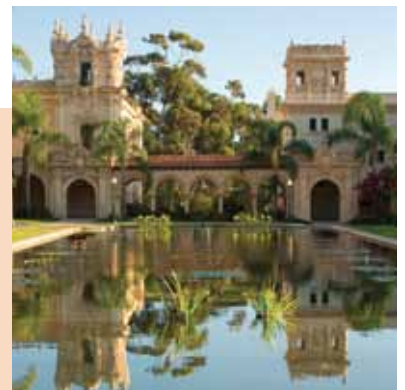


# CALIFORNIA INDIVIDUAL & FAMILY PLANS

**CIGNA HEALTH SAVINGS 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 Health Savings Plans®

**Economical.** Our solid high-deductible Health Savings Plans allow you to use a tax-advantaged Health Savings Account (HSA) to help pay for your current medical expenses or save for future medical expenses.

**Preventive care.** Covered at 100% for most services.

**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 can choose a Primary Care Physician as your personal doctor. With a Primary Care Physician, you have a valuable resource—one who serves as your 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 Health Savings Plans. To find the most up-to-date listing of doctors, hospitals or pharmacies, log on to [www.cigna.com/isghcp](http://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 Health Savings Plan is right for you if:

- ✓ You want extensive, high-quality coverage.
- ✓ You want the ability to save money on a tax-advantaged basis to pay for medical expenses.
- ✓ You want preventive care covered at 100% for most services.
- ✓ You want a national network of doctors and hospitals.

## 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 doesn't participate in the CIGNA 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 Health Savings Plans® – CALIFORNIA

INDIVIDUAL & FAMILY PLANS	Health Savings 1900		Health Savings 3400		Health Savings 4900	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>PLAN FEATURES</b> – Coinsurance percentage shown in- and out-of-network is the percentage CIGNA pays. <sup>2</sup> Combined annual medical/pharmacy deductible applies unless otherwise noted.						
<b>Annual Individual Deductible</b> – Individual deductible is applicable when only one person is enrolled in the plan, and is satisfied when that individual meets the annual individual deductible amount	\$1,900	\$3,800	\$3,400	\$6,800	\$4,900	\$9,800
<b>Annual Family Deductible</b> – Family deductible is applicable when there are two or more family members enrolled in the plan, and is satisfied when one, or any combination of enrolled family members, meet the annual family deductible amount (For a family of two or more, the annual individual deductible is not applicable)	\$3,800	\$7,600	\$6,800	\$13,600	\$9,800	\$19,600
<b>Annual Out-of-Pocket Maximum</b> – Individual/Family deductible and pharmacy charges apply to the out-of-pocket maximum	\$2,500/\$5,000	\$5,000/\$10,000	\$3,400/\$6,800	\$8,500/\$17,500	\$4,900/\$9,800	\$12,500/\$25,000
<b>Lifetime Maximum Benefit</b>	Unlimited					
<b>Physician Services</b>	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>Preventive Care for All Ages</b> – Routine physicals and other routine preventive services	CIGNA pays 100% <sup>1</sup>	CIGNA pays 50%	CIGNA pays 100% <sup>1</sup>	CIGNA pays 50%	CIGNA pays 100% <sup>1</sup>	CIGNA pays 50%
<b>Ambulance</b>	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%	CIGNA pays 100%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 50%
<b>Emergency Room</b>	CIGNA pays 70%		CIGNA pays 100%		CIGNA pays 100%	
<b>Urgent Care Services</b>	CIGNA pays 70%		CIGNA pays 100%		CIGNA pays 100%	
<b>Inpatient Hospital Services</b> – Facility charges, physician services, and all in-hospital care	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>Surgery in an Outpatient Hospital or Surgical Center</b>	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>Lab, X-Ray, Ultrasound, CT/PET Scan, and MRI</b>	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>Short-Term Rehabilitative Therapy (including Physical and Occupational Therapy)</b> – Speech Therapy and Spinal Manipulation – Calendar year maximum of 24 visits	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>Durable Medical Equipment</b>	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>Mental Health Inpatient</b> – Calendar year maximum of 30 days, combined in- and out-of-network	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>Mental Health Outpatient</b> – Calendar year maximum of 24 visits, combined in- and out-of-network	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>RETAIL PHARMACY</b> (per 30 day supply)						
<b>Prescription Drug Deductible</b> (Combined retail and home delivery)	Subject to combined medical and pharmacy deductible					
<b>Generic/Brand Name/Non-Preferred Brand Name</b>	You pay \$10/\$35/\$60	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>Self-Administered Injectable Drugs</b>	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>HOME DELIVERY PHARMACY</b> (per 90 day supply)						
<b>Generic/Brand Name/Non-Preferred Brand Name</b>	You pay \$25/\$85/\$150	Not available	CIGNA pays 100%	Not available	CIGNA pays 100%	Not available
<b>Self-Administered Injectable Drugs</b>	CIGNA pays 70%	Not available	CIGNA pays 100%	Not available	CIGNA pays 100%	Not available

<sup>1</sup> Annual deductible waived.

<sup>2</sup> 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!**

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**or visit [www.CIGNAforYou.com](http://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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