

Underwritten By:



Quantum PPO High Deductible and Copay Plans

Short-Term Medical Insurance

Also Referred to as Short-Term Limited-Duration Insurance



Why Quantum PPO Short-Term Medical Insurance?

Quantum short-term medical insurance provides a limited duration medical insurance solution until a qualified health plan is chosen, helping reduce your financial risk. It allows you to pivot to help meet your life's needs. There are no doctor or hospital network restrictions, so you have the freedom to choose where to receive care.

Important Plan Features*

- ✓ Access to the Cigna PPO network**
- ✓ Up to \$1,000,000 in benefits per coverage period^
- ✓ Deductible option from \$2,500 to \$10,000
- ✓ Preventive exam one time per coverage period
- ✓ Doctor office copay options
- ✓ In-network prescription drug copays with no deductible on some plans
- ✓ In-network out-of-pocket maximum capped at \$10,000
- ✓ In-network annual OB-GYN exam, mammogram, ovarian cancer monitoring, colorectal cancer and prostate screening subject to deductible and coinsurance
- ✓ Childhood immunizations not subject to deductible
- ✓ Supplemental accident coverage included for injuries
- ✓ Organ transplants

Short-Term Medical Insurance Disclosure

This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your Certificate carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Certificate might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage. Also, this coverage is not "minimum essential coverage".

This plan has a pre-existing limitation provision that may prevent coverage from applying to medical conditions that existed prior to this plan effective date.

*Policy duration varies by state availability.

**Cigna's PPO network refers to the health care professionals (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration.

^Benefits vary by state.

Value of the Cigna PPO Network[^]

Get more with the Cigna PPO Network! The network has broad access to medical providers in urban, suburban and rural markets throughout the country, and online tools to help you manage your healthcare.

- ✓ Access to more than 1 million national providers
- ✓ 6,360 hospitals in-network
- ✓ Members pay on average 49.8% less compared to the national discount

Find a Cigna PPO Network provider by visiting <https://sarhcdpdir.cigna.com/web/public/sarProviders>, click the orange “PICK” button, and under “Medical” select the “PPO/Choice Fund PPO” network. Call **866-387-5645** for assistance with provider look-up.

Personalized information for members with access to [myCigna.com](https://mycigna.com)

- ✓ Find a provider – doctors, behavioral health providers, urgent care, hospitals, pharmacies
- ✓ Health resources, research, videos

For Cigna Pharmacy members:

- ✓ Price a Prescription Tool for pharmacy members - real-time, personalized information about lower-priced drugs and pharmacies
- ✓ Pharmacy plan coverage and claim history

[^]Cigna's PPO network refers to the health care professionals (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration.

¹Cigna analysis of the actual number of doctors in the PPO Network as of November 1, 2018. Data is subject to change.

²Average discount based on actual paid claims for the period 1/1/17–12/31/17. Cigna analysis conducted in November 2018. Actual results may vary based on utilization, plan design and geography.

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Quantum PPO Short-Term Medical Insurance Plan Benefits

| | Quantum PPO High Deductible (HD) | Quantum PPO COPAY | OUT OF NETWORK |
|--|--|---|-------------------------------------|
| Deductible^{^*} | \$5,000 or \$10,000 | \$2,500, \$5,000 or \$10,000 | 2 times the plan deductible |
| Coinsurance | 70% or 100% (100% for \$10,000 deductible only) | 80% or 100% (100% for \$10,000 deductible only) | 60% |
| Out-of-Pocket Maximum^{**} | \$10,000 per person (includes deductible) | \$10,000 per person (includes the deductible) | No maximum |
| Total Coverage Max | \$500,000 or \$1,000,000 | \$500,000 or \$1,000,000 | \$250,000 |
| Primary Doctor Visit | Subject to deductible & coinsurance | \$30; max 3 visits for any office appointment per coverage period. ^{***} | Subject to deductible & coinsurance |
| Specialty Doctor Office Visit and Urgent Care | Subject to deductible & coinsurance | \$60; max 3 visits for any office appointment per coverage period. ^{***} | Subject to deductible & coinsurance |
| Preventive Health | 1 visit per coverage period not to exceed \$250 per coverage period. | 1 visit per coverage period not to exceed \$250 per coverage period. | Not covered |
| Mammography | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Not covered |
| Routine Annual OB-GYN Exam | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Not covered |
| Ovarian Cancer Monitoring | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Not covered |
| Generic Drugs | Discount Only | \$5 copay | Not covered |
| Preferred Drugs | Discount Only | \$30 copay | Not covered |

[^]Due to state regulations in Indiana, total coverage maximum is \$2,000,000.

^{*}Family deductible 3-times the plan deductible for HD plan, 2-times for Copay plan.

^{**}Family out-of-pocket max \$25,000 including deductibles

^{***}Primary doctor, specialty doctor and Urgent Care visits have a combined 3 visit maximum. Additional visits are subject to deductible & coinsurance.

Quantum PPO Short-Term Medical Insurance Plan Benefits

| | Quantum PPO High Deductible (HD) | Quantum PPO COPAY | OUT OF NETWORK |
|---|--|--|--|
| Non-Preferred Drugs | Discount only | \$75 copay | Not covered |
| Emergency Room | \$250 copay, then subject to deductible & coinsurance | \$250 copay, then subject to deductible & coinsurance | \$250 copay, then subject to deductible & coinsurance |
| Outpatient Surgical Facility | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance |
| Hospitalization | \$500 Copay then Deductible & Coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance |
| Ground Ambulance | Deductible and Coinsurance up to \$1,000 | Deductible and Coinsurance up to \$1,000 | Deductible and Coinsurance up to \$1,000 |
| Air Ambulance | Deductible and Coinsurance up to \$2,500 | Deductible and Coinsurance up to \$2,500 | Deductible and Coinsurance up to \$2,500 |
| Home Healthcare | Subject to deductible & coinsurance, up to 40 visits | Subject to deductible & coinsurance, up to 40 visits | Not Subject to deductible & coinsurance, up to 40 visits covered |
| Speech Therapy/ Occupational/Therapy/ Physical Therapy | Subject to deductible & coinsurance, then \$50 per day for a max of 20 visits for all therapies (PT/OT/SP) | Subject to deductible & coinsurance, then \$50 per day for a max of 20 visits for all therapies (PT/OT/SP) | Subject to deductible & coinsurance, then \$50 per day for a max of 20 visits for all therapies (PT/OT/SP) |
| Mental Disorder | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Not covered |
| Substance Abuse | Subject to deductible & coinsurance: Inpatient: \$100 per day, per coverage period, 31-days maximum. Outpatient: \$50 per visit, 10 visits maximum. | Subject to deductible & coinsurance: Inpatient: \$100 per day, per coverage period, 31-days maximum. Outpatient: \$50 per visit, 10 visits maximum. | Not covered |
| Organ or Tissue Transplant | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Not covered |
| Prosthetics & Orthotics | Subject to deductible & coinsurance up to \$2,500 | Subject to deductible & coinsurance up to \$2,500 | Not covered |
| Traveling in A Foreign Country Requiring Immediate Medical Attention | Subject to deductible & coinsurance | Subject to deductible & coinsurance | Subject to deductible & coinsurance |
| Supplemental Accident Benefit | 100% of inpatient or outpatient expenses of insured's expenses paid due to an accidental injury that needs immediate medical attention within 72 hours of accident. Not to exceed the amount of the plan deductible. | 100% of inpatient or outpatient expenses of insured's expenses paid due to an accidental injury that needs immediate medical attention within 72 hours of accident. Not to exceed the amount of the plan deductible. | 100% of inpatient or outpatient expenses of insured's expenses paid due to an accidental injury that needs immediate medical attention within 72 hours of accident. Not to exceed the amount of the plan deductible. |