

Summary of Benefits Your CIGNA HealthCare Open Access Plus plan

Features that Add Value

- Your plan offers the convenience of **referral-free** access to doctors, 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 **trained 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 many 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**. With national and independent pharmacies participating across the country, you can have your prescription filled wherever you go. CIGNA Tel-Drug gives you 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. Once you enroll, register for myCIGNA.com, our convenient, secure web site that combines helpful easy-to-use tools with personalized benefits information to help you make the most of your plan.
- **We Speak Many Languages**SM. 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.

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 16 and any additional preventive care benefits described in the Benefits Highlights.
- **CIGNA Well Informed** provides members with customized medical and wellness information to help them make healthier choices, better understand a diagnosis or treatment, and manage their health. The program includes personalized letters and other educational information to help you improve your health. Only you, your doctor and CIGNA have access to this information.
- CIGNA Well Aware for Better Health[®] 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 “preferred 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. 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 “preferred providers,” but you're still covered for visits to other providers. Participating providers charge a discounted rate for CIGNA members. If you use a non-network provider, the provider may bill you for the difference between the billed charge and the allowed amount under your benefit plan, in addition to applicable (higher than in-network) deductibles and coinsurance amounts.

CIGNA Healthcare Comparison Chart

Open Access Plus (OAP) 20 and Open Access Plus (OAP) 10 - CIGNA National Network (Open Access Plus) Platform

	OAP 20 Plan		OAP 10 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
BENEFIT INFORMATION				
Calendar Year Plan Deductible Individual / Family Maximum	\$250 / \$500	\$1,000 / \$2,000	None / None	\$500 / \$1,000
Calendar Year Out-of-Pocket Maximum Individual / Family Maximum	Excluding Plan Deductible \$1,500 / \$3,000	Excluding Plan Deductible \$6,000 / \$12,000	\$1,500 / \$3,000	Excluding Plan Deductible \$3,000 / \$6,000
Coinsurance	CIGNA HealthCare pays 80% of eligible charges. You pay 20% of charges after plan deductible.	CIGNA HealthCare pays 60% of eligible charges. You pay 40% of charges after plan deductible.	CIGNA HealthCare pays 90% of eligible charges. You pay 10% of charges.	CIGNA HealthCare pays 70% of eligible charges. You pay 30% of charges after plan deductible.
Precertification -Inpatient – PHS+ (required for all inpatient admissions)	Coordinated by your physician	Participant must obtain approval for inpatient admission; subject to penalty/reduction or denial for noncompliance.	Coordinated by your physician	Participant must obtain approval for inpatient admission; subject to penalty/reduction or denial for noncompliance.
Precertification – Outpatient – PHS+ (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.	Coordinated by your physician	Participant must obtain approval for selected outpatient procedures and diagnostic testing; subject to penalty/reduction or denial for non-compliance.
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Pre-existing Condition Limitation	No	No	No	No
BENEFIT HIGHLIGHTS				
Physician Services				
Primary Care Physician (PCP) Office Visit	\$20 copayment per office visit	40% of charges**	\$20 copayment per office visit	30% of charges**
Specialty Physician Office Visit Consultant and Referral Physician Services	\$40 copayment per office visit	40% of charges**	\$40 copayment per office visit	30% of charges**
Allergy Treatment/Injections - PCP or Specialty Physician	\$20 or \$40 copayment per office visit or actual charge, whichever is less	40% of charges**	\$20 or \$40 copayment per office visit or actual charge, whichever is less	30% of charges**
Allergy Serum (dispensed by physician in office)	No charge	40% of charges**	No charge	30% of charges**
Second Opinion Consultations (provided on voluntary basis)	\$20 or \$40 copayment per office visit	40% of charges**	\$20 or \$40 copayment per office visit	30% of charges**
Surgery Performed in the Physician's Office- PCP or Specialty Physician	\$20 or \$40 copayment per office visit	40% of charges**	\$20 or \$40 copayment per office visit	30% of charges**
Preventive Care				
Routine Preventive Care for Children to age 16 (including routine immunizations)	\$20 or \$40 copayment per office visit	40% of charges	\$20 or \$40 copayment per office visit	30% of charges
Immunizations	No charge, no plan deductible	40% of charges**	No charge	30% of charges**
Routine Preventive Care for Children and Adults from age 16 (including routine immunizations) Unlimited maximum per calendar year	\$20 or \$40 copayment per office visit	Covered in-network	\$20 or \$40 copayment per office visit	Covered in-network
Immunizations	No charge, no plan deductible	Covered in-network only	No charge	Covered in-network only
Annual Well Woman Exam	\$20 copayment per office visit	40% of charges**	\$20 copayment per office visit	30% of charges**

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

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	OAP 20 Plan		OAP 10 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Mammograms	No charge, no plan deductible	No charge, no plan deductible	No charge	No charge, no plan deductible
Diagnostic Mammograms Outpatient Facility – Hospital Based	No charge, no plan deductible	40% of charges**	No charge	30% of charges**
Diagnostic Mammograms Outpatient Facility – Non-Hospital Based	No charge (no copay applied)	40% of charges**	No charge (no copay applied)	30% of charges**
PSA, and Pap Tests	\$20 or \$40 copayment per office visit	40% of charges**	\$20 or \$40 copayment per office visit	30% of charges**
Inpatient Hospital Services including: Semi-Private Room and Board Diagnostic/Therapeutic Lab and X-ray Drugs and Medication Operating and Recovery Room Radiation Therapy and Chemotherapy Anesthesia and Inhalation Therapy MRIs, MRAs, CAT Scans, PET Scans, etc.	20% of charges*	40% of charges* Precertification required	10% of charges	30% of charges* Precertification required
Inpatient Hospital Doctor's Visits/ Consultations	20% of charges*	40% of charges**	10% of charges	30% of charges**
Inpatient Hospital Professional Services	20% of charges*	40% of charges**	10% of charges	30% of charges**
Outpatient Facility Services – Hospital Based - includes: Operating Room, Recovery Room, Procedure Room and Treatment Room and Observation Room including: Diagnostic/Therapeutic Lab and X-rays Anesthesia and Inhalation Therapy	20% of charges*	40% of charges**	10% of charges	30% of charges**
Outpatient Facility Services – Non-Hospital Based	\$100 copayment per facility visit	40% of charges**	\$100 copayment per facility visit	30% of charges**
Physician & Outpatient Professional Services	No charge, no plan deductible	40% of charges**	No charge	30% of charges**
Laboratory Services (includes preadmission testing) Physician's Office	\$20 or \$40 copayment per office visit	40% of charges**	\$20 or \$40 copayment per office visit	30% of charges**
Outpatient Hospital Facility	No charge, no plan deductible	40% of charges**	No charge	30% of charges**
Emergency Room/Urgent Care Facility (billed by facility as part of the Emergency Room/Urgent Care visit)	No charge	No charge; except if not a true emergency, then 40% of charges**	No charge	No charge; except if not a true emergency, then 30% of charges**
Independent Lab Facility	No charge, no plan deductible	40% of charges**	No charge	30% of charges**
Radiology Services (includes pre-admission testing)				
Physician's Office	No charge after PCP or Specialist per visit copay	40% after plan deductible	No charge after PCP or Specialist per visit copay	30% after plan deductible
Outpatient Hospital Based Facility	20%, after deductible	40% after plan deductible	10%, after deductible	30% after plan deductible
Emergency Room/Urgent Care Facility (billed by the facility as part of the ER/UC visit)	No charge	No charge (except if not a true emergency, then 40% after plan deductible)	No charge	No charge (except if not a true emergency, then 30% after plan deductible)
Independent X-ray facility (non-hospital based)	100% after \$100 copay per visit	40% after plan deductible	100% after \$100 copay per visit	30% after plan deductible

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	OAP 20 Plan		OAP 10 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Advanced Radiological Imaging (MRIs, MRAs, CAT Scans, PET Scans, etc.) Inpatient Facility Outpatient Facility- Hospital Based Outpatient Facility- Non-Hospital Based Emergency Room (billed by facility as part of the Emergency Room visit) Physician's Office <i>Note: The scan copayment will be administered on a per type of scan per day basis</i>	20% of charges* 20% of charges* \$100 scan copayment No charge \$100 scan copayment	40% of charges** 40% of charges** 40% of charges** No charge; except if not a true emergency, then 40% of charges** 40% of charges**	10% of charges 10% of charges \$100 scan copayment No charge \$100 scan copayment	30% of charges** 30% of charges** 30% of charges** No charge; except if not a true emergency, then 30% of charges** 30% of charges**
Short-Term Rehabilitative Therapy and Cardiac Rehabilitation Services (includes cardiac rehab, physical, speech, occupational & pulmonary rehab therapy) 40 days maximum per calendar year# per each therapy <i>Note: therapy sessions provided as part of Home Health Care accumulate to the Short-Term Rehab Therapy maximum.</i>	\$20 or \$40 copayment per office visit	40% of charges**	\$20 or \$40 copayment per office visit	30% of charges**
Chiropractic Care 30 days maximum per calendar year# Office Visit	\$40 copayment per office visit	40% of charges**	\$40 copayment per office visit	30% of charges**
Emergency and Urgent Care Services Physician's Office – PCP or Specialty Physician Hospital Emergency Room Hospital Emergency Room – JMH Facilities Outpatient Professional Services (Radiology, Pathology and Emergency Room Physician) Urgent Care Facility or Outpatient Facility Convenience Care Clinics Ambulance	\$20 or \$40 copayment per office visit \$200 copayment per visit (copay waived if admitted) \$100 copayment per visit (copay waived if admitted) No charge \$50 copayment per visit (copay waived if admitted) \$20 copayment per facility visit \$50 copayment	Care will be provided at in-network levels if it meets the "prudent layperson" definition of an emergency. Otherwise 40% of charges**	\$20 or \$40 copayment per office visit \$200 copayment per visit (copay waived if admitted) \$100 copayment per visit (copay waived if admitted) No charge \$50 copayment per visit (copay waived if admitted) \$20 copayment per facility visit \$50 copayment	Care will be provided at in-network levels if it meets the "prudent layperson" definition of an emergency. Otherwise 30% of charges**
Maternity Care Services Initial Office Visit to Confirm Pregnancy <i>Note: A copayment applies for OB/GYN visits. If your doctor is listed as a PCP in the provider directory, you will pay a PCP copayment. If your doctor is listed as a specialist, you will pay the specialist copayment.</i> All subsequent Prenatal Visits, Postnatal Visits Obstetrical/Midwifery – Physician's Delivery Charges (i.e. global maternity fee) Office Visits not included in the total maternity fee performed by OB or Specialty Physician Delivery - Facility (Inpatient Hospital/Birthing Center Charges)	\$20 or \$40 copayment for initial office visit No charge 20% of charges* \$20 or \$40 copayment per office visit 20% of charges*	40% of charges** 40% of charges** 40% of charges** 40% of charges*, precertification required	\$20 or \$40 copayment for initial office visit No charge 10% of charges \$20 or \$40 copayment per office visit 10% of charges	30% of charges** 30% of charges** 30% of charges** 30% of charges* 30% of charges*, precertification required

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	OAP 20 Plan		OAP 10 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Services at Other Health Care Facilities Skilled Nursing, Rehabilitation Hospital and Sub-Acute Facilities 90 days maximum per calendar year# combined for all facilities listed	20% of charges*	40% of charges**	10% of charges	30% of charges**
Home Health Services – Includes outpatient private duty nursing when approved as medically necessary 16 hour maximum per day#	\$20 copayment per day	40% of charges**	\$20 copay per day	30% of charges**
Family Planning Services Office Visits (lab & radiology tests, counseling)	\$20 or \$40 copayment per office visit	Covered in-network only	\$20 or \$40 copayment per office visit	Covered in-network only
Vasectomy/Tubal Ligation (excludes reversals) Inpatient Facility	20% of charges*	Covered in-network only	10% of charges	Covered in-network only
Outpatient Facility – Hospital Based Outpatient Facility – Non-Hospital Based	20% of charges* \$100 copayment per facility visit	Covered in-network only Covered in-network only	10% of charges \$100 copayment per facility visit	Covered in-network only
Physician's Services – Inpatient Physician's Services – Outpatient	20% of charges* No charge, no plan deductible	Covered in-network only Covered in-network only	10% of charges No charge	Covered in-network only
Physician's Office	\$20 or \$40 copayment per office visit	Covered in-network only	\$20 or \$40 copayment per office visit	Covered in-network only
Infertility Services Office Visit (lab & radiology tests, counseling)-PCP or Specialty Physician	\$20 or \$40 copayment per office visit	Covered in-network only	\$20 or \$40 copayment per office visit	Covered in-network only
Treatment/Surgery (excludes artificial insemination, invitro fertilization, GIFT, ZIFT, etc.) Inpatient Facility	20% of charges*	Covered in-network only	10% of charges	Covered in-network only
Outpatient Facility – Hospital Based Outpatient Facility – Non-Hospital Based	20% of charges* \$100 copayment per facility visit	Covered in-network only Covered in-network only	10% of charges \$100 copayment per facility visit	Covered in-network only
Physician's Services - Inpatient Physician's Services - Outpatient	20% of charges* No charge, no plan deductible	Covered in-network only Covered in-network only	10% of charges No charge	Covered in-network only
TMJ - Surgical and Non-Surgical-case-by-case basis. Always excludes appliances & orthodontic treatment. Subject to medical necessity. Physician's Office	\$20 or \$40 copayment per office visit	40% of charges**	\$20 or \$40 copayment per office visit	30% of charges**
Inpatient Facility	20% of charges*	40% of charges*, precertification required	10% of charges	30% of charges*, precertification required
Outpatient Facility – Hospital Based Outpatient Facility – Non-Hospital Based	20% of charges* \$100 copayment per facility visit	40% of charges** 40% of charges**	10% of charges	30% of charges**
Physician's Services - Inpatient Physician's Services - Outpatient	20% of charges* No charge, no plan deductible	40% of charges** 40% of charges**	10% of charges No charge	30% of charges** 30% of charges**
Bariatric Surgery Physician's Office	Not covered	Not covered	\$20 or \$40 copayment per office visit	Covered in-network only
Inpatient Facility Outpatient Facility – Hospital Based Outpatient Facility – Non-Hospital Based			10% of charges 10% of charges \$100 copayment per facility visit	Covered in-network only Covered in-network only Covered in-network only
Physician's Services - Inpatient Physician's Services - Outpatient			10% of charges No charge	Covered in-network only Covered in-network only

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	OAP 20 Plan		OAP 10 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health				
Inpatient – Unlimited maximum per calendar year	20% of charges*	40% of charges*	10% of charges	30% of charges*
Outpatient Mental Health (includes Individual, Group Therapy and Intensive Outpatient services) – Unlimited maximum per calendar year	\$20 copayment per office visit	40% of charges**	\$20 copayment per office visit	30% of charges**
Outpatient Facility – Hospital Based	20% of charges*	40% of charges**	10% of charges	30% of charges**
Outpatient Facility – Non-Hospital Based	\$100 copayment per facility visit	40% of charges**	\$100 copayment per facility visit	30% of charges**
<i>Note: Non-surgical treatment procedures (including Intensive Outpatient) are not subject to the outpatient facility copayment or outpatient facility deductible.</i>				
Substance Abuse				
Inpatient – Unlimited maximum per calendar year	20% of charges*	40% of charges*	10% of charges	30% of charges*
Outpatient Substance Abuse (includes Individual and Intensive Outpatient services) – Unlimited maximum per calendar year	\$20 copayment per office visit	40% of charges**	\$20 copayment per office visit	30% of charges**
Outpatient Facility – Hospital Based	20% of charges*	40% of charges**	10% of charges	30% of charges**
Outpatient Facility – Non-Hospital Based	\$100 copayment per facility visit	40% of charges**	\$100 copayment per facility visit	30% of charges**
<i>Note: Non-surgical treatment procedures (including Intensive Outpatient) are not subject to the outpatient facility copay or outpatient facility deductible.</i>				
Durable Medical Equipment				
Unlimited maximum per calendar year	\$100 copayment per item per year	40% of charges**	\$100 copayment per item per year	30% of charges**
External Prosthetic Appliances				
Unlimited maximum per calendar year	\$100 copayment per item per year	40% of charges**	\$100 copayment per item per year	30% of charges**
Consumable Medical Supplies (Example: ostomy supplies, oxygen, etc.)	20% of charges*	40% of charges**	10% of charges	30% of charges**
Prescription Drugs				
CIGNA Pharmacy Retail Drug Program				
Generic*** drugs on the Prescription Drug List for a 30-day supply	\$10 copayment per prescription/refill	40% of charges, no plan deductible	\$10 copayment per prescription/refill	30% of charges, no plan deductible
Brand Name*** drugs designated as preferred on the Prescription Drug List with no Generic equivalent for a 30- day supply	\$30 copayment per prescription/refill	40% of charges, no plan deductible	\$30 copayment per prescription/refill	30% of charges, no plan deductible
Brand Name*** drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List for a 30-day supply	\$50 copayment per prescription/refill	40% of charges, no plan deductible	\$50 copayment per prescription/refill	30% of charges, no plan deductible
CIGNA Tel-Drug Mail Order Drug Program				
Generic*** drugs on the Prescription Drug List for a 90-day supply	\$20 copayment per prescription/refill	Covered in-network only	\$20 copayment per prescription/refill	Covered in-network only
Brand Name*** drugs designated as preferred on the Prescription Drug List with no Generic equivalent for a 90- day supply	\$60 copayment per prescription/refill	Covered in-network only	\$60 copayment per prescription/refill	Covered in-network only
Brand Name*** drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List for a 90-day supply	\$100 copayment per prescription/refill	Covered in-network only	\$100 copayment per prescription/refill	Covered in-network only
***Designated as per generally-accepted industry sources and adopted by CG.				
Please note: If a brand name drug, for which a generic exists is determined to be medically necessary, the retail cost of that drug is \$50; Home Delivery cost is \$100. To be eligible, your physician must submit evidence of medical necessity through the CIGNA Pharmacy appeal process. <i>The Appeal Form is found on the MDCPS Benefit Website.</i>				

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CIGNA Healthcare Comparison Chart

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, including Mental Health and Substance Abuse services

Regarding In-Network Services:

- All services must be provided by one of the preferred 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 preferred provider.
- All out-of-network hospital admissions and certain outpatient surgical and diagnostic procedures must be precertified and are subject to Continued Stay Review (CSR). A penalty applies to admissions which are not precertified. Non-approved admissions/days result in denial of benefits. The precertification penalty or cost of denied benefits does not apply to deductible or out-of-pocket maximum.

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.

1. Any service or supply not described as covered in the Covered Expenses section of the plan.
2. Any medical service or device that is not medically necessary.
3. Treatment of an illness or injury which is due to war or care for military service disabilities treatable through governmental services.
4. Any services and supplies for or in connection with experimental, investigational or unproven services.
5. Dental treatment of the teeth, gums or structures directly supporting the teeth, 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.
6. This exclusion applies only to the OAP20 plan. Medical and surgical services, initial and repeat, intended for the treatment or control of obesity. However, treatment of clinically severe obesity, as defined by the body mass index (BMI) classifications of the National Heart, Lung and Blood Institute (NHLBI) guideline is covered only at approved centers if the services are demonstrated, through existing peer-reviewed, evidence-based, scientific literature and scientifically based guidelines, to be safe and effective for treatment of the condition. Clinically severe obesity is defined by the NHLBI as a BMI of 40 or greater without comorbidities, or 35–39 with comorbidities. The following are specifically excluded:
 7. 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.
 7. 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.
 8. Court ordered treatment or hospitalizations.
 9. 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.
 10. Any services, supplies, medications or drugs for the treatment of male or female sexual dysfunction.
 11. Medical and hospital care and costs for the child of a Dependent, unless this infant child is otherwise eligible under the plan.
 12. Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance.
 13. Consumable medical supplies other than ostomy supplies and urinary catheters.
 14. Private hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
 15. Artificial aids, including but not limited to hearing aids, semi-implantable hearing devices, audiant bone conductors, bone anchored hearing aids, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.

16. Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or postcataract surgery).
17. Routine refraction, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
18. Non-prescription drugs and investigational and experimental drugs, except as provided in the plan.
19. Routine foot care, however, services associated with foot care for diabetes and peripheral vascular disease are covered when medically necessary.
20. Genetic screening or pre-implantation genetic screening.
21. Fees associated with the collection or donation of blood or blood products.
22. Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
23. All nutritional supplements and formulae are excluded, except infant formula needed for the treatment of inborn errors of metabolism.
24. Services for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profit.
25. Expenses incurred for medical treatment by a person age 65 or older, who is covered under the plan as a retiree, or his dependent, when payment is denied by the Medicare plan because treatment was not received from a participating provider of the Medicare plan.
26. 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.
27. The following services are excluded from coverage regardless of clinical indications: Massage Therapy; Cosmetic Surgery and Therapies; Macromastia or Gynecomastia Surgeries; Surgical Treatment of Varicose Veins unless medically necessary; Abdominoplasty/Panniculectomy; Rhinoplasty; Blepharoplasty; Redundant Skin Surgery; Removal of Skin Tags; Acupressure; Craniosacral/cranial therapy; Dance Therapy, Movement Therapy; Applied Kinesiology; Rolfing; Prolotherapy; Transsexual Surgery; Non-medical counseling or ancillary services; Assistance in the activities of daily living; Cosmetics; Personal or Comfort Items; Dietary Supplements; Health and Beauty Aids; Aids or devices that assist with non-verbal communications; Treatment by Acupuncture; Dental implants for any condition; Telephone Consultations; E-mail & Internet Consultations; Telemedicine; Health Club Membership fees; Weight Loss Program fees; Smoking Cessation Program fees; Reversal of male and female voluntary sterilization procedures; and Extracorporeal Shock Wave Lithotripsy for musculoskeletal and orthopedic conditions.

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.

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Dollars & Sense – Easy ways to decrease your out-of-pocket healthcare expenses

If it's not an emergency... or even urgent

In this case, it's best to go to your own primary care physician's office for medical care. Your doctor knows you and your health history, and has access to your medical records. You also pay the least amount when you receive care in a doctor's office. In addition, experienced Care24 nurses are always available to provide immediate answers to your and your family's health questions, 24 hours a day, every day of the year by calling 1-800-806-3052.

Primary Care Physician co-pay by Plan:

OAP 20 Plan	OAP 10 Plan
\$20	\$20

Convenience Care Centers

Sometimes, Convenience Care Centers can be a great alternative to seeing your regular physician for simple health care services. "Convenience Care Center" earned their nickname because they are located in some retail stores (selected MinuteClinic at CVS and Take Care Health Clinics at Walgreens) for convenient access. They are open 7 days a week, and weeknights too. Visits don't require an appointment, and the cost is consistent with your Primary Care Physician co-pay. Staffed by nurse practitioners and physician assistants, these centers offer an alternative to scheduling a doctor's office appointment for a range of simple services to patients 18 months and older. These may include common infections like bronchitis, bladder, ear, pink eye, or strep throat – and skin conditions like athlete's foot, cold sores, minor sunburn or poison ivy.

Convenience Care Centers co-pay by Plan:

OAP 20 Plan	OAP 10 Plan
\$20	\$20

To find a Convenience Care Center near you log on to CVS at <http://www.minuteclinic.com> or Walgreens at <http://www.takecarehealth.com>. If you do not have access to the Internet, you may call MinuteClinic at (866) 825-3227 or Take Care Clinic at (866) 825-3227.

I can't wait for my regular doctor... Urgent care

Sometimes, you need more than simple medical care fast, but the emergency room may not be necessary. A great alternative is an urgent care center, where you can get treated for many minor problems faster than at an emergency room and pay less than an Emergency Room visit.

Urgent Care Facility co-pay by Plan:

OAP 20 Plan	OAP 10 Plan
\$50	\$50

To find an Urgent Care Facility near you, log on to <http://www.myCIGNA.com> or [CIGNA.com](http://www.CIGNA.com). If you do not have access to the internet, you may call CIGNA Customer Service at 1-800-806-3052.

Emergency Room

If you believe you or your loved one may be experiencing an emergent medical condition, you should go to the nearest emergency room or call for emergency assistance (such as 911). Examples of emergent medical conditions may include (but are not limited to): fractures, heavy bleeding, large open wounds, sudden change in vision, chest pain, sudden weakness or trouble walking, major burns, spinal or severe head injuries or difficulty breathing. This is not an exhaustive list and you should not hesitate to access emergency services and care if you believe you or your loved one may be experiencing an emergent medical condition.

*Emergency Room co-pay by Plan:

OAP 20 Plan	OAP 10 Plan
\$200	\$200

* Emergency Room co-pay is waived if admitted. \$100 copay in JMH facilities (Memorial, North, South and Cedars/UM Hospitals)

Use the CIGNA Network Using doctors, hospitals and facilities that participate in the CIGNA network can save you a lot of money. "In-network" services apply to all health care services, including doctors and hospitals, as well as outpatient testing, treatment and surgery centers that are participating in the CIGNA network. Additionally, the CIGNA Care Network, a special group of designated in-network doctors and facilities who have met stringent quality and cost criteria, may offer additional value and savings. To verify that a doctor or facility is in CIGNA's network and the CIGNA Care Network, check our provider directory on myCIGNA.com or CIGNA.com, or call the number on the back of your CIGNA ID card.

Laboratory and Pathology Tests Two of the nation's largest laboratories, Quest Diagnostics, Inc. (Quest) and Laboratory Corporation of America (LabCorp), participate in the CIGNA network. Services at these labs can cost 70-75% less than the same services provided by hospital-based facilities and other laboratories. When you need lab services, discuss these options with your doctor. To find the nearest Quest and LabCorp locations, check our provider directory on myCIGNA.com or CIGNA.com. You can also contact Quest or LabCorp directly by phone or visit their websites:

- Quest: 800-377-7220 / web: www.questdiagnostics.com
- LabCorp: 888-522-2677 / web: www.labcorp.com

Radiology Services (MRI or CT Scan) If you need to have an MRI or CT scan, you can save hundreds of dollars by considering an independent radiology center (stand alone) instead of a hospital setting. While CIGNA contracts with all type of facilities, including hospitals and outpatient radiology centers, cost can vary greatly depending on where you have your MRI or CT scan (contact CIGNA for precertification requirements). Discuss the options with

your doctor. For help locating the most appropriate facility to have your MRI or CT scan, you can use our cost comparison tools on myCIGNA.com or call the customer service number on the back of your CIGNA ID card.

Selecting Where to Go for a Colonoscopy, Endoscopy or Arthroscopy. When your doctor recommends a colonoscopy, GI endoscopy or arthroscopy, make sure you know your options. Using an independent outpatient surgery center for these procedures instead of a hospital can often save hundreds of dollars. Talk with your doctor about options. For help locating the most appropriate facility, you can use our cost comparison tools on myCIGNA.com or call the customer service number on the back of your CIGNA ID card.

Pre-certification

What is it?

1. It allows you to know in advance whether a procedure, treatment or service will be covered under your plan.
2. It helps ensure that you receive the appropriate level of care in the appropriate setting.
3. It enables CIGNA to identify situations that may allow you to receive additional attention (e.g., referrals to disease or case management programs) based on the type of service requested.

When do I need it?

This list does not include all services requiring pre-certification. These are only examples based on common procedures, treatments, and services.

- All inpatient admissions and non-obstetric observation stays, including those for:
 - Skilled nursing facilities
 - Rehabilitation facilities
 - Long-term acute care facilities
 - Hospice care
 - Transfers between in-patient facilities
- Potentially experimental and investigational procedures
- Potentially cosmetic procedures
- Maternity stays longer than 48 hours (vaginal delivery) or 96 hours (cesarean section)
- Back surgery
- Certain outpatient procedures (see examples on following pages)
- Requests for in-network coverage of services from out-of-network health care professional (*if your plan only covers services from participating health care professionals*).

Questions?

Please visit myCIGNA.com or contact Customer Service at the toll-free number on your CIGNA ID card.



What outpatient services require pre-certification?

This list does not include all services requiring pre-certification. These are only examples based on common procedures, treatments and services.

- Please see your plan materials or check with your plan administrator for any exceptions.
- If you do not obtain pre-certification when required, your coverage may be reduced or denied.

PROCEDURE	DESCRIPTION	EXAMPLES
Potential Cosmetic or Reconstructive Procedures	<ul style="list-style-type: none"> ■ Procedures that could potentially be categorized as cosmetic in nature. ■ Any procedure performed to improve appearance or self-esteem, and is not a covered service. Severe facial or physical deformities that may call for reconstructive surgery are intensely reviewed. ■ Pre-certification helps determine which procedures are medically necessary. 	<ul style="list-style-type: none"> ■ Breast reduction ■ Erectile dysfunction ■ Lipectomy ■ Skin removal or enhancement ■ Specific eye, ear or nose procedures ■ Treatment of varicose veins
Durable Medical Equipment (DME)	<ul style="list-style-type: none"> ■ Non-disposable medical equipment that is appropriate for use in the home. Certain DME is reviewed for medical necessity. 	<ul style="list-style-type: none"> ■ Insulin pumps ■ Specialty wheelchairs ■ Seat/patient lift ■ Ultrasonic equipment ■ Speech generating devices
Home Health Care/ Home Infusion Therapy	<ul style="list-style-type: none"> ■ Home health care – the use of nursing or other rehabilitative services provided in an individual's home. ■ Both services often indicate the need for other interventions. 	<ul style="list-style-type: none"> ■ Skilled nursing visits ■ Home health aides, private duty nurses, rehabilitation therapists or other ancillary health care professionals treating individuals in a variety of settings, including the person's home
Injectable Drugs	<ul style="list-style-type: none"> ■ Injectable medications typically used to treat unique diseases and their consequences for a relatively small population. ■ Drugs are administered in the doctor's office or the home by a health care professional or the individual. 	<ul style="list-style-type: none"> ■ Medications used to treat conditions such as: <ul style="list-style-type: none"> –Infertility –Hemophilia –Multiple sclerosis –Rheumatoid arthritis ■ Some injectables such as growth hormone and immunoglobulins are reviewed for medical necessity

What services require pre-certification continued...

PROCEDURE	DESCRIPTION	EXAMPLES
MRIs/MRAs, CT Scans, and PET Scans	<ul style="list-style-type: none"> Advanced diagnostic imaging that shows detailed pictures of body organs and structures. Pre-certification helps determine medical necessity and helps ensure that each individual receives the appropriate test. 	<ul style="list-style-type: none"> CT/CAT Scans PET Scans MRIs/MRAs
External Prosthetic Appliances	<ul style="list-style-type: none"> Pre-certification allows for review of medical necessity/appropriateness. 	<ul style="list-style-type: none"> Myoelectronic microprocessors
Biofeedback	<ul style="list-style-type: none"> This alternative therapy is a method of consciously controlling a body function that is normally regulated automatically by the body. In many cases, scientific rationale for use is unclear, so therapy is reviewed on a case-by-case basis for medical necessity and effectiveness. 	<ul style="list-style-type: none"> Control of conditions such as migraine and incontinence
Speech Therapy	<ul style="list-style-type: none"> A specific type of rehabilitation treatment prescribed when an individual has difficulty speaking. Services require pre-certification to confirm coverage and help ensure appropriate care. 	<ul style="list-style-type: none"> Speech therapy

Who obtains it?

TYPE OF SERVICE	RESPONSIBILITY	NOTES
In-Network	Your Doctor	<ul style="list-style-type: none"> You may be required to pay a copay at the time of service. <i>(If you have a Health Reimbursement Account, the doctor sends a claim directly to CIGNA HealthCare.)</i> Doctors have been credentialed by CIGNA HealthCare.
Out-of-Network <i>(if covered by your plan)</i>	You	<ul style="list-style-type: none"> To obtain pre-certification, call the toll-free number on your CIGNA ID card. Your coverage may be reduced if you do not obtain pre-certification. Your out-of-pocket costs will be higher.



Nothing is more important than your good health. That's why there's **www.myCIGNA.com** – your online home for assessment tools, plan management, medical updates and much more.

Step 1

Enter **www.myCIGNA.com** in the web address line on your browser.

Step 2

Click on the **Register** button.



myCIGNA

Enter Your Identifying Information

To register for your plan information, please provide the following information.
Note: *Subscribers* will get access to all applicable information. *Dependents* who are covered by a mail order pharmacy plan can register for access to their own pharmacy information. To protect your privacy, subscribers and dependents should register themselves and not allow others to perform the registration process on your behalf.

By proceeding with registration you represent and acknowledge either that you are the CIGNA customer, and that you are over the age of 13, or that you are the authorized representative, parent, or legal guardian of the CIGNA customer, whose personal information will be accessible through this website.

* Indicates required field.

* Date of Birth: (mm/dd/yyyy)

* Home ZIP Code:

* Member ID:

Your member ID number can be found on your identification card. Please input the entire number from your member ID card.

Don't have a CIGNA ID card?

OR

* Temporary ID:

* Temporary Password:

If you've received a letter from us with a temporary ID and password, enter them exactly as they appear in the letter.

Register

Step 3

Enter your **Date of Birth, ZIP code** and your **Member ID number** which is printed on your ID card.

Step 4

Click on **Register**. Upon entering personal information a **Confirmation Page** should then appear. Click "**Accept**" if all information is accurate. **41**

HIGHLIGHTS:

Visit myCIGNA – you can:

- Find personal plan and claim information.
- Print a temporary ID card or request a new one.
- Get health care information.
- Track total charges and what you pay out-of-pocket.
- Plan for health expenses.

That's not all. You can access quality and cost information for certain procedures, tests and surgeries to help you make more informed decisions about where to receive care.

Use this guide to help find important features to help you manage your health and make the most of your health plan.

Note: This guide is based on the experience of a typical user. Actual features may vary based on your plan and your individual security profile.

Getting to know



Home

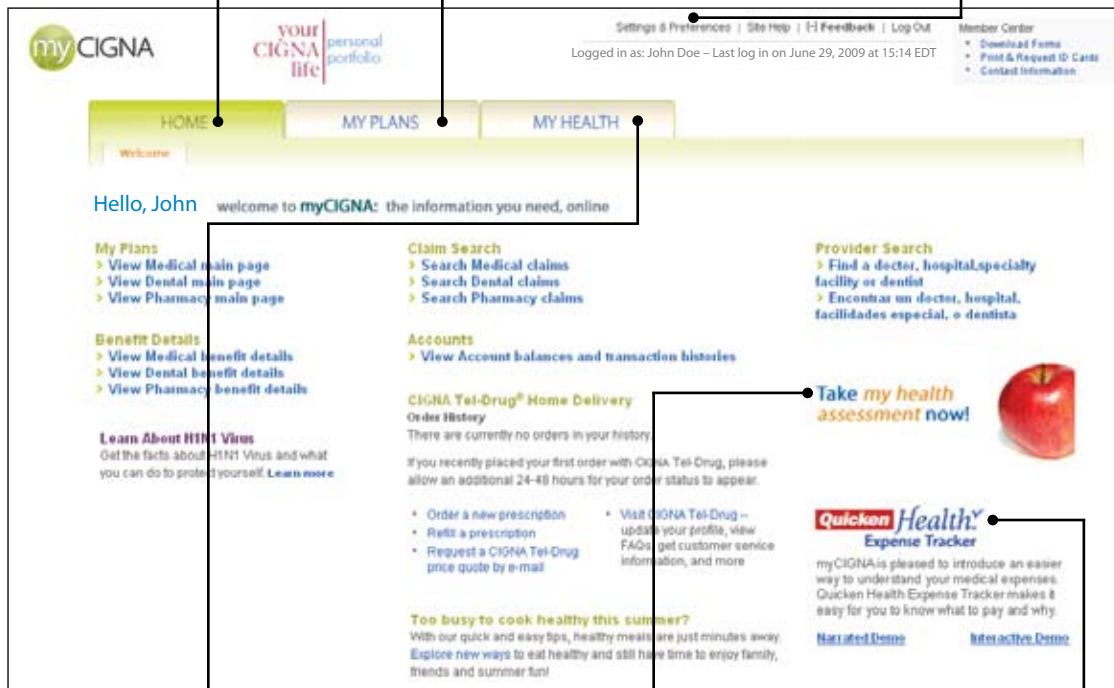
Upon log-in you'll land on your personal Welcome Page where you'll find quick links to the more popular online tools.

My Plans

Where most of your coverage details are found.

Settings & Preferences

Change your password, email address, default start page and preferences to things like email communication and your WebMD® health record.



My Health

Take advantage of a wealth of health-related resources including:

- Cost and quality comparisons
- WebMD tools
- Health management information
- Healthwise® Knowledgebase medical encyclopedia
- *my health assessment*

Health Assessment

Complete a confidential online questionnaire, and find personalized health and wellness recommendations.

Quicken Health Expense Tracker

An online tool that lets you organize, manage and monitor all your medical expenses and information in one place.



HIGHLIGHTS:

- Perform key tasks related to your medical plan.
- Search for claims, view plan information.
- Access your plan-specific directory.
- Access additional resources including commonly asked questions, health assessment, and preventive health information.

Note: This guide is based on the experience of a typical user. Actual features may vary based on your plan and your individual security profile.

Plan Summary

Find your plan information, including who's covered.

Medical Claims Quick Search

Search for claims for up to 365 days at a time. Claims are available for the past 24 months.

I Want to ...

Search for a hospital, doctor, dentist, pharmacy, lab or clinic. Compare doctors and hospitals. Take *my health assessment* or print ID cards.

My Plans - Medical

Plan Summary
JOHN DOE

Plan: HRA/OPEN ACCESS PLUS
CIGNA Care Network
Pharmacy Plan: Tier 3
Account Number: 1234567
Effective Date: 07/30/2007
Status: Active
[See who's covered](#)

Message from CIGNA
Quest Diagnostics (1.800.377.7220) and Laboratory Corporation of America (1.888.522.2677) are preferred national laboratories. Ask your doctor, call or visit these links for locations nearest you.
View the [Getting to Know myCIGNA Guide](#) (PDF 1.9M) for more detailed information on myCIGNA.
Losing your health plan coverage? Choices for maintaining health coverage after a loss of employment or other triggering event.
Message from your employer
Concerned about a major health problem? New covered benefit: Get a confidential online second opinion from the MyConsult experts at Cleveland Clinic. [more](#)
New! Access Your Healthy Life Personal Health Team [more](#)

Medical Claims Quick Search
Find medical claims for: JOHN DOE
Service date(s) within: Last 30 Days [Find Claims](#)
[Advanced date range search](#)

My Medical Deductibles - Year-to-Date
Track how much you have paid towards your deductible and accumulated towards plan maximums.

Deductibles - Year-to-Date	In Network	Out-of-Network	
	Amount	Met	Remaining
Plan Accumulation	\$1,500.00	\$1,500.00	\$0.00

[View deductibles and maximums for all members](#)

Medical Benefits
[View your medical benefit details](#)
Take a look at who's covered and what your plan covers, including answers to questions about deductibles, benefit maximums, out-of-pocket maximums and medical authorizations.

Additional Resources
[View preventive health benefit information](#) (PDF 144k)
See what preventive and wellness services are covered.
[Add or Switch a Primary Care Physician](#)
Search our provider directory to add or switch the designated Primary Care Physician for you or your dependents.

I Want to...

- Find a doctor, hospital or special facility
- Encontrar un doctor, hospital, o facilidades especial
- Estimate medical costs for a condition or procedure
- Take *my health assessment*
- Print a temporary ID card
- Request a new ID card
- Compare Hospitals
- Learn more about Well Informed

Related Health Resources

- MyConsult Online Second Opinion (covered benefit)
- Behavioral Health Tools and Plan Information
- CIGNA Companies' Summary Plan Description (SPD)
- Convenience Care Clinics
- CIGNA Tel-Drug Home Delivery
- Healthy Life Personal Health Team

Discounts from Healthy Rewards

- Save on health and wellness products and services.

Select a Program [GO](#)

My Medical Deductibles

Track how much you pay toward your deductibles (the amount you pay) and accumulate toward plan maximums.

Medical Benefits

View a summary of your plan's coverage, including answers to questions about what you need to pay out-of-pocket.

Discounts from Healthy Rewards

Learn how you can save on health and wellness products and services.



HIGHLIGHTS:

- Search for claims.
- View plan information.
- Review real time drug pricing information based on your pharmacy plan.
- Order medications through CIGNA Home Delivery PharmacySM.
- Locate nearby pharmacies.
- Compare your medication with other drug options, including brand names, available generics and other low-cost drug alternatives.
- Confidentially submit questions to a pharmacist for answers you need.

Note: This guide is based on the experience of a typical user. Actual features may vary based on your plan and your individual security profile.

Price a Medication

Compare costs of your prescription drugs at specific retail pharmacies and CIGNA Home Delivery Pharmacy.

I Want to ...

Find links to popular tasks, such as searching for a pharmacy, downloading a form and printing ID cards.

The screenshot shows the 'My Plans - Pharmacy' section of the myCIGNA website. It includes a 'Plan Summary' for JOHN DOE, a 'Message from CIGNA' about Lipitor, and several navigation links: 'Price a Medication', 'CIGNA Tel-Drug® Home Delivery Pharmacy', 'Pharmacy Claims Search', and 'Pharmacy Benefit Details'. On the right side, there are sections for 'I Want to...' (with links to Find a Pharmacy, Get a Prescription Drug Claim Form, etc.), 'Related Health Resources', and 'Discounts from Healthy Rewards®'. A 'Select a Program' dropdown menu is visible at the bottom right.

CIGNA Home Delivery Pharmacy

Order a new prescription or refill an existing prescription through our convenient mail-order service. Take advantage of our lower costs and get a 90-day supply delivered to your door at no additional cost for delivery.

Pharmacy Claims Search

Search for pharmacy claims for the primary plan subscriber for the past 16 months.

HIGHLIGHTS:

- View balances and transaction history for accounts specific to your plan such as a Health Reimbursement Account (HRA), Health Savings Account (HSA), Healthy Awards Account® or Flexible Spending Account (FSA).
- Find a list of services and expenses covered by your account(s).

- Get detailed information on how your account(s) work.

Note: This guide is based on the experience of a typical user. Actual features may vary based on your plan and your individual security profile.

Getting to know



My Accounts

View your balances & transaction history for your account(s). Understand how your account(s) work.

I Want to ...

Find links to popular tasks, such as searching for a doctor or hospital, learning what your account covers or downloading a form.

My Plans - Accounts

Account Summary
JOHN DOE

Accounts:

- Health Reimbursement Arrangement (HRA)
- Flexible Spending Account

Your employer has elected medical auto claim forwarding for your HRA.

You have elected Health Care FSA medica auto claim forwarding.

Message from CIGNA

Have your FSA reimbursements deposited directly to your bank account. Simple online setup can be found by selecting **Settings and Preferences** at the top of this page.

View the [Getting to Know myCIGNA Guide](#) (PDF 1.9M) for more detailed information on myCIGNA.

My Awards Programs

- [View My Awards Program](#)
Learn about available programs and view completed programs

My Accounts

- [View HRA and FSA Balances & Transaction History](#)
View your balance & transaction history for your Health Reimbursement Arrangement (HRA) and Health Care Flexible Spending (FSA) Accounts
- [HRA Overview](#)
Understand how your Choice Fund HRA works.
- [Health Care FSA Overview](#)
Understand how your Health Care FSA works.

I Want to...

- Encontrar un doctor, un hospital, o una facilidad especial
- Find a doctor, hospital or special facility
- Take my health assessment
- See what's covered by my HRA
- See what's covered by my Health Care FSA
- Use the FSA Calculator
- Download my Account Reimbursement Forms

Related Health Resources

- CIGNA Companies' Summary Plan Description (SPD)
- Shop FSA Store at drugstore.com

Discounts from Healthy Rewards®

- Save on health and wellness products and services.

Select a Program

My Awards Programs

Learn about available programs and view completed programs.



HIGHLIGHTS:

Visit myCIGNA – you can:

- Complete *my health assessment*.
- Compare hospitals for cost and quality.
- Seek health advice.
- Learn more about a particular condition or procedure.
- Get estimated costs for specific procedures.

- Search the CIGNA 24-Hour Health Information LineSM and Healthwise[®] Medical Encyclopedia for information on hundreds of medical topics.

Note: This guide is based on the experience of a typical user. Actual features may vary based on your plan and your individual security profile.

Cost and Quality Resources

Compare cost and quality between doctors and hospitals to help you decide where to receive care.

Health Management Resources

Find information on CIGNA HealthCare resources that help you get healthy and stay healthy. Depending on your plan, these resources include the CIGNA 24-Hour Health Information Line, CIGNA HealthCare Healthy Babies[®], and CIGNA Health Advisor[®].

my health assessment

Help improve your health by completing this secure online health questionnaire.

Condition and Wellness Resources

Find support tools on a number of conditions. Learn how you can get healthy with our trained medical practitioners.

WebMD Personal Health Manager

A suite of tools and health resources to better assess, track and manage your personal health.

Medical Encyclopedia from Healthwise

Learn more about your condition, procedure or upcoming medical test. Find support groups or learn more about your medications.

HIGHLIGHTS:

- Find all participating CIGNA HealthCare doctors, hospitals, pharmacies, labs and clinics.
- Get to know the different tools that can help you find quality care at lower costs. Find out how choosing a CIGNA Care designated specialist can save you on out-of-pocket costs.

- Select common conditions or procedures to find providers and experience a complete and uninterrupted scenario of care.

Note: This guide is based on the experience of a typical user. Actual features may vary based on your plan and your individual security profile.

Getting to know



Type of Provider

Find a doctor or hospital in your area. Look for a Center of Excellence, or if your plan includes CIGNA Care, consider a specialist with the CIGNA Care designation.

Search by Specialty

Look for a doctor or hospital based on a procedure, symptom or condition.

Search

Run your inquiry by City, State or ZIP. Specify how far you are willing to travel.

The screenshot shows the myCIGNA website's Provider Directory search page. At the top, there are navigation links for Settings & Preferences, Site Help, Feedback, and Log Out. A user is logged in as John Doe. The main heading is "Provider Directory - Find a Provider". Below this, there is a search form with several fields and filters. A yellow banner at the top of the search area reads: "Oregon residents: You may be eligible to get cost estimates for common procedures and services. You may send an email to customer service to see if you qualify." The search form includes a dropdown for "Physician", a "By Specialty" dropdown set to "Family Practice", and a distance filter set to "25 miles". There are input fields for "Address", "City", "State", and "Zip Code" (06268). Below the search form are "Optional Filters" for "Accepting New Patients", "Gender", "Board Certified", and "Secondary Language". At the bottom, there are radio buttons for "Your CIGNA HealthCare Network" and "Out of Your Network". On the right side, there is a "Member Center" with links to "Download Forms", "Print & Request ID Cards", and "Contact Information". Below that is a section for "Other Provider Directories" with links to various CIGNA Certified services like "Bariatric Surgery", "Oncology Centers", "Hospice Centers", "Dollars & Sense", and "VT Hospital Pricing and Financial Report". A "NEW" notice at the bottom right highlights targeted search options.

Guide to Your Explanation of Benefits

See how your benefits are working for you with this easy-to-understand document that shows you the costs associated with the medical care you've received.

When a claim is filed under your CIGNA benefits plan, you get an Explanation of Benefits (EOB). Because we know health care expenses can be confusing, we've simplified the language and summarized the most important information about the claim.

Page 1

The Summary page gives an overview of how your benefits are working for you – quickly see what was submitted, what's been paid, and what you owe.

Date of service and health care professional are both listed for easier reference.

If your health accounts paid part of your expenses, you'll see what's been paid and remaining balances.

The amount you owe does not reflect any amount you may have already paid.

This reflects the total value of your plan – the amount you saved by visiting an in-network health care professional or facility, and the amount paid by your plan.

Connecticut General Life Insurance Company
Bourbonnais Claim Office
PO Box 188003
Chattanooga, TN 37422-8033



Connecticut General Life Insurance Company

YOUR NAME
1 MAIN STREET
ANYWHERE, USA 12345

THIS IS NOT A BILL.

Your health care professional may bill you directly for any amount that you owe.

Customer service

Call the number on the back of your ID card or **1.800.244.6224 (1.800.CIGNA24)**
www.myCIGNA.com

If you have any questions about this document please call Customer Service at the number above. Please have your reference number ready.

Service Dates

March 10, 2010

Reference # / ID

9999999999999 / U9999999999

Account name / Account

ABC Company / 99999999

Explanation of benefits

for a claim received for YOUR NAME, Reference # 999999999999

Summary of a claim for services on March 10, 2010 for services provided by DR. JOHN WELLBEING

Amount billed	\$230.00	This was the amount that was billed for your visit on 03/10/2010.
Discount	\$41.35	You saved \$41.35. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What my CIGNA plan paid	\$188.65	CIGNA paid \$188.65 to JOHN WELLBEING MD on 04/02/2010.
What my accounts paid	\$0.00	\$0.00 was paid from your Health Reimbursement Account (HRA), you now have \$0.00 left. \$0.00 was paid from your Flexible Spending Account (FSA), you now have \$918.57 left.
What I owe	\$0.00	This is the amount you owe after your discount, what your CIGNA plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid when you received care may reduce the amount you owe.

You saved

100%

You saved \$230.00 (or 100%) off the total amount billed. This is a total of your discount and what your CIGNA plan paid.

To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

PLEASE SEE CLAIM DETAILS ON PAGE 3.



If you're unsure of words or terms, look them up under the Glossary.

Your Rights of Review and Appeal will help you figure out what to do if you disagree with any of the benefits decisions made on this claim.

Glossary

Amount billed: The amount charged by the health care professional or facility (physician, hospital, covered dependents).

Amount not covered: The portion of the amount billed that was not covered or eligible for payment charges for services or products that are not covered by your plan, duplicate claims that are not submitted that are above the maximum amount your plan pays for out-of-network care.

Deductible: The portion of submitted charges applied towards your deductible. Your deductible is the amount you must pay out of pocket before your health plan begins to pay for covered services.

Rights of review and appeal

If you have any questions about this explanation of benefits, please call Customer Service at the number on the back of your explanation of benefits card.


If you're not satisfied with this decision, you can start the Appeal process by sending a written request to your plan materials within 180 days of receipt of this explanation of benefits (unless a longer time period is specified). Please follow the steps below to make sure that your appeal is processed in a timely manner.

- If you're not satisfied with this coverage decision, you can start the Appeal process by submitting a written request to your plan materials within 180 days of receipt of this explanation of benefits (unless a longer time period is specified).

The Claims Detail page follows the Glossary page. Here, you'll find:

The dollar amount and percentage CIGNA paid toward the covered amount, minus any copay/deductible you're responsible for.

The portion of covered expenses you're responsible for paying. For example, if your CIGNA plan covers 90% of the covered amount, you pay the remaining 10%.



Claim received for Your Name
Reference # 9999999999
ID 9999999999

THIS IS NOT A BILL.

Claim detail
 CIGNA received this claim on March 26, 2010 and finished processing it on March 27, 2010.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/Deductible	What my CIGNA plan paid % paid	Coinsurance	My account paid	Account paid from	What I owe	See notes
Dr. John Wellbeing Reference 3/10/2010	PHYSICIAN	230.00	41.35	0.00	188.65	0.00	188.65	0.00	0.00		0.00	A
Total		\$230.00	\$41.35	0.00	\$188.65	0.00	188.65		0.00		0.00	

**After you have met your deductible, the cost of the covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.*

What I need to know for my next claim

You've now paid a total of \$0 toward your \$1,000 in-network deductible for this plan year.
 You've now paid a total of \$0 toward your \$1,500 out-of-network deductible for this plan year.
 You've now paid a total of \$0 toward your \$4,000 in-network out-of-pocket expenses for this plan year.
 You've now paid a total of \$0 toward your \$5,500 out-of-network out-of-pocket expenses for this plan year.

Other important information that I need to know

Part 919 of the Rules of the Illinois Division of Insurance requires that our company advise you that if you wish to take this matter up with the Illinois Division of Insurance, it maintains an Office of Consumer Health Insurance (OCHI) in Chicago at 100-W. Randolph Street, Suite 9-301, Chicago, Illinois, 60601-3395 and in Springfield at 320 West Washington Street, Springfield, Illinois 62767-0001. The OCHI can also be reached toll-free within Illinois at 877.527.9431. The main telephone number for the Chicago office is 312.814.2420 and for the Springfield office is 217.782.4515.

Notes

A. Thank you for using the CIGNA HealthCare preferred provider organization (PPO) network. This represents your savings, so you are not required to pay for this amount. This provider is prohibited from billing the patient for the difference. If you have already paid the amount in full, please request reimbursement from your provider. IN. or CA. health care professionals, for information regarding the contractual source of your discounted rate, please contact CIGNA customer service at 1.800.88cigna (882.4462)

RETAIN THIS FOR YOUR RECORDS

What you have left in your plan deductibles and out-of-pocket expenses.

Help with making an appeal if you're unsatisfied with part or all of your claim being denied. The information is state-specific.

If your "Covered amount" is less than your "Amount billed," it could be due to CIGNA discounts (a portion you don't have to pay) or amounts not covered (a portion you might have to pay). The Notes section will tell you specific details.



CIGNA LIFESOURCE Transplant Network®

As a CIGNA HealthCare member, you'll have access to the CIGNA LIFESOURCE Transplant Network®, a network of participating organ and tissue transplant centers. Developed by a team of CIGNA HealthCare clinical professionals, the Transplant Network includes respected hospitals and medical centers throughout the country.

Each transplant facility is evaluated for favorable rates of patient outcomes, support services and "patient friendly" environments, before it is included in the CIGNA LIFESOURCE Transplant Network.

CIGNA LIFESOURCE participants are managed by the Comprehensive Transplant Case Management Unit. This unit consists of Registered Nurses with clinical experience in transplant, hematology/oncology, home health care, dialysis, critical care and/or community care. They are specially trained to manage complex transplant cases.

Benefits from the Comprehensive Transplant Case Management Unit include:

- Clinical partnership with providers
- Consistency in service and benefit administration
- Dedicated resources for complex areas of medicine
- Advocacy
- Administrative efficiency

In some instances a travel reimbursement is offered as a feature of the program. Please be aware that most of these expenses are considered taxable income.

As a CIGNA HealthCare member, you can have access to these services when they are coordinated through your physician and your CIGNA HealthCare plan Medical Director.

You may not receive the in-network level of benefits for all types of transplants at all facilities. In addition, our network of facilities changes frequently. For the most current listings with the programs covered at the in-network benefit level, please visit www.cigna.com/lifesource or call CIGNA LIFESOURCE Member Services at 800.668.9682.

Not all CIGNA LIFESOURCE Transplant Network facilities are available to members in all plans. Please call Member Services at 800.668.9682 for more information. If you are already in transplant case management, please call your case manager directly.

**Respected
hospitals and
medical
centers
throughout
the United
States.**

Spend less on prescription medications

As consumers, we often price shop to get the best value for our dollar. But you may not realize that you can also compare prices for prescription medications. There are often many medications that treat a particular illness. The medications may be equally effective, but their costs can vary greatly. Here are some tips on how to save money on prescription medications by choosing medications that offer better health value and cost less.

Know Your Pharmacy Benefit

Each prescription medication has a copay, which is the amount that you pay for that medication under your pharmacy benefit. The copay amount depends on which “tier” the medication is in on your Prescription Drug List (PDL). Medications in Tier 1 have the lowest copay, and they are your most affordable options. Medications in Tier 3 have the highest copay. Knowing which medications are in Tier 1 and Tier 2 will help you understand where you can save money.

- Go to **myCIGNA.com** after January 1, 2011 or **www.CIGNA.com** and click on “Drug Lists” to price medications and make note of your lowest cost options. Ask your doctor if they are appropriate for your treatment.
- Ask your doctor or pharmacist if a less expensive alternative is available.
- Call the customer service number on your ID card and ask the representative to check for lower cost options.

Consider Pharmacies That Offer Discounts on Generics

Some retail pharmacies offer very low prices on select generic drugs—often less than your usual copay—and include commonly prescribed generic medications for several conditions such as asthma, anxiety, high blood pressure and infection (antibiotics).

- Ask your doctor if there is a generic alternative that is appropriate for your treatment.
- Refer to the list on the back to see generic medications that are often included in retail generic discount programs.
- Check with your local pharmacy to see if it offers a discount on generic medications.
- Be sure to give the pharmacist your ID card so the claim can be processed under your pharmacy benefit. You should only have to pay the pharmacy’s discounted cost.

Ask About Over-the-Counter (OTC) Alternatives

Several popular brand-name medications have been approved for OTC sales in recent years. Prescription strength formulas are available without a prescription for conditions such as allergies, heartburn and acid reflux.

- Ask your doctor or pharmacist if there is an OTC alternative available that is right for you.
- Use your Flexible Spending Account dollars on eligible products.
- Check product and manufacturer Web sites for money saving coupons.

To obtain a list of medications included in discount programs you can log on to the following local pharmacies:

Walmart

<http://www.walmart.com/catalog/catalog.gsp?cat=546834>

Target Pharmacy

http://sites.target.com/site/en/health/generic_drugs.jsp?sort

Walgreens

<https://webapp.walgreens.com/MYWCARDWeb/servlet/walgreens.wcard.proxy.WCardInternetProxy/RxSavingsRH?>

CVS Pharmacy

http://www.cvs.com/CVSAApp/images/promotions/landingpages/rx/rx08037_health_sav_pass/health_savings_pass_medicationlist.pdf

Publix

<http://www.publix.com/wellness/pharmacy/GenericDrugInformation.do>