

CIGNA HealthCare Benefit Summary

New Hampshire Motor Transport Association-High Deductible Health Plan HD Option 2 (HSA Compatible)

This is a summary of benefits for your CCF/Open Access Plus plan. All deductibles and plan out-of-pocket maximums accumulate in one direction toward in-network unless otherwise noted. Plan maximums and service-specific maximums (dollar and occurrence) cross-accumulate between in- and out-of-network unless otherwise noted. Combined medical & pharmacy deductible.

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Primary Care Physician (PCP) Office Visit <i>Preventive Care</i> <i>Well Child Care</i> <i>Periodic Physical Exams (Children, Adults, and Well Woman)</i> <i>Routine Immunizations and Injections</i> <i>Adult/Child Medical Care for Illness or Injury</i> <i>Surgery performed in a Physician's Office</i>	100%, No Deductible 100%, No Deductible 100%, No Deductible 100%, No Deductible 75% after In-Network Deductible 75% after In-Network Deductible	Covered in-network only Covered in-network only Covered in-network only 60% after Out-of-Network Deductible 20% of charges*
Routine Mammograms	100%, No Deductible	60% after Out-of-Network Deductible
Specialty Physician Office Visit <i>Office Visits</i> <i>Consultant and Referral Physician Services</i> <i>Surgery Performed in Physician's office</i>	75% after In-Network Deductible	60% after Out-of-Network Deductible
Inpatient Hospital Services <i>Semi-Private Room and Board</i> <i>Physician Services</i> <i>Diagnostic/Therapeutic Lab and X-ray</i> <i>Drugs and Medication</i> <i>Operating and Recovery Room</i> <i>Radiation Therapy and Chemotherapy</i> <i>Anesthesia and Inhalation Therapy</i>	75% after In-Network Deductible	60% after Out-of-Network Deductible
Outpatient Facility Services <i>Operating Room, Recovery Room, Procedure Room and Treatment Room including:</i> <i>Physician Services</i> <i>Diagnostic/Therapeutic Lab and X-rays</i> <i>Anesthesia and Inhalation Therapy</i>	75% after In-Network Deductible	60% after Out-of-Network Deductible
Laboratory and Radiology Services <i>MRIs, MRAs, CAT Scans and PET Scans</i> <i>Other Laboratory and Radiology Services</i> Short-Term Rehabilitative Therapy 60 visits maximum per calendar year/ Combined In- and Out-of-Network Chiropractic Services	75% after In-Network Deductible 75% after In-Network Deductible 75% after In-Network Deductible 20 visits maximum per calendar year / combined In- and Out-of-Network	60% after Out-of-Network Deductible 60% after Out-of-Network Deductible 60% after Out-of-Network Deductible 20 visits maximum per calendar year / combined In- and Out-of-Network
Prescription Drugs CIGNA Pharmacy Retail Drug Program Preventive Generic Medications covers at 100%(please review generic list) <i>No Mandatory Generic, Incentive Formulary Plan</i> <i>Includes self-administered injectables; oral contraceptives and contraceptive devices</i>	80% after In-Network Deductible For Generic & Preferred: no more than \$100 per script after deductible For Non-Preferred: no more than \$200 per script after deductible.	Covered in-network only
CIGNA Tel-Drug Mail Order Drug Program	80% after In-Network Deductible For Generic & Preferred: no more than \$100 per script after deductible For Non-Preferred: no more than \$200 per script after deductible.	Covered in-network only

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Emergency and Urgent Care Services Physician's Office Hospital Emergency Room or Hospital Outpatient Facility Participating Urgent Care Facility Ambulance	75% after In-Network Deductible 75% after In-Network Deductible 75% after In-Network Deductible	Care will be provided at in-network levels if it meets the "prudent layperson" definition of an emergency. Otherwise covered at 60% after Out-of-Network Deductible Care will be provided at in-network levels if it meets the "prudent layperson" definition of an emergency. Otherwise covered at 60% after Out-of-Network Deductible Same as in-network benefit; except if not a true emergency, then 60% after Out-of-Network Deductible
Maternity Care Services Initial Office Visit to Confirm Pregnancy - PCP or Specialty Physician Delivery Hospital Charges Physician Charges	75% after In-Network Deductible 75% after In-Network Deductible 75% after In-Network Deductible	60% after Out-of-Network Deductible 60% after Out-of-Network Deductible Precertification applies 60% after Out-of-Network Deductible
Inpatient Services at Other Health Care Facilities Skilled Nursing, Rehabilitation and Sub-Acute Facilities 120 days maximum per calendar year#	75% after In-Network Deductible	Precertification applies
Home Health Services	75% after In-Network Deductible	60% after Out-of-Network Deductible *; 40 visits maximum per calendar year, reduced by in-network visits
Family Planning Services Office Visits - PCP or Specialty Physician (tests, counseling) Vasectomy/Tubal Ligation (excludes reversals) Inpatient Facility Outpatient Facility Surgery in Physician's Office Mental Health and Substance Abuse (To Access Mental Health Services please contact CIGNA Behavioral Health at 1-800-554-6931) Inpatient Mental Health Services Outpatient Individual Mental Health Services Outpatient Mental Health Group Therapy (Two group therapy sessions equal one individual therapy session) Inpatient Substance Abuse Rehabilitation Services Outpatient Individual Substance Abuse Rehabilitation Services Outpatient Group Substance Abuse Rehabilitation Services (Two group therapy sessions equal one individual therapy session) Inpatient Substance Abuse Detoxification Services Outpatient Substance Abuse Detoxification Services	75% after In-Network Deductible 75% after In-Network Deductible 75% after In-Network Deductible 75% after In-Network Deductible 75% after In-Network Deductible 75% after In-Network Deductible unlimited days per calendar year, including substance abuse days 75% after In-Network Deductible unlimited visit maximum per calendar year, including substance abuse visits 75% after In-Network Deductible 75% after In-Network Deductible unlimited days per calendar year, including mental health days 75% after In-Network Deductible unlimited visit maximum per calendar year, including mental health visits 75% after In-Network Deductible 75% after In-Network Deductible 75% after In-Network Deductible	60% after Out-of-Network Deductible 60% after Out-of-Network Deductible Precertification applies 60% after Out-of-Network Deductible 60% after Out-of-Network Deductible Covered in-network only

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<i>Durable Medical Equipment</i>	75% after In-Network Deductible	Covered in-network only
<i>External Prosthetic Appliances</i> \$10,000 maximum benefit per calendar year	75% after In-Network Deductible	Covered in-network only
Contract Year Combined Medical and CIGNA Pharmacy Deductible– Collective <i>Family Out-of-Pocket Maximum: All family members contribute towards the family deductible. An individual cannot have claims covered at 100% until the total family deductible has been satisfied.</i>		
Annual Deductible <i>Individual</i> <i>Family</i>	\$2,500 \$5,000	\$5,000 \$10,000
Contract Year Combined Medical and CIGNA Pharmacy Out-of-Pocket Maximum – Collective <i>Family Out-of-Pocket Maximum: All family members contribute towards the family out-of-pocket maximum. An individual cannot have claims covered at 100% until the total family out-of-pocket maximum has been satisfied.</i>		
Annual Out-of-Pocket (OOP) Maximum <i>Individual</i> <i>Family</i>	\$5,000 (Includes Deductible) \$10,000 (Includes Deductible)	\$10,000 (Includes Deductible) \$20,000 (Includes Deductible)
Coinsurance	CIGNA HealthCare pays 75% of eligible charges after Deductible.	CIGNA HealthCare pays 60% of eligible after Deductible.
Precertification	Handled by your physician	Participant must obtain approval for Inpatient admissions
Lifetime Maximum	\$2,000,000	\$2,000,000.
Pre-existing Condition Limitation	Yes	Yes

Important Notes:

- The inclusive In- and Out-of-Network Deductibles apply to: Medical, Retail and Mail Order Pharmacy, and Mental Health/Substance Abuse claims
- All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied.
- Family members meet only their individual OOP and then their claims will be covered at 100%; if the family OOP has been met prior to their individual OOP being met, their claims will be paid at 100%.
- Out-of-Network Deductible and Out-of-Pocket expenses accumulate towards the In-Network Deductible and Out-of-Pocket Maximum.

Regarding Out-of-Network Services:

- *The out-of-network inpatient copayment does not apply to the out-of-network annual deductible or out-of-pocket maximum.*
- *All out-of-network hospital admissions must be precertified and are subject to Continue Stay Review(CSR). A penalty applies to admissions which are not recertified. 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.*
- *Additional services that are not covered out-of-network are: Organ Transplant and TMJ.*
- *Once the out-of-pocket maximum for Out-of-Network is reached, the plan pays 100% of eligible charges for the remainder of the plan year except for Mental Health and Substance Abuse, which remain at the levels specified.*
- *Coverage for pre-existing conditions will not be covered under this plan unless continuously insured for one year*
- *Out-of-Network services are subject to reasonable and customary limitations.*

1/1/2010