

CALIFORNIA INDIVIDUAL & FAMILY PLANS

CIGNA OPEN ACCESS PLANS®
CIGNA OPEN ACCESS VALUE PLANS®



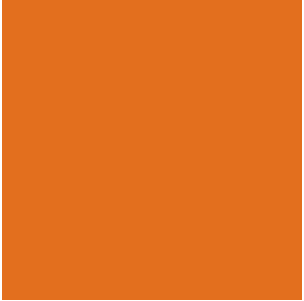
Health
and
Pharmacy
Insurance



PLAN COMPARISON



Insured by Connecticut General Life Insurance Company



CIGNA Individual & Family insurance plans, offered through Connecticut General Life Insurance Company, provide coverage you and your family can count on, along with a broad range of options and 24/7 customer service. That way, you can help protect your health and secure your future.

CIGNA Open Access Plans®

True choice. You can choose an in-network health care professional or choose to receive care from one who isn't part of the CIGNA network. It's up to you.

Primary care. You have the option of choosing a Primary Care Physician as your personal doctor. With a Primary Care Physician, you have a valuable resource who acts as a personal health coach. But, if you prefer, you also have the option of not choosing a Primary Care Physician.

Specialists. You have direct access to participating specialists. You do not need a referral to see an in-network or out-of-network specialist.

Please check the Summary of Benefits for more specific details about the CIGNA Open Access Plans. To find the most up-to-date listing of doctors, hospitals or pharmacies, log on to www.cigna.com/isghcp. If you do not have access to the Internet, please call 1-866-GET-CIGNA and ask that a Provider Directory be sent to you.

A CIGNA Open Access Plan or CIGNA Open Access Value Plan is right for you if:

- ✓ You want high-quality, extensive coverage at a good price
- ✓ You want a flexible plan to meet your needs
- ✓ You want a national network of doctors and hospitals

With CIGNA's Open Access Value Plans, you have:

- ✓ A lower monthly premium

Your national network

As a CIGNA customer, you have access to a network of more than 500,000 quality health care professionals throughout the country likely to include your doctor. But if you want to see a health care professional who is not in the network, you can. Keep in mind that out-of-pocket costs vary, but your out-of-pocket costs are generally lower when you see in-network health care professionals.

In California, CIGNA offers you:

- A network of nearly 36,000 doctors
- Over 240 participating hospitals

Call CIGNA at 1-866-GET-CIGNA (1-866-438-2446)

(5:00 a.m. - 7:00 p.m. PT, Monday - Friday)

or visit CIGNAforYou.com.

CIGNA Open Access Plans® – CALIFORNIA

INDIVIDUAL & FAMILY PLANS	CIGNA OPEN ACCESS PLANS®											
	Open Access 1000		Open Access 1500		Open Access 2000		Open Access 3000		Open Access 5000		Open Access 5000/100%	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PLAN FEATURES – Coinsurance percentage shown in- and out-of-network is the percentage CIGNA pays. ² Annual deductible applies unless otherwise noted.												
Annual Deductible – Individual/Family deductible is satisfied when each family member has paid their individual deductible or when the total family deductible amount has been reached by any combination of family members	\$1,000/\$2,000	\$2,000/\$4,000	\$1,500/\$3,000	\$3,000/\$6,000	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,000	\$6,000/\$12,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000
Annual Out-of-Pocket Maximum – Individual/Family deductible, copays, and pharmacy charges do not apply to the out-of-pocket maximum	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000	\$4,000/\$8,000	\$8,000/\$16,000	\$5,000/\$10,000	\$10,000/\$20,000	\$0/\$0	\$10,000/\$20,000
Lifetime Maximum Benefit	Unlimited											
Physician Services – Primary Care Physician/Specialist – office visits	You pay \$30/\$40 ¹	CIGNA pays 50%	You pay \$30/\$40 ¹	CIGNA pays 50%	You pay \$30/\$40 ¹	CIGNA pays 50%	You pay \$30/\$40 ¹	CIGNA pays 50%	You pay \$30/\$40 ¹	CIGNA pays 50%	You pay \$30/\$40 ¹	CIGNA pays 50%
Preventive Care (All Ages) – Routine physicals and other routine preventive services	CIGNA pays 100% ¹	CIGNA pays 50%	CIGNA pays 100% ¹	CIGNA pays 50%	CIGNA pays 100% ¹	CIGNA pays 50%	CIGNA pays 100% ¹	CIGNA pays 50%	CIGNA pays 100% ¹	CIGNA pays 50%	CIGNA pays 100% ¹	CIGNA pays 50%
Ambulance	CIGNA pays 70%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 50%	CIGNA pays 70%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 50%	CIGNA pays 70%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 50%	CIGNA pays 70%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 50%	CIGNA pays 70%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 50%	CIGNA pays 100%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 50%
Emergency Room – Additional \$100 deductible (waived if admitted)	CIGNA pays 70%		CIGNA pays 70%		CIGNA pays 70%		CIGNA pays 70%		CIGNA pays 70%		CIGNA pays 100%	
Urgent Care Services	CIGNA pays 70%		CIGNA pays 70%		CIGNA pays 70%		CIGNA pays 70%		CIGNA pays 70%		CIGNA pays 100%	
Inpatient Hospital Services – Facility charges, physician services, and all in-hospital care	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
Surgery in an Outpatient Hospital or Ambulatory Surgical Center	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
Outpatient Lab, X-Ray, Ultrasound, CT/PET Scan, and MRI	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
Short-Term Rehabilitative Therapy (including Physical and Occupational Therapy) – Speech Therapy and Spinal Manipulation – Calendar year maximum of 24 visits, combined in- and out-of-network	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
Durable Medical Equipment	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
Mental Health Inpatient – Calendar year maximum of 30 days, combined in- and out-of-network	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
Mental Health Outpatient – Calendar year maximum of 20 visits, combined in- and out-of-network	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
RETAIL PHARMACY (per 30 day supply)												
Brand Name Drug Deductible (Combined retail and home delivery)	\$250 per person/per calendar year						\$500 per person/per calendar year					
Generic/Brand Name/Non-Preferred Brand Name	You pay \$10/\$35/\$60	CIGNA pays 50%	You pay \$10/\$35/\$60	CIGNA pays 50%	You pay \$10/\$35/\$60	CIGNA pays 50%	You pay \$10/\$35/\$60	CIGNA pays 50%	You pay \$10/\$35/\$60	CIGNA pays 50%	You pay \$10/\$35/\$60	CIGNA pays 50%
Self-Administered Injectable Drugs	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%
HOME DELIVERY PHARMACY (per 90 day supply)												
Generic/Brand Name/Non-Preferred Brand Name	You pay \$25/\$85/\$150	Not available	You pay \$25/\$85/\$150	Not available	You pay \$25/\$85/\$150	Not available	You pay \$25/\$85/\$150	Not available	You pay \$25/\$85/\$150	Not available	You pay \$25/\$85/\$150	Not available
Self-Administered Injectable Drugs	CIGNA pays 70%	Not available	CIGNA pays 70%	Not available	CIGNA pays 70%	Not available	CIGNA pays 70%	Not available	CIGNA pays 70%	Not available	CIGNA pays 70%	Not available

¹ Annual deductible waived.

² A percentage of the CIGNA contracted rate to an in-network health care professional or a percentage of the cost from an out-of-network health care professional that the customer is responsible for.

For specific costs and further details of the coverage, including exclusions, reductions or limitations and the terms under which the policy may be continued in force, please refer to the Policy or ask your agent for an Outline of Coverage, or write to the company. Depending on your or your family member's coverage history and applicable law, CIGNA may exclude coverage for certain pre-existing conditions for a period of time, as described in your Policy Booklet.

INDIVIDUAL & FAMILY PLANS	CIGNA OPEN ACCESS VALUE PLANS®											
	Open Access Value 1000		Open Access Value 1500		Open Access Value 2000		Open Access Value 3000		Open Access Value 5000		Open Access Value 5000/100%	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PLAN FEATURES — Coinsurance percentage shown in- and out-of-network is the percentage CIGNA pays. ² Annual deductible applies unless otherwise noted.												
Annual Deductible — Individual/Family deductible is satisfied when each family member has paid their individual deductible or when the total family deductible amount has been reached by any combination of family members	\$1,000/\$2,000	\$2,000/\$4,000	\$1,500/\$3,000	\$3,000/\$6,000	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,000	\$6,000/\$12,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000
Annual Out-of-Pocket Maximum — Individual/Family deductible, copays, and pharmacy charges do not apply to the out-of-pocket maximum	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000	\$4,000/\$8,000	\$8,000/\$16,000	\$5,000/\$10,000	\$10,000/\$20,000	\$0/\$0	\$10,000/\$20,000
Lifetime Maximum Benefit	Unlimited											
Physician Services — Primary Care Physician/Specialist - office visits	You pay \$40/\$60 ¹	CIGNA pays 50%	You pay \$40/\$60 ¹	CIGNA pays 50%	You pay \$40/\$60 ¹	CIGNA pays 50%	You pay \$40/\$60 ¹	CIGNA pays 50%	You pay \$40/\$60 ¹	CIGNA pays 50%	You pay \$40/\$60 ¹	CIGNA pays 50%
Preventive Care (All Ages) — Routine physicals and other routine preventive services	CIGNA pays 100% ¹	CIGNA pays 50%	CIGNA pays 100% ¹	CIGNA pays 50%	CIGNA pays 100% ¹	CIGNA pays 50%	CIGNA pays 100% ¹	CIGNA pays 50%	CIGNA pays 100% ¹	CIGNA pays 50%	CIGNA pays 100% ¹	CIGNA pays 50%
Ambulance	CIGNA pays 70%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 50%	CIGNA pays 70%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 50%	CIGNA pays 70%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 50%	CIGNA pays 70%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 50%	CIGNA pays 70%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 50%	CIGNA pays 100%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 50%
Emergency Room — Additional \$250 deductible (waived if admitted)	CIGNA pays 70%		CIGNA pays 70%		CIGNA pays 70%		CIGNA pays 70%		CIGNA pays 70%		CIGNA pays 100%	
Urgent Care Services	CIGNA pays 70%		CIGNA pays 70%		CIGNA pays 70%		CIGNA pays 70%		CIGNA pays 70%		CIGNA pays 100%	
Inpatient Hospital Services — Facility charges, physician services, and all in-hospital care	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
Surgery in an Outpatient Hospital or Ambulatory Surgical Center	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
Outpatient Lab, X-Ray, Ultrasound, CT/PET Scan, and MRI	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
Short-Term Rehabilitative Therapy (including Physical and Occupational Therapy) — Speech Therapy and Spinal Manipulation — Calendar year maximum of 24 visits, combined in- and out-of-network	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
Durable Medical Equipment	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
Mental Health Inpatient — Calendar year maximum of 30 days, combined in- and out-of-network	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
Mental Health Outpatient — Calendar year maximum of 20 visits, combined in- and out-of-network	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
RETAIL PHARMACY (per 30 day supply)												
Brand Name Drug Deductible (Combined retail and home delivery)	\$3,500 per person/per calendar year											
Generic/Brand Name/Non-Preferred Brand Name	You pay \$15/\$50/\$70	CIGNA pays 50%	You pay \$15/\$50/\$70	CIGNA pays 50%	You pay \$15/\$50/\$70	CIGNA pays 50%	You pay \$15/\$50/\$70	CIGNA pays 50%	You pay \$15/\$50/\$70	CIGNA pays 50%	You pay \$15/\$50/\$70	CIGNA pays 50%
Self-Administered Injectable Drugs	CIGNA pays 50%	CIGNA pays 50%	CIGNA pays 50%	CIGNA pays 50%	CIGNA pays 50%	CIGNA pays 50%	CIGNA pays 50%	CIGNA pays 50%	CIGNA pays 50%	CIGNA pays 50%	CIGNA pays 50%	CIGNA pays 50%
HOME DELIVERY PHARMACY (per 90 day supply)												
Generic/Brand Name/Non-Preferred Brand Name	You pay \$37.50/\$125/\$175	Not available	You pay \$37.50/\$125/\$175	Not available	You pay \$37.50/\$125/\$175	Not available	You pay \$37.50/\$125/\$175	Not available	You pay \$37.50/\$125/\$175	Not available	You pay \$37.50/\$125/\$175	Not available
Self-Administered Injectable Drugs	CIGNA pays 50%	Not available	CIGNA pays 50%	Not available	CIGNA pays 50%	Not available	CIGNA pays 50%	Not available	CIGNA pays 50%	Not available	CIGNA pays 50%	Not available

¹ Annual deductible waived.

² A percentage of the CIGNA contracted rate to an in-network health care professional or a percentage of the cost from an out-of-network health care professional that the customer is responsible for.

For specific costs and further details of the coverage, including exclusions, reductions or limitations and the terms under which the policy may be continued in force, please refer to the Policy or ask your agent for an Outline of Coverage, or write to the company. Depending on your or your family member's coverage history and applicable law, CIGNA may exclude coverage for certain pre-existing conditions for a period of time, as described in your Policy Booklet.

COMMONLY USED HEALTH CARE WORDS

Here are some basic terms that you should know about your health care plan.

Coinsurance: You pay a percentage of the fee your doctor agreed to; your plan covers the rest or the amount you pay after your plan begins to pay.

Copayment (copay): The amount you pay toward services such as doctor visits or prescriptions.

Deductible: The amount you pay each year before your plan begins to pay for covered services.

In-network services: Services from any health care professional (physician, hospital, etc.) that participates in the CIGNA network.

Out-of-network services: Services from any health care professional (physician, hospital, etc.) that does not participate in the CIGNA network.

Inpatient care: Health services you receive in a hospital or other facility that require an overnight stay.

Outpatient care: Health services you receive in a hospital or other facility that do not require an overnight stay.

Out-of-pocket costs: The amount you pay for health services your plan doesn't cover.

Out-of-pocket maximum: The most you will pay for covered health services in a year; then your plan pays 100% for the rest of that year.

**Now available —
Dental coverage
for you and
your family. Ask
about it today!**

Call CIGNA at 1-866-GET-CIGNA (1-866-438-2446)

(5:00 a.m. – 7:00 p.m. PT, Monday – Friday)

or visit www.CIGNAforYou.com.



This plan is intended to comply with the federal Patient Protection and Affordable Care Act. Provisions are subject to change as additional regulatory guidance becomes available.

If, after reviewing the contract, you find that you're not satisfied for any reason, simply return the contract to us within 10 days. We will refund any premium you've paid (including any contract fees or other charges), less the cost of any services paid on behalf of you or any covered dependent.

This Plan Comparison highlights some of the benefits available under these plans. A complete description regarding the terms of coverage, exclusions, and limitations, including legislated benefits, and terms under which the policy may be continued in force or discontinued will be provided in your Summary of Benefits and Policy Booklet.

Rates will vary by plan design. Rates may vary based on age, gender, and geographic location. Enrollment is subject to medical underwriting guidelines established by the health insurer, and your rate may vary based upon the results of the medical underwriting risk assessment process. You may be declined coverage because of a health condition. If you are issued a policy, certain medical conditions may not be covered for a specified length of time if those conditions are related to a medical condition that existed prior to the date of coverage.

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