

SUMMARY OF BENEFITS

INDIVIDUAL PLANS SOUTH CAROLINA HEALTH SAVINGS 2500



BENEFIT	IN NETWORK	OUT OF NETWORK
Annual Individual Deductible	\$2,500	\$5,000
Annual Family Deductible	\$5,000	\$10,000
<i>All medical and pharmacy benefits listed below are subject to the deductible unless otherwise noted</i>		
Coinsurance	CIGNA pays 100% of eligible charges	CIGNA pays 70% of eligible charges
Individual Out of Pocket Maximum	\$2,500	\$5,000
Family Out of Pocket Maximum	\$5,000	\$10,000
Lifetime Maximum	\$5,000,000 per member	
PHYSICIAN SERVICES		
Office Visit Primary Care Physician Specialist	CIGNA pays 100%	CIGNA pays 70%
Inpatient Physician Services and all In-Hospital Care	CIGNA pays 100%	CIGNA pays 70%
Surgery (in any setting)	CIGNA pays 100%	CIGNA pays 70%
PREVENTIVE CARE		
Children (Birth through age 7) Office Visit Routine Lab Work and X-Ray Services Routine Screenings Immunizations	CIGNA pays 100% Deductible waived	CIGNA pays 70% Deductible waived
Adult Preventive Care (age 8 and older) Office Visit, Routine Lab Work and X-Ray Services, Immunizations, Flu Shot Annual OB/GYN exam, Mammogram, Pap Smear, PSA Screening	Deductible Waived, CIGNA pays 100% up to a maximum payment of \$300 per calendar year CIGNA pays 100% deductible waived	Deductible Waived, CIGNA pays 70% up to a maximum payment of \$300 per calendar year CIGNA pays 70% Deductible waived
INPATIENT HOSPITAL FACILITY SERVICES		
In-Hospital Services (semi-private inpatient room and board, pharmacy, x-ray and laboratory, operating room, etc.)	CIGNA pays 100%	CIGNA pays 70%
OUTPATIENT SERVICES		
Lab, X-ray, Ultrasound	CIGNA pays 100%	CIGNA pays 70%
CT Scan and MRI	CIGNA pays 100%	CIGNA pays 70%
Cardio Pulmonary Rehab 36 visit maximum per year, in- and out-of-network combined	CIGNA pays 100%	CIGNA pays 70%
Physical Therapy, Occupational Therapy and Chiropractic Therapy 24 visit maximum per year for combined services, both in- and out-of-network combined	After plan Deductible CIGNA pays a maximum of \$40 per visit	After plan Deductible CIGNA pays a maximum of \$40 per visit
Outpatient Surgery Facility charge	CIGNA pays 100%	CIGNA pays 70%

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EMERGENCY & URGENT CARE SERVICES		
Hospital Emergency Room	CIGNA pays 100%	CIGNA pays 100%
Urgent Care Services	CIGNA pays 100%	CIGNA pays 70%
Ambulance <i>Emergency transport only</i>	CIGNA pays 100%	CIGNA pays 100%
OTHER HEALTH CARE FACILITIES		
Skilled Nursing Facility, Rehabilitation Hospital and Sub-acute Facilities <i>100 day maximum per year for combined services, both in- and out-of-network combined</i>	After plan Deductible CIGNA pays \$400 maximum payment per day	After plan Deductible CIGNA pays \$400 maximum payment per day
Home Health <i>60 visit maximum per year, in- and out-of-network combined</i>	CIGNA pays 100%	CIGNA pays 70%
Hospice <i>\$10,000 lifetime maximum, in- and out-of-network combined</i>	CIGNA pays 100%	CIGNA pays 70%
DURABLE MEDICAL EQUIPMENT (DME)		
<i>\$5,000 maximum per year, in- and out-of-network combined</i>	CIGNA pays 100%	CIGNA pays 70%
MENTAL HEALTH		
Inpatient <i>\$3,000 maximum benefit per year, in- and out-of-network combined</i>	After plan Deductible CIGNA pays \$200 maximum payment per day	After plan Deductible CIGNA pays \$200 maximum payment per day
Outpatient <i>24 visit maximum per year for both inpatient and outpatient, in- and out-of-network combined</i>	After plan Deductible CIGNA pays \$30 maximum per visit	After plan Deductible CIGNA pays \$30 maximum per visit
PRESCRIPTION DRUGS (30-day supply)		
Prescription Drug Deductible <i>Per person, per year</i>	Combined in- and out-of-network (including in-network Mail Order), subject to integrated medical/pharmacy deductible	
Calendar Year Maximum <i>Oral contraceptives and devices</i>	\$5,000 Per Insured Person, Per Year, Brand Name Only	
Generic	CIGNA pays 100%	CIGNA pays 50%
Brand Name	CIGNA pays 100%	CIGNA pays 50%
Non-Preferred Brand Name	CIGNA pays 100%	CIGNA pays 50%
Self Injectables	CIGNA pays 100%	CIGNA pays 50%
MAIL ORDER DRUGS (90-day supply)		
Generic	CIGNA pays 100%	Not Applicable
Brand Name	CIGNA pays 100%	Not Applicable
Non-Preferred Brand Name	CIGNA pays 100%	Not Applicable
Self Injectables	CIGNA pays 100%	Not Applicable

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EXCLUSIONS:

- Conditions which are **pre-existing** as defined in the Definitions section, except for congenital anomalies of a covered dependant child.
- Services or supplies that are **not Medically Necessary**.
- Services or supplies that CIGNA considers to be for **Experimental Procedures or Investigative Procedures**.
- Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any **workers' compensation**, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.
- Conditions caused by: (a) an **act of war**; (b) an Insured Person participating in the **military service** of any country; (c) an Insured Person participating in an **insurrection, rebellion, or riot**.
- Any services provided by a local, state or federal **government agency**, except (a) when payment under this Policy is expressly required by federal or state law.
- If the Insured Person is eligible for **Medicare** part A or B CIGNA will provide claim payment according to this Policy minus any amount paid by Medicare, not to exceed the amount CIGNA would have paid if it were the sole insurance carrier.
- Any services for which payment may be obtained from any local, state or federal **government agency** (except Medicaid). Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
- Professional services received or supplies purchased from the Insured Person, a person who lives in the Insured Person's home or who is **related to the Insured Person** by blood, marriage or adoption.
- **Custodial Care**.
- Inpatient or outpatient services of a **private duty nurse**.
- Inpatient room and board charges in connection with a **Hospital stay primarily for environmental change or physical therapy**; Custodial Care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- **Assistance in activities of daily living**.
- Inpatient room and board charges in connection with a Hospital stay primarily for **diagnostic tests** which could have been performed safely on an outpatient basis.
- Treatment of **Mental, Emotional or Functional Nervous Disorders** or psychological testing except as specifically provided in the Policy. However, medical conditions that are caused by behavior of the Insured Person and that may be associated with these mental conditions are not subject to these limitations.
- **Smoking cessation** programs.
- Treatment of **substance abuse**.
- **Dental services, Orthodontic Services, Dental Implants**.
- **Hearing aids, routine hearing tests**.
- **Optometric services**, eye surgery to correct refractive defects of the eye.

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INDIVIDUAL PLANS SOUTH CAROLINA HEALTH SAVINGS 2500



- Outpatient **speech therapy**.
- **Cosmetic Surgery**, except that “cosmetic surgery” shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.
- **Aids or devices** that assist with nonverbal communications.
- **Non-Medical** counseling or ancillary services.
- Services for **redundant skin surgery**, removal of skin tags, acupressure, acupuncture, craniosacral/cranial therapy, dance therapy, movement therapy, applied kinesiology, rolfing, pryrotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, regardless of clinical indications.
- **Sex change surgery**.
- Treatment of **sexual dysfunction** impotence and/or inadequacy except if this is a result of an Accidental Injury, organic cause, trauma, infection, or congenital disease or anomalies.
- All services related to the evaluation or treatment of **fertility and/or Infertility**.
- All **contraceptive services** and supplies including but not limited to all consultations, examinations, evaluations, medications, medical, laboratory, devices, Prescription Drugs, or surgical procedures.
- All **non-prescription** Drugs, devices and/or supplies that are available over the counter or without a prescription.
- **Cryopreservation** of sperm or eggs.
- **Orthopedic shoes** (except when joined to braces) or shoe inserts, including orthotics.
- Services primarily for **weight reduction** or treatment of obesity.
- Charges by a provider for **telephone or email consultations**.
- Items which are furnished primarily for **personal comfort** or convenience.
- **Educational services** except for Diabetes Self-Management Training Program, and as specifically provided or arranged by CIGNA.
- **Nutritional counseling** or food supplements, except as stated in the Policy.
- **Durable medical equipment** not specifically listed as Covered Services in the Covered Services section of the Policy. Excluded durable medical equipment includes, but is not limited to: orthopedic shoes or shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings.
- **Physical, and/or Occupational Therapy/Medicine** except when provided during an inpatient Hospital confinement or as specifically provided under the benefits for Physical and/or Occupational Therapy/Medicine.
- **All Foreign Country Provider** charges.

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INDIVIDUAL PLANS SOUTH CAROLINA HEALTH SAVINGS 2500



- **Growth Hormone Treatment** except when such treatment is medically proven to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be clinically proven to be effective for such use and such treatment must be likely to result in a significant improvement of the Insured Person's condition.
- Routine **foot care**.
- **Charges for which We are unable to determine Our liability** because the Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.
- Charges for the services of a **standby Physician**.
- Charges for **animal to human organ transplants**.
- Charges for **Normal Pregnancy or Maternity Care**.
- **Claims** received by CIGNA after 15 months from the date service was rendered, except in the event of a legal incapacity.

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 Policy. This plan is insured and/or administered by Connecticut General Life Insurance Company, a CIGNA Company.

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