

GET TO KNOW YOUR MEDICAL PLAN

Cigna Access HSA Bronze 6000 | 2016 Summary of Benefits

Why Choose Cigna?

Cigna's Individual and Family insurance plans are designed to work with your needs and your budget, offering a range of coverage options, quality care and helpful, easy to use tools and services. All of our plans offer:

- › Coverage options to give you choices, so you can find what works best for you.
- › Affordable premiums and lower negotiated rates to help keep your costs down.
- › 100% coverage for in-network preventive care¹ to help keep you healthy and well.
- › A network of quality providers in your local area and nationwide. Plus, access to care both in- and out-of-network.
- › 24/7 customer service to answer questions on your health care needs, providers, or claims — speaking in plain, simple language.
- › Tools and services to help make it easy for you to select plans and doctors, and predict costs.

1. Some preventive care services may not be covered, including immunizations for travel. Refer to your policy for a complete listing of covered and non-covered services.

Our Networks: it's about quality and savings

The Cigna Open Access Plus (OAP) Network provides access to health care professionals nationwide. Some of the health care professionals in the network are further recognized with the Cigna Care Designation for their quality and cost effective care.

When you receive care from a health care professional or hospital in the OAP Network, the visit is considered in-network which helps you save by getting access to the lower rates that we've negotiated with providers in the network. You have the freedom to see any healthcare professional in the network with no referral required. You can also seek care outside of our network, but you'll save more when you stay in-network.

To find a doctor in our network, visit

Cigna.com/ifp-providers.

Our network includes access to Cigna Medical Group, whose doctors consistently receive patient satisfaction scores of 95% on surveys managed by an independent research company.²

2. 12/31/13 Art of Medicine/Customer Satisfaction Surveys, 95% represents average based on a 9-point scale.

Contact your local broker or a licensed Cigna agent at **866.Get.Cigna** or visit **Cigna.com** to learn more.

Together, all the way.®



This PPO plan is available statewide for residents living in Arizona.

This Health Savings Plan can be paired with a tax-advantaged Health Savings Account (HSA).*

MEDICAL BENEFIT	Cigna Access HSA Bronze 6000	
	IN-NETWORK	OUT-OF-NETWORK
Individual Deductible (Medical and pharmacy)	\$6,000	\$12,500
Family Deductible (Medical and pharmacy)	\$12,000	\$25,000
Individual/family deductible is satisfied when each member has reached their annual individual deductible or when the total annual family deductible amount has been reached by any combination of family members.		
Coinsurance**	You pay 0% after deductible	You pay 50% after deductible
Individual Out-of-Pocket Maximum	\$6,500	\$25,000
Family Out-of-Pocket Maximum	\$13,000	\$50,000

Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum.

PHYSICIAN SERVICES

Primary Care Physician (Office visit)	You pay 0% after deductible	You pay 50% after deductible
Specialist Physician (Office visit)	You pay 0% after deductible	You pay 50% after deductible
Office Related Services	You pay 0% after deductible	You pay 50% after deductible

PREVENTIVE CARE

Preventive Care for All Ages (Routine physicals and other preventive services)	You pay 0%, deductible waived	You pay 50% after deductible
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INPATIENT SERVICES

Facility Services (Inpatient room and board, lab & x-ray, operating room, etc.)	You pay 0% after deductible	You pay 50% after deductible
Physician Services	You pay 0% after deductible	You pay 50% after deductible

MATERNITY CARE

Prenatal and Postnatal Care	You pay 0% after deductible	You pay 50% after deductible
Delivery and Inpatient Services for Maternity Care	You pay 0% after deductible	You pay 50% after deductible

*HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. If HSA funds are used for anything other than IRS "Qualified Medical Expenses," the amount will be subject to income tax and will be subject to a 20% penalty prior to you reaching age 65.

**Amount you pay for covered medical services. Out-of-network you may pay more, if the provider's charges exceed the amount Cigna reimburses for billed services.

MEDICAL BENEFIT	Cigna Access HSA Bronze 6000	
	IN-NETWORK	OUT-OF-NETWORK
OUTPATIENT SERVICES		
Lab, X-ray and Ultrasound	You pay 0% after deductible	You pay 50% after deductible
CT/PET Scans and MRI	You pay 0% after deductible	You pay 50% after deductible
Cardiac & Pulmonary Rehabilitation Subject to Short-Term Rehabilitative Therapy maximum	You pay 0% after deductible	You pay 50% after deductible
Short-Term Rehabilitative Therapy Maximum of 60 visits per calendar year, combined with Physical, Occupational, Speech, Cardiac & Pulmonary Rehabilitation.	You pay 0% after deductible	You pay 50% after deductible
Spinal Manipulation Therapy Unlimited maximum	You pay 0% after deductible	You pay 50% after deductible
Outpatient Surgery (Facility)	You pay 0% after deductible	You pay 50% after deductible
Outpatient Surgery (Physician services)	You pay 0% after deductible	You pay 50% after deductible
Acupuncture	Not covered	Not covered
EMERGENCY AND URGENT CARE SERVICES		
Hospital Emergency Room	You pay 0% after deductible	You pay the same level as in-network if it is an emergency as defined in your plan, otherwise you pay 50% after deductible.
Urgent Care Services	You pay 0% after deductible	You pay the same level as in-network if it is an emergency as defined in your plan, otherwise you pay 50% after deductible.
Ambulance	You pay 0% after deductible	You pay the same level as in-network if it is an emergency as defined in your plan, otherwise you pay 50% after deductible.
OTHER HEALTH CARE FACILITIES AND SERVICES		
Skilled Nursing Facility Maximum of 90 days per calendar year	You pay 0% after deductible	You pay 50% after deductible
Home Health Unlimited maximum per calendar year	You pay 0% after deductible	You pay 50% after deductible
Hospice	You pay 0% after deductible	You pay 50% after deductible
DURABLE MEDICAL EQUIPMENT (DME)		
Durable Medical Equipment	You pay 0% after deductible	You pay 50% after deductible

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MEDICAL BENEFIT	IN-NETWORK	OUT-OF-NETWORK
MENTAL HEALTH & SUBSTANCE USE DISORDER		
Inpatient (Includes acute, partial & residential treatment)	You pay 0% after deductible	You pay 50% after deductible
Outpatient (Office visits)	You pay 0% after deductible	You pay 50% after deductible
Outpatient (All other outpatient services)	You pay 0% after deductible	You pay 50% after deductible

PRESCRIPTION DRUGS (RETAIL & HOME DELIVERY)	IN-NETWORK	OUT-OF-NETWORK
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To see a complete list of drugs covered under your plan, visit Cigna.com/ifp-drug-list

PRESCRIPTIONS FILLED AT RETAIL

TIER 1: Retail Preferred Generics (Available at the lowest cost) Up to a 90 day supply	You pay 0% after deductible	You pay 50% after deductible
TIER 2: Retail Non-preferred Generics (Medications at a higher cost than Tier 1) Up to a 90 day supply	You pay 0% after deductible	You pay 50% after deductible
TIER 3: Retail Preferred Brands (Brand-name drugs at a lower cost than Tier 4) Up to a 90 day supply	You pay 0% after deductible	You pay 50% after deductible
TIER 4: Retail Non-preferred Brands (A mix of non-preferred brand-name and generic drugs at a higher cost than Tier 2 and Tier 3) Up to a 90 day supply	You pay 50% after deductible	You pay 50% after deductible
TIER 5: Retail Specialty (Drugs for complex chronic conditions) Up to a 30 day supply	You pay 0% after deductible	You pay 50% after deductible

PRESCRIPTIONS FILLED THROUGH HOME DELIVERY

TIER 1: Home Delivery Preferred Generics (Available at the lowest cost) Up to a 90 day supply	You pay 0% after deductible	Not covered
TIER 2: Home Delivery Non-preferred Generics (Medications at a higher cost than Tier 1) Up to a 90 day supply	You pay 0% after deductible	Not covered
TIER 3: Home Delivery Preferred Brands (Brand-name drugs at a lower cost than Tier 4) Up to a 90 day supply	You pay 0% after deductible	Not covered
TIER 4: Home Delivery Non-preferred Brands (A mix of non-preferred brand-name and generic drugs at a higher cost than Tier 3) Up to a 90 day supply	You pay 50% after deductible	Not covered
TIER 5: Home Delivery Specialty (Drugs for complex chronic conditions) Up to a 30 day supply	You pay 0% after deductible	Not covered

This summary contains highlights only.

UNDERSTANDING THE TOTAL COST OF YOUR CARE

Here are some basic terms that may be used to explain the costs of your health care plan.

- › **Premium**
Amount you pay monthly for your health insurance plan.
- › **Annual out-of-pocket maximum**
Maximum dollar amount you pay per calendar year for covered medical services. Copays, deductibles, and pharmacy charges apply to the out-of-pocket maximum.
- › **Coinsurance**
In-network: Amount you pay for covered medical services after you have satisfied the annual deductible.
Out-of-network: Amount you pay for covered medical services after you have satisfied the annual out-of-network deductible. You may pay more if the provider's charges exceed the amount Cigna reimburses for billed services.
- › **Copayment (copay)**
A flat fee you pay toward services such as doctor visits or prescriptions.
- › **Annual Deductible**
The amount you pay each year before Cigna begins to pay for covered services.

For more information or to find in-network doctors:

See the Access Network flyer
Visit **Cigna.com/ifp-providers**.
Call **866.494.2111**.

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2016 PLAN EXCLUSIONS AND LIMITATIONS

Exclusions Services

In addition to any other exclusions and limitations described in this Policy, there are no benefits provided for the following:

- › Any amounts in excess of maximum amounts of Covered Expenses stated in this Policy.
 - › Services not specifically listed in this Policy as Covered Services.
 - › Services or supplies that are not Medically Necessary.
 - › Services or supplies that Cigna considers to be for Experimental Procedures or Investigative Procedures.
 - › Services received before the Effective Date of coverage.
 - › Services received after coverage under this Policy ends.
 - › Services for which You have no legal obligation to pay or for which no charge would be made if You did not have health plan or insurance coverage.
 - › Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.
 - › Conditions caused by: (a) an act of war (declared or undeclared); (b) the inadvertent release of nuclear energy when government funds are available for treatment of illness or injury arising from such release of nuclear energy; (c) an Insured Person participating in the military service of any country; (d) an Insured Person participating in an insurrection, rebellion, or riot.
 - › Any services provided by a local, state or federal government agency, except when payment under this Policy is expressly required by federal or state law.
 - › Any services required by state or federal law to be supplied by a public school system or school district.
 - › Any services for which payment may be obtained from any local, state or federal government agency (except Medicaid).
- Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
- › If the Insured Person is eligible for Medicare Part A, B or D, Cigna will provide claim payment according to this Policy minus any amount paid by Medicare, not to exceed the amount Cigna would have paid if it were the sole insurance carrier.
 - › Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
 - › Professional services or supplies received or purchased directly or on Your behalf by anyone, including a Physician, from any of the following:
 - Yourself or Your employer;
 - a person who lives in the Insured Person's home, or that person's employer;
 - a person who is related to the Insured Person by blood, marriage or adoption, or that person's employer.
 - › Custodial Care.
 - › Inpatient or outpatient services of a private duty nurse except as specifically provided in this Policy.
 - › Inpatient room and board charges in connection with a Hospital stay primarily for environmental change, physical therapy or treatment of chronic pain; Custodial Care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
 - › Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
 - › Assistance in activities of daily living, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or homemaker services, and services primarily for rest, domiciliary or convalescent care.
 - › Private duty nursing, except as specifically provided in the Home Health Care Services benefit in this Policy.
 - › Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
 - › Dental services, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this Policy.
 - › Orthodontic Services, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction.
 - › Dental Implants: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
 - › Hearing aids including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs) except as specifically stated in this Policy. A hearing aid is any device that amplifies sound.
 - › Routine hearing tests and Exams except as specifically provided in this Policy under "Comprehensive Benefits, What the Plan Pays For".
 - › Genetic screening or preimplantations genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
 - › Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Policy under Pediatric Vision.
 - › An eye surgery solely for the purpose of correcting refractive defects of the eye, such as nearsightedness (myopia), astigmatism and/or farsightedness (presbyopia).
 - › Outpatient speech therapy, except as specifically stated in this Policy.
 - › Cosmetic surgery or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one's appearance including macromastia or gynecomastia surgeries; surgical treatment of varicose veins; abdominoplasty/panniculectomy; rhinoplasty. This exclusion does not apply to Reconstructive Surgery to restore a

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- bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
- › **Aids or devices that assist with nonverbal communication**, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books except as specifically stated in this Policy.
 - › **Non-Medical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other nonmedical ancillary services for learning disabilities and developmental delays.
 - › **Complementary and alternative medicine services**, including but not limited to: massage therapy; animal therapy, including but not limited to equine therapy or canine therapy; art therapy; music therapy; meditation; visualization; acupuncture; acupressure, reflexology, light therapy, aromatherapy, energy-balancing; movement and/or exercise therapy including but not limited to yoga, pilates, tai-chi, walking, hiking, swimming, golf.
 - › **Any services provided by or at a place for the aged**, a nursing home, or any facility a significant portion of the activities of which include rest, recreation, leisure, or any other services that do not consist exclusively of Covered Services.
 - › **Services for redundant skin surgery**, removal of skin tags, acupressure, craniosacral/cranial therapy, dance therapy, movement therapy, applied kinesiology, rolfing, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, regardless of clinical indications.
 - › Procedures, surgery or treatments to **change characteristics of the body to those of the opposite sex** including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery. This also includes any medical, surgical or psychiatric treatment or study related to sex change.
 - › **Treatment of sexual dysfunction**, impotence and/or inadequacy except if this is a result of an Accidental Injury, organic cause, trauma, infection, or congenital disease or anomalies.
 - › **All services related to the evaluation or treatment of fertility and/or infertility, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), except as specifically stated in the “Comprehensive Benefits: What the Policy Pays For” and “What’s Covered”, section in this Policy.**
 - › **Cryopreservation** of sperm or eggs or storage of sperm for artificial insemination (including donor fees).
 - › All **non-prescription Drugs**, devices and/or supplies, except insulin and drugs designated as preventive by the Patient Protection and Affordable Care Act (PPACA), that are available over the counter or without a prescription: **Injectable drugs** (“self-injectable medications) **that do not require Physician supervision; All noninjectable prescription drugs, injectable prescription drugs that do not require Physician supervision** and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, and **Self-administered Injectable Drugs**, except as stated in the Benefit Schedule and in the Prescription Drug Benefits section of this Policy.
 - › **Any Infusion or Injectable Specialty Prescription Drugs that require Physician supervision**, except as otherwise stated in this Policy. Infusion and Injectable Specialty drugs include, but are not limited to, hemophilia factor and supplies, enzyme replacements and intravenous immunoglobulin.
 - › Any **Drugs**, medications, or other substances **dispensed or administered in any outpatient setting** except as specifically stated in this Policy. This includes, but is not limited to, items dispensed by a Physician.
 - › Any **off label cancer drug** that has been prescribed for a specific type of cancer for which use of the drug has not been approved by the U.S. Food and Drug Administration (U.S. FDA) except as provided under Comprehensive Benefits.
 - › Fees associated with the **collection or donation of blood or blood products**, except for autologous donation in anticipation of scheduled services where in the utilization review Physician’s opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
 - › Blood administration **for the purpose of general improvement in physical condition.**
 - › **Orthopedic shoes** (except when joined to braces), shoe inserts, foot orthotic devices except as required by law for diabetic patients.
 - › Services primarily for **weight reduction or treatment of obesity** including morbid obesity, or any care which involves weight reduction as a main method for treatment, except as otherwise stated in the Policy.
 - › **Routine physical exams or tests** that do not directly treat an actual illness, injury or condition, including those required by employment or government authority, physical exams required for or by an employer, or for school, or sports physicals, except as otherwise specifically stated in this Plan.
 - › Therapy or treatment **intended primarily to improve or maintain general physical condition** or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long-term or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
 - › **Items which are furnished primarily for personal comfort or convenience** (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, including wigs etc.).

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- › Massage therapy.
- › **Educational services** except for Diabetes Self-Management Training; counseling/ educational services for breastfeeding; physician counseling regarding alcohol misuse, preventive medication, obesity, nutrition, tobacco cessation and depression; preventive counseling and educational services specifically required under Patient Protection and Affordable Care Act (PPACA) or and as specifically provided or arranged by Cigna.
- › **Nutritional counseling or food supplements** except as stated in this Policy.
- › **Durable medical equipment** excluded durable medical equipment includes, but is not limited to: orthopedic shoes or shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, and Consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this Policy.
- › **Physical, and/or Occupational Therapy/ Medicine** except when provided during an inpatient Hospital confinement or as specifically stated in the Benefit Schedule and under 'Physical and/or Occupational Therapy/Medicine' in the section of this Policy titled "Comprehensive Benefits "What the Policy Pays For".
- › All **Foreign Country Provider charges** are excluded under this Policy except as specifically stated under "Treatment received from Foreign Country Providers" in the section of this Policy titled "Comprehensive, "Benefits What the Policy Pays For".
- › **Growth Hormone Treatment** except when such treatment is medically proven to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be clinically proven to be effective for such use and such treatment must be likely to result in a significant improvement of the Insured Person's condition.
- › **Routine foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized Illness, Injury or symptoms involving the feet, except as otherwise stated in this Policy.
- › **Charges for which We are unable to determine Our liability** because the Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.
- › Charges for the **services of a standby Physician**.
- › Charges for **animal to human organ transplants**.
- › **Claims received by Cigna after 15 months from the date service was rendered**, except in the event of a legal incapacity.

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2016 PLAN IMPORTANT DISCLOSURES

Rates will vary by plan design and the plan deductible, copay, coinsurance and out-of-pocket maximums selected. Rates may vary based on age, family size, geographic location (residential zip code) and tobacco use.

Rates for new medical policies with an effective date on or after 01/01/2016 are guaranteed through 12/31/2016. After the initial guarantee, rates are subject to change upon 60 days notice.

Applications are accepted during annual open enrollment period, or within 60 calendar days of a qualifying life event. Benefits are provided only for those services that are medically necessary as defined in the policy and for which the insured person has benefits.

The policy/service agreement may be cancelled by Cigna due to failure to pay premium, fraud, ineligibility, when the insured no longer lives in the service area, or when we cease to offer policies of this type or cease to offer any plans in the individual market in the state, in accordance with applicable law. You may cancel the policy/service agreement, on the first of the month following our receipt of your written notice. We reserve the right to modify the policy/service agreement, including plan provisions, benefits and coverages, consistent with state or federal law. Policies/service agreements renew on a calendar year basis.

Cigna does not intentionally discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

For costs, and additional details about coverage, contact Cigna at 900 Cottage Grove Rd, Hartford, CT 06152 or call 866.GET.Cigna. (866.438.2446).

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IMPORTANT PLAN INFORMATION

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at 866.494.2111.

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al 866.494.2111.

Depending on your household size and income, you may be able to qualify for federal financial assistance and save by purchasing a Marketplace insurance plan. Call Cigna to learn more.

