

CIGNA AND AETNA HEALTH PLANS

Middlesex College

Benefit	CIGNA	AETNA
Benefit Period	Calendar Year	
Deductible		
Individual	None	None
Family	None	None
	Deductible is Calendar Year.	
Coinsurance	None	None
Maximum Out of Pocket		
Individual	\$1,500	\$1,500
Family	\$3,000	\$3,000
Benefit Period Maximum	Unlimited	
Lifetime Maximum	Unlimited	
Primary Care Physician Selection	Required	Required
Doctor's Office Visits		
Primary Care Office Visit	100% after \$5 copay A primary care physician is a general or family practitioner, internist or pediatrician	100% after \$5 copay
Specialist Office Visit	100% after \$5 copay Referral required to visit a specialist.	100% after \$5 copay Referral required to visit a specialist
Maternity Visits	100% after \$5 copay Copay applies to 1st visit only	100% after \$5 copay Copay applies to 1st visit only
Allergy Testing and Treatment	100% after \$5 copay	100% after \$5 copay
Preventive Care		
Routine Adult Physicals, GYN Exams, PAP, Mammograms, Prostate Cancer Screening, Colorectal Screening, Immunizations	100%	100%
Well Child Exams	100%	100%
Well Child Immunizations and Lead Screening	100%	100%
Diagnostic Procedures		
Laboratory	100%	100%
Outpatient X-ray/Radiology Services	100%	100%
<p>AETNA: CT/CTA Scans, Pet Scans, MRIs/MRAs, Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. Advanced/Complex Radiology may pay at a different benefit level than listed above. The ordering physician should request the prior authorization by calling eviCore healthcare at 1-888-622-7329 or 1-999-647-5940 for northern New Jersey and providing the necessary clinical information. Once the authorization number is received, the member may call eviCore healthcare at 1-866-969-1234 to schedule an appointment.</p> <p>CIGNA: Customer Service support (claimsbenefit/provider search/etc.) 24/7/365 at 800-CIGNA 24 (800-244-6224). Pre-authorizations required for Ct scan, xray, MRI thru Evicore.</p>		
Hospital Care		
Inpatient Admission (including maternity)	100%	100%
Pre-admission Testing	100%	100%
Surgery in Hospital	100%	100%
Inpatient Physician Services	100%	100%
Outpatient Dept. Services	100%	100%
Emergency Care		
Emergency Room	100% after \$20 copay	100% after \$15 copay Waived if admitted to hospital
Ambulance	100%	100%

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Outpatient Surgery		
Hospital Outpatient Surgery	100%	100%
Surgery in an Ambulatory SurgiCenter	100%	100%
Mental Health Services		
Inpatient	100%	100%
Outpatient department	100%	100%
Office setting	100% after \$5 copay	100% after \$5 copay
Substance Abuse Services		
Inpatient	100%	100%
Outpatient department	100%	100%
Office setting	100% after \$5 copay	100% after \$5 copay
Alcohol Abuse Services		
Inpatient	100%	100%
Outpatient department	100%	100%
Office setting	100% after \$5 copay	100% after \$5 copay
Other Services		
Acupuncture	100% after \$5 copay	100% in lieu of anesthesia in connection with a covered surgery
Bariatric Surgery	100%	100%
Diabetic Education	100% after \$5 copay	100%
Diabetic Supplies	100%	100%
Durable Medical Equipment	100%	100%
Home Health Care	100%	100%
Hospice Care	100%	100%
Infertility (excluding in-vitro fertilization)	100% after \$5 copay	100% after \$5 copay
Nutritional Counseling	100% after \$5 copay	100% after \$5 copay
Orthotics and Prosthetics	100% after \$5 copay	100% after \$5 copay
Physical Rehabilitation Facility Inpatient Services	100%	100%
Private Duty Nursing	100% with medical review	No covered
Physical Therapy	100% after \$5 copay	100% no copay for PT/OT/ST
Short-term Therapies: Occupational, Speech, Respiratory	100% after \$5 copay	100%
Skilled Nursing Facility/Extended Care Center	100%	100%
Therapeutic Manipulation (Chiropractic Care)	100% after \$5 office copay	100% no copay
Vision - Routine Eye Exam	100% after \$5 copay, annual exam	100% after \$5 copay every 12 months
Vision Hardware	\$20-\$75/yr hardware at par provider	100% every 24 months
Telemedicine	MdLive - 100% after \$5 copay	100% after \$5 copay
Prescription Drugs	Covered under a freestanding Rx program	
Eligibility	Dependent children, including full-time students are covered until the end of the calendar year in which they reach the age of 26. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the age of 26. Under certain conditions, coverage may be extended for qualified dependents up to age 31.	

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Pre-Existing Conditions	Not Applicable
Grandfathered	Not Applicable
Prior Authorization	Some services/procedures require prior authorization.
24/7 Nurse Line	CIGNA - 24 hour Nurse Line

This summary highlights the major features of your health benefit program. It is not a contract and some limitations and exclusions may apply. Payment of benefits is subject solely to the terms of the contract. Please refer to your benefit booklet for more information.



Horizon Blue Cross Blue Shield of New Jersey

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DIRECT ACCESS DESIGN EDU PLAN
Middlesex County College

I represent that by signing this document that I have the legal authority to accept these terms.

Group Official:

Signature:

Print:

Title:

Date: