

# SUMMARY OF BENEFITS

*Your CIGNA HealthCare Open Access Plus plan*



**CIGNA HealthCare**

## Features that Add Value

- The convenience of **referral-free access** to physicians, and ....
- The option to select a **personal Primary Care Physician (PCP)** as your source for routine care and guidance when you need specialized care. 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 **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 traditional benefits plans. Just 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.

## 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 Languages<sup>SM</sup>**. 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 your children through age 2 and any additional preventive care benefits described in the Benefits Highlights.
- CIGNA Well Aware for Better Health<sup>SM</sup> can **help you manage** certain chronic conditions.
- The CIGNA HealthCare Healthy Babies<sup>®</sup> program provides you with information to help you have a **healthy pregnancy and a healthy baby**.

## You Can Depend on CIGNA HealthCare

- **Quality comes first**. We select “participating providers” carefully. And we make sure you have a **wide range** of doctors to choose from.
- **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 your cost is lower.

## It's Your Choice

- When you visit network providers, you get access to quality care at the lowest out-of-pocket costs available under your plan. Your plan also offers the **freedom to choose** the providers you prefer — even if they aren't part of the network. Your benefits are the highest when you see “participating providers,” but you're still covered for visits to other providers.

**For Employees of  
Small Group OAP Plan D2**

<b>BENEFIT HIGHLIGHTS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Physician Services</b> <i>Primary Care Physician (PCP) Office Visit</i>	\$25 copayment per office visit.	40% of charges**
<b>Specialty Physician Office Visit</b> <i>Consultant and Referral Physician Services</i>	\$25 copayment per office visit.	40% of charges**
<i>Surgery Performed in the Physician's Office- PCP or Specialty Physician</i>	\$25 copayment per office visit	40% of charges**
<b>Preventive Care</b> <i>Routine Preventive Care for Children and Adults (including routine immunizations)</i>  <i>Immunizations</i>	\$25 copayment per office visit  No charge	No charge, subject to the preventive care maximum shown below:  No charge  (Dependent child from birth to age 2 has a \$750 calendar year maximum. Age 2 & above has a \$500 calendar year maximum)
<b>Mammograms, PSA, Pap Test</b>	No charge	No charge, subject to the above \$750 preventive care maximum.  Mammogram and colorectal screening exams are covered at deductible and coinsurance once the preventive care maximum is reached.
<b>Inpatient Hospital Services including:</b> <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>	20% of charges* Precertification required	40% of charges* Precertification required
<b>Inpatient Hospital Doctor's Visits/Consultations</b> <i>Inpatient Hospital Professional Services</i>	20% of charges* 20% of charges*	40% of charges** 40% of charges**
<b>Outpatient Facility Services includes:</b> <i>Operating Room, Recovery Room, Procedure Room and Treatment Room and Observation Room including:</i> <i>Diagnostic/Therapeutic Lab and X-rays</i> <i>Anesthesia and Inhalation Therapy</i> <i>Physician &amp; Outpatient Professional Services</i>	20% of charges*	40% of charges**
<b>Laboratory and Radiology Services (includes preadmission testing)</b> <i>Advanced Radiological Imaging (MRIs, CAT Scans, PET Scans, etc.)</i>	No charge	40% of charges**
<b>Other Laboratory and Radiology Services</b> <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>	20% of charges* No charge  20% of charges* 20% of charges*	40% of charges** No charge (except if not a true emergency, then 40% of charges**) 40% of charges** No charge
<b>Short-Term Rehabilitative Therapy and Chiropractic Services</b>  <i>Therapeutic manipulation - 30 visits maximum per calendar year#</i>  <i>Speech &amp; Cognitive - 30 visits maximum per calendar year#</i>  <i>Physical &amp; Occupational - 30 visits maximum per calendar year#</i>	\$25 copayment per office visit	40% of charges**

<b>BENEFIT HIGHLIGHTS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Emergency and Urgent Care Services</b> <i>Hospital Emergency Room</i>	\$100 copayment per visit ( <i>copay waived if admitted</i> ) and 20% of charges*	<i>Care will be provided at in-network levels if it meets the "prudent layperson" definition of an emergency. Otherwise 40% of charges**</i>
<i>Urgent Care Facility or Outpatient Facility</i>	\$50 copayment per visit ( <i>copay waived if admitted</i> )	
<i>Ambulance</i>	20% of charges*	
<b>Maternity Care Services</b> <i>Initial Office Visit to Confirm Pregnancy</i>	\$25 copayment for initial office visit	40% of charges**
<i>All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery and Facility Charges (total maternity fee)</i>	20% of charges* precertification required	40% of charges*, precertification required
<b>Inpatient Services at Other Health Care Facilities Skilled Nursing, Rehabilitation Hospital and Sub-Acute Facilities-</b> 120 days maximum per calendar year# combined for all facilities listed	20% of charges*	40% of charges**
<b>Home Health Services (Includes outpatient private duty nursing when approved as medically necessary - Unlimited days maximum per calendar year</b>	20% of charges*	40% of charges**
<b>Family Planning Services</b> <i>Office Visits (lab &amp; radiology tests, counseling)</i>	\$25 copayment per office visit	40% of charges**
<i>Vasectomy/Tubal Ligation (excludes reversals) Inpatient and Outpatient Facility</i>	20% of charges* precertification required	40% of charges*, precertification required
<b>Infertility Services</b> <i>Office Visit (lab &amp; radiology tests, counseling) PCP or Specialty Physician</i>	\$25 copayment per office visit	40% of charges**
<b>Treatment/Surgery (includes artificial insemination) (excludes in-vitro fertilization, GIFT, ZIFT, etc.)</b>	20% of charges* precertification required	40% of charges*, precertification required
<b>TMJ – Surgical and Non-Surgical-case-by-case basis. Always excludes appliances and orthodontic treatment. Subject to medical necessity.</b> <i>Physician's Office</i>	\$25 copayment per office visit	40% of charges**
<i>Inpatient and Outpatient Facility</i>	20% of charges* precertification required	40% of charges*, precertification required
<b>Biologically-based Mental Health Services</b> <i>Inpatient</i>	No charge, precertification required	40% of charges*, precertification required
<i>Outpatient</i>	\$25 copayment per office visit	40% of charges**
<b>Mental Health and Substance Abuse</b> <i>Inpatient - 30 days maximum per calendar year#</i>	20% of charges*precertification required	40% of charges*, precertification required
<i>Outpatient – 20 visits maximum per calendar year#</i>	\$25 copayment per office visit	40% of charges**
<b>Note: The maximum limitations do not apply to inpatient or outpatient treatment services for Alcoholism</b>		
<b>Durable Medical Equipment</b> Unlimited maximum per calendar year	20% of charges*	40% of charges**
<b>External Prosthetic Appliances</b> Unlimited maximum per calendar year	No Charge	40% of charges**
<b>Prescription Drugs</b> <b>CIGNA Pharmacy Retail Drug Program</b> <i>Includes oral contraceptives and contraceptive devices (30 day supply)</i>	40% of charges per 30-day supply for generic drugs, brand name and non preferred brand name	40% of charges**
<b>CIGNA Tel-Drug Mail Order Drug Program (90 day supply)</b>	40% of charges per 90-day supply for generic drugs, brand name and non preferred brand name	40% of charges**

<b>OTHER BENEFIT INFORMATION</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Calendar Year Plan Deductible</b> Individual Family	\$1,000 \$2,000	\$3,000 \$6,000
<b>Calendar Year Out-of-Pocket Maximum</b> Individual Family	\$3,500 \$7,000	Including Plan Deductible \$8,000 \$16,000
<b>Coinsurance</b>	CIGNA HealthCare pays 80% of eligible charges. You pay 20% of charges.	CIGNA HealthCare pays 60% of eligible charges. You pay 40% of charges after the plan deductible.
<b>Precertification -Inpatient</b> – (required for all inpatient admissions)	Coordinated by your physician	Participant must obtain approval for inpatient admission; subject to penalty/reduction or denial for non-compliance
<b>Precertification – Outpatient</b> – (required for selected outpatient procedures and diagnostic testing or outpatient services)	Coordinated by your physician	Participant must obtain approval for selected outpatient procedures and diagnostic testing; subject to penalty/reduction or denial for non-compliance.
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Pre-existing Condition Limitation</b>	Yes	Yes

\*Services are subject to calendar year deductible

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

# In-network and out-of-network services apply to the same treatment or dollar maximum.

Footnotes:

Regarding In-Network and Out-of-Network Services:

- 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.
- Coverage for pre-existing conditions will not be covered under this plan unless continuously insured for one year.

Regarding In-Network Services: All services must be provided by one of the participating providers on our list in order to be covered.

Regarding Out-of-Network Services: Your out-of-pocket costs will be higher than with a participating provider.

## 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.

- a) Any services, supplies, medications or drugs for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasmia, and premature ejaculation.
- b) Care or treatment by means of *acupuncture* except when used as a substitute for other forms of anesthesia.
- c) 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.
- d) *Blood or blood plasma* which is replaced by or for a Covered Person.
- e) Care and or treatment by a *Christian Science* Practitioner.
- f) *Completion of claim forms*.
- g) Services or supplies related to *Cosmetic Surgery* except as otherwise stated in the Policy; complications of Cosmetic Surgery; drugs prescribed for cosmetic purposes.
- h) Services related to *custodial* or *domiciliary* care.
- i) *Dental care* or treatment, including appliances and dental implants, except as otherwise stated in the Policy.
- j) Care or treatment by means of *dose intensive chemotherapy*, except as otherwise stated in the Policy.
- k) 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.
- l) *Experimental or Investigational* treatments, procedures, hospitalizations, drugs, biological products or medical devices, except as otherwise stated in the Policy.
- m) *Extraction of teeth*, except for bony impacted teeth.
- n) Services or supplies for or in connection with: except as otherwise stated in the Policy, exams to determine the need for (or changes of) *eyeglasses* or lenses of any type; eyeglasses or lenses of any type except initial replacements for loss of the natural lens; or eye surgery such as radial keratotomy or lasik surgery, when the primary purpose is to correct myopia (nearsightedness), hyperopia (farsightedness) or astigmatism (blurring).
- o) Services or supplies provided by one of the following members of the Employee's *family*: spouse, child, parent, in-law, brother, sister or grandparent.
- p) 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.
- q) Except as stated in the 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.
- r) Services or supplies related to *herbal medicine*.
- s) Services or supplies related to *hypnotism*.
- t) Services or supplies necessary because the Covered Person engaged, or tried to engage, in an *illegal occupation* or committed or tried to commit
- u) *Local anesthesia* charges billed separately if such charges are included in the fee for the Surgery.
- v) *Nicotine Dependence Treatment*, except as otherwise stated in the Preventive Care section of the Policy.
- w) Services provided by a *pastoral counselor* in the course of his or her normal duties as a religious person.
- x) *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.
- y) Services related to *Private Duty Nursing care*, except as provided under the Private Duty Nursing section of the Policy.
- z) The amount of any charge which is greater than a *Reasonable and Customary Charge*.
- aa) Services or supplies related to *rest or convalescent cures*.
- bb) 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.
- cc) *Sterilization reversal* - services and supplies rendered for reversal of sterilization.
- dd) *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.
- ee) *Telephone* consultations.
- ff) *Transplants*, except as otherwise listed in the Policy.
- gg) *Transportation*, travel.
- hh) *Vision* therapy.
- ii) *Vitamins and dietary supplements*.
- jj) Services or supplies received as a result of a *war*, declared or undeclared: police actions; services in the armed forces or units auxiliary thereto.

- kk) **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. .
- ll) **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.*

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