

SUMMARY OF BENEFITS

INDIVIDUAL PLANS FLORIDA HEALTH SAVINGS 1500



BENEFIT	IN NETWORK	OUT OF NETWORK
Annual Individual Deductible	\$1,500	\$3,000
Annual Family Deductible	\$3,000	\$6,000
<i>All medical and pharmacy benefits listed below are subject to the deductible unless otherwise noted</i>		
Coinsurance	CIGNA pays 80% of eligible charges	CIGNA pays 60% of eligible charges
Individual Out of Pocket Maximum	\$3,000	\$9,000
Family Out of Pocket Maximum	\$6,000	\$18,000
Lifetime Maximum	\$5,000,000 per member	
PHYSICIAN SERVICES		
Office Visit Primary Care Physician Specialist	CIGNA pays 80%	CIGNA pays 60%
Inpatient Physician Services and all In-Hospital Care	CIGNA pays 80%	CIGNA pays 60%
Surgery (in any setting)	CIGNA pays 80%	CIGNA pays 60%
PREVENTIVE CARE		
Children (to age 16) Office Visit Lab Work Routine Screenings Immunizations	CIGNA pays 80% deductible waived	CIGNA pays 60% deductible waived
Preventive Care (age 16 and older) Office Visit, Lab work, immunizations, flu shot	Deductible Waived, CIGNA pays 100% up to a maximum payment of \$300 per calendar year	After plan deductible, CIGNA pays 100% up to a maximum payment of \$300 per calendar year
Pap Smear, Bone Density Screening, PSA Screening	CIGNA pays 80%	CIGNA pays 60%
Mammogram	CIGNA pays 100% deductible waived	CIGNA pays 100% 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 80%	CIGNA pays 60%
OUTPATIENT SERVICES		
Lab, X-ray, Ultrasound	CIGNA pays 80%	CIGNA pays 60%
CT Scan and MRI	CIGNA pays 80%	CIGNA pays 60%
Cardio Pulmonary Rehab 36 visit maximum per year, in- and out-of-network combined	CIGNA pays 80%	CIGNA pays 60%
Physical Therapy, Occupational Therapy and Speech Therapy (covered only for cleft lip/palate services for children under 18) 24 visit maximum per year for combined services, both in- and out-of-network	CIGNA pays a maximum of \$40 per visit	CIGNA pays a maximum of \$40 per visit
Outpatient Surgery Facility charge	CIGNA pays 80%	CIGNA pays 60%

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EMERGENCY & URGENT CARE SERVICES		
Hospital Emergency Room	CIGNA pays 80%	CIGNA pays 80%, if true emergency; otherwise, CIGNA pays 60%
Urgent Care Services	CIGNA pays 80%	CIGNA pays 80%, if true emergency; otherwise, CIGNA pays 60%
Ambulance <i>Emergency transport only. Maximum payment of \$3,000 per calendar year</i>	CIGNA pays 80%	CIGNA pays 80%
OTHER HEALTH CARE FACILITIES		
Skilled Nursing Facility, Rehabilitation Hospital and Sub-acute Facilities <i>\$400 maximum per day, 100 day maximum per year for combined services, both in- and out-of-network</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 day maximum per year, in- and out-of-network combined</i>	CIGNA pays 80%	CIGNA pays 60%
Hospice <i>\$15,000 lifetime maximum, in- and out-of-network combin</i>	CIGNA pays 80%	CIGNA pays 60%
DURABLE MEDICAL EQUIPMENT (DME)		
<i>\$5,000 maximum per year, in- and out-of-network combined</i>	CIGNA pays 80%	CIGNA pays 60%
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	
<i>Oral contraceptives and devices</i>	Excluded from pharmacy and mail order drug benefits	
Generic	You pay \$10	CIGNA pays 50%
Brand Name	You pay \$35	CIGNA pays 50%
Non-Preferred Brand Name	You pay \$60	CIGNA pays 50%
Self Injectables	CIGNA pays 70%	CIGNA pays 50%
MAIL ORDER DRUGS (90-day supply)		
Generic	You pay \$25	Not Applicable
Brand Name	You pay \$85	Not Applicable
Non-Preferred Brand Name	You pay \$150	Not Applicable
Self Injectables	CIGNA pays 70%	Not Applicable

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EXCLUSIONS:

- Conditions which are **pre-existing** as defined in the Definitions section.
- Services or supplies that CIGNA considers to be for **Experimental Procedures or Investigative Procedures**.
- Services for which You have **no legal obligation to pay** or for which no charge would be made if You did not have health plan or insurance coverage.
- 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) the inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) an Insured Person participating in the **military service** of any country; (d) 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.
- **Dental services, Orthodontic Services, Dental Implants:**
- **Hearing aids, routine hearing tests.**
- **Optometric services, eye surgery** to correct refractive defects of the eye.
- Outpatient **speech therapy, except as specifically provided in this Policy.**
- **Cosmetic surgery.**
- **Aids or devices** that assist with nonverbal communications.
- **Non-Medical** counseling or ancillary services.
- Services for **redundant skin surgery**, removal of skin tags, acupuncture, craniosacral/cranial therapy, dance therapy, movement therapy, applied kinesiology, rolfing, pyrotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, regardless of clinical indications.
- **Sex change surgery.**

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- 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.
- **Routine physical exams** or tests, except as specifically stated in the Policy.
- 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.
- **Syringes**, except as stated in the Policy.
- **All Foreign Country Provider** charges.
- **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 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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