

**CIGNA HealthCare Benefit Summary
New Hampshire Motor Transport Association
Open Access Plus Network Plan 601**

BENEFIT HIGHLIGHTS	
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 Physician's Office</i>	\$15 copayment per office visit \$15 copayment per office visit The office visit copayment will be waived when immunization is the only service provided. \$15 copayment per office visit \$15 copayment per office visit
Routine Mammograms	No charge
Specialty Physician Office Visit <i>Office Visits</i> <i>Consultant and Referral Physician Services</i> <i>Well Woman Exam</i> <i>Surgery Performed in Physician's office</i>	\$25 copayment per office visit
Inpatient Hospital Services <i>Semi-Private Room and Board</i> <i>Physician and Surgeon Charges</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>	No charge
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>	No charge
Laboratory and Radiology Services <i>MRIs, MRAs, CAT Scans and PET Scans</i> <i>Other Laboratory and Radiology Services</i>	No charge No charge
Short-Term Rehabilitative Therapy 60 visits maximum per calendar year#	\$25 copayment per office visit
Chiropractic Services	\$25 copayment per office visit 20 visits maximum per calendar year
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>	30 day supply only For Generic: 20% coinsurance per script or no more than \$100 per script For Preferred: 25% coinsurance per script or no more than \$100 per script For Non-Preferred 40% coinsurance per script or no more than \$200 per script
Pharmacy Deductible (Individual/Family) (Mail Order Excluded) Pharmacy Out of Pocket Maximum (Individual/Family) Pharmacy Annual Maximum (Individual/Family)	\$50/\$100 per calendar year None None
Pharmacy Deductible(Individual/Family) (Mail Order excluded) Pharmacy Out of Pocket Maximum (Individual/Family) Pharmacy Annual Maximum (Individual/Family)	None None None
CIGNA Tel-Drug Mail Order Drug Program	90 day supply : For Generic: 15% or no more than \$100 per script For Preferred: 20% coinsurance or no more than \$100 per script For Non-Preferred: 35% coinsurance or no more than \$200 per script.

BENEFIT HIGHLIGHTS	
Emergency and Urgent Care Services <i>Physician's Office</i> <i>Hospital Emergency Room or Hospital Outpatient Facility</i> <i>Participating Urgent Care Facility</i> <i>Ambulance</i>	Office Visit Copayment \$100 copayment per visit, waived if admitted \$50 copayment per visit No charge
Maternity Care Services <i>Initial Office Visit to Confirm Pregnancy</i> <i>All other office visits</i> <i>Delivery</i> <i>Hospital Charges</i> <i>Physician Charges</i>	PCP or Specialty Physician Office Visit Copayment No charge No charge No charge
Inpatient Services at Other Health Care Facilities <i>Skilled Nursing, Rehabilitation and Sub-Acute Facilities</i> 120 days maximum per calendar year	No charge
Home Health Services	No charge
Family Planning Services <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> Mental Health and Substance Abuse <i>(To Access Mental Health Services please contact CIGNA Behavioral Health at 1-800-554-6931)</i> <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>	Office Visit Copayment No charge No charge Office Visit Copayment No charge; <i>unlimited days per calendar year, including substance abuse days</i> \$25 copayment per visit; <i>unlimited visits per calendar year, including substance abuse visits</i> \$20 copayment per session No charge; <i>unlimited days per calendar year, including mental health days</i> \$25 copayment per visit; <i>unlimited visit maximum per calendar year, including mental health visits</i> \$20 copayment per session Same as Inpatient Hospital services Same as Physician Office Visit Copayment
Durable Medical Equipment	No charge
External Prosthetic Appliances \$10,000 maximum benefit per calendar year	No charge after \$200 EPA deductible

Annual Deductible	
<i>Individual</i>	\$50 Prescription only
<i>Family</i>	\$100 Prescription only
Annual Out-of-Pocket (OOP) Maximum	
<i>Individual</i>	None
<i>Family</i>	None
Coinsurance	None
Precertification	Handled by your physician
Lifetime Maximum	\$2,000,000
Pre-existing Condition Limitation	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.

This document is not designed as an enrollment tool and should not be distributed to employees/members.

“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.

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