

FLORIDA INDIVIDUAL & FAMILY PLANS

CIGNA HEALTH SAVINGS PLANSSM

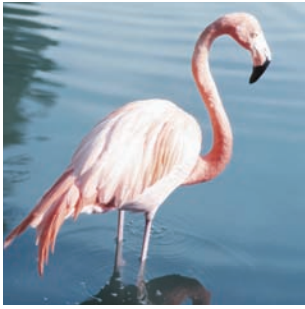


**Health
and
Pharmacy
Benefits**



PLAN COMPARISON





CIGNA HealthCare plans, offered through Connecticut General Life Insurance Company, provide coverage you and your family can count on, along with a full range of options and award-winning service to help you protect your health and secure your future.

CIGNA Health Savings PlansSM

Economical. Our comprehensive high deductible Health Savings Plans allow you to use a tax-advantaged Health Savings Account (HSA) to help pay for your current medical expenses or save for future medical expenses.

Preventive care. Covered at 100% for most services.

True choice. You can choose an in-network provider or choose to receive care from a provider who isn't part of the CIGNA network. It's up to you.

Primary care. You can choose a Primary Care Physician (PCP) as your personal doctor. With a PCP, you have a valuable resource—one who serves as your personal health advocate. But, if you prefer, you also have the option of not choosing a PCP.

Specialists. You have direct access to participating specialists. You do not need a referral to see an in-network or out-of-network specialist.

Please check the Summary of Benefits for more specific details about the CIGNA Health Savings Plans.

A CIGNA Health Savings Plan is right for you if:

- ✓ You want comprehensive, high quality coverage.
- ✓ You want the ability to save money tax-free to pay for medical expenses.
- ✓ You want preventive care covered at 100% for most services.
- ✓ You want a national network of doctors and hospitals.

Your national network.

As a CIGNA HealthCare member, you have access to a network of more than 500,000 quality health care professionals and facilities throughout the country. But if you want to see a provider who doesn't participate in the CIGNA network, you can. Keep in mind that out-of-pocket costs vary, but your out-of-pocket costs are generally lower when you see in-network providers.

In Florida, CIGNA offers you:

- A network of nearly 28,000 doctors
- Over 200 participating hospitals
- Full accreditation from the National Committee for Quality Assurance (NCQA)

To apply, call your CIGNA authorized broker or agent today.

Or, you can call CIGNA at 1-866-GET-CIGNA (1-866-438-2446)

(8:00 a.m. – 8:00 p.m. ET, Monday – Friday)

or visit www.CIGNAforYou.com.



CIGNA Health Savings PlansSM – FLORIDA

INDIVIDUAL & FAMILY PLANS	Health Savings 1500		Health Savings 3000		Health Savings 5000	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PLAN FEATURES – Percentage shown in-network is the percentage CIGNA pays of the negotiated rate.						
Annual Deductible Individual/Family	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	\$5,000/\$10,000	\$10,000/\$20,000
Annual Out-of-Pocket Maximum Individual/Family	\$3,000/\$6,000	\$9,000/\$18,000	\$3,000/\$6,000	\$9,000/\$18,000	\$5,000/\$10,000	\$15,000/\$30,000
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000		\$5,000,000	
Physician Services – Office visits	CIGNA pays 80% ¹	CIGNA pays 60% ¹	CIGNA pays 100% ¹	CIGNA pays 60% ¹	CIGNA pays 100% ¹	CIGNA pays 60% ¹
Preventive Care (ages 17 and up) – All routine physicals to include immunizations, flu shot and lab work (\$300 maximum payment per insured person, per calendar year). Deductible waived for in-network providers	CIGNA pays 100%	CIGNA pays 100% ¹	CIGNA pays 100%	CIGNA pays 100% ¹	CIGNA pays 100%	CIGNA pays 100% ¹
Mammograms – Deductible waived	CIGNA pays 100%	CIGNA pays 100%	CIGNA pays 100%	CIGNA pays 100%	CIGNA pays 100%	CIGNA pays 100%
Pap Smears, Bone Density Screening and PSA	CIGNA pays 80% ¹	CIGNA pays 60% ¹	CIGNA pays 100% ¹	CIGNA pays 60% ¹	CIGNA pays 100% ¹	CIGNA pays 60% ¹
Preventive Care for Children Through Age 16² – All routine physicals to include flu shots and routine lab work. Deductible waived in- and out-of-network	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 100%	CIGNA pays 60%	CIGNA pays 100%	CIGNA pays 60%
Immunizations for Children Through Age 16² – Deductible waived in- and out-of-network	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 100%	CIGNA pays 60%	CIGNA pays 100%	CIGNA pays 60%
Ambulance – Calendar year maximum of \$3,000	CIGNA pays 80% ¹	CIGNA pays 80% ¹	CIGNA pays 100% ¹	CIGNA pays 100% ¹	CIGNA pays 100% ¹	CIGNA pays 100% ¹
Emergency Room	CIGNA pays 80% ¹	CIGNA pays 80% ¹ if true emergency; otherwise, CIGNA pays 60% ¹	CIGNA pays 100% ¹	CIGNA pays 100% ¹ if true emergency; otherwise, CIGNA pays 60% ¹	CIGNA pays 100% ¹	CIGNA pays 100% ¹ if true emergency; otherwise, CIGNA pays 60% ¹
Urgent Care Services	CIGNA pays 80% ¹	CIGNA pays 80% ¹ if true emergency; otherwise, CIGNA pays 60% ¹	CIGNA pays 100% ¹	CIGNA pays 100% ¹ if true emergency; otherwise, CIGNA pays 60% ¹	CIGNA pays 100% ¹	CIGNA pays 100% ¹ if true emergency; otherwise, CIGNA pays 60% ¹
Inpatient Hospital Services – Facility charges, physician services and in-hospital care	CIGNA pays 80% ¹	CIGNA pays 60% ¹	CIGNA pays 100% ¹	CIGNA pays 60% ¹	CIGNA pays 100% ¹	CIGNA pays 60% ¹
Surgery in an Outpatient Hospital or Ambulatory Surgical Center	CIGNA pays 80% ¹	CIGNA pays 60% ¹	CIGNA pays 100% ¹	CIGNA pays 60% ¹	CIGNA pays 100% ¹	CIGNA pays 60% ¹
Outpatient Lab, X-Ray, Ultrasound, CT Scan and MRI	CIGNA pays 80% ¹	CIGNA pays 60% ¹	CIGNA pays 100% ¹	CIGNA pays 60% ¹	CIGNA pays 100% ¹	CIGNA pays 60% ¹
Physical, Occupational and Speech Therapy (Speech therapy for children under the age of 18 with cleft lip/palate disorders only) – Combined services and combined in- and out-of-network	CIGNA pays \$40 ¹ maximum per visit/per person, up to 24 visits per year		CIGNA pays \$40 ¹ maximum per visit/per person, up to 24 visits per year		CIGNA pays \$40 ¹ maximum per visit/per person, up to 24 visits per year	
Durable Medical Equipment – Calendar year maximum of \$5,000	CIGNA pays 80% ¹	CIGNA pays 60% ¹	CIGNA pays 100% ¹	CIGNA pays 60% ¹	CIGNA pays 100% ¹	CIGNA pays 60% ¹
Mental Health – Inpatient – Combined services and combined in- and out-of-network	CIGNA pays \$200 ¹ maximum per day/per person, up to \$3,000 per year		CIGNA pays \$200 ¹ maximum per day/per person, up to \$3,000 per year		CIGNA pays \$200 ¹ maximum per day/per person, up to \$3,000 per year	
Mental Health – Outpatient – Combined services and combined in- and out-of-network	CIGNA pays \$30 ¹ maximum per visit/per person, up to 24 visits		CIGNA pays \$30 ¹ maximum per visit/per person, up to 24 visits		CIGNA pays \$30 ¹ maximum per visit/per person, up to 24 visits	
RETAIL PHARMACY (per 30 day supply)	Combined in- and out-of-network (including in-network Mail Order), subject to integrated medical/pharmacy deductible					
Prescription Drug Deductible – Per person, per year	Combined in- and out-of-network (including in-network Mail Order), subject to integrated medical/pharmacy deductible					
Generic/Brand Name/Non-preferred Brand Name – Oral contraceptives and devices excluded	\$10/\$35/\$60 ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹
Self Injectables – Oral contraceptives and devices excluded	CIGNA pays 70% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹
MAIL ORDER PHARMACY (per 90 day supply)	Combined in- and out-of-network (including in-network Mail Order), subject to integrated medical/pharmacy deductible					
Generic/Brand Name/Non-preferred Brand Name – Oral contraceptives and devices excluded	\$25/\$85/\$150 ¹	Not applicable	CIGNA pays 100% ¹	Not applicable	CIGNA pays 100% ¹	Not applicable
Self Injectables – Oral contraceptives and devices excluded	CIGNA pays 70% ¹	Not applicable	CIGNA pays 100% ¹	Not applicable	CIGNA pays 100% ¹	Not applicable

¹ The percentage associated with this plan feature represents what CIGNA pays, once the annual deductible amount is fulfilled by the member. ² For children age 17 and up refer to the Physician Services benefits. For specific costs and further details of the coverage, including exclusions, and reductions or limitations and the terms under which the policy may be continued in force, please refer to the Policy Booklet, ask your agent for a Summary of Benefits or write to the company. Depending on you or your family member's coverage history and applicable law, CIGNA may exclude coverage for certain pre-existing conditions for a period of time, as described in your Policy Booklet.

COMMONLY USED HEALTH CARE WORDS

Here are some basic terms that you should know regarding your health care plan.

Coinsurance: A percentage of the CIGNA contracted rate to an in-network provider or a percentage of the cost from an out-of-network provider that the member is responsible for.

Copayment (copay): A flat per service charge that plan members are responsible to pay for services such as doctor visits or prescriptions.

Deductible: The dollar amount that plan members must pay each year for eligible health expenses before the plan begins to pay benefits for covered services.

In-network provider: Any health care provider (physician, hospital, etc.) that participates in the CIGNA network.

Out-of-network provider: Any health care provider (physician, hospital, etc.) that does not participate in a CIGNA network.

Inpatient care: Care given to a plan member admitted to a hospital, hospice, skilled nursing facility or rehabilitation facility.

Outpatient care: Any health care service provided to a plan member who is not admitted to a facility.

Out-of-pocket costs: Copayments, deductibles, coinsurance or fees paid by plan members for health services or prescriptions.

Out-of-pocket maximum: The most plan members will pay per year for covered health expenses before the plan pays 100% for the rest of that year.

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or visit www.CIGNAforYou.com.





If, after reviewing the policy, you find that you're not satisfied for any reason, simply return the policy to us within 10 days. We will refund any premium you've paid (including any contract fees or other charges), less the cost of any services paid on behalf of you or any covered dependent.

This Plan Comparison highlights some of the benefits available under these plans. A complete description regarding the terms of coverage, exclusions and limitations including legislated benefits will be provided in your Summary of Benefits and Policy Booklet.

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Individual and Family Plans

FLORIDA HEALTH SAVINGS PLAN 1500, 3000, 5000 EXCLUSIONS AND LIMITATIONS

- Conditions which are **pre-existing** as defined in the Definitions section.
- Any **amounts in excess of maximum amounts of Covered Expenses** stated in this Policy.
- Services **not specifically listed** in this Policy as Covered Services.
- Services or supplies that are **not Medically Necessary**.
- Services or supplies that CIGNA considers to be for **Experimental Procedures or Investigative Procedures**.
- Services received **before the Effective Date** of coverage.
- Services received **after coverage ends**.
- 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 paid, 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**, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or homemaker services, and services primarily for rest, domiciliary or convalescent care.
- 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 this 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**, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this Policy.
- **Orthodontic Services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction.
- **Dental Implants**: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
- **Hearing aids**.
- Routine **hearing tests** except as provided under Well Baby and Well Child Care and Newborn Hearing Benefits.
- **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Policy.
- An **eye surgery** solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
- Outpatient **speech therapy, expect as specifically provided in this Policy**.
- **Cosmetic surgery** or other services for beautification, to improve or alter appearance or self esteem or to treat psychological or psychosocial complaints regarding one's appearance including macromastia or gynecomastia surgeries; surgical treatment of varicose veins; abdominoplasty/panniculectomy; rhinoplasty; and blepharoplasty. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy.
- **Aids or devices** that assist with nonverbal communication, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- **Nonmedical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays.



- Services for **redundant skin surgery**, removal of skin tags, acupuncture, craniosacral/cranial therapy, dance therapy, movement therapy, applied kinesiology, rolfing, cryotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, regardless of clinical indications.
- Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical or psychiatric treatment or study related to **sex change**.
- 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**, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and In vitro fertilization, except as specifically stated in this Plan.
- 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 including morbid obesity, or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Insured Person has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.
- **Routine physical exams** or tests, except as specifically stated in this Policy.
- Charges by a provider for **telephone or email consultations**.
- Items which are furnished primarily for **personal comfort** or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, including wigs etc.).
- **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 this Policy.
- **Durable medical equipment** not specifically listed as Covered Services in the Covered Services section of this 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.
- **Self-administered Injectable Drugs**, except as stated in the Prescription Drug Benefits section of this Policy.



- **Syringes**, except as stated in the Policy.
- **All Foreign Country Provider** charges are excluded under this Policy except as specifically stated under Treatment received from Foreign Country Providers in the Benefits section of this Policy.
- **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** including the pairing and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
- **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**, including normal delivery, elective abortions or elective/non-emergency cesarean sections except as specifically stated under 'Complications of Pregnancy' in the 'Comprehensive Benefits' section of this Policy.
- Claims received by CIGNA after 15 months from the date service was rendered, except in the event of a legal incapacity.

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