

SUMMARY OF BENEFITS

INDIVIDUAL PLANS TEXAS OPEN ACCESS 3000



BENEFIT	IN NETWORK	OUT OF NETWORK
Annual Individual Deductible	\$3,000	\$6,000
Annual Family Deductible	\$6,000	\$12,000
<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	\$5,000	\$10,000
Family Out of Pocket Maximum	\$10,000	\$20,000
<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 Specialist	\$30 copay \$60 copay	CIGNA pays 60%
Inpatient Physician Services and all In-Hospital Care	CIGNA pays 80%	CIGNA pays 60%
Surgery (in any setting)	CIGNA pays 80%	CIGNA pays 60%
PREVENTIVE CARE		
Children (through age 6) Office Visit	\$30 copay	CIGNA pays 60%
Lab work Routine screenings	100% up to a maximum payment of \$300 per calendar year	100% up to a maximum payment of \$300 per calendar year
Immunizations	CIGNA pays 100%, deductible waived	CIGNA pays 100%, deductible waived
Preventive Care (age 7 and above) Office Visit	\$30/\$60 copay	CIGNA pays 60%
Lab Work, Immunizations – Flu Shot	100% up to a maximum payment of \$300 per calendar year	up to a maximum payment of \$300 per calendar year
Pap Smear, Mammogram PSA Colorectal Cancer Screening	CIGNA pays 100%, deductible waived	CIGNA pays 60%
INPATIENT HOSPITAL FACILITY SERVICES		
Semi Private Room and Board and all In-Hospital Services <i>(inpatient room and board, pharmacy, x-ray and laboratory, operating room, etc.)</i>	CIGNA pays 80%	CIGNA pays 60%
OUTPATIENT SERVICES		
Lab, X-ray, Ultrasound	CIGNA pays 80%	CIGNA pays 60%
CT scan and MRI	CIGNA pays 80%	CIGNA pays 60%
Cardio Pulmonary Rehab <i>Maximum 36 visits per year</i>	CIGNA pays 80%	CIGNA pays 60%
Physical Therapy, Speech Therapy (only for children with Developmental Delays and 3 years old or younger) and Occupational Therapy <i>24 total visits per year, in-and out-of-network and combined therapies.</i>	CIGNA pays a maximum payment of \$40 per visit	CIGNA pays a maximum payment of \$40 per visit
Outpatient Surgery Facility charge	CIGNA pays 80%	CIGNA pays 60%

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**INDIVIDUAL PLANS
TEXAS OPEN ACCESS 3000**



BENEFIT	IN NETWORK	OUT OF NETWORK
EMERGENCY & URGENT CARE SERVICES		
Hospital Emergency Room <i>Additional Deductible waived if admitted to hospital</i>	\$100 Additional Deductible then CIGNA pays 80%	\$100 Additional Deductible then 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. Maximum payment of \$3,000 per year</i>	CIGNA pays 80%	CIGNA pays 60%
OTHER HEALTH CARE FACILITIES		
Skilled Nursing Facility, Rehabilitation Hospital and Sub-Acute Facilities <i>100 day maximum per year and maximum payment of \$400 per day for skilled nursing facility</i>	CIGNA pays 80%	CIGNA pays 60%
Home Health <i>Maximum of 60 days per calendar year</i>	CIGNA pays 80%	CIGNA pays 60%
Hospice <i>Lifetime Maximum payment of \$15,000</i>	CIGNA pays 80%	CIGNA pays 60%
DURABLE MEDICAL EQUIPMENT (DME)		
<i>Maximum of \$5000 per calendar year</i>	CIGNA pays 80%	CIGNA pays 60%
MENTAL HEALTH		
Inpatient <i>Maximum benefit of \$3,000 per calendar year</i>	CIGNA pays \$200 maximum per day	CIGNA pays \$200 maximum per day
Outpatient <i>Maximum 24 visits per person, per year for both In- and Out-of-Network combined</i>	CIGNA pays \$30 maximum per visit	CIGNA pays \$30 maximum per visit
PRESCRIPTION DRUGS		
Brand Name Prescription Drug Deductible Does not apply to Generic Per person, per calendar year	\$500 per member per year	
Pharmacy Brand Name Calendar Year Maximum <i>Per person, per calendar year</i>	\$5,000	
Generic	You pay \$10 Copay per 30-day supply	CIGNA pays 50%
Brand Name	You pay \$35 Copay per 30-day supply	CIGNA pays 50%
Non Preferred Brand Name	You pay \$60 Copay per 30-day supply	CIGNA pays 50%
Self Injectables	CIGNA pays 70%	CIGNA pays 50%
MAIL ORDER DRUGS		
Generic	You pay \$25 Copay per 90-day supply	Not Applicable
Brand Name	You pay \$85 Copay per 90-day supply	Not Applicable
Non-Preferred Brand Name	You pay \$150 Copay per 90-day supply	Not Applicable
Self Injectables	CIGNA pays 70%	Not Applicable

EXCLUSIONS:

- Services or supplies that CIGNA considers to be for **Experimental Procedures or Investigative Procedures**.
- Services for which You have **no legal obligation to pay** or for which no charge would be made if You did not have health plan or insurance coverage, except to the extent that the availability of insurance or health plan coverage may be considered by a tax supported institution of the State of Texas providing treatment of mental illness or mental retardation to determine if a patient is non-indigent, as provided in Article 3196a of Vernon's Texas Civil Statutes.
- Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any **workers' compensation**, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.
- Conditions caused by: (a) an **act of war**; (b) the inadvertent release of nuclear energy when government funds are available for treatment of illness or injury arising from such release of nuclear energy; (c) an Insured Person participating in the **military service** of any country; (d) an Insured Person participating in an **insurrection, rebellion, or riot**.
- Any services provided by a local, state or federal **government agency**, except (a) when payment under this Policy is expressly required by federal or state law; or (b) services provided for the treatment of mental or nervous disorders by a tax supported institution of the State of Texas.
- Any services for which payment may be obtained from any local, state or federal **government agency** (except Medicaid). Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
- 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.
- 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**.
- 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.
- **Dental services**, Orthodontic Services and Dental Implants.
- **Optometric services**, eye surgery to correct refractive defects of the eye.
- **Aids or devices** that assist with nonverbal communication.
- **Non-Medical counseling or ancillary services**.
- Services for **redundant skin surgery**, removal of skin tags, acupuncture, carinosacral/cranial therapy, dance therapy, movement therapy, applied kinesiology, rolfing, pyrotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, regardless of clinical indications.
- **Cosmetic surgery**.
- **Sex change**.

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- Treatment of **sexual dysfunction** impotence and/or inadequacy except if this is a result of an Accidental Injury, organic cause, trauma, infection, or congenital disease or anomalies.
- All services related to the evaluation or treatment of **fertility and/or Infertility**.
- All **non-prescription** Drugs, devices and/or supplies that are available over the counter or without a prescription.
- **Cryopreservation** of sperm or eggs.
- **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.
- Items which are furnished primarily for **personal comfort** or convenience.
- **Educational services** except for Diabetes Self-Management Training Program, and as specifically provided or arranged by CIGNA.
- **Nutritional counseling** or food supplements, except for formulas necessary for the treatment of phenylketonuria.
- **All non-emergency Foreign Country Provider**.
- **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**.
- 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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