



Health Care Plans

You may choose from three CIGNA health care plans, the Network Open Access Plan (an HMO—Health Maintenance Organization), the Comprehensive Plan (a PPO—Preferred Provider Organization), and the new Open Access Plus Plan (an HRA—Health Reimbursement Arrangement). The benefits provided under these plans are insured and administered by CIGNA HealthCare (Connecticut General Life Insurance Company). This benefit summary highlights some of the many benefits under these plans. Please read pages three through four of the Benefits guide.

Benefits are subject to change without notice. A complete description regarding the terms of coverage, including

legislative benefits and exclusions and limitations, are provided in your insurance certificate or plan description. Please read all the materials you receive. The following schedule of benefits is effective January 1, 2008.

- For a list of Network Plan (HMO) providers and other benefit information, you may call 800-244-6224, or visit www.cigna.com.
- HMO PCP referrals to Specialists are not required.
- For PPO-benefits related information, you may call 800-244-6224.
- You can also register with www.mycigna.com to access your personalized health care information as well as useful online tools.

Benefits	Preferred Provider Organization Plan (PPO)		Network Provider Plan (HMO) ⁽³⁾ Open Access	Health Reimbursement Arrangement Plan (HRA)	
	In-network	Out-of-network	In-network Only	In-network	Out-of-network
Health Reimbursement Account (Employer Contribution)					
Employee Only	N/A		N/A	\$750	
Employee + One	N/A		N/A	\$1,500	
Employee + Family	N/A		N/A	\$2,250	
Annual Deductible					
Employee Only	\$300	\$600	None	\$1,500	\$1,500
Employee + One	\$600	\$1,200	None	\$3,000	\$3,000
Employee + Family	\$900	\$1,800	None	\$4,500	\$4,500
Annual Out-of-Pocket Maximum					
Employee Only (excluding deductible)	\$750	\$1,500	\$500	\$750	\$1,500
Employee + One (excluding deductible)	\$1,500	\$3,000	\$1,000	\$1,500	\$3,000
Employee + Family (excluding deductible)	\$2,250	\$4,500	\$1,500	\$2,250	\$4,500
Pre-existing Condition Limitation	Yes	Yes	No	Yes	Yes
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit					
Illness/Injury	\$30 copay/visit PCP, \$40 copay/visit CCN Specialist \$50 copay/visit Non-CCN Specialist	60% ⁽¹⁾	\$20 copay/visit PCP, \$30 copay/visit CCN Specialist \$40 copay/visit Non-CCN Specialist	80% ⁽¹⁾	60% ⁽¹⁾
Allergy Treatment	\$30 copay/visit PCP, \$40 copay/visit CCN Specialist \$50 copay/visit Non-CCN Specialist	60% ⁽¹⁾	\$20 copay/visit PCP, \$30 copay/visit CCN Specialist \$40 copay/visit Non-CCN Specialist	80% ⁽¹⁾	60% ⁽¹⁾
Preventive Care					
Routine preventive care of adults and children including immunizations	\$30 copay/visit PCP, \$40 copay/visit CCN Specialist \$50 copay/visit Non-CCN Specialist	60% ⁽¹⁾ children to age 16	\$20 copay/visit PCP, \$30 copay/visit CCN Specialist \$40 copay/visit Non-CCN Specialist	100%; no deductible	60% children to age 16
Physical exams, including Pap test for women	\$30 copay/visit PCP, \$40 copay/visit CCN Specialist \$50 copay/visit Non-CCN Specialist	60% ⁽¹⁾	\$20 copay/visit PCP, \$30 copay/visit CCN Specialist \$40 copay/visit Non-CCN Specialist	100%; no deductible	Not covered
Mammograms, PSA, Pap Smear	No charge	60% ⁽¹⁾	No charge	100%; no deductible	Not covered

¹ Subject to deductible

\$ Dollar amounts are copays, deductibles and maximums paid by the member.

% Percentages are coinsurance amounts paid by the plan after member meets the deductible.

Continues on back



**Preferred Provider
Organization Plan (PPO)**

**Network Provider Plan (HMO)⁽³⁾ Open Access
Health Reimbursement
Arrangement Plan (HRA)**

Benefits	In-network	Out-of-network	In-network Only	In-network	Out-of-network
Independent X ray and Lab	No charge	60% ⁽¹⁾	No charge	80% ⁽¹⁾	60% ⁽¹⁾
Prescription Drugs⁽²⁾					
Retail 30-day Supply					
Generic	\$15 copay	60%	\$10 copay	80% ⁽¹⁾	Not covered
Preferred Brand	\$30 copay	60%	\$20 copay ⁽⁴⁾	80% ⁽¹⁾	Not covered
Non-Preferred Brand	\$60 copay	60%	Not Covered	80% ⁽¹⁾	Not covered
Mandatory Mail Order 90-day Supply					
Generic	\$30 copay	Not covered	\$20 copay	80% ⁽¹⁾	Not covered
Preferred Brand	\$60 copay	Not covered	\$40 copay ⁽⁴⁾	80% ⁽¹⁾	Not covered
Non-Preferred Brand	\$120 copay	Not covered	Not Covered	80% ⁽¹⁾	Not covered
Emergency Doctor's Office	\$30 copay/visit PCP, \$40 copay/visit CCN Specialist \$50 copay/visit Non-CCN Specialist	\$30 copay /visit PCP, \$40 copay/visit Specialist	\$20 copay/visit PCP, \$30 copay/visit CCN Specialist \$40 copay/visit Non-CCN Specialist	80% ⁽¹⁾	80% ⁽¹⁾ except if not true emergency, then 60% ⁽¹⁾
Emergency Room/Urgent Care Facility	\$100 copay ER ⁽⁶⁾ , \$50 copay Urgent Care Facility	\$100 copay ER ⁽⁶⁾ , except if not true emergency then 60% ⁽¹⁾ , \$50 copay Urgent Care Facility	\$170 copay ER ⁽⁶⁾ , if not a true emergency, services are not covered; \$85 copay Urgent Care Facility	80% ⁽¹⁾	80% ⁽¹⁾ except if not true emergency, then 60% ⁽¹⁾
Ambulance	80% ⁽¹⁾	80% ⁽¹⁾ except if not true emergency, then 60% ⁽¹⁾	100%	80% ⁽¹⁾	80% ⁽¹⁾ except if not true emergency, then 60% ⁽¹⁾
Maternity					
Initial visit to confirm pregnancy	\$30 copay/visit PCP, \$40 copay/visit CCN Specialist \$50 copay/visit Non-CCN Specialist	60% ⁽¹⁾	\$20 copay/visit PCP, \$30 copay/visit CCN Specialist \$40 copay/visit Non-CCN Specialist	80% ⁽¹⁾	60% ⁽¹⁾
Deliver/Prenatal/Postnatal visits	80% ⁽¹⁾	60% ⁽¹⁾	100%	80% ⁽¹⁾	60% ⁽¹⁾
Hospital	80% ⁽¹⁾	60% ⁽¹⁾	90% ⁽⁵⁾ after \$200	80% ⁽¹⁾	60% ⁽¹⁾
Hospital Inpatient					
Doctors visit	80% ⁽¹⁾	60% ⁽¹⁾	90% ⁽⁵⁾ after \$200	80% ⁽¹⁾	60% ⁽¹⁾
Preadmission testing	80% ⁽¹⁾	60% ⁽¹⁾	100%	80% ⁽¹⁾	60% ⁽¹⁾
Preadmission certification/ Continued stay review	Precertification required	Precertification required	Precertification provided by PCP	Precertification required	Precertification required
Outpatient Surgical Facility	80% ⁽¹⁾	60% ⁽¹⁾	\$50 copay/visit	80% ⁽¹⁾	60% ⁽¹⁾
Surgery					
Surgeons fees	80% ⁽¹⁾	60% ⁽¹⁾	100%	80% ⁽¹⁾	60% ⁽¹⁾
Second opinion consultation	\$30 copay/visit PCP, \$40 copay/visit CCN Specialist \$50 copay/visit Non-CCN Specialist	60% ⁽¹⁾	\$20 copay/visit PCP, \$30 copay/visit CCN Specialist \$40 copay/visit Non-CCN Specialist	80% ⁽¹⁾	60% ⁽¹⁾
Mental Health					
Inpatient	80% ⁽¹⁾ , up to 30 days/year	60% ⁽¹⁾ up to 30 days/year	90% after \$200/admin. copay up to 30 days/year	80% ⁽¹⁾ , up to 30 days/year	60% ⁽¹⁾ , up to 30 days/year
Outpatient	\$25 copay/visit up to 60 visits/year	60% ⁽¹⁾ , up to 60 visits/year	Visits 1-20: \$5 copay/visit Visits 21-40: \$10 copay/visit	80% ⁽¹⁾ , up to 60 visits/year	60% ⁽¹⁾ , up to 60 visits/year
Alcohol and Drug Abuse Rehabilitation					
Inpatient	80% ⁽¹⁾ , up to 30 days/year	60% ⁽¹⁾ up to 30 days/year	90% after \$200/admin. copay up to 30 days/yr	80% ⁽¹⁾ , up to 30 days/year	60% ⁽¹⁾ , up to 30 days/year
Outpatient	\$25 copay/visit up to \$2,500 calendar year maximum	60% ⁽¹⁾ up to \$2,500 calendar year maximum	Visits 1-20: \$5 copay/visit Visits 21-60: \$10 copay/visit	80% ⁽¹⁾ , up to 60 visits/year	60% ⁽¹⁾ , up to 60 visits/year

⁽¹⁾ Subject to deductible

⁽²⁾ Maintenance drugs **must** be ordered through the mail order program

⁽³⁾ Network Provider Plan (HMO): Prescription Drugs are not covered under a nonparticipating pharmacy

⁽⁴⁾ Plus the difference in cost between Generic and Brand name

⁽⁵⁾ \$500 annual out-of-pocket maximum per person

⁽⁶⁾ ER copay waived if admitted

