

SUMMARY OF BENEFITS

Connecticut General Life Insurance Co.



Your CIGNA HealthCare Point of Service Open Access plan

Features that Add Value

- Your plan offers the **convenience of referral-free access to doctors**, and the option to select a **personal Primary Care Physician (PCP)**, as your source for routine care and guidance when you need specialized care. As your needs change, so may your choice of doctors. That's why you can change your PCP for any reason.
- The CIGNA HealthCare 24-Hour Health Information LineSM connects you to **trained nurses** and a **library** of hundreds of recorded programs on important health topics 24 hours a day, seven days a week, from anywhere in the U.S.
- **CIGNA Healthy Rewards®** includes special offers on programs and services designed to enhance your health and wellness. Just call 1.800.870.3470 or visit our web site at www.cigna.com.
- Prescription drug coverage is a **part of your plan**. With national and independent pharmacies participating across the country, you can have your prescription filled **wherever you go**. CIGNA Home Delivery Pharmacy gives you quick, **convenient** delivery of your medications right to your home.
- Our Guest Privileges program **brings** your CIGNA HealthCare **benefits along** when you temporarily relocate or send kids to schools away from home. Call CIGNA HealthCare Member Services to learn more.
- CIGNA Behavioral Health offers you access to **professional consultation** over the phone to help you with problems that affect you, your family, or your work.
- **CIGNA Behavioral Advantage** emphasizes the mind-body connection. The program provides support from medical and mental health case managers, as well as a number of tools and resources, to help you take control of your health and wellness.

Quality Service Is Part of Quality Care

- **Service** is at the heart of everything we do. Our goal is to give you: fast, accurate answers; responsive, courteous and professional assistance; and ease and convenience in finding the information you need to manage your health.
- **www.cigna.com** – Visit our **interactive Web site** to learn more about your plan and get health information, 24 hours a day. Once you enroll, register for myCIGNA.com, our convenient, secure web site that combines helpful easy-to-use tools with personalized benefits information to help you make the most of your plan.
- **We Speak Many LanguagesSM**. We offer Language Line Services so that you can **talk with us** in 150 different languages. Just call Member Services, and ask for an interpreter to assist you.

It's Your Health

When you choose CIGNA HealthCare, you can take advantage of our **health and wellness** programs

- **Preventive care services** for every covered family member.
- **Your PCP** can serve as your first contact for care, advice and direction. He/she will recommend specialists and coordinate follow up care. When you need to see a **participating specialist – no referral is required. Just make the appointment and go!**
- **CIGNA Well Informed** provides members with customized medical and wellness information to help them make healthier choices, better understand a diagnosis or treatment, and manage their health. The program includes personalized letters and other educational information to help you improve your health. Only you, your doctor and CIGNA have access to this information.
- CIGNA Well-Aware for Better Health® can **help you manage** certain chronic conditions.
- The CIGNA HealthCare Healthy Babies® program provides you with information to help you have a **healthy pregnancy and a healthy baby**. And there's no copayment for prenatal care office visits after the first visit that confirms you're pregnant.
- The **CIGNA Comprehensive Oncology ProgramSM** promotes cancer prevention and early detection through personalized care management, educational tools, benefit counseling, and other resources.

You Can Depend on CIGNA HealthCare

- **Quality comes first.** We select participating providers carefully. And we make sure you have a **wide range** of doctors and specialists to choose from.
- **Emergency and urgent care are covered** wherever you go, worldwide, **24 hours a day**. Urgent care centers can take care of your urgent care needs, and you pay a lower copayment.

It's Your Choice

- When your PCP coordinates your care and you visit network providers, you get access to quality care and lower out-of-pocket costs. Your plan also offers the **freedom to choose** the providers you prefer — even if they aren't part of the network. Your benefits are higher when you see participating providers, but you're still covered for visits to other providers. Participating providers charge a discounted rate for CIGNA members. If you use a non-network provider, the provider may bill you for the difference between the billed charge and the allowed amount under your benefit plan, in addition to applicable (higher than in-network) deductibles and coinsurance amounts.

For Employees of City of Miami

Network Point of Service Open Access - ASO

Patient Protection and Affordable Care Act Required Notices

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.

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.

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p>Physician Services Primary Care Physician (PCP) Office Visit</p> <p>Specialty Physician Office Visit <i>Consultant and Referral Physician Services</i> <u>Note:</u> OB/GYN physician is considered a Specialist Physician</p> <p>Allergy Treatment/Injections – PCP or Specialty Physician Allergy Serum (dispensed by physician in office) Second Opinion Consultations (provided on voluntary basis) Surgery Performed in the Physician's Office – PCP or Specialty Physician</p>	<p>\$25 copayment per office visit; No charge if only x-ray and/or lab services are performed and billed \$40 copayment per office visit; No charge if only x-ray and/or lab services are performed and billed</p> <p>\$25 or \$40 copayment per office visit or actual charge, whichever is less No charge \$25 or \$40 copayment per office visit</p> <p>\$25 or \$40 copayment per office visit</p>	<p>40% of charges**</p> <p>40% of charges**</p> <p>40% of charges**</p> <p>40% of charges**</p> <p>40% of charges**</p>
<p>Preventive Care Routine Preventive Care – Adult Care (including Immunizations)</p> <p>Well Baby, Well Child Care (to age 18)</p> <p>Well Woman (ages 18 and up) (including Immunizations) <u>Note:</u> Well Woman OB/GYN visits are subject to the specialty physician's office visit copay.</p> <p>Immunizations</p>	<p>No charge, no plan deductible</p> <p>No charge, no plan deductible</p> <p>No charge, no plan deductible</p> <p>No charge</p>	<p>Covered in-network only</p> <p>40% of charges, no plan deductible 40% of charges**</p> <p>Covered in-network only</p>
<p>Preventive Mammograms, PSA, Pap Test Diagnostic Mammograms, PSA, Pap Test (<u>Note:</u> Diagnostic Related Services are subject to the plan's laboratory & radiology benefit; based on place of service)</p>	<p>No charge (for the procedure itself) No charge <u>Note:</u>No charge, no plan deductible per office visit for the associated wellness exam</p>	<p>40% of charges** 40% of charges** <u>Note:</u> The associated wellness exam is not covered</p>
<p>Inpatient Hospital Services including: Semi-Private Room and Board Diagnostic/Therapeutic Lab and X-ray Drugs and Medication Operating and Recovery Room Radiation Therapy and Chemotherapy Anesthesia and Inhalation Therapy</p>	<p>20% of charges*</p>	<p>40% of charges**, Precertification required</p>
<p>Inpatient Hospital Doctor's Visits/Consultations Inpatient Hospital Professional Services</p>	<p>20% of charges* 20% of charges*</p>	<p>40% of charges** 40% of charges**</p>
<p>Outpatient Facility Services Operating Room, Recovery Room, Procedure Room and Treatment Room including: Diagnostic/Therapeutic Lab and X-rays Anesthesia and Inhalation Therapy Physician and Outpatient Professional Services</p>	<p>20% of charges* 20% of charges*</p>	<p>40% of charges** 40% of charges**</p>
<p>Laboratory and Radiology Services (includes preadmission testing) Physician's Office Outpatient Hospital Facility</p> <p>Emergency Room Facility (billed by facility as part of the Emergency Room visit) Independent X-Ray and/or Lab Facility Independent X-Ray and/or Lab Facility (in conjunction with an Emergency Room visit)</p>	<p>No charge 20% of charges* for facility charges; 20% of charges* for outpatient professional charges No charge</p> <p>No charge No charge</p>	<p>40% of charges** 40% of charges**</p> <p>No charge;</p> <p>40% of charges** No charge</p>
<p>Advanced Radiological Imaging (MRIs, MRAs, CAT Scans, PET Scans, etc.) Inpatient Facility Outpatient Facility Emergency Room Physician's Office</p>	<p>20% of charges* 20% of charges* No charge No charge</p>	<p>40% of charges** 40% of charges** No charge 40% of charges**</p>

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p>Short-Term Rehabilitative Therapy and Chiropractic Services – (includes physical, speech, occupational, chiropractic, pulmonary rehab & cognitive therapy) – 180 days maximum per contract year# for all therapies combined</p> <p><i>Note: therapy sessions provided as part of Home Health Care accumulate to the Short-Term Rehab Therapy maximum.</i></p> <p>Outpatient Cardiac Rehabilitation Up to 36 days maximum per contract year#</p>	<p>\$25 or \$40 copayment per office visit; No charge if only x-ray and/or lab services are performed and billed.</p> <p>\$25 or \$40 copayment per office visit</p>	<p>40% of charges**</p> <p>40% of charges**</p>
<p>Emergency and Urgent Care Services <i>Physician's Office – PCP or Specialty Physician</i></p> <p><i>Hospital Emergency Room</i></p> <p><i>Outpatient Professional Services (Radiology, Pathology and Emergency Room Physician)</i> <i>Urgent Care Facility or Outpatient Facility</i></p> <p><i>Ambulance</i></p>	<p>\$25 or \$40 copayment per office visit; No charge if only x-ray and/or lab services performed and billed.</p> <p>\$200 copayment per visit, waived if admitted No charge</p> <p>\$50 copayment per visit, waived if admitted 20% of charges*</p>	
<p>Maternity Care Services <i>Initial Office Visit to Confirm Pregnancy</i></p> <p><i>All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (total maternity fee)</i> <i>Office Visits not included in the total maternity fee performed by OB or Specialty Physician</i></p> <p><i>Delivery Facility (Inpatient Hospital/Birthing Center Charges)</i></p>	<p>\$25 or \$40 copayment for initial office visit 20% of charges*</p> <p>\$40 copayment per office visit; No charge if only x-ray and/or lab services performed and billed 20% of charges*</p>	<p>40% of charges**</p> <p>40% of charges**</p> <p>40% of charges**</p> <p>40% of charges**, Precertification required</p>
<p>Inpatient Services at Other Health Care Facilities <i>Skilled Nursing, Rehabilitation and Sub-Acute Facilities</i> 180 days maximum per contract year for all facilities listed#</p>	<p>20% of charges*</p>	<p>40% of charges**, Precertification required</p>
<p>Home Health Services - Includes outpatient private duty nursing when approved as medically necessary, Unlimited maximum per contract year 16 hour maximum per day#</p>	<p>No charge</p>	<p>40% of charges**</p>
<p>Family Planning Services <i>Office Visits (tests, counseling) – PCP or Specialty Physician</i></p> <p>Vasectomy/Tubal Ligation (excludes reversals) <i>Inpatient Facility</i></p> <p><i>Outpatient Facility</i> <i>Physician's Services – Inpatient or Outpatient</i> <i>Physician's Office</i></p>	<p>\$25 or \$40 copayment per office visit; No charge if only x-ray and/or lab services performed and billed.</p> <p>20% of charges*</p> <p>20% of charges* 20% of charges* \$25 or \$40 copayment per office visit</p>	<p>40% of charges**</p> <p>40% of charges**, Precertification required 40% of charges** 40% of charges** 40% of charges**</p>

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Infertility Services Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.	Not covered	Not covered
Obesity/Bariatric Surgery Physician's Office Inpatient Facility Outpatient Facility Physician's Services – Inpatient or Outpatient	\$25 or \$40 copayment per office visit; No charge if only x-ray and/or lab services are performed and billed. 20% of charges* 20% of charges* 20% of charges*	Covered in network only Covered in network only Covered in network only Covered in-network only
TMJ – Surgical and Non-surgical: case-by-case basis. Always excludes appliances and orthodontic treatment. Subject to medical necessity. Office visits Inpatient Facility Outpatient Facility Physician's Services – Inpatient or Outpatient	\$25 or \$40 copayment per office visit; No charge if only x-ray and/or lab services performed and billed 20% of charges* 20% of charges* 20% of charges*	40% of charges** 40% of charges**, Precertification required 40% of charges** 40% of charges**
Mental Health Inpatient - Unlimited maximum per contract year Outpatient Mental Health (includes Individual, Group Therapy and Intensive Outpatient services) – Unlimited maximum per contract year Physician's Office	20% of charges* No charge, no plan deductible	40% of charges**, Precertification required 40% of charges**
Substance Abuse Inpatient - Unlimited maximum per contract year Outpatient Substance Abuse (includes Individual, and Intensive Outpatient services) – Unlimited maximum per contract year Physician's Office	20% of charges* No charge, no plan deductible	40% of charges**, Precertification required 40% of charges**
Durable Medical Equipment	No charge Unlimited maximum per contract year	Covered in-network only
External Prosthetic Appliances	No charge Unlimited maximum per contract year	Covered in-network only
Vision Care Eye Exam – one exam every 12 months Reimbursement toward purchase of a pair of lenses or contact lenses every 12 months and frames every 12 months	\$10 copayment per exam Maximum Reimbursement Allowance: Single Vision Lenses \$20 Bifocal Lenses \$30 Trifocal Lenses \$40 Lenticular Lenses \$75 Contact Lenses \$75 Frames \$30	Covered in-network only Covered in-network only Covered in-network only Covered in-network only Covered in-network only Covered in-network only

OTHER BENEFIT INFORMATION

Contract Year Deductible <i>Individual</i> <i>Family</i>	\$500 \$1,000	\$1,000 \$2,000
Contract Year Out-of-Pocket (OOP) Maximum <i>Individual</i> <i>Family</i>	Includes member paid deductible, coinsurance and Short Term Rehab PCP/SPC copays. Other copays do not accumulate \$3,000 \$6,000	Includes member paid deductible and coinsurance \$6,000 excludes deductible \$12,000 excludes deductible
Coinsurance	Applies to Inpatient Hospital Facility, Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility, Inpatient Hospital physicians visits/consultations, Inpatient and Outpatient professional charges, Outpatient Facility, Ambulance and Total Maternity Fee. CIGNA HealthCare pays 80% of eligible charges. You pay 20% of charges after plan deductible	CIGNA HealthCare pays 60% of eligible charges. You pay 40% of charges after the plan deductible.
Precertification – Inpatient – PHS+ (required for all inpatient admissions) Precertification – Outpatient- PHS+ (required for selected outpatient services and diagnostic testing or outpatient services)	Coordinated by your physician Coordinated by your physician	Participant must obtain approval for inpatient admission; subject to penalty/reduction or denial for non-compliance Participant must obtain approval for selected outpatient procedures and diagnostic testing; subject to penalty/reduction or denial for non-compliance
Lifetime Maximum	Unlimited#	Unlimited#
Pre-existing Condition Limitation	No	Yes 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 are insured by these benefits or you begin an eligibility waiting period (whichever is earlier). Please refer to your plan documents for specific details.

* *In-network services are subject to contract year deductible.*

** *Out-of-network services are subject to the contract year deductible and maximum reimbursable charge limitations. Providers may bill the member the difference between their billed charge and the maximum reimbursable charge as determined by the benefit plan.*

Day, visit or dollar maximums apply to In-Network and Out-of-Network services combined.

Regarding In-Network Services:

- *All services, except for emergency services, must be provided by a provider participating in the CIGNA HealthCare network, or by CIGNA Behavioral Health, Inc. in order to be covered.*

Regarding Out-of-Network Services:

- *All out-of-network hospital admissions and certain outpatient surgical and diagnostic procedures must be precertified and are subject to Continued Stay Review (CSR). A penalty applies to admissions which are not precertified. Non-approved admissions/days result in denial of benefits. The precertification penalty or cost of denied benefits does not apply to deductible or out-of-pocket maximum.*
- *Once the out-of-pocket maximum for Out-of-Network is reached, the plan pays 100% of eligible charges for the remainder of the plan year, including Mental Health and Substance Abuse services.*

Mental Health

All inpatient Mental Health and Substance Abuse benefits are authorized by CIGNA Behavioral Health, Inc., or its affiliates.

Benefit Exclusions

These are examples of the exclusions in your plan. The complete list of exclusions is provided in your Certificate or Summary Plan Description. To the extent there may be differences, the terms of the Certificate or Summary Plan Description control.

1. Any service or supply not described as covered in the Covered Expenses section of the plan.
2. Any medical service or device that is not medically necessary.
3. Treatment of an illness or injury which is due to war or care for military service disabilities treatable through governmental services.
4. Any services and supplies for or in connection with experimental, investigational or unproven services.
5. Dental treatment of the teeth, gums or structures directly supporting the teeth, however, charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within 6 months of the accident.

Benefit Exclusions (continued)

6. Medical and surgical services, initial and repeat, intended for the treatment or control of obesity. However, treatment of clinically severe obesity, as defined by the body mass index (BMI) classifications of the National Heart, Lung and Blood Institute (NHLBI) guideline is covered only at approved centers if the services are demonstrated, through existing peer-reviewed, evidence-based, scientific literature and scientifically based guidelines, to be safe and effective for treatment of the condition. Clinically severe obesity is defined by the NHLBI as a BMI of 40 or greater without comorbidities, or 35–39 with comorbidities. The following are specifically excluded: medical and surgical services to alter appearances 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.
7. Unless otherwise covered as a basic benefit, reports, evaluations, physical examinations, or hospitalization not required for health reasons, including but not limited to employment, insurance or government licenses, and court ordered, forensic, or custodial evaluations.
8. Court ordered treatment or hospitalizations.
9. Infertility services, infertility drugs, surgical or medical treatment programs for infertility, including in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs are also excluded from coverage.
10. Medical and hospital care and costs for the child of a Dependent, unless this infant child is otherwise eligible under the plan.
11. Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance.
12. Consumable medical supplies other than ostomy supplies and urinary catheters.
13. Private hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
14. Artificial aids, including but not limited to hearing aids, semi-implantable hearing devices, audiant bone conductors, bone anchored hearing aids, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.
15. Eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
16. Non-prescription drugs and investigational and experimental drugs, except as provided in the plan.
17. Routine foot care, however, services associated with foot care for diabetes and peripheral vascular disease are covered when medically necessary.
18. Genetic screening or pre-implantation genetic screening.
19. Fees associated with the collection or donation of blood or blood products.
20. Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
21. All nutritional supplements and formulae are excluded, except infant formula needed for the treatment of inborn errors of metabolism.
22. Services for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profit.
23. Expenses incurred for medical treatment by a person age 65 or older, who is covered under the plan as a retiree, or his dependent, when payment is denied by the Medicare plan because treatment was not received from a participating provider of the Medicare plan.
24. Expenses incurred for medical treatment when payment is denied by the primary plan because treatment was not received from a participating provider of the primary plan.
25. The following services are excluded from coverage regardless of clinical indications: Massage Therapy; Cosmetic Surgery and Therapies; Rhinoplasty; Blepharoplasty; Acupressure; Dance Therapy, Movement Therapy; Applied Kinesiology; Rolfing; Transsexual Surgery; Non-medical counseling or ancillary services; Assistance in the activities of daily living; Cosmetics; Personal or Comfort Items; Dietary Supplements; Health and Beauty Aids; Aids or devices that assist with non-verbal communications; Treatment by Acupuncture; Dental implants for any condition; Telephone Consultations; E-mail & Internet Consultations; Telemedicine; Health Club Membership fees; Weight Loss Program fees; Smoking Cessation Program fees; Reversal of male and female voluntary sterilization procedures; and Extracorporeal Shock Wave Lithotripsy for musculoskeletal and orthopedic conditions.

These Are Only the Highlights

As you can see, the plan is designed to combine in-depth coverage with cost-effective prices. 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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