

CIGNA Healthcare
Options IV – HSA Qualified HDHP Coverage

Effective January 1, 2011

Medical Benefit Summary-State of Wyoming-Employees' Group insurance

GENERAL SERVICES	WYOMING PROVIDERS (Providers in Wyoming network reimbursed at 85%; Wyoming non-network providers reimbursed 80%)	OUTSIDE WYOMING (GWH network providers reimbursed at 80%; non-network providers reimbursed at 60%)
Physician Visit	85% / 80% after calendar year deductible	80% / 60% after calendar year deductible
Coinsurance	85% / 80%	80% / 60%
Calendar Year Deductible <ul style="list-style-type: none"> • If family coverage applies, the entire family deductible must be met before the plan will pay benefits for any individual within the family. 	\$1,500 individual plan – Option IV \$3,000 family plan – Option IV	\$1,500 individual plan – Option IV \$3,000 family plan – Option IV
Wellness Care <ul style="list-style-type: none"> • Immunizations • Routine physicals • Basic gynecological care • Lab & X-ray charges for preventive care are paid at 100% regardless of provider and subject to maximum allowable cost • Colonoscopy – Paid at 100% for a <u>routine</u> exam once every 5 years – otherwise co-insurance rules apply. • Please see healthierwy.org for way to receive a discount on your health insurance premium 	<p>100%</p> <p>(1) evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force;</p> <p>(2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved;</p> <p>(3) for infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;</p> <p>(4) for women, such additional preventive care and screenings not described in (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.</p> <p>You can view the specific recommendations on the HealthCare.gov website (http://www.healthcare.gov/center/regulations/prevention/recommendations.html).</p>	
Pharmacy Plan	80% after calendar year deductible	
Durable Medical Equipment	85% / 80% after calendar year deductible	80% / 60% after calendar year deductible
Lab & X-ray Services <ul style="list-style-type: none"> • Reimbursed based on network status of referring physician 	85% / 80% after calendar year deductible	80% / 60% after calendar year deductible
Emergency Room Care	85% / 80% after calendar year deductible	80% / 60% after calendar year deductible
Calendar Year Out-of-Pocket	Individual: \$2,000 + deductible Family: \$4,000 + deductible	<u>In network:</u> Individual \$2,000+ deductible Family: \$4,000+ deductible <u>Out of Network:</u> Individual: \$4,000 + deductible Family: \$8,000 + deductible
PPO Out of Area Services	Services rendered outside of any PPO geographic area are paid at 80% of maximum allowable cost, subject to the deductible and breakpoint amount.	

HOSPITAL SERVICES		
Inpatient Hospital Services • Requires pre-certification	85% / 80% after calendar year deductible	80% / 60% after calendar year deductible
Skilled Nursing Facility Care • Required pre-certification		
Outpatient Hospital Services • Outpatient Surgery • Including anesthesia • Requires pre-certification Ambulatory Surgery	85% / 80% after calendar year deductible	80% / 60% after calendar year deductible
Hospice Care	100% no deductible	100% no deductible
Home Health Care	100%	100%
Office Surgery	85% / 80% after calendar year deductible	80% / 60% after calendar year deductible
MENTAL HEALTH AND CHEMICAL DEPENDENCY SERVICES		
Inpatient Requires pre-certification	85% / 80% after calendar year deductible	80% / 60% after calendar year deductible
Outpatient	85% / 80% after calendar year deductible	80% / 60% after calendar year deductible
THERAPY SERVICES		
Outpatient Physical Therapy, Speech Therapy, Hearing Therapy and Occupational Therapy combined benefit	85% / 80% after calendar year deductible	80% / 60% after calendar year deductible
Spinal Adjustment Therapy	85% / 80% after calendar year deductible	80% / 60% after calendar year deductible
ADDITIONAL SERVICES		
Family Planning • Tubal Ligations and Vasectomies • Requires pre-certification if non-office • Includes infertility testing for diagnosis only	85% / 80% after calendar year deductible	80% / 60% after calendar year deductible

All services are subject to eligibility and Plan provisions at time of service, including but not limited to maximum allowable cost.
This is an outline of the benefits available; see the benefit booklet for details of the program.