The SafetyNet Plan

Summary of Benefits for the Employees and Under 65 Retirees of the State of Vermont

What is the "SafetyNet' Plan?

- The "SafetyNet Plan" is designed to give you important protection when you need it most – to meet large unexpected medical bills. The high deductible and lower reimbursement levels are offset by a low premium rate. This plan is designed for those who prefer to pay for small medical expenses and have "safety net" coverage for higher cost catastrophic medical events.

Important Medical Plan Features

- **New Preventive care services** for your children and preventive care benefits for you are described in the Benefits Highlights.
- **Emergency and urgent care are covered** wherever you go, worldwide, **24 hours a day**
- The plan includes a 24-hour toll-free nurse hotline to use when you need medical information. Called the CIGNA HealthCare 24-Hour Health Information Line℠, it connects you **to registered nurses** 24 hours a day, 7 days a week. You may also access a **library** of hundreds of recorded programs on important health topics 24 hours a day, 7 days a week, from anywhere in the U.S.
- The plan also offers The CIGNA HealthCare Well-Aware Program for Better Health® to **help you manage** chronic conditions like asthma and diabetes.
- Finally, the plan is also offering The CIGNA HealthCare Healthy Babies® program which provides you with education and support to help you have a **healthy pregnancy** and **a healthy baby.**

More Quality Features

- **Responsive service** – CIGNA's Member Service representatives have the authority to **solve problems** on the phone, usually on the first call.
- **www.cigna.com** – Visit CIGNA's **interactive Web site** to learn more about the SafetyNet Plan and get health information, 24 hours a day. Once you are in the plan, you'll also be able to track the status of your claims online.
- **We Speak Many Languages℠.** CIGNA's Language Line Services means that you can **talk with them** in 140 different languages. Just call Customer Service, and ask for an interpreter to assist you.

BENEFIT HIGHLIGHTS	
	THE FOLLOWING TABLE SHOWS HOW MEDICALLY NECESSARY CHARGES ARE COVERED AFTER YOU HAVE MET YOUR ANNUAL DEDUCTIBLE
Doctor Office Visits such as:	
Preventive Care/Well Care:	
Periodic Physical Exams (Children and Adults)	70%
Routine Immunizations and Injections	70%
Adult/Child Medical Care for Illness or Injury	70%
Procedures performed in a Physician's Office	70%
Routine Mammograms	100%
Specialist Office Visits such as:	
Office Visits-Consultations and Physician Services	70%
Well Care (Includes Pap Test and PSAs)	70%
Procedures performed in Physician's office	70%
Inpatient Hospital Services including:	
Semi-Private Room and Board	70%
Physician Services	
Diagnostic/Therapeutic Lab and X-ray	***All inpatient hospital admissions require Precertification. Call the toll free number on your CIGNA HealthCare ID Card.***
Drugs and Medication	
Operating and Recovery Room	
Radiation Therapy and Chemotherapy	
Anesthesia and Inhalation Therapy	
Inpatient Surgeon's Charges	70%
Second Surgical Opinion	70%
Outpatient Facility Services includes:	
Operating Room, Recovery Room, Procedure Room and Treatment Room including:	70%
Physician Services	
Diagnostic/Therapeutic Lab and X-rays	
Anesthesia and Inhalation Therapy	
Outpatient Preadmission Testing:	
Office Visit	70%
Outpatient Facility	70%
Laboratory and Radiology Services such as:	
MRIs, MRAs, CAT Scans and PET Scans	70%
Other Laboratory and Radiology Services	70%
Short-Term Rehabilitative Therapy including Physical, Speech, Occupational and Chiropractic Therapies	70%
Prescription Drugs	70%
Emergency and Urgent Care Services	
Physician's Office	70%
Hospital Emergency Room	70%
Participating Urgent Care or Outpatient Facility	70%
Ambulance	70%
Maternity Care Services	
Initial Office Visit to Confirm Pregnancy	70%
All other office visits	70%
Delivery	
Hospital Charges	70%
Physician Charges	70%
Inpatient Services at Other Health Care Facilities Including Skilled Nursing, Rehabilitation and Sub-Acute Facilities	70% - 60 days maximum per calendar year. ***All inpatient hospital admissions require Precertification. Call the toll free number on your CIGNA HealthCare ID Card***

BENEFIT HIGHLIGHTS	
Home Health Services	70%
Family Planning Services Office Visits (tests, counseling) X-ray/lab if billed by separate facility Vasectomy/Tubal Ligation (excludes reversals) Inpatient Facility Outpatient Facility Surgery in Physician's Office	 70% 70% 70% 70% 70%
Infertility Services (Up to $50,000 Lifetime Maximum) Office Visit (tests, counseling) X-ray/lab if billed by separate facility Treatment/Surgery (includes in-vitro fertilization, artificial insemination, GIFT and ZIFT.) Inpatient Facility/Physician's Charges Outpatient Surgical Facility/Physician's Charges In Physician's Office	 70% 70% 70% 70% 70%
Mental Health Services Inpatient Outpatient	 70% 70%
Substance Abuse Treatment Inpatient Outpatient	 70% 70%
Durable Medical Equipment	70%
External Prosthetic Equipment	70%
Vision Care	70% of charges after deductible up to $100 every two calendar years, routine exams and lenses for employees and dependents.
OTHER BENEFIT INFORMATION	
Annual Deductible Individual	 $2,000
Annual Out-of-Pocket Maximum Individual	 $6,000 plus deductible per person.
Coinsurance	The plan pays 70% of eligible charges. You pay 30% of charges after the annual plan deductible.
Precertification (Inpatient) for Hospital, Skilled Nursing, Rehabilitation and Sub-Acute Facilities.	Member must obtain approval
Lifetime Maximum	Unlimited

Services provided by CIGNA Participating Providers will qualify for a CIGNA discount.
Services performed by a Non-Participating Provider will be subject to reasonable and customary charge limitation

Exclusions

Your plan does not provide coverage for the following except as required by law. The following are specifically excluded services and supplies:

1. Cosmetic surgery or cosmetic therapy except as specified in the Covered Expenses section of the Certificate or Summary Plan Description.
2. Hearing aids or examinations for prescription or fitting.
3. Treatment of the teeth or peridontium unless such expenses are incurred for: (a) charges made for a continuous course of dental treatment started within six months of an injury to sound natural teeth; (b) charges made by a Hospital for Bed and Board or Necessary Services and Supplies; or (c) charges made by a free-standing surgical facility or outpatient department of a Hospital in connection with surgery.
4. Charges for or in connection with procedures to reverse sterilization.
5. Charges for replacement of external prostheses due to loss, theft or destruction; or for any biomechanical external prosthetic devices.
6. Medical and surgical services intended primarily for the treatment or control of obesity which are not medically necessary including diet supplements and appetite suppressants.
7. Services for reports, evaluations, physical examinations or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court ordered, forensic or custodial evaluations.
8. Transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
9. Therapy to improve general physical condition if not medically necessary, including, but not limited to, routine, long-term chiropractic care, and rehabilitative services which are provided to reduce potential risk factors in patients in which significant therapeutic improvement is not expected.
10. Treatment for acupuncture unless performed by an M.D., N.D., or licensed provider.
11. Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, hearing aids, dentures and wigs.
12. Services for or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
13. Charges made by a Hospital owned or operated by or which provides care or performs services for, the United States Government, if such charges are directly related to a military-service-connected sickness or injury.
14. To the extent that payment is unlawful where the person resides when the expenses are incurred.
15. For charges which you are not obligated to pay, or for which you are not billed or for which you would not have been billed except that they were covered under this policy.
16. Charges which would not have been made if the person had no insurance.
17. To the extent that they are more than Reasonable and Customary charges.
18. Charges in connection with Custodial Services, education or training.
19. To the extent that you or any one of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid.
20. Infertility donor charges and services.
21. Routine refractions, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy, when eyeglasses or contact lenses may be worn.
22. Charges for supplies, care, treatment or surgery which are not considered medically necessary for the care and treatment of an injury or sickness, as determined by CIGNA HealthCare.
23. For charges made for or in connection with tired, weak or strained feet for which treatment consists of routine foot care, including but not limited to, the removal of calluses and corns or the trimming of nails unless medically necessary.
24. Services in connection with speech therapy, if such therapy is (a) used to improve speech skills that have not fully developed; (b) can be considered custodial or educational, or (c) is intended to maintain speech communication; speech therapy which is not restorative in nature will not be covered.
25. Charges made by any covered provider who is a member of your family or your Dependent's family.
26. For Experimental, Investigational or Unproven treatment methods not approved by the American Medical Association or the appropriate medical specialty society.
27. Treatment of an Injury or Sickness which is due to war, declared or undeclared.
28. Expenses incurred outside of the United States or Canada, unless you or your Dependent are a U.S. or Canadian resident and the charges are incurred while traveling on business or for pleasure.
29. Non-medical ancillary services, including, but not limited to, vocational rehabilitation, behavioral training, sleep therapy, employment counseling, driving safety and services, training or educational therapy for learning disabilities, developmental delays, autism or mental retardation.
30. Medical treatment when payment is denied by the Primary Plan because treatment was received from a Non-Participating provider.
31. To the extent of the exclusions imposed by any certification requirement shown in the Certificate or Summary Plan Description.
32. Services or supplies that are not medically necessary.
33. Services or supplies in excess of limitations or maximums set forth elsewhere in the plan.
34. (Whole) blood (benefits are provided for the administration, processing and storage of blood or its derivatives.)
35. Environmental modifications.
36. Cognitive retraining.
37. Charges for covered services incurred more than two years prior to the date a claim is filed.
38. Eye exercises or visual training.
39. Inpatient charges if you are inpatient on the effective date of your coverage.
40. Nutritional formula and medical food supplements taken orally.
41. Convenience and personal care or comfort items.
42. Charges for prescription drugs excluded from the plan.
43. Private room accommodations, unless medically necessary.
44. Support therapies, such as pastoral counseling, assertiveness training, dream therapy, music or art therapy, recreational therapy and smoking cessation therapy.
45. Telephone consultations between the provider and plan participant.
46. Travel (non-ambulance), even if prescribed by a physician (except as specifically stated under the Organ Transplant coverage.)