

# Open Access 5000/80%

Florida



BENEFIT	IN NETWORK	OUT OF NETWORK
<b>This plan is intended to comply with the federal Patient Protection and Affordable Care Act. Provisions are subject to change as additional regulatory guidance becomes available.</b>		
Annual Individual Deductible	\$5,000	\$10,000
Annual Family Deductible	\$10,000	\$20,000
<i>All benefits listed below are subject to the deductible unless otherwise noted</i>		
Coinsurance	CIGNA pays 80% of eligible charges	CIGNA pays 60% of eligible charges
Individual Out of Pocket Maximum	\$5,000	\$10,000
Family Out of Pocket Maximum	\$10,000	\$20,000
<i>Individual/Family Copays, deductibles, and pharmacy charges do not apply to the out of pocket maximum</i>		
Lifetime Maximum	Unlimited	
<b>PHYSICIAN SERVICES</b>		
Office Visit Primary Care Physician Specialist Physician	\$30 copay <sup>1</sup> \$60 copay <sup>1</sup>	CIGNA pays 60%
Surgery (in any setting)	CIGNA pays 80%	CIGNA pays 60%
<b>PREVENTIVE CARE</b>		
Preventive Care for All Ages Routine physicals and other routine preventive services	CIGNA pays 100% <sup>1</sup>	CIGNA pays 60%
Mammograms	CIGNA pays 100% <sup>1</sup>	CIGNA pays 100% <sup>1</sup>
<b>INPATIENT SERVICES</b>		
Facility Services (Inpatient Room and Board, Pharmacy, Lab & X-ray, Operating Room, etc.)	CIGNA pays 80%	CIGNA pays 60%
Physician Services	CIGNA pays 80%	CIGNA pays 60%
<b>OUTPATIENT SERVICES</b>		
Lab, X-ray and Ultrasound	CIGNA pays 80%	CIGNA pays 60%
CT/PET Scans, and MRI	CIGNA pays 80%	CIGNA pays 60%
Cardiac & Pulmonary Rehabilitation Calendar year maximum of 36 visits, combined in- and out-of-network	CIGNA pays 80%	CIGNA pays 60%
Short Term Rehabilitative Therapy (Including Physical; Occupational and Speech Therapy) (Speech Therapy covered only for cleft lip/palate services for children under 18)	CIGNA pays maximum \$40 per visit	CIGNA pays maximum \$40 per visit
Outpatient Surgery	CIGNA pays 80%	CIGNA pays 60%

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EMERGENCY & URGENT CARE SERVICES		
<b>Hospital Emergency Room</b>	\$700 Copay <sup>1</sup>	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 60%
<b>Outpatient Professional Services</b> <i>(Including Radiology, Pathology and ER Physician)</i>	Included in Emergency Room Copay	
<b>Urgent Care Services</b>	\$50 Copay <sup>1</sup>	
<b>Ambulance</b> <i>Emergency transport only.</i>	CIGNA pays 80%	
OTHER HEALTH CARE FACILITIES		
<b>Skilled Nursing Facility, Rehabilitation Hospital &amp; Sub Acute Facilities</b>	CIGNA pays 100% up to a maximum of \$400 per day	CIGNA pays 100% up to a maximum of \$400 per day
<b>Home Health</b> <i>Calendar year maximum of 60 visits, combined in- and out-of- network</i>	CIGNA pays 80%	CIGNA pays 60%
<b>Hospice</b>	CIGNA pays 80%	CIGNA pays 60%
DURABLE MEDICAL EQUIPMENT (DME)		
<b>Durable Medical Equipment</b>	CIGNA pays 80%	CIGNA pays 60%
MENTAL HEALTH		
<b>Inpatient</b> <i>(Includes Acute, Partial &amp; Residential Treatment)</i>	CIGNA pays 100% up to a maximum of \$200 per day	CIGNA pays 100% up to a maximum of \$200 per day
<b>Outpatient</b> <i>(Includes Individual, Group &amp; Intensive Outpatient Treatment)</i>	CIGNA pays maximum \$30 per visit, one visit per day	CIGNA pays maximum \$30 per visit, one visit per day
PRESCRIPTION DRUGS		
<b>Prescription Drug Deductible</b> <i>Combined Retail &amp; Home Delivery Pharmacy deductible only applies to Brand Name Drugs</i>	\$500 per member per year	
RETAIL PHARMACY		
<b>Generic</b>	You pay \$10 per 30-day supply	CIGNA pays 50%
<b>Brand Name</b>	You pay \$35 per 30-day supply	CIGNA pays 50%
<b>Non-Preferred Brand Name</b>	You pay \$60 per 30-day supply	CIGNA pays 50%
<b>Self-Administered Injectable Drugs</b>	CIGNA pays 70%	CIGNA pays 50%
HOME DELIVERY PHARMACY		
<b>Generic</b>	You pay \$25 per 90-day supply	Not Available
<b>Brand Name</b>	You pay \$85 per 90-day supply	Not Available
<b>Non-Preferred Brand Name</b>	You pay \$150 per 90-day supply	Not Available
<b>Self-Administered Injectable Drugs</b>	CIGNA pays 70%	Not Available

<sup>1</sup>Deductible waived

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## EXCLUSIONS:

Your plan does not provide coverage for the following except as required by law:

- Conditions which are **pre-existing** as defined in the Definitions section.
- Services or supplies that CIGNA considers to be for **Experimental Procedures or Investigative Procedures**.
- Services for which You have **no legal obligation to pay** or for which no charge would be made if You did not have health plan or insurance coverage.
- Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any **workers' compensation**, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.
- Conditions caused by: (a) **an act of war**; (b) the inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) an Insured Person participating in the **military service** of any country; (d) an Insured Person participating in an **insurrection, rebellion, or riot**.
- Any services provided by a local, state or federal **government agency**, except (a) when payment under this Policy is expressly required by federal or state law.
- If the Insured Person is eligible for **Medicare** part A or B CIGNA will provide claim payment according to this Policy minus any amount paid by Medicare, not to exceed the amount CIGNA would have paid if it were the sole insurance carrier.
- Any services for which payment may be obtained from any local, state or federal **government agency** (except Medicaid). Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
- Professional services received or supplies purchased from the Insured Person, a person who lives in the Insured Person's home or who is **related to the Insured Person** by blood, marriage or adoption.
- **Custodial Care**.
- Inpatient or outpatient services of a **private duty nurse**.
- Inpatient room and board charges in connection with a **Hospital stay primarily for environmental change or physical therapy**; Custodial Care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- **Assistance in activities of daily living**.
- Inpatient room and board charges in connection with a Hospital stay primarily for **diagnostic tests** which could have been performed safely on an outpatient basis.
- **Dental services, Orthodontic Services, Dental Implants:**
- **Hearing aids, routine hearing tests.**
- **Optometric services, eye surgery** to correct refractive defects of the eye.
- **Outpatient speech therapy**, except as specifically provided in this Policy.
- **Cosmetic surgery.**
- **Aids or devices** that assist with nonverbal communications.
- **Non-Medical** counseling or ancillary services.
- Services for **redundant skin surgery**, removal of skin tags, acupuncture, craniosacral/cranial therapy, dance therapy, movement therapy, applied kinesiology, rolfing, pryotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, regardless of clinical indications.
- **Sex change surgery.**
- Treatment of **sexual dysfunction** impotence and/or inadequacy except if this is a result of an Accidental Injury, organic cause, trauma, infection, or congenital disease or anomalies.
- All services related to the evaluation or treatment of **fertility and/or Infertility**.
- All **non-prescription** Drugs, devices and/or supplies that are available over the counter or without a prescription.
- **Cryopreservation** of sperm or eggs.
- **Orthopedic shoes** (except when joined to braces) or shoe inserts, including orthotics.

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- Services primarily for **weight reduction** or treatment of obesity.
- **Routine physical exams or tests** that do not directly treat an actual illness, injury or condition, including those required by employment or government authority, including physical exams required for or by an employer, or for school, or sports physicals, except as otherwise specifically stated in this Plan.
- Charges by a provider for **telephone or email consultations**.
- Items which are furnished primarily for **personal comfort** or convenience.
- **Educational services** except for Diabetes Self-Management Training Program, and as specifically provided or arranged by CIGNA.
- **Nutritional counseling** or food supplements, except as stated in the Policy.
- **Syringes**, except as stated in the Policy.
- **All Foreign Country** Provider charges.
- **Growth Hormone Treatment** except when such treatment is medically proven to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be clinically proven to be effective for such use and such treatment must be likely to result in a significant improvement of the Insured Person's condition.
- Routine **foot care**.
- Charges for the services of a **standby Physician**.
- Charges for **animal to human organ transplants**.
- Charges for **Normal Pregnancy or Maternity Care**.
- Claims received by CIGNA after 15 months from the date service was rendered, except in the event of a legal incapacity.

## These Are Only the Highlights

This summary contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations including legislated benefits are contained in the Summary Plan Description or Insurance Certificate. This plan is insured and/or administered by Connecticut General Life Insurance Company, a CIGNA Company.

Rates will vary by plan design. Rates may vary based on age, gender, and geographic location. Enrollment is subject to medical underwriting guidelines established by the health insurer, and your rate may vary based upon the results of the medical underwriting risk assessment process. You may be declined coverage because of a health condition. If you are issued a policy, certain medical conditions may not be covered for a specified length of time if those conditions are related to a medical condition that existed prior to the date of coverage. This policy has exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, contact Connecticut General Life Insurance Company at 900 Cottage Grove Road, Hartford, CT 06152 or call 1-800-CIGNA-24.

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