

SUMMARY OF BENEFITS

SMALL GROUP PLANS FLORIDA OPEN ACCESS 2000



BENEFIT	IN NETWORK	OUT OF NETWORK
Annual Individual Deductible	\$2,000	\$4,000
Annual Family Deductible	\$6,000	\$12,000
<i>All benefits listed below are subject to the deductible unless otherwise noted</i>		
Coinsurance	CIGNA pays 70% of eligible charges	CIGNA pays 50% of eligible charges
Individual Out of Pocket Maximum	\$4,000	\$8,000
Family Out of Pocket Maximum	\$12,000	\$24,000
<i>Copays, deductibles and pharmacy charges do not apply to the out of pocket maximum</i>		
Life Time Maximum	\$5,000,000 per member	
PHYSICIAN SERVICES		
Office Visit Primary Care Physician Specialist	\$30 copay \$50 copay	CIGNA pays 50%
Inpatient Physician Services and all In-Hospital Care	CIGNA pays 70%	CIGNA pays 50%
Surgery (in any setting)	CIGNA pays 70%	CIGNA pays 50%
PREVENTIVE CARE		
Children (through age 16) immunizations lab work routine screenings	100%, deductible waived after Office Visit copay	CIGNA pays 50% deductible waived
Adult Preventive Care mammogram pap PSA osteoporosis detection & prevention, flu shots, routine exams/screenings	CIGNA pays 100%, deductible waived CIGNA pays 70%	CIGNA pays 50%
INPATIENT HOSPITAL FACILITY SERVICES		
Semi Private Room and Board and all In-Hospital Services <i>(inpatient room and board, pharmacy, x-ray and laboratory, operating room, etc.)</i>	CIGNA pays 70%	CIGNA pays 50%
OUTPATIENT SERVICES		
Lab and X-ray	CIGNA pays 70%	CIGNA pays 50%
CT scan, MRI and Ultrasound	CIGNA pays 70%	CIGNA pays 50%
Cardiac & Pulmonary Rehabilitation <i>Maximum 36 visits per year</i>	CIGNA pays 70%	CIGNA pays 50%
Physical Therapy, Speech Therapy and Occupational Therapy <i>25 total visits per year, in and out of network all therapies combined</i>	\$50 copay	CIGNA pays 50%
Outpatient Surgery Facility charge	CIGNA pays 70%	CIGNA pays 50%

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EMERGENCY & URGENT CARE SERVICES		
Hospital Emergency Room <i>(including radiology, pathology and ER physician and ancillary charges)</i> <i>Copay waived if admitted to hospital</i>	\$200 copay	CIGNA pays 50%
Urgent Care Services	\$75 copay	CIGNA pays 50%
Ambulance <i>Emergency transport only. Maximum payment of \$5,000 per year</i>	CIGNA pays 70%	CIGNA pays 50%
OTHER HEALTH CARE FACILITIES		
Skilled Nursing Facility, Rehabilitation Hospital and Sub Acute Facilities <i>60 day maximum per year for skilled nursing facility</i>	CIGNA pays 70%	CIGNA pays 50%
Home Health <i>Maximum of 60 visits per person per year</i>	CIGNA pays 70%	CIGNA pays 50%
Hospice <i>Lifetime maximum payment of \$20,000</i>	CIGNA pays 70%	CIGNA pays 50%
DURABLE MEDICAL EQUIPMENT (DME)		
<i>Calendar year maximum of \$2,000</i>	CIGNA pays 70%	CIGNA pays 50%
MENTAL HEALTH & SUBSTANCE ABUSE		
Inpatient <i>Maximum of 30 mental health days per person per year</i> <i>Maximum of 10 substance abuse days per person per year</i>	CIGNA pays 70%	CIGNA pays 50%
Outpatient <i>Calendar year maximum of \$1,000</i> <i>Alcohol & Substance Abuse: Lifetime maximum payment of \$2,000</i>	\$50 copay	CIGNA pays 50%
PRESCRIPTION DRUGS		
Generic	You pay \$10 per 30-day supply	CIGNA pays 50%
Brand Name	You pay \$40 per 30-day supply	CIGNA pays 50%
Non Preferred Brand Name	You pay \$60 per 30-day supply	CIGNA pays 50%
Self Injectables	CIGNA pays 70%	CIGNA pays 50%
MAIL ORDER DRUGS		
Generic	You pay \$25 per 90-day supply	Not Covered
Brand Name	You pay \$100 per 90-day supply	Not Covered
Non-Preferred Brand Name	You pay \$150 per 90-day supply	Not Covered

EXCLUSIONS:

Payment for the following is specifically excluded from this plan:

- expenses for supplies, care, treatment, or surgery that are not Medically Necessary.
- charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan.
- assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- for or in connection with experimental, investigational or unproven services.
- cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
- for medical and surgical services, initial and repeat, intended for the treatment or control of obesity including clinically severe (morbid) obesity, including: medical and surgical services to alter appearance or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a Physician or under medical supervision.
- reversal of male and female voluntary sterilization procedures.
- medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.
- hearing aids, including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs). A hearing aid is any device that amplifies sound.
- charges made for or in connection with routine refractions, eye exercises and for surgical treatment for the correction of a refractive error, including radial keratotomy, when eyeglasses or contact lenses may be worn.
- routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.

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- membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- blood administration for the purpose of general improvement in physical condition.
- cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- cosmetics, dietary supplements and health and beauty aids.
- massage therapy.

to the extent that they are more than Maximum Reimbursable Charges.

These Are Only the Highlights

This summary contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations including legislated benefits are contained in the Summary Plan Description or Insurance Certificate. This plan is insured and/or administered by Connecticut General Life Insurance Company, a CIGNA Company.

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