

Benefit Comparison (2009/10)

The following chart summarizes and compares the benefits that CIGNA will provide for the three benefit Tiers. It is not intended to interpret, extend or change in any way the provisions of the Summary Plan Description, the CIGNA booklets, or the other official plan documents. In the event of a conflict or inconsistency, the Summary Plan Description, CIGNA booklets, or other official plan documents will govern in all cases.

Feature	Tier I	Tier II	Tier III
Deductible ^[1]	<u>In-Network</u> \$500 for individuals/ \$1,250 for families <u>Out-of-Network</u> \$1,000 for individuals/ \$3,000 for families	<u>In-Network</u> \$300 for individuals/ \$750 for families <u>Out-of-Network</u> \$750 for individuals/ \$2,000 for families	<u>In-Network</u> None <u>Out-of-Network</u> \$500 for individuals/ \$1,500 for families
Office Visits	<u>In-Network</u> \$50 copay <u>Out-of-Network</u> \$50 per visit deductible, then 50% after plan deductible	<u>In-Network</u> \$35 copay <u>Out-of-Network</u> \$35 per visit deductible, then 60% after plan deductible	<u>In-Network</u> \$25 copay <u>Out-of-Network</u> 75% after plan deductible
Inpatient Hospital	<u>In-Network</u> 70% coverage, after \$500 per admission copay and plan deductible <u>Out-of-Network</u> 50% coverage, after \$500 per admission deductible and plan deductible	<u>In-Network</u> 80% coverage, after \$250 per admission copay and plan deductible <u>Out-of-Network</u> 60% coverage, after \$250 per admission deductible and plan deductible	<u>In-Network</u> 100% coverage, no copay <u>Out-of-Network</u> 75% after plan deductible
Hospital Emergency Room ^[3]	<u>In-Network</u> \$100 per visit copay, then 70% after plan deductible <u>Out-of-Network</u> ^[2] \$100 per visit deductible, then 50% after plan deductible	<u>In-Network</u> \$75 per visit copay, then 80% after plan deductible <u>Out-of-Network</u> ^[2] \$75 per visit deductible, then 60% after plan deductible	<u>In-Network</u> 100% coverage after \$50 copay <u>Out-of-Network</u> ^[2] \$50 per visit copay, then 75% after plan deductible
Prescription Drugs	\$100 individual deductible <u>Retail purchase at a participating pharmacy:</u> \$15 copay for generic drugs \$40 copay for brand-name formulary drugs \$50 copay for brand-name non-formulary drugs <u>CIGNA Mail Order (3 mos.):</u> \$30 / \$80 / \$100	\$50 individual deductible <u>Retail purchase at a participating pharmacy:</u> \$10 copay for generic drugs \$35 copay for brand-name formulary drugs \$45 copay for brand-name non-formulary drugs <u>CIGNA Mail Order (3 mos.):</u> \$20 / \$70 / \$90	No deductible <u>Retail purchase at a participating pharmacy:</u> \$5 copay for generic drugs \$25 copay for brand-name formulary drugs \$35 copay for brand-name non-formulary drugs <u>CIGNA Mail Order (3 mos.):</u> \$10 / \$50 / \$70
Maximum Out-of-Pocket Expenses ^[4]	<u>In-Network</u> \$7,500 per individual \$15,000 per family <u>Out-of-Network</u> Unlimited out-of-pocket	<u>In-Network</u> \$3,000 per individual \$6,000 per family <u>Out-of-Network</u> \$10,000 per individual \$20,000 per family	<u>In-Network</u> Not Applicable <u>Out-of-Network</u> \$2,000 per individual
Benefit Maximum	<u>In-Network</u> – Unlimited <u>Out-of-Network</u> \$1,500,000 a calendar year	<u>In-Network</u> – Unlimited <u>Out-of-Network</u> \$1,500,000 a calendar year	<u>In-Network</u> – Unlimited <u>Out-of-Network</u> \$1,500,000 a calendar year

[1] Rates are for calendar year 2010. Payments made towards the Out-of-Network deductible are also applied to the In-Network deductible where applicable.

[2] If you visit an out-of-network emergency room for a true emergency, the services will be covered the same as an in-network emergency room.

[3] If you are admitted to the hospital, the emergency room copay is waived.

[4] Rates are for calendar year 2010. Deductible payments are not applied against out-of-pocket maximums. For Tier II, payments made towards the Out-of-Network out-of-pocket maximums are also applied towards In-Network out-of-pocket maximums.