

Medical Benefits Chart

No contribution from the company is necessary to offer Level 1 and 2. However, if the employer decides to make the minimum contribution per employee for all levels of coverage, then an optional third level of coverage becomes available.

	Level 3	Level 2	Level 1
Doctor Office Visits* copay plan pays	\$10 100%	\$10 100%	\$15 100%
Wellness Benefit[¶] copay plan pays number of occurrences maximum amount paid by plan	\$20 100% 1/year \$100/visit	\$20 100% 1/year \$100/visit	not included
Non ER Care in ER Room* deductible plan pays maximum amount paid by plan	\$100/occurrence 50% \$500/year	\$100/occurrence 50% \$500/year	\$100/occurrence 50% \$500/year
Outpatient Care deductible plan pays maximum amount paid by plan	\$150/year 80% \$2,000/year	\$100/year 80% \$1,500/year	\$50/year 80% \$1,000/year
Prescription Benefit copay plan pays maximum amount paid by plan	discount program included [§] \$15/generic, \$30/brand 100% \$600/year	discount program included [§] \$15/generic, \$30/brand 100% \$300/year	discount program included [§]
Inpatient Care (Illness) deductible plan pays maximum amount paid by plan	\$0 100% \$5,000/year	\$0 100% \$3,000/year	\$0 100% \$2,000/year
In-Hospital Surgery deductible plan pays maximum amount paid by plan	\$0 100% \$2,500/occurrence	\$0 100% \$1,500/occurrence	not included
Maternity Benefit deductible plan pays maximum amount paid by plan	\$0 100% \$2,500/occurrence	\$0 100% \$1,500/occurrence	not included
Accident Coverage deductible plan pays number of occurrences maximum per occurrence maximum amount paid by plan	\$100/occurrence 80% 2/year \$5,000 \$10,000/year	\$50/occurrence 80% 2/year \$2,500 \$5,000/year	\$50/occurrence 80% 2/year \$1,000 \$2,000/year
Accidental Death Benefit plan pays	\$25,000	\$15,000	\$10,000
CIGNA 24-Hour EAPSM health information line audio library of health topics EAP consultation	unlimited unlimited up to 3/year	unlimited unlimited up to 3/year	unlimited unlimited up to 3/year
Healthy Rewards^{®†} health discount program	included	included	included
Online Tools locate doctors in our network compare doctors by price track status of claims	included	included	included

The benefits above are provided by policy form SBCII-GMP-02. All yearly benefits are paid per coverage year.

Starbridge Select utilizes the CIGNA BridgeSM Network that provides discounts on outpatient and inpatient services.

* The total amount Starbridge Select pays will count toward your Outpatient Care maximum. [§] The prescription discount program is not insurance.

[†]Some Healthy Rewards are not available in all states. The discount program is not insurance. [¶]Provision varies by state.

Limitations & Exclusions

LIMITATION FOR PRE-EXISTING CONDITION¹ – Benefits are not paid for a Pre-Existing condition. A Pre-existing Condition is one in which you have been diagnosed, treated or sought advice from a physician during the 6 months before becoming insured.

A condition will no longer be pre-existing:

1. at the end of 6 months of continuous coverage during which there is no medical diagnosis, treatment, advice or expense, or
2. after 12 months of continuous coverage.

Pre-existing coverage does not apply to a pregnancy or to newborn or adopted children. The pre-existing limitation can be reduced by the amount of time you were previously insured if you became insured under this policy within 63 days after termination of prior coverage.

BENEFIT LIMITATIONS¹ – Coverage is not provided for services, supplies or equipment when a charge is not usually made in the absence of insurance.

No coverage is provided for loss caused by or resulting from:

1. Injury or sickness arising out of or in the course of employment;
2. Act of war;
3. Expenses which are not ordered by a Physician;
4. Cosmetic surgery. This does not apply to reconstructive surgery due to:
 - a. trauma, infection, or other disease; or
 - b. congenital disease or anomaly of a covered dependent newborn or adopted infant; or
 - c. surgery on a non-diseased breast to restore and achieve symmetry between two breasts following a mastectomy.
5. Hearing examinations or hearing aids;
6. Vision services and supplies other than for a disease process, radial keratotomy, keratomileusis–or excimer laser photo refractive keratectomy or similar type procedures or services;
7. Charges made by a health care provider who is a member of your family or who is living with you;

8. Custodial Care confinement in a Hospital or Skilled Nursing Facility;
9. Home Health Care Services, unless provided in place of a Hospital confinement.
10. Commission of a felony;
11. Manipulations of the musculoskeletal system;
12. Treatment of mental or nervous disorders, alcoholism, or any form of substance abuse;
13. Intentionally self-inflicted injury or suicide attempt;
14. Dental care and treatment, except that required by injury and rendered within 6 months of the injury;
15. Treatment which is experimental or investigational.
16. Any expense incurred after the date the policy terminates.

TERMINATION – When your coverage ends

You or your dependent's coverage will end:

1. when you no longer pay your premium
2. when you or your dependent enters the armed forces,
3. the day you or your dependent is no longer eligible for insurance, or
4. when the policy is terminated by your employer or us.

DEFINITION OF DEPENDENT¹ – Your Dependent is:

1. Your spouse,
2. Your unmarried children under 19 years old, and
3. Your unmarried children who are 19 years old through 25 years old if the child is attending an accredited school full time and is dependent on you for support.

ACCIDENTAL DEATH – No coverage is provided by death caused by:

1. War,
2. Suicide within 2 years of your effective date,
3. Medical or surgical treatment of sickness of disease, or
4. Flight except as a passenger in a commercial airline

FOOTNOTES

¹This provision or limitation varies by state.

For Quotes or more information - Contact Managing General Agency: [Wise Benefits.com](http://WiseBenefits.com) at 1-800-825-7605

CIGNA HealthCare • 2222 W. Dunlap Ave., Ste. 350 • Phoenix, AZ 85021

Not available in WA. The benefits above are provided by policy form SBCII-GMP-02. Underwritten and administered by Connecticut General Life Insurance Company. Plan design and rates may vary. "CIGNA" and "CIGNA HealthCare" refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.