

SUMMARY OF BENEFITS

INDIVIDUAL & FAMILY PLANS GEORGIA OPEN ACCESS 1000



BENEFIT	IN NETWORK	OUT OF NETWORK
Annual Individual Deductible	\$1,000	\$2,000
Annual Family Deductible	\$2,000	\$4,000
<i>All benefits listed below are subject to the deductible unless otherwise noted</i>		
Coinsurance	CIGNA pays 80% of eligible charges	CIGNA pays 60% of eligible charges
Individual Out of Pocket Maximum	\$2,000	\$6,000
Family Out of Pocket Maximum	\$6,000	\$18,000
<i>Copays, deductibles and pharmacy charges do not apply to the out of pocket maximum</i>		
Lifetime Maximum	\$5,000,000 per member	
PHYSICIAN SERVICES		
Office Visit Primary Care Physician	\$25 copay deductible waived	CIGNA pays 60%
Specialist	\$35 copay deductible waived	
Inpatient Physician Services <i>(Including all In-Hospital Care)</i>	CIGNA pays 80%	CIGNA pays 60%
Surgery <i>(in any setting)</i>	CIGNA pays 80%	CIGNA pays 60%
PREVENTIVE CARE		
Children (through age 5) Office visit	\$25/\$35 copay deductible waived	CIGNA pays 60% deductible waived
Immunizations/Lab work	CIGNA pays 80% deductible waived	
Adult Preventive Care (age 6 and older) Office visit	\$25/\$35 copay deductible waived	CIGNA pays 60%
Mammogram	CIGNA pays 80% deductible waived	
PAP Smear		
PSA Colorectal Cancer Screening		
Routine Physicals to include immunizations, flu shots, and lab work <i>\$300 maximum per member, per year</i>	\$25/\$35 copay deductible waived	CIGNA pays 60%
INPATIENT HOSPITAL FACILITY SERVICES		
In-Hospital Care Services <i>(semi-private inpatient room and board, pharmacy, x-ray and laboratory, operating room, etc.)</i>	CIGNA pays 80%	CIGNA pays 60%
OUTPATIENT SERVICES		
Lab/X-ray	CIGNA pays 100% up to \$200 deductible waived, then CIGNA pays 80%	CIGNA pays 60%
CT Scan, MRI and Ultrasound	CIGNA pays 80%	CIGNA pays 60%
Cardio Pulmonary Rehab	CIGNA pays 80%	CIGNA pays 60%
Physical Therapy, Occupational Therapy and Speech Therapy <i>24 visit maximum per year, in- and out-of-network combined</i>	CIGNA pays 80%	CIGNA pays 60%

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BENEFIT	IN NETWORK	OUT OF NETWORK
EMERGENCY & URGENT CARE SERVICES		
Outpatient Surgery Facility charge	CIGNA pays 80%	CIGNA pays 60%
Hospital Emergency Room <i>(including radiology, pathology and ER physician and ancillary charges)</i> \$100 additional deductible waived if admitted	CIGNA pays 80%	CIGNA pays 80% if true emergency, otherwise CIGNA pays 60%
Urgent Care Services	CIGNA pays 80%	CIGNA pays 80% if true emergency, otherwise CIGNA pays 60%
Ambulance <i>Emergency transport only.</i>	CIGNA pays 80%	CIGNA pays 80% if true emergency, otherwise CIGNA pays 60%
OTHER HEALTH CARE FACILITIES		
Skilled Nursing Facility, Rehabilitation Hospital and Sub-acute Facilities <i>30 day maximum per year for combined services, both in- and out-of-network</i>	CIGNA pays 80%	CIGNA pays 60%
Home Health <i>60 visit maximum per year, in- and out-of-network combined</i>	CIGNA pays 80%	CIGNA pays 60%
Hospice	CIGNA pays 80%	CIGNA pays 60%
DURABLE MEDICAL EQUIPMENT (DME)		
<i>No annual maximum</i>	CIGNA pays 80%	CIGNA pays 60%
MENTAL HEALTH		
Inpatient <i>30 day maximum per person, per year, in- and out-of-network combined</i>	CIGNA pays 80%	CIGNA pays 60%
Outpatient <i>48 visit maximum per person, per year, in- and out-of-network combined</i>	CIGNA pays 80%	CIGNA pays 60%
PRESCRIPTION DRUGS (30-day supply)		
Brand Name Prescription Drug Deductible <i>Per person, per year, in- and out-of-network combined, including Mail Order</i>	\$100	
Generic	You pay \$10	You pay \$10
Brand Name	You pay \$35	You pay \$35
Non-Preferred Brand Name	You pay \$60	You pay \$60
Self Injectables	CIGNA pays 70%	CIGNA pays 70%
MAIL ORDER DRUGS (90-day supply)		
Generic	You pay \$25	You pay \$25
Brand Name	You pay \$85	You pay \$85
Non-Preferred Brand Name	You pay \$150	You pay \$150
Self Injectables	CIGNA pays 70%	CIGNA pays 70%

Exclusions:

- Conditions which are **pre-existing**.
- Services or supplies that CIGNA considers to be for **Experimental Procedures or Investigative Procedures**.
- Services for which the Insured Person has **no legal obligation to pay** or for which no charge would be made if the Insured Person did not have a health policy or insurance coverage.
- Any condition for which benefits are recovered or can be recovered, either by any workers' compensation law, employer's liability law or work related disease law.
- Conditions caused by: (a) an **act of war**; (b) the inadvertent release of nuclear energy when government funds are available for treatment of illness or injury arising from such release of nuclear energy; (c) an Insured Person participating in the **military service** of any country; (d) an Insured Person participating in an **insurrection, rebellion, or riot**.
- Any services provided by a local, state or federal **government agency**, except when payment under this Policy is expressly required by federal or state law.
- **Non-Duplication of Medicare**: Any services for which Medicare benefits are actually paid.
- If the Insured Person is eligible for **Medicare**, any services covered by Medicare under parts A or B are excluded regardless of actual enrollment in Medicare or payment by Medicare for those services. However, for any Covered Services, if there is a balance remaining after the Medicare Payment, or the amount that Medicare would have paid had the Insured Person enrolled in the program, CIGNA will pay the remaining balance up to the Medicare allowable amount. In no event, however, will the actual amount CIGNA pays exceed the amount that CIGNA would have paid if it were the sole insurance carrier.
- Any services for which payment may be obtained from any local, state or federal government agency.
- Professional services received or supplies purchased from the Insured Person, a person who lives in the Insured Person's home or who is **related to the Insured Person** by blood, marriage or adoption.
- Custodial Care.
- Inpatient or outpatient services of a **private duty nurse**.
- Inpatient room and board charges in connection with a **Hospital stay primarily for environmental change, physical therapy; Custodial Care or rest cures**; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- Assistance in activities of daily living, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or homemaker services, and services primarily for rest, domiciliary or convalescent care.
- Inpatient room and board charges in connection with a Hospital stay primarily for **diagnostic tests** which could have been performed safely on an outpatient basis.
- Treatment of **Mental, Emotional or Functional Nervous Disorders** except as specifically stated in the Policy. .
- Smoking cessation programs.
- Treatment of **substance abuse**.
- **Dental services, Orthodontic Services and dental implants**.
- **Hearing aids** and routine **hearing tests**, except as specifically stated in the Policy.
- **Optometric services, eye surgery** to correct refractive defects of the eye.
- **Cosmetic surgery**.
- **Aids or devices** that assist with nonverbal communication.
- **Non-medical counseling or ancillary services**.
- Services for redundant skin surgery, removal of skin tags, acupressure, carinosacral/cranial therapy, dance therapy, movement therapy, applied kinesiology, rolfing, pryotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, regardless of clinical indications.
- **Sex change surgery**.
- Treatment of **sexual dysfunction, impotence, fertility and/or infertility** and **Cryopreservation** of sperm or eggs.
- All **non-prescription Drugs**, devices and/or supplies that are available over the counter or without a prescription.
- **Orthopedic shoes** (except when joined to braces) or shoe inserts, including orthotics.
- Services primarily for **weight reduction** or treatment of obesity.



- **Routine physical exams** except as specifically stated in the Policy.
- Charges for **telephone or email consultations**.
- Items which are furnished primarily for **personal comfort** or convenience.
- **Educational services** except as specifically stated in the Policy.
- **Nutritional counseling** or food supplements, except as specifically stated in the Policy.
- **Syringes**, except as specifically stated in the Policy.
- **All Foreign Country Provider** charges.
- **Growth Hormone Treatment** except when such treatment is medically proven to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be clinically proven to be effective for such use and such treatment must be likely to result in a significant improvement of the Insured Person's condition.
- Routine **foot care**.
- Charges for the services of a **standby Physician**.
- Charges for **animal to human organ transplants**.
- Charges for **Normal Pregnancy or Maternity Care**.
- Claims received by CIGNA after 15 months from the date service was rendered, except in the event of a legal incapacity.

These Are Only the Highlights

This summary contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations including legislated benefits are contained in the Summary Plan Description or Insurance Policy. This plan is insured and/or administered by Connecticut General Life Insurance Company, a CIGNA Company.

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