## **Seton Hall University - CIGNA Medical Plans Comparison**

|                                                 | III-IAGIMOIK                                                 |                  |            | Open Access Plus In-Network Out-of-Network |                  |  |
|-------------------------------------------------|--------------------------------------------------------------|------------------|------------|--------------------------------------------|------------------|--|
| Geographic Area                                 | NJ, NY, CT, DE and PA                                        |                  | Nationwide |                                            |                  |  |
| Coograpino / noa                                |                                                              |                  |            | 1144.0                                     | ······ao         |  |
| Financial                                       |                                                              |                  |            |                                            |                  |  |
| Lifetime maximum                                | Unlimited                                                    | Unlimited        |            | Unlimited                                  | Unlimited        |  |
| Deductible - individual/family                  | None                                                         | \$5,000/\$10,000 |            | None                                       | \$500/\$1,000    |  |
| Out-of-pocket maximum                           | \$1,000/\$8,000                                              | \$8,000/\$16,000 |            | \$1,000/\$2,000                            | \$2,000/\$4,750  |  |
| Preventive Care                                 | No Charge                                                    | 70% after ded.   |            | No Charge                                  | 70% after ded.   |  |
| Physician Services                              |                                                              |                  |            |                                            |                  |  |
| Office visits/Outpatient Surgery                | \$10 co-pay                                                  | 70% after ded.   |            | \$20 co-pay                                | 70% after ded.   |  |
| Referral for Specialty Care                     | Yes                                                          | Yes              |            | No                                         | No               |  |
|                                                 | Must choose an in-network primary care provider (Gatekeeper) |                  |            | 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/Anesthesiologis | No Charge                                                    | 70% after ded.   |            | No Charge                                  | 70% after ded.   |  |
| Outpatient Hospital - Professional Services     |                                                              |                  |            |                                            |                  |  |
| Surgeon/Radiologist/Pathologist/Anesthesiologis | No Charge                                                    | 70% after ded.   |            | No Charge                                  | 70% after ded.   |  |
| Emergency and Urgent Care                       |                                                              |                  |            |                                            |                  |  |
| Physician's Office                              | \$10 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                        | -                                                            | ned max per yr.  |            | •                                          | ned max per yr.  |  |
| Rehabilitation Hospital                         | No Charge                                                    | 70% after ded.   |            | No Charge                                  | 70% after ded.   |  |
| Short Term Rehab. Therapy                       | •                                                            |                  |            | •                                          |                  |  |
| Includes Cardiac rehab, physical therapy,       | \$10 co-pay                                                  | 70% after ded.   |            | \$20 co-pay                                | 70% after ded.   |  |
| pulmonary rehab., cognitive therapy             | 60 VISITS COMDIF                                             | ned max. per yr. |            | 60 VISITS COMDII                           | ned max. per yr. |  |
| Chiropractic Services                           | \$10 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.                               |                  |            |                                            | ned 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                                      | \$10 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 excludsions please contact CIGNA HealthCare.