Pace University
CIGNA Medical Detailed Benefit Summaries
January 1, 2019 - December 31, 2019

Plan Name	**Consumer Core HDHP**	**Network Core Plan**	**Choice PPO**	
Network	**Choice Fund Open Access Plus**	**Open Access Plus**	**Open Access Plus**	
	In Network	**In Network**	**In Network**	**Out of Network**
Deductible	$1,350/$2,700 (Cumulative)	N/A	$750/$1,500	$2,000/$4,000
Coinsurance	90%	N/A	85%	65%
Out of Pocket Maximum	$2,500/$5,000 (Cumulative)	$2,000/$4,000	$2,000/$4,000	$5,000/$10,000
Annual Maximum , Unless noted otherwise	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum, Unless noted otherwise	Unlimited	Unlimited	Unlimited	Unlimited
Prescription Drugs	Deductible and then 80%/70%/60% Coinsurance up to the Out of Pocket Maximum (Generic Preventive Medication - $0 copay & not subject to deductible)	$20/$45/$70 ($125/$375 Deductible - waived for generic) (Generic Preventive Medication - $0 copay & not subject to deductible)	$20/$45/$70 ($125/$375 Deductible - waived for generic) (Generic Preventive Medication - $0 copay & not subject to deductible)	35% Coinsurance ($125/$375 Deductible - waived for generic)
Mail Order Prescription Drugs (Three (3) month Supply)	3x Discounted Retail (see above)	Same copay as retail	Same copay as retail	In-Network Benefit Only
Pharmacy Maximum Out of Pocket	Combined with medical	$4,000/$8,000	$4,000/$8,000	$4,000/$8,000
Oral Contraceptive Coverage	Included	Included	Included	Included
PCP Office Visits	Deductible and Coinsurance	$30	$30	Deductible & 70% Coinsurance
Specialist Visits	Deductible and Coinsurance	$50	$50	Deductible & 70% Coinsurance
Telehealth Connection Services	Deductible and Coinsurance	$30	$30	Not Covered
OB/GYN Visits	Deductible and Coinsurance Preventive care - Covered 100%	Office Visit - $30/$50 copay Preventive care - Covered 100%	Office Visit - $30/$50 copay Preventive care - Covered 100%	Deductible & 70% Coinsurance
Routine Preventive Care (adult)	100%; Unlimited Maximum	100%; Unlimited Maximum	100%; Unlimited Maximum	Deductible & 70% Coinsurance; Unlimited Maximum
Well Child Exams (through age 18)	100%; Unlimited Maximum	100%; Unlimited Maximum	100%; Unlimited Maximum	Deductible & 70% Coinsurance; Unlimited Maximum
Vision Coverage- Active Employees Only	Separate vision plan through CIGNA Vision	Separate vision plan through CIGNA Vision	Separate vision plan through CIGNA Vision	
Gym Reimbursement	Discounts available through Healthy	Discounts available through Healthy	Discounts available through CIGNA Healthy Rewards Program	
Lab and X-ray	Deductible & Coinsurance	Participating lab - 100% Office Visit - $30/$50 copay (No charge if only lab/x-ray services performed and billed) Outpatient - 100%	Participating lab - 100% Office Visit - $30/$50 copay (No charge if only lab/x-ray services performed and billed) Outpatient - 100%	Deductible & 70% Coinsurance
Advanced Radiology	Deductible & Coinsurance	Office Visit - $30/$50 copay (no charge if only radiology services performed and billed) Outpatient - 100%	Office Visit - $30/$50 copay (no charge if only radiology services performed and billed) Outpatient - Deductible & Coinsurance	Deductible & Coinsurance

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Chiropractic	Deductible & Coinsurance Unlimited visits per calendar yr	$50 Unlimited visits per calendar yr	$50 Unlimited visits per calendar yr	Deductible & 70% Coinsurance Unlimited visits per calendar yr
Ambulance Service	Deductible & Coinsurance	100% (when Medically necessary)	Deductible & Coinsurance	Deductible & 15% Coinsurance
Emergency Room	Deductible & Coinsurance	$85 per visit; Waived if admitted	$85 per visit; Waived if admitted	$85 per visit; Waived if admitted
Urgent Care	Deductible & Coinsurance	$30 per visit; Waived if admitted	$30 per visit; Waived if admitted	$30 per visit; Waived if admitted
Hospitalization	Deductible & Coinsurance	100%	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Surgery	Deductible & Coinsurance	100%	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Mental Health	Deductible & Coinsurance Unlimited day maximum per calendar year	100% Unlimited day maximum per calendar year	Deductible & Coinsurance Unlimited day maximum per calendar year	Deductible & Coinsurance Unlimited day maximum per calendar year
Outpatient Mental Health	Deductible & Coinsurance Unlimited maximum per calendar year	Office Visit - $50 copay Outpatient Facility - 100% Unlimited maximum per calendar year	Office Visit - $50 copay Outpatient Facility - Deductible & Coinsurance Unlimited maximum per calendar year	Office Visit - Deductible & Coinsurance Outpatient Facility - Deductible & 70% Coinsurance Unlimited maximum per calendar year
Substance Abuse	Deductible & Coinsurance Unlimited maximum per calendar year	Inpatient - 100%; Office Visit - $50 Copay Outpatient Facility - 100% Unlimited maximum per calendar year	Inpatient - Deductible & Coinsurance; Office Visit - $50 copay Outpatient Facility - Deductible & Coinsurance Unlimited maximum per calendar year	Inpatient - Deductible & Coinsurance; Office Visit - Deductible & 70% Coinsurance Outpatient Facility - Deductible & 70% Coinsurance Unlimited maximum per calendar year
Inpatient Physical Therapy	Deductible & Coinsurance 60 days maximum per calendar year includes Skilled Nursing Facility, Rehabilitation Hospital, Sub Acute Facilities	100%; 60 days per calendar year includes Skilled Nursing, Rehabilitation Hospital and Sub Acute Facilities	Deductible & Coinsurance; 60 days per calendar year includes Skilled Nursing, Rehabilitation Hospital and Sub Acute Facilities	Deductible & Coinsurance; 60 days per calendar year includes Skilled Nursing, Rehabilitation Hospital and Sub Acute Facilities
Outpatient Physical Therapy	Deductible & Coinsurance 90 days combined maximum per calendar year Includes: Cardiac Rehab, Physical Therapy, Speech Therapy, Occupational Therapy, Pulmonary Rehab, Cognitive Therapy	$50 Copay; 90 days combined maximum per calendar year. Includes: Cardiac Rehab, Physical Therapy, Speech Therapy, Occupational Therapy, Pulmonary Rehab, Cognitive Therapy	$50 Copay; 90 days combined maximum per calendar year. Includes: Cardiac Rehab, Physical Therapy, Speech Therapy, Occupational Therapy, Pulmonary Rehab, Cognitive Therapy	Deductible & 70% Coinsurance; 90 days combined maximum per calendar year. Includes: Cardiac Rehab, Physical Therapy, Speech Therapy, Occupational Therapy, Pulmonary Rehab, Cognitive Therapy

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Hospice Care	Deductible & Coinsurance; Unlimited Maximum	100%; Unlimited Maximum	Deductible & Coinsurance; Unlimited Maximum	Deductible & Coinsurance; Unlimited Maximum
Home Health Care (includes Outpatient Private Duty Nursing)	Deductible & Coinsurance Unlimited days maximum per calendar yr; 16 hour maximum per day; Subject to medical necessity	100% Unlimited days maximum per calendar yr; 16 hour maximum per day; Subject to medical necessity	$50 Deductible & Coinsurance, plan deductible does not apply. Unlimited days maximum per calendar yr; 16 hour maximum per day; Subject to medical necessity	25% after $50 Deductible, plan deductible does not apply Unlimited maximum per calendar yr; 16 hour maximum per day; Subject to medical necessity
Skilled Nursing Facility	Deductible & Coinsurance; 60 day maximum per calendar yr Includes Rehabilitation Hospital and Sub-Acute Facilities	100% 60 day maximum per calendar yr Includes Rehabilitation Hospital and Sub-Acute Facilities	Deductible & Coinsurance 60 day maximum per calendar yr Includes Rehabilitation Hospital and Sub-Acute Facilities	Deductible & Coinsurance 60 day maximum per calendar yr Includes Rehabilitation Hospital and Sub-Acute Facilities
TMJ- Surgical and Non Surgical - Always excludes appliances & orthodontic treatment. Subject to medical necessity.	Deductible & Coinsurance	Office Visit - $30/$50 copay Inpatient and Outpatient facility - 100%.	Office Visit - $30/$50 copay Inpatient and Outpatient facility - Deductible & Coinsurance	Office Visit - Deductible & 70% Coinsurance Inpatient and Outpatient facility - Deductible & Coinsurance
Infertility	Deductible & Coinsurance Basic (includes artificial insemination) - No Max. Advanced Infertility (IV, ZIFT, GIFT) - $10,000 Lifetime Max	Office Visit - $30/$50 copay Inpatient & Outpatient Facility - 100% Basic (includes artificial insemination) - No Max. Advanced Infertility (IV, ZIFT, GIFT)- $10,000 Lifetime Max	Office Visit - $30/$50 copay Inpatient & Outpatient Facility - 100% Basic (includes artificial insemination) - No Max. Advanced Infertility (IV, ZIFT, GIFT)- $10,000 Lifetime Max	Office Visit - Deductible & 70% Coinsurance Inpatient & Outpatient Facility - Deductible & Coinsurance; Basic (includes artificial insemination) - No Max. Advanced Infertility (IV, ZIFT, GIFT)- $10,000 Lifetime Max
Abortion	Deductible & Coinsurance	Office Visit - $30/$50 copay Inpatient & Outpatient Facility - 100%	Office Visit - $30/$50 copay Inpatient & Outpatient Facility - Deductible & Coinsurance	Office Visit - Deductible & 70% Coinsurance Inpatient & Outpatient Facility - Deductible & Coinsurance
Dependent Age	26, End of calendar yr	26, End of calendar yr	26, End of calendar yr	26, End of calendar yr
Durable Medical Equip.	Deductible & Coinsurance; Unlimited maximum	100%; Unlimited maximum	Deductible & Coinsurance; Unlimited maximum	Deductible & Coinsurance; Unlimited maximum
Out of Network Reasonable & Customary	N/A	N/A	N/A	300% of Medicare
Pre-certification required	Yes, coordinated by provider/PCP	Yes, coordinated by provider/ PCP	Yes, coordinated by provider/ PCP	Yes, EE responsible

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Penalty for Failure to Pre-certify	N/A	N/A	N/A	Lesser of 50% or $500 penalty applied to hospital inpatient charges for failure to contact CIGNA Healthcare to precertify admission. Benefits are denied for any admission reviewed by CIGNA Healthcare and not certified. Benefits are denied for any additional days not certified by CIGNA Healthcare.

*Many of the above services may require precertification through CIGNA.

**The benefit summaries shown above do not replace the official plan documents or contracts that govern your eligibility to participate in these plans or the amount of benefits you may receive. If there is a discrepancy between the official plan documents

*Many of the above services may require precertification through CIGNA. Day & Visit limits are combined both in and out of network. Please confirm with CIGNA

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