

SUMMARY OF BENEFITS Cigna Health and Life Insurance Co.



Town of Manchester – OAP Plus \$5 Open Access Plus Copay Plan

Annual deductibles and maximums	In-network	Out-of-network
Lifetime maximum	Unlimited per individual	
Pre-Existing Condition Limitation (PCL)	Does not apply	
Coinsurance	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Maximum Reimbursable Charge <ul style="list-style-type: none"> Determined based on the lesser of: <ul style="list-style-type: none"> the health care professional's normal charge for a similar service; or a percentage 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 will not be used and the maximum reimbursable charge for covered services is determined based on the lesser of: <ul style="list-style-type: none"> 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. Out-of-network services are subject to a calendar year deductible and maximum reimbursable charge limitations. 	N/A	300%
Calendar year deductible <ul style="list-style-type: none"> The amount you pay for out-of-network services counts towards your out-of-network deductibles. (No cross accumulation) After each family member meets his or her individual deductible, the plan will pay his or her claims, less any coinsurance amount. After the family deductible has been met, each individual's claims will be paid by the plan, less any coinsurance amount. 	Employee \$0 Employee and family \$0	Employee \$250 Employee and family \$750
Calendar year out-of-pocket maximum <ul style="list-style-type: none"> The amount you pay for out-of-network services counts towards your out-of-network out-of-pocket maximums. (No cross accumulation) Deductibles contribute towards your out-of-pocket maximum. Copays do not contribute towards the out-of-pocket maximum. Mental health and substance abuse services count towards your out-of-pocket maximum. Non-compliance penalties apply to your out-of-pocket maximum. After each family member meets his or her individual out- 	Employee \$0 Employee and family \$0	Employee \$1,500 Employee and family \$4,500



Annual deductibles and maximums	In-network	Out-of-network
of-pocket maximum, the plan will pay 100% of their covered expenses. After the family out-of-pocket maximum has been met, the plan will pay 100% of each individual's covered expenses.		

Benefits	In-network	Out-of-network
Physician services		
Office visit	You pay \$5 per visit	You pay 20% Plan pays 80% after the deductible is met
Physician services (hospital) <ul style="list-style-type: none"> In hospital visits and consultations Inpatient Outpatient 	Inpatient and outpatient services You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Surgery (in a physician's office)	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% per visit after the deductible is met
Preventive care		
Children (through age 21) <ul style="list-style-type: none"> In-network immunizations (including travel related) are covered at no charge. Out-of-network immunizations (including travel related) are covered at the out-of-network coinsurance level. 	No Charge	You pay 20% Plan pays 80% per visit after the deductible is met
Adults and children (age 22 and older) <ul style="list-style-type: none"> In-network immunizations (including travel related) are covered at no charge. Out-of-network immunizations (including travel related) are covered at the out-of-network coinsurance level. Immunizations count toward the calendar maximum. Subject to a calendar year maximum of Unlimited 	No Charge	You pay 20% Plan pays 80% per visit after the deductible is met
Mammogram, PSA, Pap Smear and Maternity Screening <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. 	No charge	You pay 20% Plan pays 80% after the deductible is met



Benefits	In-network	Out-of-network
Inpatient hospital facility services		
<p>Semi-private room and board and other non-physician services</p> <ul style="list-style-type: none"> Inpatient room and board, pharmacy, x-ray, lab, operating room, surgery, etc. Private room stays may result in extra charges for the patient. 	<p>You pay 0% Plan pays 100%</p>	<p>You pay 20% Plan pays 80% after the deductible is met</p>
<p>Inpatient Professional Services</p> <ul style="list-style-type: none"> For services performed by surgeons, radiologists, pathologists and anesthesiologists 	<p>You pay 0% Plan pays 100%</p>	<p>You pay 20% Plan pays 80% after the deductible is met</p>
<p>Multiple surgical reduction</p> <ul style="list-style-type: none"> 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. 	<p>Included</p>	<p>Included</p>
Outpatient services		
<p>Outpatient surgery (facility charges)</p> <ul style="list-style-type: none"> Non-surgical treatment procedures are not subject to the facility copay/deductible. 	<p>You pay 0% Plan pays 100%</p>	<p>You pay 20% Plan pays 80% after the deductible is met</p>
<p>Outpatient Professional Services</p> <ul style="list-style-type: none"> For services performed by surgeons, radiologists, pathologists and anesthesiologists 	<p>You pay 0% Plan pays 100%</p>	<p>You pay 20% Plan pays 80% after the deductible is met</p>
<p>Physical, occupational, cognitive and speech therapy</p> <ul style="list-style-type: none"> 60 days per calendar year for all therapies combined (reduced by any days used for chiropractic care) Includes physical therapy, speech therapy, occupational therapy, pulmonary rehabilitation and cognitive therapy Includes Massage Therapy when in conjunction with Physical Therapy. Therapy days, provided as part of an approved Home Health Care plan, accumulate to the outpatient short term rehab therapy maximum. 	<p>You pay \$5 per visit</p>	<p>You pay 20% Plan pays 80% after the deductible is met</p>
<p>Cardiac rehabilitation</p> <ul style="list-style-type: none"> Limited to 36 days per occurrence 	<p>You pay \$5 per visit</p>	<p>You pay 20% Plan pays 80% after the deductible is met</p>
<p>Chiropractic care</p> <ul style="list-style-type: none"> Limited to 60 days per calendar year (reduced by any days used for physical therapy, speech therapy, occupational therapy, pulmonary rehabilitation and cognitive therapy) Includes maintenance and massage therapy when in conjunction with chiropractic care 	<p>You pay \$5 per visit</p>	<p>You pay 20% Plan pays 80% after the deductible is met</p>



Benefits	In-network	Out-of-network
Lab and X-ray		
Lab and X-ray <ul style="list-style-type: none"> Physician’s office 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after deductible is met
Lab and X-ray <ul style="list-style-type: none"> Outpatient hospital facility Independent x-ray and/or lab facility 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after deductible is met
Lab and X-ray, emergency room and urgent care <ul style="list-style-type: none"> Emergency room when billed by the facility as part of the emergency room visit Urgent care when billed by the facility as part of the urgent care visit. Independent x-ray and/or lab facility in conjunction with a emergency room visit 	No charge	
Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.) <ul style="list-style-type: none"> Physician’s office visit 	No charge	You pay 20% Plan pays 80% after the deductible is met
Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.) <ul style="list-style-type: none"> Inpatient hospital facility 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.) <ul style="list-style-type: none"> Outpatient facility 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.) <ul style="list-style-type: none"> Emergency room Urgent care facility 	No charge	
Emergency and urgent care services		
Hospital emergency room <ul style="list-style-type: none"> Includes radiology, pathology and physician charges Copay waived if admitted, then inpatient hospital charges would apply Out-of-network services are covered at the in-network rate. 	You pay a \$50 copay, then no charge	
Ambulance <ul style="list-style-type: none"> Out-of-network services are covered the same as in-network services. Note: Non-emergency transportation (e.g. from hospital back home) is generally not covered. 	You pay 0% Plan pays 100%	
Urgent care services <ul style="list-style-type: none"> Out-of-network services are covered at the in-network rate. Copay waived if admitted, then inpatient hospital charges would apply. 	You pay a \$25 copay, then no charge	



Benefits	In-network	Out-of-network
Other health care facilities		
Skilled nursing facility, rehabilitation hospital and other facilities <ul style="list-style-type: none"> 90 days per calendar year 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Home health care <ul style="list-style-type: none"> Unlimited days per calendar year 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Hospice <ul style="list-style-type: none"> Inpatient services Outpatient services 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Other health care services		
Durable medical equipment <ul style="list-style-type: none"> Unlimited calendar year maximum 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
External prosthetic appliances (EPA) <ul style="list-style-type: none"> Unlimited calendar year maximum 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after deductible is met
Hearing Aids <ul style="list-style-type: none"> \$1,000 maximum per calendar year for ages 12 years and younger 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after deductible is met
Wigs <ul style="list-style-type: none"> \$350 maximum per calendar year 	You pay 0% Plan pays 100%	You pay 0% Plan pays 100% of billable charges
Naturopath	You pay \$5 per visit	\$5 per visit deductible, then You pay 0% Plan pays 100% of billable charges
Osteopaths	You pay \$5 per visit	\$5 per visit deductible, then You pay 0% Plan pays 100% of billable charges
Nutritional Formula <ul style="list-style-type: none"> Birth through 12 years of age 	You pay 0% Plan pays 100%	You pay 0% Plan pays 100% of billable charges
TMJ, surgical and non-surgical	Not covered	Not covered
Infertility <ul style="list-style-type: none"> Office visit for testing, treatment and artificial insemination Inpatient hospital facility Outpatient hospital facility Physician services Surgical treatment includes both correction and in-vitro fertilization, GIFT, ZIFT, etc. \$5,000 lifetime maximum 	Cost and reimbursement vary based on the facility in which it is performed	Cost and reimbursement vary based on the facility in which it is performed



Benefits	In-network	Out-of-network
Family planning <ul style="list-style-type: none"> Office visits Inpatient hospital facility Outpatient facility Physician services Surgical services such as tubal ligation or vasectomy are covered (excludes reversals) Contraceptives are not covered 	Cost and reimbursement vary based on the facility in which it is performed	Cost and reimbursement vary based on the facility in which it is performed
Mental health and substance abuse services		
Please note the following regarding Mental Health (MH) and Substance Abuse (SA) benefit administration: <ul style="list-style-type: none"> Substance Abuse includes Alcohol and Drug Abuse services. Transition of Care benefits are provided for a 90-day time period. 		
Inpatient mental health services <ul style="list-style-type: none"> Unlimited days per calendar year Mental health services are paid at 100% after you reach your out-of-pocket maximum. 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the medical plan deductible is met
Outpatient mental health physician's office services <ul style="list-style-type: none"> Unlimited visits per calendar year Mental health services are paid at 100% after you reach your out-of-pocket maximum. 	You pay \$5 per visit	You pay 20% Plan pays 80% after the medical plan deductible is met
Outpatient mental health facility services <ul style="list-style-type: none"> Unlimited visits per calendar year Mental health services are paid at 100% after you reach your out-of-pocket maximum. 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the medical plan deductible is met
Inpatient substance abuse services <ul style="list-style-type: none"> Unlimited days per calendar year Substance abuse services are paid at 100% after you reach your out-of-pocket maximum. 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the medical plan deductible is met
Outpatient substance abuse - physician's office services <ul style="list-style-type: none"> Unlimited visits per calendar year Substance abuse services are paid at 100% after you reach your out-of-pocket maximum. 	You pay \$5 per visit	You pay 20% Plan pays 80% after the medical plan deductible is met
Outpatient substance abuse facility services <ul style="list-style-type: none"> Unlimited visits per calendar year Substance abuse services are paid at 100% after you reach your out-of-pocket maximum. 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the medical plan deductible is met
Prescription drugs		
Pharmacy coverage	Pharmacy benefits not provided by CIGNA	

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Benefits	In-network	Out-of-network
<p>Vision care</p> <ul style="list-style-type: none"> • Eye exam every 24 months • Refraction Exams do not apply to the Vision Exam Maximum 	<p>No charge</p>	<p>You pay 0% Plan pays 100% of billable charges</p>



Definitions

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

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.

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.

Place of service – Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.

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.

For children, you may designate a pediatrician as the primary care provider.

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.

Pre-existing condition limitation – Not applicable to anyone under 19 years old. Applies to any injury or sickness that you are diagnosed with and receive treatment for, or incur expenses for during the 90 days before you are insured by these benefits or you begin an eligibility waiting period (whichever is earlier). Please refer to your plan documents for specific details.

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.

Maximizing your health care dollars

Log on to myCIGNA.com for resources to help you choose a health care professional or compare the cost and quality of medical services, medications and hospital care.

When you need a medical service or procedure, CIGNA offers you opportunities to save on prescription medicine, routine medical care, laboratory services, radiology scans, and outpatient surgery. Details are below:

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.

Lab – Save on lab services by using a free-standing laboratory instead of a hospital- or clinic-based lab.

Urgent Care – For non-emergency conditions that need attention before you can see your doctor, you can save money by going to an urgent care center instead of an Emergency Room (ER).

Convenience Care – For minor or routine conditions, go to a Convenience Care Clinic when your doctor is unavailable. Convenience Care Clinics are retail-based and often found in pharmacies or grocery stores.

Radiology – Costs for MRIs, PET, and CT scans can vary greatly. Non-hospital based outpatient radiology centers often cost much less than a hospital. CIGNA's network includes both hospitals and outpatient centers, so you can find a radiology center that's right for you.

Outpatient Surgery – Costs for colonoscopies, arthroscopies, and other outpatient procedures can vary greatly. Using a free-standing outpatient surgery center can save hundreds of dollars.



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):

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