

# SUMMARY OF BENEFITS

*Your CIGNA HealthCare HMO plan*



CIGNA HealthCare

## Features that Add Value

- The CIGNA HealthCare 24-Hour Health Information Line<sup>SM</sup> 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<sup>®</sup>** includes special offers on many health and wellness programs and services often not covered by traditional benefit plans. To learn more, call 1.800.870.3470 or visit our Web site at [www.cigna.com](http://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.
- You choose a Primary Care Physician (PCP) – your **personal doctor** – to coordinate your care. As your needs change, so may your choice of doctors. That's why you can change your PCP for any reason.

## 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
  - 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.
- **We Speak Many Languages<sup>SM</sup>**. We offer 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 your urgent care needs.
- 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 a participating OB/GYN – **no referral** required.
- CIGNA Well Aware for Better Health<sup>SM</sup> can **help you manage** chronic conditions like asthma or diabetes.
- The CIGNA HealthCare Healthy Babies<sup>®</sup> program provides you with education and support 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.

## 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.

*NC Small Group State Designed Standard CHMO Plan*

*CIGNA HealthCare of North Carolina, Inc.*

**BENEFIT HIGHLIGHTS**

<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>  <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><b>Specialty Physician Office Visit</b>  <i>Office Visits</i>  <i>Surgery Performed in Physician's Office</i></p>	<p>\$15 copayment per office visit</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>\$250 copayment per admission</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>\$75 copayment per facility use</p>
<p><b>Laboratory and Radiology Services</b>  <i>Advanced Radiological Imaging (MRIs, MRAs, CAT Scans and PET Scans)</i>  <i>Other Laboratory and Radiology Services</i>  <i>Outpatient hospital Facility</i>  <i>Independent X-ray/Lab Facility</i></p>	<p>No charge per procedure</p> <p>No charge  No charge</p>
<p><b>Short-Term Rehabilitative Therapy</b></p>	<p>\$15 copayment per office visit  60 visits maximum per contract year</p>
<p><b>Emergency and Urgent Care Services</b>  <i>Physician's Office</i>  <i>Hospital Emergency Room</i>  <i>Participating Urgent Care Facility or Hospital Outpatient Facility</i>  <i>Ambulance</i></p>	<p>PCP or Specialty Physician Office Visit Copayment  \$50 Copayment per visit, copayment waived if admitted  \$25 Copayment per visit, copayment waived if admitted</p> <p>No charge</p>
<p><b>Maternity Care Services</b>  <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></p>	<p>PCP or Specialty Physician Office Visit Copayment  No charge</p> <p>\$250 copayment per admission</p>
<p><b>Inpatient Services at Other Health Care Facilities</b>  <i>Skilled Nursing, Rehabilitation and Sub-Acute Facilities</i></p>	<p>No charge after \$250 per admission copayment  100 days maximum per contract year</p>

**BENEFIT HIGHLIGHTS**

<b><i>Home Health Services</i></b>	No charge, <i>16 hours per day maximum</i>
<b><i>Family Planning Services</i></b> <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  \$250 copayment per admission \$75 copayment per facility use PCP or Specialty Physician Office Visit Copayment
<b><i>Mental Health and Substance Abuse</i></b> <i>Inpatient Mental Health Services</i>  <i>Inpatient Substance Abuse Detoxification Services</i>  <i>Outpatient Mental Health Services</i>	\$250 Copayment per admission, up to <i>30 days per contract year</i>  \$250 Copayment per admission  \$15 Copayment per outpatient visit up to <i>30 visits per contract year</i>
<b><i>Transplant Services</i></b>	Same as Inpatient Hospital Copayment
<b><i>Durable Medical Equipment</i></b>	No charge after \$400 deductible per contract year
<b><i>External Prosthetic Appliances</i></b>	No charge after \$400 deductible per contract year

**BENEFIT HIGHLIGHTS**

<p><b>Prescription Drugs</b>  <b>CIGNA Pharmacy Plus Retail Drug Program</b>  <i>Includes: insulin, insulin needles &amp; 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><b>CIGNA Tel-Drug Mail Order Drug Program</b>  <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>  <b>Pharmacy Deductible (Individual/Family)(Mail Order excluded)</b>  <b>Pharmacy Out of Pocket Maximum (Individual/Family)</b>  <i>***Designated as per generally-accepted industry sources and adopted by HealthPlan</i></p>	<p>50% copayment per prescription/refill</p> <p>50% copayment per prescription/refill</p> <p>50% copayment per prescription/refill</p> <p>50% copayment per prescription/refill</p> <p>50% copayment per prescription/refill</p> <p>50% copayment per prescription/refill</p> <p>50% copayment per prescription/refill</p> <p>None/None</p> <p>None/None</p>
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**OTHER BENEFIT INFORMATION**

<p><b>Contract Year Deductible</b>  <i>Individual</i>  <i>Family</i></p>	<p>None</p> <p>None</p>
<p><b>Contract Year Out-of-Pocket (OOP) Maximum</b>  <i>Individual</i>  <i>Family</i>  <i>Only Inpatient (including Mental Health and Substance Abuse) and Outpatient Facility copayments apply to the OOP Maximum; these copayments are no longer required once the OOP maximum is reached.</i></p>	<p>None</p> <p>None</p>
<p><b>Coinsurance</b></p>	<p>No</p>
<p><b>Lifetime Maximum</b></p>	<p>Unlimited</p>
<p><b>Pre-existing Condition Limitation</b></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. Treatment of an illness or injury which is due to war or care for military service disabilities treatable through governmental services.
5. Any services and supplies for or in connection with experimental, investigational or unproven services.
6. 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.
7. Medical and surgical services, initial and repeat, intended for the treatment or control of obesity, including clinically severe (morbid) obesity, including: 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; and weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision.
8. 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.
9. Court ordered treatment or hospitalizations.
10. Infertility services, infertility drugs, surgical or medical treatment programs for infertility, including in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs are also excluded from coverage.
11. Any services, supplies, medications or drugs for the treatment of male or female sexual dysfunction.
12. Medical and hospital care and costs for the child of a Dependent, unless this infant child is otherwise eligible under the Agreement.
13. Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance.
14. Consumable medical supplies other than ostomy supplies and urinary catheters.
15. Private hospital rooms and/or private duty nursing except as covered under the Home Health Care provision.
16. 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.
17. Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or postcataract surgery).
18. Routine refraction, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
19. Non-prescription drugs, and investigational and experimental drugs, except as provided in the member agreement.
20. Routine foot care, however, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
21. Genetic screening or pre-implantation genetic screening.
22. Fees associated with the collection or donation of blood or blood products.
23. Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
24. All nutritional supplements and formulae are excluded, except infant formula needed for the treatment of inborn errors of metabolism.
25. Services for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profit.
26. The following services are excluded from coverage regardless of clinical indications: Massage Therapy; Cosmetic Surgery and Therapies; Macromastia or Gynecomastia Surgeries; Surgical Treatment of Varicose Veins; Abdominoplasty; Panniculectomy; Rhinoplasty; Blepharoplasty; Orthognathic Surgeries; Redundant Skin Surgery; Removal of Skin Tags; 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.*