

**CIGNA HealthCare Benefit Summary  
New Hampshire Motor Transport Association  
Choice Fund HRA 500**

**Combined Medical and Pharmacy Deductible**

*Employer Contribution*

Employee

\$500

Family

\$1000

<b>BENEFIT HIGHLIGHTS</b>	<b>IN-NETWORK</b>
<p><b>Primary Care Physician (PCP) Office Visit</b>  <i>Preventive Care</i>  <i>Well Child Care</i></p> <p><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></p> <p><i>Surgery performed in a Physician's Office</i></p>	<p>100%, No Deductible</p> <p>100%, No Deductible</p> <p>100%, No Deductible 90% after Annual Deductible</p> <p>90% after Annual Deductible</p>
<p><b>Routine Mammograms</b></p>	<p>100%, No Deductible</p>
<p><b>Specialty Physician Office Visit</b>  <i>Office Visits</i>  <i>Consultant and Referral Physician Services</i>  <i>Surgery Performed in Physician's office</i></p>	<p>90% after Annual Deductible</p>
<p><b>Inpatient Hospital Services</b>  <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></p>	<p>90% after Annual Deductible</p>
<p><b>Outpatient Facility Services</b>  <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></p>	<p>90% after Annual Deductible</p>
<p><b>Laboratory and Radiology Services</b>  <i>MRIs, MRAs, CAT Scans and PET Scans</i>  <i>Other Laboratory and Radiology Services</i></p> <p><b>Short-Term Rehabilitative Therapy</b>            60 visits maximum per calendar year/Combined In-and Out-of-Network</p> <p><i>Chiropractic Services</i></p>	<p>90% after Annual Deductible</p> <p>90% after Annual Deductible</p> <p>90% after Annual Deductible 20 visits maximum per calendar year/combined In-and Out-of-Network</p>

<p><b>Combined Medical/Pharmacy Contract Year Deductible</b>  <b>Prescription Drugs</b>  <b>CIGNA Pharmacy Retail Drug Program</b>  <b>Preventive Generic Medications covers at 100% (please review generic list)</b>  <i>No Mandatory Generic, Incentive Formulary Plan</i>  <i>Includes self-administered injectables; oral contraceptives and contraceptive devices</i></p>	<p>Up to a 30 day supply</p> <p>Generic Drugs: 90% after deductible, no more than \$100 per script after deductible  Preferred Brand Drugs: 90% after deductible, no more than \$100 per script after deductible  Non-Preferred Brand Drugs: 90% after deductible, no more than \$200 per script after deductible</p>
<p><b>CIGNA Tel-Drug Mail Order Drug Program</b></p>	<p>Up to a 90 day supply;  Generic Drugs: 90% after deductible, no more than \$100 per script after deductible  Preferred Brand Drugs: 90% after deductible, no more than \$100 per script after deductible  Non-Preferred Brand Drugs: 90% after plan deductible, no more than \$200 per script after deductible.</p>
<p><b>Emergency and Urgent Care Services</b>  <i>Physician's Office</i>  <i>Hospital Emergency Room or Hospital Outpatient Facility</i>  <i>Participating Urgent Care Facility</i></p> <p><i>Ambulance</i></p>	<p>90% after Annual Deductible</p> <p>90% after Annual Deductible</p> <p>90% after Annual Deductible</p>
<p><b>Maternity Care Services</b>  <i>Initial Office Visit to Confirm Pregnancy - PCP or Specialty Physician</i>  <i>Delivery</i>  <i>Hospital Charges</i></p> <p><i>Physician Charges</i></p>	<p>90% after Annual Deductible</p> <p>90% after Annual Deductible</p> <p>90% after Annual Deductible</p>
<p><b>Inpatient Services at Other Health Care Facilities</b>  <i>Skilled Nursing, Rehabilitation and Sub-Acute Facilities</i>  120 days maximum per calendar year#</p>	<p>90% after Annual Deductible</p>
<p><b>Home Health Services</b></p>	<p>90% after Annual Deductible</p>
<p><b>Family Planning Services</b>  <i>Office Visits - PCP or Specialty Physician (tests, counseling)</i>  <i>Vasectomy/Tubal Ligation (excludes reversals)</i>  <i>Inpatient Facility</i>  <i>Outpatient Facility</i>  <i>Surgery in Physician's Office</i></p>	<p>90% after Annual Deductible</p> <p>90% after Annual Deductible</p> <p>90% after Annual Deductible</p>

<b><i>Mental Health and Substance Abuse</i></b> <b><i>(To Access Mental Health Services please contact CIGNA Behavioral Health at 1-800-554-6931)</i></b> <i>Inpatient Mental Health Services</i>  <i>Outpatient Individual Mental Health Services</i>  <i>Outpatient Mental Health Group Therapy (Two group therapy sessions equal one individual therapy session)</i> <i>Inpatient Substance Abuse Rehabilitation Services</i> <i>Outpatient Individual Substance Abuse Rehabilitation Services</i>  <i>Outpatient Group Substance Abuse Rehabilitation Services (Two group therapy sessions equal one individual therapy session)</i> <i>Inpatient Substance Abuse Detoxification Services</i> <i>Outpatient Substance Abuse Detoxification Services</i>	No Charge, Unlimited days <i>per calendar year, including substance abuse days</i> 90% after deductible Unlimited visits <i>per calendar year, including substance abuse visits</i> 90% after deductible  No Charge Unlimited days <i>per calendar year, including mental health days</i> \$90% after Deductible Unlimited visit <i>per calendar year, including mental health visits</i>  90% after plan deductible  90% after Annual Deductible  90% after Annual Deductible
<b><i>Durable Medical Equipment</i></b>	90% after Annual Deductible \$3,500 annual maximum
<b><i>External Prosthetic Appliances</i></b> \$10,000 annual maximum	90% after Annual Deductible

<b><i>Contract Year Combined Medical and Pharmacy deductible Collective</i></b> <b><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 met. .</i></b>	
<i>Individual</i>	\$1,500
<i>Family</i>	\$3,000
<b><i>Contract Year Combined Medical and Pharmacy Out of Pocket Maximum Collective</i></b> <b><i>Family Out of Pocket: All family members contribute towards the family out of pocket maximum . An individual cannot have claims covered under 100% until the total family out of pocket has been met. .</i></b>	
<i>Individual</i>	\$3000 (Includes Deductible)
<i>Family</i>	\$6,000 (Includes Deductible)
<b><i>Coinsurance</i></b>	CIGNA HealthCare pays 90% of eligible charges after Deductible.
<b><i>Precertification</i></b>	Handled by your physician
<b><i>Lifetime Maximum</i></b>	\$2,000,000
<b><i>Pre-existing Condition Limitation</i></b>	Yes

Services must be provided by a provider participating in the CIGNA HealthCare network, or by CIGNA Behavioral Health, Inc. in order to be covered.

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.

"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, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. "CIGNA Tel-Drug" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C., which are also operating subsidiaries of CIGNA Corporation.