

SUMMARY OF BENEFITS

Your CIGNA HealthCare HMO 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 or diabetes.
- 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.

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CIGNA HealthCare of California, Inc.

BENEFIT HIGHLIGHTS - 258

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> <i>Adult/Child Medical Care for Illness or Injury</i> <i>Surgery performed in a Physician's Office</i>	\$30 copayment per office visit The office visit Copayment will be waived when immunization is the only service provided
Specialty Physician Office Visit <i>Office Visits</i> <i>Surgery Performed in Physician's Office</i>	\$50 copayment per office visit
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>	\$300 copayment per day for the first 5 days of an inpatient admission
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>	\$300 copayment per facility use
Outpatient Laboratory and Radiology Services <i>Advanced Radiological Imaging (MRIs, MRAs, CAT Scans and PET Scans)</i> <i>Outpatient/Independent Facility</i> <i>Emergency Room</i> <i>Physician's Office</i> <i>Other Laboratory and Radiology Services</i> <i>Outpatient hospital Facility</i> <i>Independent X-ray/Lab Facility</i>	\$200 copayment per type of scan per day \$200 copayment per type of scan per day \$200 copayment per type of scan per day No charge No charge
Rehabilitative Therapy and Chiropractic Services Outpatient Cardiac Rehabilitation	\$50 copayment per office visit <i>Unlimited days maximum per contract year</i> Unlimited days maximum per contract year.
Emergency and Urgent Care Services <i>Physician's Office</i> <i>Hospital Emergency Room</i> <i>Participating Urgent Care Facility or Hospital Outpatient Facility</i> <i>Ambulance</i>	PCP or Specialty Physician office visit copayment \$150 Copayment per visit, copayment waived if admitted \$75 Copayment per visit, copayment waived if admitted No charge
Maternity Care Services <i>Initial Office Visit to Confirm Pregnancy</i> <i>All subsequent Prenatal visits, Postnatal visits and Physician's Delivery charges</i> <i>Inpatient Hospital/Birthing Center Charges</i>	PCP or Specialty Physician Office Visit Copayment No charge \$300 copayment per day for the first 5 days of an inpatient admission
Inpatient Services at Other Health Care Facilities <i>Skilled Nursing, Rehabilitation and Sub-Acute Facilities</i>	No charge <i>100 days maximum per contract year</i>

BENEFIT HIGHLIGHTS

Home Health Services	No charge, <i>100 visits per contract year</i>
Family Planning Services <i>Office Visits (tests, counseling)</i> <i>Vasectomy/Tubal Ligation</i> <i>Inpatient Facility</i> <i>Outpatient Facility</i> <i>Surgery in Physician's Office</i>	PCP or Specialty Physician office visit copayment \$300 copayment per day for the first 5 days of an inpatient admission \$300 copayment per facility use PCP or Specialty Physician office visit copayment
Infertility Services <i>Office Visit (tests/counseling)</i> <i>Inpatient Facility</i> <i>Outpatient Facility</i> <i>Physician's Office</i> <i>Lifetime Maximum Benefit</i>	PCP or Specialty Physician Office Visit Copayment \$300 copayment per day for the first 5 days of an inpatient admission \$300 copayment per facility use Specialty Physician Office Copayment \$20,000
Mental Health and Substance Abuse Severe mental illness and serious emotional disturbance of a child is covered as any other illness. All other conditions are covered as follows: <i>Inpatient Mental Health Services</i> <i>Outpatient Individual Mental Health Services</i> <i>Outpatient Mental Health Group Therapy</i> <i>Intensive Outpatient Mental Health</i> <i>3 programs maximum per Member per contract year</i> <i>Inpatient Substance Abuse Rehabilitation Services</i> <i>Outpatient Individual Substance Abuse Rehabilitation Services</i> <i>Intensive Outpatient Substance Abuse</i> <i>3 programs maximum per Member per contract year</i> <i>Inpatient Substance Abuse Detoxification Services</i> <i>Outpatient Substance Abuse Detoxification Services</i>	 \$100 Copayment per day; <i>8 day maximum per contract year, includes substance abuse rehabilitation days.</i> \$40 Copayment per visit; <i>20 visit maximum per contract year</i> \$20 Copayment per session; <i>40 visit maximum per contract year, includes substance abuse group rehabilitation visits</i> \$120 copayment per program \$100 Copayment per day; <i>8 day maximum per contract year, includes mental health days</i> \$15 Copayment per visit for the first 2 visits and \$40 per visit thereafter; <i>20 visit maximum per contract year</i> \$120 copayment per program Same as Inpatient Hospital Copayment Same as Specialty Physician Office Visit copayment
Transplant Services Travel Maximum	Same as Inpatient Hospital Copayment <i>\$10,000 maximum benefit per transplant/per lifetime</i>
Durable Medical Equipment	No charge, <i>\$3,500 maximum benefit per contract year</i>
External Prosthetic Appliances and Orthotics	No charge

BENEFIT HIGHLIGHTS

<p>Prescription Drugs CIGNA Pharmacy Plus Retail Drug Program <i>Includes: insulin, insulin needles & syringes, diabetic test strips/lancets, oral contraceptives and contraceptive devices, and prenatal vitamins.</i> <i>Generic*** drugs on the Prescription Drug List for a 30-day supply</i> <i>Brand Name*** drugs designated as preferred on the Prescription Drug List with no Generic equivalent for a 30-day supply</i> <i>Brand Name*** drugs designated as non-preferred on the Prescription Drug List for a 30-day supply</i></p> <p>CIGNA Tel-Drug Mail Order Drug Program <i>Generic*** drugs on the Prescription Drug List for a 90-day supply</i> <i>Brand Name*** drugs designated as preferred on the Prescription Drug List with no Generic equivalent for a 90-day supply</i> <i>Brand Name*** drugs designated as non-preferred on the Prescription Drug List for a 90-day supply</i> Pharmacy Deductible (Individual/Family)(Mail Order excluded) Pharmacy Out of Pocket Maximum (Individual/Family) <i>***Designated as per generally-accepted industry sources and adopted by HealthPlan</i></p>	<p>\$15 copayment per prescription/refill</p> <p>\$30 copayment per prescription/refill</p> <p>\$45 copayment per prescription/refill</p> <p>\$30 copayment per prescription/refill</p> <p>\$60 copayment per prescription/refill</p> <p>\$90 copayment per prescription/refill</p> <p>None/None</p> <p>None/None</p>
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OTHER BENEFIT INFORMATION

<p>Contract Year Deductible <i>Individual</i> <i>Family</i></p>	<p>None</p> <p>None</p>
<p>Contract Year Out-of-Pocket (OOP) Maximum <i>Individual</i> <i>Family</i> <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></p>	<p>\$3,000</p> <p>\$6,000</p>
<p>Coinsurance</p>	<p>No</p>
<p>Lifetime Maximum</p>	<p>Unlimited</p>
<p>Pre-existing Condition Limitation</p>	<p>No</p>

Services, other than emergency services, routine care provided by a participating OB/GYN, and 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.

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

1. Any service or supply not described as covered in the Covered Services section of the Agreement
2. Any medical service or device that is not medically necessary
3. Care for health conditions that are required by state or local law to be treated in a public facility or supplied by a public school system.
4. Any services and supplies for or in connection with experimental, investigational or unproven services.
5. Dental treatment of the teeth, gums or structures directly supporting the teeth, however, charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within 6 months of the accident.
6. Medical and surgical services intended primarily for the treatment or control of obesity. However, treatment of clinically severe obesity, as defined by the body mass index (BMI) classifications of the National Heart, Lung and Blood Institute (NHLBI) guideline is covered only at approved centers if the services are demonstrated, through existing peer-reviewed, evidence-based scientific literature and scientifically-based guidelines, to be safe and effective for treatment of the condition. Clinically severe obesity is defined by the NHLBI as a BMI of 40 or greater without comorbidities, or 35-39 with comorbidities. The following are specifically excluded:
 - Medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity unless Medically Necessary; and
 - Weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision.
7. Unless otherwise covered as a basic benefit, reports, evaluations, physical examinations, or hospitalization not required for health reasons, including but not limited to employment, insurance or government licenses, and court ordered, forensic, or custodial evaluations.
8. Court ordered treatment or hospitalizations.
9. Any services, supplies, medications or drugs for the treatment of male or female sexual dysfunction unless medically necessary.
10. Medical and hospital care and costs for the child of a Dependent, unless this infant child is otherwise eligible under the Agreement.
11. Consumable medical supplies other than ostomy supplies and urinary catheters.
12. Private hospital rooms and/or private duty nursing except as covered under the Home Health Care provision.
13. Artificial aids, including but not limited to hearing aids, semi-implantable hearing devices, audiant bone conductors, bone anchored hearing aids, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.
14. Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or postcataract surgery).
15. Routine refraction, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
16. Non-prescription drugs, and investigational and experimental drugs, except as provided in the member agreement.
17. Routine foot care, however, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
18. Genetic screening or pre-implantation genetic screening.
19. Fees associated with the collection or donation of blood or blood products.
20. Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
21. All nutritional supplements and formulae are excluded, except infant formula needed for the treatment of inborn errors of metabolism.
22. Macromastia or Gynecomastia Surgeries; Surgical Treatment of Varicose Veins; Abdominoplasty; Panniculectomy; Rhinoplasty; Blepharoplasty; Redundant Skin Surgery; and Removal of Skin Tags, unless medically necessary.
23. The following services are excluded from coverage regardless of clinical indications: Massage Therapy; Cosmetic Surgery and Therapies; Acupressure; Craniosacral/cranial therapy; Dance Therapy, Movement Therapy; Applied Kinesiology; Rolfing; Prolotherapy; Transsexual Surgery; Non-medical counseling or ancillary services; Assistance in the activities of daily living; Cosmetics; Personal or Comfort Items; Dietary Supplements; Health and Beauty Aids; Aids or devices that assist with non-verbal communications; Treatment by Acupuncture; Dental implants for any condition; Telephone Consultations; E-mail & Internet Consultations; Telemedicine; Health Club Membership fees; Weight Loss Program fees; Smoking Cessation Program fees; Reversal of male and female voluntary sterilization procedures; and Extracorporeal Shock Wave Lithotripsy for musculoskeletal and orthopedic conditions.

This summary of benefits contains the highlights only. The specific benefits and exclusions are contained in your Group Service Agreement or certificate.

“CIGNA HealthCare” refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp®, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

Some Healthy Rewards are not available in all states. Additionally, not all Healthy Rewards programs are available to members of CIGNA HealthCare of California, Inc., CIGNA Dental Health of California, Inc. and CIGNA Behavioral Health of California, Inc. A discount program is NOT insurance, and the member must pay the entire discount charge. If your CIGNA HealthCare plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your medical benefits.