

# SUMMARY OF BENEFITS Cigna Health and Life Insurance Co.



Jewish Theological Seminary – Cigna HSA Plan

General Services	In-Network	Out-of-Network
<b>Physician office visit</b>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Cigna Telehealth Connection services</b> <ul style="list-style-type: none"> <li>Includes charges for the delivery of medical and health-related consultations via secure telecommunications technologies, telephones and internet only when delivered by contracted medical telehealth providers (see details on myCigna.com)</li> <li>Telehealth services rendered by providers that are not contracted medical telehealth providers (as described on myCigna.com) are covered at the same benefit level as the same services would be if rendered in-person.</li> </ul>	You pay 0% Plan pays 100% after the plan deductible is met	Not Covered
<b>Urgent care visit</b> <ul style="list-style-type: none"> <li>All services including Lab &amp; X-ray</li> </ul>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Preventive Care</b>	Plan pays 100%, no copay, no deductible	You pay 30% Plan pays 70% after the deductible is met
<b>Preventive Services</b>	Plan pays 100%, no copay, no deductible	Lab & X-Ray: Plan pays 100%, no copay, no deductible All other services: You pay 30% Plan pays 70% after the deductible is met
<b>Immunizations</b>	Plan pays 100%, no copay, no deductible	You pay 30% Plan pays 70% after the deductible is met
<b>Coinsurance</b>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Calendar year deductible</b> <ul style="list-style-type: none"> <li>Benefits for an individual within a family are paid once the individual deductible has been met.</li> <li>In-network and out-of-network expenses do not cross accumulate.</li> </ul>	Individual \$1,350 Family \$2,700	Individual \$2,600 Family \$5,200

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General Services	In-Network	Out-of-Network
<b>Out-of-pocket annual maximum</b> <ul style="list-style-type: none"> <li>Medical deductibles apply towards the out-of-pocket maximums</li> <li>Expenses do not cross accumulate between in-network and out-of-network out-of-pocket maximums</li> </ul>	Individual \$2,600 Family \$5,200	Individual \$5,200 Family \$10,400
<b>Lifetime maximum</b>	Unlimited Per individual	
<b>Emergency room care</b> <ul style="list-style-type: none"> <li>All services rendered apply to ER benefit including Lab &amp; X-ray</li> </ul>	You pay 0% Plan pays 100% after the in-network deductible is met	
<b>Ambulance</b>	You pay 0% Plan pays 100% after the in-network deductible is met	
<b>Office surgery</b>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Other office services</b> <ul style="list-style-type: none"> <li>Independent lab paid based on status of the facility</li> </ul>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Outpatient lab and x-ray</b> <ul style="list-style-type: none"> <li>Independent Lab and X-ray paid based on status of the facility</li> </ul>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Office advanced radiology imaging services</b> <ul style="list-style-type: none"> <li>Includes MRI, MRA, PET, CT-Scan and Nuclear medicine</li> </ul>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Outpatient advanced radiology imaging services</b> <ul style="list-style-type: none"> <li>Includes MRI, MRA, PET, CT-Scan and Nuclear medicine</li> </ul>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Durable medical equipment</b> <ul style="list-style-type: none"> <li>Unlimited lifetime maximum</li> <li>Unlimited annual maximum</li> <li>Includes external prosthetic appliances</li> <li>Does accumulate towards the out-of-pocket maximum</li> </ul>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Breast-feeding equipment and supplies</b> <ul style="list-style-type: none"> <li>Limited to the rental of one breast pump per birth as ordered or prescribed by a physician. Includes related supplies</li> </ul>	Plan pays 100%, no copay, no deductible	You pay 30% Plan pays 70% after the deductible is met

Benefits	In-Network	Out-of-Network
<b>Hospital Services</b>		
<b>Inpatient hospital services</b> <ul style="list-style-type: none"> <li>Including anesthesia</li> <li>Inpatient Lab &amp; X-ray services are subject to the professional service reimbursement</li> </ul>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Outpatient hospital services</b> <ul style="list-style-type: none"> <li>Outpatient surgery</li> <li>Including anesthesia</li> <li>Ambulatory Surgery</li> <li>Lab &amp; X-Ray paid based on facility network status</li> </ul>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met

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Benefits	In-Network	Out-of-Network
<b>Skilled nursing facility care</b> <ul style="list-style-type: none"> <li>60 days per calendar year maximum</li> </ul>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Hospice care</b>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Home health care</b> <ul style="list-style-type: none"> <li>60 visits per calendar year maximum</li> <li>The limit is not applicable to mental health and substance use disorder conditions.</li> </ul>	You pay 0% Plan pays 100% after the deductible is met	You pay 25% Plan pays 75% after the deductible is met
<b>Mental Health and Substance Use Disorder</b>		
<b>Inpatient mental health</b>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Inpatient substance use disorder</b>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Outpatient mental health – all other services</b>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Outpatient mental health – office</b> <ul style="list-style-type: none"> <li>Includes behavioral telehealth consultation</li> </ul>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Outpatient substance use disorder – all other services</b>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Outpatient substance use disorder – office</b> <ul style="list-style-type: none"> <li>Includes behavioral telehealth consultation</li> </ul>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Therapy Services</b>		
<b>Outpatient physical therapy</b> <ul style="list-style-type: none"> <li>30 visits per calendar year</li> <li>Limits are not applicable to mental health conditions</li> </ul>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Outpatient speech therapy, hearing therapy and occupational therapy</b> <ul style="list-style-type: none"> <li>30 visits per calendar year</li> <li>Limits are not applicable to mental health conditions for speech and occupational therapies</li> </ul>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Chiropractic services</b> <ul style="list-style-type: none"> <li>Unlimited visits per calendar year</li> </ul>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Acupuncture</b>	Not Covered	Not Covered
<b>Additional Services</b>		
<b>Family planning</b> <ul style="list-style-type: none"> <li>Vasectomy</li> <li>Includes elective abortions</li> <li>\$10,000 lifetime maximum on GIFT, ZIFT and InVitro (Injectable infertility drugs are covered under the medical plan instead of the prescription drug plan)</li> </ul>	Varies based on place of service	You pay 30% Plan pays 70% after the deductible is met

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Benefits	In-Network	Out-of-Network
<b>Contraceptives</b> <ul style="list-style-type: none"> <li>Includes contraceptive devices as ordered or prescribed by a physician</li> <li>Surgical services such as tubal ligation are covered (excluding reversals)</li> <li>Physician services</li> </ul>	Plan pays 100%, no copay, no deductible	You pay 30% Plan pays 70% after the deductible is met
<b>TMJ</b> <ul style="list-style-type: none"> <li>Unlimited calendar year maximum for surgical and non-surgical treatment</li> </ul>	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
<b>Organ transplant</b> <ul style="list-style-type: none"> <li>Services paid at network level if performed at Cigna LifeSOURCE Transplant Network® Facilities</li> <li>Travel maximum \$10,000 per lifetime (only available if using Cigna LifeSOURCE Transplant Network® facility)</li> </ul>	You pay 0% Plan pays 100% after the deductible is met	Not Covered
<b>Hearing Aid</b> <ul style="list-style-type: none"> <li>Unlimited maximum per calendar year</li> <li>Includes testing and fitting of hearing aid devices.</li> </ul>	You pay 0% Plan pays 100% after the deductible is met	You pay 0% Plan pays 100% after the deductible is met
Pharmacy	In-Network	Out-of-Network
<b>Cost Share and Supply</b>		
<b>Med Pharmacy Cost Share</b> <ul style="list-style-type: none"> <li>Retail – up to 90-day supply</li> <li>Home Delivery – up to 90-day supply</li> </ul>	Once the medical deductible is met then the customer is responsible for the cost share  <b>Retail (per 30-day supply):</b> Generic: You pay \$10 Preferred Brand: You pay \$20 Non-Preferred Brand: You pay \$40  <b>Retail and Home Delivery (per 90-day supply):</b> Generic: You pay \$25 Preferred Brand: You pay \$50 Non-Preferred Brand: You pay \$100	Once the medical deductible is met then the customer is responsible for the coinsurance  <b>Retail:</b> You pay 30% Your plan pays 70%  <b>Home Delivery:</b> Not Covered
<ul style="list-style-type: none"> <li>Retail drugs may be obtained In-Network at a wide range of pharmacies across the nation.</li> <li>Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered.</li> <li>You can elect brand or generic with no penalty (MACC).</li> <li>You can choose to fill your medications in a 30- or 90-day supply at any network pharmacy.</li> <li>Your pharmacy benefits share an annual deductible and out-of-pocket maximum with the medical/behavioral benefits. The applicable cost share for covered drugs applies after the combined deductible has been met.</li> </ul>		

## Drugs Covered

### Prescription Drug List:

Your Cigna Advantage Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. Some of the more expensive drugs are excluded when there are less expensive alternatives. To check which drugs are included in your plan, please log on to myCigna.com.

Some highlights:

- Coverage includes Self Administered injectable drugs, but excludes infertility drugs.
- Contraceptive devices and drugs are covered with federally required products covered at 100%.
- Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges are covered.
- Non-Sedating Anti-histamines are not covered.
- Oral Fertility drugs are covered.
- Ulcer Drugs (Proton Pump Inhibitors/PPI) are not covered.

## Pharmacy Program Information

### Pharmacy Clinical Management and Prior Authorization

- Your plan includes access to the TheraCare® program which works with customers to help them better understand their condition, medications and their side effects in addition to why it's important to take their medications exactly as prescribed by a physician.
- Prior authorization is required on specialty medications and quantity limits may apply.

### Pharmacy Cost Management Program

**Step Therapy:** Your plan is subject to rules for certain classes of drugs that may require you to try Generic and/or Preferred Brand drugs before use of a Non-Preferred Brand will be approved.

- Please refer to the Prescription Drug Price Quote tool on myCigna.com or call Customer Service at the phone number listed on your ID card to determine whether any of your medications require Step Therapy. Medications requiring Step Therapy are identified on the prescription drug list with an "ST" suffix.

### Clinical Outcome Programs:

- Your plan includes Narcotic Therapy Management to identify unusual medication use patterns and offers physicians a comprehensive view of your overall treatment history.

## Additional Information

**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](http://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](http://www.myCigna.com) or contact customer service at the phone number listed on the back of your ID card.

### Out of Pocket Maximum

Once you reach the individual or family out-of-pocket maximum (non-covered benefits are excluded from this total) in any one calendar year, covered services will be payable at 100% for the remainder of the year.

- Medical deductibles apply towards the out-of-pocket maximums

### Plan Coverage for Out-of-Network Providers

- The allowable covered expense for non-network services is based on the lesser of the health care professional's normal charge for a similar service or at 110% 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 based on the lesser of 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 calendar year deductible and maximum reimbursable charge limitations.

### Complete Care Management

Pre-authorization is required on all inpatient admissions and selected outpatient procedures, diagnostic testing, and outpatient surgery. Network providers are contractually obligated to perform pre-authorization on behalf of their customers. For an out-of-network provider, the customer is responsible for following the pre-authorization procedures. If a customer does not follow requirements for obtaining pre-treatment authorization, the lesser of 50% of covered expenses or a \$250 penalty will be applied.

### General Notice of Preexisting Condition Exclusion

- Not applicable

### Medicare Coordination

This plan will pay as the Secondary Plan to Medicare Part A and B **regardless if the person is actually enrolled in Medicare Part A and/or Part B as permitted by the Social Security Act of 1965** as follows:

(a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent, or an Employee's Domestic Partner who is also eligible for Medicare and whose insurance is continued for any reason as provided in this plan (including COBRA continuation);

(b) an Employee, a former Employee, an Employee's Dependent, or former Employee's Dependent, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

This plan will pay as the Secondary Plan to Medicare Part A and B **regardless if the person seeks care at a Medicare Provider or not for Medicare covered services.**

## Exclusions

### What's Not Covered (This Is Not All Inclusive; check your plan documents for a complete list)

- Services that aren't medically necessary
- Experimental or investigational treatments, except for routine patient care costs related to qualified clinical trials as described in your plan document
- Accidental injury that occurs while working for pay or profit
- Sickness for which benefits are paid or payable under any Worker's Compensation or similar law
- Services provided by government health plans
- Cosmetic surgery, unless it corrects deformities resulting from illness, breast reconstruction surgery after a mastectomy, or congenital defects of a newborn or adopted child or child placed for adoption
- Dental treatments and implants
- Custodial care
- Surgical procedures for the improvement of vision that can be corrected through the use of glasses or contact lenses
- Vision therapy or orthoptic treatment
- Reversal of sterilization procedures
- Nonprescription drugs or anti-obesity drugs
- Gene manipulation therapy
- Smoking cessation programs
- Non-emergency services incurred outside the United States

### 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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EHB State: NY

# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1.800.368.1019, 800.537.7697 (TDD)  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.



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