

SUMMARY OF BENEFITS

INDIVIDUAL & FAMILY PLANS ARIZONA OPEN ACCESS 2000



BENEFIT	IN NETWORK	OUT OF NETWORK
Annual Individual Deductible	\$2,000	\$4,000
Annual Family Deductible	\$6,000	\$12,000
<i>All benefits listed below are subject to the deductible unless otherwise noted</i>		
Coinsurance	CIGNA pays 80% of eligible charges	CIGNA pays 60% of eligible charges
Individual Out of Pocket Maximum	\$2,500	\$5,000
Family Out of Pocket Maximum	\$5,000	\$10,000
<i>Copays, deductibles and pharmacy charges do not apply to the out of pocket maximum</i>		
Life Time Maximum	\$5,000,000 per member	
PHYSICIAN SERVICES		
Office Visit Primary Care Physician Specialist	\$25 copay \$50 copay	CIGNA pays 60%
Inpatient Physician Services and all In-Hospital Care	CIGNA pays 80%	CIGNA pays 60%
Surgery (in any setting)	CIGNA pays 80%	CIGNA pays 60%
PREVENTIVE CARE		
Children (through age 6) Office Visit Immunizations	\$25/\$50 copay CIGNA pays 100% deductible waived	CIGNA pays 60%
Adult Preventive Care (age 7 and up) Mammogram Pap Smear PSA Colonoscopy	CIGNA pays 100% deductible waived	CIGNA pays 60%
Routine Physicals and other routine services (annual maximum of \$300 per member, per year)	\$25/\$50 copay	CIGNA pays 60%;
INPATIENT HOSPITAL FACILITY SERVICES		
Semi Private Room and Board all In-Hospital Care Services (inpatient room and board, pharmacy, x-ray and laboratory, operating room, etc.)	CIGNA pays 80%	CIGNA pays 60%
OUTPATIENT SERVICES		
Lab, X-ray, Ultrasound	CIGNA pays 80%	CIGNA pays 60%
CT scan and MRI	CIGNA pays 80%	CIGNA pays 60%
Cardio Pulmonary Rehab Unlimited visits	CIGNA pays 80%	CIGNA pays 60%
Physical Therapy, Occupational Therapy and Speech Therapy 24 total visits per year, in- and out-of-network for Physical Therapy, Occupational Therapy and Speech Therapy combined	CIGNA pays a maximum payment of \$30 per visit, per member	
Spinal Manipulation Therapy	\$50 copay	CIGNA pays 60%
Outpatient Surgery Facility charge	CIGNA pays 80%	CIGNA pays 60%

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EMERGENCY & URGENT CARE SERVICES		
Hospital Emergency Room <i>(including radiology, pathology and ER physician and ancillary charges)</i> \$150 additional deductible waived if admitted	CIGNA pays 80%	CIGNA pays 60%
BENEFIT	IN NETWORK	OUT OF NETWORK
Urgent Care Services	\$50 copay	CIGNA pays 60%
Ambulance <i>Emergency transport only. Maximum payment of \$5,000 per year</i>	CIGNA pays 80%	CIGNA pays 60%
OTHER HEALTH CARE FACILITIES		
Skilled Nursing Facility, Rehabilitation Hospital and Sub Acute Facilities <i>60 day maximum per year and maximum payment of \$400 per day for skilled nursing facility</i>	CIGNA pays 80%	CIGNA pays 60%
Home Health <i>Unlimited visits</i>	CIGNA pays 80%	CIGNA pays 60%
Hospice <i>Lifetime Maximum payment of \$10,000</i>	CIGNA pays 80%	CIGNA pays 60%
DURABLE MEDICAL EQUIPMENT (DME)		
<i>Calendar year maximum of \$5,000</i>	CIGNA pays 80%	CIGNA pays 60%
MENTAL HEALTH		
In Patient <i>Combined maximum payment of \$2,500 per person, per year</i>	CIGNA pays 80%	CIGNA pays 60%
Out Patient <i>20 maximum visits per person, per year for both In- and Out-of-Network</i>	CIGNA pays 80%	CIGNA pays 60%
PRESCRIPTION DRUGS		
Brand Name Prescription Drug Deductible <i>Does not apply to Generic</i>	\$100 per member	
Generic	You pay \$10 per 30-day supply	CIGNA pays 50%
Brand Name	Brand Name Drug Deductible applies. You pay \$35 per 30-day supply	CIGNA pays 50%
Non Preferred Brand Name	Brand Name Drug Deductible applies You pay \$60 per 30-day supply	CIGNA pays 50%
Self Injectables	Brand Name Drug Deductible applies CIGNA pays 80%	CIGNA pays 50%
MAIL ORDER DRUGS		
Generic	You pay \$25 per 90-day supply	Not Covered
Brand Name	Brand Name Drug Deductible applies You pay \$85 per 90-day supply	Not Covered
Non-Preferred Brand Name	Brand Name Drug Deductible applies You pay \$150 per 90-day supply	Not Covered
Self Injectables	Brand Name Drug Deductible applies CIGNA pays 80%	Not Covered

Exclusions:

- Conditions which are **pre-existing**.
- Services or supplies that CIGNA considers to be for **Experimental Procedures or Investigative Procedures**.
- Services for which the Insured Person has **no legal obligation to pay** or for which no charge would be made if the Insured Person did not have a health policy or insurance coverage.
- Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any **workers' compensation**, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.
- Conditions caused by: (a) an **act of war**; (b) the inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) an Insured Person participating in the **military service** of any country; (d) an Insured Person participating in an **insurrection, rebellion, or riot**.
- Any services provided by a local, state or federal **government agency**, except when payment under this Policy is expressly required by federal or state law.
- If the Insured Person is eligible for **Medicare**, any services covered by Medicare under parts A or B are excluded regardless of actual enrollment in Medicare or payment by Medicare for those services. However, for any Covered Services, if there is a balance remaining after the Medicare Payment, or the amount that Medicare would have paid had the Insured Person enrolled in the program, CIGNA will pay the remaining balance up to the Medicare allowable amount. In no event, however, will the actual amount CIGNA pays exceed the amount that CIGNA would have paid if it were the sole insurance carrier.
- Any services for which payment may be obtained from any local, state or federal government agency (except Medicaid).
- Professional services received or supplies purchased from the Insured Person, a person who lives in the Insured Person's home or who is **related to the Insured Person** by blood, marriage or adoption.
- Custodial Care.
- Inpatient or outpatient services of a **private duty nurse**.
- Inpatient room and board charges in connection with a **Hospital stay primarily for environmental change, physical therapy or treatment of chronic pain**; Custodial Care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- Inpatient room and board charges in connection with a Hospital stay primarily for **diagnostic tests** which could have been performed safely on an outpatient basis.
- Treatment of **Mental, Emotional or Functional Nervous Disorders** except as specifically stated in the Policy. .
- Smoking cessation programs.
- Treatment of substance abuse, except as specifically stated in the Policy
- **Dental services, Orthodontic Services and dental implants**
- **Hearing aids and routine hearing tests.**
- **Optometric services, eye surgery** to correct refractive defects of the eye.
- Any off label cancer drug that has been prescribed for a specific type of cancer for which use of the drug has not been approved by the U.S. Food and Drug Administration (US FDA) except as specifically stated in the Policy.
- **Cosmetic surgery.**
- **Sex change surgery.**
- Treatment of **sexual dysfunction, impotence, fertility and/or Infertility** and **Cryopreservation** of sperm or eggs.
- **Orthopedic shoes** (except when joined to braces) or shoe inserts, including orthotics.
- Services primarily for **weight reduction** or treatment of obesity
- **Routine physical exams** except as specifically stated in the Policy.
- Charges for **telephone or email consultations.**
- Items which are furnished primarily for **personal comfort** or convenience.
- **Educational services** except as specifically stated in the Policy
- **Nutritional counseling** or food supplements. .

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- **Syringes.**
- **All Foreign Country Provider** charges.
- **Growth Hormone Treatment** except when such treatment is medically proven to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be clinically proven to be effective for such use and such treatment must be likely to result in a significant improvement of the Insured Person's condition.
- Routine **foot care.**
- Charges for **animal to human organ transplants.**
- Charges for **Normal Pregnancy or Maternity Care.**
- Claims received by CIGNA after 15 months from the date service was rendered.

These Are Only the Highlights

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.

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