

Health Savings 4900

California



BENEFIT	IN NETWORK	OUT OF NETWORK
This plan is intended to comply with the federal Patient Protection and Affordable Care Act. Provisions are subject to change as additional regulatory guidance becomes available.		
Annual Individual Deductible	\$4,900	\$9,800
Annual Family Deductible	\$9,800	\$19,600
<i>All benefits listed below are subject to the deductible unless otherwise noted</i>		
Coinsurance	CIGNA pays 100% of eligible charges	CIGNA pays 50% of eligible charges
Individual Out of Pocket Maximum	\$4,900	\$12,500
Family Out of Pocket Maximum	\$9,800	\$25,000
<i>Copays, deductibles and pharmacy charges apply to the out of pocket maximum</i>		
Lifetime Maximum	Unlimited	
PHYSICIAN SERVICES		
Office Visit Primary Care Physician Specialist Physician	CIGNA pays 100%	CIGNA pays 50%
Surgery (in any setting)	CIGNA pays 100%	CIGNA pays 50%
PREVENTIVE CARE		
Preventive Care for All Ages Routine physicals and other routine preventive services	CIGNA pays 100% ¹	CIGNA pays 50%
Mammograms	CIGNA pays 100% ¹	CIGNA pays 50%
INPATIENT SERVICES		
Facility Services <i>(Inpatient Room and Board, Pharmacy, Lab & X-ray, Operating Room, etc.)</i>	CIGNA pays 100%	CIGNA pays 50%
Physician Services	CIGNA pays 100%	CIGNA pays 50%
OUTPATIENT SERVICES		
Lab, X-ray and Ultrasound	CIGNA pays 100%	CIGNA pays 50%
CT/PET Scans, and MRI	CIGNA pays 100%	CIGNA pays 50%
Cardiac & Pulmonary Rehabilitation <i>Unlimited</i>	CIGNA pays 100%	CIGNA pays 50%
Short Term Rehabilitative Therapy (Including Physical; Occupational and Speech Therapy) <i>Calendar year maximum of 24 visits, combined in- and out-of-network</i>	CIGNA pays 100%	CIGNA pays 50%
Outpatient Surgery	CIGNA pays 100%	CIGNA pays 50%

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EMERGENCY & URGENT CARE SERVICES		
Hospital Emergency Room	CIGNA pays 100%	CIGNA pays the same level as In-Network if "true" emergency as defined in your plan, otherwise CIGNA pays 50%
Outpatient Professional Services <i>(Including Radiology, Pathology and ER Physician)</i>	CIGNA pays 100%	
Urgent Care Services	CIGNA pays 100%	
Ambulance <i>Emergency transport only.</i>	CIGNA pays 100%	
OTHER HEALTH CARE FACILITIES		
Skilled Nursing Facility, Rehabilitation Hospital & Sub Acute Facilities <i>Calendar year maximum of 30 days, combined in- and out-of- network</i>	CIGNA pays 100%	CIGNA pays 50%
Home Health <i>Calendar year maximum of 60 visits, combined in- and out-of- network</i>	CIGNA pays 100%	CIGNA pays 50%
Hospice	CIGNA pays 100%	CIGNA pays 50%
DURABLE MEDICAL EQUIPMENT (DME)		
Durable Medical Equipment	CIGNA pays 100%	CIGNA pays 50%
MENTAL HEALTH		
Inpatient <i>(Includes Acute, Partial & Residential Treatment)</i> <i>Calendar year maximum of 30 days, combined in- and out-of- network</i>	CIGNA pays 100%	CIGNA pays 50%
Outpatient <i>(Includes Individual, Group & Intensive Outpatient Treatment)</i> <i>Calendar year maximum of 24 visits, combined in- and out-of- network</i>	CIGNA pays 100%	CIGNA pays 50%
PRESCRIPTION DRUGS		
Prescription Drug Deductible <i>Combined Retail & Home Delivery Pharmacy</i>	Subject to collective medical/pharmacy deductible	
RETAIL PHARMACY		
Generic	CIGNA pays 100%	CIGNA pays 50%
Brand Name	CIGNA pays 100%	CIGNA pays 50%
Non-Preferred Brand Name	CIGNA pays 100%	CIGNA pays 50%
Self-Administered Injectable Drugs	CIGNA pays 100%	CIGNA pays 50%
HOME DELIVERY PHARMACY		
Generic	CIGNA pays 100%	Not Available
Brand Name	CIGNA pays 100%	Not Available
Non-Preferred Brand Name	CIGNA pays 100%	Not Available
Self-Administered Injectable Drugs	CIGNA pays 100%	Not Available

¹Deductible waived

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EXCLUSIONS:

Your plan does not provide coverage for the following except as required by law:

- 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, B or D 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**, except as specifically stated in the Policy.
- 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.
- **Assistance in activities of daily living**.
- 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** except as specifically stated in the Policy.
- **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**.
- **Aids or devices** that assist with nonverbal communication.
- **Non-Medical counseling or ancillary services**.
- Services for **redundant skin surgery**, removal of skin tags, acupressure, acupuncture, carinosacral/cranial therapy, dance therapy, movement therapy, applied kinesiology, rolfing, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, regardless of clinical indications.
- **Sex change surgery**.
- Treatment of **sexual dysfunction, impotence, fertility and/or infertility** and **cryopreservation** of sperm or eggs.

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- **Orthopedic shoes** (except when joined to braces) or shoe inserts, including orthotics.
- Services primarily for **weight reduction** or treatment of obesity.
- **Routine physical exams or tests** that do not directly treat an actual illness, injury, or condition, including those required by employment or government authority, including physical exams required for, or by, an employer, for school, or sports physicals except as otherwise stated in this 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.
- **Physical and/or Occupational Therapy**, except as specifically stated in the Policy.
- **Self-administered Injectable Drugs**, except as specifically stated in the Policy.
- **Syringes**, except as specifically stated in the Policy.
- **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.

Rates will vary by plan design. Rates may vary based on age, gender, and geographic location. Enrollment is subject to medical underwriting guidelines established by the health insurer, and your rate may vary based upon the results of the medical underwriting risk assessment process. You may be declined coverage because of a health condition. If you are issued a policy, certain medical conditions may not be covered for a specified length of time if those conditions are related to a medical condition that existed prior to the date of coverage. This policy has exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, contact Connecticut General Life Insurance Company at 900 Cottage Grove Road, Hartford, CT 06152 or call 1-800-CIGNA-24.

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