

2017 Cigna Health Plans

ILLINOIS – CONNECT NETWORK

Cigna Connect HMO medical plans are available to Illinois residents living in Chicago.

	<div><div>B</div>BRONZE</div>			<div><div>S</div>SILVER</div>		
	Cigna Connect HSA 5500	Cigna Connect 6250	Cigna US-IL Connect 6650	Cigna Connect 2500	Cigna Connect 2750	Cigna US-IL Connect 3500
	In Network	In Network	In Network	In Network	In Network	In Network
MEDICAL						
Annual Deductible ¹ Individual/Family	\$5,500/\$11,000	\$6,250/\$12,500	\$6,650/\$13,300	\$2,500/\$5,000	\$2,750/\$5,500	\$3,500/\$7,000
Coinsurance ²	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 30% after deductible	You pay 15% after deductible	You pay 20% after deductible
Annual Out-of-Pocket Max ³ Individual/Family	\$6,550/\$13,100	\$7,150/\$14,300	\$7,150/\$14,300	\$7,150/\$14,300	\$7,150/\$14,300	\$7,150/\$14,300
Physician Services (Primary Care/Specialist)	You pay 50% after deductible	You pay \$30, deductible waived/ You pay 50% after deductible	You pay \$45 for visits 1, 2 & 3, deductible waived. You pay 50% after deductible for additional visits/You pay 50% after deductible	You pay \$0 for visits 1, 2 & 3, deductible waived. You pay 30% after deductible for additional visits/You pay 30% after deductible for the specialist coinsurance	You pay 15% after deductible	You pay \$30, deductible waived/ You pay \$65, deductible waived
Preventive Care	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived	You pay 0%, deductible waived
Inpatient Facility & Physician Services	You pay 50% after deductible	You pay \$500 per day, after deductible (inpatient facility only)/ You pay 50% after deductible	You pay 50% after deductible	You pay 30% after deductible	You pay 15% after deductible	You pay 20% after deductible
Prenatal & Postnatal Care	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 30% after deductible	You pay 15% after deductible	You pay 20% after deductible
Maternity Care ⁴	You pay 50% after deductible	You pay \$500 per day, after deductible (inpatient facility only)/You pay 50% after deductible	You pay 50% after deductible	You pay 30% after deductible	You pay 15% after deductible	You pay 20% after deductible
Lab, X-ray, & Ultrasound	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 30% after deductible	You pay 15% after deductible	You pay 20% after deductible
Hospital ER	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 30% after deductible	You pay 15% after deductible	You pay \$400 per visit, after deductible
Urgent Care	You pay 50% after deductible	You pay \$75 per visit copay, deductible waived	You pay 50% after deductible	You pay \$75 per visit copay, deductible waived	You pay 15% after deductible	You pay \$75 per visit copay, deductible waived
Ambulance	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay 30% after deductible	You pay 15% after deductible	You pay 20% after deductible

Plans do not provide benefits outside of your local area or out-of-network benefits, except for emergency services as defined in the plan. To view additional plan details, 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. 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)
- 3. Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum)
- 4. Delivery & inpatient services for maternity care



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	In Network	In Network	In Network	In Network	In Network	In Network

RX DRUGS – Tier 1-4: Up to a 90 day supply. For Copay plans, you pay Copay for each 30 day supply. **Tier 5:** Up to a 90 day supply

Tier 1 Retail Pref. Generic 30 day supply – at any Participating Pharmacy Up to a 90 day supply – at a Designated 90 day Pharmacy. For Copay plans, You pay a Copay for each 30 day supply.	You pay 50% after deductible	You pay \$10, deductible waived	You pay \$30, deductible waived	You pay \$10, deductible waived	You pay 15% after deductible	You pay \$10, deductible waived
Tier 2 Retail Non-Pref. Generic 30 day supply – at any Participating Pharmacy Up to a 90 day supply – at a Designated 90 day Pharmacy. For Copay plans, You pay a Copay for each 30 day supply.	You pay 50% after deductible	You pay \$40, deductible waived	You pay \$35, deductible waived	You pay \$25, deductible waived	You pay 15% after deductible	You pay \$15, deductible waived
Tier 3 Retail Pref. Brands 30 day supply – at any Participating Pharmacy Up to a 90 day supply – at a Designated 90 day Pharmacy. For Copay plans, You pay a Copay for each 30 day supply.	You pay 50% after deductible	You pay 50% after deductible	You pay 35% after deductible	You pay \$60, deductible waived	You pay 15% after deductible	You pay \$50, deductible waived
Tier 4 Retail Non-Pref. Brands 30 day supply – at any Participating Pharmacy Up to a 90 day supply – at a Designated 90 day Pharmacy. For Copay plans, You pay a Copay for each 30 day supply.	You pay 50% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 50% after deductible	You pay 50% after deductible	You pay \$100, deductible waived
Tier 5 Retail Specialty 30 day supply – at any Participating Pharmacy Up to a 90 day supply – at a Designated 90 day Pharmacy.	You pay 50% after deductible	You pay 50%, deductible waived	You pay 45% after deductible	You pay 30%, deductible waived	You pay 40%, deductible waived	You pay 40%, deductible waived

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- 2. 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)
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Why Choose Cigna?

A health plan and partner

When you choose Cigna, you get more than a health plan. You also get a trusted partner who can help you select the plan that’s right for you and help you get the most out of your plan. So, you get a good choice and a good value. Cigna’s committed to helping you live well and stay well — at an affordable price. Our plans offer:

- Help explaining your plan options with detailed coverage information and tools you can find online. You can also talk to a licensed representative who will walk you through the process.
- An online provider directory to help you find quality doctors near you. Or, you can speak to a customer service representative 24 hours a day, 7 days a week, 365 days a year.
- Preventive care coverage at no additional cost to you.¹
- Easy access to doctors by phone or secure video chat for minor conditions using the Cigna Telehealth Connection program. Out-of-pocket cost are the same or less than a PCP visit.²
- Health advice and wellness coaching to help you reach your health and wellness goals with our partner WebMD®.

Our Plans, it’s about quality and savings

Cigna Connect Plans using the Connect Network. See plan offerings on page 1 and 2 of this flyer.

Cigna’s Connect health insurance plans are designed to provide you with quality personalized care and access to providers in the Connect Network in your local area. Some of the health care professionals have separately earned the Cigna Care Designation (CCD), recognized for achieving top results on Cigna quality and cost-efficiency measures.

How it works

Simply choose your in-network primary care physician (PCP)³ who will get to know your needs, direct you to specialists when needed, and ensure that your providers are communicating and coordinating your care.

For more network information see our [Important Medical Plan Information flyer](#) or call the number indicated at the bottom of the previous page. Visit [Cigna.com/ifp-providers](#) to find providers with the CCD designation and in the Connect network.

You may be able to save money with Federal financial assistance

Depending on your household size and income, you may qualify for a “premium tax credit” that lowers your monthly premium. This tax credit (subsidy) can be used with this plan to help you reduce your plan premium or you can choose to get money back when you file your taxes. You may also qualify for a ‘cost-sharing reduction’ which will reduce your out-of-pocket costs when you get care during the year. Call **866.Get.Cigna** and we will help to see if you may qualify. Current customers please call **800.Cigna.30**.

What the metal levels mean:

Bronze, Silver and Gold are the different categories or “metal levels” of coverage for the Marketplace. Plans in each category pay different amounts of the total costs of an average person’s care. This includes the plans’ 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%.



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 networks, visit [www.Cigna.com/ifp-providers](#).



To view additional plan details, and plan exclusions and limitations, visit [www.Cigna.com/SummaryofBenefits](#).

Important disclosures

Medical plan rates vary based on plan design, age, family size, geographic location (residential zip code) and tobacco use. Tobacco use is not a rating factor in California and Maryland.

Rates for new medical policies/service agreements with an effective date on or after 01/01/2017 are guaranteed through 12/31/2017. Thereafter, medical rates are subject to change upon 30 days’ prior notice in CT, IL, MO and TN, 31 days’ prior notice in SC, 45 days’ prior notice in FL, MD and NC, 60 days’ prior notice in AZ, CA, GA, and TX, and 75 days prior notice in VA.

Insurance policies/service agreements have exclusions, limitations, reduction of benefits and terms under which the policies/service agreements 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/service agreement and for which the insured person has benefits.

Form Series for Cigna Health and Life Insurance Company:

Major Medical: AZ: INDZCH042016, CA: CACHIND012017, CT: CTINDCH062016, FL: FLCHIND012017, GA: INDGACH042016, MD: MDINDOAPCH012017, NC: NCINDCH042016, SC: INDSCCH012017, TN: TNINDOAP042016

Exclusive Provider CA: CACHIND-EPO012017, FL: FLCHINDEPO012017, MD: MDINDEPOCH012017, MO: MOINDEPO072016, TN: TNINDEPO042016, VA: VAINDEPO042016

Form Series for Cigna HealthCare of Arizona, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of North Carolina, Inc.:

HMO: AZ: INDHMOAZ01-2017, IL: INDHMOIL01-2017, NC: INDHMONC042016

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/service agreements 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

Connect medical plans are available to residents living in the following counties in Illinois: Cook, DuPage, Kane, Kankakee & Will

With a Cigna Connect medical plan, you will select a PCP³. Your PCP will direct you to Specialists when needed.⁴

Plans do not provide benefits outside of your local area or out-of-network, except for emergency services.*

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

For additional plans available contact your local broker or a licensed Cigna agent at 866.Get.Cigna. Existing Cigna medical plan customer call **800.Cigna30**.

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**.



Health Insurance Marketplace

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