



CIGNA Health

Product: CIGNA HealthCare POS (HMO/POS)

Situs State: CA

Effective Date: 01/01/2004

Benefits Summary

Category	Description	In Network	Out of Network
Medical Benefits	Coinsurance		70%
	PCP Office Visit Copay	\$10	
	Specialist Office Visit Copay	\$20	
	Hospital IP - Per Admit Copay	\$250	
	Hospital IP Deductible - Per Admit		\$250
	Hospital IP Copay Per Day	NA	
	Hospital IP Deductible - Per Day		NA
	Hospital IP - Number of Copays Per Admission	NA	
	Hospital IP - Number of Deductibles Per Admission		NA
	Plan Deductible - Individual	\$0	\$300
	Plan Deductible - Family	\$0	\$600
	Out of Pocket Maximum - Individual	\$1,500	\$3,000
	Out of Pocket Maximum - Family	\$3,000	\$6,000
	Lifetime Maximum	Unlimited	\$1,000,000
	Annual Maximum		NA
	Outpatient Facility Copay	\$125	
	Outpatient Facility Deductible		\$125
	Emergency Room Copay	\$50	
	Urgent Care Copay	\$25	
	Skilled Nursing Facility Copay	\$0	
	Skilled Nursing Facility Maximum Days	60	60
	Home Health Care Copay	\$0	
	Home Health Care Maximum Visits	60	40
	DME	Included	
	Durable Medical Equipment Maximum	\$3,500	
	EPA	Included	
	External Prosthetic Appliances Deductible	\$200	
	External Prosthetic Appliances Maximum	\$1,000	
	Chiro	Included	
	Short Term Rehab Copay	\$20	
	Chiro Copay	\$20	NA
	Short Term Rehab and Chiro Combined Maximum Visits	60	NA
	Short Term Rehab Maximum Visits	NA	60
	Self-Referred Chiro Maximum Visits	NA	NA
	MRI, CT PET Scans Copay	\$0	
	PCL	Excluded	Excluded
	Infertility	Excluded	
	Medicare COB: Retirees >=65 Admin Option	NA	



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Product: CIGNA PPO for Those Outside Commercial Network Only

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Category	Description	In Network	Out Network
Medical Benefits			
Medical Cost Sharing			
	Inpatient Coinsurance	90%	70%
	Outpatient Coinsurance	90%	70%
	PCP Copay	\$15.00	N/A
	Hospital IP Deductible - Per Day	N/A	N/A
	Hospital IP Deductible - Per Admit	N/A	N/A
	ER Deductible	N/A	N/A
	Plan Deductible - Individual	\$250.00	\$300.00
	Plan Deductible - Family	\$750.00	\$900.00
	Out of Pocket Maximum - Individual	\$1,000.00	\$3,000.00
	Out of Pocket Maximum - Family	\$2,000.00	\$6,000.00
	Lifetime Maximum	\$1,000,000.00	N/A
Pharmacy Benefits			
RxPRIME Two-Tier Copay			
Pharmacy Cost Sharing			
	Pharmacy Coinsurance	N/A	40%
	Copay - Generic	\$10.00	N/A
	Copay - Brand	\$20.00	N/A
	Mail Order Copay - Generic	\$20.00	N/A
	Mail Order Copay - Brand	\$40.00	N/A
	Drug Deductible	N/A	N/A
	Formulary	Open	Open
	Network Match %	95%	
	Insulin	Covered	
	Oral Fertility Drugs	Covered	
	Prenatal Vitamins	Covered	
	Glucose Test Strips/Lancets	Covered	
	Insulin Needles & Syringes	Covered	
	Contraceptive Devices	Covered	
	Oral Contraceptives	Covered	
	Mandatory Generic	Covered	



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Benefits Summary (Cont.)

Category	Description	In Network	Out of Network
Medical Benefits (Cont.)	Robust Reporting Package	Excluded	
	24 Hour Health Info Line	Included	
	Well Aware Program (Diabetes, Asthma, Low Back)	Included	
	Well Aware Program (Cardiac)	Included	
	Well Aware Program (COPD)	Excluded	
	Well Being Newsletter	Included	
	Healthy Babies	Included	
	Healthy Rewards	Included	
	Life Source Organ Transplant Network	Included	
	Guest Privileges	Included	
	Language Line	Included	
	Drugstore.Com	Included	
	Transition of Care	Included	
Pharmacy Benefits	Description	In Network	
	\$10/\$20		
	Copay - Generic	\$10	
	Copay - Brand	\$20	
	Mail Order Copay - Generic	\$20	
	Mail Order Copay - Brand	\$40	
	Retail - Individual Deductible	\$0	
	Retail - Family Deductible	\$0	
	OOP - Individual Maximum	NA	
	OOP - Family Maximum	NA	
	Oral Contraceptives	Covered	
	Contraceptive Devices	Covered	
	Lifestyle Drugs	Not Covered	
	Insulin Needles & Syringes	Covered	
	Glucose Test Strips/Lancets	Covered	
	Prenatal Vitamins	Covered	
	Oral Fertility Drugs	Not Covered	
	Insulin	Covered	
	Mandatory Generic	Included	
	Formulary	Closed	
	Prescriber Panel	Open	



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Benefits Summary (Cont.)

Category	Description	In Network	Out of Network
MH/SA Benefits	Option 5 - Buy Up 1 (POS)		
	Inpatient Per Day Copay	\$50	
	Inpatient Max Number of Days MH/SA Combined	30	
	MH Outpatient Copay 1 to 20 Visits	\$25	
	MH Outpatient Max Number of Visits	20	
	Outpatient SA visits 1-2 Copay	\$15	
	Outpatient SA visits 3-20 Copay	\$25	
	SA Outpatient Max Number of Visits	20	
	Group Therapy Outpatient Copay	\$15	
	Group Therapy MH/SA Combined Maximum Visits	40	
	MH/SA OON Buy-up Option		Excluded
Vision Benefits	None		