

SUMMARY OF BENEFITS

Your CIGNA Choice FundSM

Health Savings Account-Open Access Plus plan



CIGNA HealthCare

Features that Add Value

- CIGNA Choice Fund combines conventional health coverage with a savings account and other investment options to help you pay for the cost of your health care services. See the next page for more information.
- 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 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 many 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.
- 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 Language Line Services so that you can **talk with us** in 150 different languages. Just call Customer Service, and ask for an interpreter to assist you.
- Our interactive voice response system helps you find what you need faster over the phone. Use the speech recognition feature for information on your benefits, level of coverage, claims status, and more.

It's Your Health

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

- We encourage you to use a **PCP** as a valuable resource and personal health advocate.
- **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 HealthSM can **help you manage** certain chronic conditions.
- The CIGNA HealthCare Healthy Babies[®] 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 and lower out-of-pocket costs. Your plan also offers the **freedom to choose** the providers you prefer — even if they aren't part of the network. Your benefits are higher when you see "preferred providers," but you're still covered for visits to other providers.

HOW YOUR CIGNA CHOICE FUND HEALTH SAVINGS ACCOUNT WORKS

This product combines traditional medical coverage with a savings account and investment options. You can make tax-free contributions to the savings account up to federal limits.

Your annual contribution is limited to the lesser of

- ❖ The deductible of your underlying medical plan, or
- ❖ \$2,900 for individuals and \$5,800 for families. *(These are the 2008 limits. Limits for future years are set by the IRS.)*

- You can choose how you pay for medical expenses until you meet your plan deductible.
 - ❖ You may pay for medical expenses on a claim-by-claim basis using your CIGNA Choice Fund/Chase debit MasterCard® debit card or checkbook that are tied to your HSA.
 - ❖ You may choose the auto claim forwarding feature, where your qualified out-of-pocket costs are paid directly from your savings account by CIGNA HealthCare.
 - ❖ You may choose to cover your expenses using your own personal funds. This allows you to save your HSA dollars for future years.
- Only covered services count toward the deductible. Once your deductible has been met, your plan begins providing coverage for eligible services as described below.
- Any dollars remaining in your savings account at the end of the year carry over to the next year. If you change employers or retire, you may take any dollars in your savings account with you.

Benefits	CIGNA Choice Fund (HSA) Open Access Plus Coinsurance Plan	
	In-Network	Out-of-Network
Lifetime Maximum	\$1,000,000. Note: In addition to the plan including combined Medical/Pharmacy deductible and out-of-pocket maximums, the plan's lifetime maximum will also be combined for Medical and Pharmacy.	
Coinsurance Levels	75%	60%
Combined Medical/Pharmacy Contract year Deductible Options		
Combined Medical/CIGNA Pharmacy Deductible Note: Applies to retail and mail order drugs	Yes	Yes
Mail Order Pharmacy Costs Contribute to the Combined Medical/CIGNA Pharmacy Deductible	Yes	Yes
A cap applies to the amount CIGNA Pharmacy claims can contribute to the combined Medical/CIGNA Pharmacy Deductible	No	No



Benefits	CIGNA Choice Fund (HSA) Open Access Plus Coinsurance Plan	
	In-Network	Out-of-Network
<p>Deductible Accumulators</p> <p>The following outlines the accumulation of deductibles between In-network and Out-of-network Deductibles:</p> <p>Cross accumulation of In-network and Out-of-network deductibles.</p>		
<p>Contract Year Deductible - Collective</p> <p>Combined Medical/CIGNA Pharmacy Deductible Note: Applies to retail and mail order drugs</p> <p>Individual (Employee Only - no covered dependents) (HSA1, HSA4)</p> <p>Employee + 1 (HSA2, HSA5)</p> <p>Family Maximum (Employee + Family) (HSA3, HSA6)</p> <p>Family Maximum Calculation</p>	<p>\$1,100 per person</p> <p>\$2,200 for Ee + 1</p> <p>\$3,300 per family</p> <p>All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied.</p>	<p>\$2,200 per person</p> <p>\$4,400 for Ee + 1</p> <p>\$6,600 per family</p> <p>All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied.</p>
<p>Out-of-Pocket Maximum Accumulators</p> <p>Accumulation Between In-network and Out-of-Network OOP Maximums:</p> <p>- Cross accumulation of In-network and Out-of-network Out-of-Pocket Maximums.</p> <p>Includes Deductible (mandated)</p> <p>Does Not Apply To</p> <p>Benefits for accident or sickness (including mental health, alcohol, and drug abuse benefits) are paid at 100% once the plan's out-of-pocket has been reached.</p>	<p>Yes</p> <p>Non-compliance penalties</p>	<p>Yes</p> <p>Non-compliance penalties</p>



Benefits	CIGNA Choice Fund (HSA) Open Access Plus Coinsurance Plan	
	In-Network	Out-of-Network
	Combined Medical/Pharmacy Contract year Out-of-Pocket Maximum Options	
Combined Medical/CIGNA Pharmacy OOP Maximum Note: include retail and mail order drugs	Yes	Yes
Mail Order Pharmacy Costs Contribute to the Combined Medical/CIGNA Pharmacy OOP maximum	Yes	Yes
A cap applies to the amount CIGNA Pharmacy claims can contribute to the combined Medical/CIGNA Pharmacy OOP maximum	No	No
Out-of-Pocket Maximum - Collective		
Individual (Employee only - no covered dependents)	\$2,500 per person	\$5,000 per person
Employee + 1	\$5,000 for Ee +1	\$10,000 for Ee +1
Family Maximum (Employee + Family)	\$5,000 per family	\$10,000 per family
Family Maximum Calculation	All family members contribute towards the family OOP. An individual cannot have claims covered at 100% until the total family OOP maximum has been satisfied.	All family members contribute towards the family OOP. An individual cannot have claims covered at 100% until the total family OOP maximum has been satisfied.
Automated Annual Reinstatement	Not applicable	



Benefits	CIGNA Choice Fund (HSA) Open Access Plus Coinsurance Plan	
	In-Network	Out-of-Network
Physician Services		
Primary Care Physician Office Visit	75% after plan deductible; 75% after the plan deductible if only x-ray and/or lab services performed and billed.	60% after plan deductible
Specialty Care Physician Office Visit Office Visits Consultant and Referral Physician Services	75% after plan deductible; 75% after the plan deductible if only x-ray and/or lab services performed and billed	60% after plan deductible
Surgery Performed in the Physician's Office	75% after plan deductible	60% after plan deductible
Second Opinion Consultations (services will be provided on a voluntary basis)	75% after plan deductible	60% after plan deductible
Allergy Treatment/Injections	75% after plan deductible	60% after plan deductible
Allergy Serum (dispensed by the physician in the office)	75% after plan deductible	60% after plan deductible



Benefits	CIGNA Choice Fund (HSA) Open Access Plus Coinsurance Plan	
	In-Network	Out-of-Network
<p>Preventive Care</p> <p>Routine Preventive Care - Well Baby, Well-child and Adult Preventive Care</p> <p>Immunizations (includes flu immunizations)</p> <p>Note: Well-woman visits will be considered either as a PCP or Specialist visit, depending on how the provider contracts with CIGNA (i.e. as a PCP or as a Specialist).</p> <p>Maximum: Limited to one Preventive Care visit per calendar year (One Well Woman Exam will be allowed along with one Preventive Exam)</p>	<p>100%, no plan deductible</p> <p>Notes:</p> <ul style="list-style-type: none"> As there is no member responsibility, charges are not withdrawn from the Choice Fund Preventive Care related Xray and lab services billed by a separate outpatient diagnostic facility such as an outpatient hospital facility or independent facility will be covered at 100%; no deductible. <p>100%, no plan deductible</p>	<p>Not Covered</p> <p>Not Covered</p>
Mammogram	100%, no plan deductible, if billed by an independent diagnostic facility or outpatient hospital.	60% after plan deductible
PSA & Pap Smear	100%, no plan deductible, if billed by an independent diagnostic facility or outpatient hospital.	Not Covered



Benefits	CIGNA Choice Fund (HSA) Open Access Plus Coinsurance Plan	
	In-Network	Out-of-Network
Inpatient Hospital – Facility Services	75% after plan deductible	60% after plan deductible
Semi Private Room and Board	Limited to semi-private room negotiated rate	Limited to semi-private room rate
Private Room	Limited to semi-private room negotiated rate	Limited to semi-private room rate
Special Care Units (ICU/CCU)	Limited to negotiated rate	Limited to ICU/CCU daily room rate
Outpatient Facility Services	75% after plan deductible	60% after plan deductible
Operating Room, Recovery Room, Procedures Room, Treatment Room and Observation Room.		
Inpatient Hospital Doctor’s Visits/Consultations	75%, after plan deductible	60% after plan deductible
Inpatient Hospital Professional Services Surgeon, Radiologist, Pathologist, Anesthesiologist	75% after plan deductible	75% after plan deductible
Multiple Surgical Reduction	Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery.	
Outpatient Professional Services Surgeon, Radiologist, Pathologist, Anesthesiologist	75% after plan deductible	75% after plan deductible



Benefits	CIGNA Choice Fund (HSA)	
	Open Access Plus Coinsurance Plan	
	In-Network	Out-of-Network
Emergency and Urgent Care Services		
Physician's Office	75% after plan deductible; 75% after the plan deductible if only x-ray and/or lab services performed and billed	75% after plan deductible; 75% after the plan deductible if only x-ray and/or lab services performed and billed (except if not a true emergency, then 60% after deductible)
Hospital Emergency Room	75% after plan deductible	75% after plan deductible (except if not a true emergency, then 60% after plan deductible)
Urgent Care Facility or Outpatient Facility	75% after plan deductible	75% after plan deductible (except if not a true emergency, then 60% after plan deductible)
Outpatient Professional services (radiology, pathology and ER physician)	75% after plan deductible	75% after plan deductible (except if not a true emergency, then 60% after plan deductible)
Ambulance	75% after plan deductible	Same as in-network benefit; except if not a true emergency, then 60% after plan deductible
		75% after plan deductible (except if not a true emergency, then 60% after deductible)
Inpatient Services at Other Health Care Facilities		
Includes: Skilled Nursing Facility, Rehabilitation Hospital and Sub-Acute Facilities	75% after plan deductible	60% after plan deductible
Maximum (combined for all facilities listed above): 60 days per calendar year		



Benefits	CIGNA Choice Fund (HSA)	
	Open Access Plus Coinsurance Plan	
	In-Network	Out-of-Network
Laboratory and Radiology Services (includes pre-admission testing)		
Physician's Office	75% after plan deductible	60% after plan deductible
Outpatient Hospital Facility	75% after plan deductible	60% after plan deductible
Emergency Room/Urgent Care Facility (billed by the facility as part of the ER/UC visit)	75% after plan deductible	Same as in-network benefit; except if not a true emergency, then covered at 60% after plan deductible.
Independent X-ray and/or Lab Facility	75% after plan deductible	60% after plan deductible
Independent X-ray and/or Lab Facility in conjunction with an ER visit	75% after plan deductible	Same as in-network benefit; except if not a true emergency, then covered at 60% after plan deductible.
Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans, PET Scans, etc.)		
Inpatient Facility	75% after plan deductible	60% after plan deductible
Outpatient Facility	75% after plan deductible	60% after plan deductible
Emergency Room/Urgent Care Facility (billed by the facility as part of the ER/UC visit)	75% after plan deductible	75% after plan deductible (unless not a true emergency, then 60% after plan deductible)
Physician's Office	75% after plan deductible	60% after plan deductible
Outpatient Short-Term Rehabilitative Therapy and Chiropractic Care Services		
Maximum: Combined 20 visits per calendar year	75% after plan deductible; 75% after the plan deductible if only x-ray and/or lab services performed and billed.	60% after plan deductible
Includes: Cardiac Rehab Physical Therapy Speech Therapy Occupational Therapy Chiropractic Therapy (includes Chiropractors) Pulmonary Rehab		



Benefits	CIGNA Choice Fund (HSA) Open Access Plus Coinsurance Plan	
	In-Network	Out-of-Network
<p>Home Health Care</p> <p>Maximum: 40 days per calendar year (includes outpatient private duty nursing when approved as medically necessary)</p> <p>Note: The maximum number of hours per day is limited to 16 hours. Multiple visits can occur in one day; with a visit defined as a period of 2 hours or less (e.g. maximum of 8 visits per day).</p>	75% after plan deductible	60% after plan deductible
<p>Hospice</p> <p>Inpatient Services</p> <p>Outpatient Services (same as Home Health Care coinsurance level)</p>	75% after plan deductible 75% after plan deductible	60% after plan deductible 60% after plan deductible
<p>Bereavement Counseling</p>	Not Covered	Not Covered
<p>Maternity Employee and Spouse Only</p> <p>Initial Visit to Confirm Pregnancy</p> <p>Note: OB-GYN providers will be considered either as a PCP or Specialist, depending on how the provider contracts with CIGNA (i.e. as a PCP or as a Specialist).</p> <p>All Subsequent Prenatal Visits, Postnatal Visits, and Physician's Delivery Charges (i.e. global maternity fee)</p> <p>Office Visits in addition to the global maternity fee when performed by an OB or Specialist.</p> <p>Delivery - Facility (Inpatient Hospital, Birthing Center)</p>	<p>75% after plan deductible; 75% after the plan deductible if only x-ray and/or lab services performed and billed</p> <p>75% after plan deductible</p> <p>75% after plan deductible; 75% after the plan deductible if only x-ray and/or lab services performed and billed</p> <p>Same as plan's Inpatient Hospital Facility benefit.</p>	<p>60% after plan deductible</p> <p>60% after plan deductible</p> <p>60% after plan deductible</p> <p>60% after plan deductible</p> <p>Same as plan's Inpatient Hospital Facility benefit.</p>



Benefits	CIGNA Choice Fund (HSA) Open Access Plus Coinsurance Plan	
	In-Network	Out-of-Network
Abortion Employee and Spouse only Includes non-elective procedures		
Inpatient Facility	Same as plan's Inpatient Hospital Facility benefit	Same as plan's Inpatient Hospital Facility benefit
Outpatient Surgical Facility	Same as plan's Outpatient Facility Services benefit	Same as plan's Outpatient Facility Services benefit
Physician's Office	75% after plan deductible	60% after plan deductible
Outpatient Professional Services	75% after plan deductible	60% after plan deductible
Inpatient Professional Services	75% after plan deductible	60% after plan deductible



Benefits	CIGNA Choice Fund (HSA)	
	Open Access Plus Coinsurance Plan	
	In-Network	Out-of-Network
Family Planning Employee and Spouse only		
Office Visits, Tests and Counseling	75% after plan deductible; 75% after the plan deductible if only x-ray and/or lab services performed and billed	60% after plan deductible
The standard benefit will include coverage for contraceptive devices (e.g. Depo-Provera, Norplant and Intrauterine Devices (IUDs). Diaphragms will also be covered when services are provided in the physician's office.	Note: Charges billed by an independent Xray/Lab facility or outpatient hospital will be covered under the plan's X-ray/Lab benefit.	
Surgical Sterilization Procedures for vasectomy/Tubal Ligations (exclude reversals)	Same as plan's Inpatient Hospital Facility benefit	Same as plan's Inpatient Hospital Facility benefit
Inpatient Facility	Same as plan's Outpatient Facility Services benefit	Same as plan's Outpatient Facility Services benefit
Outpatient Facility	75% after plan deductible	60% after plan deductible
	75% after plan deductible	60% after plan deductible
Inpatient Physician's Services	75% after plan deductible;	60% after plan deductible
Outpatient Physician's Services	75% after the plan deductible if only x-ray and/or lab services performed and billed	
Physician's Office		



Benefits	CIGNA Choice Fund (HSA) Open Access Plus Coinsurance Plan	
	In-Network	Out-of-Network
<p>Infertility Treatment - Standard Benefit</p> <p>Services not covered include:</p> <ul style="list-style-type: none"> • Testing performed specifically to determine the cause of infertility. • Treatment and/or procedures performed specifically to restore fertility (e.g. procedures to correct an infertility condition). • Artificial means of becoming pregnant are (e.g. Artificial Insemination, In-vitro, GIFT, ZIFT, etc). <p>Note: Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.</p>	Not Covered	Not Covered
<p>Organ Transplants Includes all medically appropriate, non-experimental transplants</p> <p style="padding-left: 40px;">Inpatient Facility</p> <p style="padding-left: 40px;">Physician's Services</p> <p style="padding-left: 40px;">Travel Services Maximum: (Only available for Lifesource facilities)</p>	<p>100% after plan deductible at Lifesource center, otherwise same as plan's Inpatient Hospital Facility benefit.</p> <p>100% after plan deductible at Lifesource center after plan deductible; otherwise 75% after plan deductible</p> <p>\$10,000</p>	<p>In-network coverage only.</p> <p>Not Covered</p>
<p>Durable Medical Equipment</p> <p>Maximum: - Unlimited</p>	75% after plan deductible	75% after plan deductible



Benefits	CIGNA Choice Fund (HSA) Open Access Plus Coinsurance Plan	
	In-Network	Out-of-Network
External Prosthetic Appliances Maximum: - Unlimited	75% after plan deductible	60% after plan deductible
Dental Care Limited to charges made for a continuous course of dental treatment started within six months of an injury to sound, natural teeth. Doctor's Office Inpatient Facility Outpatient Surgical Facility Physician's Services	75% after plan deductible; 75% after the plan deductible if only x-ray and/or lab services performed and billed Same as plan's Inpatient Hospital Facility benefit Same as plan's Outpatient Facility Services benefit 75% after plan deductible	60% after plan deductible Same as plan's Inpatient Hospital Facility benefit Same as plan's Outpatient Facility Services benefit 60% after plan deductible
Surgical and Non-Surgical TMJ Provided on a limited, case by case basis. Always exclude appliances and orthodontic treatment. Subject to medical necessity. Doctor's Office Inpatient Facility Outpatient Surgical Facility Physician's Services Maximum: - TMJ services (surgical and non-surgical) subject to a \$600 lifetime maximum.	75% after plan deductible; 75% after the plan deductible if only x-ray and/or lab services performed and billed Same as plan's Inpatient Hospital Facility benefit Same as plan's Outpatient Facility Services benefit 75% after plan deductible	60% after plan deductible Same as plan's Inpatient Hospital Facility benefit Same as plan's Outpatient Facility Services benefit 60% after plan deductible



Benefits	CIGNA Choice Fund (HSA) Open Access Plus Coinsurance Plan	
	In-Network	Out-of-Network
Routine Foot Disorders - Standard Benefit	Not covered, except for services associated with foot care for diabetes and peripheral vascular disease, when medically necessary.	Not covered, except for services associated with foot care for diabetes and peripheral vascular disease, when medically necessary.
Vision Care Benefit Employee and all Dependents	100% up to the following maximums: <u>Exam</u> - \$50 (limited to one per member per 12 consecutive month period) <u>Prescription Lenses</u> - Not Covered <u>Frames</u> - Not Covered	
Prescription Drugs CIGNA Pharmacy Prescription medications used to prevent any of the following medical conditions are not subject to the individual and/or family deductible. Hypertension, high cholesterol, diabetes, asthma, osteoporosis, stroke, prenatal nutrient deficiency.	Retail (after satisfaction of the plan deductible): <u>Greater of 25% cost or</u> \$10 generic \$20 brand \$35 non-preferred brand NA 4th tier drug class not covered Mail Order (after satisfaction of the plan deductible): \$20 generic \$50 brand \$105 non-preferred brand 25% 4th tier for injectables	50% after plan deductible
Pre-Existing Condition Limitation	Applies to any injury or sickness for which a person receives treatment, incurs expenses or receives a diagnosis from a physician during the 90 days before the earlier of the date a person begins an eligibility waiting period or becomes insured for these benefits. Coverage for the pre-existing condition is excluded until one year of the member being continuously insured and/or is satisfying a waiting period. The insured will receive credit for any portion of the PCL that was satisfied under the previous plan if they are enrolled in the subsequent plan within 63 days (or the applicable timeframe required per state law).	



Benefits	CIGNA Choice Fund (HSA) Open Access Plus Coinsurance Plan	
	In-Network	Out-of-Network
<p>Pre-Admission Certification - Continued Stay Review</p> <p>*CIGNA's PAC/CSR is not necessary for Medicare primary individuals</p> <p>Standard : PHS - standard benefit</p> <p>Inpatient Pre-Admission Certification - Continued Stay Review (required for all inpatient admissions)</p>	<p>Coordinated by Provider/PCP</p>	<p>Mandatory: Employee is responsible for contacting CIGNA Healthcare. Penalties for non-compliance:</p> <ul style="list-style-type: none"> - \$300 penalty applied to hospital inpatient charges for failure to contact CIGNA Healthcare to precertify - 50% reduction for any admission reviewed by CIGNA Healthcare and not certified. - 50% reduction for any additional days not certified by CIGNA Healthcare.
<p>Case Management</p>	<p>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.</p>	
<p>Mental Health/Substance Abuse</p>	<p>Please note the following regarding Mental Health (MH) and Substance Abuse (SA) benefit administration:</p> <ul style="list-style-type: none"> • MH and SA services will be provided by CIGNA Behavioral Health (CBH), with the exception of ICD-9 codes 90801, 90805 and 90862 which may be provided by medical practitioners. Claims will be processed on Proclaim. • Substance Abuse includes Alcohol and Drug Abuse services. • Benefit maximums will be combined for In-network and Out-of-network services. Services will cross accumulate. • Maximums can be separate between MH and SA services; or combined for MH and SA. • Transition of Care benefits are provided for a 90-day time period. • MH/SA coverage cannot be carved out to a MH/SA vendor, including CBH, with the HSA plans. 	



Benefits	CIGNA Choice Fund (HSA) Open Access Plus Coinsurance Plan	
	In-Network	Out-of-Network
<p>Inpatient Mental Health and Substance Abuse (combined) Maximum: 30 Days per calendar year</p> <p>Acute Detox (substance abuse): Requires 24 hour nursing; Based on a ratio of 1:1</p> <p>Acute Inpatient Rehab (substance abuse): Requires 24 hour nursing; Based on a ratio of 1:1</p> <p>Acute (mental health): Based on a ratio of 1:1</p> <p>Mental Health & Substance Abuse Partial: Based on a ratio of 2:1 Residential: Based on a ratio of 2:1</p>	75% after plan deductible	60% after plan deductible
<p>Outpatient Mental Health and Substance Abuse (combined) Maximum: 40 Visits per calendar year</p>	50% after plan deductible	50% after plan deductible
<p>Intensive Outpatient Mental Health And Substance Abuse (combined) Maximum: Up to 3 programs per contract year</p> <p>Based on ratio of 1:1 with Outpatient MH visits.</p>	50% after plan deductible	50% after plan deductible



Benefits	CIGNA Choice Fund (HSA) Open Access Plus Coinsurance Plan	
	In-Network	Out-of-Network
Group Therapy Mental Health Subject to the plan's Outpatient MH benefit maximum based on a 1:1 ratio with Outpatient MH visits.	50% after plan deductible	50% after plan deductible
MH/SA Service Specific Administration	Partial Hospitalization, Residential Treatment and Intensive Outpatient Programs: The following administration will apply: <ul style="list-style-type: none"> • <i>Partial Hospitalization:</i> MH and/or SA partial hospitalization services maximum is 50% of the inpatient benefit maximum; e.g. day limits are combined (2:1 ratio). The coinsurance level for partial hospitalization services is the same as the coinsurance level for inpatient MH/SA services. • <i>Standard for Residential Treatment:</i> MH and/or SA Residential Treatment subject to the plan's inpatient MH/SA benefit with day limits combined based on a 2:1 ratio. Coverage only if approved through CBH Case Management. • <i>Intensive Outpatient Program (IOP):</i> MH and/or SA Intensive Outpatient Program at 1 to 1 Outpatient visits. Visit limits are combined with Outpatient Visit limits (1:1 ratio). Coverage only if approved through CBH Case Management. 	
MH/SA Utilization Review & Case Management	<u>Standard:</u> Inpatient and Outpatient Management (CAP): <ul style="list-style-type: none"> • CBH provides utilization review and case management for In-network and Out-of-network Inpatient Services and In-network Outpatient Management services. 	



Benefit Exclusions (by way of example but not limited to):

Your plan provides coverage for medically necessary services. Your plan does not provide coverage for the following except as required by law:

1. Care for health conditions that are required by state or local law to be treated in a public facility.
2. Care required by state or federal law to be supplied by a public school system or school district.
3. Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
4. Treatment of an illness or injury which is due to war, declared or undeclared.
5. Charges for which you are not obligated to pay or for which you are not billed or would not have been billed except that you were covered under this Agreement.
6. Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
7. Any services and supplies for or in connection with experimental, investigational or unproven services. Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the Healthplan Medical Director to be: Not demonstrated, through existing peer-reviewed, evidence-based scientific literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed; or Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use; or The subject of review or approval by an Institutional Review Board for the proposed use, except as provided in the "Clinical Trials" section of "Section IV. Covered Services and Supplies;" or The subject of an ongoing phase I, II or III clinical trial, except as provided in the "Clinical Trials" section of "Section IV. Covered Services and Supplies."
8. Cosmetic Surgery and Therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
9. The following services are excluded from coverage regardless of clinical indications: Macromastia or Gynecomastia Surgeries; Surgical treatment of varicose veins; Abdominoplasty; Panniculectomy; Rhinoplasty; Blepharoplasty; Orthognathic Surgeries; Redundant skin surgery; Removal of skin tags; Acupressure; Craniosacral/cranial therapy; Dance therapy, movement therapy; Applied kinesiology; Rolfing; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
10. Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental x-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. However, charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within 6 months of the accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.
11. Medical and surgical services, initial and repeat, intended for the treatment or control of obesity, including clinically severe (morbid) obesity, including: medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision.
12. Unless otherwise covered as a basic benefit, reports, evaluations, physical examinations, or hospitalization not required for health reasons, including but not limited to employment, insurance or government licenses, and court ordered, forensic, or custodial evaluations.
13. Court ordered treatment or hospitalization, unless such treatment is being sought by a Participating Physician or otherwise covered under "Section IV. Covered Services and Supplies."
14. Infertility services, infertility drugs, surgical or medical treatment programs for infertility, including in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs are also excluded from coverage.
15. Reversal of male and female voluntary sterilization procedures.



16. Transsexual surgery, including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
17. 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.
18. Medical and hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under the Agreement.
19. Non-medical counseling or ancillary services, including, but not limited to Custodial Services, education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return-to-work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities, developmental delays, autism or mental retardation.
20. Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including, but not limited to routine, long-term or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
21. Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Inpatient Hospital Services," "Outpatient Facility Services," "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of "Section IV. Covered Services and Supplies."
22. Private hospital rooms and/or private duty nursing except as provided in the Home Health Services section of "Section IV. Covered Services and Supplies".
23. Personal or comfort items such as personal care kits provided on admission to a hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of illness or injury.
24. Artificial aids, including but not limited to corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.
25. Hearing aids, including, but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs). A hearing aid is any device that amplifies sound.
26. Aids or devices that assist with non-verbal communications, including, but not limited to communication boards, pre-recorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
27. Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or postcataract surgery).
28. Routine refraction (except as shown in the Vision Care Benefit), eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
29. Treatment by acupuncture.
30. All non-injectable prescription drugs, injectable prescription drugs that do not require physician supervision and are typically considered self-administered drugs, non-prescription drugs, and investigational and experimental drugs, except as provided in "Section IV. Covered Services and Supplies."
31. Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
32. Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
33. Genetic screening or pre-implantation genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically-linked inheritable disease.
34. Dental implants for any condition.
35. Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the Healthplan Medical Director's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
36. Blood administration for the purpose of general improvement in physical condition.



37. Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
38. Cosmetics, dietary supplements and health and beauty aids.
39. All nutritional supplements and formulae are excluded, except for infant formula needed for the treatment of inborn errors of metabolism.
40. Expenses incurred for medical treatment by a person age 65 or older, who is covered under this Agreement as a retiree, or his Dependents, when payment is denied by the Medicare plan because treatment was not received from a Participating Provider of the Medicare plan.
41. Expenses incurred for medical treatment when payment is denied by the Primary Plan because treatment was not received from a Participating Provider of the Primary Plan.
42. Services for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profit.
43. Telephone, e-mail & Internet consultations and telemedicine.
44. Massage Therapy

This Benefit Summary highlights some of the benefits available under your plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits, will be provided in your Group Service Agreement or Certificate.

