

# 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 Line<sup>SM</sup> connects you to **trained 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**<sup>®</sup> includes special offers on programs and services designed to help you enhance your health and wellness. Just call 1.800.870.3470 or visit [www.cigna.com](http://www.cigna.com).
- Prescription drug coverage is a **part of your plan**. With national and independent pharmacies participating across the country, you can have your prescription filled **wherever you go**. CIGNA Tel-Drug gives you 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](http://myCIGNA.com), our convenient, secure web site that combines easy-to-use tools with benefits information to help you make the most of your plan.
- **We Speak Many Languages**<sup>SM</sup>. We offer the Language Line Services so that you can **talk with us** in 150 different languages. Just call Member Services and ask for an interpreter to assist you.

POS-BEN-SUM

### 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 a participating OB/GYN – **no referral required**.
- CIGNA Well-Aware for Better Health<sup>®</sup> can **help you manage** chronic conditions like asthma or diabetes.
- The CIGNA HealthCare Healthy Babies<sup>®</sup> 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**<sup>SM</sup> promotes cancer prevention and early detection through personalized care management, educational tools, benefit counseling, and other resources.
- **Healthy Steps for Weight Loss**<sup>SM</sup> 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. Participating providers charge a discounted rate for CIGNA members. If you use a non-network provider, the provider may bill you for the difference between the billed charge and the allowed amount under your benefit plan, in addition to applicable (higher than in-network) deductibles and coinsurance amounts.

AAQHC J 2-50

CIGNA HealthCare of California, Inc.

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p><b>Primary Care Physician (PCP) Office Visit</b>  <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>\$30 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 50% of charges*</p> <p>50% of charges* 50% of charges*</p>
<p><b>Specialty Physician Office Visit</b>  <i>Office Visits</i>  <i>Surgery Performed in Physician's Office</i></p>	<p>\$50 copayment per office visit</p>	<p>50% of charges*</p>
<p><b>Inpatient Hospital Services</b>  <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>\$300 copayment per day for the first 5 days of an inpatient admission</p>	<p>\$600 deductible per day for the first 5 days of an inpatient admission, plus 50% of charges*  Precertification applies</p>
<p><b>Outpatient Facility Services</b>  <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>\$300 copayment per facility use</p>	<p>\$600 deductible per facility use, plus 50% of charges*  Precertification applies</p>
<p><b>Outpatient Laboratory and Radiology Services</b>  <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>\$200 copayment per type of scan per day</p> <p>\$200 copayment per type of scan per day</p> <p>\$200 copayment per type of scan per day</p> <p>No charge No charge</p>	<p>\$400 deductible per type of scan per day, plus 50% of charges*  \$400 copayment deductible per type of scan per day  \$400 deductible per type of scan per day, plus 50% of charges*  50% of charges*  50% of charges*</p>
<p><b>Rehabilitative Therapy and Chiropractic Services</b></p> <p><b>Outpatient Cardiac Rehabilitation</b></p>	<p>\$50 copayment per office visit  <i>Unlimited days maximum per contract year</i></p> <p>Unlimited days maximum per contract year</p>	<p>50% of charges*  <i>20 days maximum per contract year#</i>  Chiropractic Services covered in-network only  36 days maximum per contract year#</p>
<p><b>Emergency and Urgent Care Services</b>  <i>Physician's Office</i></p> <p><i>Hospital Emergency Room</i></p> <p><i>Participating Urgent Care Facility or Hospital</i>  <i>Outpatient Facility</i>  <i>Ambulance</i></p>	<p>PCP or Specialty Physician office visit copayment</p> <p>\$150 copayment per visit, waived if admitted  \$75 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><b>Maternity Care Services</b>  <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>\$300 copayment per day for the first 5 days of an inpatient admission</p>	<p>50% of charges*  50% of charges*</p> <p>\$600 deductible per day for the first 5 days of an inpatient admission, plus 50% 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*

\$15 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*

\$30 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*

\$45 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*

\$30 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*

\$60 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*

\$90 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**

<b>Contract Year Deductible</b> Individual Family	None None	\$2,000 \$4,000
<b>Contract Year Out-of-Pocket (OOP) Maximum</b> 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>	\$3,000 \$6,000	\$6,000 excludes deductible \$12,000 excludes deductible
<b>Coinsurance</b>	No	CIGNA HealthCare pays 50% of eligible charges. You pay 50% of charges after the plan deductible.
<b>Precertification (Inpatient, Outpatient, and MRI's)</b>	Handled by your physician	Participant must obtain approval
<b>Lifetime Maximum</b>	Unlimited	\$1,000,000
<b>Pre-existing Condition Limitation</b>	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 twelve months of continuous coverage (including the waiting period) has elapsed.

**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; Orthognathic Surgeries; 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.*