

**CIGNA HealthCare Benefit Summary**  
**State of New Jersey**  
**Active-State Employees**

<b>BENEFIT HIGHLIGHTS</b>	<b>IN-NETWORK</b>
<b>Lifetime Maximum</b>	Unlimited
<b>Coinsurance Levels</b>	100%
<b>Out-of-Pocket Maximum</b>	None
<b>Physician's Services</b>	
<i>Primary Care Physician's Office visit</i>	No charge after \$15 per office visit copay
<i>Specialty Care Physician's Office visit</i>	
<i>Allergy Treatment/Injections</i>	No charge after either the PCP or Specialist per office visit copay or the actual charge, whichever is less
<i>Allergy Serum (dispensed by the physician in the office)</i>	No Charge
<b>Preventative Care</b>	
<i>Routine Preventative Care; Well-baby, Well-child, Adult and Well-Woman (including immunizations)</i>	No charge after the PCP or Specialist per office visit copay; No charge if only x-ray and/or lab services performed and billed
<i>Immunizations</i>	No charge
<b>Mammograms, PSA, Pap Smear</b>	No charge
<b>Inpatient Hospital – Facility Services</b>	No charge
<i>Semi-Private Room and Board</i>	Limited to the semi-private negotiated rate
<i>Special Care Units (ICU/CCU)</i>	Limited to the negotiated rate
<b>Outpatient Facility Services</b>	No charge
<b>Inpatient Hospital Physician's Visits/Consultations</b>	No charge
<b>Inpatient Hospital Professional Services</b>	No charge
<b>Outpatient Hospital Services</b>	No charge
<b>Emergency and Urgent Care Services</b>	
<i>Physician's Office</i>	No charge after the PCP or Specialist per office visit copay
<i>Hospital Emergency Room</i>	No charge after \$50 per visit copay**
<i>Urgent Care Facility</i>	(Copay waived if admitted)
<i>Outpatient Facility</i>	**If not a true emergency, services are not covered
<i>Ambulance</i>	No charge
<b>Inpatient Services at Other Health Care Facilities</b>	No charge
<i>Includes Skilled Nursing Facility, Rehabilitation Hospital and Sub-Acute Facilities</i>	
120 days combined maximum per contract year	
<b>Laboratory and Radiology Services (includes pre-admission testing)</b>	No charge
<b>Outpatient Short-Term Rehabilitative Therapy</b>	No charge after the PCP or Specialist per office visit copay
<i>60 visits per condition per contract year</i>	
<i>Includes: Physical Therapy, Speech Therapy, Occupational Therapy, Pulmonary Rehab and Cognitive Therapy</i>	
<b>Cardiac Therapy</b>	No charge after the PCP or Specialist per office visit copay
<b>Self-Referral Chiropractic Rider</b>	No charge after the PCP or Specialist per office visit copay
	20 days combined maximum per contract year
<b>Home Health Care</b>	No charge
Unlimited day/visits per calendar year	
<b>Hospice</b>	No charge
<i>Inpatient and Outpatient Services</i>	
<b>Bereavement Counseling</b>	No charge
<i>Inpatient and Outpatient Services</i>	

BENEFIT HIGHLIGHTS	IN-NETWORK
<b>Maternity Care Services</b> <i>Initial Visit to Confirm Pregnancy</i> <b>Note:</b> OB/GYN visits will be subject to the plan's Specialist copay.	No charge after the PCP or Specialist per office visit copay; No charge if only x-ray and/or lab services performed and billed.
<i>All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee)</i>	No charge
<i>Office Visits in addition to the global maternity fee when performed by an OB or Specialist</i>	No charge after the PCP or Specialist per office visit copay
<i>Delivery – Facility (Inpatient Hospital, Birthing Center)</i>	No charge
<b>Family Planning Services &amp; Infertility Treatments</b> <i>Office visits (tests, counseling)</i> <b>(Plan limitations apply)</b>	No charge after the PCP or Specialist per office visit copay
<b>Organ Transplant</b> <i>Includes all medically appropriate, non-experimental transplants</i>	No charge
<b>Durable Medical Equipment</b> <b>External Prosthetic Appliances</b>	No charge after \$100 combined deductible Unlimited maximum per contract year
<b>Surgical and Non-surgical TMJ</b>	Not covered
<b>Routine Foot Disorders</b>	Not covered except for services associated with foot care for diabetes and peripheral vascular disease when medically necessary.
<b>Vision Care – Low 12 Option</b> <i>Eye Exam every 12 months</i> <i>Eye Glasses/Contact Lenses</i>	\$15 per office visit copay Not covered
<b>Prescription Drugs</b> <i>CIGNA Pharmacy Retail Drug Program</i>	Carved Out
<b>CIGNA Tel-Drug Mail Order Drug Program</b>	Carved Out
<b>Non-Biologically Based Mental and Nervous Conditions</b> <i>*Biologically Based Mental illness paid as any other illness</i>	
<i>Inpatient</i>	No charge; 30 days maximum per calendar year
<i>Outpatient</i>	No charge after \$15 per visit copay; 30 visit maximum per contract year
<i>Outpatient Group Therapy (One group therapy session equals one individual therapy session)</i>	No charge after \$15 per visit copay
<b>Alcohol and Drug Abuse</b>	
<i>Inpatient</i>	No charge; 28 days per occurrence
<i>Outpatient</i>	No charge; 60 visit maximum per contract year
<b>Pre-Existing Condition Limitation (PCL)</b>	Not applicable
<b>Pre-Admissions Certification – Continued Stay Review</b>	
<i>Inpatient Pre-Admission Certification – Continued Stay Review (required for all inpatient admissions)</i>	Coordinated by Provider/PCP
<i>Outpatient Prior Authorization (required for selected outpatient procedures and diagnostic testing)</i>	Coordinated by Provider/PCP
<b>Case Management</b>	Coordinated by CIGNA HealthCare. This is a service designed to provide assistance to a patient who is at risk of developing

**These are highlights of the benefits. For details, please refer to the CIGNA Member Handbook.**

“CIGNA HealthCare” refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, CIGNA Vision Care, Inc., Tel-Drug, Inc., and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

*“CIGNA Tel-Drug” refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C., which are also operating subsidiaries of CIGNA Corporation.*