

SUMMARY OF BENEFITS



CIGNA HealthCare

Your CIGNA HealthCare CIGNA Care Network Open Access Plus In-Network 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.
- 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.
- **CIGNA Behavioral Advantage** emphasizes the mind-body connection. The program provides support from medical and mental health case managers, as well as a number of tools and resources, to help you take control of your health and wellness.

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.
- **eVisits and Online Services** provide you with access to your physicians any time from anywhere with an Internet connection. With just a few clicks of the mouse, you can consult your doctor about a non-urgent health problem, schedule an appointment, view your lab and test results, and request prescription renewals and refills.

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 15 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**.
- The **CIGNA Comprehensive Oncology ProgramSM** promotes cancer prevention and early detection through personalized care management, educational tools, benefit counseling, and other resources.

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.

For Employees of Martin County School District

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 Specialist - 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

Calendar Year Plan Deductible

Individual / Family Maximum

None / None

Calendar Year Out-of-Pocket Maximum

Individual / Family Maximum

\$2,000 / \$4,000

Coinsurance

Standard Plan: CIGNA HealthCare pays 100% of eligible charges. You pay 0% of charges.
CCN Specialists: CIGNA HealthCare pays 100% of eligible charges. You pay 0% of charges.
Non – CCN Specialists: CIGNA HealthCare pays 100% of eligible charges. You pay 0% of charges.

Precertification -Inpatient – PHS+ (required for all inpatient admissions)

Coordinated by your physician

Precertification – Outpatient – PHS+ (required for selected outpatient procedures and diagnostic testing or outpatient services)

Coordinated by your physician

Lifetime Maximum

Unlimited

Pre-existing Condition Limitation

Yes. The PCL is waived for the initial group, but when applicable, the insured will receive credit for any portion of the PCL waiting period that was satisfied under the previous plan if they are reenrolled in the subsequent plan within 63 days (or the application timeframe required by state law.)

BENEFIT HIGHLIGHTS

IN-NETWORK

Physician Services – Primary Care Physician

Primary Care Physician (PCP) Office Visit

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.

\$20 copay per PCP office visit; No charge after office visit copay if only x-ray and/or lab services performed and billed.

Second Opinion Consultations performed by the PCP (provided on voluntary basis)

\$20 copayment per office visit

Surgery Performed by the PCP in the Physician’s Office

\$20 copayment per office visit

Allergy Treatment/Injections performed by the PCP

\$5 copayment per office visit or actual charge, whichever is less

Allergy Serum (dispensed by the PCP physician in the office)

No charge

BENEFIT HIGHLIGHTS	IN-NETWORK
<p>Physician Services – Specialist Specialist Physician Office Visit Consultant and Referral Physician Services <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.</p> <p>Second Opinion Consultations performed by the Specialist (provided on voluntary basis)</p> <p>Surgery Performed by the Specialist in the Physician’s Office</p> <p>Allergy Treatment/Injections performed by the Specialist</p> <p>Allergy Serum (dispensed by physician in office)</p>	<p>\$40 copay per CCN Specialist office visit; \$55 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>\$40 copay per CCN Specialist office visit; \$55 copay per Non-CCN Specialist office visit</p> <p>\$40 copay per CCN Specialist office visit; \$55 copay per Non-CCN Specialist office visit</p> <p>\$5 copay per CCN Specialist office visit; \$5 copay per Non-CCN Specialist office visit</p> <p>No charge</p>
<p>Preventive Care Routine Preventive Care for Children through age 15 (including routine immunizations)</p> <p>Immunizations</p> <p>Routine Preventive Care for Children and Adults from age 16 (including routine immunizations) Unlimited maximum per calendar year</p> <p>Immunizations</p>	<p>\$20 copay per PCP office visit; or \$40 copay per CCN Specialist office visit; \$55 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>No charge, no plan deductible</p> <p>\$20 copay per PCP office visit; or \$40 copay per CCN Specialist office visit; \$55 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>No charge, no plan deductible</p>
<p>Mammograms, PSA, Pap Test <u>Note:</u> Preventive care related services and diagnostic related services are paid at the same level of benefits as other x-ray and lab services, based on place of service.</p> <p>For mammograms only</p>	<p>No charge if billed by independent diagnostic facility or outpatient hospital;</p> <p>\$20 copay per PCP office visit; or \$40 copay per CCN Specialist office visit; \$55 copay per Non-CCN Specialist office visit for the associated wellness exam No charge when done in physician office</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>\$150 copayment per day to a maximum of \$750 per calendar year</p>
<p>Inpatient Hospital Doctor’s Visits/Consultations</p>	<p>PCP: No charge CCN Specialist: No charge Non-CCN Specialist: No charge</p>
<p>Inpatient Hospital Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)</p>	<p>Surgeon:</p> <ul style="list-style-type: none"> • CCN Specialist: No charge • Non-CCN Specialist: No charge <p>Radiologist, Pathologist, Anesthesiologist</p> <ul style="list-style-type: none"> • Non-CCN Specialist: No charge

BENEFIT HIGHLIGHTS	IN-NETWORK
<p>Outpatient Facility Services includes: <i>Operating Room, Recovery Room, Procedure Room and Treatment Room and Observation Room including:</i> <i>Diagnostic/Therapeutic Lab and X-rays</i> <i>Anesthesia and Inhalation Therapy</i> Note: <i>Non-surgical treatment procedures are not subject to the facility copay.</i></p>	<p>\$150 copayment per facility visit</p>
<p>Outpatient Professional Services <i>(Surgeon, Radiologist, Pathologist, Anesthesiologist)</i></p>	<p>Surgeon:</p> <ul style="list-style-type: none"> • CCN Specialist: No charge • Non-CCN Specialist: No charge <p>Radiologist, Pathologist, Anesthesiologist</p> <ul style="list-style-type: none"> • Non-CCN Specialist: No charge
<p>Laboratory and Radiology Services (includes preadmission testing) <i>Physician's Office</i></p> <p><i>Outpatient Hospital Facility</i></p> <p><i>Emergency Room/Urgent Care Facility (billed by facility as part of the Emergency Room/Urgent Care visit)</i></p> <p><i>Independent X-Ray and/or Lab Facility</i></p> <p><i>Independent X-Ray and/or Lab Facility (in conjunction with an Emergency Room visit)</i></p>	<p>\$20 copay per PCP office visit; or \$40 copay per CCN Specialist office visit; \$55 copay per Non-CCN Specialist office visit</p> <p>No charge</p> <p>No charge</p> <p>No charge</p> <p>No charge</p>
<p>Advanced Radiological Imaging <i>(MRIs, MRAs, CAT Scans, PET Scans, etc.)</i></p> <p><i>Outpatient Facility</i></p> <p><i>Emergency Room (billed by facility as part of the Emergency Room visit)</i></p> <p><i>Physician's Office</i> <i>Note: The scan copayment and scan deductible applied are per type of scan per day</i></p>	<p>\$100 scan copayment</p> <p>\$100 scan copayment</p> <p>\$100 scan copayment</p>
<p>Short-Term Rehabilitative Therapy and Spinal Manipulation Services--(includes physical, speech, occupational, spinal manipulation, pulmonary rehab & cognitive therapy) 120 days maximum per calendar year for all therapies combined</p> <p>Note: <i>therapy sessions provided as part of Home Health Care accumulate to the Short-Term Rehab Therapy maximum.</i></p> <p>Outpatient Cardiac Rehabilitation – up to 36 days maximum per calendar year</p>	<p>\$20 copay per PCP office visit; or \$40 copay per CCN Specialist office visit; \$55 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>\$20 copay per PCP office visit; or \$40 copay per CCN Specialist office visit; \$55 copay per Non-CCN Specialist office visit</p>
<p>Emergency and Urgent Care Services <i>Physician's Office – PCP or Specialist Physician</i></p> <p><i>Hospital Emergency Room</i></p> <p><i>Outpatient Professional Services (Radiology, Pathology and Emergency Room Physician)</i></p> <p><i>Urgent Care Facility or Outpatient Facility</i></p> <p><i>Ambulance</i></p>	<p>\$20 copay per PCP office visit; or \$40 copay per CCN Specialist office visit; \$55 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 (<i>copay waived if admitted</i>)</p> <p>No charge</p> <p>\$40 copayment per visit (<i>copay waived if admitted</i>)</p> <p>No charge</p>

BENEFIT HIGHLIGHTS	IN-NETWORK
<p>Maternity Care Services <i>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.</p> <p><i>All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (total maternity fee)</i></p> <p><i>Office Visits not included in the total maternity fee performed by OB or Specialty Physician</i></p> <p><i>Delivery - Facility (Inpatient Hospital/Birthing Center Charges)</i></p>	<p>\$20 copay per PCP office visit; or \$40 copay per CCN Specialist office visit; \$55 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: No charge Non-CCN Specialist: No charge</p> <p>\$20 copay per PCP office visit; or \$40 copay per CCN Specialist office visit; \$55 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 day to a maximum of \$750 per calendar year</p>
<p>Inpatient Services at Other Health Care Facilities <i>Skilled Nursing, Rehabilitation Hospital and Sub-Acute Facilities- 60 days maximum per calendar year combined for all facilities listed</i></p>	<p>No charge</p>
<p>Home Health Services – Includes outpatient private duty nursing when approved as medically necessary 60 day maximum per calendar year; 16 hour maximum per day</p>	<p>No charge</p>
<p>Family Planning Services <i>Office Visits (lab & radiology tests, counseling)</i></p> <p>Vasectomy/Tubal Ligation (excludes reversals) <i>Inpatient Facility</i></p> <p><i>Outpatient Facility</i></p> <p><i>Physician's Services - Inpatient or Outpatient</i></p> <p><i>Physician's Office</i></p>	<p>\$20 copay per PCP office visit; or \$40 copay per CCN Specialist office visit; \$55 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 day to a maximum of \$750 per calendar year</p> <p>\$150 copayment per facility visit</p> <p>CCN Specialist: No charge Non-CCN Specialist: No charge</p> <p>\$20 copay per PCP office visit; or \$40 copay per CCN Specialist office visit; \$55 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>Infertility Services Note: Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.</p>	<p>Not covered</p>
<p>TMJ - Surgical and Non-Surgical-case-by-case basis. Always excludes appliances & orthodontic treatment. Subject to medical necessity. <i>Physician's Office</i></p> <p><i>Inpatient Facility</i></p> <p><i>Outpatient Facility</i></p> <p><i>Physician's Services - Inpatient or Outpatient</i></p>	<p>\$20 copay per PCP office visit; or \$40 copay per CCN Specialist office visit; \$55 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 day to a maximum of \$750 per calendar year</p> <p>\$150 copayment per facility visit</p> <p>CCN Specialist: No charge Non-CCN Specialist: No charge</p>

BENEFIT HIGHLIGHTS	IN-NETWORK
<p><i>Mental Health and Substance Abuse</i> <i>Inpatient</i> - 30 days maximum per calendar year for inpatient Mental Health and inpatient Substance Abuse</p> <p><u>Mental Health</u> <i>Acute:</i> Based on a ratio of 1:1 <i>Partial:</i> Based on a ratio of 2:1 <i>Residential:</i> Based on a ratio of 2:1</p> <p><u>Substance Abuse</u> <i>Acute Detox:</i> Based on a ratio of 1:1 (requires 24 hour nursing) <i>Acute Inpatient Rehab:</i> Based on a ratio of 1:1 (requires 24 hour nursing) <i>Partial:</i> Based on a ratio of 2:1 <i>Residential:</i> Based on a ratio of 2:1</p> <p><i>Outpatient Individual</i> – 30 visits maximum per calendar year for outpatient Mental Health and outpatient Substance Abuse</p> <p><i>Group Therapy Mental Health</i> – combined maximum with Outpatient Individual Mental Health services based on a ratio of 1:1</p> <p><i>Intensive Outpatient Mental Health/Substance Abuse</i> –up to 3 programs maximum per contract year based on a ratio of 1:1 with outpatient Mental Health/Substance Abuse visits</p>	<p>\$150 copayment per day to a maximum of \$750 per calendar year</p> <p>\$20 copayment per office visit</p> <p>\$20 copayment per session</p> <p>\$50 per program copayment</p>
<p><u>Durable Medical Equipment</u> Unlimited maximum per calendar year</p>	<p>No charge</p>
<p><u>External Prosthetic Appliances</u> Unlimited maximum per calendar year</p>	<p>No charge</p>
<p><u>Prescription Drugs</u> <u>CIGNA Pharmacy Retail Drug Program</u> <i>Generic*** drugs on the Prescription Drug List for a 30-day supply</i></p> <p><i>Brand Name*** drugs designated as preferred on the Prescription Drug List with no Generic equivalent for a 30-day supply</i></p> <p><i>Brand Name*** drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List for a 30-day supply</i></p> <p><u>CIGNA Tel-Drug Mail Order Drug Program</u> <i>Generic*** drugs on the Prescription Drug List for a 90-day supply</i></p> <p><i>Brand Name*** drugs designated as preferred on the Prescription Drug List with no Generic equivalent for a 90-day supply</i></p> <p><i>Brand Name*** drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List for a 90-day supply</i></p> <p><i>***Designated as per generally-accepted industry sources and adopted by CG</i></p>	<p>\$7 copayment per prescription/refill</p> <p>\$30 copayment per prescription/refill</p> <p>\$50 copayment per prescription/refill</p> <p>\$14 copayment per prescription/refill</p> <p>\$60 copayment per prescription/refill</p> <p>\$100 copayment per prescription/refill</p>

Footnotes:

- *Once the out-of-pocket maximum is reached, the plan pays 100% of eligible charges for the remainder of the plan year, except for Mental Health and Substance Abuse which continue to be paid at the levels specified.*
- *Coverage for pre-existing conditions will not be covered under this plan unless continuously insured for one year.*
- *All services must be provided by one of the participating providers on our list in order to be covered.*

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. 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.
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 services, infertility drugs, surgical or medical treatment programs for infertility, including in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs are also excluded from coverage.
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; 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.

“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.

Catalog Number: BSM 34988 (03/2009)

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