

SUMMARY OF BENEFITS



**Cigna Health and Life Insurance Co.
For Employees of - Spelman College
Open Access Plus Plan
2014 - OAP**

Selection of a Primary Care Provider - Your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, Cigna may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

Direct Access to Obstetricians and Gynecologists - You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card. For children, you may designate a pediatrician as the primary care provider.

Plan Highlights	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited
Coinsurance	You pay 10% coinsurance	You pay 30% coinsurance
Maximum Reimbursable Charge Out-of-network services are subject to a Calendar Year deductible and maximum reimbursable charge limitations. Payments made to health care professionals not participating in Cigna's network are determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or a percentage (110%) of a fee schedule developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule is not used, and the maximum reimbursable charge for covered services is determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. The health care professional may bill the customer the difference between the health care professional's normal charge and the Maximum Reimbursable Charge as determined by the benefit plan, in addition to applicable deductibles, co-payments and coinsurance.	Not Applicable	110%

Plan Highlights	In-Network	Out-of-Network
<p>Calendar Year Deductible</p> <ul style="list-style-type: none"> Only the amount you pay for in-network covered expenses counts toward your in-network deductible. Only the amount you pay for out-of-network covered expenses only counts toward your out-of-network deductible. After each eligible family member meets his or her individual deductible, covered expenses for that family member will be paid based on the coinsurance level specified by the plan. Or, after the family deductible has been met, covered expenses for each eligible family member will be paid based on the coinsurance level specified by the plan. 	<p>Individual: \$600 Family: \$1,200</p>	<p>Individual: \$1,100 Family: \$2,200</p>
<p>Calendar Year Out-of-Pocket Maximum</p> <ul style="list-style-type: none"> Only the amount you pay for in-network covered expenses counts toward your in-network out-of-pocket maximum. Only the amount you pay for out-of-network covered expenses counts toward your out-of-network out-of-pocket maximum. Plan deductible contribute towards your out-of-pocket maximum. All copays and benefit deductibles contribute towards your out-of-pocket maximum. Mental health and substance abuse covered expenses contribute towards your out-of-pocket maximum. After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses. This plan includes a combined Medical/Pharmacy out-of-pocket maximum. Retail and home delivery pharmacy costs contribute to the combined medical/pharmacy out-of-pocket maximum. 	<p>Individual: \$3,100 Family: \$6,200</p>	<p>Individual: \$8,600 Family: \$17,200</p>
<p>Pre-Existing Condition Limitation (PCL)</p>	<p>Not Applicable</p>	<p>Not Applicable</p>

Plan Highlights	In-Network	Out-of-Network
Pre-certification - Continued Stay Review - PHS+ Inpatient - required for all inpatient admissions	Coordinated by your physician	Customer is responsible for contacting Cigna Healthcare. Subject to penalty/reduction or denial for non-compliance. <ul style="list-style-type: none"> 50% penalty applied to hospital inpatient charges for failure to contact Cigna Healthcare to precertify admission. Benefits are denied for any admission reviewed by Cigna Healthcare and not certified. Benefits are denied for any additional days not certified by Cigna Healthcare.
Pre-certification - Continued Stay Review - PHS+ Outpatient Prior Authorization - required for selected outpatient procedures and diagnostic testing	Coordinated by your physician	Customer is responsible for contacting Cigna Healthcare. Subject to penalty/reduction or denial for non-compliance. <ul style="list-style-type: none"> 50% penalty applied to outpatient procedures/diagnostic testing charges for failure to contact Cigna Healthcare and to precertify admission. Benefits are denied for any outpatient procedures/diagnostic testing reviewed by Cigna Healthcare and not certified.

Benefit	In-Network	Out-of-Network
Physician Services		
Primary Care Physician (PCP) Office Visit	You pay \$25 PCP copay	You pay 30% coinsurance after plan deductible is met
Specialty Care Physician Office Visit	You pay \$40 Specialist copay	You pay 30% coinsurance after plan deductible is met
Surgery Performed in Physician's Office	You pay \$25 PCP or \$40 Specialist copay	You pay 30% coinsurance after plan deductible is met
Allergy Treatment/Injections	You pay lesser of \$25 PCP or \$40 Specialist copay or actual charge	You pay 30% coinsurance after plan deductible is met
Allergy Serum Dispensed by the physician in the office	Plan pays 100%, no plan deductible	You pay 30% coinsurance after plan deductible is met

Benefit	In-Network	Out-of-Network
Preventive Care		
Routine Preventive Care - (birth thru age 5) <ul style="list-style-type: none"> Includes well-baby, well-child preventive care Includes immunizations Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit. 	Plan pays 100%, no plan deductible	You pay 30% coinsurance, no plan deductible
Routine Preventive Care - (age 6 and older) <ul style="list-style-type: none"> Includes well-child, well-woman and adult preventive care Includes immunizations Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit. 	Plan pays 100%, no plan deductible	You pay 30% coinsurance after plan deductible is met
Mammogram, PAP, PSA Tests <ul style="list-style-type: none"> Coverage includes the associated Preventive Outpatient Professional Services. Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service. 	Plan pays 100%, no plan deductible	You pay 30% coinsurance after plan deductible is met
Benefit	In-Network	Out-of-Network
Inpatient		
Inpatient Hospital Facility	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met
Inpatient Hospital Physician's Visit/Consultation	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met
Inpatient Professional Services <ul style="list-style-type: none"> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists 	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met
Multiple Surgical Reduction	Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery.	

Benefit	In-Network	Out-of-Network
Outpatient		
Outpatient Facility Services	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met
Outpatient Professional Services <ul style="list-style-type: none"> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists 	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met
Short-Term Rehabilitation Per Calendar Year Maximums: <ul style="list-style-type: none"> Pulmonary Rehabilitation, Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy and Chiropractic Care – 60 days Cardiac Rehabilitation - 36 days Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient short term rehab therapy maximum	You pay \$25 PCP or \$40 Specialist copay	You pay 30% coinsurance after plan deductible is met
Benefit	In-Network	Out-of-Network
Other Health Care Facilities/Services		
Home Health Care (includes outpatient private duty nursing days when approved as medically necessary) <ul style="list-style-type: none"> 120 days maximum per Calendar Year 16 hour maximum per day 	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility <ul style="list-style-type: none"> 60 days maximum per Calendar Year 	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met
Durable Medical Equipment <ul style="list-style-type: none"> Unlimited maximum per Calendar Year 	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met
Breast Feeding Equipment and Supplies <ul style="list-style-type: none"> Limited to the rental of one breast pump per birth as ordered or prescribed by a physician. Includes related supplies 	Plan pays 100%	You pay 30% coinsurance after plan deductible is met
External Prosthetic Appliances (EPA) <ul style="list-style-type: none"> Unlimited maximum per Calendar Year 	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met

Place of Service - You pay based on where you receive services.

Benefit	Physician's Office		Outpatient Facility		Emergency Room/ Urgent Care Facility		Independent Lab		Inpatient Hospital	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lab and X-ray	You pay \$25 PCP or \$40 Specialist copay	You pay 30% coinsurance after plan deductible is met	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met	You pay 10% coinsurance after plan deductible is met		You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met	Covered under plan's Inpatient Hospital benefit	Covered under plan's Inpatient Hospital benefit
Advanced Radiology Imaging (MRI, MRA, CAT Scan, PET Scan, etc.)	Plan pays 100%, no plan deductible	You pay 30% coinsurance after plan deductible is met	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met	You pay 10% coinsurance after plan deductible is met		Not Applicable	Not Applicable	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met

Place of Service - You pay based on where you receive services.

Benefit	Physician's Office		Emergency Room		Outpatient Professional Services (Radiologist, Pathologist, ER Physician)		*Ambulance	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Care	You pay \$25 PCP or \$40 Specialist copay		You pay 10% coinsurance after plan deductible is met		You pay 10% coinsurance after plan deductible is met		You pay 10% coinsurance after plan deductible is met	

* - Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered

Place of Service - You pay based on where you receive services.

Benefit	Physician's Office		Urgent Care Facility		Outpatient Professional Services		*Ambulance	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Urgent Care	You pay \$25 PCP or \$40 Specialist copay		You pay 10% coinsurance after plan deductible is met		You pay 10% coinsurance after plan deductible is met		You pay 10% coinsurance after plan deductible is met	

* - Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered

Place of Service - You pay based on where you receive services.

Benefit	Initial Visit to Confirm Pregnancy		All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges		Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist)		Delivery - Facility (Inpatient Hospital, Birthing Center)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Maternity	You pay \$25 PCP or \$40 Specialist copay	You pay 30% coinsurance after plan deductible is met	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met	You pay \$25 PCP or \$40 Specialist copay	You pay 30% coinsurance after plan deductible is met	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met

Place of Service - You pay based on where you receive services.

Benefit	Inpatient Hospital and Other Health Care Facilities		Outpatient Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospice (provided as part of Hospice Care Program)	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met

Place of Service - You pay based on where you receive services.

Benefit	Physician's Services - Office Visit		Inpatient Hospital Facility		Outpatient Facility Services		Inpatient Professional Services		Outpatient Professional Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Family Planning - Men's Services	You pay \$25 PCP or \$40 Specialist copay	You pay 30% coinsurance after plan deductible is met	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met

Includes surgical services, such as vasectomy (excludes reversals).

Family Planning - Women's Services	Plan pays 100%, no plan deductible	You pay 30% coinsurance after plan deductible is met	Plan pays 100%, no plan deductible	You pay 30% coinsurance after plan deductible is met	Plan pays 100%, no plan deductible	You pay 30% coinsurance after plan deductible is met	Plan pays 100%, no plan deductible	You pay 30% coinsurance after plan deductible is met	Plan pays 100%, no plan deductible	You pay 30% coinsurance after plan deductible is met
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Includes surgical services, such as tubal ligation (excludes reversals).

Contraceptive devices as ordered or prescribed by a physician.

Infertility	You pay \$25 PCP or \$40 Specialist copay	You pay 30% coinsurance after plan deductible is met	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met
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Place of Service - You pay based on where you receive services.

Benefit	Physician's Services - Office Visit		Inpatient Hospital Facility		Outpatient Facility Services		Inpatient Professional Services		Outpatient Professional Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network

Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.

\$20,000 lifetime maximum

Place of Service - You pay based on where you receive services.

Benefit	Physician's Office		Inpatient Facility		Outpatient Facility		Inpatient Professional Services		Outpatient Professional Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network

TMJ, Surgical and Non-Surgical - case-by-case basis. Always excludes appliances & orthodontic treatment. Subject to medical necessity.	You pay \$25 PCP or \$40 Specialist copay	You pay 30% coinsurance after plan deductible is met	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met

Non-Surgical: Unlimited maximum per lifetime

Place of Service - You pay based on where you receive services.

Benefit	Inpatient		Outpatient - Physician's Office (includes individual, group therapy mental health and intensive outpatient mental health)		Outpatient Facility (includes individual, group therapy mental health and intensive outpatient mental health)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met	You pay \$40 copay	You pay 30% coinsurance after plan deductible is met	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met

- Unlimited maximum per calendar year
- Mental Health services are paid at 100% after you reach your out-of-pocket maximum

Place of Service - You pay based on where you receive services.

Benefit	Inpatient		Outpatient - Physician's Office (includes individual and intensive outpatient substance abuse)		Outpatient Facility (includes individual and intensive outpatient substance abuse)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Substance Abuse	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met	You pay \$40 copay	You pay 30% coinsurance after plan deductible is met	You pay 10% coinsurance after plan deductible is met	You pay 30% coinsurance after plan deductible is met

Note: Detox is covered under medical

- Unlimited maximum per calendar year
- Substance Abuse services are paid at 100% after you reach your out-of-pocket maximum

Pharmacy	In-Network	Out-of-Network
Cigna Pharmacy Plus three-tier copay plan <ul style="list-style-type: none"> • Self Administered injectable and optional injectable drugs - includes infertility drugs • Oral Fertility drugs included • Oral Contraceptives included • Includes Oral Contraceptives - with specific products covered 100% • Insulin, glucose test strips, lancets, insulin needles & syringes included 	Retail - 30 day supply Generic: You pay \$15 Preferred Brand: You pay \$35 Non-Preferred Brand: You pay \$60 Home delivery - 90 day supply Generic: You pay \$30 Preferred Brand: You pay \$70 Non-Preferred Brand: You pay \$120	You pay the same as the in-network column

Pharmacy Clinical Management and Prior Authorization

- Your plan is subject to certain clinical edits and prior authorization requirements

Pharmacy Cost Management Program

Step Therapy is a prior authorization program that may require you to try other medications available to treat the same condition before the "Step Therapy" medication is covered.

- All possible Step Therapy medications are identified on the Cigna prescription drug list with an "ST" suffix. To determine if a specific drug is subject to Step Therapy for your plan, please call Customer Service at the phone number listed on your ID card or visit the Prescription Drug Price Quote tool on myCigna.com.

Clinical Outcome Programs:

- Includes complex psychiatric case management
- Includes narcotic therapy management

Specialty Pharmacy Management:

- Clinical Programs
 - o Prior authorization is required on specialty medications but quantity limits may apply.
 - o Theracare® Program
- Medication Access Option
 - o Retail and/or Home Delivery

Definitions

Coinsurance - After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called coinsurance.

Copay - A flat fee you pay for certain covered services such as doctor's visits or prescriptions.

Deductible - A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.

Out-of-Pocket Maximum - Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "maximum reimbursable charges" or negotiated fees for covered services.

Prescription Drug List - The list of prescription brand and generic drugs covered by your pharmacy plan.

Transition of Care - Provides in-network health coverage to new customers when the customer's doctor is not part of the Cigna network and there are approved clinical reasons why the customer should continue to see the same doctor.

Dollars & Sense

DOLLARS & SENSE: Easy ways to decrease your out-of-pocket health care expenses.

In-network care

Using doctors, hospitals and facilities that participate in the Cigna network can save you money. In addition, choosing Cigna Care designated specialists - doctors in 19 specialties who have been identified for their superior performance in quality and cost efficiency - may save you even more. You can verify that a doctor or facility is in Cigna's network and learn more about the Cigna Care designation by checking the directory on myCigna.com or Cigna.com, or by calling the customer service number on the back of your Cigna ID card. Cigna is open 24/7.

Urgent care

(Average urgent care center cost \$131 / Average hospital ER cost \$1,523)

Many people use the emergency room (ER) for conditions that are not serious or life-threatening. Using an urgent care center or your doctor's office instead of an ER can save you hundreds of dollars and provides the same quality of care as an ER. If you need care and are not sure if you need to go to the ER, speak with your doctor or call Cigna's 24-hour nurse line at the number on the back your Cigna ID card to determine the most appropriate location for urgent care.

Convenience care or retail clinics

(Average convenience care clinic cost \$61 / Average hospital ER cost \$1,523)

Convenience care clinics provide quick and easy access to high quality treatment for common medical conditions when your doctor is not available. These clinics are located in department stores, grocery stores and pharmacies. To locate convenience care clinics, you can check the Directory on myCigna.com or Cigna.com, or call the customer service number on the back of your Cigna ID card. Cigna is open 24/7.

Laboratory and pathology tests

(Average LabCorp/Quest cost \$9 / Average other lab cost \$24 / Average outpatient hospital lab cost \$48)

Two of the nation's largest and most prominent laboratories, Quest Diagnostics, Inc. (Quest) and Laboratory Corporation of America (LabCorp), participate in the Cigna network. Services at these labs can cost 70-75% less and offer the same or better quality than hospital laboratories. When you need lab services, discuss these options with your doctor. To find the nearest Quest and LabCorp locations, check the directory on myCigna.com or Cigna.com.

Radiology services (MRI or CT scan)

(Average independent radiology facility cost \$591 / Average outpatient hospital cost \$1,198)

If you need to have an MRI or CT scan, you can save hundreds of dollars by using an independent radiology center. While Cigna contracts with all types of facilities that provide radiology services, using independent radiology centers will save you money, without any difference in quality. Discuss location options with your doctor. For help locating the most cost effective facility in which to have an MRI or CT scan, you can use the cost comparison tools on myCigna.com or call the customer service number on the back of your Cigna ID card.

Colonoscopy, endoscopy or arthroscopy

(Average freestanding surgery center cost \$1,438 / Average outpatient hospital cost \$2,821)

When a doctor recommends a colonoscopy, GI endoscopy or arthroscopy, make sure you know your options. Using a freestanding outpatient surgery center for

Dollars & Sense

these procedures instead of a hospital can often save hundreds of dollars, while maintaining the same high quality as a hospital. Talk with your doctor about options. For help locating the most appropriate facility, you can use our cost comparison tools on myCigna.com or call the customer service number on the back of your Cigna ID card.

Cigna Home Delivery Pharmacy

You can save money and enjoy convenient home delivery by using Cigna Home Delivery Pharmacy for your prescription medications. You can get up to a 90-day supply of your medication.

Exclusions

What's Not Covered (not all-inclusive):

Your plan provides coverage for most medically necessary services. Examples of things your plan does not cover, unless required by law or covered under the pharmacy benefit, include (but aren't limited to):

- Cosmetic services
- Custodial and other non-skilled services
- Dental care, unless due to accidental injury to sound natural teeth
- Experimental or investigational treatments, except for routine patient care costs related to qualified clinical trials as described in your plan document
- Eyeglass lenses and frames, contact lenses and surgical vision correction
- Genetic screenings
- Non-prescription and anti-obesity drugs
- Reversal of sterilization procedures
- Services for an injury or illness that occurs while working for pay or profit including services covered by worker's compensation benefits
- Services provided through government programs
- Services that aren't medically necessary
- Telephone, email and internet consultations in the absence of a specific benefit
- Travel immunizations
- Treatment of sexual dysfunction
- Weight loss programs
- Hearing aids
- Acupuncture
- Obesity surgery and services

These are only the highlights

This summary outlines the highlights of your plan. For a complete list of both covered and not-covered services, including benefits required by your state, see your employer's insurance certificate or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence. This summary provides additional information not provided in the Summary of Benefits and Coverage document required by the Federal Government.

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