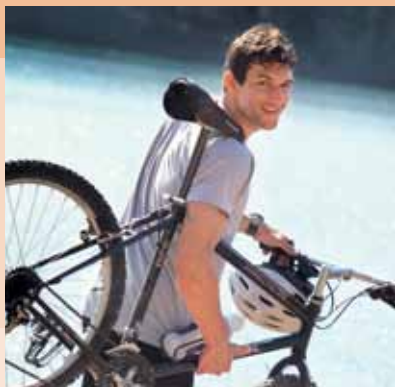


INDIVIDUAL & FAMILY PLANS



Medical
and Dental
Insurance
Benefits



Protecting your most important asset.
Your health.





Protect your health, secure your future.

To protect your health, CIGNA has put together medical and dental plans that help keep you and your family well. We provide coverage to help you lower your health risks and improve your health status, along with 24/7 customer service. With a wide range of programs and services to enhance your coverage, you get real value in the health insurance policies that are right for you. CIGNA's online tools and support help you make well-informed choices that help you stay healthy. And that benefits everyone.



Providing access to medical and dental care.

CIGNA health insurance plans can help you improve and maintain your health status. Whether it's an annual physical or an emergency, medical care or dental care – all it takes is one plan, and one customer service center number. That way, you can live your life and enjoy peace of mind. And that alone can positively impact your health and well-being.

CIGNA medical and pharmacy plans offer:

- **Emergency care, surgery and hospital coverage** to ensure you get the care you need when you're sick or hurt.
- **Prescription drug coverage** that helps make it affordable to get and stay well.
- **Preventive care and wellness support** to help you prevent a health issue, find health problems early, when treatment works best, or simply better manage a health concern.

When combined with your medical coverage, CIGNA dental plans* offer you the same flexibility to choose dentists with no referrals as our medical plans and provide coverage for:

- **Preventive care** (cleanings, x-rays, and more)
- **Basic care** (fillings, basic restorative work)
- **Major services** (bridges, crowns, root canals, and more)

*CIGNA Dental Choice 50 is underwritten by Connecticut General Life Insurance Company with network management services provided by CIGNA Dental Health, Inc., and certain of its operating subsidiaries.





To better serve you.

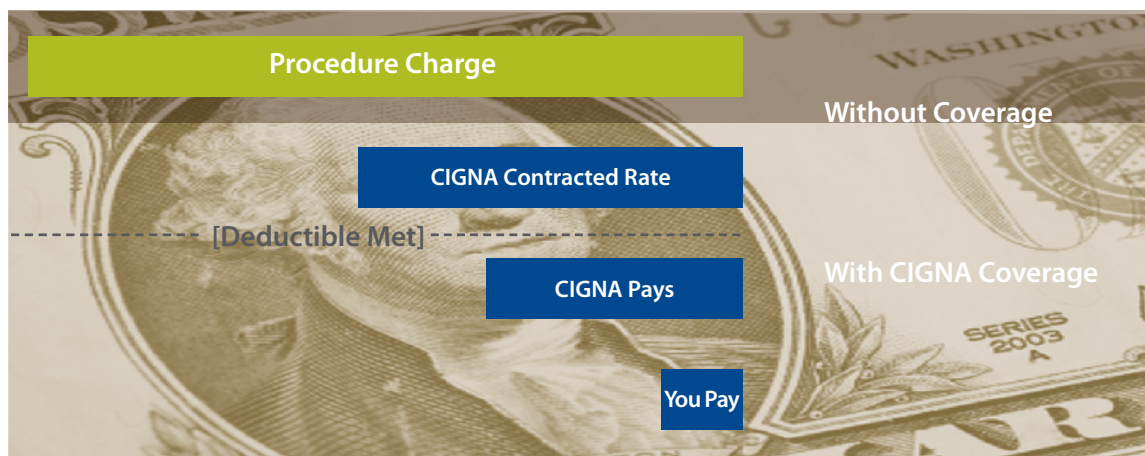
You have a concern. You're wondering about your health. You have a question about your coverage. Or maybe you just want to talk to a live person. CIGNA is among the first health services companies to offer customer service call centers that are open 24 hours a day, 7 days a week to help you with questions. Just call CIGNA at 1-800-CIGNA24 (1-800-244-6224).

We know that with each phone call, we have the privilege to serve you. We never forget that we're only as good as our last phone call.

Stretch your health care dollar.

At CIGNA, we negotiate with in-network health care professionals to offer you value for your dollar. By using in-network doctors, you will pay a special contracted rate for services so you get immediate savings. Once you meet your deductible, CIGNA will pay a percentage of the contracted rate, and you will be responsible for the copay or coinsurance amount.

For more information on the specific coverage included in CIGNA Individual and Family Plans, call 1-866-GET-CIGNA or visit CIGNAforYou.com.



A health care plan on your terms.

Choose your plan. Everyone wants a plan with solid coverage and good value. But maybe you want the lowest possible monthly premium. Or, maybe you want a plan with a lower annual deductible but a higher monthly premium. You may even prefer to save money on a tax-advantaged basis to pay for some of your medical expenses by setting up a Health Savings Account (HSA). Our Health Savings Plan is compatible with these accounts. With CIGNA, you have a choice of plan options. You can pick a plan that's responsive to your health care needs and your finances.

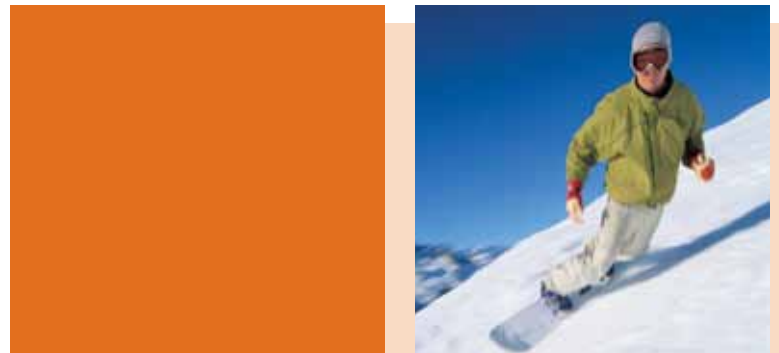
Choose your doctors with no referrals. When you select a medical and dental insurance plan, you have access to a network of more than 500,000 participating medical health care professionals and over 72,000 dental professionals throughout the country. You can stay with the doctor you have now. If you want to see a doctor who's not in the CIGNA network, there's no problem with these plans. Of course, your out-of-pocket costs will vary, but you'll pay less when you see an in-network health care professional.

Choose your discounts. Improve and maintain your health — and get rewarded for it. With the CIGNA Healthy Rewards^{®*} program, you're entitled to special offers and health and wellness discounts from participating providers. Discounts available include these services:

- Weight management and nutrition
- Acupuncture
- Fitness club membership
- Tobacco cessation
- Laser vision correction

Choose door-to-door prescription drug delivery. If it's more convenient, your prescription drugs can come to you. You can order up to a 90-day supply of your prescription medications with one phone call to the CIGNA Home Delivery Pharmacy. There are no extra costs or delivery fees. You pay only your CIGNA mail-order pharmacy copay.

*Some Healthy Rewards programs are not available in all states. If your health plan includes coverage for any of these services, this program is in addition to, not instead of, your plan coverage. Healthy Rewards programs are separate from your medical coverage. **A discount program is NOT insurance, and the customer must pay the entire discounted charge.**





What you know can make you healthier.

There's an abundance of health information out there. But how do you know what's right for you? We can help you get the most out of your health care plan with a variety of helpful tools and support to keep you well-informed. With CIGNA's personalized website, you have easy access to interactive tools and health information. And if you need help, day or night, you can speak to a nurse, 24/7. Your resources include:

Online health management tool.

Learn how to help improve your health and well-being with CIGNA's Health Assessment. Using this online tool, you can assess your current health status, understand your potential health risks and establish goals to improve your health, reduce risks and prevent sickness. You can also request to receive information on specific health topics, programs and services provided by CIGNA.



24-hour health assistance.

Call CIGNA's health information line staffed by trained nurses who can offer assistance with health questions, available 24 hours a day, 7 days a week, toll-free from anywhere in the United States. And if you're out of the country, you can call us collect. Speak with a nurse when:

- Your child has a fever in the middle of the night.
- You're traveling and don't feel well, and you're unsure about the symptoms.
- You have a minor injury and wonder if you should treat it yourself or see a doctor.
- You need help locating a doctor when you are away from home.

You can also learn more about hundreds of health topics—everything from bumps and bug bites to varicose veins and X-Rays, through CIGNA's library of recordings. Just call CIGNA at 1-800-CIGNA24 (1-800-244-6224).

Personalized website.

With details about your plan, health information and a number of interactive tools, **myCIGNA.com** can help you better understand your medical and dental coverage and make more informed decisions about where to receive care. Online, you can:

- View your plan coverage, copays, coinsurance and deductibles.
- View your claim history and verify plan details.
- Manage your health care expenses and track deductibles and out-of-pocket expenses with the Quicken Health Expense TrackerSM.
- Print a temporary ID card or order a new medical ID card.
- Pay your premium and view payment history.
- Choose your doctor and create a personalized list of nearby doctors, hospitals and pharmacies.
- Refill your prescription drugs and get a 90-day supply delivered to your door.
- Check your prescription drug costs and learn about treatments and interactions for more than 200 medications.
- Learn how hospitals rank in quality and cost for various procedures, based on your coverage.
- Get facts on condition-specific procedures and treatments.
- Assess your current health condition and learn how to make lasting improvements.

Explanation of Benefits.

As a CIGNA customer, you'll get an Explanation of Benefits, an easy-to-understand financial explanation of the payment for medical services you receive, including service dates, charges submitted, amount covered, your deductible, coinsurance/ copay and covered balance.

Let us help you and your family live a healthier life. Our medical and dental plans can help protect your health and secure your future.



**Call CIGNA at 1-866-GET-CIGNA
(1-866-438-2446)**

(6:00 a.m. - 8:00 p.m. MT, Monday - Friday)

or visit CIGNAforYou.com.

GENERAL EXCLUSIONS AND LIMITATIONS, EXCEPT AS SPECIFICALLY REQUIRED BY LAW:

Services that are: not medically necessary; not a covered benefit; experimental or investigational; conditions caused by or contributed by an act of war, insurrection, riot, military service; work-related injuries or conditions that can be covered under a workers' compensation or similar policy; services that may be obtained from a local, state, or federal agency (except Medicaid); professional services or supplies received from yourself, a family member, or other person living in your home. Private duty nurse; private hospital room; hospital stays primarily for environmental change, diagnostic tests, and physical therapy for treatment of chronic pain. Stays in a nursing or rest home; normal pregnancy and maternity benefits; custodial care; personal and comfort items; orthodontic services; optometric services; eye surgery to correct refractive defects of the eye; non-prescription contraceptive drugs, devices, or supplies; cosmetic surgery/ services; sex change surgery; treatment for sexual dysfunction, fertility, or infertility; animal to human organ transplants; orthopedic shoes; orthotics; routine foot care; weight reduction or treatment of obesity; telephone or e-mail consultations; cryopreservation; hearing aids; dental implants; smoking cessation aids; non-emergency foreign country providers; educational or nutritional services; durable medical equipment not specifically listed as Covered Services. Pharmacy exclusions include: immunizing agents; biological sera; blood and blood products; drugs associated with weight loss; allergy desensitization products or serum; drugs obtained outside the United States; and growth-hormone treatment. In addition, no benefits are provided for the following: dental services: services performed primarily for cosmetic reasons except as described in the Dental Benefits Policy; replacement of a lost or stolen appliance; initial placement of a full or partial denture unless it includes the replacement of a functioning natural tooth extracted while the person is covered under this plan; removal of only a permanent third molar will not qualify for an initial or replacement denture or bridge; overdentures, personalization, precision or semi-precision attachments; replacement of a bridge, denture or crown within 84 months following its initial date of insertion; replacement of a bridge, denture or crown which can be made useable according to dental standards; procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion, the restoration of teeth which have been damaged by erosion, attrition or abrasion; bite registration; or bite analysis; veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars; core buildup, labial veneers; 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; bite registrations; precision or semi-precision attachments; splinting; surgical implant of any type; instruction for plaque control, oral hygiene and diet; Prosthesis Over Implant — a prosthetic device, supported by an implant or implant abutment; dental services that do not meet common dental standards; services that are deemed to be medical services; services and supplies received from a hospital; procedures for which a charge would not have been made in the absence of coverage, for which the person is not legally required to pay; procedures which do not have uniform professional endorsement; charges in excess of the reasonable and customary allowances; amounts in excess of Maximum Reimbursable Charges; IV sedation or general anesthesia, except when medically or Dentally Necessary and when in conjunction with covered complex oral surgery; fees charged for broken appointments, claim form submission or sterilization; services not included in the list of covered dental expenses, unless CIGNA agrees to accept such expense as a covered dental expense, in which case payment will be made consistent with similar services which would provide the least expensive professionally satisfactory result; crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth unless the tooth cannot be restored with an amalgam or composite resin filling due to major decay or fracture; replacement of teeth beyond the normal complement of 32; prescription drugs; athletic mouth guards; myofunctional therapy; charges for travel time; transportation costs; or professional advice given on the phone; any procedure, service, or supply which may not reasonably be expected to successfully correct the covered person's dental condition for a period of at least three years, as determined by CIGNA; temporary, transitional or interim dental services; diagnostic casts, diagnostic models, or study models; any charge for any treatment performed outside of the United States other than for Dental Emergency Services (limited to a maximum of \$100.00 per 12 consecutive month period); procedures that are a covered expense under any other dental plan which provides dental benefits whether or not on an insured basis; any charges, including ancillary charges, made by hospital, ambulatory surgical center or similar facility; to the extent that payment is unlawful where the person resides when the expenses are incurred; for charges which would not have been made if the person had no insurance or for unnecessary care, treatment or surgery.

Rates for medical plans are guaranteed for twelve months effective when the insurance policy is issued with the exception of any policy amendment activities, such as any benefit changes, switching to a different plan, adding or dropping dependents and moving to a different rating area. Rate eligibility is based upon residential zip code. After the initial guarantee, medical rates are subject to change upon 60 days prior notice for individuals enrolled in CIGNA HealthCare of Arizona, Inc., and upon 30 days prior notice for individuals insured by Connecticut General Life Insurance Company. Dental rates are subject to change upon 30 days notice. Medical plans are medically underwritten, and you may be declined coverage because of a health condition. If you are issued a policy, and are 19 years of age or older, 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. These medical and dental insurance policies and General Service Agreement have exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, call CIGNA.

"CIGNA" and the "Tree of Life" logo are registered service marks, and "CIGNA Dental PPO 50" and "CIGNA Dental Core Network" are service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided by such operating subsidiaries including Connecticut General Life Insurance Company and CIGNA Dental Health, Inc. and its subsidiaries and not by CIGNA Corporation. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. All other medical plans in Arizona are insured by CGLIC. In Arizona, the Dental PPO is known as CG Dental PPO.