

## 2009 Medical Comparison Chart for Retired Employees, non-Medicare-primary (generally under age 65)

CIGNA Open Access Plus (OAP)	Med 500		High Deductible Health Plan (HDHP)	
	Network	Non-network	Network	Non-network
<b>Access to Network Providers</b>	These CIGNA options use a national network with coverage in most geographic areas. Please check the online directory at <a href="http://www.cigna.com">www.cigna.com</a> and select "Provider Directory," enter your ZIP code, the distance you're willing to travel to a network provider, and select "Open Access Plus ONLY." If you cannot locate a provider in your area, call CIGNA at 800-548-3980 for help.			
<b>Deductible – amount you pay each year before the plan begins paying benefits</b>	\$500 individual \$1,000 family maximum (Separate drug deductible; see page 6)		\$1,500 individual \$3,000 family <b>Notes:</b> <ul style="list-style-type: none"> <li>▪ If you cover yourself and a dependent under the HDHP, you must satisfy the entire \$3,000 deductible before the plan begins paying any medical or prescription drug expenses for any individual</li> <li>▪ Certain preventive maintenance prescriptions are covered without deductible (see page 6 for more information)</li> </ul>	
	<i>Note: Deductible does not apply to office visits and certain in-network preventive care benefits as shown throughout chart</i>		<i>Note: Deductible does not apply to certain in-network preventive care benefits as shown throughout chart</i> N/A	
<b>Coinsurance (that YOU pay)</b>	10% on most services <i>other than office visits</i> <i>Note: Surgical procedures performed during office visits are subject to deductible and coinsurance</i>	With access to network providers: 30% of R&C <sup>1</sup> charges after deductible With no network access: (indemnity plan) 20% coinsurance (instead of 30%)	10% on all services other than preventive care and prescription drugs <b>(Exception: Certain preventive care benefits, shown throughout chart, are paid at 100%; refer to page 6 for prescription drug coverage)</b>	30% of R&C <sup>1</sup> charges after deductible
<b>Office Visits</b>	\$15 copay \$30 copay for specialists \$15 copay for allergy shots (Note: For in-office surgery, see Outpatient Surgery on next page)	With access to network providers: 30% of R&C <sup>1</sup> charges after deductible With no network access: (indemnity plan) 20% coinsurance (instead of 30%)	10% of charges after deductible (deductible and coinsurance waived for most preventive care services, as shown throughout chart)	30% of R&C <sup>1</sup> charges after deductible
<b>Choice of Physician or Hospital</b>	Any <i>network</i> physician or hospital	Any licensed physician or hospital	Any <i>network</i> physician or hospital	Any licensed physician or hospital

**DISCLAIMER:** The details contained in this chart reflect information available at the time of printing. For more detailed and up-to-date information, please contact the medical carriers directly. The chart contains an overview of the various MassMutual medical options (refer to online or printed enrollment worksheet for eligibility). It does not contain all plan information and is neither a plan document nor a summary plan description. It is for informational purposes only. In the event of any differences between this chart and the plan document, the plan document shall prevail. Some provisions may vary by state. MassMutual reserves the right to modify, revoke, change, suspend or terminate any and all of the plans, programs, policies, benefits or services described in the chart at any time or from time to time, with or without notice. Except for preventive care, coverage is limited to medically necessary services.

<sup>1</sup> Non-network charges are subject to the reasonable and customary (R&C) allowance – this is the normal charge made by a provider for a similar service or supply that does not exceed the charge by most providers in a given geographic region. You are responsible for paying any charges over R&C

CIGNA Open Access Plus (OAP)	Med 500		High Deductible Health Plan (HDHP)	
	Network	Non-network	Network	Non-network
<b>Annual Out-of-Pocket Maximum<sup>2</sup></b>	\$2,500 individual \$5,000 family	<i>With access to network providers:</i> \$3,500 individual \$7,000 family	\$3,500 individual \$7,000 family	\$4,500 individual \$9,000 family
		<i>With no network access: (indemnity plan)</i> \$2,500 individual; \$5,000 family	<b>Note:</b> If you cover yourself and a dependent under the HDHP, you must reach the family out-of-pocket maximum in order for any individual's expenses to be paid at 100%	
<b>Inpatient Hospitalization and Outpatient Surgery</b>	10% after deductible	30% of R&C charges after deductible ( <i>pre-certification required – \$500 penalty for failure to pre-certify</i> )	10% of charges after deductible	30% of R&C charges after deductible ( <i>pre-certification required – \$500 penalty for failure to pre-certify</i> )
	<b>Note:</b> Separate copay/coinsurance applies for mental health and substance abuse hospitalization; see page 5 for more information			
<b>Emergency Room (ER)</b>	\$150 copay	Care provided at network levels if visit meets “prudent layperson” definition of emergency**, otherwise 30% of charges after deductible	10% of charges after deductible	Care provided at network levels if visit meets “prudent layperson” definition of emergency <sup>3</sup> , otherwise 30% of charges after deductible
<b>Urgent Care Facility</b>	\$50 copay		10% of charges after deductible	
<b>In-store clinic</b>	\$15 copay	30% of R&C charges after deductible	10% of charges after deductible	30% of R&C charges after deductible
<b>Routine Physicals</b> (including GYN exam and PAP test for women; plus PSA test for men)	\$15 copay	30% of R&C charges after deductible	No deductible; no coinsurance	30% of R&C charges after deductible
<b>Mammogram</b>	No charge unless performed in physician's office, then subject to office visit copay	30% of R&C charges after deductible	No deductible; no coinsurance	30% of R&C charges after deductible
<b>Colonoscopy and Sigmoidoscopy</b>	10% after deductible, unless performed as preventive care, then no charge	30% of R&C charges after deductible	10% of charges after deductible, unless performed as preventive care, then no charge	30% of R&C charges after deductible
<b>Well-Child Care, including immunizations</b> (Birth to age 16; see SPD for schedule)	\$15 copay	30% of R&C charges after deductible	No deductible; no coinsurance	30% of R&C charges after deductible
<b>Maternity Care</b>	\$30 copay for first office visit only; for unscheduled, non-essential visits, additional copays may apply	30% of R&C charges after deductible	10% of charges after deductible	30% of R&C charges after deductible

<sup>2</sup> The annual out-of-pocket maximum is generally the most a participant (or family) would pay in a calendar year for covered expenses, after which, most expenses are covered 100%. Certain charges do not apply to the out-of-pocket maximum: copays, mental health and substance abuse, charges over R&C, and prescription drugs (except with the HDHP where charges for mental health and substance abuse services and prescription drug expenses do go toward satisfying the HDHP's out-of-pocket maximum).

<sup>3</sup> Prudent layperson definition of emergency: An accident or sudden illness that a person with an average knowledge of medical science believes needs to be treated right away or it could result in loss of life, serious medical complications or permanent disability. Examples of emergency situations include: uncontrolled bleeding, seizure or loss of consciousness, shortness of breath, chest pain or squeezing sensations in the chest, suspected overdose of medication or poisoning, sudden paralysis or slurred speech, severe burns, broken bones or severe pain.

CIGNA Open Access Plus (OAP)	Med 500		High Deductible Health Plan (HDHP)	
	Network	Non-network	Network	Non-network
<b>Infertility (pre-certification required and \$15,000 lifetime maximum applies)</b>	\$30 copay for specialist office visits; for procedures performed outside office visit, deductible and 10% coinsurance applies	30% of R&C charges after deductible	10% of charges after deductible	30% of R&C charges after deductible
<b>Advanced Diagnostic Tests (including, but not limited to, MRI, CT and PT scans)</b>	10% of charges after deductible	30% of R&C charges after deductible	10% of charges after deductible	30% of R&C charges after deductible
<b>Lab Work and Non-advanced Diagnostic Tests</b>	10% of charges after deductible (only if provided outside of office visit); no charge if associated with preventive care	30% of R&C charges after deductible	10% of charges after deductible	30% of R&C charges after deductible
<b>Eye Care (within medical option)</b>	No coverage for routine eye care or glaucoma screenings			
<b>Chiropractic/Back Services Office Visits</b>	\$30 copay	30% of R&C charges after deductible	10% of charges after deductible	30% of R&C charges after deductible
	\$1,500 annual maximum		No maximum	
<b>Podiatrist/Foot Care (\$2,500 annual maximum \$5,000 lifetime maximum)</b>	\$30 copay	30% of R&C charges after deductible	10% of charges after deductible	30% of R&C charges after deductible
<b>Dental Coverage for Injury to Sound, Natural Teeth (within medical option; treatment must be initiated within six months of injury)</b>	\$30 copay for office visits; for procedures performed outside office visit, deductible and 10% coinsurance applies	30% of R&C charges after deductible	10% of charges after deductible	30% of R&C charges after deductible
<b>Hearing Aids (\$1,000 annual maximum; \$10,000 lifetime maximum)</b>	10% of charges after deductible	30% of charges after deductible	10% of charges after deductible	30% of charges after deductible

**Please see information on mental health and substance abuse services and prescription drugs on pages 5-6.**

## In-Network-Only Coverage

	ConnectiCare EPO	Health New England HMO	AETNA Select (Open Access)	CIGNA OAP In-Network
<b>For In-Network options, you must use NETWORK PROVIDERS AND FACILITIES ONLY for all services, except in emergency<sup>4</sup></b>				
<b>Access to Network Providers</b>	Network providers available in all Connecticut counties, and in the following Western Massachusetts counties: Franklin, Hampden, Hampshire and Berkshire; eligibility determined by ZIP code	Network providers available in the following Massachusetts counties: Berkshire, Franklin, Hampden, Hampshire and parts of Worcester. Also available in Litchfield, Tolland and parts of Hartford counties in Connecticut; eligibility determined by ZIP code	Network providers available nationwide; eligibility determined by ZIP code	Network providers available nationwide; eligibility determined by ZIP code
<b>Choice of Physician</b>	You are encouraged to select a primary care physician (PCP); however, you can see any physician <i>within the network</i> without a referral			
<b>Choice of Hospital</b>	Any <i>network</i> hospital except in emergency <sup>4</sup> ; in emergency, any hospital			
<b>Deductible</b>	None			
<b>Office Visit Copays</b>	\$15 for PCP \$30 for specialists \$15 for allergy shots		\$15 for PCP; \$30 for specialists \$15/\$30 for allergy shots depending on place of service	\$15 for PCP \$30 for specialists \$15 for allergy shots
<b>Inpatient Hospitalization</b>	\$200 copay per admission <i>(separate \$200 copay and coinsurance for mental health and substance abuse hospitalization; see page 5 for more information)</i>			
<b>Outpatient Surgery Copay (including colonoscopy)</b>	\$100 per surgical procedure, including procedures performed in the office, unless performed as preventive care, then no charge.			
<b>Emergency Room (ER)</b>	\$150 copay (if admitted, ER copay waived and you pay only \$200 inpatient hospitalization copay)			
<b>Urgent Care</b>	\$50 copay			
<b>In-store Clinic</b>	\$15 copay	n/a		\$15 copay
<b>Routine Physicals</b> <i>(including GYN/PAP for women; PSA for men)</i>	\$15 copay for PCP and GYN \$30 copay for specialists		\$15 copay for PCP and GYN \$30 copay for specialists	\$15 copay for PCP and GYN \$30 copay for specialists
<b>Advanced Diagnostic Tests</b> <i>(including MRI, CT and PT scans)</i>	\$100 copay per scan		\$100 per category per date of service	\$100 copay per scan
<b>Lab Work and Non-advanced Diagnostic Tests</b>	No copay required, unless performed in doctor's office, then office visit copay applies			
<b>Well Child Care Office Visits, including immunizations</b>	\$15 copay (check carrier website for immunization schedule)			
<b>Maternity</b>	\$30 copay for first office visit only; no copay for subsequent scheduled visits			
<b>Infertility</b> <i>(\$15,000 lifetime maximum)</i>	\$30 copay for office visit; \$200 copay for inpatient and \$100 copay for outpatient infertility procedures			

<sup>4</sup> Prudent layperson definition of emergency: An accident or sudden illness that a person with an average knowledge of medical science believes needs to be treated right away or it could result in loss of life, serious medical complications or permanent disability. Examples of emergency situations include: uncontrolled bleeding, seizure or loss of consciousness, shortness of breath, chest pain or squeezing sensations in the chest, suspected overdose of medication or poisoning, sudden paralysis or slurred speech, severe burns, broken bones or severe pain.

	ConnectiCare EPO	Health New England HMO	AETNA Select (Open Access)	CIGNA OAP In-Network
<b>Mammograms</b>	No copay required			No copay when performed by an independent diagnostic facility or outpatient hospital
<b>Eye Care</b> (within medical option)	\$15 copay for one routine eye exam per year	\$15 copay for one routine eye exam every 12 months	\$15 copay for one routine eye exam every 24 months	No coverage for routine eye care or glaucoma screenings
<b>Chiropractic/Back Services</b>	\$30 copay; maximum, 25 visits or \$1,500 coverage per year, whichever comes first	\$30 copay Maximum: \$1,500 coverage per year		
<b>Podiatrist/Foot Care</b>	\$30 copay \$2,500 annual maximum; \$5,000 lifetime maximum		\$30 copay Only medically necessary treatment covered	
<b>Dental Coverage for Injury to Sound, Natural Teeth</b> (within medical option) <sup>5</sup>	\$30 for specialist office visit; \$200 copay for inpatient and \$100 copay for outpatient procedures Covered when medically necessary			
<b>Hearing Aids</b> (\$1,000 annual maximum; \$10,000 lifetime maximum)	No copay			
<b>Please see information on prescription drugs on page 6.</b>				
<b>Mental Health and Substance Abuse Services Administered by Aetna (for all medical options except the HDHP<sup>6</sup>)</b>				
	<b>Network</b>		<b>Non-Network</b>	
<b>Pre-certification</b>	Coordinated by network provider		Required for inpatient hospitalization and certain office visit procedures, including psychological testing; neuropsychological testing; outpatient electroconvulsive therapy (ECT); biofeedback; amytal interview; hypnosis; psychiatric home care services; and outpatient detoxification. Contact Aetna for pre-certification; \$500 penalty for failure to pre-certify	
<b>Office Visits<sup>7</sup></b>	\$15 copay No limit on number of visits		30% of R&C charges Maximum: 20-visit limit per calendar year	
<b>Hospital Services (inpatient)</b> Lifetime maximum of 3 inpatient programs for substance abuse both in- and out-of-network	10% of charges after \$200 copay per admission No limit on number of days		30% of R&C charges after \$200 copay per admission Maximum: 20 days per calendar year Pre-certification required; \$500 penalty for failure to pre-certify	
<b>Mental Health and Substance Abuse Services Administered by CIGNA for the HDHP ONLY<sup>6</sup></b>				
	<b>Network</b>		<b>Non-Network</b>	
<b>Pre-certification</b>	Coordinated by network provider		Required for inpatient services only. Contact CIGNA for pre-certification; \$500 penalty for failure to pre-certify all hospital services	
<b>Office Visits<sup>7</sup></b> Maximum of 3 intensive outpatient programs per calendar year both in- and out-of-network	10% of charges after deductible No limit on number of visits		30% of R&C charges after deductible Maximum: 20-visit limit per calendar year	
<b>Hospital Services (inpatient)</b>	10% of charges after deductible No limit on number of days Pre-certification coordinated by network provider		30% of R&C charges after deductible Maximum: 20 days per calendar year Pre-certification required; \$500 penalty for failure to pre-certify	

<sup>5</sup> Health New England covers a portion of dependent children's preventive dental care. Check with Health New England for details.

<sup>6</sup> And CIGNA members in Hawaii PPO option and all Puerto Rico options.

<sup>7</sup> If you initiate care through the employee assistance program (EAP), administered by Aetna, up to the first six counseling visits for new incidents are free.

Prescription Drug Coverage for All Medical Options, Administered by CIGNA		
<b>ANNUAL DEDUCTIBLE</b> <i>(separate from medical deductible)<sup>8</sup></i> You must pay the prescription drug deductible before the plan begins paying benefits	<b>In-Network options and CIGNA Med 500 options:</b> \$50 Individual/\$100 Family  <b>High Deductible Health Plan (HDHP):</b> \$1,500 Individual/\$3,000 Family (combined medical and prescription drug deductible) <i>Note: For certain preventive drug classes (see the “Preventive Drug Classes Not Subject to HDHP Deductible” chart below), the deductible is waived and you pay just the coinsurance subject to minimums and maximums</i>  Deductible and coinsurance waived for prescription smoking cessation drugs.	
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b> This is the maximum amount you may be required to pay in a calendar year for prescriptions, after which the Plan pays 100%	<b>HMOs, EPOs and CIGNA Med 500 options:</b> \$1,500 Individual/\$3,000 family out-of-pocket maximum  <b>High Deductible Health Plan (HDHP):</b> combined medical and prescription out-of-pocket maximum applies; see Annual Out-of-Pocket Maximum under HDHP on p. 1	
<b>DRUG TIER –</b> To determine in which tier a prescription drug is categorized, call CIGNA at 800-548-3980 or visit www.cigna.com	<b>Pharmacy</b> <b>(up to a 30-day supply)</b>	<b>Tel-Drug Mail Order</b> <b>(up to a 90-day supply)</b>
<b>GENERIC (Tier 1)</b>	<b>You pay 15% of the net<sup>9</sup> cost of the drug, subject to minimums and maximums (below)</b>	
	<b>Minimum: \$5</b> or actual cost of prescription, if less <b>Maximum: \$20</b> per prescription	<b>Minimum: \$12</b> or actual cost of prescription, if less <b>Maximum: \$50</b> per prescription
<b>PREFERRED BRAND (Tier 2)</b>	<b>You pay 30% of the net<sup>9</sup> cost of the drug, subject to minimums and maximums (below)</b>	
	<b>Minimum: \$25</b> or actual cost of prescription, if less <b>Maximum: \$80</b> per prescription	<b>Minimum: \$62</b> or actual cost of prescription, if less <b>Maximum: \$200</b> per prescription
<b>NON-PREFERRED BRAND (Tier 3)</b>	<b>You pay 50% of the net<sup>9</sup> cost of the drug, subject to minimums and maximums (below)</b>	
	<b>Minimum: \$25</b> or actual cost of prescription, if less <b>Maximum: \$100</b> per prescription	<b>Minimum: \$62</b> or actual cost of prescription, if less <b>Maximum: \$250</b> per prescription
<b>Preventive Drug Classes Not Subject to High Deductible Health Plan (HDHP) Deductible</b>		
<b>U.S. Pharmacopia Drug Classes (more commonly known as)</b>		
<ul style="list-style-type: none"> <li>• Antihypertensives (<i>high blood pressure medications</i>)</li> <li>• Antihyperlipidemics (<i>high cholesterol medications</i>)</li> <li>• Antidiabetic agents (<i>diabetes medications</i>)</li> <li>• Antiasthmatics (<i>asthma medications, including inhalers</i>)</li> <li>• Anticoagulants, Platelet Aggregation Inhibitors (<i>blood thinning medications taken for stroke prevention</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• Bone resorption inhibitors, osteoporosis therapies, osteoporosis therapy adjuncts (<i>osteoporosis medications (including medications that help prevent bone thinning)</i>)</li> <li>• Nutritional Supplements, prenatal vitamins (<i>vitamins for pregnancy and to prevent prenatal nutrient deficiency</i>)</li> <li>• Nutritional Supplements and Vitamin Replenishers (<i>supplements and vitamins to prevent nutrient deficiency</i>)</li> <li>• Smoking Cessation Adjuncts (<i>medicines for stopping smoking</i>)</li> <li>• Appetite Suppressants, Lipase Inhibitors (<i>antiobesity/weight loss medication, only for those diagnosed with morbid obesity</i>)</li> </ul>	
<i>Note: For specific information on what constitutes a deductible-free preventive medication, please call CIGNA at 800-548-3980</i>		

<sup>8</sup> Participants in the HDHP have a combined medical and prescription drug deductible.

<sup>9</sup> Net cost of drug means cost after applicable discounts, which may vary by pharmacy