

SCHEDULE OF MEDICAL BENEFITS

CIGNA

NATIONAL NETWORK PLAN (HMO)

PLAN IS EFFECTIVE AS OF JANUARY 1, 2010

Lifetime Benefit Maximum

(Includes All Other Maximums)

\$5 Million Individual

You must receive services only from health care providers participating in the CIGNA network, or benefits will not be covered by the plan. Expenses for non-network providers will only be considered as specified in this Handbook.

The following schedule summarizes coinsurance amounts paid by the Plan, benefit maximums, and any additional explanation needed for your benefits. The Plan's coinsurance will be reduced if you do not follow the procedures outlined in the "Clinical Management" section of this Handbook. Please refer to the text for additional Plan provisions that may affect your benefits.

Our Benefits: Although a specific service may be listed as a covered expense, it may not be covered unless it is medically necessary for the prevention, diagnosis or treatment of an illness or condition.

COVERED HEALTH SERVICE	YOUR COPAYMENT AMOUNT	ADDITIONAL LIMITATIONS AND EXPLANATIONS
Acupuncture Services	\$20 per visit	Limited to 15 visits per year.
Allergy Testing (Injections)	\$20 per visit	Benefit includes routine injections at PCP's office, with or without a physician encounter.
Ambulance Services - Emergency Only	\$0	No copay when medically necessary.
Diagnostic Tests/X-Ray and Laboratory Services	\$0	No copay when medically necessary.
Durable Medical Equipment (DME)	\$0	Must be precertified my CIGNA.
Emergency Room Services	\$50 per visit	Your \$50 copay will be waived if you are admitted to the hospital.
Home Health Care	\$0	Limited to 210 days per year.

SCHEDULE OF MEDICAL BENEFITS

CIGNA

NATIONAL NETWORK PLAN (HMO)

PLAN IS EFFECTIVE AS OF JANUARY 1, 2010

COVERED HEALTH SERVICE	YOUR COPAYMENT AMOUNT	ADDITIONAL LIMITATIONS AND EXPLANATIONS
Hospice Care	\$0	
Hospital Services (Inpatient)	\$350 per admission	Benefits include, but are not limited to, hospital semi-private room, miscellaneous fees, anesthesia, surgeons' fees, physician visits, x-ray, lab and therapy expenses. Follow the procedures required by the Clinical Management Program.
Hospital Services (Outpatient)	\$250	Benefits include but are not limited to outpatient surgery, physician, anesthesiology, x-ray & laboratory, and therapy expenses in a hospital or ambulatory surgical center.
Maternity Services	\$20 for first visit only	
Mental Health/ Substance Abuse Services - Inpatient	See CIGNA Behavioral Health Handbook	
Mental Health/ Substance Abuse Services - Outpatient	See CIGNA Behavioral Health Handbook	
Nutritional Counseling	\$20 per visit	Limited to 6 visits/sessions per calendar year.
Outpatient Therapy Services	\$20 per visit	Benefits include physical, occupational, and speech therapy. Limited to: 120 days combined physical and pulmonary, 120 days combined speech and cognitive, and 60 days occupational. There is no limit for cardiac rehabilitation.
Physician's Office Services	\$20 per visit	Your copay applies to the office visit only. To locate a network provider, contact CIGNA via the toll-free number or check the web site.
Routine & Preventive Services Routine Exams Routine Exam X-Rays & Laboratory Services Well-Child Checkups Routine Colonoscopy Routine Sigmoidoscopy Other Routine Services	\$0 per visit	Benefits include the office visit and vaccinations, inoculations, and immunizations. Benefits include routine physicals, including gynecological exams, and digital rectal exam, well-child exams, X-Rays and laboratory tests related to the routine exam, baseline mammograms, PAP tests and PSA screenings. Age and frequency of services will follow the recommendations of the American Medical Association guidelines.

SCHEDULE OF MEDICAL BENEFITS

CIGNA

**NATIONAL NETWORK PLAN (HMO)
PLAN IS EFFECTIVE AS OF JANUARY 1, 2010**

COVERED HEALTH SERVICE	YOUR COPAYMENT AMOUNT	ADDITIONAL LIMITATIONS AND EXPLANATIONS
Skilled Nursing Facility	\$0	Limited to 60 days per year
Smoking Cessation Program	\$20	Smoking cessation benefits include hypnosis and counseling. Prescription smoking cessation drugs are excluded under the medical plan but are available through your prescription drug plan. Any combination of network and non-network smoking cessation benefits are limited to \$200 per covered person per calendar year .
Spinal Treatment	\$20 per visit	Limited to 20 days per year for spinal manipulation.
Surgical Treatment of Morbid Obesity	\$350 per admission	\$15,000 maximum per lifetime. Must be preauthorized by CIGNA.
Urgent Care Services	\$50 per visit	Please see your regular physician or practitioner for routine care.

CIGNA Member Services toll-free number: (800) CIGNA-24 (800-244-6224)

CIGNA Pre-Enrollment: (800) 401-4041

NOTES: The word "lifetime" refers to the period of time you or your eligible dependents participate in this plan or any other plan funded by the Medical Trust.

This benefit summary is provided for informational purposes, is not all-inclusive, and does not constitute an agreement. Additional limitations and explanations, including specific benefit maximums will be provided to eligible, enrolled members in the Plan Document Handbook. In the event of a conflict between this document and the official plan documents, the official plan documents will govern. The Episcopal Church Medical Trust retains the right to amend, terminate or modify the terms of the plan at any time, without notice and for any reason.