

CIGNA HealthCare Benefit Summary
State of New Jersey
Active–State Employees

BENEFIT HIGHLIGHTS	IN-NETWORK
Lifetime Maximum	Unlimited
Coinsurance Levels	100%
Out-of-Pocket Maximum	None
Physician's Services	
Primary Care Physician's Office visit	\$15 per office visit copay
Specialty Care Physician's Office Visit	\$15 per office visit copay
Allergy Treatment/Injections	\$15 per office visit copay or the actual charge, whichever is less
Allergy Serum (dispensed by the physician in the office)	No charge
Preventive Care	
Routine Preventive Care: Well-Baby, Well-Child, Adult and Well-Woman (including immunizations)	\$15 per office visit copay; No charge if only x-ray and/or lab services performed and billed
Immunizations	No charge
Mammograms, PSA, PAP Test	No charge
Inpatient Hospital - Facility Services	No charge
Semi-Private Room and Board	Limited to the semi-private negotiated rate
Special Care Units (ICU/CCU)	Limited to the negotiated rate
Outpatient Facility Services	No charge
Inpatient Hospital Physician's Visits/Consultations	No charge
Inpatient Hospital Professional Services	No charge
Outpatient Professional Services	No charge
Emergency and Urgent Care Services	
Physician's Office	\$15 per office visit copay
Hospital Emergency Room	\$50 per visit copay** (Copay waived if admitted)
Urgent Care Facility or Outpatient Facility	\$50 per visit copay** (Copay waived if admitted)
	** If not a true emergency, services are not covered
Ambulance	No charge
Inpatient Services at Other Health Care Facilities	No charge
Includes Skilled Nursing Facility, Rehabilitation Hospital and Sub-Acute Facilities	120 days maximum per contract year combined for all facilities listed
Laboratory and Radiology Services (includes pre-admission testing)	No charge
Outpatient Short-Term Rehabilitative Therapy	\$15 per office visit copay
Includes: Cardiac Rehab, Physical Therapy, Speech Therapy, Occupational Therapy, Pulmonary Rehab and Cognitive Therapy	60 visits maximum per condition per contract year
Self-Referral Chiropractic Rider	\$15 per office visit copay
	20 visits maximum per contract year
Home Health Care	No charge
	Unlimited maximum per contract year
Hospice	
Inpatient & Outpatient Services	No charge
Bereavement Counseling	
Inpatient & Outpatient Services	No charge
Maternity Care Services	
Initial Visit to Confirm Pregnancy	\$15 per office visit copay for initial visit; No charge if only x-ray and/or lab services performed and billed.
Note: OB/GYN visits will be subject to the plan's Specialist copay.	
All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee)	No charge
Office Visits in addition to the global maternity fee when performed by an OB or Specialist	\$15 per office visit copay
Delivery – Facility (Inpatient Hospital, Birthing Center)	No charge

BENEFIT HIGHLIGHTS	IN-NETWORK
Family Planning Services & Infertility Treatments <i>Office Visit (tests, counseling (Plan limitations apply))</i>	\$15 per office visit copay
Durable Medical Equipment and External Prosthetic Appliances	\$100 deductible combined for DME and EPA <i>Unlimited maximum per contract year</i>
Surgical and Non-surgical TMJ	Not covered
Routine Foot Disorders	Not covered except for services associated with foot care for diabetes and peripheral vascular disease when medically necessary.
Vision Care - Low 12 Option <i>Eye Exam every 12 months Eye Glasses/Contact Lenses</i>	\$15 per office visit copay Not covered
Prescription Drugs	Carved out
Non-Biologically Based Mental and Nervous Conditions <i>*Biologically Based Mental illness paid as any other illness</i>	
<i>Inpatient</i>	No charge <i>35 days maximum per contract year</i>
<i>Outpatient</i>	\$10 per visit copay <i>30 visits maximum per contract year</i>
<i>Outpatient Group Therapy (One group therapy session equals one individual therapy session)</i>	\$10 per visit copay
Alcohol and Drug Abuse	
<i>Inpatient</i>	No charge <i>28 days maximum per occurrence</i>
<i>Outpatient</i>	No charge, <i>60 visits maximum per contract year</i>
Pre-Existing Condition Limitation (PCL)	Not Applicable
Pre-Admission Certification - Continued Stay Review	
<i>Inpatient Pre-Admission Certification - Continued Stay Review (required for all inpatient admissions)</i>	Coordinated by Provider/PCP
<i>Outpatient Prior Authorization (required for selected outpatient procedures and diagnostic testing)</i>	Coordinated by Provider/PCP
Case Management	Coordinated by CIGNA HealthCare. This is a service designated 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.

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 CIGNA Member Handbook. This plan is 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, CIGNA Vision Care, Inc., 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. "CIGNA Tel-Drug" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C., which are also operating subsidiaries of CIGNA Corporation.



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