

CIGNA HealthCare Benefit Summary
New Hampshire Motor Transport Association
High Deductible Health Care Plan
HD Option 3 (Non-Compatible)

This is a summary of benefits for your 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. Medical Only deductible.

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Primary Care Physician (PCP) Office Visit <i>Preventive Care</i> <i>Well Child Care</i>	100%, No Deductible 100%, No Deductible	Covered in-network only Covered in-network only
<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>	100%, No Deductible 100%, No Deductible 80% after In-Network Deductible	Covered in-network only 70% after Out-of-Network Deductible 20% of charges*
<i>Surgery performed in a Physician's Office</i>	80% after In-Network Deductible	
Routine Mammograms	100%, No Deductible	70% 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>	80% after In-Network Deductible	70% 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>	80% after In-Network Deductible	70% 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>	80% after In-Network Deductible	70% 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	80% after In-Network Deductible 80% after In-Network Deductible 80% after In-Network Deductible 20 visits maximum per calendar year / combined In- and Out-of-Network	70% after Out-of-Network Deductible 70% after Out-of-Network Deductible 70% after Out-of-Network Deductible 20 visits maximum per calendar year / combined In- and Out-of-Network
Prescription Drugs <i>CIGNA Pharmacy Retail Drug Program</i> 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> CIGNA Tel-Drug Mail Order Drug Program	80% For Generic: no more than \$100 per script For Preferred: no more than \$100 per script For Non-Preferred: no more than \$200 per script. 80% For Generic: no more than \$100 per script For Preferred: no more than \$100 per script For Non-Preferred: no more than \$200 per script.	Covered in-network only Covered in-network only

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Emergency and Urgent Care Services <i>Physician's Office Hospital Emergency Room or Hospital Outpatient Facility Participating Urgent Care Facility</i>	80% after In-Network Deductible	<i>Care will be provided at in-network levels if it meets the "prudent layperson" definition of an emergency. Otherwise covered at 70% after Out-of-Network Deductible</i>
<i>Ambulance</i>	80% after In-Network Deductible	<i>Care will be provided at in-network levels if it meets the "prudent layperson" definition of an emergency. Otherwise covered at 70% after Out-of-Network Deductible</i> Same as in-network benefit; except if not a true emergency, then 70% after Out-of-Network Deductible
Maternity Care Services <i>Initial Office Visit to Confirm Pregnancy - PCP or Specialty Physician</i>	80% after In-Network Deductible	70% after Out-of-Network Deductible 70% after Out-of-Network Deductible Precertification applies
<i>Delivery Hospital Charges</i>	80% after In-Network Deductible	70% after Out-of-Network Deductible
<i>Physician Charges</i>	80% after In-Network Deductible	
Inpatient Services at Other Health Care Facilities <i>Skilled Nursing, Rehabilitation and Sub-Acute Facilities 120 days maximum per calendar year#</i>	80% after In-Network Deductible	Precertification applies
Home Health Services	80% after In-Network Deductible	70% after Out-of-Network Deductible *; 40 visits maximum per calendar year, reduced by in-network visits
Family Planning Services <i>Office Visits - PCP or Specialty Physician (tests, counseling) Vasectomy/Tubal Ligation (excludes reversals)</i>	80% after In-Network Deductible	70% after Out-of-Network Deductible
<i>Inpatient Facility</i>	80% after In-Network Deductible	70% after Out-of-Network Deductible Precertification applies
<i>Outpatient Facility</i>	80% after In-Network Deductible	70% after Out-of-Network Deductible
<i>Surgery in Physician's Office</i>	80% after In-Network Deductible	70% after Out-of-Network Deductible
Mental Health and Substance Abuse (To Access Mental Health Services please contact CIGNA Behavioral Health at 1-800-554-6931)		Covered in-network only
<i>Inpatient Mental Health Services</i>	80% after In-Network Deductible unlimited days per calendar year, including substance abuse days	
<i>Outpatient Individual Mental Health Services</i>	80% after In-Network Deductible unlimited visit per calendar year, including substance abuse visits	
<i>Outpatient Mental Health Group Therapy (Two group therapy sessions equal one individual therapy session)</i>	80% after In-Network Deductible	
<i>Inpatient Substance Abuse Rehabilitation Services</i>	80% after In-Network Deductible Unlimited days per calendar year, including mental health days	
<i>Outpatient Individual Substance Abuse Rehabilitation Services</i>	80% after In-Network Deductible Unlimited per calendar year, including mental health visits	
<i>Outpatient Group Substance Abuse Rehabilitation Services (Two group therapy sessions equal one individual therapy session)</i>	80% after In-Network Deductible	
<i>Inpatient Substance Abuse Detoxification Services</i>	80% after In-Network Deductible	
<i>Outpatient Substance Abuse Detoxification Services</i>	80% after In-Network Deductible	

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<i>Durable Medical Equipment</i>	80% after In-Network Deductible	Covered in-network only
<i>External Prosthetic Appliances</i> \$10,000 maximum benefit per calendar year	80% after In-Network Deductible	Covered in-network only
Contract Year Medical Deductible-Collective		
<i>Family Deductible: 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.</i>		
<i>Annual Deductible</i> <i>Individual</i> <i>Family</i>	\$1,500 \$3,000	\$3,000 \$6,000
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>		
<i>Annual Out-of-Pocket (OOP) Maximum</i> <i>Individual</i> <i>Family</i>	\$3,000 (Includes Deductible) \$6,000 (Includes Deductible)	\$6,000 (Includes Deductible) \$12,000 (Includes Deductible)
<i>Coinsurance</i>	CIGNA HealthCare pays 80% of eligible charges after Deductible.	CIGNA HealthCare pays 70% of eligible after Deductible.
<i>Precertification</i>	Handled by your physician	Participant must obtain approval for Inpatient admissions
<i>Lifetime Maximum</i>	\$2,000,000	\$2,000,000
<i>Pre-existing Condition Limitation</i>	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.*

These benefits represent the “standard” benefits. There may be modifications for some states due to mandated benefits that are not reflected in this benefit plan design.

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