SUMMARY OF BENEFITS

INDIVIDUAL & FAMILY PLANS

GEORGIA HEALTH SAVINGS 3500

BENEFIT	IN NETWORK	OUT OF NETWORK
This plan is intended to comply with the federal Patient Protection and Affordable Care Act. Provisions are subject to change as additional regulatory guidance becomes available.		
Annual Individual Deductible	$3,500	$7,000
Annual Family Deductible	$7,000	$14,000
All benefits listed below are subject to the deductible unless otherwise noted		
Coinsurance	CIGNA pays 100% of eligible charges	CIGNA pays 70% of eligible charges
Individual Out of Pocket Maximum	$3,500	$10,500
Family Out of Pocket Maximum	$7,000	$21,000
Individual/Family deductibles and pharmacy charges apply to the out of pocket maximum		
Lifetime Maximum	Unlimited	
PHYSICIAN SERVICES		
Office Visit Primary Care Physician Specialist Physician	CIGNA pays 100%	CIGNA pays 70%
Surgery *(in any setting)*	CIGNA pays 100%	CIGNA pays 70%
PREVENTIVE CARE		
Preventive Care for All Ages Routine physicals and other routine preventive services	CIGNA pays 100%[1]	CIGNA pays 70%[1]
INPATIENT SERVICES		
Facility Services *(Inpatient Room and Board, Pharmacy, X-ray and Laboratory, Operating Room, etc.)*	CIGNA pays 100%	CIGNA pays 70%
Physician Services	CIGNA pays 100%	CIGNA pays 70%
OUTPATIENT SERVICES		
Lab, X-ray and Ultrasound	CIGNA pays 100%	CIGNA pays 70%
CT/PET Scans and MRI	CIGNA pays 100%	CIGNA pays 70%
Cardiac & Pulmonary Rehabilitation	CIGNA pays 100%	CIGNA pays 70%
Short Term Rehabilitative Therapy *(Including Physical, Occupational and Speech Therapy) Calendar year maximum of 24 visits combined in- and out-of-network*	CIGNA pays 100%	CIGNA pays 70%
Outpatient Surgery	CIGNA pays 100%	CIGNA pays 70%

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BENEFIT	IN NETWORK	OUT OF NETWORK
EMERGENCY & URGENT CARE SERVICES		
Hospital Emergency Room	CIGNA pays 100%	CIGNA pays the same level as In-Network if "true" emergency as defined by your plan, otherwise CIGNA pays 70%
Outpatient Professional Services *(including Radiology, Pathology and ER Physician)*	CIGNA pays 100%	
Urgent Care Services	CIGNA pays 100%	
Ambulance *Emergency transport only.*	CIGNA pays 100%	
OTHER HEALTH CARE FACILITIES		
Skilled Nursing Facility, Rehabilitation Hospital & Sub-acute Facilities *Calendar year maximum of 30 days combined in- and out-of-network*	CIGNA pays 100%	CIGNA pays 70%
Home Health *Calendar year maximum of 60 visits combined in- and out-of-network*	CIGNA pays 100%	CIGNA pays 70%
Hospice	CIGNA pays 100%	CIGNA pays 70%
DURABLE MEDICAL EQUIPMENT (DME)		
Durable Medical Equipment	CIGNA pays 100%	CIGNA pays 70%
MENTAL HEALTH		
Inpatient *(Includes Acute, Partial & Residential Treatment)* *Calendar year maximum of 30 days combined in- and out-of-network*	CIGNA pays 100%	CIGNA pays 70%
Outpatient *(Includes Individual, Group & Intensive Outpatient)* *Calendar year maximum of 48 visits combined in- and out-of-network*	CIGNA pays 100%	CIGNA pays 70%
PRESCRIPTION DRUGS		
Prescription Drug Deductible	Subject to integrated medical/pharmacy deductible	
RETAIL PHARMACY		
Generic	CIGNA pays 100%	CIGNA pays 100%
Brand Name	CIGNA pays 100%	CIGNA pays 100%
Non-Preferred Brand Name	CIGNA pays 100%	CIGNA pays 100%
Self Injectables	CIGNA pays 100%	CIGNA pays 100%
HOME DELIVERY PHARMACY		
Generic	CIGNA pays 100%	CIGNA pays 100%
Brand Name	CIGNA pays 100%	CIGNA pays 100%
Non-Preferred Brand Name	CIGNA pays 100%	CIGNA pays 100%
Self Injectables	CIGNA pays 100%	CIGNA pays 100%

[1]Deductible waived

Exclusions:

- Conditions which are **pre-existing**.
- Any **amounts in excess of maximum amounts of Covered Expenses**.
- Services or supplies **not specifically listed as covered expenses**.
- Services or supplies that are **not Medically Necessary**.
- Services or supplies that are **Experimental or Investigational**.
- Services received **before the Effective Date of coverage**.
- Services received **after coverage ends unless provided under Continuation**.
- 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 any workers' compensation law, employer's liability law or work related disease law.
- 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 Medicaid)**, except (a) when payment under this Policy is expressly required by federal or state law.
- **Professional services or supplies received or purchased directly or on Your behalf by anyone including a Physician, from** any of the following:
    - Yourself or Your employer;
    - A person who lives in the Insured Person's home, or that person's employer;
    - A person who is related to the Insured Person by blood, marriage or adoption, or that person's employer
- Non-Duplication of Medicare: Any services for which Medicare benefits are actually paid. Any services for which payment may be obtained from any local, state or federal government agency. Veteran's Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
- **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** except as specifically provided in the Policy.
- **Smoking cessation programs.**
- Treatment of **substance abuse**.
- **Dental services, Orthodontic Services** and **dental implants**.
- **Hearing aids** and routine **hearing tests** except as specifically stated in the Policy.
- **Optometric services**, **eye surgery** to correct refractive defects to the eye.
- **Cosmetic surgery**.
- **Aids or devices** that assist with nonverbal communication.
- **Non-Medical counseling or ancillary services**.
- Services for redundant skin surgery, removal of skin tags, acupressure, carinosacral/cranial therapy, dance therapy, movement therapy, applied kinesiology, rolfing, pryotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, regardless of clinical indications.
- **Sex change surgery**.
- Treatment of **sexual dysfunction, impotence, fertility and/or Infertility** and **Cryopreservation** of sperm or eggs.
- All **non-prescription Drugs**, devices and/or supplies that are available over the counter or without a prescription,
- **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, Required by employment or government authority, including physical exams required for or by an employer, or for school, or sports physicals, except as otherwise specifically stated in the Plan.
- Charges for **telephone or email consultations**.

- Items which are furnished primarily for **personal comfort** or convenience.
- **Educational services** except as specifically stated in the Policy.
- **Nutritional counseling** or food supplements, except as stated in the Policy.
- **Durable medical equipment** not meeting the criteria outlined in the Policy.
- **Physical, and/or Occupational Therapy/Medicine** except as stated in the Policy.
- **Self-administered Injectable Drugs**, except as stated in the Policy.
- Injectable drugs (self-injectable medications) that do not require Physician supervision are covered under the prescription Drug benefits of this Policy.
- All non-injectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, except as provided in the Prescription Drug benefits of this Policy.
- Any Infusion or Injectable Specialty Prescription Drugs that require Physician supervision, except as otherwise stated in this Policy, if not provided by an approved Participating Provider specifically designated to supply that specialty prescription. Infusion and Injectable Specialty drugs included, but are not limited to, hemophilia factor and supplies, enzyme replacements and intravenous immunoglobulin.
- **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 which We are unable to determine Our liability.
- 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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