



Home Office: Bloomfield, Connecticut

Mailing Address: Hartford, Connecticut 06152

**CONNECTICUT GENERAL LIFE INSURANCE COMPANY**

a CIGNA company (called CG)

**CERTIFICATE RIDER**

No. CR7BIASO4-1

Policyholder: Furman University

Rider Eligibility: Each Employee as reported to the insurance company by your Employer.

Policy No. or Nos. 3209280-OAPB, OAPC, OAPC2

EFFECTIVE DATE: January 1, 2009

You will become insured on the date you become eligible, if you are in Active Service on that date, or if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG describing the benefits provided under the policy(ies) specified above.

*Deborah Young, Corporate Secretary*



### All Plans

The section entitled **Preventive Care** – in THE SCHEDULE — **OPEN ACCESS PLUS MEDICAL BENEFIT PLANS** — in your certificate is changed to read as attached.

The section entitled **Hospice Lifetime Maximum** - in THE SCHEDULE — **OPEN ACCESS PLUS MEDICAL BENEFIT PLANS** — in your certificate is changed to read as attached.

The section entitled **Genetic Testing** - in THE SCHEDULE — **OPEN ACCESS PLUS MEDICAL BENEFIT PLANS** — in your certificate is changed to read as attached.

The section entitled **Certification Requirements - Out-of-Network**— **OPEN ACCESS PLUS MEDICAL BENEFIT PLANS**— in your certificate is changed to read as attached.

**THE SCHEDULE** — Prescription Drug and Mailorder Drug Benefits— **section in your certificate is changed to read as attached**

### Core Plan

The section entitled **Emergency Care** – in THE SCHEDULE — **OPEN ACCESS PLUS MEDICAL CORE BENEFITSs PLAN** — in your certificate is changed to read as attached.



**OPEN ACCESS PLUS MEDICAL BENEFITS**

**All Plans**

**The Schedule**

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p><b>Preventive Care</b></p> <p>Routine Preventive Care</p> <p>Calendar Year Maximum through age 2 (including immunizations): Unlimited</p> <p>Calendar Year Maximum for ages 3 and above (including immunizations): \$1,500</p> <p><b>Note:</b> Well-woman OB/GYN visits will be considered either a PCP or Specialist depending on how the provider contracts with CG.</p> <p><b>Note:</b> Charges for lab and radiology services, when billed by the physician’s office, will be subject to the plan’s Preventive Care dollar maximum. Charges for lab and radiology services, when billed by an independent diagnostic facility or outpatient hospital do not apply to the plan’s Preventive Care dollar maximum.</p>		
Physician’s Office Visit	80%, no plan deductible	In-Network coverage only
Immunizations	No charge	In-Network coverage only
<p><b>Hospice</b></p> <p>Lifetime Maximum: Unlimited</p>		
<b>Genetic Testing</b>	Not covered	Not covered
<p><b>Organ Transplants</b> Includes all medically appropriate, non-experimental transplants</p> <p>Office Visit</p> <p>Inpatient Facility</p> <p>Physician’s Services</p> <p>Lifetime Travel Maximum: \$10,000 per transplant</p>		
	80% after plan deductible	In-network coverage only
	100% at Lifesource center, otherwise 80% after plan deductible	In-network coverage only
	100% at Lifesource center, otherwise 80% after plan deductible	In-network coverage only
	No charge (only available when using Lifesource facility)	In-network coverage only



**OPEN ACCESS PLUS MEDICAL BENEFITS**

**All Plans**

**The Schedule**

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<b>Substance Abuse</b>  Combined Lifetime Maximum: Unlimited		



## OPEN ACCESS PLUS MEDICAL BENEFITS

### Core Plan

#### The Schedule

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<b>Emergency and Urgent Care Services</b>		
Physician's Office Visit	No charge after the \$20 PCP or \$40 Specialist per office visit copay	No charge after the \$20 PCP or \$40 Specialist per office visit copay (except if not a true emergency, then 65% after plan deductible)
Hospital Emergency Room	No charge after \$250 per visit copay*  *waived if admitted	No charge after \$250 per visit copay* (except if not a true emergency, then 65% after plan deductible)  *waived if admitted
Outpatient Professional services (radiology, pathology and ER Physician)	No charge	No charge (except if not a true emergency, then 65% after plan deductible)
Urgent Care Facility or Outpatient Facility	No charge after \$75 per visit copay*  *waived if admitted	No charge after \$75 per visit copay* (except if not a true emergency, then 65% after plan deductible)  *waived if admitted
X-ray and/or Lab performed at the Emergency Room/Urgent Care Facility (billed by the facility as part of the ER/UC visit)	No charge	No charge (except if not a true emergency, then 65% after plan deductible)
Independent x-ray and/or Lab Facility in conjunction with an ER visit	No charge	No charge (except if not a true emergency, then 65% after plan deductible)
Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans, PET Scans etc.)	No charge	No charge (except if not a true emergency, then 65% after plan deductible)
Ambulance	85% after plan deductible	85% after plan deductible (except if not a true emergency, then 65% after plan deductible)



## Open Access Plus Medical Benefits

plan, except for the "Coordination of Benefits" section.

GM6000 PAC2V9CM

### Certification Requirements - Out-of-Network

#### For You and Your Dependents

##### Pre-Admission Certification/Continued Stay Review for Hospital Confinement

Pre-Admission Certification (PAC) and Continued Stay Review (CSR) refer to the process used to certify the Medical Necessity and length of a Hospital Confinement when you or your Dependent require treatment in a Hospital:

- as a registered bed patient;
- for a Partial Hospitalization for the treatment of Mental Health or Substance Abuse;
- for Mental Health or Substance Abuse Residential Treatment Services.

You or your Dependent should request PAC prior to any non-emergency treatment in a Hospital described above. In the case of an emergency admission, you should contact the Review Organization within 48 hours after the admission. For an admission due to pregnancy, you should call the Review Organization by the end of the third month of pregnancy. CSR should be requested, prior to the end of the certified length of stay, for continued Hospital Confinement.

Covered Expenses incurred will be reduced by 50% for Hospital charges made for each separate admission to the Hospital:

- unless PAC is received: (a) prior to the date of admission; or (b) in the case of an emergency admission, within 48 hours after the date of admission.

Covered Expenses incurred for which benefits would otherwise be payable under this plan for the charges listed below will:

- be reduced by 100% for Hospital charges for Bed and Board, for treatment listed above for which PAC was performed, which are made for any day in excess of the number of days certified through PAC or CSR; and
- be reduced by 100% for any Hospital charges for treatment listed above for which PAC was requested, but which was not certified as Medically Necessary.

GM6000 PAC1V33M

PAC and CSR are performed through a utilization review program by a Review Organization with which CG has contracted.

In any case, those expenses incurred for which payment is excluded by the terms set forth above will not be considered as expenses incurred for the purpose of any other part of this



HIGHLIGHTS	PARTICIPATING PHARMACY	Non-PARTICIPATING PHARMACY
<b>Prescription Drugs</b>	Generic and/or any brand diabetic medication/supplies are covered 100%.	
<b>Mail-Order Drugs</b>	Generic and/or any brand diabetic medication/supplies are covered 100%.	



### **Maximum Reimbursable Charge - Medical**

The Maximum Reimbursable Charge for covered services is determined based on the lesser of:

- the provider's normal charge for a similar service or supply;  
or
- a policyholder-selected percentile of charges made by providers of such service or supply in the geographic area where it is received as compiled in a database selected by CG.

The percentile used to determine the Maximum Reimbursable Charge is listed in The Schedule.

The Maximum Reimbursable Charge is subject to all other benefit limitations and applicable coding and payment methodologies determined by CG. Additional information about how CG determines the Maximum Reimbursable Charge is available upon request.