



CIGNA HealthCare Summary of Benefit Changes – Effective 1/1/07

Category	Definition	Prior Coverage	New Coverage
Outpatient Short Term Rehabilitation and separate Chiropractic Care Benefit	Rehabilitative services such as physical therapy, occupational therapy, speech therapy, chiropractic care, pulmonary rehab, cognitive therapy and cardiac rehab	SPD/GSA language reflects a “visits” maximum. Claim Administration: Currently being administered based on days. The plan’s per visit copay (if applicable) applies to each visit.	SPD/GSA language updated to reflect the outpatient short term rehab maximum is based on days. Claim Administration: No change
Massage Therapy	A method of manipulation of the body by rubbing, pinching, kneading, tapping, etc.	Massage therapy is a full exclusion listed under the Exclusions and Limitations section. SPD/GSA language for the separate/self-referral Chiropractic Care benefit includes the following text. <i>The following are specifically excluded from chiropractic care services:</i> <ul style="list-style-type: none"> • <i>Massage therapy in the absence of other modalities.</i> 	Massage therapy continues to be an excluded service. SPD/GSA language has been updated to remove reference to massage therapy under the separate Chiropractic Care benefit.
External Prosthetic Appliances	Initial purchase and fitting of external prosthetic devices ordered or prescribed by a Physician which are to be used as replacements or substitutes for missing body parts and are necessary for the alleviation or correction of Sickness, Injury or Congenital Defect.	SPD/GSA Language: The initial purchase and fitting of external prosthetic appliances and devices that are ordered by a Participating Physician, available only by prescription and are necessary for the alleviation or correction of illness, injury or congenital defect.	SPD/GSA Language: The initial purchase and fitting of external prosthetic appliances and devices that are ordered by a Participating Physician, available only by prescription and are necessary for the alleviation or correction of illness, injury or congenital defect. <i>Coverage for external prosthetic appliances and devices is limited to the most appropriate and cost effective alternative as determined by the utilization review Physician.</i>
Advanced Radiological Imaging Benefit/Copay Administration	Includes high-tech radiological imaging procedures such as MRIs, MRAs, PET Scans and CAT Scans	<u>PPO, EPO, OAP, OAPIN, Indemnity Comp and B/MM plans:</u> <ul style="list-style-type: none"> • Copay applies regardless of place of service (i.e. inpatient facility, outpatient facility, independent xray facility, physician’s office, emergency room/urgent care center). 	<u>All Plans:</u> <ul style="list-style-type: none"> • Copay no longer applies to inpatient facilities. • Inpatient services will be covered at the same level of benefits as other inpatient xray services (i.e. plan’s applicable place of service coinsurance/plan deductible).



		<ul style="list-style-type: none"> Multiple copays taken when multiple views are performed/billed. Coinsurance level and/or plan deductible application is based on place of service. 	<ul style="list-style-type: none"> Copay applies to outpatient facility/independent facility, physician's office and/or emergency room/urgent care facility. The copay will be administered on a "per type of scan per day" basis. This eliminates the current application of multiple copays for multiple views. Ancillary charges will be subject to the plan's applicable place of service coinsurance/plan deductible.
Orthognathic Surgery	Orthognathic surgery involves reconstructive oral and maxillofacial surgery for the correction of soft and/or hard tissue deformities and/or defects of the maxillofacial regions including the jaws, face, and contiguous structures. It is performed to establish proper jaw relationships.	<p>Orthognathic Surgery is excluded regardless of clinical indications.</p> <p><u>Current Exclusion Language:</u></p> <ul style="list-style-type: none"> The following services are excluded from coverage regardless of clinical indications: Macromastia or Gynecomastia Surgeries; Surgical treatment of varicose veins; Abdominoplasty; Panniculectomy; Rhinoplasty; Blepharoplasty; <i>Orthognathic Surgeries</i>; 	<p>Orthognathic Surgery is a covered expense; subject to clinical guidelines (i.e. CIGNA defined medical necessity).</p> <ul style="list-style-type: none"> Reference to orthognathic surgery has been removed from the Benefit Exclusions section. New covered services language has been added.
Treatment resulting from life threatening emergencies	Life threatening emergencies such as suicide attempts.	<p>SPD/GSA Language:</p> <p>Treatment Resulting from Life Threatening Emergencies Medical treatment required as a result of an emergency, such as a suicide attempt, will be considered a medical expense until the medical condition is stabilized and will not count toward the plan's limits for mental health care including in-hospital services."</p>	<p>SPD/GSA Language:</p> <p>Treatment Resulting from Life Threatening Emergencies Medical treatment required as a result of an emergency, such as a suicide attempt, will be considered a medical expense until the medical condition is stabilized and will not count toward <i>any plan limits that are shown in the Schedule for mental health and substance abuse services including in-hospital services. Once the medical condition is stabilized, whether the treatment will be characterized as either a medical expense or a mental health/substance abuse expense will be determined in accordance with the applicable mixed services guidelines.</i></p>
Outpatient Short Term	Short-term Rehabilitative	All Plans - Current Language:	All Plans – Language has been updated to reflect



<p>Rehabilitation and Chiropractic Care</p>	<p>Therapy that is part of a rehabilitation program, including physical, speech, occupational, cognitive, osteopathic manipulative, cardiac rehabilitation and pulmonary rehabilitation therapy, when provided in the most medically appropriate setting.</p>	<p>The following limitations apply to Short-term Rehabilitative Therapy:</p> <ul style="list-style-type: none"> • To be covered all therapy services must be restorative in nature. Restorative Therapy services are services that are designed to restore levels of function that had previously existed but that have been lost as a result of Injury or Sickness. Restorative Therapy services do not include therapy designed to acquire levels of function that had not been previously achieved prior to the Injury or Sickness. • Services are not covered if they are custodial, training, educational or developmental in nature. • Occupational therapy is provided only for purposes of enabling persons to perform the activities of daily living after an Illness or Injury or Sickness” 	<p>current benefit administration by removing inaccurate references to services having to be restorative in nature and the removal of redundant language as it relates to not covered services.</p> <p>The following references are being removed from the language:</p> <ul style="list-style-type: none"> • To be covered all therapy services must be restorative in nature. Restorative Therapy services are services that are designed to restore levels of function that had previously existed but that have been lost as a result of Injury or Sickness. Restorative Therapy services do not include therapy designed to acquire levels of function that had not been previously achieved prior to the Injury or Sickness. • Services are not covered if they are custodial, training, educational or developmental in nature. <p>Note: There is no change to the current benefit administration.</p>
<p>Deductibles</p>		<p><u>H.S.A.</u> \$2,500/\$5,000 in and out of network</p> <p><u>Economy</u> \$2,500/\$5,000 in network; \$5,000/\$10,000 out of network</p> <p><u>Standard</u> \$1,000/\$2,000 in network; \$2,000/\$4,000 out of network</p>	<p>\$5,000/\$15,000 in network; \$10,000/\$30,000 out of network</p>
<p>Out of Pocket Maximums</p>		<p><u>H.S.A.</u> \$5,000/\$10,000 in and out of network</p> <p><u>Economy</u> \$25,000/\$25,000 in and out of network</p>	<p>\$25,000/\$50,000 in and out of network</p>



		<u>Standard</u> \$3,000/\$9,000 in network; \$4,000/\$12,000 out of network	
Pharmacy		<u>H.S.A.</u> Covered under medical <u>Economy</u> Retail - \$150 deductible then greater of 40% or \$10/50% or \$20/50% or \$50 Mail Order - \$25/\$55/\$145 <u>Standard</u> Retail - \$150 deductible then greater of 40% or \$10/50% or \$20/50% or \$50 Mail Order - \$25/\$55/\$145	Retail – 30%/40%/50% Mail Order – 25%/35%/50%
Lifetime Maximum		<u>All Plans</u> Unlimited	\$1,000,000
Home Health Care		<u>All Plans</u> 100 days maximum per calendar year	90 days maximum per calendar year

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