

SUMMARY OF BENEFITS



CIGNA HealthCare

Your CIGNA HealthCare CIGNA Care Network 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.
- In certain areas your employer has selected **CIGNA Care Network®**. If you need certain types of specialty care, you will receive a higher level of in-network benefits when you receive covered services from providers with the CIGNA Care Network designation. CIGNA Care Network designated specialists meet CIGNA HealthCare credentialing standards and additional criteria.
- 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 programs and services designed to enhance your health and wellness. Just call 1.800.870.3470 or visit our web site at www.cigna.com.

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 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.

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 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.
- **CIGNA Healthy Pregnancies, Healthy Babies®** is designed to help prevent complications during pregnancy and improve the chances for healthy pregnancies and deliveries. The program aims to identify expectant mothers with risk factors, and help them lower their risk of complications with patient education, wellness programs and targeted support from nurse case managers.

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 at the lowest out-of-pocket costs available under your plan. 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 "participating 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.

For Employees of Maricopa County 2009 OAP Low Plan

CIGNA CARE NETWORK (CCN)

Provider Designation – Specialists

Designated as CIGNA Care Network (CCN)

Specialists Included:

Major Specialties within a CCN geography as follows:

Endocrinology, Allergy/Immunology, Ear/Nose/Throat, Cardiology, General Surgery, Dermatology, Gastroenterology, Hematology/Oncology, OB/GYN, Infectious Disease, Neurology, Nephrology, Ophthalmology, Orthopedics/Surgery, Rheumatology, Cardio-Thoracic Surgery, Neurosurgery, Urology, Colon and Rectal Surgery and Vascular Surgery

Specialist Benefit Level: CIGNA Care Network (CCN) Specialist

Unassessed Specialists: - Providers who are not one of the major specialties (i.e. PCP, Facilities, Ancillary), or who are not in a CCN activated geography, are not evaluated against the CIGNA Care Network criteria. They are considered unassessed and are available to members at the Non-CIGNA Care Network (Non-CCN) benefit level.

Specialists Included: Outside the CCN Geography or not one of the Major Specialties

Specialist Benefit Level: Non-CIGNA Care Network (Non-CCN) Specialist

Designated as Non-CIGNA Care Network (Non-CCN) Specialist

Specialists Included: Major Specialties within a CCN geography

Specialist Benefit Level: Non-CIGNA Care Network (Non-CCN) Specialist

BENEFIT INFORMATION	IN-NETWORK	OUT-OF-NETWORK
Contract Year Plan Deductible <i>Individual / Family Maximum</i>	\$300 / \$600	\$1,000 / \$2,000
Contract Year Out-of-Pocket Maximum <i>Individual / Family Maximum</i> Note: Once the Out-of-Pocket Maximum is reached, inpatient facility copays, outpatient facility copays and advanced radiological imaging copays will no longer be required	Includes inpatient facility copays, outpatient facility copays and advanced radiological imaging copays. Other copays do not accumulate Excluding Plan Deductible \$5,000 / \$10,000	Includes inpatient facility copays, outpatient facility copays and advanced radiological imaging copays. Other copays do not accumulate Excluding Plan Deductible \$10,000 / \$20,000
Coinsurance	Standard Plan: CIGNA HealthCare pays 90% of eligible charges. You pay 10% of charges after plan deductible. CCN Specialists: CIGNA HealthCare pays 90% of eligible charges. You pay 10% of charges after plan deductible. Non – CCN Specialists: CIGNA HealthCare pays 90% of eligible charges. You pay 10% of charges after plan deductible.	CIGNA HealthCare pays 70% of eligible charges. You pay 30% of charges after plan deductible.
Precertification -Inpatient – PHS+ (required for all inpatient admissions) Precertification – Outpatient – PHS+ (required for selected outpatient procedures and diagnostic testing or outpatient services)	Coordinated by your physician Coordinated by your physician	Participant must obtain approval for inpatient admission; subject to penalty/reduction or denial for non-compliance Participant must obtain approval for selected outpatient procedures and diagnostic testing; subject to penalty/reduction or denial for non-compliance.
Lifetime Maximum	Unlimited	Unlimited
Pre-existing Condition Limitation	Yes - 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 being continuously insured and/or is satisfying a waiting period. Usually the PCL is waived for the initial group, but if not, the insured will receive	Yes - 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 being continuously insured and/or is satisfying a waiting period. Usually the PCL is waived for the initial group, but if not, the insured will receive

	credit for any portion of the PCL waiting period 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).	credit for any portion of the PCL waiting period 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).
BENEFIT HIGHLIGHTS		
	IN-NETWORK	OUT-OF-NETWORK
Physician Services – Primary Care Physician Primary Care Physician (PCP) Office Visit <u>Note:</u> 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.	\$35 copay per PCP office visit; No charge after office visit copay if only x-ray and/or lab services performed and billed.	30% of charges**
<i>Second Opinion Consultations performed by the PCP (provided on voluntary basis)</i>	\$35 copayment per office visit	30% of charges**
<i>Surgery Performed by the PCP in the Physician's Office</i>	\$35 copayment per office visit	30% of charges**
<i>Allergy Treatment/Injections performed by the PCP</i>	\$18 copayment per office visit or actual charge, whichever is less	30% of charges**
<i>Allergy Serum (dispensed by the PCP physician in the office)</i>	No charge	30% of charges**
Physician Services – Specialist Specialist Physician Office Visit <i>Consultant and Referral Physician Services</i> <u>Note:</u> 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.	\$50 copay per CCN Specialist office visit; \$65 copay per Non-CCN Specialist office visit No charge after office visit copay if only x-ray and/or lab services performed and billed.	30% of charges** 30% of charges**
<i>Second Opinion Consultations performed by the Specialist (provided on voluntary basis)</i>	\$50 copay per CCN Specialist office visit; \$65 copay per Non-CCN Specialist office visit	30% of charges** 30% of charges**
<i>Surgery Performed by the Specialist in the Physician's Office</i>	\$50 copay per CCN Specialist office visit; \$65 copay per Non-CCN Specialist office visit	30% of charges** 30% of charges**
<i>Allergy Treatment/Injections performed by the Specialist</i>	\$18 copay per CCN Specialist office visit; \$33 copay per Non-CCN Specialist office visit	30% of charges** 30% of charges**
<i>Allergy Serum (dispensed by physician in office)</i>	No charge	30% of charges**
Convenience Care Visit (CMG CareToday, Take Care Facility)	\$25 copayment per visit	30% of charges**
Preventive Care <i>Routine Preventive Care for Children through age 2 (including routine immunizations)</i>	No charge per PCP office visit; or No charge per CCN Specialist office visit; No charge per Non-CCN Specialist office visit No charge after office visit copay if only x-ray and/or lab services performed and billed.	Covered in-network only Covered in-network only Covered in-network only
<i>Immunizations</i>	No charge, no plan deductible	Covered in-network only
<i>Routine Preventive Care for Children and Adults from age 3 (including routine immunizations)</i> Unlimited maximum per contract year	No charge per PCP office visit; or No charge per CCN Specialist office visit; No charge per Non-CCN Specialist office visit No charge after office visit copay if only x-ray and/or lab services performed and billed	Covered in-network only Covered in-network only Covered in-network only
<i>Immunizations</i>	No charge, no plan deductible	Covered in-network only

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p>Mammograms, PSA, Pap Test (Preventive)</p> <p>Mammograms, PSA, Pap Test (Diagnostic)</p> <p><i>Note: Diagnostic related services are paid at the same level of benefits as other x-ray and lab services, based on place of service.</i></p>	<p>No charge, no plan deductible;</p> <p>Subject to plans lab and x-ray benefit – place of service</p> <p>\$35 copay per PCP office visit; or \$50 copay per CCN Specialist office visit; \$65 copay per Non-CCN Specialist office visit for the associated wellness exam</p>	<p>30% of charges**</p>
<p>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.)</p>	<p>\$1,000 copayment per admission, plus 10% of charges*</p>	<p>\$2,000 deductible per admission, plus 30% of charges*</p> <p>Precertification required</p>
<p>Inpatient Hospital Doctor's Visits/Consultations</p>	<p>PCP: 10% of charges CCN Specialist: 10% of charges Non-CCN Specialist: 10% of charges</p>	<p>30% of charges** 30% of charges** 30% of charges**</p>
<p>Inpatient Hospital Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)</p>	<p>Surgeon:</p> <ul style="list-style-type: none"> • CCN Specialist: 10% of charges • Non-CCN Specialist: 10% of charges <p>Radiologist, Pathologist, Anesthesiologist</p> <ul style="list-style-type: none"> • Non-CCN Specialist: 10% of charges 	<p>30% of charges** 30% of charges**</p> <p>30% of charges**</p>
<p>Outpatient Facility Services includes: Operating Room, Recovery Room, Procedure Room and Treatment Room and Observation Room including: Diagnostic/Therapeutic Lab and X-rays Anesthesia and Inhalation Therapy</p> <p><i>Note: Non-surgical treatment procedures are not subject to the facility copay.</i></p>	<p>\$500 copayment per facility visit, plus 10% of charges*</p>	<p>\$1,000 deductible per facility visit, plus 30% of charges**</p>
<p>Outpatient Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)</p>	<p>Surgeon:</p> <ul style="list-style-type: none"> • CCN Specialist: 10% of charges • Non-CCN Specialist: 10% of charges <p>Radiologist, Pathologist, Anesthesiologist</p> <ul style="list-style-type: none"> • Non-CCN Specialist: 10% of charges 	<p>30% of charges** 30% of charges**</p> <p>30% of charges**</p>
<p>Laboratory and Radiology Services (includes preadmission testing) Physician's Office</p> <p>Outpatient Hospital Facility</p> <p>Emergency Room/Urgent Care Facility (billed by facility as part of the Emergency Room/Urgent Care visit)</p> <p>Independent X-Ray and/or Lab Facility</p> <p>Independent X-Ray and/or Lab Facility (in conjunction with an Emergency Room visit)</p>	<p>\$35 copay per PCP office visit; or \$50 copay per CCN Specialist office visit; \$65 copay per Non-CCN Specialist office visit</p> <p>10% of charges*</p> <p>10% of charges</p> <p>10% of charges</p> <p>10% of charges</p>	<p>30% of charges** 30% of charges** 30% of charges**</p> <p>30% of charges**</p> <p>No charge; if not a true emergency, then 30% of charges**</p> <p>30% of charges**</p> <p>No charge</p>

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p>Advanced Radiological Imaging (MRIs, MRAs, CAT Scans, PET Scans, etc.)</p> <p>Outpatient Facility</p> <p>Emergency Room (billed by facility as part of the Emergency Room visit)</p> <p>Physician's Office</p>	<p>10% of charges*</p> <p>10% of charges</p> <p>No charge</p>	<p>30% of charges**</p> <p>No charge; except if not a true emergency, then 30% of charges**</p> <p>30% of charges**</p>
<p>Short-Term Rehabilitative Therapy and Chiropractic Services--(includes physical, speech, occupational, chiropractic, pulmonary rehab & cognitive therapy) 120 days maximum per contract year# for all therapies combined</p> <p><i>Note:</i> therapy sessions provided as part of Home Health Care accumulate to the Short-Term Rehab Therapy maximum.</p> <p>Outpatient Cardiac Rehabilitation – up to 36 days maximum per contract year#</p>	<p>\$35 copay per PCP office visit; or \$50 copay per CCN Specialist office visit No charge after office visit copay if only x-ray and/or lab services performed and billed.</p> <p>\$35 copay per PCP office visit; or \$50 copay per CCN Specialist office visit</p>	<p>30% of charges** 30% of charges** 30% of charges**</p> <p>30% of charges** 30% of charges** 30% of charges**</p>
<p>Emergency and Urgent Care Services Physician's Office – PCP or Specialist Physician</p> <p>Hospital Emergency Room</p> <p>Outpatient Professional Services (Radiology, Pathology and Emergency Room Physician)</p> <p>Urgent Care Facility or Outpatient Facility NOTE: If you are at an urgent care provider seeking medical treatment and the provider directly refers you or your dependent to the emergency room, your urgent care copay will be reimbursed once CIGNA processes the urgent care claim.</p> <p>Ambulance</p>	<p>\$35 copay per PCP office visit; or \$50 copay per CCN Specialist office visit; \$65 copay per Non-CCN Specialist office visit No charge after office visit copay if only x-ray and/or lab services performed and billed.</p> <p>\$150 copayment per visit (copay waived if admitted), plus 10% of charges</p> <p>10% of charges</p> <p>\$75 copayment per visit (copay waived if admitted)</p> <p>10% of charges</p>	<p>Care will be provided at in-network levels if it meets the "prudent layperson" definition of an emergency. Otherwise 30% of charges**</p>
<p>Maternity Care Services Initial Office Visit to Confirm Pregnancy 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.</p> <p>All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (total maternity fee)</p> <p>Office Visits not included in the total maternity fee performed by OB or Specialty Physician</p>	<p>\$35 copay per PCP office visit; or \$50 copay per CCN Specialist office visit; \$65 copay per Non-CCN Specialist office visit No charge after office visit copay if only x-ray and/or lab services performed and billed.</p> <p>CCN Specialist: 10% of charges Non-CCN Specialist: 10% of charges</p> <p>\$35 copay per PCP office visit; or \$50 copay per CCN Specialist office visit; \$65 copay per Non-CCN Specialist office visit No charge after office visit copay if only x-ray and/or lab services performed and</p>	<p>30% of charges** 30% of charges** 30% of charges**</p> <p>30% of charges** 30% of charges**</p> <p>30% of charges** 30% of charges** 30% of charges**</p>

<i>Delivery - Facility (Inpatient Hospital/Birthing Center Charges)</i>	billed. \$1,000 copayment per admission, plus 10% of charges*	\$2,000 deductible per admission, plus 30% of charges*, precertification required
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BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<i>Inpatient Services at Other Health Care Facilities</i> <i>Skilled Nursing, Rehabilitation Hospital and Sub-Acute Facilities-90 days maximum per contract year# combined for all facilities listed</i>	10% of charges*	30% of charges**
<i>Home Health Services – Includes outpatient private duty nursing when approved as medically necessary</i> Unlimited days maximum per contract year#; 16 hour maximum per day#	10% of charges	30% of charges**
<i>Family Planning Services</i> <i>Office Visits (lab & radiology tests, counseling)</i>	\$35 copay per PCP office visit; or \$50 copay per CCN Specialist office visit; \$65 copay per Non-CCN Specialist office visit No charge after office visit copay if only x-ray and/or lab services performed and billed.	Covered in-network only Covered in-network only Covered in-network only
<i>Vasectomy/Tubal Ligation (excludes reversals)</i> <i>Inpatient Facility</i>	\$1,000 copayment per admission, plus 10% of charges*	\$2,000 deductible per admission, plus 30% of charges*, precertification required
<i>Outpatient Facility</i>	\$500 copayment per facility visit, plus 10% of charges*	\$1,000 deductible per facility visit, plus 30% of charges**
<i>Physician's Services - Inpatient or Outpatient</i>	CCN Specialist: 10% of charges Non-CCN Specialist: 10% of charges	30% of charges** 30% of charges**
<i>Physician's Office</i>	\$35 copay per PCP office visit; or \$50 copay per CCN Specialist office visit; \$65 copay per Non-CCN Specialist office visit No charge after office visit copay if only x-ray and/or lab services performed and billed.	30% of charges** 30% of charges** 30% of charges**
<i>Infertility Services</i> <i>Office Visit (lab & radiology tests, counseling)-PCP or Specialist Physician</i>	\$35 copay per PCP office visit; or \$50 copay per CCN Specialist office visit; \$65 copay per Non-CCN Specialist office visit No charge after office visit copay if only x-ray and/or lab services performed and billed.	Covered in-network only Covered in-network only Covered in-network only
<i>Treatment/Surgery (includes artificial insemination) (excludes in-vitro fertilization, GIFT, ZIFT, etc.)</i> <i>Inpatient Facility</i>	\$1,000 copayment per admission, plus 10% of charges*	Covered in-network only
<i>Outpatient Facility</i>	\$500 copayment per facility visit, plus 10% of charges*	Covered in-network only
<i>Physician's Services - Inpatient or Outpatient</i>	CCN Specialist: 10% of charges Non-CCN Specialist: 10% of charges	Covered in-network only Covered in-network only
<i>TMJ - Surgical and Non-Surgical</i>	Not covered	Not covered
<i>Mental Health and Substance Abuse</i>	Carved out to Magellan	

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Durable Medical Equipment Unlimited maximum per contract year#	\$75 copayment per piece of DME, plus 10% of charges*	30% of charges**
External Prosthetic Appliances Unlimited maximum per contract year#	10% of charges*	30% of charges**
Hearing Services	\$35 copay per PCP office visit; or \$50 copay per Non-CCN Specialist office visit	30% of charges**
Hearing Aids \$2,000 maximum per ear per member every 3 years (all providers covered)	No charge	30% of charges**
Prescription Drugs	Carved out to Walgreen's Health Initiatives	

*Services are subject to contract year deductible

**Out-of-network services are subject to the contract year deductible and maximum reimbursable charge limitations. Providers may bill the member the difference between their billed charge and the maximum reimbursable charge as determined by the benefit plan.

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

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.
- Coverage for pre-existing conditions will not be covered under this plan unless continuously insured for one year.

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. Treatment of TMJ disorder.
6. 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.
7. 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.
8. 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.
9. Court ordered treatment or hospitalizations.

Benefit Exclusions – continued:

10. 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. Cryopreservation of donor sperm and eggs are also excluded from coverage.
11. Any services, supplies, medications or drugs for the treatment of male or female sexual dysfunction.
12. Medical and hospital care and costs for the child of a Dependent, unless this infant child is otherwise eligible under the plan.
13. Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance.
14. Consumable medical supplies other than ostomy supplies and urinary catheters.
15. Private hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
16. Artificial aids, including but not limited to corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.
17. Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or postcataract surgery).
18. Routine refraction, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
19. 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 the plan.
20. Routine foot care, however, services associated with foot care for diabetes and peripheral vascular disease are covered when medically necessary.
21. Genetic screening or pre-implantation genetic screening.
22. Fees associated with the collection or donation of blood or blood products.
23. Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
24. All nutritional supplements and formulae are excluded, except infant formula needed for the treatment of inborn errors of metabolism.
25. Services for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profit.
26. 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.
27. 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.
28. The following services are excluded from coverage regardless of clinical indications: Massage Therapy; Cosmetic Surgery and Therapies; Macromastia or Gynecomastia Surgeries; Abdominoplasty/Panniculectomy; Rhinoplasty; Blepharoplasty; Redundant Skin Surgery; Removal of Skin Tags; 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; 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.

“CIGNA HealthCare” refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

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