

NORTHERN NEW ENGLAND BENEFIT TRUST
CIGNA OPEN ACCESS BENEFIT PLAN SUMMARY
UPS A1 Eligibility (Plan OAPA4)

Benefits outlined below are intended only as a general summary.

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

Please note for Coinsurance percentages: CIGNA pays 80% (in network) or 70% (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 20% (in network) or 30% (out of network) if the provider charges are greater than the U/C scale applied by CIGNA.

OFFICE VISITS AND PREVENTIVE CARE		
BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Routine Physical Examination	\$20 co-payment/visit	Preventative Care Is Not Covered Out-Of-Network
Well Baby/Child Check-up/Immunizations	\$20 co-payment/visit	
Gynecological Services (<i>self-referral - includes annual pap test</i>)	\$35 co-payment/visit	
Regular Office Visit - <i>Primary Care Physician (PCP), Family Practice, Pediatrician, Internist, Osteopath</i>	\$20 co-payment/visit	CIGNA pays 70% 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>)	\$35 co-payment/visit	
Surgery Performed in Physician's office	\$20 PCP/\$35 Specialist co-payment/visit	
Nutritional Counseling (<i>unlimited visits</i>)	\$35 co-payment/visit	
Allergy Testing/Treatment (<i>no office co-pay for injection only</i>)	\$35 co-payment/visit	
Obstetrics Services/Pre-Natal Examination (<i>In-Network, self-referral to CIGNA Healthcare Physician</i>)	\$35 co-payment/visit (<i>initial visit only</i>)	
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>	\$35 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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LABORATORY AND RADIOLOGY		
BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Preventive/Routine Mammography (<i>self-referral to CIGNA HealthCare facility</i>)	No charge	Preventive Care Is Not Covered Out-Of-Network
Diagnostic X-ray / Laboratory Services	No charge	CIGNA pays 70% 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	20% Coinsurance	CIGNA pays 70% of the U/C charges after the deductible.
Physician's office	\$100 scan co-payment	
Outpatient at Hospital or other Facility	\$100 scan co-payment + 20% 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 (<i>if not "true emergency"</i>) CIGNA pays 70% of the U/C charges after the deductible.

HOSPITAL CARE		
BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK*
Same Day or Outpatient Surgery and Procedures (<i>not admitted as a patient</i>)	20% Coinsurance	CIGNA pays 70% 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 70% 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 70% of the U/C charges after the deductible).
Ambulance	No charge	No charge (if not "true emergency" CIGNA pays 70% of the U/C charges after the deductible).

CONTINUED CARE

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Skilled Nursing Facility (maximum of 120 days per year.)	20% coinsurance	CIGNA pays 70% of the U/C charges after the deductible.
Home Health Care (Health services rendered in the home to an individual who is confined to the home)	No Charge	
Hospice Inpatient	20% Coinsurance	
Hospice Outpatient	No Charge	
Short-Term Therapy (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.	\$35 per visit	

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MENTAL HEALTH/SUBSTANCE ABUSE		
<i>Mental Health and Substance Abuse care is administered by CIGNA Behavioral Health. 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 70% of the U/C charges after the deductible.
Inpatient Mental Health and/or Substance Abuse Care	20% Coinsurance	

Inpatient care must be pre-certified by CIGNA (1-800-244-6224).

DURABLE MEDICAL EQUIPMENT		
<i>All Equipment Must Be Obtained Through CareCentrix (* see below)</i>		
BENEFIT HIGHLIGHTS	OBTAINED THROUGH CARECENTRIX	OBTAINED THROUGH SOURCE OTHER THAN CARECENTRIX
<p>Large Equipment: hospital beds, wheelchairs, respiratory equipment, home infusion products, insulin pumps, nutrition pumps, etc.</p> <p>Small/Disposable Items: ostomy supplies, wound care, feeding tubes, urological care, etc.</p> <hr/> <p>All Equipment Must Be Obtained Through CareCentrix (1-888-999-2422 or 1-800-808-1902)</p>	No charge	CIGNA pays 70% 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.*

HEALTH EDUCATION REIMBURSEMENT		
<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.