



**Vernon Board of Education – Teachers 014
CIGNA Choice Fund Health Savings Account Open Access Plus
Coinsurance Plan**

Notice of Grandfathered Plan Status

This plan is being treated as a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your coverage may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at the phone number or address provided in your plan documents, to your employer or plan sponsor or an explanation can be found on CIGNA's website at http://www.cigna.com/sites/healthcare_reform/customer.html.

If your plan is subject to ERISA, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

If your plan is a nonfederal government plan or a church plan, you may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

Health Savings Account

Your coverage includes a health savings account that you can use to pay for eligible out-of-pocket expenses.

Employer Contribution	Employee \$1,000	Employee + 1 \$2,000	Employee + Family \$2,000
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Annual deductibles and maximums	In-network	Out-of-network
Lifetime maximum	Unlimited per individual	
Pre-Existing Condition Limitation (PCL)	Does Not Apply	
Coinsurance	You pay 0% Plan pays 100% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met



Annual deductibles and maximums	In-network	Out-of-network
<p>Maximum Reimbursable Charge</p> <ul style="list-style-type: none"> Determined based on the lesser of: <ul style="list-style-type: none"> the health care professional’s normal charge for a similar service; or a percentage of a fee schedule developed by CIGNA that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is determined based on the lesser of: <ul style="list-style-type: none"> the health care professional’s normal charge for a similar service or supply; or the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. Out-of-network services are subject to a plan year deductible and maximum reimbursable charge limitations. 	N/A	200%
<p>Plan year deductible</p> <ul style="list-style-type: none"> The amount you pay for any expenses counts towards both your in-network and out-of-network deductibles. All family members contribute towards the family deductible. The plan cannot pay an individual’s claims until the total family deductible has been met, even if he or she has met the individual deductible. This plan includes a combined Medical/Rx deductible. Out-of-network pharmacy deductible accumulates to the in-network pharmacy deductible. Mail order pharmacy costs contribute to the deductible. 	<p>Employee \$2,000</p> <p>Employee and Family \$4,000</p>	<p>Employee \$2,000</p> <p>Employee and Family \$4,000</p>
<p>Plan year out-of-pocket maximum</p> <ul style="list-style-type: none"> The amount you pay for any services counts towards both your in-network and out-of-network out-of-pocket maximums. Deductibles contribute towards your out-of-pocket maximum. Copays do not contribute towards your out-of-pocket maximum Mental health and substance abuse services contribute towards your out-of-pocket maximum. All family members contribute towards the family out-of-pocket maximum. The plan cannot pay an individual’s covered expenses at 100% until the total family out-of-pocket maximum has been reached. This plan includes a combined Medical/Rx out-of-pocket maximum. Out-of-network pharmacy out-of-pocket expenses accumulates to the in-network pharmacy out-of-pocket maximum. Mail order pharmacy costs contribute to the out-of-pocket maximum. 	<p>Employee \$2,500</p> <p>Employee and Family \$5,000</p>	<p>Employee \$4,000</p> <p>Employee and Family \$8,000</p>



Benefits	In-network	Out-of-network
Physician services		
Office visit <ul style="list-style-type: none"> Primary care physician and specialist office visits 	You pay 0% Plan pays 100% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Physician services (hospital) <ul style="list-style-type: none"> In hospital visits and consultations Inpatient services Outpatient services 	You pay 0% Plan pays 100% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Surgery (in a physician's office)	You pay 0% Plan pays 100% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Preventive care		
Preventive care <ul style="list-style-type: none"> Includes well-baby, well-child, well-woman and adult preventive care Immunizations are included at no charge. Lab and X-ray billed outside the doctor's office do not apply to the plan year maximum. Mammograms do not count towards plan year maximum. Unlimited plan year maximum 	No charge	You pay 20% Plan pays 80% after the deductible is met
Mammogram, PSA, Pap Smear	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Inpatient hospital facility services		
Semi-private room and board and other non-physician services <ul style="list-style-type: none"> Inpatient room and board, pharmacy, x-ray, lab, operating room, surgery, etc. 	You pay 0% Plan pays 100% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Inpatient Professional Services <ul style="list-style-type: none"> For services performed by surgeons, radiologists, pathologists and anesthesiologists 	You pay 0% Plan pays 100% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Multiple surgical reduction <ul style="list-style-type: none"> Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery. 	Included	Included
Outpatient services		
Outpatient surgery (facility charges)	You pay 0% Plan pays 100% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Outpatient Professional Services <ul style="list-style-type: none"> For services performed by surgeons, radiologists, pathologists and anesthesiologists 	You pay 0% Plan pays 100% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met



Benefits	In-network	Out-of-network
Physical, occupational, cognitive and speech therapy <ul style="list-style-type: none"> Unlimited days per plan year for all therapies combined Includes physical therapy, speech therapy, occupational therapy, pulmonary rehabilitation and cognitive therapy Includes chiropractic therapy (includes chiropractors) Therapy days, provided as part of an approved Home Health Care plan, accumulate to the outpatient short term rehab therapy maximum. 	You pay 0% Plan pays 100% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Cardiac rehabilitation <ul style="list-style-type: none"> Unlimited maximum per plan year 	You pay 0% Plan pays 100% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Lab and X-ray		
Lab and X-ray <ul style="list-style-type: none"> Physician's office Outpatient hospital facility Independent lab & x-ray facility Emergency room when billed by the facility as part of the emergency room visit Urgent care when billed by the facility as part of the urgent care visit. Independent x-ray and/or lab facility in conjunction with a emergency room visit 	You pay 0% Plan pays 100% after the deductible is met	You pay 20% Plan pays 80% after deductible is met
Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.) <ul style="list-style-type: none"> Physician's office Inpatient hospital facility Outpatient facility Emergency room Urgent care facility 	You pay 0% Plan pays 100% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Emergency and urgent care services		
Hospital emergency room <ul style="list-style-type: none"> Includes radiology, pathology and physician charges Out-of-network services are covered at the in-network rate. 	You pay 0% Plan pays 100% after the deductible is met	
Ambulance <ul style="list-style-type: none"> Out-of-network services are covered the same as in-network services. 	You pay 0% Plan pays 100% after the deductible is met	
Urgent care services <ul style="list-style-type: none"> Out-of-network services are covered at the in-network rate. 	You pay 0% Plan pays 100% after the deductible is met	
Other health care facilities		
Skilled nursing facility, rehabilitation hospital and other facilities <ul style="list-style-type: none"> 220 days per plan year 	You pay 0% Plan pays 100% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Home health care <ul style="list-style-type: none"> Unlimited days per plan year 	You pay 0% Plan pays 100% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met



Benefits	In-network	Out-of-network
Hospice <ul style="list-style-type: none"> Inpatient services Outpatient services 	You pay 0% Plan pays 100% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Other health care services		
Durable medical equipment (includes Diabetic Equipment) <ul style="list-style-type: none"> Unlimited plan year maximum 	You pay 0% Plan pays 100% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
External prosthetic appliances (EPA) <ul style="list-style-type: none"> Unlimited plan year maximum 	You pay 0% Plan pays 100% after deductible is met	You pay 20% Plan pays 80% after deductible is met
TMJ	Not Covered	Not Covered
Infertility <ul style="list-style-type: none"> Treatment/Surgery includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc. subject to the following maximums: <ul style="list-style-type: none"> -Four cycles of ovulation induction per lifetime -Three cycles of intrauterine insemination per lifetime -Two cycles of low tubal ovum transfer, IVF, GIFT and/or ZIFT per lifetime, with not more than two transfers per cycle. Office visit for testing, treatment and artificial insemination Inpatient hospital facility Outpatient hospital facility Physician services Surgical treatment includes both correction and in-vitro fertilization, GIFT, ZIFT, etc. Unlimited lifetime maximum 	You pay 0% Plan pays 100% after the deductible is met You pay 0% Plan pays 100% after the deductible is met You pay 0% Plan pays 100% after the deductible is met You pay 0% Plan pays 100%, after the deductible is met	You pay 20% Plan pays 80% after the deductible is met You pay 20% Plan pays 80% after the deductible is met You pay 20% Plan pays 80% after the deductible is met You pay 20% Plan pays 80% after the deductible is met



Benefits	In-network	Out-of-network
Family planning <ul style="list-style-type: none"> Inpatient hospital facility Outpatient facility Physician services Surgical services such as tubal ligation or vasectomy are covered (including reversals). Includes contraceptive devices 	<p>You pay 0% Plan pays 100% after the deductible is met</p> <p>You pay 0% Plan pays 100% after the deductible is met</p> <p>You pay 0% Plan pays 100% after the deductible is met</p>	<p>You pay 20% Plan pays 80% after the deductible is met</p> <p>You pay 20% Plan pays 80% after the deductible is met</p> <p>You pay 20% Plan pays 80% after the deductible is met</p>
Other Therapy Services <ul style="list-style-type: none"> Radiation Therapy Chemotherapy for the treatment of cancer Electroshock Therapy Kidney Dialysis in a hospital or free-standing dialysis center 	<p>You pay 0% Plan pays 100% after the deductible is met</p>	<p>You pay 20% Plan pays 80% after the deductible is met</p>
Ostomy Related Services	<p>You pay 0% Plan pays 100% after the deductible is met</p>	<p>You pay 20% Plan pays 80% after the deductible is met</p>
Hearing Aids <ul style="list-style-type: none"> For children age 12 years and under \$1,000 maximum per member every two plan years 	<p>You pay 0% Plan pays 100% after the deductible is met</p>	<p>You pay 20% Plan pays 80% after the deductible is met</p>
Wigs <ul style="list-style-type: none"> Up to \$500 maximum per member per plan year 	<p>You pay 0% Plan pays 100% after the deductible is met</p>	<p>You pay 20% Plan pays 80% after the deductible is met</p>
Specialized Formula <ul style="list-style-type: none"> Dietary supplements and nutritional formulas are limited to infant formula needed for the treatment of inborn errors of metabolism, including PKU and Maple Syrup Disease 	<p>You pay 0% Plan pays 100% after the deductible is met</p>	<p>You pay 20% Plan pays 80% after the deductible is met</p>
Mental health and substance abuse services		
Please note the following regarding Mental Health (MH) and Substance Abuse (SA) benefit administration: <ul style="list-style-type: none"> Substance Abuse includes Alcohol and Drug Abuse services. Transition of Care benefits are provided for a 90-day time period. 		
Inpatient mental health services <ul style="list-style-type: none"> Unlimited days per plan year Mental health services are paid at 100% after you reach your out-of-pocket maximum. 	<p>You pay 0% Plan pays 100% after the deductible is met</p>	<p>You pay 20% Plan pays 80% after the deductible is met</p>



Benefits	In-network	Out-of-network
Outpatient mental health services <ul style="list-style-type: none"> Unlimited visits per plan year Mental health services are paid at 100% after you reach your out-of-pocket maximum. This includes group therapy mental health, and intensive outpatient mental health 	You pay 0% Plan pays 100% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Inpatient substance abuse services <ul style="list-style-type: none"> Unlimited days per plan year Substance abuse services are paid at 100% after you reach your out-of-pocket maximum. 	You pay 0% Plan pays 100% after the medical plan deductible is met	You pay 20% Plan pays 80% after the medical plan deductible is met
Outpatient substance abuse services <ul style="list-style-type: none"> Unlimited visits per plan year Substance abuse services are paid at 100% after you reach your out-of-pocket maximum. This includes intensive outpatient substance abuse 	You pay 0% Plan pays 100% after the deductible is met	You pay 20% Plan pays 80% after the deductible is met
Prescription Drugs		
CIGNA Pharmacy three-tier copay plan <ul style="list-style-type: none"> No Mandatory Generic Self administered injectable–includes infertility drugs Includes Oral Contraceptives Lifestyle drugs – limited to sexual dysfunction Oral fertility drugs included 	<p style="text-align: center;">Retail (34 day supply) <u>You pay:</u> Generic \$7 Preferred Brand \$15 Non-Preferred Brand \$35 after the deductible is met</p> <p style="text-align: center;">Home Delivery (100 day supply) <u>You pay:</u> Generic \$14 Preferred Brand \$30 Non-Preferred Brand \$70 after the deductible is met</p>	You pay 20% Plan pays 80% after the deductible is met
Pharmacy Clinical Management and Prior Authorization <ul style="list-style-type: none"> Your plan is subject to certain clinical edits and prior authorization requirements. 		
Specialty Pharmacy <ul style="list-style-type: none"> Clinical Programs <ul style="list-style-type: none"> Prior authorization required on specialty medications and quantity limits may apply. Medication Access Option: Retail and/or Home Delivery 		
Routine Vision care	CIGNA Vision	



Definitions

Deductible – A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.

Coinsurance – After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called coinsurance.

Copay – A flat fee you pay for certain covered services such as doctor's visits or prescriptions.

Out-of-pocket Maximum – Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "maximum reimbursable charges" or negotiated fees for covered services.

Place of service – Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.

Selection of a Primary Care Provider – Your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, CIGNA may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

For children, you may designate a pediatrician as the primary care provider.

Direct Access to Obstetricians and Gynecologists – You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

Pre-existing condition limitation – Not applicable to anyone under 19 years old. Applies to any injury or sickness that you are diagnosed with and receive treatment for, or incur expenses for during the 90 days before you are insured by these benefits or you begin an eligibility waiting period (whichever is earlier). Please refer to your plan documents for specific details.

Maximizing your health care dollars

Log on to myCIGNA.com for resources to help you choose a health care professional or compare the cost and quality of medical services, medications and hospital care.

When you need a medical service or procedure, CIGNA offers you opportunities to save on prescription medicine, routine medical care, laboratory services, radiology scans, and outpatient surgery. Details are below:

CIGNA Home Delivery Pharmacy – You can save money and enjoy convenient home delivery by using CIGNA Home Delivery Pharmacy for your prescription medications. You can get up to a 90-day supply of your medication.

Lab – Save on lab services by using a free-standing laboratory instead of a hospital- or clinic-based lab.

Urgent Care – For non-emergency conditions that need attention before you can see your doctor, you can save money by going to an urgent care center instead of an Emergency Room (ER).

Convenience Care – For minor or routine conditions, go to a Convenience Care Clinic when your doctor is unavailable. Convenience Care Clinics are retail-based and often found in pharmacies or grocery stores.

Radiology – Costs for MRIs, PET, and CT scans can vary greatly. Non-hospital based outpatient radiology centers often cost much less than a hospital. CIGNA's network includes both hospitals and outpatient centers, so you can find a radiology center that's right for you.

Outpatient Surgery – Costs for colonoscopies, arthroscopies, and other outpatient procedures can vary greatly. Using a free-standing outpatient surgery center can save hundreds of dollars.



Exclusions

What's Not Covered (*not all-inclusive*):

Your plan provides coverage for most medically necessary services. Examples of things your plan does not cover, unless required by law or covered under the pharmacy benefit, include (but aren't limited to):

- Services provided through government programs
- Services that aren't medically necessary
- Experimental, investigational or unproven services
- Services for an injury or illness that occurs while working for pay or profit including services covered by Worker's Compensation benefits
- Cosmetic services
- Dental care, unless due to accidental injury to sound natural teeth
- Genetic screenings
- Non-prescription and anti-obesity drugs
- Custodial and other non-skilled services
- Weight loss programs
- Treatment of TMJ Disorder
- Acupuncture
- Telephone, email and internet consultations in the absence of a specific benefit
- Eyeglass lenses and frames, contact lenses and surgical vision correction

These are only the highlights

This summary outlines the highlights of your plan. For a complete list of both covered and not-covered services, including benefits required by your state, see your employer's insurance certificate or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

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