



CIGNA Medical Plan Comparison

2012

High Deductible Plan 1 In/Out Network High Deductible Plan 2 In/Out Network CIGNA Low Plan HMO

Provider Network	Open Access Plus	Open Access Plus	CIGNA Medical Group
Annual Deductible	Individual - \$3,000 / \$6,000 Family - \$6,000 / \$12,000	Individual - \$5,000 / \$10,000 Family - \$10,000 / \$20,000	Individual - \$1,000 Family - \$2,000
Out of Pocket Maximum Individual	\$5,950 / \$15,000 (includes deductible)	\$10,000 / \$30,000 (includes deductible)	\$5,000 (excludes deductible)
Out of Pocket Maximum Family	\$11,900 / \$30,000 (includes deductible)	\$20,000 / \$60,000 (includes deductible)	\$10,000 (excludes deductible)
Collective/Non Collective Deductible and Out of Pocket	Collective	Non Collective	N/A
Coinsurance	75% / 50%	70% / 50%	20% paid by you 80% paid by CIGNA
Physician Office Visit	75% / 50% after deductible	70% / 50% after deductible	\$40 PCP / \$50 Specialist
Preventative Care	100% / 0%	100% / 0%	100%
Inpatient Hospitalization	75% / 50% after deductible	70% / 50% after deductible	20% coinsurance paid by you 80% paid by CIGNA after \$1,000/admit and deductible
Outpatient Surgery	75% / 50% after deductible	70% / 50% after deductible	20% coinsurance paid by you 80% paid by CIGNA after \$500 co-pay and deductible
Emergency Room	75% / 50% after deductible	70% / 50% after deductible	\$200 co-pay
Urgent Care	75% / 50% after deductible	70% / 50% after deductible	\$100 co-pay
Laboratory & Radiology Services (MRI, PET, CT)	75% / 50% after deductible	70% / 50% after deductible	MRI, CT, PET \$200 co-pay, others deductible & 20% coinsurance <u>paid by you</u> . 80% paid by CIGNA
Outpatient Short Term Rehab Including Chiropractic	75% / 50% after deductible 20 visit max combined rehab and chiro	70% / 50% after deductible 20 visit max combined rehab and chiro	\$50 co-pay 20 visit max
Mental Health	75% / 50% after deductible	70% / 50% after deductible	Inpatient – same as inpatient hospitalization Outpatient – \$50 co-pay
Prescription Drugs Retail (30 day supply)	30% / 40% / 50% after deductible	30% / 40% / 50% after deductible	\$10 / 30% / 55%
Prescription Drugs Mail Order (90 day supply)	30% / 40% / 50% after deductible	30% / 40% / 50% after deductible	\$25 / 30% / 55%
Lifetime Maximum	Unlimited	Unlimited	Unlimited

***Collective deductible:** All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied (**only applies to the High Deductible Plan**).

Please Note: This is a brief description of your plan of benefits. Please refer to the specific provisions found within your Group Service Agreement for complete information regarding this plan. Should there be conflicting information between this document and the GSA, the information in the GSA will always prevail.