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MTN Health Insurance, LLC

303-594-1939

To apply for this policy or for more information please go to:

<http://mtnhealthinsurance.com>

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# SUMMARY OF BENEFITS

## INDIVIDUAL & FAMILY PLANS COLORADO OPEN ACCESS 3000



BENEFIT	IN NETWORK	OUT OF NETWORK
<b>Annual Individual Deductible</b>	\$3,000	\$6,000
<b>Annual Family Deductible</b>	\$6,000	\$12,000
<i>All benefits listed below are subject to the deductible unless otherwise noted</i>		
<b>Coinsurance</b>	CIGNA pays 80% of eligible charges	CIGNA pays 60% of eligible charges
<b>Individual Out of Pocket Maximum</b>	\$4,000	\$8,000
<b>Family Out of Pocket Maximum</b>	\$8,000	\$16,000
<i>Copays, deductibles and pharmacy charges do not apply to the out of pocket maximum</i>		
<b>Lifetime Maximum</b>	\$5,000,000 per member	
PHYSICIAN SERVICES		
<b>Office Visit</b> Primary Care Physician Specialist	\$30 copay \$50 copay	CIGNA pays 60%
<b>Inpatient Physician Services</b> and all In-Hospital Care	CIGNA pays 80%	CIGNA pays 60%
<b>Surgery</b> (in any setting)	CIGNA pays 80%	CIGNA pays 60%
PREVENTIVE CARE		
<b>Children (through age 12)</b> Office Visit Immunizations <i>(includes routine physicals and other routine services)</i>	\$30/\$50 copay CIGNA pays 80% deductible waived	CIGNA pays 60% deductible waived
<b>Adult Preventive Care (age 13 and up)</b> Office Visit Mammogram PAP Smear PSA Screening	\$30/\$50 copay CIGNA pays 100% deductible waived	CIGNA pays 60% deductible waived
INPATIENT HOSPITAL FACILITY SERVICES		
<b>In-Hospital Care Services</b> <i>(semi-private inpatient room and board, pharmacy, x-ray and laboratory, operating room, etc.)</i>	CIGNA pays 80%	CIGNA pays 60%
OUTPATIENT SERVICES		
<b>Lab, X-ray, Ultrasound</b>	CIGNA pays 80%	CIGNA pays 60%
<b>CT Scan and MRI</b>	CIGNA pays 80%	CIGNA pays 60%
<b>Cardio Pulmonary Rehab</b>	CIGNA pays 80%	CIGNA pays 60%
<b>Physical Therapy, Occupational Therapy and Speech Therapy</b> <i>24 visit maximum per year, in- and out-of-network combined</i>	CIGNA pays a maximum payment of \$30 per visit, per member	

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<b>EMERGENCY &amp; URGENT CARE SERVICES</b>		
<b>Outpatient Surgery</b> Facility charge	CIGNA pays 80%	CIGNA pays 60%
<b>Hospital Emergency Room</b> <i>(including radiology, pathology and ER physician and ancillary charges)</i> \$100 additional deductible waived if admitted	CIGNA pays 80%	CIGNA pays 80% if true emergency, otherwise CIGNA pays 60%
<b>Urgent Care Services</b>	CIGNA pays 80%	CIGNA pays 80% if true emergency, otherwise CIGNA pays 60%
<b>Ambulance</b> <i>Emergency transport only. Maximum payment of \$5,000 per year</i>	CIGNA pays 80%	CIGNA pays 60%
<b>OTHER HEALTH CARE FACILITIES</b>		
<b>Skilled Nursing Facility, Rehabilitation Hospital and Sub-acute Facilities</b> <i>30 day maximum per year for combined services, both in- and out-of-network</i>	CIGNA pays 80%	CIGNA pays 60%
<b>Home Health</b> <i>60 day maximum per year, in- and out-of-network combined</i>	CIGNA pays 80%	CIGNA pays 60%
<b>Hospice</b> Routine Home Care <i>(\$100 per day maximum payment for up to 91 days for each Benefit Period)</i>  Bereavement Services <i>(Maximum payment of \$1,150 for the family for a 12-month period)</i>  All other Hospice Services	CIGNA pays 80%	CIGNA pays 60%
<b>DURABLE MEDICAL EQUIPMENT (DME)</b>		
<i>No annual maximum</i>	CIGNA pays 80%	CIGNA pays 60%
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE</b>		
<b>Inpatient</b> <i>\$2,500 maximum per person, per year, in- and out-of-network combined</i>	CIGNA pays 80%	CIGNA pays 60%
<b>Outpatient</b> <i>20 visit maximum per person, per year, in- and out-of-network combined</i>	CIGNA pays 80%	CIGNA pays 60%

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### PRESCRIPTION DRUGS (30-day supply)

<b>Brand Name Prescription Drug Deductible</b> <i>Per person, per year, in- and out-of-network combined, including Mail Order</i>	\$300	
<b>Generic</b>	You pay \$10	CIGNA pays 50%
<b>Brand Name</b>	You pay \$35	CIGNA pays 50%
<b>Non-Preferred Brand Name</b>	You pay \$60	CIGNA pays 50%
<b>Self Injectables</b>	CIGNA pays 70%	CIGNA pays 50%
<b>MAIL ORDER DRUGS (90-day supply)</b>		
<b>Generic</b>	You pay \$25	Not Applicable
<b>Brand Name</b>	You pay \$85	Not Applicable
<b>Non-Preferred Brand Name</b>	You pay \$150	Not Applicable
<b>Self Injectables</b>	CIGNA pays 70%	Not Applicable

### Exclusions:

- Conditions which are **pre-existing**.
- Services or supplies that CIGNA considers to be for **Experimental Procedures or Investigative Procedures**.
- Services for which the Insured Person has **no legal obligation to pay** or for which no charge would be made if the Insured Person did not have a health policy or insurance coverage.
- Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any **workers' compensation**, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.
- Conditions caused by: (a) an **act of war**; (b) the inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) an Insured Person participating in the **military service** of any country; (d) an Insured Person participating in an **insurrection, rebellion, or riot**.
- Any services provided by a local, state or federal **government agency**, except when payment under this Policy is expressly required by federal or state law.
- If the Insured Person is eligible for **Medicare**, any services covered by Medicare under parts A or B are excluded regardless of actual enrollment in Medicare or payment by Medicare for those services. However, for any Covered Services, if there is a balance remaining after the Medicare Payment, or the amount that Medicare would have paid had the Insured Person enrolled in the program, CIGNA will pay the remaining balance up to the Medicare allowable amount. In no event, however, will the actual amount CIGNA pays exceed the amount that CIGNA would have paid if it were the sole insurance carrier.
- Any services for which payment may be obtained from any local, state or federal government agency (except Medicaid).
- Professional services received or supplies purchased from the Insured Person, a person who lives in the Insured Person's home or who is **related to the Insured Person** by blood, marriage or adoption.
- Custodial Care.
- Inpatient or outpatient services of a **private duty nurse**.
- Inpatient room and board charges in connection with a **Hospital stay primarily for environmental change, physical therapy or treatment of chronic pain**; Custodial Care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- Assistance in activities of **daily living**.
- Inpatient room and board charges in connection with a Hospital stay primarily for **diagnostic tests** which could have been performed safely on an outpatient basis.
- Treatment of **Mental, Emotional or Functional Nervous Disorders** except as specifically stated in the Policy.

## Exclusions continued

- Smoking cessation programs.
- Treatment of substance abuse, except as specifically stated in the Policy.
- **Dental services, Orthodontic Services and dental implants.**
- **Hearing aids** and routine **hearing tests.**
- **Optometric services, eye surgery** to correct refractive defects of the eye.
- Any off label cancer drug that has been prescribed for a specific type of cancer for which use of the drug has not been approved by the U.S. Food and Drug Administration (US FDA) except as specifically stated in the Policy.
- **Cosmetic surgery.**
- **Aids or devices** that assist with nonverbal communication.
- **Non-medical counseling or ancillary services.**
- Services for redundant skin surgery, removal of skin tags, acupressure, carinosacral/cranial therapy, dance therapy, movement therapy, applied kinesiology, rolfing, pryotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, regardless of clinical indications.
- **Sex change surgery.**
- Treatment of **sexual dysfunction, impotence, fertility and/or Infertility** and **Cryopreservation** of sperm or eggs.
- All **contraceptive services and supplies** including, but not limited to all consultations, examinations, evaluations, medications, medical, laboratory, devices. Prescription Drugs, or surgical procedures.
- **Orthopedic shoes** (except when joined to braces) or shoe inserts, including orthotics.
- Services primarily for **weight reduction** or treatment of obesity.
- **Routine physical exams** except as specifically stated in the Policy.
- Charges for **telephone or email consultations.**
- Items which are furnished primarily for **personal comfort** or convenience.
- **Educational services** except as specifically stated in the Policy
- **Nutritional counseling** or food supplements.
- **Syringes.**
- **All Foreign Country Provider** charges.
- **Growth Hormone Treatment** except when such treatment is medically proven to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be clinically proven to be effective for such use and such treatment must be likely to result in a significant improvement of the Insured Person's condition.
- Routine **foot care.**
- Charges for **animal to human organ transplants.**
- Charges for **Normal Pregnancy or Maternity Care.**
- Claims received by CIGNA after 15 months from the date service was rendered.

## These Are Only the Highlights

This summary contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations including legislated benefits are contained in the Summary Plan Description or Insurance Policy. This plan is insured and/or administered by Connecticut General Life Insurance Company, a CIGNA Company.

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## INDIVIDUAL & FAMILY PLANS COLORADO OPEN ACCESS 3000



**Colorado law requires carriers to make available a Colorado Health Benefit Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days, to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.**

ACCESS PLAN: If you would like more information on:

(1) who participates in our provider network; (2) how we ensure that the network meets the health care needs of our members; (3) how our provider referral process works; (4) how care is continued if providers leave our network; (5) what steps we take to ensure medical quality and customer satisfaction; (6) where you can go for information on other policy services and features.

You may request a copy of our Access Plan. The Access Plan is designed to disclose all the policy information required under Colorado law, and can be obtained by calling Member Services at 1-800-244-6224.

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