

SUMMARY OF BENEFITS

Your CIGNA HealthCare Indemnity plan



CIGNA HealthCare

Features that Add Value

- 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 not covered by 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.

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.
- **We Speak Many LanguagesSM**. We offer the Language Line Services so that you can **talk with us** in 140 different languages. Just call Customer Service, and ask for an interpreter to assist you.

It's Your Health

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

- **Preventive care services** for certain services described in the Benefit Highlights.
- CIGNA Well Aware for Better HealthSM can **help you manage** certain chronic conditions.
- The CIGNA HealthCare Healthy Babies[®] program provides you with education and support to help you have a **healthy pregnancy** and a **healthy baby**.

Freedom of Choice

- You can choose any licensed doctor, specialist or hospital. However, you are required to pay a deductible each year and then a percentage of each bill after the deductible is paid.
- Once the out-of-pocket as shown in the benefit summary is reached, the plan pays 100% of eligible charges for the remainder of the year.

NJ Small Group - Plan B

BENEFIT HIGHLIGHTS

<p>Physician Services <i>Primary Care Physician (PCP) Office Visit</i></p> <p><i>Specialty Physician Office Visit</i> <i>Consultant and Referral Physician Services</i></p> <p><i>Allergy Treatment/Injections - PCP or Specialty Physician</i></p> <p><i>Allergy Serum (dispensed by physician in office)</i></p> <p><i>Second Opinion Consultations (provided on voluntary basis)</i></p> <p><i>Surgery Performed in the Physician's Office PCP or Specialty Physician</i></p>	<p>40% of charges*</p> <p>40% of charges*</p> <p>40% of charges*</p> <p>40% of charges*</p> <p>40% of charges*</p> <p>40% of charges*</p>
<p>Preventive Care <i>Routine Preventive Care for Children - birth to the end of the calendar year in which the child attains age 1 (including routine immunizations)</i> \$750 maximum per calendar year</p> <p><i>Immunizations</i></p> <p><i>Routine Preventive Care for all other Children and Adults - (including routine immunizations)</i> \$500 maximum per calendar year</p> <p><i>Immunizations</i></p> <p>^^Charges for lab & radiology services billed by physician's office are subject to preventive care dollar maximum. Charges for lab & radiology services billed by independent diagnostic facility or outpatient hospital do NOT apply to preventive care dollar maximum</p>	<p>No charge, no plan deductible</p> <p>No charge, no plan deductible</p> <p>No charge, no plan deductible</p> <p>No charge, no plan deductible</p>
<p>Mammograms, PSA, Pap Test <i>(Mammogram charges do apply to preventive care dollar maximum regardless of place of service. PSA and Pap Test charges if billed by physician's office do apply to the preventive care dollar maximum; or if billed by independent diagnostic facility or outpatient hospital facility do NOT apply to the preventive care maximum.)</i></p>	<p>No charge, no plan deductible</p>
<p>Inpatient Hospital Services includes: <i>Semi-Private Room and Board</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>\$200 copay per day, up to \$1,000 per admission to a maximum copay of \$2,000 per calendar year, plus 40% of charges* Precertification required</p>
<p>Inpatient Hospital Doctor's Visits/Consultations <i>Inpatient Hospital Professional Services</i></p>	<p>40% of charges*</p> <p>40% of charges*</p>
<p>Outpatient Facility Services <i>Operating Room, Recovery Room, Procedure Room and Treatment Room including:</i> <i>Diagnostic/Therapeutic Lab and X-rays</i> <i>Anesthesia and Inhalation Therapy</i> <i>Physician & Outpatient Professional Services</i></p>	<p>40% of charges*</p> <p>40% of charges*</p>

BENEFIT HIGHLIGHTS

<p>Laboratory and Radiology Services (includes preadmission testing) <i>Advanced Radiological Imaging (MRIs, CAT Scans, PET Scans, etc.)</i></p> <p>Other Laboratory and Radiology Services <i>Physician's Office</i> <i>Outpatient Hospital Facility</i> <i>Emergency Room/Urgent Care Facility (billed by facility as part of the Emergency Room/Urgent Care visit)</i> <i>Independent X-Ray and/or Lab Facility</i> <i>Independent X-Ray and/or Lab Facility (in conjunction with an Emergency Room visit)</i></p>	<p>40% of charges*</p> <p>40% of charges*</p> <p>40% of charges*</p> <p>40% of charges*</p> <p>40% of charges*</p> <p>40% of charges*</p>
<p>Short-Term Rehabilitative Therapy and Chiropractic Services (includes speech, cognitive, physical, occupational, and chiropractic therapy)</p> <p><i>Physical & Occupational Therapies – 30 visits combined per year</i> <i>Speech & Cognitive Therapies – 30 visits combined per year</i></p> <p><i>Chiropractic – 30 visits per year</i></p> <p><i>(Covered if medically necessary: respiration, chelation, chemo, dialysis and radiation therapy, unlimited maximum per calendar year).</i></p> <p>Note: <i>therapy sessions provided as part of Home Health Care do not accumulate to the Short-Term Rehab Therapy maximum</i></p>	<p>40% of charges*</p>
<p>Emergency and Urgent Care Services <i>Physician's Office-PCP or Specialty Physician</i></p> <p><i>Hospital Emergency Room</i></p> <p><i>Outpatient Professional Services (Radiology, Pathology and Emergency Room Physician)</i></p> <p><i>Urgent Care or Outpatient Facility</i></p> <p><i>Ambulance</i></p>	<p>40% of charges*</p> <p>\$50 copayment per visit, plus 40% of charges*</p> <p>40% of charges*</p> <p>40% of charges*</p> <p>40% of charges*</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 (total maternity fee)</i></p> <p><i>Office Visits not included in the total maternity fee performed by OB or Specialty Physician</i></p> <p><i>Delivery - Facility (Inpatient Hospital/Birthing Center Charges)</i></p>	<p>40% of charges*</p> <p>40% of charges*</p> <p>40% of charges*</p> <p>\$200 copay per day, up to \$1,000 per admission to a maximum copay of \$2,000 per calendar year, plus 40% of charges* Precertification required</p>
<p>Inpatient Services at Other Health Care Facilities <i>Skilled Nursing, Rehabilitation Hospital and Sub-Acute Facilities</i> 120 maximum per calendar year combined for all facilities listed</p>	<p>40% of charges*, Precertification required</p>
<p>Home Health Services Unlimited maximum per calendar year</p>	<p>40% of charges*</p>
<p>Family Planning Services <i>Office Visits (tests, counseling)</i> <i>(Subject to Preventive Care dollar maximum)</i> <i>Vasectomy/Tubal Ligation (excludes reversals)</i> <i>Inpatient Facility including Physician's Services</i></p> <p><i>Outpatient Facility including Physician's Services</i> <i>Physician's Office</i></p>	<p>40% of charges*</p> <p>\$200 copay per day, up to \$1,000 per admission to a maximum copay of \$2,000 per calendar year, plus 40% of charges* Precertification required</p> <p>40% of charges*</p> <p>40% of charges*</p>

BENEFIT HIGHLIGHTS	
<i>Infertility Services – Artificial Insemination Only</i>	40% of charges*
<i>TMJ – Surgical and Non-Surgical</i>	40% of charges*
<i>Biologically-based Mental Health Services</i> <i>Inpatient</i>	\$200 copay per day, up to \$1,000 per admission to a maximum copay of \$2,000 per calendar year, plus 40% of charges* Precertification required
<i>Outpatient</i>	40% of charges*
<i>Non-Biologically Based Mental Health and Substance Abuse</i> <i>Inpatient - 30 days maximum per calendar year</i>	\$200 copay per day, up to \$1,000 per admission to a maximum copay of \$2,000 per calendar year, plus 40% of charges* Precertification required
<u>Mental Health</u> Acute: Based on a ratio of 1:1 Partial: Based on a ratio of 2:1 Residential: Based on a ratio of 2:1	
<u>Substance Abuse</u> Acute Detox: Based on a ratio of 1:1 (requires 24 hour nursing) Acute Inpatient Rehab: Based on a ratio of 1:1 (requires 24 hour nursing) Partial: Based on a ratio of 2:1 Residential: Based on a ratio of 2:1	
<i>Outpatient – 20 visits maximum per calendar year</i>	40% of charges*
<i>Note: The maximum limitations do not apply to inpatient or outpatient treatment services for Alcoholism</i> <i>Biologically-Based Mental Health is covered the same as medical</i>	
<i>Durable Medical Equipment</i> <i>Diabetic equipment (insulin needles, syringes and glucose test strips)</i> Unlimited maximum per calendar year	40% of charges* 40% of charges*
<i>External Prosthetic Equipment</i> Unlimited maximum per calendar year	40% of charges*
<i>Prescription Drugs</i> <i>CIGNA Pharmacy Retail Drug Program</i> <i>Includes oral contraceptives and contraceptive devices</i>	40% of charges* per 30-day supply
OTHER BENEFIT INFORMATION	
<i>Calendar Year Deductible</i> <i>Individual</i> <i>Family</i>	\$2,500 \$5,000
<i>Calendar Year Out-of-Pocket Maximum</i> <i>Individual</i> <i>Family</i>	Includes Plan Deductible \$7,500 \$15,000
<i>Coinsurance</i>	CIGNA HealthCare pays 60% of eligible charges. You pay 40% of charges after the plan deductible. Preventive Care pays at 100% of charges to a set maximum.
<i>Precertification -Inpatient – PHS+ (required for all inpatient admissions)</i>	Participant must obtain approval for inpatient admission; subject to penalty/reduction or denial for non-compliance
<i>Precertification – Outpatient – PHS+ (required for selected outpatient procedures and diagnostic testing or outpatient services)</i>	Participant must obtain approval for selected outpatient procedures and diagnostic testing; subject to penalty/reduction or denial for non-compliance.
<i>Lifetime Maximum</i>	Unlimited
<i>Pre-existing Condition Limitation</i>	Yes

*Services are subject to calendar year deductible and reasonable and customary charge limitations.

- Once the out-of-pocket maximum is reached, the plan pays 100% of eligible charges for the remainder of the plan year.
- All inpatient hospital admissions and certain outpatient surgical and diagnostic procedures require Preadmission Certification and Continued Stay Review. Failure to obtain Preadmission Certification and/or Continued Stay Review may result in non-compliance penalties and/or reduction of benefits. Call the toll-free number on your CIGNA HealthCare ID card.
- ◆ Pre-existing Condition = Yes (applicable to groups with 2-5 eligible employees)

Case Management

Coordinated by CIGNA HealthCare. This is a service designed to provide assistance to a patient who is at risk of developing medical complexities or for whom a health incident has precipitated a need for rehabilitation or additional health care support. The program strives to attain a balance between quality and cost effective care while maximizing the patient's quality of life.

Benefit Exclusions.

These are examples of the exclusions in your plan. The complete list of exclusions is provided in your Certificate or Summary Plan Description. To the extent there may be differences, the terms of the Certificate or Summary Plan Description control.

- 1) Care or treatment by means of acupuncture except when used as a substitute for other forms of anesthesia.
- 2) The amount of any charge which is greater than an Allowed Charge.
- 3) Services for ambulance for transportation from a Hospital or other health care Facility, unless the Covered Person is being transferred to another Inpatient health care Facility.
- 4) Blood or blood plasma which is replaced by or for a Covered Person.
- 5) Care and or treatment by a Christian Science Practitioner.
- 6) Completion of claim forms.
- 7) Services or supplies related to Cosmetic Surgery except as otherwise stated in the Policy; complications of Cosmetic Surgery; drugs prescribed for cosmetic purposes.
- 8) Services related to custodial or domiciliary care.
- 9) Dental care or treatment, including appliances and dental implants, except as otherwise stated in the Policy.
- 10) Care or treatment by means of dose intensive chemotherapy, except as otherwise stated in the Policy.
- 11) Services or supplies, the primary purpose of which is educational providing the Covered Person with any of the following: training in the activities of daily living; instruction in scholastic skills such as reading and writing; preparation for an occupation; or treatment for learning disabilities.
- 12) Experimental or Investigational treatments, procedures, hospitalizations, drugs, biological products or medical devices, except as otherwise stated in the Policy.
- 13) Extraction of teeth, except for bony impacted teeth.
- 14) Services or supplies for or in connection with:
 - a) except as otherwise stated in the Policy, exams to determine the need for (or changes of) eyeglasses or lenses of any type;
 - b) eyeglasses or lenses of any type except initial replacements for loss of the natural lens; or
 - c) eye surgery such as radial keratotomy or lasik surgery, when the primary purpose is to correct myopia (nearsightedness), hyperopia (farsightedness) or astigmatism (blurring).
- 15) Services or supplies provided by one of the following members of the Employee's family: spouse, child, parent, in-law, brother, sister or grandparent.
- 16) Services or supplies furnished in connection with any procedures to enhance fertility which involve harvesting, storage and/or manipulation of eggs and sperm. This includes, but is not limited to the following: a) procedures: invitro fertilization; embryo transfer; embryo freezing; and Gamete Intra-fallopian Transfer (GIFT) and Zygote Intra-fallopian Transfer (ZIFT); donor sperm, surrogate motherhood and b) Prescription Drugs not eligible under the Prescription Drugs section of the Policy.
- 17) Except as stated in the Hearing Aids and Newborn Hearing Screening provision, services or supplies related to hearing aids and hearing exams to determine the need for hearing aids or the need to adjust them.
- 18) Services or supplies related to herbal medicine.
- 19) "DC" Services or supplies provided under the associated HMO Plan.
- 20) Services or supplies related to hypnotism.
- 21) Services or supplies necessary because the Covered Person engaged, or tried to engage, in an illegal occupation or committed or tried to commit an indictable offense in the jurisdiction in which it is committed, or a felony. Exception: As required by 29 CFR 2590.702(b)(2)(iii) this exclusion does not apply to injuries that result from an act of domestic violence or to injuries that result from a medical condition.
- 22) Except as stated below, Illness or Injury, including a condition which is the result of disease or bodily infirmity, which occurred on the job and which is covered or could have been covered for benefits provided under workers' compensation, employer's liability, occupational disease or similar law. Exception: This exclusion does not apply to the following persons for whom coverage under workers' compensation is optional unless such persons are actually covered for workers' compensation: a self-employed person or a partner of a limited liability partnership, members of a limited liability company or partners of a partnership who actively perform services on behalf of the self-employed business, the limited liability partnership, limited liability company or the partnership.
- 23) Local anesthesia charges billed separately if such charges are included in the fee for the Surgery.
- 24) Membership costs for health clubs, weight loss clinics and similar programs.
- 25) Services and supplies related to marriage, career or financial counseling, sex therapy or family therapy, nutritional counseling and related services, except as otherwise stated in the Policy.
- 26) Nicotine Dependence Treatment, except as otherwise stated in the Preventive Care section of the Policy.
- 27) Any charge identified as a Non-Covered Charge or which are specifically limited or excluded elsewhere in the Policy, or which are not Medically Necessary and Appropriate, except as otherwise stated in the Policy.
- 28) Non-prescription drugs or supplies, except
 - a) insulin needles and syringes and glucose test strips and lancets;
 - b) colostomy bags, belts and irrigators; and
 - c) as stated in the Policy for food and food products for inherited metabolic diseases.
- 29) Services provided by a pastoral counselor in the course of his or her normal duties as a religious person.
- 30) Personal convenience or comfort items including, but not limited to, such items as TV's, telephones, first aid kits, exercise equipment, air conditioners, humidifiers, saunas, hot tubs.
- 31) Services or supplies that are not furnished by an eligible Provider.
- 32) Services related to Private Duty Nursing care, except as provided under the Private Duty Nursing section of the Policy.

- 34) Room and board charges for a Covered Person in any Facility for any period of time during which he or she was not physically present overnight in the Facility.
- 35) Except as stated in the Preventive Care section, Routine examinations or preventive care, including related x-rays and laboratory tests, except where a specific Illness or Injury is revealed or where a definite symptomatic condition is present; premarital or similar examinations or tests not required to diagnose or treat Illness or Injury.
- 36) Services or supplies related to Routine Foot Care except:
- an open cutting operation to treat weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions;
 - the removal of nail roots; and
 - treatment or removal of corns, calluses or toenails in conjunction with the treatment of metabolic or peripheral vascular disease.
- 37) Self-administered services such as: biofeedback, patient-controlled analgesia on an Outpatient basis, related diagnostic testing, self-care and self-help training.
- 38) Services provided by a social worker, except as otherwise stated in the Policy.
- 39) Services or supplies:
- eligible for payment under either federal or state programs (except Medicaid and Medicare). This provision applies whether or not the Covered Person asserts his or her rights to obtain this coverage or payment for these services;
 - for which a charge is not usually made, such as a Practitioner treating a professional or business associate, or services at a public health fair;
 - for which a Covered Person would not have been charged if he or she did not have health care coverage;
 - provided by or in a government Hospital except as stated below, or unless the services are for treatment:
 - of a non-service Emergency; or
 - by a Veterans' Administration Hospital of a non-service related Illness or Injury;
- Exception: This exclusion does not apply to military retirees, their Dependents and the Dependents of active duty military personnel who are covered under both the Policy and under military health coverage and who receive care in facilities of the Uniformed Services.
- provided outside the United States unless the Covered Person is outside the United States for one of the following reasons:
 - travel, provided the travel is for a reason other than securing health care diagnosis and/or treatment, and travel is for a period of 6 months or less;
 - business assignment, provided the Covered Person is temporarily outside the United States for a period of 6 months or less; or
- Subject to [Carrier] Pre-Approval, eligibility for full-time student status, provided the Covered Person is either enrolled and attending an Accredited School in a foreign country; or is participating in an academic program in a foreign country, for which the institution of higher learning at which the student matriculates in the United States, grants academic credit. Charges in connection with full-time students in a foreign country for which eligibility as a full-time student has not been Pre-Approved by [Carrier] are Non-Covered Charges.
- 40) Stand-by services required by a Provider.
- 41) Sterilization reversal - services and supplies rendered for reversal of sterilization.
- 42) Surgery, sex hormones, and related medical, psychological and psychiatric services to change a Covered Person's sex; services and supplies arising from complications of sex transformation.
- 43) Telephone consultations.
- 44) Transplants, except as otherwise listed in the Policy.
- 45) Transportation, travel.
- 46) Vision therapy.
- 47) Vitamins and dietary supplements.
- 48) Services or supplies received as a result of a war, declared or undeclared: police actions; services in the armed forces or units auxiliary thereto.
- 49) Weight reduction or control, unless there is a diagnosis of morbid obesity; special foods, food supplements, liquid diets, diet plans or any related products and except as provided in the Nutritional Counseling and Food and Food Products for Inherited Metabolic Diseases provisions. .
- 50) Wigs, toupees, hair transplants, hair weaving or any drug if such drug is used in connection with baldness.

These Are Only the Highlights

As you can see, the plan is designed to combine in-depth coverage with cost-effective prices. 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.

"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.

Catalog Number: 808474

(03)

©2005 CIGNA Health Corporation