



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.cigna.com/individuals-families/colorado-health-insurance-plans-2015](http://www.cigna.com/individuals-families/colorado-health-insurance-plans-2015) or by calling 1-800-Cigna24.

Important Questions	Answers	Why this Matters:
<p>What is the overall <b>deductible</b>?</p>	<p>For in-network providers <b>\$0</b> person/ <b>\$0</b> family                      For out-of-network providers <b>\$12,500</b> person/  <b>\$25,000</b> family</p> <p>Does not apply to in-network services, out-of-network preventive care, out-of-network mammograms and out-of-network external prosthetic appliances.</p>	<p>You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <b>deductible</b>.</p>
<p>Are there other <b>deductibles</b> for specific services?</p>	<p>No.</p>	<p>You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.</p>
<p>Is there an <b>out-of-pocket limit</b> on my expenses?</p>	<p>Yes, For in-network providers <b>\$5,000</b> person/  <b>\$10,000</b> family                      For out-of-network providers <b>\$25,000</b> person/  <b>\$50,000</b> family</p>	<p>The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</p>
<p>What is not included in the <b>out-of-pocket limit</b>?</p>	<p>Premium, balanced-billed charges, penalties for failure to obtain pre-authorization for services and health care this plan doesn't cover</p>	<p>Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b>.</p>
<p>Is there an overall annual limit on what the plan pays?</p>	<p>No.</p>	<p>The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits</p>
<p>Does this plan use a <b>network of providers</b>?</p>	<p>Yes. For a list of participating providers, see <a href="http://www.cigna.com/ifp-providers">www.cigna.com/ifp-providers</a> or call 1-800-Cigna24</p>	<p>If you use an in-network doctor or other health care <b>provider</b>, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <b>provider</b> for some services. Plans use the term in-network, <b>preferred</b>, or participating for <b>providers</b> in their <b>network</b>. See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b></p>

**Questions:** Call 1-800-Cigna24 or visit us at [www.cigna.com/individuals-families/colorado-health-insurance-plans-2015](http://www.cigna.com/individuals-families/colorado-health-insurance-plans-2015)

If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-800-Cigna24 to request a copy.

Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about <u>excluded services</u> .



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$30 co-pay/visit	50% co-insurance	-----none-----
	Specialist visit	\$60 co-pay/visit	50% co-insurance	-----none-----
	Other practitioner office visit	\$60 co-pay/visit	50% co-insurance	-----none-----
	Preventive care/screening/immunization	No charge	No charge	-----none-----
If you have a test	Diagnostic test (x-ray, blood work)	30% co-insurance	50% co-insurance	-----none-----
	Imaging (CT/PET scans, MRIs)	\$500 co-pay/scan	50% co-insurance	Pre-authorization required, call 1-800-Cigna24. Out-of-network cost share increases if no pre-authorization.

**Questions:** Call 1-800-Cigna24 or visit us at [www.cigna.com/individuals-families/colorado-health-insurance-plans-2015](http://www.cigna.com/individuals-families/colorado-health-insurance-plans-2015)

If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-800-Cigna24 to request a copy.

**Cigna Health and Life Insurance Co.: myCigna Copay Assure Gold**  
**Summary of Benefits and Coverage: What this Plan Covers & What it Costs**

Coverage Period: 1/1/2015-12/31/2015

Coverage for: Individual&Family Plan Type: LCP

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
<b>If you need drugs to treat your illness or condition</b>  More information about <b>prescription drug coverage</b> is available <a href="http://www.cigna.com/ifp-drug-list">www.cigna.com/ifp-drug-list</a>	Preferred generic drugs	\$4 co-pay (retail) / \$10 co-pay (home delivery)	Not covered (retail/home delivery)	Coverage is limited up to a 30-day supply (retail) and up to 90-day supply (home delivery)
	Non-preferred generic drugs	\$15 co-pay (retail) / \$37 co-pay (home delivery)	Not covered (retail/home delivery)	Coverage is limited up to a 30-day supply (retail) and up to 90-day supply (home delivery)
	Preferred brand drugs	\$45 co-pay (retail) / \$112 co-pay (home delivery)	Not covered (retail/home delivery)	Coverage is limited up to a 30-day supply (retail) and up to a 90-day supply (home delivery).
	Non-preferred brand drugs	50% co-insurance (retail/home delivery)	Not covered (retail/home delivery)	Coverage is limited to a 30-day supply (retail) and up to a 90-day supply (home delivery)
	Specialty drugs	40% co-insurance (retail)/30% co-insurance (home delivery)	Not covered (retail/home delivery)	Coverage is limited up to a 30-day supply (retail) and up to a 30-day supply (home delivery). Pre-authorization required, call 1-800-Cigna24. Cost share increases if no pre-authorization.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$1,000 co-pay	50% co-insurance	-----none-----
	Physician/surgeon fees	30% co-insurance	50% co-insurance	Pre-authorization required, call 1-800-Cigna24. Out-of-network cost share increases if no pre-authorization.
<b>If you need immediate medical attention</b>	Emergency room services	\$250 co-pay/visit	\$250 co-pay/visit	Non-emergency medical conditions are covered out-of-network at 50% co-insurance.
	Emergency medical transportation	\$500 co-pay/trip	\$500 co-pay/trip	Non-emergency medical conditions are covered out-of-network at 50% co-insurance.

**Questions:** Call 1-800-Cigna24 or visit us at [www.cigna.com/individuals-families/colorado-health-insurance-plans-2015](http://www.cigna.com/individuals-families/colorado-health-insurance-plans-2015)

If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-800-Cigna24 to request a copy.

**Cigna Health and Life Insurance Co.: myCigna Copay Assure Gold**  
**Summary of Benefits and Coverage: What this Plan Covers & What it Costs**

Coverage Period: 1/1/2015-12/31/2015

Coverage for: Individual&Family Plan Type: LCP

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
	Urgent care	\$75 co-pay	\$75 co-pay	Non-emergency medical conditions are covered out-of-network at 50% co-insurance.
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$1,000 co-pay/day	50% co-insurance	Pre-authorization required, call 1-800-Cigna24. Out-of-network cost share increases if no pre-authorization.
	Physician/surgeon fee	30% co-insurance	50% co-insurance	-----none-----
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	\$60 co-pay/visit	50% co-insurance	-----none-----
	Mental/Behavioral health inpatient services	\$1,000 co-pay/day	50% co-insurance	Pre-authorization required, call 1-800-Cigna24. Out-of-network cost share increases if no pre-authorization.
	Substance use disorder outpatient services	\$60 co-pay/visit	50% co-insurance	-----none-----
	Substance use disorder inpatient services	\$1,000 co-pay/day	50% co-insurance	Pre-authorization required, call 1-800-Cigna24. Out-of-network cost share increases if no pre-authorization.
<b>If you are pregnant</b>	Prenatal and postnatal care	30% co-insurance	50% co-insurance	-----none-----
	Delivery and all inpatient services	\$1,000 co-pay/day	50% co-insurance	Pre-authorization required, call 1-800-Cigna24. Out-of-network cost share increases if no pre-authorization.

**Questions:** Call 1-800-Cigna24 or visit us at [www.cigna.com/individuals-families/colorado-health-insurance-plans-2015](http://www.cigna.com/individuals-families/colorado-health-insurance-plans-2015)

If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-800-Cigna24 to request a copy.

**Cigna Health and Life Insurance Co.: myCigna Copay Assure Gold**  
**Summary of Benefits and Coverage: What this Plan Covers & What it Costs**

Coverage Period: 1/1/2015-12/31/2015

Coverage for: Individual&Family Plan Type: LCP

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
<b>If you need help recovering or have other special health needs</b>	Home health care	\$100 co-pay/day	50% co-insurance	Coverage is limited to 28 hours per week. Pre-authorization required, call 1-800-Cigna24. Out-of-network cost share increases if no pre-authorization.
	Rehabilitation services	\$60 co-pay/visit	50% co-insurance	Coverage is limited to 20 visits annual max per therapy
	Habilitation services	\$60 co-pay/visit	50% co-insurance	Coverage is limited to 20 visits annual max per therapy
	Skilled nursing care	\$300 co-pay/day	50% co-insurance	Coverage is limited to 100 days annual max. Pre-authorization required, call 1-800-Cigna24. Out-of-network cost share increases if no pre-authorization.
	Durable medical equipment	30% co-insurance	Not covered	-----none-----
	Hospice service	30% co-insurance	50% co-insurance	Pre-authorization required, call 1-800-Cigna24. Out-of-network cost share increases if no pre-authorization.
<b>If your child needs dental or eye care</b>	Eye exam	No charge	All except \$45	Children up to age 19. Coverage is limited to 1 exam per year.
	Glasses	Not covered	Not covered	-----none-----
	Dental check-up	Not covered	Not covered	Coverage is available through a stand-alone dental policy.

**Questions:** Call 1-800-Cigna24 or visit us at [www.cigna.com/individuals-families/colorado-health-insurance-plans-2015](http://www.cigna.com/individuals-families/colorado-health-insurance-plans-2015)

If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-800-Cigna24 to request a copy.

**Excluded Services & Other Covered Services:**

**Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)**

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult/Children)
- Glasses (Adult /Children)
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult)
- Routine foot care, and
- Weight loss programs

**Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)**

- Hearing aids
- Private duty nursing (inpatient)
- Spinal Manipulations

**Your Rights to Continue Coverage:**

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State
- You move outside the coverage area

For more information on your rights to continue coverage, contact the insurer at 1800-Cigna24. You may also contact your state insurance department at 1-800-930-3745.

**Your Grievance and Appeals Rights:**

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: Colorado Division of Insurance at 1-800-930-3745.

**Questions:** Call 1-800-Cigna24 or visit us at [www.cigna.com/individuals-families/colorado-health-insurance-plans-2015](http://www.cigna.com/individuals-families/colorado-health-insurance-plans-2015)

If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-800-Cigna24 to request a copy.

### Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

### Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-244-6224.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-244-6224.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-800-244-6224.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-244-6224.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

**Questions:** Call 1-800-Cigna24 or visit us at [www.cigna.com/individuals-families/colorado-health-insurance-plans-2015](http://www.cigna.com/individuals-families/colorado-health-insurance-plans-2015)

If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-800-Cigna24 to request a copy.

## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



### This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$4,550
- Patient pays \$2,990

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$0
Copays	\$1,090
Coinsurance	\$1,870
Limits or exclusions	\$30
<b>Total</b>	<b>\$2,990</b>

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4,450
- Patient pays \$950

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$0
Copays	\$590
Coinsurance	\$40
Limits or exclusions	\$320
<b>Total</b>	<b>\$950</b>

**Questions:** Call 1-800-Cigna24 or visit us at [www.cigna.com/individuals-families/colorado-health-insurance-plans-2015](http://www.cigna.com/individuals-families/colorado-health-insurance-plans-2015)

If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-800-Cigna24 to request a copy.



## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **co-payments**, and **co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

- ✗ **No**. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

- ✗ **No**. Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

- ✓ **Yes**. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

- ✓ **Yes**. An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments**, **deductibles**, and **co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

**Questions:** Call 1-800-Cigna24 or visit us at [www.cigna.com/individuals-families/colorado-health-insurance-plans-2015](http://www.cigna.com/individuals-families/colorado-health-insurance-plans-2015)

If you aren't clear about any of the bolded terms used in this form, see the Glossary.

You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-800-Cigna24 to request a copy.



**Colorado Supplement to the Summary of Benefits and Coverage Form  
Cigna Health and Life Insurance Company  
myCigna Health Savings, myCigna Health Flex and myCigna Copay Assure Plans for Individuals and Families  
Individual Policy**

**TYPE OF COVERAGE**

<b>1. Type of plan.</b>	Preferred provider organization (PPO)
<b>2. Out-of-network care covered?<sup>1</sup></b>	Yes, but patient pays more for out-of-network care
<b>3. Areas of Colorado where plan is available.</b>	Plans are available in Denver.

**SUPPLEMENTAL INFORMATION REGARDING BENEFITS**

**Important Note:** The contents of this form are subject to the provisions of the policy, which contains all terms, covenants and conditions of coverage. It provides additional information meant to supplement the Summary of Benefits of Coverage you have received for this plan. This plan may exclude coverage for certain treatments, diagnoses, or services not specifically noted. Consult the actual policy to determine the exact terms and conditions of coverage.

	<b>Description</b>	<b>What this means.</b>
<b>4. Deductible Period</b>	Calendar year	Calendar year deductibles restart each January 1.

	<b>Description</b>	<b>What this means.</b>
<b>5. Annual Deductible Type</b>	Individual/Family	“Individual” means the deductible amount you and each individual covered by the plan will have to pay for allowable covered expenses before the carrier will cover those expenses. “Family” is the maximum deductible amount that is required to be met for all family members covered by the plan. It may be an aggregated amount (e.g., “\$3,000 per family”) or specified as the number of individual deductibles that must be met (e.g., “3 deductibles per family”).
<b>6. What cancer screenings are covered?</b>	Breast Cancer Screening with Mammography, Cervical Cancer Screening, Colorectal Cancer Screening, Prostate Cancer Screening	

### LIMITATIONS AND EXCLUSIONS

<b>7. Period during which pre-existing conditions are not covered for covered persons age 19 and older.<sup>2</sup></b>	Not Applicable
<b>8. How does the policy define a “pre-existing condition”?</b>	Not Applicable



<b>9. Exclusionary Riders. Can an individual's specific, pre-existing condition be entirely excluded from the policy?</b>	No
---	----

**USING THE PLAN**

	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>10. If the provider charges more for a covered service than the plan normally pays, does the enrollee have to pay the difference?</b>	No	Yes, as defined in the Policy.
<b>11. Does the plan have a binding arbitration clause?</b>	No	

**Questions:** Call 1-800-244-6224 or visit us at [www.cigna.com](http://www.cigna.com).

If you are not satisfied with the resolution of your complaint or grievance, contact:

Colorado Division of Insurance  
Consumer Affairs Section  
1560 Broadway, Suite 850, Denver, CO 80202  
Call: 303-894-7490 (in-state, toll-free: 800-930-3745)  
Email: [insurance@dora.state.co.us](mailto:insurance@dora.state.co.us)

## Endnotes

1 “Network” refers to a specified group of physicians, hospitals, medical clinics and other health care providers that this plan may require you to use in order for you to get any coverage at all under the plan, or that the plan may encourage you to use because it may pay more of your bill if you use their network providers (i.e., go in-network) than if you don’t (i.e., go out-of-network).

2 Waiver of pre-existing condition exclusions. State law requires carriers to waive some or all of the pre-existing condition exclusion period based on other coverage you recently may have had. Ask your carrier or plan sponsor (e.g., employer) for details.

## **ACCESS PLAN**

If you would like more information on:

- (1) who participates in our provider network;
- (2) how we ensure that the network meets the health care needs of our members;
- (3) how our provider referral process works;
- (4) how care is continued if providers leave our network;
- (5) what steps we take to ensure medical quality and customer satisfaction;
- (6) where you can go for information on other plan services and features, you may request a copy of our Access Plan.

The Access Plan is designed to disclose all the plan information required under Colorado law, and is available for your review upon request.



*“Cigna,” “GO YOU,” and the “Tree of Life” logo are registered service marks 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), and Cigna HealthCare of Arizona, Inc.*