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 (medical plans only).

Rates for new medical policies with an effective date on or after 01/01/2014 are guaranteed through 12/31/2014. After the initial guarantee, rates are subject to change upon 60 days notice.

Medical applications are accepted during annual open enrollment period, or within 60 calendar days of a qualifying 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. For costs, and additional details about coverage, contact Cigna Health and Life Insurance Company at 900 Cottage Grove Rd, Hartford, CT 06152 or call 1-866-GET-Cigna. (1-866-438-2446).

"Cigna," the "Tree of Life" logo, "GO YOU" and "LocalPlus" are registered service

marks and "Cigna Home Delivery Pharmacy" is a service mark 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 Cigna Health and Life

Insurance Company (CHLIC), Cigna Dental Health, Inc., Tel-Drug, Inc., and Tel-

LocalPlus Network Information

The medical plans use the Cigna LocalPlus Network of participating health care providers which offers referral-free access to a smaller network of participating health care providers (physicians, hospitals etc.) than the larger Cigna OAP Network. To minimize your out-of-pocket expenses, visit health care providers in the LocalPlus Network. If you choose to visit a health care provider Out-ofnetwork (OON) you will be reimbursed at the OON benefit level. The difference in the amount that Cigna reimburses for such services and the amount charged by the physician, hospital or provider except for emergency services, will also increase your OON costs.

In-network

- LocalPlus Network providers in the LocalPlus Network for this plan
- LocalPlus Network providers in other LocalPlus Network areas • Cigna OAP Network providers in an area that is not part of the
- LocalPlus Network
- Any visit considered an emergency as defined by your policy Out-of-network
- Any provider in your LocalPlus Network area that is not part of the LocalPlus Network
- Providers in other LocalPlus Network areas that are not part of the LocalPlus Network
- Non-Cigna providers in any area

For more detailed information or to find providers in the LocalPlus Network, including participating providers when you are away from home, please review the LocalPlus Network flyer, visit www.Cigna.com/ifp-providers or call 1.800.Cigna24.

Dental Exclusions & Limitations

Dental insurance policies have exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. Covered Dental Expenses do not include expenses incurred for:

- Procedures which are not included in the list of Covered Dental Expenses. Procedures which are not necessary and which do not have uniform professional endorsement.
- Procedures for which a charge would not have been made in the absence of coverage or for which the covered person is not legally required to pay.
- Any procedure, service, supply or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension.
- Procedures, appliances or restorations whose main purpose is to diagnose or treat jaw joint problems, including dysfunction of the temporomandibular joint and craniomandibular disorders, or other conditions of the joints linking the jawbone and skull, including the complex muscles, nerves and other tissues related to that joint.
- The alteration or restoration of occlusion.
- The restoration of teeth which have been damaged by erosion, attrition or abrasion.
- Bite registration or bite analysis.
- Any procedure, service, or supply provided primarily for cosmetic purposes. Facings, repairs to facings or replacement of facings on crowns or bridge units on molar teeth shall always be considered cosmetic.
- The initial placement of a full denture or partial denture unless it includes the replacement of a functioning natural tooth extracted while the person is covered under this plan (the removal of only a permanent third molar will not qualify a full or partial denture for benefit under this provision).
- The initial placement of a fixed bridge, unless it includes the replacement of a functioning natural tooth extracted while the person is covered under this plan. If a bridge replaces teeth that were missing prior to the date the person's coverage became effective and also teeth that are extracted after the person's effective date, benefits are payable only for the pontics replacing those teeth which are extracted while the person was insured under this plan. The removal of only a permanent third molar will not qualify a fixed bridge for benefit under this provision.
- The initial placement of an implant unless it includes the replacement of a functioning natural tooth extracted while the person is covered under this plan. The removal of only a permanent third molar will not qualify an implant for benefit under this provision.
- The surgical placement of an implant body or framework of any type; surgical procedures in anticipation of implant placement; any device, index or surgical template guide used for implant surgery; treatment or repair of an existing implant; prefabricated or custom implant abutments; removal of an existing implant.



BENEFITS BUILT FOR YOU We offer a wide-range of health plan options to help you choose a plan that meets your one-of-a-kind needs, goals, preferences and budget:

- Variety of premium, copayment, coinsurance and deductible options
- Tax-advantaged plans that help your dollars work harder
- Lower out-of-pocket costs for choosing in-network care

WE'VE GOT YOU COVERED Every plan option comes with medical, mental health and pharmacy coverage – and the option to add dental coverage if you choose.

well – so you can reach your full health potential.

Coverage for*:

- Routine and sick care office visits
- Prescription medications
- Preventive care for all ages

- Inpatient hospitalization

Plus 24/7/365 online well-being support:

- Health assessment and goal tracker
- "Better me" health and wellness coaching
- Health information from WebMD®
- Healthy Rewards discount program***

and whether care is received in network.

care or services provided.

BEING TRUE TO YOURSELF IS THE FIRST STEP

YOU ARE UNIQUE. SO ARE YOUR HEALTH **INSURANCE NEEDS.** At Cigna, we get that. That's why we're committed to helping you find the right health plan option for you and your family. One that best matches your individua needs, preferences and budget.

In sickness and in health, we'll help protect what matters most to you and help you reach your true full health potential. What could be healthier than that?

Drug of Pennsylvania, L.L.C. Dental plans are insured by CHLIC with network management services provided by Cigna Dental Health, Inc. "Cigna Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. 861598 AZ 01/14 © 2014 Cigna



composite resin filling due to major decay or fracture. • Core build-ups.

of teeth to a partial denture unless:

applied); or

serviceable or is replaceable.

Prescription drugs.

purpose of splinting.

Athletic mouth guards.

• Myofunctional therapy.

Denture duplication.

• Separate charges for acid etch.

Labial veneers (laminate).

- replacement occurs at least 84 consecutive months after the initial date of insertion of the current full or partial denture; or
- Crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth unless the tooth cannot be restored with an amalgam or
- Replacement of a partial denture, full denture, or fixed bridge or the addition
 - the partial denture is less than 84 consecutive months old, and the replacement is needed due to a necessary extraction of an additional functioning natural tooth while the person is covered under this plan (alternate benefits of adding a tooth to an existing appliance may be
 - replacement occurs at least 84 consecutive months after the initial date of insertion of an existing fixed bridge (if the prior bridge is less than 84 consecutive months old, and replacement is needed due to an additional Necessary extraction of a functioning natural tooth while the person is covered under this plan. Benefits will be considered only for the pontic replacing the additionally extracted tooth).
 - The removal of only a permanent third molar will not qualify an initial or replacement partial denture, full denture or fixed bridge for benefits.
 - The replacement of crowns, cast restoration, inlay, onlay or other laboratory prepared restorations within 84 consecutive months of the date of insertion • The replacement of a bridge, crown, cast restoration, inlay, onlay or other
 - laboratory prepared restoration regardless of age unless necessitated by major decay or fracture of the underlying Natural Tooth. • Any replacement of a bridge, crown or denture which is or can be made
 - useable according to common dental standards; • Replacement of a partial denture or full denture which can be made
 - Replacement of lost or stolen appliances. • Replacement of teeth beyond the normal complement of 32.
 - Any procedure, service, supply or appliance used primarily for the
 - Precision or semiprecision attachments.

- Porcelain or acrylic veneers of crowns or pontics on, or replacing the upper and lower first, second and third molars;
- Precious or semi-precious metals for crowns, bridges, pontics and abutments; crowns and bridges other than stainless steel or resin for participants under 16 years old;
- Treatment of jaw fractures and orthognathic surgery.
- Orthodontic treatment, except for the treatment of cleft lip and cleft palate. Exclusion does not apply if the Plan otherwise covers services for orthodontic treatment.
- Charges for sterilization of equipment, disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies and infection control.
- Charges for travel time; transportation costs; or professional advice given on the phone.
- Temporary, transitional or interim dental services.
- Any procedure, service or supply not reasonably expected to correct the patient's dental condition for a period of at least 3 years, as determined
- Diagnostic casts, diagnostic models, or study models.
- Any charge for any treatment performed outside of the United States other than for Emergency Treatment (any benefits for Emergency Treatment which is performed outside of the United States will be limited to a maximum of \$100 per consecutive 12-month period);
- Oral hygiene and diet instruction; broken appointments; completion of claim forms; personal supplies (e.g., water pick, toothbrush, floss holder, etc.); duplication of x-rays and exams required by a third party;
- Any charges, including ancillary charges, made by a hospital, ambulatory surgical center or similar facility;
- Services that are deemed to be medical services;
- Services for which benefits are not payable according to the "General Limitations" section.

General Limitations

- No payment will be made for dental expenses incurred for you or any one of vour Dependents:
- For services not specifically listed as Covered Services in this Policy.
- For services or supplies that are not Dentally Necessary.
- For services received before the Effective Date of coverage.
- For services received after coverage under this Policy ends.
- For services for which You have no legal obligation to pay or for which no charge would be made if You did not have dental insurance coverage.

- For Professional services or supplies received or purchased directly or on Your behalf by anyone, including a Dentist, 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.
- For or in connection with an Injury arising out of, or in the course of, any employment for wage or profit;
- For or in connection with a Sickness which is covered under any workers' compensation or similar law;
- For charges made by a Hospital owned or operated by or which provides care or performs services for, the United States Government, if such charges are directly related to a military-service-connected condition;
- Services or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared;
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- For charges which the person is not legally required to pay;
- For charges which would not have been made if the person had no insurance;
- To the extent that billed charges exceed the rate of reimbursement as described in the Schedule;
- For charges for unnecessary care, treatment or surgery;
- To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid:
- For or in connection with experimental procedures or treatment methods not approved by the American Dental Association or the appropriate dental specialty society;
- Procedures that are a covered expense under any other dental plan which provides dental benefits;
- To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Cigna will take into account any adjustment option chosen under such part by you or any one of your Dependents.



ORAL DENTAL CARE IS IMPORTANT TO OVERALL HEALTH AND WELL-BEING. Consider adding dental

coverage to your Cigna health plan.*

myCigna Dental key features:

- No waiting period if you've had 12 months of continuous prior coverage (excludes orthodontia benefits)
- No application fees or processing fees
- Save the most when you visit one of our in-network dentists
- Discounted rates on out-of-network care when you see a dentist in our Dental Network Savings Program
- Oral Health Integration Program is included

* Available with additional purchase

IN SICKNESS AND IN HEALTH All our plans include coverage to help you get well and stay

- Dental coverage for children under 19**; and option to purchase adult coverage
- Emergency, urgent care and ambulance
- Lab, x-ray, ultrasound and radiology services
- Mental health and substance abuse treatment • Toll-free 24-hour health information line
- *Coverage level varies based on Plan Type and Cost-for-Coverage level selected
- **Included for plans not purchased on the Health Insurance Marketplace.
- *** Healthy Rewards is a discount program. This program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your medical benefits. A discount program is NOT insurance, and you must pay the entire discounted charge. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are independent contractors solely responsible for any

COVERAGE WHEREVER YOU GO

- Nationwide access to care including emergency and urgent care services
- Quality doctors and hospitals in our LocalPlus® Network
- No referrals required

TO GET THE BEST VALUE

- Use Cigna LocalPlus[®] Network doctors and hospitals when you seek medical care
- Use Cigna Home Delivery Pharmacy[™] or the Cigna Array Pharmacy NetworkSM when you fill prescriptions

Visit www.Cigna.com/ifp-providers to see a complete list of doctors, hospitals and retail pharmacies in Cigna's networks.

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

WHAT MATTERS MOST TO YOU?

We want to help you find the best plan to meet your oneof-a-kind needs, goals and preferences.

Your licensed Cigna insurance agent or broker can help match you to the plan that best meets your needs and goals.

myCigna Health Savings Suite

Maximize your savings now and in the future, with these high-deductible plans that can be paired with a tax-advantaged Health Savings Account.

Key features:

- You decide how much money to contribute.
- A Health Savings Account¹ is 100% tax deductible – up to the federal limit.²
- Earn tax-free interest on the account, or invest in mutual funds and get tax-free savings.
- Withdrawals for qualified medical expenses are tax-free.
- Any unused money at the end of the yea stays in your account for the next year.

Use funds to pay for:

Health Savings Plan.

Medical, dental, vision and other IRS approved expenses.

Supplemental income in retirement.

Contact the bank of your choice to set up

be subject to a 20% penalty prior to your reaching age 65.

a Health Savings Account to pair with your

HSA contributions and earnings are not subject to federal taxes and not subject

"Qualified Medical Expenses," the amount will be subject to income tax and will

2 If you're considering pairing a Health Savings Plan with a Health Savings Account,

maximum of \$3,300 for an individual and \$6,550 for a family in 2014. Limits are

you can contribute pretax dollars to build your balance, up to a calendar year

set by the IRS. HSA account holders age 55 and older may make an additional

catch-up contribution of \$1,000, annually. The maximum contribution allowed is

determined by the number of months you are enrolled in the plan during the year.

to state taxes in most states. If HSA funds are used for anything other than IRS

Premiums for qualified Long-Term Care plans and Medicare.

myCigna Dental	myCigna Dent	tal Preventive	myCigna	Dental 1000	myCigna Dental 1500			
DENTAL BENEFITS	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network		
Individual Annual Deductible		ive services only leductible		er person eventive services)		\$50 per person (waived for preventive services)		
Family Annual Deductible		ive services only leductible		per family eventive services)	\$150 per family (waived for preventive services)			
Annual Benefit Maximum		naximum for ve services	\$1,000	per person	\$1,500 p	\$1,500 per person		
Separate Lifetime Individual Orthodontia Deductible	Orthodontia	a not covered	Orthodont	ia not covered	\$	\$50		
CLASS I: PREVENTIVE/DIAGNOSTI	C SERVICES							
Preventive/Diagnostic Services Waiting Period	No waiti	ng period	No wait	ing period	No waiting period			
Preventive/Diagnostic Services (Oral exams, cleanings, x-rays, fluoride application, sealants, non-orthodontic space maintainers)	You p	ay 0%	You pay 0%, d	eductible waived	You pay 0%, deductible waived			
CLASS II: BASIC RESTORATIVE SER	VICES							
Basic Restorative Services Waiting Period	Does no	ot apply	6-month w	aiting period*	6-month waiting period*			
Basic Restorative Services (Fillings, non-routine x-rays)	You pay 100% (Discounts may apply)	Not covered	You pay 20%,	after deductible	You pay 20%, after deductible			
CLASS III: MAJOR RESTORATIVE SE	RVICES							
Major Restorative Services Waiting Period	Does no	ot apply	12-month v	vaiting period*	12-month waiting period*			
Major Restorative Services (Root canal therapy/endodontics, crowns, periodontics, dentures, bridges)	You pay 100% (Discounts may apply) Not covered		You pay 50%, after deductible		You pay 50%, after deductible			
CLASS IV: ORTHODONTIA								
Orthodontia Waiting Period	Does no	ot apply	Does I	not apply	12-month waiting period			
Orthodontia	You pay 100% (Discounts may apply)	Not covered	You pay 100% (Discounts may apply) Not covered		You pay 50% after \$50 separate lifetime orthodontia deductible			
Orthodontia Individual	Orthodontia	not covered	Orthodont	ia not covered	\$1.000 per person			

Individual & Family Plans Insured by Cigna Health and Life Insurance Company

MATCH ME TO MY HEALTH PLAN



- X
 A RESIDENT OF ARIZONA

 X
 HAPPIEST WHEN I'M HEALTHIEST

 X
 LIKE NO ONE ELSE

GOYOU

861598 AZ 01/14

DOKING FOR HEALTH CAPE THAT PUTS ME FLAST!

This summary contains highlights only.

Lifetime Maximum

IMPORTANT DENTAL PLAN INFORMATIO If you choose to visit a dentist out-of-network you will pay the out-of-network benefit and the difference in the amount that Cigna reimburses for such services and the amount charged by the dentist, except for emergency services.

Orthodontia not covered

The Dental Plans do not include pediatric dental services as required under the federal Patient Protection and Affordable Care Act (PPACA). This coverage is available in the

insurance market. Please contact your insurance carrier, agent/producer, or the

Health Insurance Marketplace if you wish to purchase PPACA compliant pediatric

You may pay more for out-of-network charges if the dentist's charges exceed the

* You may be eligible to waive the waiting period with prior gualified coverage.

\$1,000 per person

Orthodontia not covered

amount Cigna reimburses for billed services.

not applicable to orthodontia.

dental coverage.

myCigna Health Flex Suite

These plans offer a wide choice of options to balance your needs for affordability and access to care making them a favorite of families and those who value flexibility.

Key features:

• Choose a plan design that best meets

- your needs and preferences: - Choose your premium, deductible
- and copay levels
- Minimal medical needs? Choose a plan with a lower premium a plan with lowest copays on services
- Generic and brand drugs as low as \$4 copay for low-cost generics
- Urgent care all plans include a copay for in-network clinics*

X PLANS ARE AVAILABLE statewide for residents living in Arizona.

X PLAN HIGHLIGHTS are outlined inside.

ON CALL FOR YOU We're here for you – whenever you need us:

Call 1.800.Cigna24 and speak to a live

customer service agent 24/7/365.*

- and health questions
- pharmacy in our network
- and ways to save

MYCIGNA.COM Designed to click with you.

Every Cigna plan comes with 24/7/365 access to myCigna.com – a personalized website customized to the plan you choose, the people in your family and the place you call home.

Use the tool – anytime, anywhere to get instant information to help you make smart, informed decisions that can help you manage your health and spending. You can even download the myCigna Mobile App** and get easy access on the go.

* Inquiries regarding billing and enrollment are between 8am-8pm M-F, EST

** The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.



SERVICES TO HELP YOU SAVE

Cigna.

Talk with a CoachRx specialist to understand your medication options and ways to save.



Go online to shop and compare medication costs to find the best price.



Take us with you wherever you go with our helpful Mobile App.

*Not applicable for myCigna Health Flex 1900.

• Get answers to your coverage, benefits

- Help locate a doctor, hospital, or

Understand your medication options

www.Clause Lieslikh Caulinese Cult

myCigna Health Savings Suite	myCigna Healt	th Savings 6100	myCigna Health Savings 3400			
MEDICAL BENEFITS	In-network	Out-of-network	In-network	Out-of-network		
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)	\$6,100 / \$12,200	\$12,500 / \$25,000	\$3,400 / \$6,800	\$12,500 / \$25,000		
Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum)	\$6,350 / \$12,700	\$25,000 / \$50,000	\$6,350 / \$12,700	\$25,000 / \$50,000		
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)	You pay 0% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible		
Physician Services (Primary care physician/specialist office visits)	You pay 0%	You pay 50%	You pay 0%	You pay 50%		
	after deductible /	after deductible /	after deductible /	after deductible /		
	You pay 0%	You pay 50%	You pay 0%	You pay 50%		
	after deductible	after deductible	after deductible	after deductible		
Preventive Care for All Ages	You pay 0%, deductible waived	You pay 50%	You pay 0%,	You pay 50%		
(Routine physicals and other preventive services)		after deductible	deductible waived	after deductible		
Inpatient and Physician Services (Inpatient room and board, lab & x-ray, operating room, etc.)	You pay 0%	You pay 50%	You pay 0%	You pay 50%		
	after deductible /	after deductible /	after deductible /	after deductible /		
	You pay 0%	You pay 50%	You pay 0%	You pay 50%		
	after deductible	after deductible	after deductible	after deductible		
Lab, X-ray and Ultrasound	You pay 0%	You pay 50%	You pay 0%	You pay 50%		
	after deductible	after deductible	after deductible	after deductible		
CT/PET Scans and MRI	You pay 0%	You pay 50%	You pay 0%	You pay 50%		
	after deductible	after deductible	after deductible	after deductible		
Short-Term Rehabilitative Therapy (Maximum of 60 visits per calendar year, combined with physical, occupational, speech, cardiac & pulmonary rehabilitation)	You pay 0%	You pay 50%	You pay 0%	You pay 50%		
	after deductible	after deductible	after deductible	after deductible		
Spinal Manipulation Therapy Unlimited maximum	You pay 0%	You pay 50%	You pay 0%	You pay 50%		
	after deductible	after deductible	after deductible	after deductible		
Hospital Emergency Room	You pay 0% after deductible	You pay the same level as	You pay 0% after deductible	You pay the same level as		
Urgent Care Services	You pay 0% after deductible	in-network if it is an emergency as defined in your	You pay 0% after deductible	in-network if it is an emergency as defined in your		
Ambulance	You pay 0%	plan, otherwise	You pay 0%	plan, otherwise		
	after deductible	you pay 50%.	after deductible	you pay 50%.		
Durable Medical Equipment (DME)	You pay 0%	You pay 50%	You pay 0%	You pay 50%		
	after deductible	after deductible	after deductible	after deductible		
Mental Health & Substance Abuse Inpatient	You pay 0%	You pay 50%	You pay 0%	You pay 50%		
(Includes acute, partial & residential treatment)	after deductible	after deductible	after deductible	after deductible		
Mental Health & Substance Abuse Outpatient	You pay 0%	You pay 50%	You pay 0%	You pay 50%		
(Includes individual, group & intensive outpatient treatment)	after deductible	after deductible	after deductible	after deductible		

PRESCRIPTION DRUGS BENEFITS (RETAIL & HOME DELIVERY)

PRESCRIPTIONS FILLED AT RETAIL				
TIER 1: Retail Preferred Generics (Available at the lowest cost) Up to a 30 day supply	You pay 0% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
TIER 2: Retail Non-preferred Generics (Medications at a higher cost to you than Tier 1) Up to a 30 day supply	You pay 0% after deductible	You pay 50% after deductible	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 30 day supply	You pay 0% after deductible	You pay 50% after deductible	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 30 day supply	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	You pay 0% after deductible	You pay 50% after deductible
PRESCRIPTIONS FILLED THROUGH HOME DELIVERY Cigna Home Delivery is your in-network p	provider to help you save mon	ey on medications.		
TIER 1: Home Delivery Preferred Generics (Available at the lowest cost) Up to a 90 day supply	You pay 0% after deductible	Not covered	You pay 0% after deductible	Not covered
TIER 2: Home Delivery Non-preferred Generics (Medications at a higher cost to you than Tier 1) Up to a 90 day supply	You pay 0% after deductible	Not covered	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	You pay 0% after deductible	Not covered
TIER 4: Home Delivery Non-preferred Brands Up to a 90 day supply	You pay 50% after deductible	Not covered	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	You pay 0% after deductible	Not covered

This summary contains highlights only.

IMPORTANT MEDICAL PLAN INFORMATION:

All plans are intended to comply with the federal Patient Protection and Affordable Care Act. Provisions are subject to change as additional regulatory guidance becomes available.

All the medical plans use the LocalPlus Network of participating providers. Visit www.Cigna.com/ifp-providers to review the network of participating physicians and hospitals in the network. For additional information call 1.800.Cigna24. If you choose to visit a provider out-of-network you will pay the out-of-network benefit and the difference in the amount that Cigna reimburses for such services and the amount charged by the provider, except for emergency services.

IMPORTANT PHARMACY INFORMATION:

In the event that you or your physician requests a "brand-name" drug that has a " generic" equivalent, you will pay the difference between the generic and brand-name drug in addition to the generic copay or coinsurance amount indicated below. Once you are a customer visit www.myCigna.com or call 1.800.285.4812 for more information.



myCigna Health Flex Suite

MEDICAL BENEFITS

Annual Deductible (Individual/family deductible is satisfied when each member has reached their annual individual deductible or when the total annual family deductible amo has been reached by any combination of family members, includes medical and pharmacy

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

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)

Physician Services (Primary care physician/specialist office visits)

Preventive Care for All Ages (Routine physicals and other preventive services)

Inpatient and Physician Services (Inpatient room and board, lab & x-ray, operating room, etc.)

Lab, X-ray and Ultrasound

CT/PET Scans and MRI

Short-Term Rehabilitative Therapy (Maximum of 60 visits per calendar year, combined with physical, occupational, speech, cardiac & pulmonary rehabilitation)

Spinal Manipulation Therapy Unlimited Maximum

Hospital Emergency Room

Urgent Care Services

Ambulance

Durable Medical Equipment (DME)

Mental Health & Substance Abuse Inpatient (Includes acute, partial & residential treatment)

Mental Health & Substance Abuse Outpatient (Includes individual, group & intensive outpatient treatment)

PRESCRIPTION DRUGS BENEFITS (RETAIL & HOME DELIVERY) PRESCRIPTIONS FILLED AT RETAIL **TIER 1:** Retail Preferred Generics (Available at the lowest cost) Up to a 30 day supply **TIER 2:** Retail Non-preferred Generics (Medications at a higher cost to you than Tier 1) Up to a 30 day supply **TIER 3:** Retail Preferred Brands (Brand-name drugs at a lower cost than Tier 4) Up to a 30 day supply **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 30 day supply **TIER 5:** Retail Specialty (Drugs for complex chronic conditions) Up to a 30 day supply PRESCRIPTIONS FILLED THROUGH HOME DELIVERY Cigna Home Delivery is your i **TIER 1:** Home Delivery Preferred Generics (Available at the lowest cost) Up to a 90 day supply TIER 2: Home Delivery Non-preferred Generics (Medications at a higher cost to you than Ti Up to a 90 day supply **TIER 3:** Home Delivery Preferred Brands (Brand-name drugs at a lower cost than Tier 4) Up to a 90 day supply **TIER 4:** Home Delivery Non-preferred Brands Up to a 90 day supply TIER 5: Home Delivery Specialty (Drugs for complex chronic conditions) Up to a 30 day supply



you go with our helpful

Mobile App.

STAY IN-NETWORK Remember to choose a doctor or hospital that participates in the Cigna LocalPlus® Network. This way you won't be charged the out-of-network rate.

To see a list of doctors and hospitals in the Network, visit www.Cigna.com/ifp-providers.

	B myCigna Health Flex 5500					S			S		G		G	
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as amount nacy)	\$5,500 / \$11,000	\$12,500 / \$25,000	\$5,100 / \$10,200	\$12,500 / \$25,000	\$3,500 / \$7,000	\$12,500 / \$25,000	\$2,750 / \$5,500	\$12,500 / \$25,000	\$1,500 / \$3,000	\$12,500 / \$25,000	\$1,900 / \$3,800	\$12,500 / \$25,000	\$1,250 / \$2,500	\$12,500 / \$25,000
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Note 1 You pay \$30 for visits 1 & 2, deductible waived. You pay 40% after deductible for additional visits. / You pay \$60 for visits 1 & 2, deductible waived. You pay 40% after deductible for additional visits.

Note 2 You pay \$30 for visits 1 & 2, deductible waived. You pay 30% after deductible for additional visits. / You pay \$60 for visits 1 & 2, deductible waived. You pay 30% after deductible for additional visits.

	You pay \$4, deductible waived	You pay 50% after deductible	You pay \$4, deductible waived	You pay 50% after deductible	You pay \$4, deductible waived	You pay 50% after deductible	You pay \$4, deductible waived	You pay 50% after deductible	You pay \$4, deductible waived	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible	You pay \$4, deductible waived	You pay 50% after deductible
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	You pay \$10, deductible waived	Not covered	You pay \$10, deductible waived	Not covered	You pay \$10, deductible waived	Not covered	You pay \$10, deductible waived	Not covered	You pay \$10, deductible waived	Not covered	You pay 0% after deductible	Not covered	You pay \$10, deductible waived	Not covered
han Tier 1)	You pay 40% after deductible	Not covered	You pay \$62, deductible waived	Not covered	You pay \$37, deductible waived	Not covered	You pay \$37, deductible waived	Not covered	You pay \$50, deductible waived	Not covered	You pay 0% after deductible	Not covered	You pay \$37, deductible waived	Not covered
4)	You pay 40% after deductible	Not covered	You pay 40% after deductible	Not covered	You pay \$112, deductible waived	Not covered	You pay \$112, deductible waived	Not covered	You pay \$150, deductible waived	Not covered	You pay 0% after deductible	Not covered	You pay \$112, deductible waived	Not covered
	You pay 50% after deductible	Not covered	You pay 50% after deductible	Not covered	You pay 50% after deductible	Not covered	You pay 50% after deductible	Not covered	You pay 50% after deductible	Not covered	You pay 50% after deductible	Not covered	You pay 50% after deductible	Not covered
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CIGNA HOME DELIVERY PHARMACY

You can also use a retail pharmacy in the Cigna Array Pharmacy Network[™]. Of course, you can choose to fill your prescription at a pharmacy not in our network, but you'll pay more.

For a complete list of drugs covered, visit www.Cigna.com/ifp-drug-list.



Cigna Home Delivery Pharmacy delivers medications right to your door.

COST-FOR-COVERAGE LEVEL Medical plans are categorized into levels* that help indicate the average expenses paid by the plan; Gold 80%, Silver 70% & Bronze 60%. The higher your monthly premium, the more your plan will cover - and the less you'll pay out-of-pocket when you need care. * Not all Category levels available in all states.

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SUBSIDES THAT MAY BE AVAILABLE

Depending on your income, you may be eligible for federal financial assistance. Visit the Health Insurance Marketplace for your state or Cigna.com, which has a calculator to find out if you qualify and information on how to apply.

Medical Exclusions & Limitations

These medical insurance policies have exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. Covered expenses do not include expenses incurred for:

- 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; (e) services received as a direct result of an Insured Person's commission of, or attempt to commit a felony (whether or not charged) or as a direct result of the Insured Person being engaged in an illegal occupation; (f) an Insured Person being intoxicated, as defined by applicable state law in the state where the illness occurred or under the influence of illegal narcotics or non-prescribed controlled substances unless administered or prescribed by Physician.
- 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.
- 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.
- 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 for coverage of one hearing aid per ear per year, new or replacement hearing aids no longer under warranty (precertification required), cleaning or repair, and batteries for cochlear implants 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 P olicy 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 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.
- Nonmedical 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.
- 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 infertility once diagnosed, 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 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 are covered under the Prescription Drug benefits of this Policy.
- All non-injectable 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, except as provided in the Prescription Drug benefits 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 acements and intravenous immunoglobuli
- Self-administered Injectable Drugs, except as stated in the Benefit Schedule and in the Prescription Drug Benefits section of this Policy.
- Syringes, except as stated in the Policy.
- 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, exception 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 orthodic devices except as required by law for diabetic patient
- 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 preventive services that include weight and nutrition counseling, or surgery for obesity and co-morbid conditions, 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, physica 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
- Telephone, email, and internet consultations or other services which under normal circumstances are expected to be provided through face-to-face clinical encounters.
- 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.).
- 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 and as specifically provided or arranged by Cigna.
- Nutritional counseling except nutritional evaluation and counseling from a participating provider when a dietary adjustment has a therapeutic role of a diagnosed chronic disease/condition, including but not limited to: morbid obesity, diabetes, cardiovascular disease, hypertension, kidney disease, eating disorders, gastrointestinal disorders, food allergies and hyperlipidemia. All other services for the purpose of diet control and weight reduction are not covered unless required by a specifically identified condition of disease etiology. Services not covered include but not limited to: gastric surgery, intra oral wirin gastric balloons, dietary formulae, hypnosis, cosmetics, health and beauty aids or food supplements except as stated in this Policy.
- Durable medical equipment not specifically listed as Covered Services in the Covered Services section of this Policy. 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, plies, 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.