

Seton Hall University - CIGNA Medical Plans Comparison

	<u>Open Access Basic</u>		<u>Open Access Plus</u>	
	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Geographic Area	Nationwide		Nationwide	
Financial				
Lifetime maximum	Unlimited	Unlimited	Unlimited	Unlimited
Deductible - individual/family	None	\$5,000/\$10,000	None	\$725/\$1,475
Out-of-pocket maximum	\$1,000/\$2,000	\$11,875/\$23,750	\$1,000/\$2,000	\$2,950/\$7,050
Preventive Care	No Charge	70% after ded.	No Charge	70% after ded.
Physician Services				
Office visits/Outpatient Surgery	\$15 co-pay	70% after ded.	\$20 co-pay	70% after ded.
Referral for Specialty Care	No	No	No	No
	No primary care provider is required		No primary care provider is required	
Diagnostic Services				
Lab & X-Ray	No Charge	70% after ded.	No Charge	70% after ded.
Mammograms, PSA, PAP Smear	No Charge	70% after ded.	No Charge	70% after ded.
Inpatient Hospital - Facility Services				
Semi-Private Room	No Charge	70% after ded.	No Charge	70% after ded.
Special Care Units	No Charge	70% after ded.	No Charge	70% after ded.
Outpatient Facility Services				
Operating Rm / Recovery Rm / Observation Rm	No Charge	70% after ded.	No Charge	70% after ded.
Inpatient Hospital-Professional Services				
Surgeon/Radiologist/Pathologist/Anesthesiologist	No Charge	70% after ded.	No Charge	70% after ded.
Outpatient Hospital - Professional Services				
Surgeon/Radiologist/Pathologist/Anesthesiologist	No Charge	70% after ded.	No Charge	70% after ded.
Emergency and Urgent Care				
Physician's Office	\$15 co-pay	70% after ded.	\$20 co-pay	70% after ded.
Emergency Room	\$75 co-pay	\$75 co-pay	\$75 co-pay	\$75 co-pay
Urgent Care Facility	\$35 co-pay	\$35 co-pay	\$35 co-pay	\$35 co-pay
Ambulance	No Charge	No Charge	No Charge	No Charge
Other Health Facilities				
Skilled Nursing Facility	90 days combined max per yr.		90 days combined max per yr.	
Rehabilitation Hospital	No Charge	70% after ded.	No Charge	70% after ded.
Short Term Rehab. Therapy				
Includes Cardiac rehab, physical therapy, speech therapy, occupational therapy, pulmonary rehab., cognitive therapy	\$15 co-pay	70% after ded.	\$20 co-pay	70% after ded.
	60 visits combined max. per yr.		60 visits combined max. per yr.	
Chiropractic Services	\$15 co-pay	70% after ded.	\$20 co-pay	70% after ded.
	30 visits combined max. per yr.		30 visits combined max. per yr.	
Home Health Care	No Charge	70% after ded.	No Charge	70% after ded.
	100 visit combined max per yr.		100 visit combined max per yr.	
Durable Medical Equip.	No Charge	70% after ded.	No Charge	70% after ded.
Behavioral Health (non-biologically based)				
Inpatient	No Charge	70% after ded.	100%	70% after ded.
Outpatient	\$15 co-pay	70% after ded.	\$20 co-pay	70% after ded.

Note: This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including limitations and exclusions please contact CIGNA HealthCare.