Mental Health Matters.

2026/2027 Basic Mental Health Benefit Summary:

In-network Office Visit*

Basic: $40 copay

HRA: 80% covered after plan deductible

In-network Plus: $40 copay

*Includes a duly licensed psychologist and a member of the clinical staff of a community mental health center, who is licensed and who has a master's degree in psychology, nursing or social work for purpose of outpatient treatment at a community health center of Mental or Nervous Disorders.

Out-of-network Office Visit*

Basic: 50% covered after plan deductible

HRA: 50% covered after plan deductible

In-network Plus: no coverage

*Includes a duly licensed psychologist and a member of the clinical staff of a community mental health center, who is licensed and who has a master's degree in psychology, nursing or social work for purpose of outpatient treatment at a community health center of Mental or Nervous Disorders.

In-network Hospital Stay**

Basic: 80% covered after plan deductible

HRA: 80% covered after plan deductible

In-network Plus: $500 copay

**Adhere to prior authorization rules.

Out-of-network Hospital Stay**

Basic: 50% covered after plan deductible

HRA: 50% covered after plan deductible

In-network Plus: no coverage

**Adhere to prior authorization rules.

For covered out-of-network visits, the member can get an itemized bill and submit to Lucent at 800-411-3650 for processing and reimbursement (or apply to deductible if applicable).

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Source of Information and Frequency of Validation
Medical health care professional information addressing specialty, hospital affiliations, medical group affiliations, board certification, acceptance of new patients and languages spoken is obtained from an application that is completed and signed by the health care professional/facility (during credentialing). Physician board certification is validated through the American Board of Medical Specialties (ABMS), American Medical Association (AMA) or American Osteopathic Association (AOA). Information on the application is updated when the medical health care professional/facility notifies Cigna of changes or at least every three years.

Dental health care professional information addressing specialty, dental office/practice affiliations, acceptance of new patients and languages spoken is obtained from an application that is completed and signed by the health care professional (during credentialing). Information on the application is updated when the dental health care professional notifies Cigna of changes or at least every three years.

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Primary Care Group, Llc

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Cigna Care Designation (CCD)
Distinguishes network physicians who practice in one of the 21 specialties reviewed and who meet certain quality and cost-efficiency measures. Learn more about the Cigna Care Designation at http://www.cigna.com/assets/docs/hcpdirectory/cigna-care-designation.pdf
Cigna offers a tiered benefit design option available to customers where they are afforded a lower copayment or coinsurance level for covered services provided by Tier 1 providers than if they select a participating non-Tier 1 provider. Tier 1 providers are listed on the directory with the "Cigna Care Network – Tier 1 Provider" designation.

Additional questions or problems with this transmission? Call us toll-free at 1-800-Cigna24 (1-800-244-6224).