



CIGNA HealthCare

Product: CIGNA HealthCare HMO (HMO/POS)

Situs State: CA

Effective Date: 01/01/2004

Benefits Summary

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



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Benefits Summary (Cont.)

Category	Description	In Network
Medical Benefits (Cont.)	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	\$10/\$20	
	Generic Copay	\$10
	Brand Copay	\$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
MH/SA Benefits	Option 5 - Buy Up 1	
	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
Vision Benefits	None	