practitioners within 15 business days.

We offer three sessions to connect you with a licensed clinician in our Employee Assistance Program network, at no additional cost to you.1

Cigna behavioral health benefits also include:

Virtual care lets you receive quality, behavioral health care without leaving home. Simply connect via your phone, computer or tablet and you can:

› Schedule online appointments with licensed counselors or psychiatrists through our partnership with MDLIVE3
› Have access to more than 62,000 clinicians in Cigna’s behavioral network for virtual counseling sessions
› Receive confidential treatment for conditions like stress and anxiety
› Have a prescription sent directly to your pharmacy, if appropriate

Online tools help you find in-network providers and facilities, stress management tools, and a variety of health and well-being information You’ll also have access to online, on-demand seminars, as well as a wide range of referrals to community resources.

Coaching and support services

Our programs give you access to behavioral experts with extensive experience. Our experts can help you and your family address challenges such as autism spectrum disorder, eating disorders, opioid and pain management and substance use.

The following coaching programs also are offered through Cigna:

› Happify is a self-directed program with activities, science-based games and guided meditations, designed to help reduce stress and anxiety, gain confidence, defeat negative thoughts and boost overall health.4
› iPrevail is an on-demand coaching and personalized learning tool to help boost your mood and emotional health.4

Seminars offered monthly on topics such as autism, eating disorders, substance use and behavioral health awareness for children and families. These seminars are taught by industry experts and offer tips, tools and helpful information.

These online resources and tools are available on myCigna.com for you and your household members.

To learn more, call us using the number in your enrollment materials.

1. Three visits per issue per year. Restrictions apply to fully insured business sites in New York.
Cigna provides access to virtual care through MDLIVE as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan's network and may not be available in all areas or under all plan types. A primary care provider referral is not required for this service.

Cigna unique provider data as of May 2021. Subject to change, provider referral is not required for this service.

Program services are provided by independent companies/entities and not by Cigna. Programs and services are subject to all applicable program terms and conditions. Program availability is subject to change.

Employee Assistance Program

For challenges big or small, your Employee Assistance Program (EAP) is here to connect you with real people who can help find real solutions.

Our employee assistance consultants are just a phone call away whenever you need them – at no cost to you. It’s real support for real life.

In addition to telephone-based support services, you and your household members (even a roommate) also have access to face-to-face or video-based sessions with our licensed network employee assistance consultants. Sessions are confidential, available for routine or urgent concerns, and offer 1-8 sessions per issue per year at no cost to you and your household members. If you need additional assistance, Cigna EAP will help with referring you to the right resource.

Call us or go online to search the directory and request a referral to a licensed EAP counselor in your area.

With our telephone-based support services, you and your household members (even a roommate) have access to licensed employee assistance consultants for help with routine or urgent concerns. This is available on an unlimited basis at no cost to you and your household members.

Call us or go online to the Employee Assistance Program (EAP) coverage page of myCigna.com to request a phone call from a Cigna EAP consultant.

Your program also offers a variety of work/life and online services to help you and your family balance everyday challenges. Use the Employee Assistance page on myCigna.com for resources and information on topics such as:

- Legal consultation or identity theft
- Parenting and child care
- Senior care
- Pet care
- Caregiver support
- Financial consultation

Online EAP resources and tools are available on myCigna.com for you and your household members, regardless of whether or not the person is enrolled in medical, dental or other benefits through Cigna.

To learn more about our EAP please call us using the number in your enrollment materials.

1. Legal consultations related to employment matters are not available under this program.

Cigna Healthy Pregnancies, Healthy Babies Program.

Enrolling in the Cigna Healthy Pregnancies, Healthy Babies® program is an important first step toward a healthy future for you and your baby.

To support you along your journey, you’ll get:

- Helpful guidance and support on everything from infertility and preconception planning to post-delivery information.
- A guide to help you learn about pregnancy and babies, including topics like prenatal care, exercise, stress, depression and more.
- Support from a maternity specialist who has nursing experience and can help you with everything from tips on how to handle your discomfort during pregnancy to birthing classes and maternity benefits.
- Access to an audio library of health topics.
- Earn up to $150 for completion of the program.

You’ll also have easy access to a wealth of information on the myCigna® website from trusted sources like WebMD and Healthwise. You’ll learn how to make a plan for a healthy pregnancy, monitor your pregnancy week by week, prepare for labor and delivery, care for your baby and more.

Cigna Healthy Pregnancy App

The Cigna Healthy Pregnancy® app® is another resource available to you. You can use this app to:

- Enroll in the Cigna Healthy Pregnancies, Healthy Babies Program.
- Click to call a Cigna coach or case manager.
- Learn about available incentives for program completion (if offered by your employer).
- Look up symptoms and learn about pregnancy health issues.
Track your weight.

Keep a list of things to talk about with your doctor, and set reminders.

View educational videos about your baby’s weekly development.

Connect with your baby with the Baby Boost relaxation tool.

Get daily updates with important tips and inspirational quotes to stay positive and motivated.

Link to Cigna benefits and resource pages.

Download the app now, available on Google Play™ or the App Store®.

1. Incentive paid after completion of post-partum call. Reward eligibility and type may vary based on plan offering. Incentive awards may be subject to tax; you are responsible for any applicable taxes.

2. The app is for educational purposes only. Medical advice is not provided. Do not rely on information in this app as a tool for self-diagnosis. Always consult your doctor for appropriate examinations, treatment, testing and care recommendations. In an emergency, dial 911 or visit the nearest hospital. The downloading and use of the app is subject to the terms and conditions of the app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

Omada for Cigna

If you’re ready to lose weight, gain energy and reduce the risks of type 2 diabetes and heart disease, Omada can help you build healthy habits that last. This digital lifestyle program surrounds you with the tools and support you need to make meaningful changes to the way you eat, move, sleep and manage stress - one small step at a time. Omada is offered at no additional cost if you or your covered adult dependents are at risk for type 2 diabetes or heart disease, and are accepted into the program.

The Omada® program is administered by Omada Health, Inc., an independent third-party service provider. Cigna does not endorse or guarantee the products or services of any third parties and assumes no liability with respect to any such products or services.
What's not covered

Your benefit plan pays for health services that may help you stay well, treat illness or manage medical conditions, but all plans have exclusions and limitations. Following are examples of some services not covered by your employer’s medical plan, unless required by law.

› 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 workers’ compensation benefits
› Cosmetic services
› Dental care, unless due to accidental injury to sound natural teeth
› Reversal of sterilization procedures
› Genetic screenings
› Custodial and other non-skilled services
› Weight-loss programs
› Telephone, email and internet consultations in the absence of a specific benefit
› Acupuncture
› Infertility services
› Eyeglass lenses and frames, contact lenses and surgical vision correction

› If your employer offers prescription drug coverage through Cigna, your plan doesn’t cover all medications. For example, over-the-counter medicines (which are available without a prescription) and weight loss medications are typically not covered. Not all plans are the same, but, in general, to be eligible for coverage, a medication must be approved by the U.S. Food and Drug Administration (FDA), prescribed by a health care provider, purchased from a licensed pharmacy and medically necessary. If your plan covers certain prescription medications at no cost-share to you, your plan may require you to use an in-network pharmacy to fill the prescription. If you use a pharmacy that isn’t in your plan’s network, your prescription may not be covered, or reimbursement may be limited by your plan’s copay, coinsurance or deductible requirements.

These services may not be covered under your medical plan. However, you may be able to pay for them using your health account (for example, HRA, HSA or FSA) if you have one, and if permitted under applicable federal tax regulations.

1. This is a summary only and your plan’s actual terms may vary. For a complete list of both covered and non-covered services, including benefits required by your state, please see your employer’s insurance certificate or summary plan description — the official plan document. If there are any differences between the information in this brochure and the plan document, the information in the plan document takes precedence.
Discrimination is against the law

Medical coverage

Cigna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

› Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

› Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
Proficiency of Language Assistance Services

English - ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish - ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese - 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。


Korean - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자들에게는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224(TTY: 다이얼 711) 번으로 전화해주십시오.
Here is important information you should read before you enroll. If you have any questions about this information, please contact Mary Cote at 1.207.725.3033 or send an email to mcote@bowdoin.edu.

If you are declining enrollment.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if:

› You or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage). If the other coverage is COBRA continuation coverage, you and your dependents must complete your entire COBRA coverage period before you can enroll in this plan, even if your former employer ceases contributions toward the COBRA coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009 or later, if you or your dependents lose eligibility for state Medicaid or Children’s Health Insurance Program (CHIP) coverage, or become eligible for assistance with group health plan premium payment under a state Medicaid or CHIP plan, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the state Medicaid or CHIP coverage ends or you are determined eligible for premium assistance.

To request special enrollment or obtain more information, call our Customer Service Team at 800.Cigna24 (800.244.6224).

Other late entrants.

If you decide not to enroll in this plan now, then want to enroll later, you must qualify for special enrollment. If you do not qualify for special enrollment, you may have to wait until an open enrollment period, or you may not be able to enroll, depending on the terms and conditions of your health plan. Please contact your plan administrator for more information.

Women’s Health and Cancer Rights Act (WHCRA).

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

› All stages of reconstruction of the breast on which the mastectomy was performed
› Surgery and reconstruction of the other breast to produce a symmetrical appearance
› Prostheses
› Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance or copays applicable to other medical and surgical benefits provided under this plan, as shown in the Summary of Benefits. If you would like more information on WHCRA benefits, call our Customer Service Team at 1.800.Cigna24 (800.244.6224).
MAKE AN ENROLLMENT CHECKLIST

This is one of the most important decisions you’ll make this year. If you have questions, we’re here to help.

Mary Cote
1.207.725.3033 or mcote@bowdoin.edu

Pre-enrollment line: 1.888.806.5042

Before you decide, take these steps to learn more about your health plan— and your health.

☐ Think about your health history and health care needs. How much do you spend, on average, for health care? How might that change in the upcoming year?

☐ Check the online directory on Cigna.com to see if your doctor participates in our network.

☐ Review your Summary of Benefits for specific plan details.

☐ See the medications on your plan’s drug list online at Cigna.com/PDL or myCigna.com.

☐ Look to see if you can earn incentives for taking certain actions to improve your health.

Health care reform: Meeting the requirements

Coverage under your employer-sponsored health plan is considered “minimum essential coverage” under the Affordable Care Act. The individual mandate was effectively repealed beginning Jan. 1, 2019, when the penalty was zeroed out; however, Americans will still need to report health coverage during the IRS tax season.1

Each year, Cigna, or your employer, will mail you an IRS Form 1095 confirming the coverage you were offered and any coverage you and any dependents may have had during the prior calendar year. The form should be kept with your tax records for audit purposes and not filed with your income tax return.

1. Health care reform information last updated in March 2019. With a permanent repeal of the individual mandate, it is possible reporting requirements may change. Please check InformedOnReform.com for any updates.

The information in this brochure is provided as a guide only. Make sure to read all your enrollment information thoroughly as plan details may vary.

Dentists that participate in the Cigna network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna.

The health care provider information we include in this guide and through Cigna websites is for educational purposes only. It is not a guarantee of the quality of care that will be provided to individual patients. You are encouraged to consider all relevant factors and consult with your physician when selecting a health care provider. The providers that participate in Cigna’s networks and available through the Cigna Telehealth Connection program (if offered with your plan) are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna.

Cigna provides access to virtual care through national telehealth providers as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan’s network and may not be available in all areas or under all plan types. A Primary Care Provider referral is not required for this service. See full virtual care disclaimer at the back of this guide.

In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all prescription drugs are covered. Not all services are eligible or may be covered under your specific medical plan. The following services are generally not covered: 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; treatment of sexual dysfunction. This is a summary only and the terms of your specific medical plan may vary. All group health insurance policies and health benefit plans contain exclusions and limitations. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.

Product availability may vary by location and plan type and is subject to change. All group insurance policies and group benefit plans may contain exclusions, limitations, reduction of benefits, and terms under which the policies or plans may be continued in force or discontinued. For costs and complete details of coverage, see your plan documents.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. In Texas, Open Access Plus and LocalPlus® plans are considered Preferred Provider Plans with certain managed care features, and Open Access Plus In-Network and LocalPlus IN plans are considered Exclusive Provider plans with certain managed care features. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.
We’re here when you need us.

By phone.

We know your health issues don’t always happen nine to five, so we keep our call centers open for business around the clock – 24/7/365.

› Call anytime, day or night, weekends or holidays, and you’ll get live customer service for your health or dental plan questions.

› Ask for a Spanish-speaking representative or to speak with us in your preferred language – interpreter service is available in more than 200 languages.

› Talk with a nurse advocate* for information about treatment options and where to go to receive care.'

We want to help you take control of your health. And that means being ready to help when you want us, wherever you want us.

myCigna – online or through the app.²

› Find a doctor. Personalized search results make it easy to find the right doctor in your plan’s network. You can search by name, specialty and more.

› Compare cost and quality information. Quality and cost information appear for doctors and hospitals with every search result; Cigna Care Designated doctors appear at the top of your list.

› Manage and track claims. Quickly search and sort through your claims.

› Track account balances and deductibles. Take control of your spending by managing your account online.

› Take a health assessment. A confidential, online questionnaire will give you a better understanding of your health today – and help you improve your health in the future.

› Get organized. You can store, organize and manage your health information in one private location.

› Learn something new. Search our interactive medical library for information on health conditions, first aid, medical exams, wellness and more.

MYCIGNA APP USERS LOG IN WITH JUST ONE TOUCH.

Download the myCigna App and access your account with just a fingerprint on any compatible device.'

1. These nurse advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice in any capacity as a health advocate.
2. This service is only available for medical and Cigna Dental Care (DHMO) plan customers.
3. Please refer to your phone’s manufacturer for your phone’s specific capabilities. The downloading and use of the myCigna app is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

The Apple logo is a trademark of Apple Inc., registered in the United States and other countries. App Store is a registered service mark of Apple Inc. Google Play is a trademark of Google LLC.