

**NORTHERN NEW ENGLAND BENEFIT TRUST  
CIGNA OPEN ACCESS BENEFIT PLAN SUMMARY  
Municipalities (Plan A)**

*Benefits outlined below are intended only as a general summary.*

<b>GENERAL PLAN INFORMATION</b>		
<b>BENEFIT HIGHLIGHTS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>ANNUAL DEDUCTIBLE</b>	None	\$250 Deductible per individual; \$500 Deductible per family
<b>MAXIMUM OUT-OF-POCKET EXPENSE</b> <i>Per calendar year; Deductible and co-payments do not apply</i>	\$1,000 per individual; \$2,000 per family	\$4,000 per individual; \$8,000 per family
<b>LIFETIME MAXIMUM</b>	Eliminated 1/1/2011	

*Please note for Coinsurance percentages: CIGNA pays 90% (in network) or 80% (out of network) of "usual and customary" (U/C) fees. The member's responsibility will be based on the exact amount paid by CIGNA and may be greater than 10% (in network) or 20% (out of network) if the provider charges are greater than the U/C scale applied by CIGNA.*

<b>OFFICE VISITS AND PREVENTIVE CARE</b>		
<b>BENEFIT HIGHLIGHTS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Routine Physical Examination	\$20 co-payment/visit	<b>Preventative Care Is Not Covered Out-Of-Network</b>
Well Baby/Child Check-up/Immunizations	\$20 co-payment/visit	
Gynecological Services ( <i>self-referral - includes annual pap test</i> )	\$25 co-payment/visit	
Regular Office Visit - <i>Primary Care Physician (PCP), Family Practice, Pediatrician, Internist, Osteopath</i>	\$20 co-payment/visit	CIGNA pays 80% of the U/C charges after the deductible.
Injections / Immunizations administered at PCP office)	No charge	
Specialist Office Visit - ( <i>including but not limited to Dermatologist, Podiatrist, Cardiologist, etc.</i> )	\$25 co-payment/visit	
Surgery Performed in Physician's office	\$20 PCP/\$25 Specialist co-payment/visit	
Nutritional Counseling ( <i>unlimited visits</i> )	\$25 co-payment/visit	
Allergy Testing/Treatment ( <i>no office co-pay for injection only</i> )	\$25 co-payment/visit	
Obstetrics Services/Pre-Natal Examination ( <i>In-Network, self-referral to CIGNA Healthcare Physician</i> )	\$25 co-payment/visit (initial visit only)	
Chiropractic Care: Limited to 34 visits/year. <i>Does not include lab and x-ray diagnostics (unless provider is contracted with CIGNA to provide these services).</i>	\$25 co-payment/visit	CIGNA reimburses an individual up to a maximum of \$30 per visit. Reimbursements and provider payments are not subject to deductible or applied against out-of-pocket maximum.

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<b>LABORATORY AND RADIOLOGY</b>		
BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Preventive/Routine Mammography ( <i>self-referral to CIGNA HealthCare facility</i> )	No charge	<b>Preventive Care Is Not Covered Out-Of-Network</b>
Diagnostic X-ray / Laboratory Services	No charge	CIGNA pays 80% of the U/C charges after the deductible.
Diagnostic Mammography ( <i>not preventive/routine</i> )		
<i>Hi-Tech Radiology (MRI, PET Scan, CAT Scan) Provider must seek authorization from Med Solutions.</i>		
Inpatient	10% Coinsurance	CIGNA pays 80% of the U/C charges after the deductible.
Physician's office	\$100 scan co-payment	
Outpatient at Hospital or other Facility	\$100scan co-payment + 10% coinsurance per scan	
Emergency Room/Urgent Care ( <i>billed by the facility as part of the ER/UC visit</i> )	\$100 scan co-payment per scan + ER or UC co-payment	No charge (if not "true emergency" CIGNA pays 80% of the U/C charges after the deductible).

<b>HOSPITAL CARE</b>		
BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK*
Same Day or Outpatient Surgery and Procedures ( <i>not admitted as a patient</i> )	10% Coinsurance	CIGNA pays 80% of the U/C charges after the deductible.
Inpatient Services ( <i>admitted as a patient</i> )		
Childbirth and Newborn Care		
Physician Visits and Services / Nursing Care		
Anesthesiologist Services / Operating Room		
Intensive Care Unit		
Laboratory and Radiology		
Medications and Supplies		

*\*Patient is responsible for Out-Of-Network Precertification for outpatient surgery/procedures/testing and all inpatient care. Failure to comply will result in a \$250 penalty in addition to the Deductible and Coinsurance payments (not applied toward deductible or out-of-pocket maximum).*

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**ASK-A-NURSE :** If you have a medical question of a non-emergency nature, or if you are not sure whether you require an Emergency Room or Urgent Care Center visit, you have access to a registered nurse 24 hrs/7 days per week by calling 1-800-244-6224.

**EMERGENCY / URGENT CARE**

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Emergency Room Visit	\$100 co-payment per visit (waived if admitted to hospital)	\$100 co-pay - waived if admitted (if not "true emergency" CIGNA pays 80% of the U/C charges after the deductible).
Urgent Care Center Visit	\$25 co-payment per visit (waived if admitted to hospital)	\$25 co-pay - waived if admitted (if not "true emergency" CIGNA pays 80% of the U/C charges after the deductible).
Ambulance	No charge	No charge (if not "true emergency" CIGNA pays 80% of the U/C charges after the deductible).

**CONTINUED CARE**

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Skilled Nursing Facility <i>(maximum of 120 days per year.)</i>	10% coinsurance	CIGNA pays 80% of the U/C charges after the deductible.
Home Health Care <i>(Health services rendered in the home to an individual who is confined to the home)</i>	No Charge	
Hospice Inpatient	10% Coinsurance	
Hospice Outpatient	No Charge	
Short-Term Therapy <i>(including but not limited to: physical, occupational, speech, pulmonary, cardiac rehab) Limited to 60 days per person per calendar year, all forms of therapy combined.</i>	\$25 per visit	

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<b>MENTAL HEALTH/SUBSTANCE ABUSE</b>		
<i>Mental Health and Substance Abuse care is administered by Teamsters Behavioral Health (TBH). Treatment includes inpatient, outpatient and psychological/neuropsychological testing.</i>		
BENEFIT HIGHLIGHTS	IN-NETWORK AND PRE-CERTIFIED	OUT-OF-NETWORK AND/OR NOT PRE-CERTIFIED
Outpatient Mental Health and/or Substance Abuse Care	\$20 per visit	CIGNA pays 80% of the U/C charges after the deductible.
Inpatient Mental Health and/or Substance Abuse Care	10% Coinsurance	

*\* Pre-certification required by Teamsters Behavioral Health 1-800-258-9732. See "Mental Health & Substance Abuse" section for penalties incurred if treatment is not pre-certified.*

<b>DURABLE MEDICAL EQUIPMENT</b>		
<i>All Equipment Must Be Obtained Through CareCentrix (* see below)</i>		
BENEFIT HIGHLIGHTS	Obtained Through CareCentrix	Obtained Through Source Not Authorized by CareCentrix
<p><b>Large Equipment:</b> hospital beds, wheelchairs, respiratory equipment, home infusion products, insulin pumps, nutrition pumps, etc.</p> <p><b>Small/Disposable Items:</b> ostomy supplies, wound care, feeding tubes, urological care, etc.</p> <p><b>All Equipment Must Be Obtained Through CareCentrix (1-888-999-2422 or 1-800-808-1902)</b></p>	No charge	CIGNA pays 80% of the U/C charges after the deductible.

*NOTE: Diabetic supplies (lancets, test strips, needles) are handled through your Teamsters Rx Prescription Plan. Please see Prescription Drug section for further information.*

*\* Prescribing provider contacts CareCentrix directly for any service or item that is needed. CareCentrix will let your provider know if there is a local network provider/supplier where items can be picked up or they will arrange for the items to be shipped directly to the patient.*

<b>HEALTH EDUCATION REIMBURSEMENT</b>		
<i>CIGNA Benefit: Contact NNEBT for Details and Reimbursement Form 1-800-258-9732</i>		
BENEFIT HIGHLIGHTS	REIMBURSEMENT	ANNUAL LIMIT
Must attend 75% of scheduled sessions and successfully complete course requirements; provide proof of payment and instructor signature to verify attendance.	Price of class up to \$100.00 maximum	Two classes per covered individual per calendar year.