

SUMMARY OF BENEFITS

Your CIGNA HealthCare Point-of-Service plan



CIGNA HealthCare

Features that Add Value

- You choose a Primary Care Physician (PCP) – your **personal doctor** – to coordinate your care and provide advice and guidance. As your needs change, so may your choice of doctors. That's why you can change your PCP for any reason.
- The CIGNA HealthCare 24-Hour Health Information LineSM connects you to **registered nurses** and a **library** of hundreds of recorded programs on important health topics 24 hours a day, seven days a week, from anywhere in the U.S.
- **CIGNA Healthy Rewards**[®] includes special offers on health and wellness programs and services often not covered by many traditional benefits plans. Just call 1.800.870.3470 or visit our web site at www.cigna.com.
- Prescription drug coverage is a **part of your plan**. More than 50,000 pharmacies participate nationwide, so you can have your prescription filled **wherever you go**. Mail-order service means quick, **convenient** delivery of your medications right to your home.
- Our Guest Privileges program **brings** your CIGNA HealthCare **benefits along** when you temporarily relocate or send kids to schools away from home. Call CIGNA HealthCare Member Services to learn more.
- **CIGNA Behavioral Advantage** emphasizes the mind-body connection. The program provides support from medical and mental health case managers, as well as a number of tools and resources, to help you take control of your health and wellness.

Quality Service Is Part of Quality Care

- **Service** is at the heart of everything we do. Our goal is to give you: fast, accurate answers; responsive, courteous and professional assistance; and ease and convenience in finding the information you need to manage your health.
- **www.cigna.com** – Visit our **interactive Web site** to learn more about your plan and get health information, 24 hours a day. Once you enroll, register for myCIGNA.com, our convenient, secure web site that combines WebMD[®] tools with personalized benefits information to help you make the most of your plan.
- **We Speak Many Languages**SM. We offer Language Line Services so that you can **talk with us** in 150 different languages. Just call Customer Services, and ask for an interpreter to assist you.
- Our interactive voice response system helps you find what you need faster over the phone. Use the speech recognition feature for information on your benefits, level of coverage, claims status, and more.

It's Your Health

When you choose CIGNA HealthCare, you can take advantage of our **health and wellness** programs

- **Preventive care services** for every covered family member.
- See participating OB/GYN – **no referral required**.
- CIGNA Well-Aware for Better Health[®] can **help you manage** chronic conditions like asthma, diabetes or cardiac care.
- The CIGNA HealthCare Healthy Babies[®] program provides you with information to help you have a **healthy pregnancy** and a **healthy baby**. And there's no copayment for prenatal care office visits after the first visit that confirms you're pregnant.
- The **CIGNA Comprehensive Oncology Program**SM promotes cancer prevention and early detection through personalized care management, educational tools, benefit counseling, and other resources.
- **Healthy Steps for Weight Loss**SM offers ongoing personalized weight-management support by specially trained health coaches. The program is designed for overweight or moderately obese members, but it is also available to those who don't have significant weight problems but want to improve their health.

You Can Depend on CIGNA HealthCare

- **Quality comes first**. We select participating providers carefully. And we make sure you have a wide range of PCPs and specialists to choose from.
- We're **highly rated** by **independent evaluators** of quality, including the National Committee for Quality Assurance (NCQA).
- **Emergency and urgent care are covered** wherever you go, worldwide, **24 hours a day**. Urgent care centers can take care of your urgent care needs, and you pay a lower copayment.

It's Your Choice

When your PCP coordinates your care and you visit network providers, you get access to quality care and lower out-of-pocket costs. Your plan also offers the **freedom to choose** the providers you prefer — even if they aren't part of the network. Your benefits are higher when you see participating providers, but you're still covered for visits to other providers.

AAQHC G 2-50

CIGNA HealthCare of California, Inc.

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p>Primary Care Physician (PCP) Office Visit <i>Preventive Care</i> <i>Well Child Care</i> <i>Periodic Physical Exams (Children and Adults)</i> <i>Routine Immunizations</i></p> <p><i>Adult/Child Medical Care for Illness or Injury</i> <i>Surgery performed in a Physician's Office</i></p>	<p>\$15 copayment per office visit</p> <p>The office visit copayment will be waived when immunization is the only service provided</p>	<p>Covered in-network only, except for Well Child Care and Preventive Care for children through age 16, which is covered at 40% of charges*</p> <p>40% of charges* 40% of charges*</p>
<p>Specialty Physician Office Visit <i>Office Visits</i> <i>Surgery Performed in Physician's Office</i></p>	<p>\$25 copayment per office visit</p>	<p>40% of charges*</p>
<p>Inpatient Hospital Services <i>Semi-Private Room and Board</i> <i>Physician and Surgeon Services</i> <i>Diagnostic/Therapeutic Lab and X-ray</i> <i>Drugs and Medication</i> <i>Operating and Recovery Room</i> <i>Radiation Therapy and Chemotherapy</i> <i>Anesthesia and Inhalation Therapy</i></p>	<p>\$150 copayment per day for the first 5 days of an inpatient admission</p>	<p>\$300 deductible per day for the first 5 days of an inpatient admission, plus 40% of charges* Precertification applies</p>
<p>Outpatient Facility Services <i>Operating Room, Recovery Room, Procedure Room and Treatment Room including:</i> <i>Physician Services</i> <i>Diagnostic/Therapeutic Lab and X-rays</i> <i>Anesthesia and Inhalation Therapy</i></p>	<p>\$150 copayment per facility use</p>	<p>\$300 deductible per facility use, plus 40% of charges* Precertification applies</p>
<p>Outpatient Laboratory and Radiology Services <i>Advanced Radiological Imaging (MRIs, MRAs, CAT Scans and PET Scans)</i></p> <p><i>Outpatient/Independent Facility</i></p> <p><i>Emergency Room</i></p> <p><i>Physician's Office</i></p> <p><i>Other Laboratory and Radiology Services</i> <i>Outpatient hospital Facility</i> <i>Independent X-ray/Lab Facility</i></p>	<p>\$100 copayment per type of scan per day</p> <p>\$100 copayment per type of scan per day</p> <p>\$100 copayment per type of scan per day</p> <p>No charge No charge</p>	<p>\$200 deductible per type of scan per day, plus 40% of charges* \$200 deductible per type of scan per day \$200 deductible per type of scan per day, plus 40% of charges* 40% of charges* 40% of charges*</p>
<p>Rehabilitative Therapy and Chiropractic Services</p> <p>Outpatient Cardiac Rehabilitation</p>	<p>\$25 copayment per office visit <i>Unlimited days maximum per contract year</i></p> <p>Unlimited days maximum per contract year</p>	<p>40% of charges* <i>20 days maximum per contract year#</i> Chiropractic Services covered in-network only 36 days maximum per contract year#</p>
<p>Emergency and Urgent Care Services <i>Physician's Office</i></p> <p><i>Hospital Emergency Room</i></p> <p><i>Participating Urgent Care Facility or Hospital Outpatient Facility</i> <i>Ambulance</i></p>	<p>PCP or Specialty Physician office visit copayment</p> <p>\$100 copayment per visit, waived if admitted \$50 copayment per visit</p> <p>No charge</p>	<p><i>Care will be covered at in-network levels if it meets the "prudent layperson" definition of an emergency. Copayment same as in-network.</i></p>
<p>Maternity Care Services <i>Initial Office Visit to Confirm Pregnancy</i></p> <p><i>All subsequent Prenatal visits, Postnatal visits and Physician's Delivery charges</i> <i>Inpatient Hospital/Birthing Center Charges</i></p>	<p>PCP or Specialty Physician office visit copayment No charge</p> <p>\$150 copayment per day for the first 5 days of an inpatient admission</p>	<p>40% of charges* 40% of charges*</p> <p>\$300 deductible per day for the first 5 days of an inpatient admission, plus 40% of charges* Precertification applies</p>

BENEFIT HIGHLIGHTS**IN-NETWORK****OUT-OF-NETWORK****Prescription Drugs****CIGNA Pharmacy Plus Retail Drug Program**

Includes: insulin, insulin needles & syringes, diabetic test strips/lancets, oral contraceptives and contraceptive devices, and prenatal vitamins.

*Generic*** drugs on the Prescription Drug List for a 30-day supply*

\$10 copayment per prescription/refill

Covered in-network only

*Brand Name*** drugs designated as preferred on the Prescription Drug List with no Generic equivalent for a 30-day supply*

\$20 copayment per prescription/refill

Covered in-network only

*Brand Name*** drugs designated as non-preferred on the Prescription Drug List for a 30-day supply*

\$40 copayment per prescription/refill

Covered in-network only

CIGNA Tel-Drug Mail Order Drug Program

*Generic*** drugs on the Prescription Drug List for a 90-day supply*

\$20 copayment per prescription/refill

Covered in-network only

*Brand Name*** drugs designated as preferred on the Prescription Drug List with no Generic equivalent for a 90-day supply*

\$40 copayment per prescription/refill

Covered in-network only

*Brand Name*** drugs designated as non-preferred on the Prescription Drug List for a 90-day supply*

\$80 copayment per prescription/refill

Covered in-network only

Pharmacy Deductible (Individual/Family)(Mail Order excluded)

None/None

Pharmacy Out of Pocket Maximum (Individual/Family)

None/None

****Designated as per generally-accepted industry sources and adopted by HealthPlan*

BENEFIT HIGHLIGHTS

IN-NETWORK

OUT-OF-NETWORK

OTHER BENEFIT INFORMATION

Contract Year Deductible Individual Family	None None	\$1,000 \$2,000
Contract Year Out-of-Pocket (OOP) Maximum Individual Family <i>All Copayments paid by a Member for Covered Services and Supplies including Copayments for Severe Mental Illness of a Member of any Age and Serious Emotional Disturbances of a Child apply to these maximums. Copayments paid for External Prosthetic Appliances, Durable Medical Equipment, Mental Health and Substance Abuse Services, Vision Care Services and Prescription Drugs do not apply towards these maximums.</i>	\$1,500 \$3,000	\$3,000 excludes deductible \$6,000 excludes deductible
Coinsurance	No	CIGNA HealthCare pays 60% of eligible charges. You pay 40% of charges after the plan deductible.
Precertification (Inpatient, Outpatient, and MRI's)	Handled by your physician	Participant must obtain approval
Lifetime Maximum	Unlimited	\$1,000,000
Pre-existing Condition Limitation	No	Yes

- * Out-of-network services are subject to annual deductible and reasonable and customary/maximum reimbursable charge limitations. Providers may bill the member the difference between their billed charge and the maximum reimbursable charge as determined by the benefit plan.
- # Out-of-network treatment maximums are reduced by in-network services used.

Regarding In-Network Services:

- All services, except for emergency services, routine care provided by a participating OB/ GYN, and Inpatient mental health and substance abuse services authorized by CIGNA Behavioral Health, Inc. must be provided by or authorized by your Primary Care Physician (PCP) in order to be covered.
- All and Advanced Radiology imaging copayments (MRI, MRA, PET, CAT scans) apply to the out-of-pocket maximum except for Mental Health/Substance Abuse, Prescription Drug, DME and the External Prosthetic Appliance deductible.

Regarding Out-of-Network Services:

- All out-of-network hospital admissions, outpatient surgeries and MRI's must be precertified. Penalty for non-compliance with precertification is 50%. Hospital admissions are subject to Continued Stay Review (CSR). Non-certified admissions/days result in denial of benefits. The 50% penalty or cost of denied benefits does not apply to deductible or out-of-pocket maximum.
- Once the out-of-pocket maximum for out-of-network is reached, the plan pays 100% of eligible charges for the remainder of the plan year. The out-of-network inpatient copayment continues to apply.
- Pre-existing conditions are not covered unless six months of continuous coverage (including the waiting period) has elapsed.

