



CIGNA PLANS

CALIFORNIA STANDARD PLANS

	 BRONZE		 BRONZE
	Cigna Health Savings 6100	Cigna Health Flex 6400	Cigna California Bronze
MEDICAL	In-network you pay:	In-network you pay:	In-network you pay:
Annual Deductible ¹ Individual/Family	\$6,100/\$12,200	\$6,400/\$12,800	Pharmacy: \$500/\$1,000 Not Integrated Medical: \$6,000/\$12,000
Annual Out-of-Pocket Max ² Individual/Family	\$6,350/\$12,700	\$6,700/\$13,400	\$6,500/\$13,000
Coinsurance ³	0% after deductible	40% after deductible	100% after deductible
Physician Services (Primary Care/Specialist)	0% after deductible	\$60, deductible waived/40% after deductible	Visits 1-3: \$70, deductible waived/\$90, deductible waived †
Preventive Care	0%, deductible waived	0%, deductible waived	0%, deductible waived
Inpatient & Physician Services	0% after deductible	40% after deductible	100% after deductible
Lab, X-ray, & Ultrasound	0% after deductible	40% after deductible	\$40, deductible waived for Lab tests and 100% after deductible for Diagnostic imaging
Prenatal & Postnatal Care	0%, deductible waived	40%, deductible waived	0%, deductible waived
Maternity Care ⁴	0% after deductible	40% after deductible	100% after deductible
Hospital ER	0% after deductible	40% after deductible	100% after deductible
Urgent Care	0% after deductible	\$75, deductible waived	Visits 1-3: \$120 copay for deductible waived (deductible applies after the third visit) ††
Ambulance	0% after deductible	40% after deductible	100% after deductible
RX DRUGS – Tier 1, 2: Up to a 90 day supply. For Copay plans, you pay Copay for each 30 day supply. Tier 3: Up to a 30 day supply			
Pharmacy Annual Deductible Individual/Family			\$500/\$1,000
Tier 1 Retail Generic	0% after deductible	\$25, deductible waived	100% up to \$500 per prescription after a \$500 Individual/\$1,000 Family deductible
Tier 2 Retail Pref. Brand	0% after deductible	40% after deductible	100% up to \$500 per prescription after a \$500 Individual/\$1,000 Family deductible
Tier 3 Retail Non-Pref. Brand	50% after deductible	50% after deductible	100% up to \$500 per prescription after a \$500 Individual/\$1,000 Family deductible
Tier 4 Retail Specialty	0% after deductible	\$500, deductible waived	100% up to \$500 per prescription after a \$500 Individual/\$1,000 Family deductible

To view additional plan details, including out-of-network benefits and plan exclusions and limitations, visit Cigna.com/SummaryofBenefits. Additional plans are available.

1. Annual Deductible (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, includes medical and pharmacy)

2. Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum)

3. Coinsurance (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)

4. Delivery & inpatient services for maternity care

† Primary Care Visits 1-3: Deductible applies after third visit; Visits 4+: \$70 after the deductible/\$90 after the deductible, †† Visits 1-3: \$120 copay, deductible waived (deductible applies after the third visit); Visits 4 +: \$120 after the deductible.

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. 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.

See [more reasons](#) why Cigna plans are a good value.

Our Networks: it's about quality and savings

The LocalPlus® Network provides access to health care professionals in your area and other parts of the country. The LocalPlus Network is a select group of health care professionals. Cigna contracts with the providers in the network to ensure that you have referral-free access to care.

When you receive care from a health care professional or hospital in the LocalPlus Network, the visit is considered in-network which helps you incur lower out-of-pocket expenses. The LocalPlus Network is a smaller network of participating health care professionals, specialists and hospitals within the larger Cigna Open Access Plus Network. Cigna contracts with the LocalPlus Network of health care professionals to ensure that you have referral-free access to quality care and to help keep your health care costs lower. When traveling, visit LocalPlus professionals in other LocalPlus Network areas for in-network benefits. If outside of a LocalPlus Network area, access the Cigna Open Access Plus Network for in-network benefits.

See the LocalPlus Network [flyer](#) for more information.

What the metal levels mean:

Bronze, Silver, Gold and Platinum are the different categories or "metal levels" of coverage. Plans in each category pay different amounts of the total costs of an average person's care. This includes the plans' monthly premiums, deductibles, copayments, coinsurance, and out-of-pocket maximums. The actual percentage you'll pay in total or per service will depend on the services you use during the year.

- **Bronze:** Your health plan pays 60% on average. You pay about 40%.
- **Silver:** Your health plan pays 70% on average. You pay about 30%.
- **Gold:** Your health plan pays 80% on average. You pay about 20%.
- **Platinum:** Your health plan pays 90% on average. You pay about 10%.



To see a complete list of drugs covered under your plan, visit www.Cigna.com/ifp-drug-list.



To find a doctor or pharmacy in our network, visit www.Cigna.com/ifp-providers.



To view additional plan details, including out-of-network benefits and plan exclusions and limitations, visit www.Cigna.com/SummaryofBenefits.

Important disclosures

Rates will vary by plan design and the plan deductible, copay, coinsurance, and out-of-pocket maximums selected. Rates 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. Thereafter, medical rates are subject to change upon 60 days notice in accordance with applicable state law.

Major medical insurance policies (CACHIND012016) have exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. Medical applications are accepted during the 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)**.

Important Plan Information

Medical plans are available to residents living in the following counties in California:

Alameda	Los Angeles	Riverside	San Diego	San Mateo
Contra Costa	Orange	San Bernardino	San Francisco	Santa Clara

Cigna Health Savings Plans can be paired with a tax-advantaged Health Savings Account (HSA) to help you save for health care costs.

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.

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

