

# SUMMARY OF BENEFITS

## INDIVIDUAL & FAMILY PLANS TEXAS OPEN ACCESS VALUE 7500



BENEFIT	IN NETWORK	OUT OF NETWORK
<b>This plan is intended to comply with the federal Patient Protection and Affordable Care Act. Provisions are subject to change as additional regulatory guidance becomes available.</b>		
Annual Individual Deductible	\$7,500	\$15,000
Annual Family Deductible	\$15,000	\$30,000
<i>All benefits listed below are subject to the deductible unless otherwise noted</i>		
Coinsurance	CIGNA pays 70% of eligible charges	CIGNA pays 50% of eligible charges
Individual Out of Pocket Maximum	\$10,000	\$20,000
Family Out of Pocket Maximum	\$20,000	\$40,000
<i>Individual/Family Copays, deductibles and pharmacy charges do not apply to the out of pocket maximum</i>		
Lifetime Maximum	Unlimited	
<b>PHYSICIAN SERVICES</b>		
<b>Office Visit</b> Primary Care Physician Specialist Physician	\$40 copay <sup>1</sup> \$60 copay <sup>1</sup>	CIGNA pays 50%
<b>Surgery</b> (in any setting)	CIGNA pays 70%	CIGNA pays 50%
<b>PREVENTIVE CARE</b>		
<b>Preventive Care for All Ages</b> Routine physicals and other routine preventive services	CIGNA pays 100% <sup>1</sup>	CIGNA pays 100% <sup>1</sup>
<b>INPATIENT SERVICES</b>		
<b>Facility Services</b> <i>(Inpatient Room and Board, Pharmacy, Lab &amp; X-ray, Operating Room, etc.)</i>	CIGNA pays 70%	CIGNA pays 50%
<b>Physician Services</b>	CIGNA pays 70%	CIGNA pays 50%
<b>OUTPATIENT SERVICES</b>		
<b>Lab, X-ray, Ultrasound</b>	CIGNA pays 70%	CIGNA pays 50%
<b>CT/PET Scans and MRI</b>	CIGNA pays 70%	CIGNA pays 50%
<b>Cardiac &amp; Pulmonary Rehabilitation</b> <i>Calendar year maximum of 36 visits, combined in- and out-of-network</i>	CIGNA pays 70%	CIGNA pays 50%
<b>Short Term Rehabilitative Therapy Including Physical and Occupational Therapy</b> <i>Calendar year maximum of 24 visits, combined in- and out-of-network</i>	CIGNA pays maximum \$25 per visit	CIGNA pays maximum \$25 per visit
<b>Speech Therapy (only for children with Developmental Delays through age 3)</b> <i>Calendar year maximum of 12 visits, combined in- and out-of-network</i>	CIGNA pays maximum \$25 per visit	CIGNA pays maximum \$25 per visit
<b>Outpatient Surgery</b>	CIGNA pays 70%	CIGNA pays 50%
<b>EMERGENCY &amp; URGENT CARE SERVICES</b>		
<b>Hospital Emergency Room</b> <i>\$200 additional deductible, waived if admitted</i>	CIGNA pays 70%	CIGNA pays the same level as In-Network if "true" emergency as defined in your plan, otherwise CIGNA pays 50%
<b>Outpatient Professional Services</b> <i>(including Radiology, Pathology and ER Physician)</i>	CIGNA pays 70%	
<b>Urgent Care Services</b>	CIGNA pays 70%	
<b>Ambulance</b> <i>Emergency transport only. Calendar year maximum payment of \$3,000, combined in- and out-of-network</i>	CIGNA pays 70%	

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<b>OTHER HEALTH CARE FACILITIES</b>		
<b>Skilled Nursing Facility, Rehabilitation Hospital &amp; Sub Acute Facilities</b> <i>Calendar year maximum of 50 days, combined in- and out-of-network</i>	CIGNA pays maximum \$400 per day	CIGNA pays maximum \$400 per day
<b>Home Health</b> <i>Calendar year maximum of 60 visits, combined in- and out-of-network</i>	CIGNA pays 70%	CIGNA pays 50%
<b>Hospice</b>	CIGNA pays 70%	CIGNA pays 50%
<b>DURABLE MEDICAL EQUIPMENT (DME)</b>		
<b>Durable Medical Equipment</b> <i>Calendar year maximum of \$2,000, combined in- and out-of-network</i>	CIGNA pays 70%	CIGNA pays 50%
<b>MENTAL HEALTH</b>		
<b>Inpatient</b> (Includes Acute, Partial & Residential Treatment) <i>Calendar year maximum of \$3,000, combined in- and out-of-network</i>	CIGNA pays maximum \$200 per day	CIGNA pays maximum \$200 per day
<b>Outpatient</b> (Includes Individual, Group & Intensive Outpatient Treatment) <i>Calendar year maximum of 24 visits, combined in- and out-of-network</i>	CIGNA pays maximum \$30 per visit, one visit per day	CIGNA pays maximum \$30 per visit, one visit per day
<b>PRESCRIPTION DRUGS</b>		
<b>Prescription Drug Deductible</b> <i>Combined Retail &amp; Home Delivery Pharmacy deductible only applies to Brand Name Drugs</i>	\$500 per member per year	
<b>Pharmacy Brand Name Calendar Year Maximum</b> <i>Combined Retail and Home Delivery</i>	\$3,000 per member per year	
<b>RETAIL PHARMACY</b>		
<b>Generic</b>	You pay \$20 per 30-day supply	CIGNA pays 50%
<b>Brand Name</b>	You pay \$40 per 30-day supply	CIGNA pays 50%
<b>Non-Preferred Brand Name</b>	You pay \$75 per 30-day supply	CIGNA pays 50%
<b>Self-Administered Injectable Drugs</b>	CIGNA pays 50%	CIGNA pays 50%
<b>HOME DELIVERY PHARMACY</b>		
<b>Generic</b>	You pay \$50 per 90-day supply	Not Covered
<b>Brand Name</b>	You pay \$100 per 90-day supply	Not Covered
<b>Non-Preferred Brand Name</b>	You pay \$180 per 90-day supply	Not Covered
<b>Self-Administered Injectable Drugs</b>	CIGNA pays 50%	Not Covered

<sup>1</sup> Deductible waived

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### Exclusions:

- Conditions which are **pre-existing**.
- 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.
- 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 when payment under this Policy is expressly required by federal or state law.
- If the Insured Person is eligible for **Medicare** part A or B CIGNA will provide claim payment according to this Policy minus any amount paid by Medicare, not to exceed the amount CIGNA would have paid if it were the sole insurance carrier.
- 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 or 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** or psychological testing except as specifically provided in this Policy. However, medical conditions that are caused by behavior of the Insured Person and that may be associated with these mental conditions are not subject to these limitations.
- **Smoking cessation** programs.
- Treatment of **substance abuse** except as specifically provided in this Policy.
- **Dental services, Orthodontic services and Dental Implants**.
- **Hearing aids**.
- Routine **hearing tests** except as provided under Newborn Hearing Benefits.
- **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Policy.
- An **eye surgery** solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
- Outpatient **speech therapy**, expect as specifically provided in this Policy.
- **Cosmetic surgery**. This exclusion does not apply to Reconstructive Surgery services that are **not specifically listed** in this Policy as Covered Services.

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- **Aids or devices** that assist with nonverbal communication.
- **Non-Medical counseling or ancillary services.**
- Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical or psychiatric treatment or study related to **sex change**.
- Services for **redundant skin surgery**, removal of skin tags, acupressure, carinosacral/cranial therapy, dance therapy, movement therapy, applied kinesiology, rolfing, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, regardless of clinical indications.
- 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, except as specifically stated in this Policy
- Services primarily for **weight reduction** or treatment of obesity.
- **Routine physical exams** or tests that do not directly treat an actual illness, injury or condition, including those required by employment or government authority, including physical exams required for or by an employer, or for school, or sports physicals, except as otherwise specifically stated in this Policy.
- Charges by a provider for **telephone or email consultations**. (Note: a Telemedicine Medical Service or Telehealth Service will not be excluded solely because the service is not provided through a face to face consultation.)
- Items which are furnished primarily for **personal comfort** or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, including wigs etc.).
- **Educational services** except for Diabetes Self-Management Training Program, and as specifically provided or arranged by CIGNA.
- **Nutritional counseling** or food supplements, except as stated in this Policy.
- **Durable medical equipment** not specifically listed as Covered Services in the Covered Services section of this Policy.
- **Syringes**, except as stated in the Policy.
- **All Foreign Country Provider** charges are excluded under this Policy except as specifically stated under Treatment received from Foreign Country Providers in the Benefits section of this Policy.
- **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** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized illness, injury or symptoms involving the feet.
- 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.

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### **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.

In Texas, Open Access Plus plans are considered Preferred Provider Plans with certain mandated care features.

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