

## SUMMARY OF BENEFITS

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



**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](http://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](http://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
<b>Lifetime Maximum</b>	Unlimited
<b>Coinsurance</b>	Plan pays 100%
<b>Calendar Year Deductible</b> <ul style="list-style-type: none"><li>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.</li></ul>	Individual: \$300 Family: \$600

Plan Highlights		In-Network
<b>Calendar Year Out-of-Pocket Maximum</b> <ul style="list-style-type: none"> <li>Plan deductible contribute towards your out-of-pocket maximum.</li> <li>All copays and benefit deductibles contribute towards your out-of-pocket maximum.</li> <li>Mental health and substance abuse covered expenses contribute towards your out-of-pocket maximum.</li> <li>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.</li> <li>This plan includes a combined Medical/Pharmacy out-of-pocket maximum.</li> <li>Retail and home delivery pharmacy costs contribute to the combined medical/pharmacy out-of-pocket maximum.</li> </ul>		Individual: \$3,100 Family: \$6,200
<b>Pre-Existing Condition Limitation (PCL)</b>		Not Applicable
<b>Pre-certification - Continued Stay Review - PHS+ Inpatient</b> - required for all inpatient admissions		Coordinated by your physician
<b>Pre-certification - Continued Stay Review - PHS+ Outpatient Prior Authorization</b> - required for selected outpatient procedures and diagnostic testing		Coordinated by your physician
Benefit		In-Network
<b>Physician Services</b>		
<b>Primary Care Physician (PCP) Office Visit</b>		You pay \$20 PCP copay
<b>Specialty Care Physician Office Visit</b>		You pay \$30 Specialist copay
<b>Surgery Performed in Physician's Office</b>		You pay \$20 PCP or \$30 Specialist copay
<b>Allergy Treatment/Injections</b>		You pay lesser of \$20 PCP or \$30 Specialist copay or actual charge
<b>Allergy Serum</b> Dispensed by the physician in the office		Plan pays 100%, no plan deductible

Benefit		In-Network
<b>Preventive Care</b>		
<b>Routine Preventive Care - (birth thru age 5)</b> <ul style="list-style-type: none"> <li>Includes well-baby, well-child preventive care</li> <li>Includes immunizations</li> <li>Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit.</li> </ul>		Plan pays 100%, no plan deductible
<b>Routine Preventive Care - (age 6 and over)</b> <ul style="list-style-type: none"> <li>Includes well-child, well-woman and adult preventive care</li> <li>Includes immunizations</li> <li>Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit.</li> </ul>		Plan pays 100%, no plan deductible
<b>Mammogram, PAP, PSA Tests</b> <ul style="list-style-type: none"> <li>Coverage includes the associated Preventive Outpatient Professional Services.</li> <li>Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service.</li> </ul>		Plan pays 100%, no plan deductible
Benefit		In-Network
<b>Inpatient</b>		
<b>Inpatient Hospital Facility</b>		You pay \$300 per admission copay after plan deductible is met
<b>Inpatient Hospital Physician's Visit/Consultation</b>		Plan pays 100% after plan deductible is met
<b>Inpatient Professional Services</b> <ul style="list-style-type: none"> <li>For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists</li> </ul>		Plan pays 100% after plan deductible is met
<b>Multiple Surgical Reduction</b>		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
<b>Outpatient</b>		
<b>Outpatient Facility Services</b> <ul style="list-style-type: none"> <li>Non-surgical treatment procedures are not subject to the facility per visit copay/benefit deductible</li> </ul>		You pay \$100 per facility visit copay after plan deductible is met
<b>Outpatient Professional Services</b> <ul style="list-style-type: none"> <li>For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists</li> </ul>		Plan pays 100% after plan deductible is met
<b>Short-Term Rehabilitation</b> Per Calendar Year Maximums: <ul style="list-style-type: none"> <li>Pulmonary Rehabilitation, Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy and Chiropractic Care – 60 days</li> <li>Cardiac Rehabilitation - 36 days</li> </ul> <p>Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient short term rehab therapy maximum</p>		You pay \$20 PCP or \$30 Specialist copay
Benefit		In-Network
<b>Other Health Care Facilities/Services</b>		
<b>Home Health Care</b> (includes outpatient private duty nursing days when approved as medically necessary) <ul style="list-style-type: none"> <li>100 days maximum per Calendar Year</li> <li>16 hour maximum per day</li> </ul>		Plan pays 100% after plan deductible is met
<b>Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility</b> <ul style="list-style-type: none"> <li>60 days maximum per Calendar Year</li> </ul>		Plan pays 100% after plan deductible is met
<b>Durable Medical Equipment</b> <ul style="list-style-type: none"> <li>Unlimited maximum per Calendar Year</li> </ul>		Plan pays 100% after plan deductible is met
<b>Breast Feeding Equipment and Supplies</b> <ul style="list-style-type: none"> <li>Limited to the rental of one breast pump per birth as ordered or prescribed by a physician.</li> <li>Includes related supplies</li> </ul>		Plan pays 100%
<b>External Prosthetic Appliances (EPA)</b> <ul style="list-style-type: none"> <li>Unlimited maximum per Calendar Year</li> </ul>		Plan pays 100% 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	In-Network	In-Network	In-Network	In-Network
<b>Lab and X-ray</b>	You pay \$20 PCP or \$30 Specialist copay	Plan pays 100% after plan deductible is met	Plan pays 100%, no plan deductible	Plan pays 100% after plan deductible is met	Covered under plan's Inpatient Hospital benefit
<b>Advanced Radiology Imaging (MRI, MRA, CAT Scan, PET Scan, etc.)</b>	Plan pays 100%	Plan pays 100% after plan deductible is met	Plan pays 100%, no plan deductible	Not Applicable	Plan pays 100% 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	In-Network	In-Network	In-Network
<b>Emergency Care</b>	You pay \$20 PCP or \$30 Specialist copay	You pay \$150 per visit (copay waived if admitted)	Plan pays 100%	Plan pays 100% 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	In-Network	In-Network	In-Network
<b>Urgent Care</b>	You pay \$20 PCP or \$30 Specialist copay	You pay \$75 per visit (copay waived if admitted)	Plan pays 100%	Plan pays 100% 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	In-Network	In-Network	In-Network
<b>Maternity</b>	You pay \$20 PCP or \$30 Specialist copay	Plan pays 100% after plan deductible is met	You pay \$20 PCP or \$30 Specialist copay	You pay \$300 per admission copay 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	In-Network
<b>Hospice (provided as part of Hospice Care Program)</b>	Plan pays 100% after plan deductible is met	Plan pays 100% 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	In-Network	In-Network	In-Network	In-Network
<b>Family Planning - Men's Services</b>	You pay \$20 PCP or \$30 Specialist copay	You pay \$300 per admission copay after plan deductible is met	You pay \$100 per facility visit copay after plan deductible is met	Plan pays 100% after plan deductible is met	Plan pays 100% after plan deductible is met

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

<b>Family Planning - Women's Services</b>	Plan pays 100%, no plan deductible	Plan pays 100%, no plan deductible	Plan pays 100%, no plan deductible	Plan pays 100%, no plan deductible	Plan pays 100%, no plan deductible
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Includes surgical services, such as tubal ligation (excludes reversals).

Contraceptive devices as ordered or prescribed by a physician.

<b>Infertility</b>	You pay \$20 PCP or \$30 Specialist copay	\$300 per admission copay, then Plan pays 0% coinsurance after plan deductible is met	You pay \$100 per facility visit copay after plan deductible is met	Plan pays 100% after plan deductible is met	Plan pays 100% after plan deductible is met
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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	In-Network	In-Network	In-Network	In-Network
<b>TMJ, Surgical and Non-Surgical</b> - case-by-case basis. Always excludes appliances & orthodontic treatment. Subject to medical necessity.	You pay \$20 PCP or \$30 Specialist copay	You pay \$300 per admission copay after plan deductible is met	You pay \$100 per facility visit copay after plan deductible is met	Plan pays 100% after plan deductible is met	Plan pays 100% 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	In-Network	In-Network
<b>Mental Health</b>	You pay \$300 per admission copay after plan deductible is met	You pay \$30 copay	You pay \$100 copay

- 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	In-Network	In-Network
<b>Substance Abuse</b>	You pay \$300 per admission copay after plan deductible is met	You pay \$30 copay	You pay \$100 copay

**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

- Self Administered injectable and optional injectable drugs - includes infertility drugs
- Includes Oral Contraceptives - with specific products covered 100%
- Oral Fertility drugs included
- 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

Not Covered

#### 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.

Pharmacy	In-Network	Out-of-Network
<b>Clinical Outcome Programs:</b> <ul style="list-style-type: none"> <li>Includes complex psychiatric case management</li> <li>Includes narcotic therapy management</li> </ul>		
<b>Specialty Pharmacy Management:</b> <ul style="list-style-type: none"> <li>Clinical Programs <ul style="list-style-type: none"> <li>Prior authorization is required on specialty medications but quantity limits may apply.</li> <li>Theracare® Program</li> </ul> </li> <li>Medication Access Option <ul style="list-style-type: none"> <li>Retail and/or Home Delivery</li> </ul> </li> </ul>		
<b>Definitions</b> <p><b>Coinsurance</b> - 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.</p> <p><b>Copay</b> - A flat fee you pay for certain covered services such as doctor's visits or prescriptions.</p> <p><b>Deductible</b> - A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.</p> <p><b>Out-of-Pocket Maximum</b> - 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.</p> <p><b>Prescription Drug List</b> - The list of prescription brand and generic drugs covered by your pharmacy plan.</p> <p><b>Transition of Care</b> - 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.</p>		
<b>Dollars &amp; Sense</b> <p><b>DOLLARS &amp; SENSE:</b> Easy ways to decrease your out-of-pocket health care expenses.</p> <p><b>In-network care</b> 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.</p> <p><b>Urgent care</b> <b>(Average urgent care center cost \$131 / Average hospital ER cost \$1,523)</b> 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.</p> <p><b>Convenience care or retail clinics</b> <b>(Average convenience care clinic cost \$61 / Average hospital ER cost \$1,523)</b> 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.</p> <p><b>Laboratory and pathology tests</b> <b>(Average LabCorp/Quest cost \$9 / Average other lab cost \$24 / Average outpatient hospital lab cost \$48)</b> Two of the nation's largest and most prominent laboratories, Quest Diagnostics, Inc. (Quest) and Laboratory Corporation of America (LabCorp), participate in the</p>		

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KitTrak:CSM03338



## Dollars & Sense

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 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.

*"Cigna," the "Tree of Life" logo, "Cigna Care Network," "Cigna Behavioral Health," "Cigna Choice Fund," "Cigna Well Aware for Better Health" and "Your Health First" are registered service marks, and "Cigna Healthcare," "Cigna Pharmacy," "Cigna Home Delivery Pharmacy," "Cigna Well Informed," and "Cigna Behavioral Advantage" are service marks, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), Cigna Health and Life Insurance Company (CHLIC), Cigna Behavioral Health, Inc., Tel-Drug, Inc., Tel-Drug of Pennsylvania, L.L.C. and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. In Arizona, HMO plans are offered by Cigna HealthCare of Arizona, Inc. In Connecticut, HMO plans are offered by Cigna HealthCare of Connecticut, Inc. In North Carolina, HMO plans are offered by Cigna HealthCare of North Carolina, Inc. In California, HMO and Network plans are offered by Cigna HealthCare of California, Inc. All other medical plans in these states are insured or administered by CGLIC or CHLIC. "Cigna Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C.*