

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 \$10 copay A primary care physician is a general or family practitioner, internist or pediatrician | 100% after \$10 copay |
| Specialist Office Visit | 100% after \$10 copay Referral required to visit a specialist. | 100% after \$10 copay Referral required to visit a specialist |
| Maternity Visits | 100% after \$10 copay Copay applies to 1st visit only | 100% after \$10 copay Copay applies to 1st visit only |
| Allergy Testing and Treatment | 100% after \$10 copay | 100% |
| 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 \$50 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 \$10 copay | 100% after \$10 copay |
| Substance Abuse Services | | |
| Inpatient | 100% | 100% |
| Outpatient department | 100% | 100% |
| Office setting | 100% after \$10 copay | 100% after \$10 copay |
| Alcohol Abuse Services | | |
| Inpatient | 100% | 100% |
| Outpatient department | 100% | 100% |
| Office setting | 100% after \$10 copay | 100% after \$10 copay |
| Other Services | | |
| Acupuncture | 100% after \$10 copay | 100% in lieu of anesthesia in connection with a covered surgery |
| Bariatric Surgery | 100% | 100% |
| Diabetic Education | 100% after \$10 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 \$10 copay | 100% after \$10 copay |
| Nutritional Counseling | 100% after \$10 copay | 100% after \$10 copay |
| Orthotics and Prosthetics | 100% after \$10 copay | 100% after \$10 copay |
| Physical Rehabilitation Facility Inpatient Services | 100% | 100% |
| Private Duty Nursing | 100% with medical review | No covered |
| Physical Therapy | 100% after \$10 copay | 100% no copay for PT/OT/ST |
| Short-term Therapies: Occupational, Speech, Respiratory | 100% after \$10 copay | 100% |
| Skilled Nursing Facility/Extended Care Center | 100% | 100% |
| Therapeutic Manipulation (Chiropractic Care) | 100% after \$10 office copay | 100% no copay |
| Vision - Routine Eye Exam | 100% after \$10 copay, annual exam | 100% after \$10 copay every 12 months |
| Vision Hardware | \$20-\$75/yr hardware at par provider | 100% every 24 months |
| Telemedicine | MdLive - 100% after \$10 copay | 100% after \$10 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

Making Healthcare Work[®]



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: