Seton Hall University - CIGNA Medical Plans Comparison

	Network Point of Service			Open Access Plus	
	In-Network	Out-of-Network	-	In-Network	Out-of-Network
Geographic Area	NJ, NY, CT, DE and PA			Nationwide	
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
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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 ir	n-network primary		No primary c	are provider is
	care provider	care provider (Gatekeeper)		required	
Diamostic Comicae					
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.
Mariinogranis, i OA, i Ai Onicai	No onarge	70% after ded.		140 Charge	7070 and 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.
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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	£40 ac nov	700/ offer ded		£20	700/ often ded
Physician's Office	\$10 co-pay	70% after ded.		\$20 co-pay	70% after ded. \$75 co-pay
Emergency Room Urgent Care Facility	\$75 co-pay \$35 co-pay	\$75 co-pay \$35 co-pay		\$75 co-pay \$35 co-pay	\$35 co-pay
Ambulance	No Charge	No Charge		No Charge	No Charge
Ambulance	No charge	No Charge		No Charge	No Charge
Other Health Facilities					
Skilled Nursing Facility	-	ned max per yr.		90 days combi	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		ned max. per yr.			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. 100 visit combined max per yr.			No Charge	70% after ded.
				100 visit combined max per yr.	
D					
Durable Medical Equip.	No Charge	70% after ded.		No Charge	70% after ded.
	NO Charge	1070 allel ded.		ino Charge	1070 antei ueu.
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.