

Individual & Family Plans

Insured by Connecticut General Life Insurance Company

Cigna Open Access Plans for **GEORGIA**



**MEDICAL &
PHARMACY
INSURANCE
WITH THE**

**ONE-AND-ONLY
YOU IN MIND.**

GO YOUSM



SERVICES WITH YOU IN MIND

Choose Cigna and you get more than just coverage to help with your health care expenses. You also get access to valuable tools and services to help you reach your health goals.

- **24/7/365 Health Information Line.** Staffed by nurses who can help you find information about common health concerns.
- **Cigna Healthy Rewards® Program.*** Special offers, and health and wellness discounts on weight management and nutrition, vision care, fitness clubs, tobacco cessation and more.
- **Home Delivery Pharmacy.** Order a 90-day supply of prescription medications and have it delivered right to your door at no extra cost.
- **Health Assessment Tool.** You can gain a better knowledge of your health status and set goals to improve it with our confidential online questionnaire.
- **myCigna.com.** This personalized website assists with managing your health and health care expenses. Search for claims, find a doctor and calculate costs. You can even pay your monthly premium online and look up health and wellness information.

**APPLY FOR MEDICAL
AND DENTAL
COVERAGE TODAY.**

**Call 1.866.Get.Cigna
(1.866.438.2446)**



* Some Healthy Rewards Programs are not available in all states. If your Cigna Plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. **A discount program is NOT insurance**, and you must pay the entire discounted charge.

You are unique. So are your health insurance needs. That's why Cigna offers several different policies, making it easier to find the one that best fits your needs and those of your family. Review the details of these Cigna Open Access Plans® and see which one is right for you. If you want to review other types of plans, just ask your licensed Cigna insurance agent or broker.

The benefit of health insurance

Health insurance gives you a healthy advantage. How? By giving you 100% coverage on in-network preventive care. This covers some screenings that can help detect heart disease, cancers, diabetes and other chronic diseases. It also includes immunizations that can help protect you from getting infections which can lead to health problems. So even if you're already in good health, health insurance can help you stay that way.

Open Access Plans

A Cigna Open Access Plan is all about choice. That means it's all about you. *You can choose the plan that best meets your needs and choose your doctors with no referrals required.* And every Cigna medical plan provides 100% coverage for in-network preventive care, wellness screenings and immunizations. There's also coverage for urgent care, hospital stays and prescription drugs. And you get 24/7 customer support, and programs and services to help you manage your health.

Choose your plan

Cigna offers a range of plans to choose from, with individual annual deductibles ranging from \$1,000 to \$10,000. Plus, you can add a dental insurance policy with any of our medical insurance plans. Just ask your licensed Cigna insurance agent or broker to help you choose the plan that's right for you.

Tip: Take a look at your health care needs before you choose your plan. A higher deductible may lower your monthly premium, but may not be the best choice if you or someone in your family needs to see a doctor frequently.

Choose your doctor

We have a national network of more than 800,000 participating medical health care providers and more than 80,000 dental providers. In Georgia, Cigna has a network of more than 18,000 doctors and specialists, 1,700 dentists and more than 170 participating hospitals. You can also choose to see a doctor outside of the Cigna network.* And you don't need a referral to see a specialist. We make it easy to get the care you need from the doctor you choose.

Tip: Find the latest list of doctors, dentists, hospitals or pharmacies: [Cigna.com/isghcp](https://www.cigna.com/isghcp)



* Out-of-pocket costs will vary, and you'll pay less when you see an in-network health care provider.

GEORGIA

Percentage shown in- and out-of-network is the percentage of covered services you pay. Annual deductible applies unless otherwise noted.

Open Access Plans

MEDICAL

	Open Access 1000/80%		Open Access 2000/80%	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Annual Deductible – Individual/family deductible is satisfied when each 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	\$2,000/\$4,000	\$4,000/\$8,000
Annual Out-of-Pocket Maximum – Individual/family deductible, copays, and pharmacy charges do not apply to the out-of-pocket maximums	\$2,000/\$6,000	\$6,000/\$18,000	\$3,000/\$9,000	\$9,000/\$27,000
Lifetime Maximum Benefit	Unlimited		Unlimited	
Physician Services – Primary care physician/specialist – office visits	You pay \$25/\$35 ²	You pay 40%	You pay \$25/\$35 ²	You pay 40%
Preventive Care (All Ages) – Routine physicals and other routine preventive services	You pay 0% ²	You pay 30% ²	You pay 0% ²	You pay 30% ²
Ambulance	You pay 20%	You pay the same level as In-Network if it is an emergency as defined by your plan, otherwise you pay 40%	You pay 20%	You pay the same level as In-Network if it is an emergency as defined by your plan, otherwise you pay 40%
Emergency Room	You pay \$300, ² all-inclusive copay		You pay \$300, ² all-inclusive copay	
Urgent Care Services	You pay \$75, ² all-inclusive copay		You pay \$75, ² all-inclusive copay	
Inpatient Hospital Services – Facility charges, physician services and all in-hospital care	You pay 20%	You pay 40%	You pay 20%	You pay 40%
Surgery in an Outpatient Hospital or Freestanding Surgical Center	You pay 20%	You pay 40%	You pay 20%	You pay 40%
Outpatient Lab and X-Ray	You pay 0% ² up to \$200, then 20% after deductible	You pay 40%	You pay 0% ² up to \$200, then 20% after deductible	You pay 40%
Outpatient Ultrasound, CT/PET Scan and MRI	You pay 20%	You pay 40%	You pay 20%	You pay 40%
Short-Term Rehabilitative Therapy – Including physical, occupational and speech therapy – Calendar year maximum of 24 visits, combined in- and out-of-network	You pay 20%	You pay 40%	You pay 20%	You pay 40%
Durable Medical Equipment	You pay 20%	You pay 40%	You pay 20%	You pay 40%
Mental Health Inpatient – Calendar year maximum of 30 days, combined in- and out-of-network	You pay 20%	You pay 40%	You pay 20%	You pay 40%
Mental Health Outpatient – Calendar year maximum of 48 visits, combined in- and out-of-network	You pay 20%	You pay 40%	You pay 20%	You pay 40%
RETAIL PHARMACY (per 30-day supply)				
Brand Name Drug Deductible – Combined retail and home delivery	\$100 per person/per calendar year		\$200 per person/per calendar year	
Generic/Brand Name/Non-Preferred Brand Name	You pay \$10/\$35/\$60		You pay \$10/\$35/\$60	
Self-Administered Injectable Drugs	You pay 30%		You pay 30%	
HOME DELIVERY PHARMACY (per 90-day supply)				
Generic/Brand Name/Non-Preferred Brand Name	You pay \$25/\$85/\$150		You pay \$25/\$85/\$150	
Self-Administered Injectable Drugs	You pay 30%		You pay 30%	

GEORGIA

Percentage shown in- and out-of-network is the percentage of covered services you pay. Annual deductible applies unless otherwise noted.

Open Access Plans

MEDICAL

	Open Access 3000/80%		Open Access 5000/80%	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Annual Deductible – Individual/family deductible is satisfied when each member has paid their individual deductible or when the total family deductible amount has been reached by any combination of family members	\$3,000/\$6,000	\$6,000/\$12,000	\$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 maximums	\$4,000/\$12,000	\$12,000/\$36,000	\$5,000/\$15,000	\$15,000/\$45,000
Lifetime Maximum Benefit	Unlimited		Unlimited	
Physician Services – Primary care physician/specialist – office visits	You pay \$35/\$45 ²	You pay 40%	You pay \$35/\$45 ²	You pay 40%
Preventive Care (All Ages) – Routine physicals and other routine preventive services	You pay 0% ²	You pay 30% ²	You pay 0% ²	You pay 30% ²
Ambulance	You pay 20%	You pay the same level as In-Network if it is an emergency as defined by your plan, otherwise you pay 40%	You pay 20%	You pay the same level as In-Network if it is an emergency as defined by your plan, otherwise you pay 40%
Emergency Room	You pay \$300, ² all-inclusive copay		You pay \$300, ² all-inclusive copay	
Urgent Care Services	You pay \$75, ² all-inclusive copay		You pay \$75, ² all-inclusive copay	
Inpatient Hospital Services – Facility charges, physician services and all in-hospital care	You pay 20%	You pay 40%	You pay 20%	You pay 40%
Surgery in an Outpatient Hospital or Freestanding Surgical Center	You pay 20%	You pay 40%	You pay 20%	You pay 40%
Outpatient Lab and X-Ray	You pay 0% ² up to \$200, then 20% after deductible	You pay 40%	You pay 0% ² up to \$200, then 20% after deductible	You pay 40%
Outpatient Ultrasound, CT/PET Scan and MRI	You pay 20%	You pay 40%	You pay 20%	You pay 40%
Short-Term Rehabilitative Therapy – Including physical, occupational and speech therapy – Calendar year maximum of 24 visits, combined in- and out-of-network	You pay 20%	You pay 40%	You pay 20%	You pay 40%
Durable Medical Equipment	You pay 20%	You pay 40%	You pay 20%	You pay 40%
Mental Health Inpatient – Calendar year maximum of 30 days, combined in- and out-of-network	You pay 20%	You pay 40%	You pay 20%	You pay 40%
Mental Health Outpatient – Calendar year maximum of 48 visits, combined in- and out-of-network	You pay 20%	You pay 40%	You pay 20%	You pay 40%
RETAIL PHARMACY (per 30-day supply)				
Brand Name Drug Deductible – Combined retail and home delivery	\$300 per person/per calendar year		\$500 per person/per calendar year	
Generic/Brand Name/Non-Preferred Brand Name	You pay \$10/\$35/\$60		You pay \$10/\$35/\$60	
Self-Administered Injectable Drugs	You pay 30%		You pay 30%	
HOME DELIVERY PHARMACY (per 90-day supply)				
Generic/Brand Name/Non-Preferred Brand Name	You pay \$25/\$85/\$150		You pay \$25/\$85/\$150	
Self-Administered Injectable Drugs	You pay 30%		You pay 30%	

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 preexisting conditions for a period of time.

GEORGIA

Percentage shown in- and out-of-network is the percentage of covered services you pay. Annual deductible applies unless otherwise noted.

Open Access Plans

MEDICAL

	Open Access 5000/100%		Open Access 7500/100%	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Annual Deductible – Individual/family deductible is satisfied when each member has paid their individual deductible or when the total family deductible amount has been reached by any combination of family members	\$5,000/\$10,000	\$10,000/\$20,000	\$7,500/\$15,000	\$15,000/\$30,000
Annual Out-of-Pocket Maximum – Individual/family deductible, copays, and pharmacy charges do not apply to the out-of-pocket maximums	\$0/\$0	\$15,000/\$45,000	\$0/\$0	\$15,000/\$45,000
Lifetime Maximum Benefit	Unlimited		Unlimited	
Physician Services – Primary care physician/specialist— office visits	You pay \$35/\$45 ²	You pay 30%	You pay \$35/\$45 ²	You pay 30%
Preventive Care (All Ages) – Routine physicals and other routine preventive services	You pay 0% ²	You pay 30% ²	You pay 0% ²	You pay 30% ²
Ambulance	You pay 0%	You pay the same level as In-Network if it is an emergency as defined by your plan, otherwise you pay 30%	You pay 0%	You pay the same level as In-Network if it is an emergency as defined by your plan, otherwise you pay 30%
Emergency Room	You pay \$300, ² all-inclusive copay		You pay \$300, ² all-inclusive copay	
Urgent Care Services	You pay \$75, ² all-inclusive copay		You pay \$75, ² all-inclusive copay	
Inpatient Hospital Services – Facility charges, physician services and all in-hospital care	You pay 0%	You pay 30%	You pay 0%	You pay 30%
Surgery in an Outpatient Hospital or Freestanding Surgical Center	You pay 0%	You pay 30%	You pay 0%	You pay 30%
Outpatient Lab and X-Ray	You pay 0% ² up to \$200, then 0% after deductible	You pay 30%	You pay 0% ² up to \$200, then 0% after deductible	You pay 30%
Outpatient Ultrasound, CT/PET Scan and MRI	You pay 0%	You pay 30%	You pay 0%	You pay 30%
Short-Term Rehabilitative Therapy – Including physical, occupational and speech therapy – Calendar year maximum of 24 visits, combined in- and out-of-network	You pay 0%	You pay 30%	You pay 0%	You pay 30%
Durable Medical Equipment	You pay 0%	You pay 30%	You pay 0%	You pay 30%
Mental Health Inpatient – Calendar year maximum of 30 days, combined in- and out-of-network	You pay 0%	You pay 30%	You pay 0%	You pay 30%
Mental Health Outpatient – Calendar year maximum of 48 visits, combined in- and out-of-network	You pay 0%	You pay 30%	You pay 0%	You pay 30%
RETAIL PHARMACY (per 30-day supply)				
Brand Name Drug Deductible – Combined retail and home delivery	\$500 per person/per calendar year		\$500 per person/per calendar year	
Generic/Brand Name/Non-Preferred Brand Name	You pay \$10/\$35/\$60		You pay \$10/\$35/\$60	
Self-Administered Injectable Drugs	You pay 30%		You pay 30%	
HOME DELIVERY PHARMACY (per 90-day supply)				
Generic/Brand Name/Non-Preferred Brand Name	You pay \$25/\$85/\$150		You pay \$25/\$85/\$150	
Self-Administered Injectable Drugs	You pay 30%		You pay 30%	

GEORGIA

Percentage shown in- and out-of-network is the percentage of covered services you pay. Annual deductible applies unless otherwise noted.

Open Access Plans

MEDICAL

	Open Access 10,000/100%	
	In-Network	Out-of-Network ¹
Annual Deductible – Individual/family deductible is satisfied when each member has paid their individual deductible or when the total family deductible amount has been reached by any combination of family members	\$10,000/\$20,000	\$20,000/\$40,000
Annual Out-of-Pocket Maximum – Individual/family deductible, copays, and pharmacy charges do not apply to the out-of-pocket maximums	\$0/\$0	\$15,000/\$45,000
Lifetime Maximum Benefit	Unlimited	
Physician Services – Primary care physician/specialist – office visits	You pay \$35/\$45 ²	You pay 30%
Preventive Care (All Ages) – Routine physicals and other routine preventive services	You pay 0% ²	You pay 30% ²
Ambulance	You pay 0%	You pay the same level as In-Network if it is an emergency as defined by your plan, otherwise you pay 30%
Emergency Room	You pay \$300, ² all-inclusive copay	
Urgent Care Services	You pay \$75, ² all-inclusive copay	
Inpatient Hospital Services – Facility charges, physician services and all in-hospital care	You pay 0%	You pay 30%
Surgery in an Outpatient Hospital or Freestanding Surgical Center	You pay 0%	You pay 30%
Outpatient Lab and X-Ray	You pay 0% ² up to \$200, then 0% after deductible	You pay 30%
Outpatient Ultrasound, CT/PET Scan and MRI	You pay 0%	You pay 30%
Short-Term Rehabilitative Therapy – Including physical, occupational and speech therapy – Calendar year maximum of 24 visits, combined in- and out-of-network	You pay 0%	You pay 30%
Durable Medical Equipment	You pay 0%	You pay 30%
Mental Health Inpatient – Calendar year maximum of 30 days, combined in- and out-of-network	You pay 0%	You pay 30%
Mental Health Outpatient – Calendar year maximum of 48 visits, combined in- and out-of-network	You pay 0%	You pay 30%
RETAIL PHARMACY (per 30-day supply)		
Brand Name Drug Deductible – Combined retail and home delivery	\$500 per person/per calendar year	
Generic/Brand Name/Non-Preferred Brand Name	You pay \$10/\$35/\$60	
Self-Administered Injectable Drugs	You pay 30%	
HOME DELIVERY PHARMACY (per 90-day supply)		
Generic/Brand Name/Non-Preferred Brand Name	You pay \$25/\$85/\$150	
Self-Administered Injectable Drugs	You pay 30%	

¹ When you go out-of-network, you may pay more if the provider's charges exceed the amount Cigna reimburses for billed services

² Annual deductible waived

Commonly used health care words

Here are some basic terms that may be used in your health care plan and that you should know.

In-network coinsurance: Amount you pay for covered in-network medical services after you have satisfied the annual deductible.

Out-of-network coinsurance: You pay a percentage of the negotiated fee, and Cigna covers the rest.

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

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

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

Out-of-network services: Services from any health care provider (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.

Annual out-of-pocket maximum: Maximum dollar amount you pay per calendar year for covered medical services. Copays, deductibles and pharmacy costs do not apply to the out-of-pocket maximum.



A DENTAL PLAN SURE TO MAKE YOU SMILE

Combining Cigna Dental with Cigna Medical helps you stay healthy head to toe. Cigna Dental provides a wide range of coverage – not just discounts – for preventive care, fillings, bridges, root canals and more. If a dental procedure is not a covered service, you may be eligible for a discount on the dentist’s fee for that service.

With Cigna Dental Plans you get:

- **Savings** – Preventive care paid at 100%* plus save even more with our negotiated rates.
- **Convenience** – One monthly bill for Medical and Dental Plans.
- **Choice** – Select one of 1,700 Georgia in-network dentists (plus even more nationwide), or choose to go out-of-network.

	Dental PPO 50	
Individual deductible**	\$50	
Family deductible**	\$150	
Calendar year benefit** (maximum per person)	\$1,000	
	In-Network	Out-of-Network ¹
Preventive/diagnostic services (no waiting period)	You pay 0% ²	
Basic restorative services (6 month waiting period)	You pay 20%	
Major restorative services (12 month waiting period)	You pay 50%	



* When covered services are provided by an in-network dentist

** In- and out-of-network covered services combined apply toward dental deductible and benefit maximum

1 When you go out-of-network, you may pay more if the provider’s charges exceed the amount Cigna reimburses for billed services

2 Annual deductible waived

**APPLY FOR MEDICAL AND
DENTAL COVERAGE TODAY.**

**Call 1.866.Get.Cigna
(1.866.438.2446)**



Rates will vary by plan design including the amount of plan deductibles, coinsurance, and out-of-pocket maximums. Rates may vary based on age, gender, geographic location, and the plan and plan deductible selected.

Rates for new medical policies with an effective date of 1/1/2013 and later are guaranteed through 12/31/2013 with the exception of any policy amendment activities, such as benefit changes, switching to a different plan, adding or dropping dependents and moving to a different rating area. After the initial rate guarantee, rates are subject to change upon 60 days notice. Eligibility for medical and dental rates is based upon residential zip code. Dental rates do not have an initial rate guarantee.

Enrollment in a Cigna Open Access, Open Access Value or Health Savings Plan is subject to medical underwriting guidelines established by the insurer, and your rate may vary based upon tobacco usage and 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, and are 19 years of age or older, 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. Waiting periods apply to basic (6 months) and major (12 months) covered dental care services.

This medical insurance policy (INDGA022012) and dental insurance policy (DENINDGA082010) have exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. For costs and additional details about coverage, contact Connecticut General Life Insurance Company at 900 Cottage Grove Road, Hartford, CT 06152 or call 1-866-GET-Cigna.

"Cigna" and "Healthy Rewards" are registered service marks, and the "Tree of Life" logo and "GO YOU" are service marks, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries, and not by Cigna Corporation. Such subsidiaries include Connecticut General Life Insurance Company and Cigna Dental Health, Inc. All models are used for illustrative purposes only.