

[ALL IN ONE]

Your 2015 plan information

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Welcome to the 2015

source book for Brokers, Agents and Call Center Representatives selling and servicing Cigna Individual & Family Plans for medical, dental and supplemental products. It's chock-full of plan information, resources and links to handy documents for you to use and to leave with, or email to prospects or customers. An all-in-one source to help you succeed.

Inside, you'll learn more about:

- The types of plans and benefits we provide
- Where Cigna plans are available, both on and off the Marketplace
- What sets Cigna apart
- What plans are being offered by state and the benefits
- Network information

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It's all in here

How to use this source book

Cigna's 2015 All In One source book provides updated plan information organized by area of interest, plan type and state. It's designed to answer what, where, why, when and how questions such as:

- What types of plans are offered
- Where plans are available
- Why customers should choose Cigna over other health benefits providers
- When and how to enroll and more!

Finding answers has never been easier, with clickable links from top to bottom.

Starting with the Contents

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sample only

B Bronze	
◆ Health Flex \$100	
MEDICAL	In-network you pay:
Annual Deductible* Individual/Family	\$5,100 / \$10,200
Annual Out-of-Pocket Max** Individual/Family	\$6,350 / \$12,700
Coinsurance***	40% after deductible
RPO Physician Services Office Visits (Primary Care/Specialist)	\$35, deductible waived / \$65, deductible waived
Physician Services Office Visits (Primary Care/Specialist)	40% after deductible / 40% after deductible
Preventive Care for All Ages	0%, deductible waived
Inpatient Facility & Physician Services	40% after deductible / 40% after deductible
Lab, X-ray & Ultrasound	40% after deductible
Prenatal & Postnatal Care	40% after deductible
Maternity Care**** (Inpatient/Physician Services)	40% after deductible / 40% after deductible
Hospital ER	40% after deductible
Urgent Care	\$75, deductible waived
Ambulance	40% after deductible
RX DRUGS UP TO A 30 DAY SUPPLY	
Tier 1 Retail Pref. Generic	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	40% after deductible
Tier 3 Retail Pref. Brands	40% after deductible
Tier 4 Retail Non-Pref. Brands	50% after deductible
Tier 5 Retail Specialty	40% after deductible

◆ Brokers ○ Call Centers
> Footnotes for: * ** *** ****

S Medical Network

W Cigna.com/ftp-drug-list

W State Policy Disclosures, Exclusions & Limitations

C Cigna Home Delivery Flyer

W CignaforBrokers.com

P Call 877.Cigna.15

Find detailed plan information in the Summary of Benefits on the Cigna Broker Portal.

Talk to a licensed Cigna Rep about federal assistance to lower premiums and out-of-pocket expenses for eligible customers.

1. As required by the Patient Protection and Affordable Care Act (PPACA)

2. Specialty medications are limited to a 30-day supply in AZ, CO, CT, FL, GA, MO, SC, TN & TX.

3. Healthy Rewards is a discount program. This program is in addition to, not instead of, other plan benefits.

4. Coverage level varies based on Plan Type and Cost-for-Coverage level selected and included for plans not purchased on the Health Insurance Marketplace.

Opens customer-friendly PDFs

Links to useful websites

Provides phone number

Jumps to chart footnotes

Jumps to section within this guide

The link to the footnotes page is at the bottom left corner of those pages with footnotes

Footnotes

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1. Coverage level varies based on Plan Type and Cost-for-Coverage level selected and included for plans not purchased on the Health Insurance Marketplace.

2. Specialty medications are limited to a 30-day supply in AZ, CO, CT, FL, GA, MO, SC, TN & TX.

3. Healthy Rewards is a discount program. This program is in addition to, not instead of, other plan benefits.

A discount program is NOT insurance, and customers must pay the available in all states and programs may be discontinued at any time care or services provided.

Cigna in brief

Cigna offers a wide range of plan options to meet your customers' individual needs, goals, preferences and budgets.

- Medical, behavioral health and pharmacy coverage with every health plan
- Variety of copay, coinsurance and deductible options
- Tax-advantaged plans that help customers save for health care costs

Start with myCigna medical plans.

- myCigna Health Savings Plans — have lower monthly premiums with high deductible to help maximize savings. These plans also allow customers to pair it with a Health Savings Account for added tax savings
- myCigna Health Flex Plans — offer a range of premium, deductible, coinsurance and copay levels
- myCigna Copay Assure Plans — plans have \$0 in-network deductible. In addition, most have a defined copay to help keep out-of-pocket costs predictable

Consider selling dental.

All three dental plans cover preventive care at 100% when visiting a Cigna DPPO *Advantage* Network provider.

- myCigna Dental Preventive
- myCigna Dental 1000 — includes basic and major restorative services
- myCigna Dental 1500 — includes basic and major restorative services, plus orthodontia

Why not add supplemental?

Add supplemental solutions to enhance your customers' health and financial protection. Cigna offers supplemental benefits to customers in most states across the United States.

- Accident Expense
- Accident Treatment
- Cancer Treatment
- Critical Illness
- Whole Life
- Lump Sum Cancer, Lump Sum Heart Attack
- Cancer, Heart Attack & Stroke
- Medicare Supplement
- More to come in 2015

This source book may be updated periodically, please access it from the Broker Resource Center.

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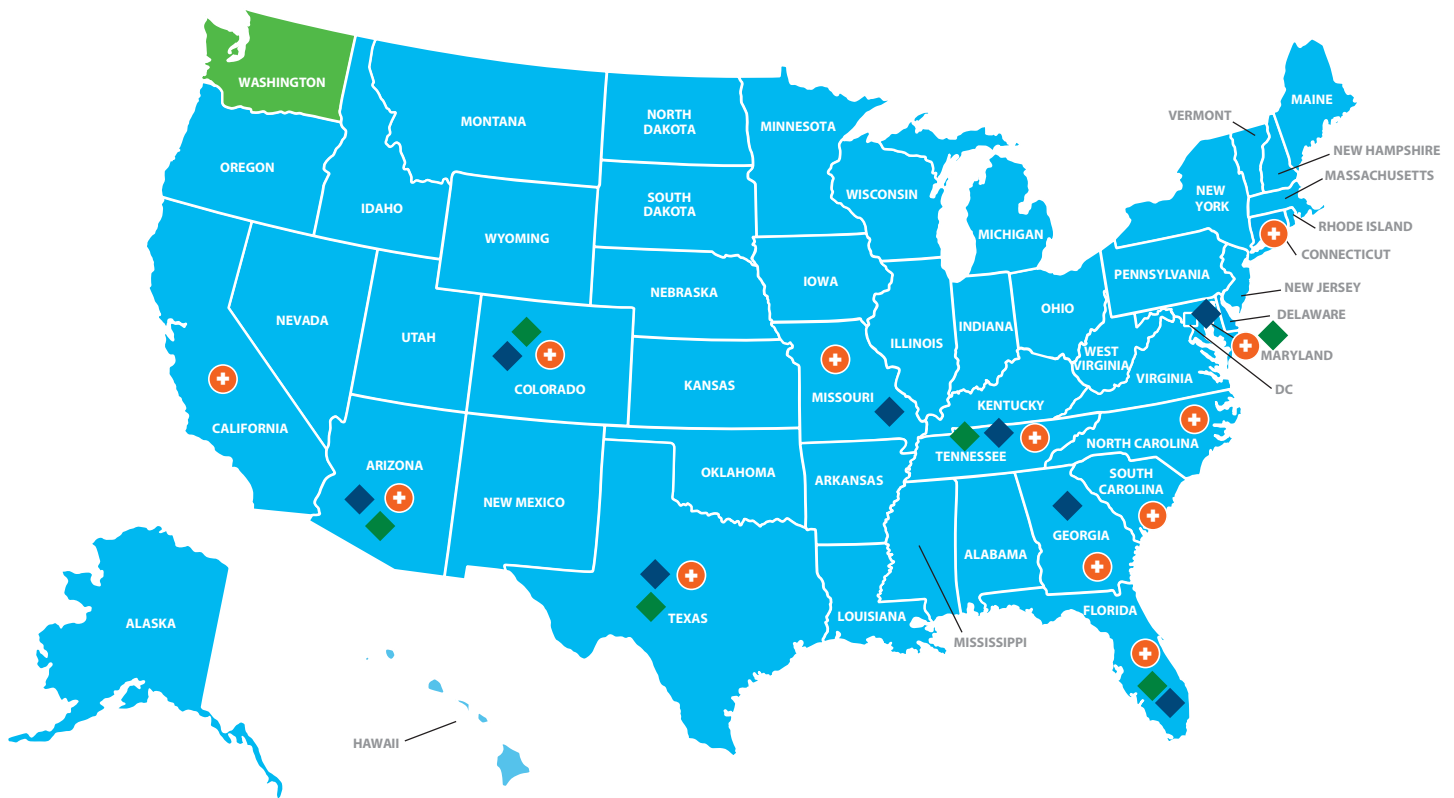
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Cigna in 49 states (plus D.C.)

We've been growing. Now, with medical plans available in 12 states and dental in 49 states plus D.C., the reasons to sell Cigna are really adding up. Plus, our provider networks span the nation, so customers are covered wherever their travels take them in the United States.

The map below indicates those states we offer medical plans, dental plans and what states we offer plans on the Health Insurance Marketplace.



+ MEDICAL PLANS — AZ, CA,* CO,* CT, FL,* GA, MD, MO,* NC, SC, TN,* TX*

■ DENTAL PLANS — 49 STATES PLUS D.C.

■ DENTAL PLANS — NOT AVAILABLE IN WA

◆ MEDICAL PLANS SOLD ON THE MARKETPLACE — AZ, CO, FL, GA, MD, MO, TN, TX

◆ DENTAL PLANS SOLD ON THE MARKETPLACE — AZ, CO, FL, MD, TN, TX

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* Sold in parts of the state. See specific state section for details.

Why Cigna

When it comes to health care, no two people have the same needs. At Cigna, we offer a variety of medical, dental and supplemental plans to fit different budgets and individual needs. Our plans offer valuable coverage and services to help customers stay well.

Medical

Cigna's plans range in features, benefits and price — so customers can choose plans that maximize savings or flexibility, or enable customers to predict and budget for costs.

- **More services and more value for the money** — In-network preventive care services like annual checkups and routine immunizations covered 100%; coverage for emergency and urgent care, lab work, x-rays and prescription drugs; online tools to compare health care provider cost and quality information.
- **Quality care where and when customers need it** — Nationwide access to health care professionals and hospitals; 24-hour Health Information Line.
- **Extra service to meet customers needs** — Including Customer Service that is available 24/7/365.

Dental

Regular dental care is important to overall good health and well-being. That's why we provide 100% reimbursement for certain dental procedures that help promote optimal oral health for customers with certain qualifying chronic health conditions when visiting a Cigna DPPO *Advantage* Network provider.

- **Dental coverage to keep customers smiling** — Cigna customers have the freedom to choose dental coverage that best fits their budget and personal needs. We offer coverage options for basic preventive dental care only, basic dental care with major restorative services (e.g. crowns, bridges, root canals), and basic dental care with major restorative and orthodontia services.
- **Dental plans with more choice and access** — Over 94,000¹ dentists in our Cigna DPPO *Advantage* Network where customers get annual cleanings, oral exams and routine x-rays covered 100%.² There is also an additional 51,000¹ dentists in our Cigna DPPO Network that provide care at discounted rates, expanding customers access to savings. Customers also have the option to go out-of-network.

C Why Cigna flyer

C Why Cigna flyer - Arizona

1. January 2016 projection.
2. Some preventive expenses may not be covered like athletic mouth guards. Refer to the Summary of Benefits or your Policy for a listing of covered and non-covered services.

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myCigna Medical

Enroll in myCigna Medical

With Cigna, customers get more than just coverage to help with health care expenses. They get support to help them reach their one-of-a-kind health goals, so they can stay up and running.

Coverage for:¹

- In-network preventive care covered at 100%
- Sick care office visits and immunizations
- Preventive care for all ages
- Dental care for children and young adults up to age 19;² Option to purchase adult coverage
- Inpatient hospitalization
- Emergency, urgent care and ambulance
- Lab, x-ray, ultrasound and radiology services
- Mental health and substance abuse treatment
- Prescription drugs

Well-being support:

- Healthy Rewards discount program³
- Health assessment and goal tracker
- “Better me” health and wellness coaching
- Health information from WebMD[®]
- Toll-free 24-hour Health Information Line

myCigna.com and myCigna Mobile App⁴ tools to:

- Find health care service providers
- Compare quality ratings and costs
- Personalize, organize and access important health information

COMMISSIONS

Cigna Dental offers competitive commissions that are paid up front, upon enrollment, for the first year.

We also have a bonus program to maximize your earnings when selling Cigna Individual & Family Plans. We also offer an easy-to-read commission statement on CignaforBrokers.com.

The statement can be exported to Excel for your convenience. Both commissions and bonus flyers are available in the Broker Resource Center.

RATES

Medical: To determine rates for medical plans visit CignaforBrokers.com and run a quote.

Dental: Dental rate sheets can be found in the Broker Resource Center. Rates can also be determined by running a quote on CignaforBrokers.com

Supplemental: Rates for supplemental products are found at AgentViewCigna.com

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Enroll in myCigna Medical *continued*

myCigna Health Savings Suite

Maximize savings now and in the future with these high-deductible plans. Plans offer lower premiums and 100% in-network coverage on health services (excluding non-preferred brand drugs) once customers have reached their deductibles. And they can be paired with a tax-advantaged Health Savings Account (HSA), which helps customers to budget and save for health care costs.

- Customers decide how much money to set aside for health care costs.
- Dollars they contribute to a Health Savings Account are 100% tax deductible¹ — up to the federal limit.²
- Customers earn tax-free interest on the account, or can 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 year rolls over (stays in the account) for the next year.
- Customers can use funds to pay for:
 - Current and/or future out-of-pocket medical, dental, vision and other IRS-approved expenses.
 - Premiums for qualified long-term care plans and Medicare.
- Or they can save the funds for supplemental income in retirement.

Customers can set up a Health Savings Account to pair with their Cigna Health Savings plan by contacting the bank of their choice.

myCigna Health Flex Suite

These plans offer a range of premium, deductible, coinsurance and copay levels, making them a favorite for families and those who value flexibility.

- They provide options so customers can choose premium, deductible and copay levels.
- Generic and brand drugs — starting as low as a \$4 copay for in-network retail preferred generic drugs.
- Urgent care — most plans include a copay for in-network clinics.³
- Preventive checkups, lab work, and screenings — covered at 100% when customers stay in-network.

myCigna Copay Assure Suite

These straightforward plans provide mostly defined cost with copays, helping customers better plan for upfront costs. With no in-network deductible to meet and fixed in-network out-of-pocket costs for care; in-network expenses are more predictable.

- No deductibles to meet before the in-network plan starts paying.
- Predictable out-of-pocket costs.
- Fixed copays for doctor visits and many health care services.
- Fixed copays for many prescription medications.

THE KIDS ARE IN

Pediatric Dental coverage is included with Cigna medical plans sold off Marketplace for children and young adults up to age 19.

S Pediatric Dental

Pediatric Vision coverage is included with all Cigna medical plans for children and young adults up to age 19.

S Pediatric Vision

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Enroll in myCigna Medical *continued*

Plan Levels

Within each plan type there are levels — Bronze, Silver and Gold.¹ The higher the level and monthly premium, the more the plan will cover and the less your customers will pay out-of-pocket when they need care.

CATEGORY		Average percentage of expenses paid by plan	Average percentage of expenses paid by customer
	Gold	80%	20%
	Silver	70%	30%
	Bronze	60%	40%

Higher monthly premium



Lower monthly premium

The chart below outlines out-of-pocket savings for common medical services.

CATEGORY	ESTIMATE ² OF WHAT A CUSTOMER MAY SAVE			
	WITHOUT MEDICAL INSURANCE	MYCIGNA HEALTH FLEX 2750 OUT-OF-NETWORK	MYCIGNA HEALTH FLEX 2750 IN-NETWORK	SAVINGS WITH MEDICAL INSURANCE ⁵
Office Visit	\$395	\$166 ³	\$30 ⁴	\$365
Specialist Visit	\$520	\$211 ³	\$60 ⁴	\$460
Prescription – Retail Preferred Generic (Tier 1) Up to a 30 day supply	\$65	\$12 ³	\$4 ⁴	\$61
Prescription – Retail Preferred Brand (Tier 3) Up to a 30 day supply	\$591	\$278 ³	\$45 ⁴	\$546
Prescription – Home Delivery Preferred Generic (Tier 1) Up to a 90 day supply	\$195	\$36 ³	\$10 ⁴	\$185
Prescription – Home Delivery Preferred Brand (Tier 3) Up to a 90 day supply	\$1,773	\$834 ³	\$115 ⁴	\$1,658

1. Not all category levels are available in all states. 2. Estimate based on the myCigna Health Flex 2750, zip code in Dallas Texas starting with the first three digits of 750. May vary in some states. Review the plan details section or call customer service for more details. 3. After deductible. 4. Deductible waived. 5. In-network savings estimate.

In-network

Our plans have different networks depending on location.

Open Access Plus Network (OAP)

Cigna plans offer the freedom to use any health care professional or facility in the country, referral free. But to get the best value from the plan, customers should choose a doctor or hospital in the Cigna OAP Network. They'll pay less out-of-pocket. And they won't have to worry about filing claims.

LocalPlus® Network

In Arizona, Colorado, Florida, Georgia, California, Missouri, Tennessee and Texas, the LocalPlus Network provides access to health care professionals in customers areas and other parts of the country. Some of the health care professionals in the LocalPlus Network have separately earned the Cigna Care Designation - recognition for achieving top results on Cigna quality and cost-efficiency measures. Customers can find the designation under the Quality and Recognitions column of the directory in Cigna.com/ifp-providers.

When customers receive care from a health care professional or hospital in the LocalPlus Network the visit is considered in-network, which helps customers incur less out-of-pocket expenses.¹ The LocalPlus Network is a smaller network of participating health care professionals, specialists and hospitals within the larger Cigna Open Access Plus Network. Cigna contracts with the LocalPlus Network of health care professionals to ensure referral-free access to quality care and to keep customers health care costs lower.

When customers are traveling and not in a LocalPlus Service Area, they have access to health professionals in the Open Access Plus Network and the visit is considered in-network.

Customers also have the freedom to visit health care professionals or hospitals not in the network at any time,² but note, they will pay more out-of-pocket for that visit, except for emergency services as defined in their plan.

Medical plans sold in the following states use the OAP network:

Connecticut North Carolina
Maryland South Carolina

 [OAP Network Nationwide flyer](#)

Medical plans sold in the following states use the LocalPlus network:

Arizona Georgia
California Missouri
Colorado Tennessee
Florida Texas

 [LocalPlus Network Nationwide flyer](#)

See a list of health care professionals in the LocalPlus and OAP Networks

 Cigna.com/ifp-providers

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In-network *continued*

LocalPlus® Network *continued*

To remain in-network		Use health care professionals in the:
When home		LocalPlus Network
When traveling to a LocalPlus Service area		LocalPlus Network
When traveling to an area where the LocalPlus Network is not available		Open Access Plus (OAP) Network

LocalPlus state specific info

-  Arizona
-  California
-  Colorado
-  Florida - Orlando/Tampa
-  Florida - South
-  Georgia
-  Missouri
-  Tennessee
-  Texas - Dallas/FTW/Austin
-  Texas - Houston

See a list of health care professionals in the LocalPlus and OAP Networks

 [Cigna.com/ifp-providers](https://www.cigna.com/ifp-providers)

KEY POINTS REGARDING LOCALPLUS:

- The LocalPlus networks were developed to drive efficiency and maximize savings. This is dependent upon utilizing in-network LocalPlus health care professionals.
- Utilization of OAP and out-of-network health care professionals will significantly decrease the projected savings associated with the product.
- Away from home coverage is to be used by customers enrolled on a LocalPlus plan while they are traveling or working away from their home geography, and for use by covered dependents who are outside of their home geography (i.e. away at college).
- Customers who reside outside of a LocalPlus geography or who regularly access their care outside of a LocalPlus geography should have another plan option presented to them.
- Pricing of the product is based on expected savings of utilizing the LocalPlus Network. Utilization of OAP and out of network providers will have significant impact to the pricing. Customers who are inquiring about using OAP providers outside of the LocalPlus geography should also have another plan option presented to them.

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In-network *continued*

Renaissance Physician Organization for Houston-area customers

In the Houston LocalPlus service area, customers have the freedom to choose a doctor in the Renaissance Physician Organization (RPO). The RPO Network has nearly 1,000 primary care physicians and specialists in Houston and the surrounding area, so there's one in just about every neighborhood. Customers who use an RPO Network physician pay lower copays for primary care and speciality physician office visits than they do when using a LocalPlus provider.

See benefit plan information for the Houston area

[Houston plans](#)

Find out more about the Renaissance Physician Organization

[RPO Network flyer](#)

See a list of doctors in the Renaissance Physician Organization — and all doctors and facilities in the LocalPlus and OAP Cigna Networks

[Cigna.com/ifp-providers](https://www.cigna.com/ifp-providers)

CUSTOMERS SAVE WHEN VISITING AN RPO HEALTH CARE PROFESSIONAL		
AN OFFICE VISIT TO	CUSTOMERS PAY	SAVINGS
RPO ¹ health care professional/physicians	\$25, deductible waived (in-network, RPO health care professional only)	\$30 when using an RPO health care professional ²
LocalPlus [®] health care professional/physicians	\$55, deductible waived (in-network LocalPlus health care professional)	
Health care professionals/physicians within the LocalPlus area but not part of the LocalPlus Network. Any other Cigna Network health care professionals or health care professionals not in Cigna's Networks	50% after deductible (out-of-network) ³	

Illustration from myCigna Health Flex 5000 plan. Patient responsibility varies by plan. Refer to a plan summary document for more details.

1. Available in the Houston metropolitan areas, depending on zip code.
2. Amount saved varies by plan.
3. If a customer chooses to visit a provider out-of-network they 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.

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In Rx

Cigna Pharmacy Network

To get the best price on medications, customers should choose a pharmacy in the Cigna Pharmacy Network. Of course, they can always choose to fill their prescriptions at a pharmacy not in our network, but they'll pay more.

Pharmacy Benefit Management

We offer a variety of programs to help customers find the most affordable options for their medications, and support to help them take as prescribed:

- **Step Therapy** – A prior authorization program that encourages the use of less costly yet effective medications before more costly medications are approved for coverage.
- **Therapy Management** – Provides ongoing support if customers take prescription narcotics and/or certain psychiatric medications.
- **CoachRx** – Personalized support to help customers take their medications as prescribed, including access to online tools, educational materials and a team of pharmacists that can help them to:
 - Set up automatic text or email refill reminders
 - Arrange for convenient home delivery of medications
 - Understand medication options
 - Learn about drug side effects and ways to cope
 - Identify and prevent possible drug interactions

See what prescription drugs are covered

W [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list)

Find pharmacies in the Cigna Pharmacy Network

W [Cigna.com/ifp-providers](https://www.cigna.com/ifp-providers)

Step Therapy Program Flyer

C California & Colorado

C Arizona, Connecticut, Florida, Georgia, Maryland, Missouri, North Carolina, South Carolina, Tennessee, Texas

Cigna Home Delivery PharmacySM offers:

- Zero additional cost for certain preventive medications¹
- A convenient 90-day supply of medication and easy refills²
- Medications delivered right to your customer's door and free shipping with standard delivery

C Cigna Home Delivery Pharmacy

1. As required by the Patient Protection and Affordable Care Act (PPACA).

2. Specialty medications are limited to a 30-day supply in AZ, CO, CT, FL, GA, MO, SC, TN & TX.

Note: In FL select specialty medications are limited up to a maximum supply of 60 days.

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Enrolling in medical plans

Open Enrollment Period (OEP)

Medical plans may be purchased during the 2015 Annual Open Enrollment Period:

November 15, 2014 – February 15, 2015

Effective Dates

For 2015 Annual Open Enrollment Period, the first effective date for a medical plan is January 1, 2015. Please note all of the effective dates for the 2015 Open Enrollment Period:

FOR ENROLLMENT BETWEEN:	2015 EFFECTIVE DATE:
November 15, 2014 through December 15, 2014	January 1
December 16, 2014 through January 15, 2015	February 1
January 16, 2015 through February 15, 2015	March 1

No applications for the Annual Open Enrollment Period will be accepted after February 15, 2015.

2015 Annual Open Enrollment Calendar

NOVEMBER 2014						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15 ★
16	17	18	19	20	21	22
23	24	25	26	27	28	29/30

DECEMBER 2014						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15 ◆	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

★ Annual open enrollment starts.

◆ Last day to submit an application for a January 1 effective date.

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JANUARY 2015						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

◆ Last day to submit an application for a February 1 effective date.

FEBRUARY 2015						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

◆ Last day to submit an application for a March 1 effective date.

Special Enrollment Period (SEP)

Customers with a Qualifying (Triggering) Life Event can also purchase medical plans outside of the Annual Open Enrollment Period.

Customers can enroll in dental and supplemental plans year round

Learn more about medical plan enrollment:

- Arizona
- California
- Colorado
- Connecticut
- Florida
- Georgia
- Maryland
- Missouri
- North Carolina
- South Carolina
- Tennessee
- Texas

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Pediatric Dental

myCigna Dental Pediatric plan provides Essential Health Benefit (EHB) compliant pediatric benefits for children and young adults up to age 19 both on and off the Marketplace. On and off the Marketplace provide different scenarios:

Off the Marketplace

myCigna Dental Pediatric plan is included with all Cigna medical plans sold off Marketplace.

On the Marketplace

myCigna Dental Pediatric plans are available for purchase in Arizona, Colorado, Florida, Tennessee and Texas.

myCigna Dental Family + Pediatric plans are also available for purchase in Arizona, Colorado, Florida, Tennessee and Texas.

myCigna Dental Pediatric is embedded in the medical plan in Maryland.

For more information about the benefits covered under this plan, review the Pediatric Dental Summary of Benefits

- C** Arizona, Georgia, Florida, Missouri, South Carolina, Tennessee, Texas plans
- C** California - *Custom* - myCigna Health Flex and myCigna Health Savings plans
- C** California - *Low* - myCigna California Bronze and Silver plans
- C** California - *High* - myCigna California Gold and Platinum plans
- C** Colorado plans
- C** Connecticut plans
- C** Maryland plans
- C** North Carolina plans

Family + Pediatric Summary of Benefits

- C** Arizona, Florida, Tennessee, Texas
- C** Colorado

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The kids are in *continued*

Pediatric Vision

The Pediatric Vision plan is included with all medical plans purchased off the marketplace. The benefits cover dependent children and young adults up to age 19.

What's covered:

- **Examinations** – One vision and eye health evaluation per year by an Optometrist or an Ophthalmologist.
- **Lenses (Glasses)** – One pair of prescription plastic or glass lenses per year.
- **Frames** – One frame for prescription lenses from the Pediatric Frame Collection.
- **Contact Lenses** – One pair or a single purchase of a supply of contact lenses may be substituted for lenses and frames. A contact lens allowance can be applied towards contact lens materials and the cost of professional services, such as fitting and evaluation.
- **Low Vision Coverage** – One comprehensive low vision evaluation, including one follow-up care visit and one low vision aid, per year. Supplemental professional low vision services and aids are covered in full once every 12 months for pediatric vision benefit customers with partial sight, or whose sight is not fully correctable with surgery, pharmaceuticals, contact lenses or glasses.

Some Cigna Vision Network Eye Care Professionals may not offer these services. Customers should check with individual eye care professionals before scheduling an appointment. Please see the Pediatric Vision plan summary for more details.

Visit Cigna.com/ifp-provider to view a list of Eye Care Professionals and call 877.Cigna.15 or direct customer to call 800.Cigna.24 for more information.

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Marketplace subsidies

Federal Financial Assistance Subsidies

Subsidies to help with health care costs for medical and dental is available through the government for Cigna plans for those who qualify in the following states:

Arizona	Georgia	Tennessee
Colorado	Maryland	Texas
Florida	Missouri	

There are two forms of federal financial assistance available: tax credit subsidies, which reduce the monthly premium, and cost sharing reductions, which reduce out-of-pocket costs.

Tax Credit Subsidies for those who qualify, can reduce customers monthly premium payments when they enroll in a Qualified Health Plan (QHP).¹ They can apply all, or a portion of their Advanced Premium Tax Credit (APTC) to their premium, reducing their monthly bill. Subsidies are based on certain income requirements and are **not** available if:

- Customers are eligible for affordable minimum value employer-sponsored coverage (whether or not they enroll)
- Customers are covered under an employer-sponsored group health plan, or
- Customers qualify for Medicare or Medicaid coverage

Cost Sharing Reductions² can reduce the amount customers pay out-of-pocket when they get care — such as copays or coinsurance.

Native American/Alaskan Native (NA/AN) Subsidies may also be available to customers who meet specific requirements. To find out more and to apply and enroll in a NA/AN plan, brokers should call 877.Cigna.15 to assist their customers in this process.

HOW TO ENROLL:

Brokers should call 877.Cigna.15 to assist customer in the application and enrollment process for Subsidy plans. Enrollment can also be done through Marketplaces, state or federal, depending on the state.

Tax Credit Eligibility is based on estimated taxable earned income.

Individuals earning up to \$46,680 and/or a family of four earning up to \$95,400 based on their tax returns may be eligible.

The subsidies range from 2% to 9.5% of eligible income and are determined by the U.S. Department of Health and Human Services.

Cost-share Subsidy levels are determined by household size and annual income. To get these savings, in addition to tax credit subsidies, customers must enroll in a Silver plan. Individuals earning less than approximately \$29,175 and/or a family of four earning up to approximately \$59,625 may be eligible.

Find out if your customers qualify for a subsidy.

Visit Cigna.com and use the calculator to see if customers qualify for a subsidy.

A representative at 1.877.Cigna.15 can assist with the application and enrollment process.

 **NA/AN flyer**

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Words we use – medical

Here are some basic terms to help you and your customers understand their plans inside and out.

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.

Annual out-of-pocket maximum Maximum dollar amount customers pay per calendar year for covered medical services. Individual/family copays, deductibles, coinsurance and pharmacy costs apply.

Away from Home Care Customers with medical plans in the states of Arizona, California, Colorado, Florida, Missouri, Tennessee and Texas must receive care from a doctor or hospital in the LocalPlus network to receive in-network coverage under the plan (except for emergencies as defined by the plan). In Georgia, it is dependent on the plan that the customer purchases. The LocalPlus Network of participating providers is available in some parts of Arizona, California, Colorado, Georgia, Florida, Illinois, Missouri and Texas, and in the entire states of Massachusetts, Rhode Island and Tennessee.

Health care professionals in these areas are considered in-network when traveling. When outside the LocalPlus Network Service Area, customers may receive services from health care professionals or hospitals that participate in Cigna's nationwide Open Access Plus (OAP) network under Away from Home Care. Access Cigna.com/ifp-providers to find in-network providers.

Coinsurance Share of the costs of a covered service that is calculated as a percent. For example, if a plan's allowed amount for an overnight hospital stay is \$1,000, the coinsurance payment of 20% would be \$200. This may be more if a customer has not yet met the yearly deductible.

Copayment (copay) A fixed fee customers pay toward services such as doctor visits or prescriptions.

Deductible The amount customers may pay each year before Cigna begins to pay for covered services, depending on plan design.

In-network services for AZ, CA, CO, FL, GA, MO, TN, TX Services from any health care professional (physician, hospital, etc.) that participates in the Cigna network.

- Participating LocalPlus Network providers for this plan and other LocalPlus Network areas
- Participating OAP Network providers in areas outside of the LocalPlus Network Service Areas
- Any visit considered an emergency as defined by the plan

In-network services for CT, MD, NC, SC Services from any health care professional (physician, hospital, etc.) that participates in the Cigna OAP Network.

Inpatient care Health services customers receive in a hospital or other facility that require admittance for an overnight stay.

C Words we use – LocalPlus

C Words we use – OAP

S Words we use – dental

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Words we use – medical *continued*

LocalPlus Network (The network for medical plans sold in AZ, CA, CO, FL, GA, MO, TN, TX) Provides referral-free access to a smaller group of select health care providers in the designated LocalPlus area and in other LocalPlus areas across the United States. When traveling to an area with a LocalPlus Network, visiting these providers is considered in-network. If the area does not have a LocalPlus Network, customers may visit any Cigna participating OAP Network providers to be considered in-network. **If customers choose to visit a provider not in the LocalPlus Network in an area that has a LocalPlus Network, the visit will be covered at the out-of-network benefit level as defined in their policies.** If they choose to visit a health care provider that is not contracted (or participating) with Cigna, services are covered at the out-of-network benefit level as defined in their policies.

Out-of-network, customers may pay more if the provider's charges exceed the amount Cigna reimburses for billed services. For more detailed information or to find providers in the LocalPlus network, including participating providers for when customers are away from home, please visit www.Cigna.com/ifp-providers or call 1.800.Cigna24.

Open Access Plus (OAP) Network Provides direct access to Cigna's national network of providers and referral-free access to specialists. If customers choose to visit an out-of-network health care professional, services are covered at the reduced benefit level as defined in their policies. Out-of-network they may pay more if the provider's charges exceed the amount Cigna reimburses for billed services.

Out-of-network services for AZ, CA, CO, FL, GA, MO, TN, TX Services from any of the following health care professionals:

- Any provider in the LocalPlus Network area that is not part of the LocalPlus Network
- Providers in other LocalPlus Network service areas that are not part of the LocalPlus Network
- Providers that are not contracted (or participating) with Cigna

Out-of-network, customers may pay more if the provider's charges exceed the amount Cigna reimburses for billed services.

Out-of-network services for CT, MD, NC, SC

Services from any health care professional (physician, hospital, etc.) that does not participate in the Cigna OAP Network. Out-of-network customers may pay more, if the provider's charges exceed the amount Cigna reimburses for billed services.

Outpatient care Health services customers receive in a hospital or other facility that do not require admittance or an overnight stay.

Plan availability Plans are available to residents living in parts of some states depending on county. See plan sections for details.

Service Area A location that is within the counties and/or zip code areas in a state that Cigna has designated as the Service Area for this plan.

 [LocalPlus Nationwide Network flyer](#)

 [OAP Nationwide Network flyer](#)

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Arizona

In Arizona

Plans available through electronic submission:

BROKERS

- 2 myCigna Health Savings, 1 bronze, 1 silver
- 4 myCigna Health Flex, 2 bronze, 3 silver

DIRECT TO CONSUMER CALL CENTERS

- 1 myCigna Health Savings, 1 bronze
- 2 myCigna Health Flex, 2 bronze

All other plans available through paper application.

NETWORK LocalPlus

HEALTH INSURANCE MARKETPLACE

On Marketplace

- myCigna Medical plans are sold on the Marketplace
- Plans sold on the Marketplace include pediatric vision for children and young adults up to age 19.
- myCigna Dental Pediatric plan is sold on the Marketplace.
- myCigna Dental Family + Pediatric plan is sold on the Marketplace.
- Federal financial assistance (subsidies) is available for those who qualify.

Off Marketplace

- Plans include Pediatric Vision and the myCigna Dental Pediatric plan for children and young adults up to age 19.

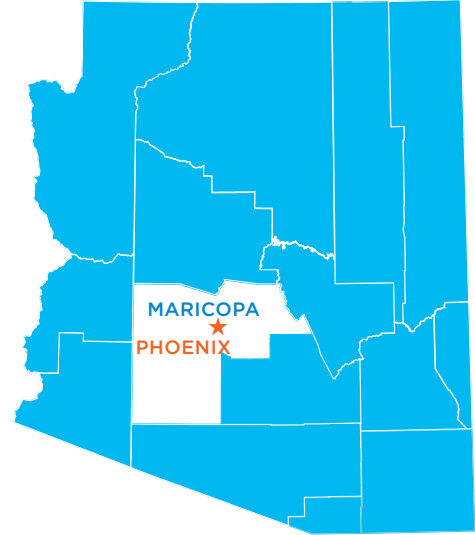
WHERE WE SELL

In Arizona, medical plans are available statewide.

LOCALPLUS NETWORK

Health care professionals and facilities in the LocalPlus Network are located in **Maricopa** county.

Detailed information can be found in the LocalPlus Network Nationwide flyer and the LocalPlus Network State Specific flyer to the right. To find providers in the LocalPlus Network access the provider directory link to the right.



□ Arizona LocalPlus Service Area

ADDITIONAL INFORMATION

- C** [Pediatric Dental Summary of Benefits](#)
- C** [Family + Pediatric Dental Summary of Benefits](#)
- C** [LocalPlus Network Nationwide flyer](#)
- C** [LocalPlus Network State Specific Flyer - Arizona](#)
- S** [LocalPlus Network](#)
- S** [Pediatric Dental](#)
- W** [Cigna.com/ifp-providers](https://www.cigna.com/ifp-providers)

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2015 myCigna Health Plans Arizona

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	 Bronze		
	  Health Savings 6100	  Health Flex 5500	  Health Flex 5100
MEDICAL	In-network customers pay:	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$6,100 / \$12,200	\$5,500 / \$11,000	\$5,100 / \$10,200
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700	\$6,350 / \$12,700	6,400 / 12,800
Coinsurance***	0% after deductible	40% after deductible	40% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	Visits 1-2: \$30, deductible waived/\$60, deductible waived†	\$45, deductible waived / \$85, deductible waived
Preventive Care	0%, deductible waived	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	40% after deductible / 40% after deductible	40% after deductible / 40% after deductible
Lab, X-ray & Ultrasound	0% after deductible	40% after deductible	40% after deductible
Prenatal & Postnatal Care	0% after deductible	40% after deductible	40% after deductible
Maternity Care ****	0% after deductible	40% after deductible	40% after deductible
Hospital ER	0% after deductible	40% after deductible	40% after deductible
Urgent Care	0% after deductible	\$75, deductible waived	\$75, deductible waived
Ambulance	0% after deductible	40% after deductible	40% after deductible
RX DRUGS UP TO A 30 DAY SUPPLY			
Tier 1 Retail Pref. Generic	0% after deductible	\$4, deductible waived	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	40% after deductible	\$30, deductible waived
Tier 3 Retail Pref. Brands	0% after deductible	40% after deductible	40% after deductible
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible	50% after deductible
Tier 5 Retail Specialty	0% after deductible	40% after deductible	40% after deductible

† Visits 3+: 40% after deductible / 40% after deductible

> Footnotes for: * ** *** **** *****

 **Medical Network**

 **Cigna.com/ifp-drug-list**

 **State Policy Disclosures, Exclusions & Limitations**

2015 myCigna Health Plans Arizona

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.



Silver

	◆ Health Savings 3400	◆ Health Flex 1500	◆ Health Flex 2750	◆ Health Flex 3500
MEDICAL	In-network customers pay:	In-network customers pay:	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$3,400 / \$6,800	\$1,500 / \$3,000	\$2,750 / \$5,500	\$3,500 / \$7,000
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700	\$6,350 / \$12,700	6,300 / 12,600	\$6,350 / \$12,700
Coinsurance***	0% after deductible	30% after deductible	20% after deductible	0% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	Visits 1-2: \$30, deductible waived / \$60, deductible waived††	\$30, deductible waived / \$60, deductible waived	\$30, deductible waived / \$60, deductible waived
Preventive Care	0%, deductible waived	0%, deductible waived	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	30% after deductible / 30% after deductible	20% after deductible / 20% after deductible	0% after deductible / 0% after deductible
Lab, X-ray & Ultrasound	0% after deductible	30% after deductible	20% after deductible	0% after deductible
Prenatal & Postnatal Care	0% after deductible	30% after deductible	20% after deductible	0% after deductible
Maternity Care ****	0% after deductible	30% after deductible	20% after deductible	0% after deductible
Hospital ER	0% after deductible	30% after deductible	20% after deductible	0% after deductible
Urgent Care	0% after deductible	\$75, deductible waived	\$75, deductible waived	\$75, deductible waived
Ambulance	0% after deductible	30% after deductible	20% after deductible	0% after deductible

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	0% after deductible	\$4, deductible waived	\$4, deductible waived	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	\$20, deductible waived	\$15, deductible waived	\$15, deductible waived
Tier 3 Retail Pref. Brands	0% after deductible	\$60, deductible waived	\$45, deductible waived	\$45, deductible waived
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible	50% after deductible	40% after deductible
Tier 5 Retail Specialty	0% after deductible	40% after deductible	40% after deductible	0% after deductible

†† Visits 3+: 30% after deductible / 30% after deductible


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[Medical Network](#)

[Cigna.com/ifp-drug-list](#)

[State Policy Disclosures, Exclusions & Limitations](#)

2015 myCigna Health Plans Arizona

	 Gold
	Health Flex 1250
MEDICAL	In-network customers pay:
Annual Deductible* Individual/Family	\$1,250 / \$2,500
Annual Out-of-Pocket Max ** Individual/Family	\$4,000 / \$8,000
Coinsurance***	20% after deductible
Physician Services Office Visits (Primary Care/Specialist)	\$20, deductible waived / \$40, deductible waived
Preventive Care	0%, deductible waived
Inpatient Facility & Physician Services	20% after deductible / 20% after deductible
Lab, X-ray & Ultrasound	20% after deductible
Prenatal & Postnatal Care	20% after deductible
Maternity Care ****	20% after deductible
Hospital ER	20% after deductible
Urgent Care	\$75, deductible waived
Ambulance	20% after deductible

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	\$10, deductible waived
Tier 3 Retail Pref. Brands	\$30, deductible waived
Tier 4 Retail Non-Pref. Brands	50% after deductible
Tier 5 Retail Specialty	40% after deductible

Icon indicates plan available for electronic quote and apply

 **Brokers**  **D2C Call Centers**

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

Cigna Home Delivery Pharmacy offers

- **Zero additional cost for certain preventive medications¹**
- **A convenient 90-day supply of medication and easy refills²**
- **Medications delivered right to your customer's door and free shipping with standard delivery**

Cigna Home Delivery Flyer

Find detailed plan information in the Summary of Benefits on the Cigna Broker Portal.

 CignaforBrokers.com

Talk to a licensed Cigna Rep about federal assistance to lower premiums and out-of-pocket expenses for eligible customers.

 **Call 877.Cigna.15**

1. As required by the Patient Protection and Affordable Care Act (PPACA).
2. Specialty medications are limited to a 30-day supply in AZ, CO, CT, FL, GA, MO, SC, TN & TX.

Note: In FL select specialty medications are limited up to a maximum supply of 60 days.

This plan comparison contains highlights only.

* 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).

** Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and pharmacy. Charges apply to the out-of-pocket maximum).

*** Coinsurance (Amount a customer pays pay for covered medical services. Out-of-network customers may pay more, if the provider's charges exceed the amount Cigna reimburses for billed services).

**** Delivery & inpatient services for maternity care.

 **Medical Network**

 **Cigna.com/ifp-drug-list**

 **State Policy Disclosures, Exclusions & Limitations**

California

In California

Plans available through electronic submission:

BROKERS AND DIRECT TO CONSUMER CALL CENTERS

2 myCigna Health Savings: 1 bronze, 1 silver

3 myCigna Health Flex: 1 bronze, 2 silver

2 myCigna California: 1 bronze, 1 silver

All other plans available through paper application.

NETWORK LocalPlus

HEALTH INSURANCE MARKETPLACE

In California, Cigna plans are **not** sold on the Marketplace.

Off Marketplace

Plans include pediatric vision and the myCigna Dental Pediatric plan for children and young adults up to age 19.

WHERE WE SELL

In California, medical plans are available in Southern and in Northern California Markets in the following counties:

Los Angeles	San Diego	San Mateo
Orange	San Francisco	Contra Costa
Riverside	Santa Clara	
San Bernardino	Alameda	

LOCALPLUS NETWORK SERVICE AREA

Health care professionals and facilities in the LocalPlus Network are located in the same counties as **Where We Sell**. Detailed information can be found in the LocalPlus Network Nationwide flyer and the LocalPlus Network State Specific flyer on the right. To find providers in the LocalPlus Network access the provider directory link to the right.



□ California LocalPlus service area

ADDITIONAL INFORMATION

- C** Pediatric Dental Summary of Benefits - California Custom - for myCigna Health Flex and myCigna Health Savings plans
- C** Pediatric Dental Summary of Benefits - California High - for myCigna California Gold & Platinum plans
- C** Pediatric Dental Summary of Benefits - California Low - for myCigna California Bronze & Silver plans
- C** LocalPlus Network Nationwide flyer
- C** LocalPlus Network State Specific Flyer - California

S LocalPlus Network

S Pediatric Dental

W [Cigna.com/ifp-providers](https://www.cigna.com/ifp-providers)

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2015 myCigna Health Plans California

NORTHERN AND SOUTHERN CALIFORNIA

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

B Bronze

◆● Health Savings 6100

◆● Health Flex 5500

MEDICAL

	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$6,100 / \$12,200	\$5,500 / \$11,000
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700	\$6,350 / \$12,700
Coinsurance***	0% after deductible	40% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	Visits 1-2: \$30, deductible waived / \$60, deductible waived†
Preventive Care	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	40% after deductible / 40% after deductible
Lab, X-ray & Ultrasound	0% after deductible	40% after deductible
Prenatal & Postnatal Care	0%, deductible waived	40%, deductible waived
Maternity Care ****	0% after deductible	40% after deductible
Hospital ER	0% after deductible	40% after deductible
Urgent Care	0% after deductible	\$75, deductible waived
Ambulance	0% after deductible	40% after deductible

Cigna Home Delivery Pharmacy offers

- Zero additional cost for certain preventive medications¹
- A convenient 90-day supply of medication and easy refills
- Medications delivered right to your customer's door and free shipping with standard delivery

Ⓢ Cigna Home Delivery Flyer

Find detailed plan information in the Summary of Benefits on the Cigna Broker Portal.

Ⓦ Cigna.com/ifp-providers

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	0% after deductible	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	40% after deductible
Tier 3 Retail Pref. Brands	0% after deductible	40% after deductible
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible
Tier 5 Retail Specialty	0% after deductible	40% after deductible

† Visits 3+: 40% after deductible / 40% after deductible

> Footnotes for: * ** *** ****

1. As required by the Patient Protection and Affordable Care Act (PPACA).

Ⓢ Medical Network

Ⓦ Cigna.com/ifp-drug-list

Ⓦ State Policy Disclosures, Exclusions & Limitations

2015 myCigna Health Plans California

NORTHERN AND SOUTHERN CALIFORNIA

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	Silver			Gold
	◆● Health Savings3400	◆● Health Flex 2750	◆● Health Flex 5000	Health Flex 1000
MEDICAL	In-network customers pay:	In-network customers pay:	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$3,400 / \$6,800	\$2,750 / \$5,500	\$5,000 / \$10,000	\$1,000 / \$2,000
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700	\$6,350 / \$12,700	\$5,000 / \$10,000	\$5,000 / \$10,000
Coinsurance***	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	\$30, deductible waived / \$60, deductible waived	\$30, deductible waived / \$60, deductible waived	\$20, deductible waived / \$40, deductible waived
Preventive Care	0%, deductible waived	0%, deductible waived	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	20% after deductible / 20% after deductible	0% after deductible / 0% after deductible	20% after deductible / 20% after deductible
Lab, X-ray & Ultrasound	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Prenatal & Postnatal Care	0%, deductible waived	20%, deductible waived	0%, deductible waived	20%, deductible waived
Maternity Care ****	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Hospital ER	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Urgent Care	0% after deductible	\$75, deductible waived	\$75, deductible waived	\$75, deductible waived
Ambulance	0% after deductible	20% after deductible	0% after deductible	20% after deductible
RX DRUGS UP TO A 30 DAY SUPPLY				
Tier 1 Retail Pref. Generic	0% after deductible	\$4 deductible waived	\$4, deductible waived	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	\$15 deductible waived	\$15, deductible waived	\$10, deductible waived
Tier 3 Retail Pref. Brands	0% after deductible	\$45, deductible waived	\$45, deductible waived	\$30, deductible waived
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible	0% after deductible	50% after deductible
Tier 5 Retail Specialty	0% after deductible	40% after deductible	0% after deductible	40% after deductible

> Footnotes for: * ** *** **** *****

Medical Network

Cigna.com/ifp-drug-list

State Policy Disclosures, Exclusions & Limitations







2015 myCigna Health Plans California

NORTHERN AND SOUTHERN CALIFORNIA

Icon indicates plan available for electronic quote and apply

 **Brokers**  **D2C Call Centers**

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	 Bronze	 Silver
	  California Bronze	  California Silver
MEDICAL	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$5,000 / \$10,000	\$2,000 / \$4,000
Annual Out-of-Pocket Max ** Individual/Family	\$6,250 / \$12,500	\$6,250 / \$12,500
Coinsurance***	30% after deductible	20% after deductible
Physician Services Office Visits (Primary Care/Specialist)	Visits 1-3: \$60, deductible waived / \$70 after deductible†	\$45, deductible waived / \$65, deductible waived
Preventive Care	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	30% after deductible / 30% after deductible	20% after deductible / 20% after deductible
Lab, X-ray & Ultrasound	30% after deductible	\$45 Laboratory tests / \$65 Diagnostic imaging
Prenatal & Postnatal Care	0%, deductible waived	0%, deductible waived
Maternity Care ****	30% after deductible	20% after deductible for Inpatient Services. 20%, deductible waived for Professional Services
Hospital ER	\$300 after deductible	\$250 after deductible
Urgent Care	Visits 1-3: a \$120 copay for visits 1-3, deductible waived (deductible applies after the third visit)††	\$90, deductible waived
Ambulance	\$300 after deductible	\$250 after deductible

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	\$15 after deductible	\$15, deductible waived
Tier 2 Retail Pref. Brands	\$50 after deductible	\$50†††
Tier 3 Retail Non-Pref. Brands	\$75 after deductible	\$70†††
Tier 4 Retail Specialty	30% after deductible	20%†††

† Primary Care Visits 1-3: Deductible applies after third visit; Visits 4+: \$60 after the deductible

†† Visits 4+: \$120 after the deductible ††† after a \$250 Individual / \$500 Family Brand deductible

> Footnotes for: * ** *** ****

Cigna Home Delivery Pharmacy offers

- Zero additional cost for certain preventive medications¹
- A convenient 90-day supply of medication and easy refills
- Medications delivered right to your customer's door and free shipping with standard delivery

Cigna Home Delivery Flyer

Find detailed plan information in the Summary of Benefits on the Cigna Broker Portal.

 CignaforBrokers.com

1. As required by the Patient Protection and Affordable Care Act (PPACA).

 **Medical Network**

 Cigna.com/ifp-drug-list

 **State Policy Disclosures, Exclusions & Limitations**



2015 myCigna Health Plans California

NORTHERN AND SOUTHERN CALIFORNIA

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	 Gold	 Platinum
	California Gold	California Platinum
MEDICAL	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$0 / \$0	\$0 / \$0
Annual Out-of-Pocket Max ** Individual/Family	\$6,250 / \$12,500	\$4,000 / \$8,000
Coinsurance***	20%	10%
Physician Services Office Visits (Primary Care/Specialist)	\$30 / \$50	\$20 / \$40
Preventive Care	0%	0%
Inpatient Facility & Physician Services	20% / 20%	10% / 10%
Lab, X-ray & Ultrasound	\$30 Laboratory tests / \$50 Diagnostic imaging	\$20 Laboratory tests / \$40 Diagnostic imaging
Prenatal & Postnatal Care	No Cost Share	0%
Maternity Care ****	20%, deductible waived	10%
Hospital ER	\$250	\$150
Urgent Care	\$60	\$40
Ambulance	\$250	\$150

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	\$15	\$5
Tier 2 Retail Pref. Brands	\$50	\$15
Tier 3 Retail Non-Pref. Brands	\$70	\$25
Tier 4 Retail Specialty	20%	10%

Cigna Home Delivery Pharmacy offers

- Zero additional cost for certain preventive medications¹
- A convenient 90-day supply of medication and easy refills
- Medications delivered right to your customer's door and free shipping with standard delivery

Cigna Home Delivery Flyer

Find detailed plan information in the Summary of Benefits on the Cigna Broker Portal.

CignaforBrokers.com

1. As required by the Patient Protection and Affordable Care Act (PPACA).

This plan comparison contains highlights only.

* 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).

** Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and 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).

**** Delivery & inpatient services for maternity care.

 Medical Network

 Cigna.com/ifp-drug-list

 State Policy Disclosures, Exclusions & Limitations

Colorado

In Colorado

Plans available through electronic submission:

BROKERS

- 2 myCigna Health Savings: 1 bronze, 1 silver
- 5 myCigna Health Flex: 2 bronze, 3 silver
- 1 myCigna Copay Assure: 1 silver

DIRECT TO CONSUMER CALL CENTERS

- 1 myCigna Health Savings: 1 bronze
- 3 myCigna Health Flex: 2 bronze, 1 silver

All other plans available through paper application.

NETWORK LocalPlus

HEALTH INSURANCE MARKETPLACE - CONNECT FOR HEALTH COLORADO

On Marketplace

- myCigna Medical plans are sold on the Marketplace.
- Plans sold on the Marketplace include pediatric vision for children and young adults up to age 19.
- myCigna Dental Pediatric plan is sold on the Marketplace.
- myCigna Dental Family + Pediatric plan is sold on the Marketplace.
- Federal financial assistance (subsidies) is available for those who qualify.

Off Marketplace

- Plans include pediatric vision and the myCigna Dental Pediatric plan for children and young adults up to age 19.

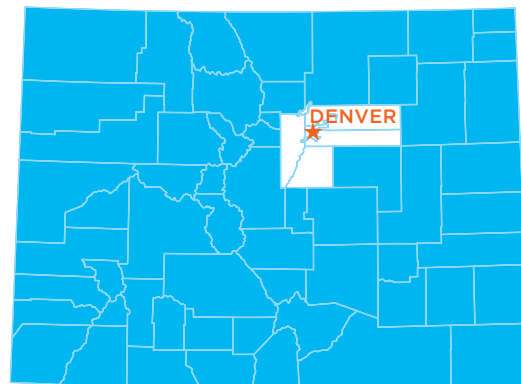
WHERE WE SELL

In Colorado, medical plans are available in the Denver Market in the following counties:

Adams	Broomfield	Douglas
Arapahoe	Denver	Jefferson

LOCALPLUS NETWORK SERVICE AREA

Health care professionals and facilities in the LocalPlus Network are located in the same counties as **Where We Sell**. Detailed information can be found in the LocalPlus Network Nationwide flyer and the LocalPlus Network State Specific flyer on the right. To find providers in the LocalPlus Network access the provider directory link to the right.



□ Colorado LocalPlus service area

ADDITIONAL INFORMATION

- C** Pediatric Dental Summary of Benefits - Colorado
- C** Family + Pediatric Dental Summary of Benefits - Colorado
- C** LocalPlus Network Nationwide flyer
- C** LocalPlus Network State Specific Flyer - Colorado

- S** LocalPlus Network
- S** Pediatric Dental

W [Cigna.com/ifp-providers](https://www.cigna.com/ifp-providers)

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2015 myCigna Health Plans Colorado DENVER

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	B Bronze		
	◆● Health Savings 6100	◆● Health Flex 5500	◆● Health Flex 5100
MEDICAL	In-network customers pay:	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$6,100 / \$12,200	\$5,500 / \$11,000	\$5,100 / \$10,200
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700	\$6,350 / \$12,700	\$6,350 / \$12,700
Coinsurance***	0% after deductible	40% after deductible	40% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	Visits 1 & 2: \$30, deductible waived / \$60, deductible waived†	\$45, deductible waived / \$85, deductible waived
Preventive Care	0%, deductible waived	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	40% after deductible / 40% after deductible	40% after deductible / 40% after deductible
Lab, X-ray & Ultrasound	0% after deductible	40% after deductible	40% after deductible
Prenatal & Postnatal Care	0% after deductible	40% after deductible	40% after deductible
Maternity Care ****	0% after deductible / 0% after deductible	40% after deductible/ 40% after deductible	40% after deductible/ 40% after deductible
Hospital ER	0% after deductible	40% after deductible	40% after deductible
Urgent Care	0% after deductible	\$75, deductible waived	\$75, deductible waived
Ambulance	0% after deductible	40% after deductible	40% after deductible

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	0% after deductible	\$4, deductible waived	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	40% after deductible	\$30, deductible waived
Tier 3 Retail Pref. Brands	0% after deductible	40% after deductible	40% after deductible
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible	50% after deductible
Tier 5 Retail Specialty*****	0% after deductible	40% after deductible	40% after deductible

† Customers pay 40% after deductible for additional visits.

> Footnotes for: * ** *** **** *****

S Medical Network

W Cigna.com/ifp-drug-list

W State Policy Disclosures, Exclusions & Limitations

2015 myCigna Health Plans Colorado DENVER

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	Silver		
	◆ Health Savings 3400	◆ Health Flex 1500	◆ ● Health Flex 2750
MEDICAL	In-network customers pay:	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$3,400 / \$6,800	\$1,500 / \$3,000	\$2,750 / \$5,500
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700	\$6,350 / \$12,700	\$6,350 / \$12,700
Coinsurance***	0% after deductible	30% after deductible	20% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	Visits 1 & 2: \$30, deductible waived / \$60, deductible waived††	\$30, deductible waived / \$60, deductible waived
Preventive Care	0%, deductible waived	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	30% after deductible / 30% after deductible	20% after deductible / 20% after deductible
Lab, X-ray & Ultrasound	0% after deductible	30% after deductible	20% after deductible
Prenatal & Postnatal Care	0% after deductible	30% after deductible	20% after deductible
Maternity Care ****	0% after deductible / 0% after deductible	30% after deductible / 30% after deductible	20% after deductible / 20% after deductible
Hospital ER	0% after deductible	30% after deductible	20% after deductible
Urgent Care	0% after deductible	\$75, deductible waived	\$75, deductible waived
Ambulance	0% after deductible	30% after deductible	20% after deductible

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	0% after deductible	\$4, deductible waived	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	\$20, deductible waived	\$15, deductible waived
Tier 3 Retail Pref. Brands	0% after deductible	\$60, deductible waived	\$45, deductible waived
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible	50% after deductible
Tier 5 Retail Specialty	0% after deductible	40% after deductible	40% after deductible

†† Customers pay 30% after deductible for additional visits. / Customers pay 30% after deductible for additional visits.

> Footnotes for: * ** *** **** *****

Silver plans continued on next page

S Medical Network

W Cigna.com/ifp-drug-list

W State Policy Disclosures, Exclusions & Limitations

2015 myCigna Health Plans Colorado DENVER

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	Silver	
	◆ Health Flex 5000	◆ Copay Assure Silver
MEDICAL	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$5,000 / \$10,000	\$0 / \$0
Annual Out-of-Pocket Max ** Individual/Family	\$5,000 / \$10,000	\$6,350 / \$12,700
Coinsurance***	0% after deductible	30%
Physician Services Office Visits (Primary Care/Specialist)	\$30, deductible waived / \$60, deductible waived	\$30 per visit / \$60 per visit
Preventive Care	0%, deductible waived	0%
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	\$2500 per day / 30%
Lab, X-ray & Ultrasound	0% after deductible	40%
Prenatal & Postnatal Care	0% after deductible	30%
Maternity Care ****	0% after deductible / 0% after deductible	\$2500 per day / 30%
Hospital ER	0% after deductible	\$500 per visit
Urgent Care	\$75, deductible waived	\$75 per visit
Ambulance	0% after deductible	\$500 per trip

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	\$4, deductible waived	\$4
Tier 2 Retail Non-Pref. Generic	\$15, deductible waived	\$25
Tier 3 Retail Pref. Brands	\$45, deductible waived	\$60
Tier 4 Retail Non-Pref. Brands	0% after deductible	50%
Tier 5 Retail Specialty*****	0% after deductible	40%

Cigna Home Delivery Pharmacy offers

- Zero additional cost for certain preventive medications¹
- A convenient 90-day supply of medication and easy refills²
- Medications delivered right to your customer's door and free shipping with standard delivery

C Cigna Home Delivery Flyer

Find detailed plan information in the Summary of Benefits on the Cigna Broker Portal.

W CignaforBrokers.com

Talk to a licensed Cigna Rep about federal assistance to lower premiums and out-of-pocket expenses for eligible customers.

P Call 877.Cigna.15

1. As required by the Patient Protection and Affordable Care Act (PPACA).
2. Specialty medications are limited to a 30-day supply in AZ, CO, CT, FL, GA, MO, SC, TN & TX.

Note: In FL select specialty medications are limited up to a maximum supply of 60 days.

This plan comparison contains highlights only.

* 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).

** Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and 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).

**** Delivery & inpatient services for maternity care.

***** New prescriptions fillable for the first time at a Retail Pharmacy, all refills required through Home Delivery.

S Medical Network

W Cigna.com/ifp-drug-list


W State Policy Disclosures, Exclusions & Limitations

2015 myCigna Health Plans Colorado DENVER

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	 Gold		
	Health Flex 1900	Health Flex 1250	Copay Assure Gold
MEDICAL	In-network customers pay:	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$1,900 / \$3,800	\$1,250 / \$2,500	\$0 / \$0
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700	\$4,000 / \$8,000	\$5,000/\$10,000
Coinsurance***	0% after deductible	20% after deductible	30%
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	\$20, deductible waived / \$40, deductible waived	\$30 per visit / \$60 per visit
Preventive Care	0%, deductible waived	0%, deductible waived	0%
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	20% after deductible / 20% after deductible	\$1000 per day / 30%
Lab, X-ray & Ultrasound	0% after deductible	20% after deductible	30%
Prenatal & Postnatal Care	0% after deductible	20% after deductible	30%
Maternity Care ****	0% after deductible / 0% after deductible	20% after deductible / 20% after deductible	\$1000 per day / 30%
Hospital ER	0% after deductible	20% after deductible	\$250 per visit
Urgent Care	0% after deductible	\$75, deductible waived	\$75 per visit
Ambulance	0% after deductible	20% after deductible	\$500 per trip

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	0% after deductible	\$4, deductible waived	\$4
Tier 2 Retail Non-Pref. Generic	0% after deductible	\$10, deductible waived	\$15
Tier 3 Retail Pref. Brands	0% after deductible	\$30, deductible waived	\$45,
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible	50%
Tier 5 Retail Specialty	0% after deductible	40% after deductible	40%

> Footnotes for: * ** *** **** *****

 Medical Network

 Cigna.com/ifp-drug-list

 State Policy Disclosures, Exclusions & Limitations

Connecticut

In Connecticut

Plans available through electronic submission:

BROKERS AND DIRECT TO CONSUMER CALL CENTERS

2 myCigna Health Savings: 1 bronze, 1 silver

All other plans available through paper application.

NETWORK Open Access Plus

HEALTH INSURANCE MARKETPLACE

In Connecticut, Cigna plans are not sold on the Marketplace.

Off Marketplace

- Plans include pediatric vision and the myCigna Dental Pediatric plan for children and young adults up to age 19.

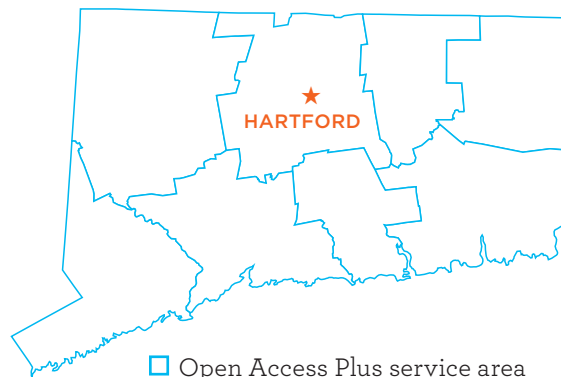
WHERE WE SELL

In Connecticut, medical plans are sold statewide.

OPEN ACCESS PLUS NETWORK

Health care professionals and facilities in the Open Access Plus Network are located across the state.

Detailed information can be found in Open Access Plus Network Nationwide flyer on the right. To find providers in the Open Access Plus Network access the provider directory link.



ADDITIONAL INFORMATION

C [Pediatric Dental Summary of Benefits - Connecticut](#)

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2015 myCigna Health Plans Connecticut

Icon indicates plan available for electronic quote and apply

 **Brokers**  **D2C Call Centers**

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	 Bronze	 Silver
	  Health Savings 6100	  Health Savings 3400
MEDICAL	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$6,100 / \$12,200	\$3,400 / \$6,800
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700	\$4,000 / \$8,000
Coinsurance***	0% after deductible	0% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	0% after deductible / 0% after deductible
Preventive Care	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	0% after deductible / 0% after deductible
Lab, X-ray & Ultrasound	0% after deductible	0% after deductible
Prenatal & Postnatal Care	0% after deductible	0% after deductible
Maternity Care ****	0% after deductible	0% after deductible
Hospital ER	0% after deductible	0% after deductible
Urgent Care	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	0% after deductible	0% after deductible
Tier 2 Retail Non-Pref. Generic	0% after deductible	0% after deductible
Tier 3 Retail Pref. Brands	0% after deductible	0% after deductible
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible
Tier 5 Retail Specialty	0% after deductible	0% after deductible

> Footnotes for: * ** *** **** *****

Cigna Home Delivery Pharmacy offers

- **Zero additional cost for certain preventive medications¹**
- **A convenient 90-day supply of medication and easy refills²**
- **Medications delivered right to your customer's door and free shipping with standard delivery**

Cigna Home Delivery Flyer

Find detailed plan information in the Summary of Benefits on the Cigna Broker Portal.

 **CignaforBrokers.com**

1. As required by the Patient Protection and Affordable Care Act (PPACA).
 2. Specialty medications are limited to a 30-day supply in AZ, CO, CT, FL, GA, MO, SC, TN & TX.
- Note: In FL select specialty medications are limited up to a maximum supply of 60 days.

 **Medical Network**

 **Cigna.com/ifp-drug-list**


 **State Policy Disclosures, Exclusions & Limitations**

2015 myCigna Health Plans Connecticut

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	 Gold
	Health Flex 1900
MEDICAL	In-network customers pay:
Annual Deductible* Individual/Family	\$1,900 / \$3,800
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700
Coinsurance***	0% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible
Preventive Care	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible
Lab, X-ray & Ultrasound	0% after deductible
Prenatal & Postnatal Care	0% after deductible
Maternity Care ****	0% after deductible
Hospital ER	0% after deductible
Urgent Care	0% after deductible
Ambulance	0% after deductible

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	0% after deductible
Tier 2 Retail Non-Pref. Generic	0% after deductible
Tier 3 Retail Pref. Brands	0% after deductible
Tier 4 Retail Non-Pref. Brands	50% after deductible
Tier 5 Retail Specialty	0% after deductible

Cigna Home Delivery Pharmacy offers

- Zero additional cost for certain preventive medications¹
- A convenient 90-day supply of medication and easy refills²
- Medications delivered right to your customer's door and free shipping with standard delivery

 Cigna Home Delivery Flyer

Find detailed plan information in the Summary of Benefits on the Cigna Broker Portal.

 CignaforBrokers.com

1. As required by the Patient Protection and Affordable Care Act (PPACA).
2. Specialty medications are limited to a 30-day supply in AZ, CO, CT, FL, GA, MO, SC, TN & TX.

Note: In FL select specialty medications are limited up to a maximum supply of 60 days.

This plan comparison contains highlights only.

* 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).

** Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and 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).

**** Delivery & inpatient services for maternity care.

 Medical Network

 Cigna.com/ifp-drug-list

 State Policy Disclosures, Exclusions & Limitations

Florida

In Florida

Plans available through electronic submission:

BROKERS AND DIRECT TO CONSUMER CALL CENTERS

2 myCigna Health Savings: 1 bronze, 1 silver

4 myCigna Health Flex: 1 bronze, 3 silver

1 myCigna Copay Assure: 1 silver

All other plans available through paper application.

NETWORK LocalPlus

HEALTH INSURANCE MARKETPLACE

On Marketplace

- myCigna Medical plans are sold on the Marketplace.
- Plans sold on the Marketplace include pediatric vision for children and young adults up to age 19.
- myCigna Dental Pediatric plan is sold on the Marketplace.
- myCigna Dental Family + Pediatric plan is sold on the Marketplace.
- Federal financial assistance (subsidies) is available for those who qualify.

Off Marketplace

- Plans include pediatric vision and the myCigna Dental Pediatric plan for children and young adults up to age 19.

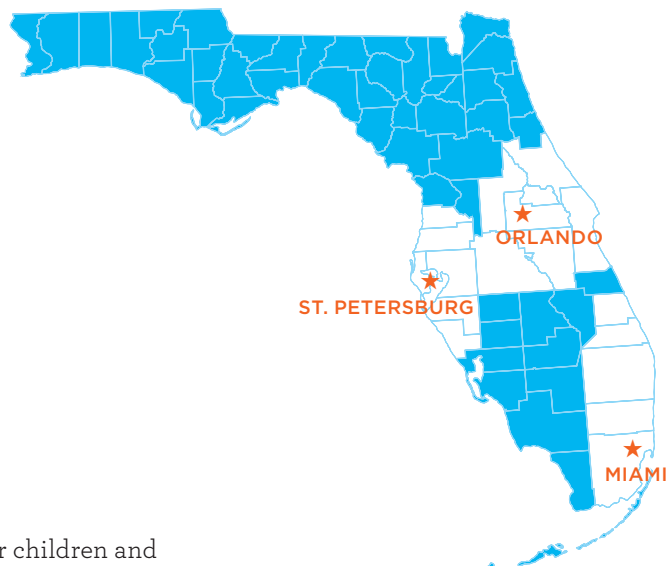
WHERE WE SELL

In Florida, medical plans are available in the Tampa, Orlando and South Florida Markets in the following counties:

Hernando	Pasco	Brevard	Osceola	Broward
Hillsborough	Pinellas	Flagler	Seminole	Martin
Lee	Polk	Indian River	Sumter	Miami-Dade
Manatee	Sarasota	Lake	Volusia	Monroe
		Orange		Palm Beach
				St Lucie

LOCALPLUS NETWORK SERVICE AREA

Health care professionals and facilities in the LocalPlus Network are located in the same counties as **Where We Sell**. Detailed information can be found in the LocalPlus Network Nationwide flyer and the LocalPlus Network State Specific flyer on the right. To find providers in the LocalPlus Network access the provider directory link to the right.



□ Florida LocalPlus service area

ADDITIONAL INFORMATION

- C** Pediatric Dental Summary of Benefits
- C** Family + Pediatric Dental Summary of Benefits
- C** LocalPlus Network Nationwide flyer
- C** LocalPlus Network State Specific Flyer - Orlando/Tampa, Florida
- C** LocalPlus Network State Specific Flyer - South Florida

S LocalPlus Network

S Pediatric Dental

W [Cigna.com/ifp-providers](https://www.cigna.com/ifp-providers)

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2015 myCigna Health Plans Florida

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	B Bronze	
	◆ ● Health Savings 6100	◆ ● Health Flex 5000
MEDICAL	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$6,100 / \$12,200	\$5,000 / \$10,000
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700	\$6,500 / \$13,000
Coinsurance***	0% after deductible	40% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	\$15 per visit, deductible waived / 40% after deductible
Preventive Care	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	40% after deductible / 40% after deductible
Lab, X-ray & Ultrasound	0% after deductible	40% after deductible
Prenatal & Postnatal Care	0% after deductible	40% after deductible
Maternity Care **** (Inpatient / Professional)	0% after deductible / 0% after deductible	40% after deductible/ 40% after deductible
Hospital ER	0% after deductible	40% after deductible
Urgent Care	0% after deductible	\$75, deductible waived
Ambulance	0% after deductible	40% after deductible
RX DRUGS UP TO A 30 DAY SUPPLY. HIV/AIDS SPECIALTY MEDICATIONS ARE LIMITED UP TO A MAXIMUM SUPPLY OF 60 DAYS.		
Tier 1 Retail Pref. Generic	0% after deductible	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	\$30, deductible waived
Tier 3 Retail Pref. Brands	0% after deductible	40% after deductible
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible
Tier 5 Retail Specialty *****	0% after deductible ¹	40% after deductible ¹

> Footnotes for: * ** *** **** *****

1. For Atipria, Complera, Stribild and Fuzeon the deductible/coinsurance will not exceed \$200 for a 30-day supply.

S Medical Network

W Cigna.com/ifp-drug-list

W State Policy Disclosures, Exclusions & Limitations

2015 myCigna Health Plans Florida

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	Silver		
	◆ ● Health Savings 3400	◆ ● Health Flex 1500	◆ ● Health Flex 2750
MEDICAL	In-network customers pay:	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$3,400 / \$6,800	\$1,500 / \$3,000	\$2,750 / \$5,500
Annual Out-of-Pocket Max ** Individual/Family	\$4,000 / \$8,000	\$6,350 / \$12,700	\$6,350 / \$12,700
Coinsurance***	0% after deductible	30% after deductible	20% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	Visits 1 & 2: \$30, deductible waived / \$60, deductible waived†	\$30, deductible waived / \$60, deductible waived
Preventive Care	0%, deductible waived	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	30% after deductible / 30% after deductible	20% after deductible / 20% after deductible
Lab, X-ray & Ultrasound	0% after deductible	30% after deductible	20% after deductible
Prenatal & Postnatal Care	0% after deductible	30% after deductible	20% after deductible
Maternity Care **** (Inpatient / Professional)	0% after deductible / 0% after deductible	30% after deductible / 30% after deductible	20% after deductible / 20% after deductible
Hospital ER	0% after deductible	30% after deductible	20% after deductible
Urgent Care	0% after deductible	\$75, deductible waived	\$75, deductible waived
Ambulance	0% after deductible	30% after deductible	20% after deductible

RX DRUGS UP TO A 30 DAY SUPPLY. HIV/AIDS SPECIALTY MEDICATIONS ARE LIMITED UP TO A MAXIMUM SUPPLY OF 60 DAYS.

Tier 1 Retail Pref. Generic	0% after deductible	\$4, deductible waived	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	\$20, deductible waived	\$15, deductible waived
Tier 3 Retail Pref. Brands	0% after deductible	\$60, deductible waived	\$45, deductible waived
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible	50% after deductible
Tier 5 Retail Specialty *****	0% after deductible ¹	40% after deductible ¹	40% after deductible ¹

† 30% after deductible for additional visits / 30% after deductible for additional visits

> Footnotes for: * * * * * *****

Silver plans continued on next page

1. For Atripla, Complera, Stribild and Fuzeon the deductible/coinsurance will not exceed \$200 for a 30-day supply.

S Medical Network

W Cigna.com/ifp-drug-list






W State Policy Disclosures, Exclusions & Limitations

2015 myCigna Health Plans Florida

Icon indicates plan available for electronic quote and apply

 **Brokers**  **D2C Call Centers**

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	 Silver	
	  Health Flex 5000	  Copay Assure Silver
MEDICAL	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$5,000 / \$10,000	\$0 / \$0
Annual Out-of-Pocket Max ** Individual/Family	\$5,000 / \$10,000	\$6,350 / \$12,700
Coinsurance***	0% after deductible	30%
Physician Services Office Visits (Primary Care/Specialist)	\$30, deductible waived / \$60, deductible waived	\$30 per visit / \$60 per visit
Preventive Care	0%, deductible waived	0%
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	\$2500 per day / 30%
Lab, X-ray & Ultrasound	0% after deductible	40%
Prenatal & Postnatal Care	0% after deductible	30%
Maternity Care **** (Inpatient / Professional)	0% after deductible / 0% after deductible	\$2500 per day / 30%
Hospital ER	0% after deductible	\$500 per visit
Urgent Care	\$75, deductible waived	\$75 per visit
Ambulance	0% after deductible	\$500 per trip

RX DRUGS UP TO A 30 DAY SUPPLY. HIV/AIDS SPECIALTY MEDICATIONS ARE LIMITED UP TO A MAXIMUM SUPPLY OF 60 DAYS.

Tier 1 Retail Pref. Generic	\$4, deductible waived	\$4
Tier 2 Retail Non-Pref. Generic	\$15, deductible waived	\$25
Tier 3 Retail Pref. Brands	\$45, deductible waived	\$60
Tier 4 Retail Non-Pref. Brands	0% after deductible	50%
Tier 5 Retail Specialty *****	0% after deductible ¹	40% ¹

> Footnotes for: * ** *** **** *****

1. For Atripla, Complera, Stribild and Fuzee the deductible/coinsurance will not exceed \$200 for a 30-day supply.

 **Medical Network**

 **Cigna.com/ifp-drug-list**


 **State Policy Disclosures, Exclusions & Limitations**

2015 myCigna Health Plans Florida

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	 Gold	
	Health Flex 1000	Copay Assure Gold
MEDICAL	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$1,000 / \$2,000	\$0 / \$0
Annual Out-of-Pocket Max ** Individual/Family	\$5,000 / \$10,000	\$5,000 / \$10,000
Coinsurance***	20% after deductible	30%
Physician Services Office Visits (Primary Care/Specialist)	\$20, deductible waived / \$40, deductible waived	\$30 per visit / \$60 per visit
Preventive Care	0%, deductible waived	0%
Inpatient Facility & Physician Services	20% after deductible / 20% after deductible	\$1000 per day / 30%
Lab, X-ray & Ultrasound	20% after deductible	30%
Prenatal & Postnatal Care	20% after deductible	30%
Maternity Care **** (Inpatient / Professional)	20% after deductible / 20% after deductible	\$1000 per day / 30%
Hospital ER	20% after deductible	\$250 per visit
Urgent Care	\$75, deductible waived	\$75 per visit
Ambulance	20% after deductible	\$500 per trip

Cigna Home Delivery Pharmacy offers

- Zero additional cost for certain preventive medications¹
- A convenient 90-day supply of medication and easy refills²
- Medications delivered right to your customer's door and free shipping with standard delivery

Cigna Home Delivery Flyer

Find detailed plan information in the Summary of Benefits on the Cigna Broker Portal.

 CignaforBrokers.com

Talk to a licensed Cigna Rep about federal assistance to lower premiums and out-of-pocket expenses for eligible customers.

 Call 877.Cigna.15

1. As required by the Patient Protection and Affordable Care Act (PPACA).
2. Specialty medications are limited to a 30-day supply in AZ, CO, CT, FL, GA, MO, SC, TN & TX.

Note: In FL select specialty medications are limited up to a maximum supply of 60 days.

This plan comparison contains highlights only.

* 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).

** Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and 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).

**** Delivery & inpatient services for maternity care.

***** New prescriptions fillable for the first time at a Retail Pharmacy, all refills required through Home Delivery.

RX DRUGS UP TO A 30 DAY SUPPLY. HIV/AIDS SPECIALTY MEDICATIONS ARE LIMITED UP TO A MAXIMUM SUPPLY OF 60 DAYS.

Tier 1 Retail Pref. Generic	\$4, deductible waived	\$4
Tier 2 Retail Non-Pref. Generic	\$10, deductible waived	\$15
Tier 3 Retail Pref. Brands	\$30, deductible waived	\$45
Tier 4 Retail Non-Pref. Brands	50% after deductible	50%
Tier 5 Retail Specialty *****	40% after deductible ¹	40% ¹

1. For Atripla, Complera, Stribild and Fuzeon the deductible/coinsurance will not exceed \$200 for a 30-day supply.

 Medical Network

 Cigna.com/ifp-drug-list

 State Policy Disclosures, Exclusions & Limitations

Georgia

In Georgia

Plans available through electronic submission:

BROKERS AND DIRECT TO CONSUMER CALL CENTERS

2 myCigna Health Savings: 1 bronze, 1 silver

3 myCigna Health Flex: 1 bronze, 2 silver

All other plans available through paper application.

NETWORK LocalPlus

HEALTH INSURANCE MARKETPLACE

On Marketplace

- myCigna Medical plans are sold on the Marketplace.
- Plans sold on the Marketplace include pediatric vision for children and young adults up to age 19.
- myCigna Dental Pediatric plan is **not** sold on the Marketplace.
- myCigna Dental Family + Pediatric plan is **not** sold on the Marketplace.
- Federal financial assistance (subsidies) is available for those who qualify.

Off Marketplace

- Plans include pediatric vision and the myCigna Dental Pediatric plan for children and young adults up to age 19.

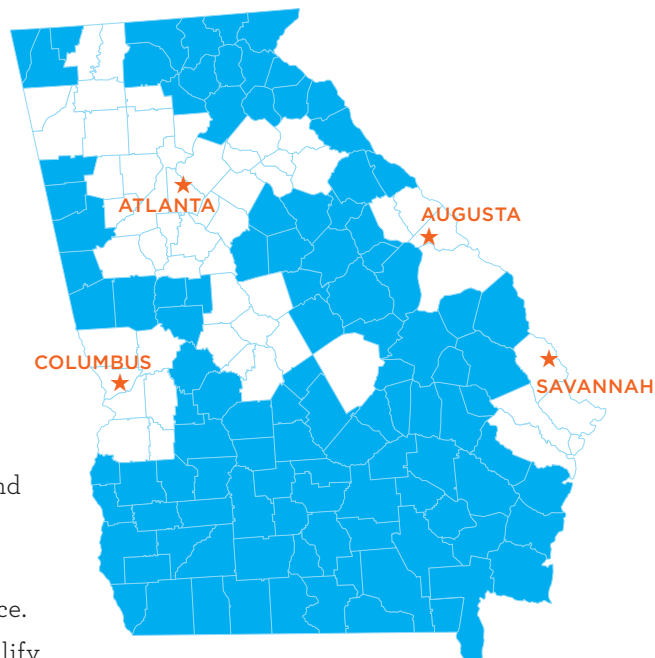
WHERE WE SELL

In Georgia, medical plans are available in the Atlanta, Macon and Rome Markets in the following counties:

Barrow	Laurens	Chattooga
Cobb	Bibb	Floyd
DeKalb	Twiggs	Gordon
Fulton		
Gwinnett		
Rockdale		
Walton		

LOCALPLUS NETWORK SERVICE AREA

Health care professionals and facilities in the LocalPlus Network are located in the same counties as **Where We Sell**. Detailed information can be found in the LocalPlus Network Nationwide flyer and the LocalPlus Network State Specific flyer on the right. To find providers in the LocalPlus Network access the provider directory link to the right.



□ Georgia LocalPlus service area

ADDITIONAL INFORMATION

C [Pediatric Dental Summary of Benefits](#)

C [LocalPlus Network Nationwide flyer](#)

C [LocalPlus Network State Specific Flyer – Georgia](#)

S [LocalPlus Network](#)

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2015 myCigna Health Plans Georgia

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

B Bronze

◆● Health Savings 6000

◆● Health Flex 5000 Bronze

MEDICAL

	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$6,000 / \$12,000	\$5,000 / \$10,000
Annual Out-of-Pocket Max ** Individual/Family	\$6,450 / \$12,900	\$6,500 / \$13,000
Coinsurance***	0% after deductible	30% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	\$15, deductible waived / 30% after deductible
Preventive Care	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	30% after deductible / 30% after deductible
Lab, X-ray & Ultrasound	0% after deductible	30% after deductible
Prenatal & Postnatal Care	0% after deductible	30% after deductible
Maternity Care ****	0% after deductible	30% after deductible
Hospital ER	0% after deductible	30% after deductible
Urgent Care	0% after deductible	\$75, deductible waived
Ambulance	0% after deductible	30% after deductible

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	0% after deductible	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	\$30, deductible waived
Tier 3 Retail Pref. Brands	0% after deductible	30% after deductible
Tier 4 Retail Non-Pref. Brands	40% after deductible	40% after deductible
Tier 5 Retail Specialty	0% after deductible	40% after deductible

> Footnotes for: * ** *** **** *****

● Medical Network

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2015 myCigna Health Plans Georgia

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	Silver		
	◆● Health Savings 3400	◆● Health Flex 3000	◆● Health Flex 2000
MEDICAL	In-network customers pay:	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$3,400 / \$6,800	\$3,000 / \$6,000	\$2,000 / \$4,000
Annual Out-of-Pocket Max ** Individual/Family	\$4,000 / \$8,000	\$6,500 / \$13,000	\$6,500 / \$13,000
Coinsurance***	0% after deductible	20% after deductible	20% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	\$25, deductible waived / \$60, deductible waived	\$20, deductible waived / \$50, deductible waived
Preventive Care	0%, deductible waived	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	20% after deductible / 20% after deductible	20% after deductible / 20% after deductible
Lab, X-ray & Ultrasound	0% after deductible	20% after deductible	20% after deductible
Prenatal & Postnatal Care	0% after deductible	20% after deductible	20% after deductible
Maternity Care ****	0% after deductible	20% after deductible	20% after deductible
Hospital ER	0% after deductible	20% after deductible	20% after deductible
Urgent Care	0% after deductible	\$75, deductible waived	\$75, deductible waived
Ambulance	0% after deductible	20% after deductible	20% after deductible
RX DRUGS UP TO A 30 DAY SUPPLY			
Tier 1 Retail Pref. Generic	0% after deductible	\$4, deductible waived	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	\$15, deductible waived	\$15, deductible waived
Tier 3 Retail Pref. Brands	0% after deductible	\$45, deductible waived	\$45, deductible waived
Tier 4 Retail Non-Pref. Brands	40% after deductible	40% after deductible	40% after deductible
Tier 5 Retail Specialty	0% after deductible	40% after deductible	40% after deductible


> Footnotes for: * ** *** **** *****

● Medical Network

● Cigna.com/ifp-drug-list

● State Policy Disclosures, Exclusions & Limitations

2015 myCigna Health Plans Georgia

	 Gold
	Health Flex 1000
MEDICAL	In-network customers pay:
Annual Deductible* Individual/Family	\$1,000 / \$2,000
Annual Out-of-Pocket Max ** Individual/Family	\$5,000 / \$10,000
Coinsurance***	20% after deductible
Physician Services Office Visits (Primary Care/Specialist)	\$20, deductible waived / \$40, deductible waived
Preventive Care	0%, deductible waived
Inpatient Facility & Physician Services	20% after deductible / 20% after deductible
Lab, X-ray & Ultrasound	20% after deductible
Prenatal & Postnatal Care	20% after deductible
Maternity Care ****	20% after deductible
Hospital ER	20% after deductible
Urgent Care	\$75, deductible waived
Ambulance	20% after deductible

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	\$10, deductible waived
Tier 3 Retail Pref. Brands	\$30, deductible waived
Tier 4 Retail Non-Pref. Brands	40% after deductible
Tier 5 Retail Specialty	40% after deductible

Cigna Home Delivery Pharmacy offers

- Zero additional cost for certain preventive medications¹
- A convenient 90-day supply of medication and easy refills²
- Medications delivered right to your customer's door and free shipping with standard delivery

Cigna Home Delivery Flyer

Find detailed plan information in the Summary of Benefits on the Cigna Broker Portal.

 CignaforBrokers.com

Talk to a licensed Cigna Rep about federal assistance to lower premiums and out-of-pocket expenses for eligible customers.

 Call 877.Cigna.15

1. As required by the Patient Protection and Affordable Care Act (PPACA).
 2. Specialty medications are limited to a 30-day supply in AZ, CO, CT, FL, GA, MO, SC, TN & TX.
- Note: In FL select specialty medications are limited up to a maximum supply of 60 days.

This plan comparison contains highlights only.

* 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).

** Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and 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).

**** Delivery & inpatient services for maternity care.

 Medical Network

 Cigna.com/ifp-drug-list

 State Policy Disclosures, Exclusions & Limitations

Maryland

In Maryland

Plans available through electronic submission:

BROKERS

2 myCigna Health Savings: 1 bronze, 1 silver

DIRECT TO CONSUMER CALL CENTERS

1 myCigna Health Savings: 1 bronze

All other plans available through paper application.

NETWORK Open Access Plus

HEALTH INSURANCE MARKETPLACE

On Marketplace

- myCigna Medical plans are sold on the Marketplace.
- Plans sold on the Marketplace include pediatric vision for children and young adults up to age 19.
- myCigna Dental Pediatric is included on the Marketplace.
- myCigna Dental Family + Pediatric plan is **not** sold on the Marketplace.
- Federal financial assistance (subsidies) is available for those who qualify.

Off Marketplace

- Plans include pediatric vision and the myCigna Dental Pediatric plan for children and young adults up to age 19.

WHERE WE SELL

In Maryland, medical plans are sold statewide.

OPEN ACCESS PLUS NETWORK

Health care professionals and facilities in the Open Access Plus Network are located across the state.

Detailed information can be found in Open Access Plus Network Nationwide flyer on the right. To find providers in the Open Access Plus Network access the provider directory link below.



□ Open Access Plus service area

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2015 myCigna Health Plans Maryland

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	 Bronze	 Silver
	◆ ● Health Savings 6000	◆ Health Savings 3400
MEDICAL	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$6,000 / \$12,000	\$3,400 / \$6,800
Annual Out-of-Pocket Max ** Individual/Family	\$6,450 / \$12,900	\$4,000 / \$8,000
Coinsurance***	0% after deductible	0% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	0% after deductible / 0% after deductible
Preventive Care	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	0% after deductible / 0% after deductible
Lab, X-ray & Ultrasound	0% after deductible	0% after deductible
Prenatal & Postnatal Care	0% after deductible	0% after deductible
Maternity Care ****	0% after deductible	0% after deductible
Hospital ER	0% after deductible	0% after deductible
Urgent Care	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible

RX DRUGS UP TO A 90 DAY SUPPLY

Tier 1 Retail Pref. Generic	0% after deductible	0% after deductible
Tier 2 Retail Non-Pref. Generic	0% after deductible	0% after deductible
Tier 3 Retail Pref. Brands	0% after deductible	0% after deductible
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible
Tier 5 Retail Specialty	0% after deductible	0% after deductible

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 **Cigna.com/ifp-drug-list**


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2015 myCigna Health Plans Maryland

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	 Gold
	Health Flex 1250
MEDICAL	In-network customers pay:
Annual Deductible* Individual/Family	\$1,250 / \$2,500
Annual Out-of-Pocket Max ** Individual/Family	\$4,000 / \$8,000
Coinsurance***	20% after deductible
Physician Services Office Visits (Primary Care/Specialist)	\$20, deductible waived / \$40, deductible waived
Preventive Care	0%, deductible waived
Inpatient Facility & Physician Services	20% after deductible / 20% after deductible
Lab, X-ray & Ultrasound	20% after deductible
Prenatal & Postnatal Care	20% after deductible
Maternity Care ****	20% after deductible
Hospital ER	20% after deductible
Urgent Care	\$75, deductible waived
Ambulance	20% after deductible

RX DRUGS UP TO A 90 DAY SUPPLY

Tier 1 Retail Pref. Generic	\$4
Tier 2 Retail Non-Pref. Generic	\$10
Tier 3 Retail Pref. Brands	\$30
Tier 4 Retail Non-Pref. Brands	50% after deductible
Tier 5 Retail Specialty	40% after deductible

Cigna Home Delivery Pharmacy offers

- Zero additional cost for certain preventive medications¹
- A convenient 90-day supply of medication and easy refills
- Medications delivered right to your customer's door and free shipping with standard delivery

 **Cigna Home Delivery Flyer**

Find detailed plan information in the Summary of Benefits on the Cigna Broker Portal.

 CignaforBrokers.com

Talk to a licensed Cigna Rep about federal assistance to lower premiums and out-of-pocket expenses for eligible customers.

 **Call 877.Cigna.15**

1. As required by the Patient Protection and Affordable Care Act (PPACA).

This plan comparison contains highlights only.

* 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).

** Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and 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).

**** Delivery & inpatient services for maternity care.

 **Medical Network**

 **Cigna.com/ifp-drug-list**

 **State Policy Disclosures, Exclusions & Limitations**

Missouri

In Missouri

Plans available through electronic submission:

BROKERS AND DIRECT TO CONSUMER CALL CENTERS

- 2 myCigna Health Savings: 1 bronze, 1 silver
- 4 myCigna Health Flex: 1 bronze, 2 silver, 1 gold
- 2 myCigna Copay Assure: 1 silver, 1 gold

All other plans available through paper application.

NETWORK LocalPlus

HEALTH INSURANCE MARKETPLACE

On Marketplace

- myCigna Medical plans are sold on the Marketplace.
- Plans sold on the Marketplace include pediatric vision for children and young adults up to age 19.
- myCigna Dental Pediatric plan is **not** sold on the Marketplace.
- myCigna Dental Family + Pediatric plan is **not** sold on the Marketplace.
- Federal financial assistance (subsidies) is available for those who qualify.

Off Marketplace

- Plans include pediatric vision and the myCigna Dental Pediatric plan for children and young adults up to age 19.

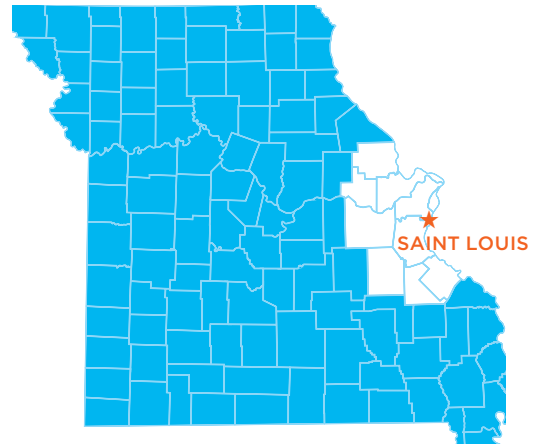
WHERE WE SELL

In Missouri medical plans are available in the St. Louis Market in the following counties:

Franklin	Ste. Genevieve	Washington
Jefferson	St. Francois	St. Louis City
Lincoln	St. Louis	
St. Charles	Warren	

LOCALPLUS NETWORK SERVICE AREA

Health care professionals and facilities in the LocalPlus Network are located in the same counties as **Where We Sell**. Detailed information can be found in the LocalPlus Network Nationwide flyer and the LocalPlus Network State Specific flyer on the right. To find providers in the LocalPlus Network access the provider directory link to the right.



□ Missouri LocalPlus service area

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2015 myCigna Health Plans

Missouri ST. LOUIS

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

B Bronze

◆● Health Savings 6000

◆● Health Flex 5000

MEDICAL

	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$6,000 / \$12,000	\$5,000 / \$10,000
Annual Out-of-Pocket Max ** Individual/Family	\$6,450 / \$12,900	\$6,600 / \$13,200
Coinsurance***	0% after deductible (except Tier 4 medications)	40% after deductible (except Tier 4 medications)
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	\$15, deductible waived / 40% after deductible
Preventive Care	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	40% after deductible / 40% after deductible
Lab, X-ray & Ultrasound	0% after deductible	40% after deductible
Prenatal & Postnatal Care	0% after deductible	40% after deductible
Maternity Care **** (Inpatient / Professional)	0% after deductible	40% after deductible
Hospital ER	0% after deductible	40% after deductible
Urgent Care	0% after deductible	\$75, deductible waived
Ambulance	0% after deductible	40% after deductible

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	0% after deductible	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	\$30, deductible waived
Tier 3 Retail Pref. Brands	0% after deductible	40% after deductible
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible
Tier 5 Retail Specialty *****	0% after deductible	40% after deductible

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2015 myCigna Health Plans

Missouri ST. LOUIS

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.



	◆● Health Savings 3400	◆● Health Flex 3000	◆● Health Flex 2000	◆● Copay Assure Silver
MEDICAL	In-network customers pay:	In-network customers pay:	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$3,400 / \$6,800	\$3,000 / \$6,000	\$2,000 / \$4,000	\$0 / \$0
Annual Out-of-Pocket Max ** Individual/Family	\$4,000 / \$8,000	\$6,350 / \$12,700	\$6,500 / \$13,000	\$6,600 / \$13,200
Coinsurance***	0% after deductible (except Tier 4 medications)	20% after deductible (except Tier 4 and 5 medications)	20% after deductible (except Tier 4 and 5 medications)	30%
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	\$25, deductible waived / \$60, deductible waived	\$20, deductible waived / \$50, deductible waived	\$30 per visit / \$60 per visit
Preventive Care	0%, deductible waived	0%, deductible waived	0%, deductible waived	0%
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	20% after deductible / 20% after deductible	20% after deductible / 20% after deductible	\$2,500 per day / 30%
Lab, X-ray & Ultrasound	0% after deductible	20% after deductible	20% after deductible	40%
Prenatal & Postnatal Care	0% after deductible	20% after deductible	20% after deductible	30%
Maternity Care **** (Inpatient / Professional)	0% after deductible / 0% after deductible	20% after deductible / 20% after deductible	20% after deductible / 20% after deductible	\$2,500 per day / 30%
Hospital ER	0% after deductible	20% after deductible	20% after deductible	\$500 per visit
Urgent Care	0% after deductible	\$75, deductible waived	\$75, deductible waived	\$75 per visit
Ambulance	0% after deductible	20% after deductible	20% after deductible	\$500 per trip

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	0% after deductible	\$4, deductible waived	\$4, deductible waived	\$4
Tier 2 Retail Non-Pref. Generic	0% after deductible	\$15, deductible waived	\$15, deductible waived	\$25
Tier 3 Retail Pref. Brands	0% after deductible	\$45, deductible waived	\$45, deductible waived	\$60
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible	50% after deductible	50%
Tier 5 Retail Specialty *****	0% after deductible	40% after deductible	40% after deductible	40%

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2015 myCigna Health Plans Missouri ST. LOUIS

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	 Gold	
	◆ ● Health Flex 1000	◆ ● Copay Assure Gold
MEDICAL	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$1,000 / \$2,000	\$0 / \$0
Annual Out-of-Pocket Max ** Individual/Family	\$5,000 / \$10,000	\$5,000 / \$10,000
Coinsurance***	20% after deductible (except Tier 4 and 5 medications)	20% (except Tier 4 and 5 medications)
Physician Services Office Visits (Primary Care/Specialist)	\$10, deductible waived / \$30, deductible waived	\$20 per visit / \$50 per visit
Preventive Care	0%, deductible waived	0%
Inpatient Facility & Physician Services	20% after deductible / 20% after deductible	\$1,000 per day / 20%
Lab, X-ray & Ultrasound	20% after deductible	20%
Prenatal & Postnatal Care	20% after deductible	20%
Maternity Care **** (Inpatient / Professional)	20% after deductible / 20% after deductible	\$1,000 per day / 20%
Hospital ER	20% after deductible	\$250 per visit
Urgent Care	\$75, deductible waived	\$75 per visit
Ambulance	20% after deductible	\$500 per trip

Cigna Home Delivery Pharmacy offers

- Zero additional cost for certain preventive medications¹
- A convenient 90-day supply of medication and easy refills²
- Medications delivered right to your customer's door and free shipping with standard delivery

Cigna Home Delivery Flyer

Find detailed plan information in the Summary of Benefits on the Cigna Broker Portal.

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 Call 877.Cigna.15

1. As required by the Patient Protection and Affordable Care Act (PPACA).
2. Specialty medications are limited to a 30-day supply in AZ, CO, CT, FL, GA, MO, SC, TN & TX.

Note: In FL select specialty medications are limited up to a maximum supply of 60 days.

This plan comparison contains highlights only.

* 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).

** Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and 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).

**** Delivery & inpatient services for maternity care.

***** New prescriptions fillable for the first time at a Retail Pharmacy, all refills required through Home Delivery.

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	\$4, deductible waived	\$4
Tier 2 Retail Non-Pref. Generic	\$10, deductible waived	\$15
Tier 3 Retail Pref. Brands	\$30, deductible waived	\$45
Tier 4 Retail Non-Pref. Brands	50% after deductible	50%
Tier 5 Retail Specialty *****	40% after deductible	40%

 Medical Network

 Cigna.com/ifp-drug-list

 State Policy Disclosures, Exclusions & Limitations

North Carolina

In North Carolina

Plans available through electronic submission:

BROKERS

2 myCigna Health Savings: 1 bronze, 1 silver

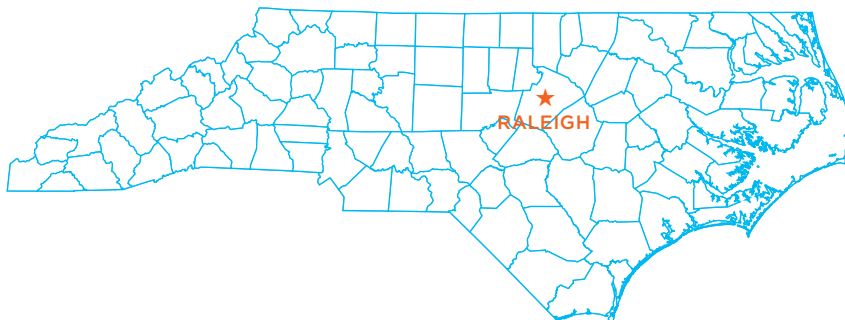
3 myCigna Health Flex: 1 bronze, 2 silver

DIRECT TO CONSUMER CALL CENTERS

1 myCigna Health Savings: 1 bronze

1 myCigna Health Flex: 1 bronze

All other plans available through paper application.



NETWORK Open Access Plus

HEALTH INSURANCE MARKETPLACE

In North Carolina, Cigna plans are not sold on the Marketplace.

Off Marketplace

- Plans include pediatric vision and the myCigna Dental Pediatric plan for children and young adults up to age 19.

WHERE WE SELL

In North Carolina, medical plans are sold statewide.

OPEN ACCESS PLUS NETWORK

Health care professionals and facilities in the Open Access Plus Network are located across the state.

Detailed information can be found in Open Access Plus Network Nationwide flyer on the right. To find providers in the Open Access Plus Network access the provider directory link to the right.

□ Open Access Plus service area

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2015 myCigna Health Plans North Carolina

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	B Bronze	
	◆● Health Savings 6100	◆● Health Flex 5500
MEDICAL	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$6,100 / \$12,200	\$5,500 / \$11,000
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700	\$6,350 / \$12,700
Coinsurance***	0% after deductible	40% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible	Visits 1-2: \$30, deductible waived / \$60, deductible waived†
Preventive Care	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	40% after deductible / 40% after deductible
Lab, X-ray & Ultrasound	0% after deductible	40% after deductible
Prenatal & Postnatal Care	0% after deductible	40% after deductible
Maternity Care ****	0% after deductible	40% after deductible
Hospital ER	0% after deductible	40% after deductible
Urgent Care	0% after deductible	\$75, deductible waived
Ambulance	0% after deductible	40% after deductible
RX DRUGS UP TO A 90 DAY SUPPLY		
Tier 1 Retail Pref. Generic	0% after deductible	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	40% after deductible
Tier 3 Retail Pref. Brands	0% after deductible	40% after deductible
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible
Tier 5 Retail Specialty	0% after deductible	40% after deductible

† Visits 3+: 40% after deductible / 40% after deductible

> Footnotes for: * ** *** ****

S Medical Network

W Cigna.com/ifp-drug-list

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2015 myCigna Health Plans North Carolina

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	Silver		
	◆ Health Savings 3400	◆ Health Flex 1500	◆ Health Flex 5000
MEDICAL	In-network customers pay:	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$3,400 / \$6,800	\$1,500 / \$3,000	\$5,000 / \$10,000
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700	\$6,350 / \$12,700	\$5,000 / \$10,000
Coinsurance***	0% after deductible	30% after deductible	0% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	Visits 1-2: \$30, deductible waived / \$60, deductible waived ††	\$30, deductible waived / \$60, deductible waived
Preventive Care	0%, deductible waived	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	30% after deductible / 30% after deductible	0% after deductible / 0% after deductible
Lab, X-ray & Ultrasound	0% after deductible	30% after deductible	0% after deductible
Prenatal & Postnatal Care	0% after deductible	30% after deductible	0% after deductible
Maternity Care ****	0% after deductible	30% after deductible	0% after deductible
Hospital ER	0% after deductible	30% after deductible	0% after deductible
Urgent Care	0% after deductible	\$75, deductible waived	\$75, deductible waived
Ambulance	0% after deductible	30% after deductible	0% after deductible

RX DRUGS UP TO A 90 DAY SUPPLY

Tier 1 Retail Pref. Generic	0% after deductible	\$4, deductible waived	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	\$20, deductible waived	\$15, deductible waived
Tier 3 Retail Pref. Brands	0% after deductible	\$60, deductible waived	\$45, deductible waived
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible	0% after deductible
Tier 5 Retail Specialty	0% after deductible	40% after deductible	0% after deductible

†† Visits 3+: 30% after deductible / 30% after deductible

> Footnotes for: * ** *** **** *****

 Medical Network

 Cigna.com/ifp-drug-list


 State Policy Disclosures, Exclusions & Limitations

2015 myCigna Health Plans North Carolina

Icon indicates plan available for electronic quote and apply

 **Brokers**  **D2C Call Centers**

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	 Gold	
	Health Flex 1900	Health Flex 1250
MEDICAL	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$1,900 / \$3,800	\$1,250 / \$2,500
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700	\$4,000 / \$8,000
Coinsurance***	0% after deductible	20% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	\$20, deductible waived / \$40, deductible waived
Preventive Care	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	20% after deductible / 20% after deductible
Lab, X-ray & Ultrasound	0% after deductible	20% after deductible
Prenatal & Postnatal Care	0% after deductible	20% after deductible
Maternity Care ****	0% after deductible	20% after deductible
Hospital ER	0% after deductible	20% after deductible
Urgent Care	0% after deductible	\$75, deductible waived
Ambulance	0% after deductible	20% after deductible
RX DRUGS UP TO A 90 DAY SUPPLY		
Tier 1 Retail Pref. Generic	0% after deductible	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	\$10, deductible waived
Tier 3 Retail Pref. Brands	0% after deductible	\$30, deductible waived
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible
Tier 5 Retail Specialty	0% after deductible	40% after deductible

Cigna Home Delivery Pharmacy offers

- Zero additional cost for certain preventive medications¹
- A convenient 90-day supply of medication and easy refills
- Medications delivered right to your customer's door and free shipping with standard delivery

Cigna Home Delivery Flyer

Find detailed plan information in the Summary of Benefits on the Cigna Broker Portal.

 CignaforBrokers.com

1. As required by the Patient Protection and Affordable Care Act (PPACA).

This plan comparison contains highlights only.

* 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).

** Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and 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).

**** Delivery & inpatient services for maternity care.

 **Medical Network**

 **Cigna.com/ifp-drug-list**

 **State Policy Disclosures, Exclusions & Limitations**

South Carolina

In South Carolina

Plans available through electronic submission:

BROKERS

2 myCigna Health Savings: 1 bronze, 1 silver

DIRECT TO CONSUMER CALL CENTERS

1 myCigna Health Savings: 1 bronze

All other plans available through paper application.

NETWORK Open Access Plus

HEALTH INSURANCE MARKETPLACE

In South Carolina, Cigna plans are not sold on the Marketplace.

Off Marketplace

- Plans include pediatric vision and the myCigna Dental Pediatric plan for children and young adults up to age 19.

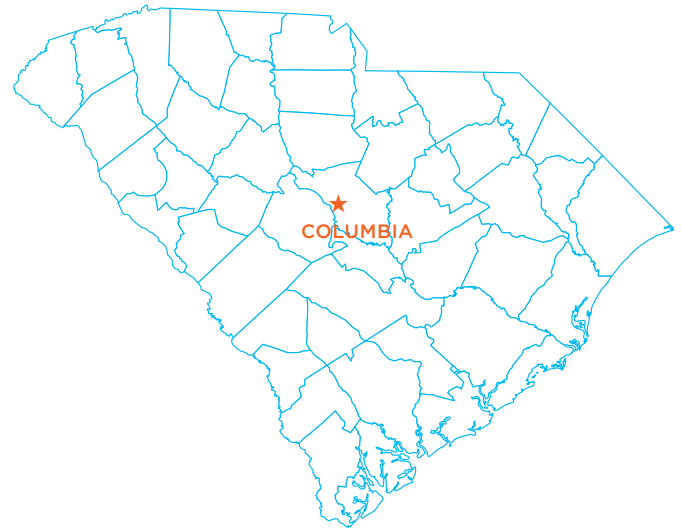
WHERE WE SELL

In South Carolina, medical plans are sold statewide.

OPEN ACCESS PLUS NETWORK

Health care professionals and facilities in the Open Access Plus Network are located across the state.

Detailed information can be found in Open Access Plus Network Nationwide flyer on the right. To find providers in the Open Access Plus Network access the provider directory link to the right.



□ Open Access Plus service area

ADDITIONAL INFORMATION

- C** [Pediatric Dental Summary of Benefits](#)
- C** [Open Access Plus Network Nationwide Flyer](#)
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2015 myCigna Health Plans South Carolina

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	 Bronze	 Silver
	◆ ● Health Savings 6100	◆ Health Savings 3400
MEDICAL	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$6,100 / \$12,200	\$3,400 / \$6,800
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700	\$6,350 / \$12,700
Coinsurance***	0% after deductible	0% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	0% after deductible / 0% after deductible
Preventive Care	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	0% after deductible / 0% after deductible
Lab, X-ray & Ultrasound	0% after deductible	0% after deductible
Prenatal & Postnatal Care	0% after deductible	0% after deductible
Maternity Care ****	0% after deductible	0% after deductible
Hospital ER	0% after deductible	0% after deductible
Urgent Care	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	0% after deductible	0% after deductible
Tier 2 Retail Non-Pref. Generic	0% after deductible	0% after deductible
Tier 3 Retail Pref. Brands	0% after deductible	0% after deductible
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible
Tier 5 Retail Specialty	0% after deductible	0% after deductible

> Footnotes for: * ** *** **** *****

 **Medical Network**

 **Cigna.com/ifp-drug-list**


 **State Policy Disclosures, Exclusions & Limitations**

2015 myCigna Health Plans South Carolina

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	 Gold
	Health Flex 1900
MEDICAL	In-network customers pay:
Annual Deductible* Individual/Family	\$1,900 / \$3,800
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700
Coinsurance***	0% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible
Preventive Care	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible
Lab, X-ray & Ultrasound	0% after deductible
Prenatal & Postnatal Care	0% after deductible
Maternity Care ****	0% after deductible
Hospital ER	0% after deductible
Urgent Care	0% after deductible
Ambulance	0% after deductible

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	0% after deductible
Tier 2 Retail Non-Pref. Generic	0% after deductible
Tier 3 Retail Pref. Brands	0% after deductible
Tier 4 Retail Non-Pref. Brands	50% after deductible
Tier 5 Retail Specialty	0% after deductible

Cigna Home Delivery Pharmacy offers

- Zero additional cost for certain preventive medications¹
- A convenient 90-day supply of medication and easy refills²
- Medications delivered right to your customer's door and free shipping with standard delivery

Cigna Home Delivery Flyer

Find detailed plan information in the Summary of Benefits on the Cigna Broker Portal.

CignaforBrokers.com

1. As required by the Patient Protection and Affordable Care Act (PPACA).
 2. Specialty medications are limited to a 30-day supply in AZ, CO, CT, FL, GA, MO, SC, TN & TX.
- Note: In FL select specialty medications are limited up to a maximum supply of 60 days.

This plan comparison contains highlights only.

* 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).

** Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and 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).

**** Delivery & inpatient services for maternity care.

 Medical Network

 Cigna.com/ifp-drug-list

 State Policy Disclosures, Exclusions & Limitations

Tennessee

In Tennessee

Plans available through electronic submission:

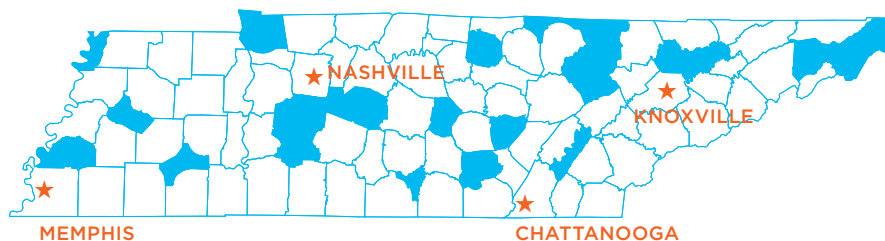
BROKERS

- 2 myCigna Health Savings: 1 bronze, 1 silver
- 3 myCigna Health Flex: 1 bronze, 2 silver

DIRECT TO CONSUMER CALL CENTERS

- 1 myCigna Health Savings: 1 bronze
- 1 myCigna Health Flex: 1 bronze

All other plans available through paper application.



□ Tennessee LocalPlus service area

NETWORK LocalPlus

HEALTH INSURANCE MARKETPLACE

On Marketplace

- myCigna Medical plans are sold on the Marketplace.
- Plans sold on the Marketplace include pediatric vision for children and young adults up to age 19.
- myCigna Dental Pediatric plan is sold on the Marketplace.
- myCigna Dental Family + Pediatric plan is sold on the Marketplace.
- Federal financial assistance (subsidies) is available for those who qualify.

Off Marketplace

- Plans include pediatric vision and the myCigna Dental Pediatric plan for children and young adults up to age 19.

WHERE WE SELL

In Tennessee, medical plans are available in the Chattanooga, Memphis and Nashville Markets in the following counties:

Bledsoe	McMinn	Fayette	Cheatham	Sumner
Bradley	Meigs	Haywood	Davidson	Trousdale
Franklin	Polk	Lauderdale	Montgomery	Williamson
Grundy	Rhea	Shelby	Robertson	Wilson
Hamilton	Sequatchie	Tipton	Rutherford	
Marion				

LOCALPLUS NETWORK SERVICE AREA

Health care professionals and facilities in the LocalPlus Network are located in the same counties as **Where We Sell**. Detailed information can be found in the LocalPlus Network Nationwide flyer and the LocalPlus Network State Specific flyer on the right. To find providers in the LocalPlus Network access the provider directory link to the right.

ADDITIONAL INFORMATION

- C** [myCigna Dental Pediatric Summary of Benefits](#)
- C** [myCigna Dental Pediatric + Family Summary of Benefits](#)
- C** [LocalPlus Network Nationwide flyer](#)
- C** [LocalPlus Network State Specific Flyer – Tennessee](#)

- S** [LocalPlus Network](#)
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2015 myCigna Health Plans Tennessee

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	 Bronze	
	◆ ● Health Savings 6100	◆ ● Health Flex 5500
MEDICAL	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$6,100 / \$12,200	\$5,500 / \$11,000
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700	\$6,350 / \$12,700
Coinsurance***	0% after deductible	40% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	Visits 1-2: \$30, deductible waived/ \$60, deductible waived†
Preventive Care	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	40% after deductible / 40% after deductible
Lab, X-ray & Ultrasound	0% after deductible	40% after deductible
Prenatal & Postnatal Care	0% after deductible	40% after deductible
Maternity Care ****	0% after deductible	40% after deductible
Hospital ER	0% after deductible	40% after deductible
Urgent Care	0% after deductible	\$75, deductible waived
Ambulance	0% after deductible	40% after deductible
RX DRUGS UP TO A 30 DAY SUPPLY		
Tier 1 Retail Pref. Generic	0% after deductible	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	40% after deductible
Tier 3 Retail Pref. Brands	0% after deductible	40% after deductible
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible
Tier 5 Retail Specialty	0% after deductible	40% after deductible

† Visits 3+: 40% after deductible / 40% after deductible

> Footnotes for: * ** *** ****

 **Medical Network**

 **Cigna.com/ifp-drug-list**

 **State Policy Disclosures, Exclusions & Limitations**

2015 myCigna Health Plans Tennessee

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	Silver		
	◆ Health Savings 3400	◆ Health Flex 1500	◆ Health Flex 5000
MEDICAL	In-network customers pay:	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$3,400 / \$6,800	\$1,500 / \$3,000	\$5,000 / \$10,000
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700	\$6,350 / \$12,700	\$5,000 / \$10,000
Coinsurance***	0% after deductible	30% after deductible	0% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	Visits 1-2: \$30, deductible waived / \$60, deductible waived††	\$30, deductible waived / \$60, deductible waived
Preventive Care	0%, deductible waived	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	30% after deductible / 30% after deductible	0% after deductible / 0% after deductible
Lab, X-ray & Ultrasound	0% after deductible	30% after deductible	0% after deductible
Prenatal & Postnatal Care	0% after deductible	30% after deductible	0% after deductible
Maternity Care ****	0% after deductible	30% after deductible	0% after deductible
Hospital ER	0% after deductible	30% after deductible	0% after deductible
Urgent Care	0% after deductible	\$75, deductible waived	\$75, deductible waived
Ambulance	0% after deductible	30% after deductible	0% after deductible

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	0% after deductible	\$4, deductible waived	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	\$20, deductible waived	\$15, deductible waived
Tier 3 Retail Pref. Brands	0% after deductible	\$60, deductible waived	\$45, deductible waived
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible	0% after deductible
Tier 5 Retail Specialty	0% after deductible	40% after deductible	0% after deductible

†† Visits 3+: 30% after deductible / 30% after deductible

> Footnotes for: * ** *** **** *****

 Medical Network

 Cigna.com/ifp-drug-list


 State Policy Disclosures, Exclusions & Limitations

2015 myCigna Health Plans Tennessee

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	 Gold
	Health Flex 1250
MEDICAL	In-network customers pay:
Annual Deductible* Individual/Family	\$1,250 / \$2,500
Annual Out-of-Pocket Max ** Individual/Family	\$2,500 / \$5,000
Coinsurance***	20% after deductible
Physician Services Office Visits (Primary Care/Specialist)	\$20, deductible waived / \$40, deductible waived
Preventive Care	0%, deductible waived
Inpatient Facility & Physician Services	20% after deductible / 20% after deductible
Lab, X-ray & Ultrasound	20% after deductible
Prenatal & Postnatal Care	20% after deductible
Maternity Care ****	20% after deductible
Hospital ER	20% after deductible
Urgent Care	\$75, deductible waived
Ambulance	20% after deductible

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	\$15, deductible waived
Tier 3 Retail Pref. Brands	\$45, deductible waived
Tier 4 Retail Non-Pref. Brands	50% after deductible
Tier 5 Retail Specialty	40% after deductible

Cigna Home Delivery Pharmacy offers

- Zero additional cost for certain preventive medications¹
- A convenient 90-day supply of medication and easy refills²
- Medications delivered right to your customer's door and free shipping with standard delivery

Cigna Home Delivery Flyer

Find detailed plan information in the Summary of Benefits on the Cigna Broker Portal.

 CignaforBrokers.com

Talk to a licensed Cigna Rep about federal assistance to lower premiums and out-of-pocket expenses for eligible customers.

 Call 877.Cigna.15

1. As required by the Patient Protection and Affordable Care Act (PPACA).
2. Specialty medications are limited to a 30-day supply in AZ, CO, CT, FL, GA, MO, SC, TN & TX.

Note: In FL select specialty medications are limited up to a maximum supply of 60 days.

This plan comparison contains highlights only.

* 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).

** Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and 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).

**** Delivery & inpatient services for maternity care.

 Medical Network

 Cigna.com/ifp-drug-list

 State Policy Disclosures, Exclusions & Limitations

Texas

DALLAS, FORT WORTH & AUSTIN

In Texas DALLAS, FORT WORTH & AUSTIN

Plans available through electronic submission:

BROKERS

- 2 myCigna Health Savings: 1 bronze, 1 silver
- 4 myCigna Health Flex: 1 bronze, 3 silver
- 1 myCigna Copay Assure: 1 silver

DIRECT TO CONSUMER CALL CENTERS

- 2 myCigna Health Savings: 1 bronze
- 2 myCigna Health Flex: 1 bronze, 1 silver

All other plans available through paper application.

NETWORK LocalPlus

HEALTH INSURANCE MARKETPLACE

On Marketplace

- myCigna Medical plans are sold on the Marketplace.
- Plans sold on the Marketplace include pediatric vision for children and young adults up to age 19.
- myCigna Dental Pediatric plan is sold on the Marketplace.
- myCigna Dental Family + Pediatric plan is sold on the Marketplace.
- Federal financial assistance (subsidies) is available for those who qualify.

Off Marketplace

- Plans include pediatric vision and the myCigna Dental Pediatric plan for children and young adults up to age 19.

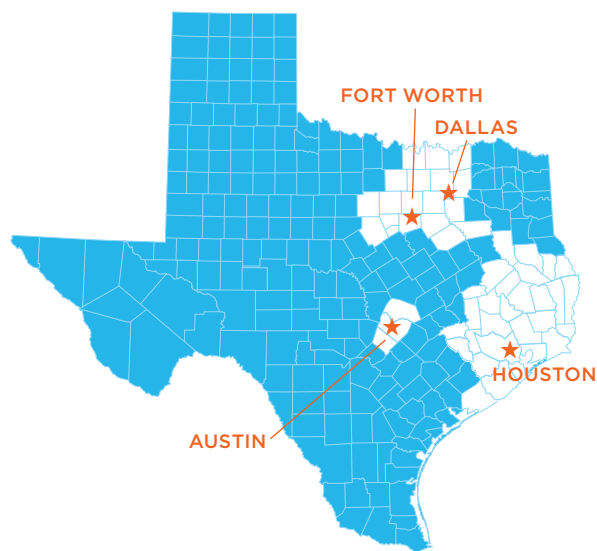
WHERE WE SELL

In Texas, medical plans are available in the Dallas and Austin Markets in the following counties:

Collin	Erath	Hunt	Parker	Hays
Cooke	Fannin	Johnson	Rockwall	Travis
Dallas	Grayson	Kaufman	Somervell	Williamson
Denton	Henderson	Navarro	Tarrant	
Ellis	Hood	Palo Pinto	Wise	

LOCALPLUS NETWORK SERVICE AREA

Health care professionals and facilities in the LocalPlus Network are located in the same counties as **Where We Sell**. Detailed information can be found in the LocalPlus Network Nationwide flyer and the LocalPlus Network State Specific flyer on the right. To find providers in the LocalPlus Network access the provider directory link to the right.



□ Texas LocalPlus service area

ADDITIONAL INFORMATION

- C** Pediatric Dental Summary of Benefits
- C** Family + Pediatric Dental Summary of Benefits
- C** LocalPlus Network Nationwide flyer
- C** LocalPlus Network State Specific Flyer – Texas (Dallas/FTW)
- S** LocalPlus Network
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2015 myCigna Health Plans Texas DALLAS, FORT WORTH & AUSTIN

Icon indicates plan available for electronic quote and apply

 **Brokers**  **D2C Call Centers**

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

Bronze

  **Health Savings 6100**   **Health Flex 5000 Bronze**

MEDICAL

	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$6,100 / \$12,200	\$5,000 / \$10,000
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700	\$6,500 / \$13,000
Coinsurance***	0% after deductible	40% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	\$15, deductible waived / 40% after deductible
Preventive Care	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	40% after deductible / 40% after deductible
Lab, X-ray & Ultrasound	0% after deductible	40% after deductible
Prenatal & Postnatal Care	0% after deductible	40% after deductible
Maternity Care **** (Inpatient/Physician Services)	0% after deductible / 0% after deductible	40% after deductible/ 40% after deductible
Hospital ER	0% after deductible	40% after deductible
Urgent Care	0% after deductible	\$75, deductible waived
Ambulance	0% after deductible	40% after deductible

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	0% after deductible	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	\$30, deductible waived
Tier 3 Retail Pref. Brands	0% after deductible	40% after deductible
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible
Tier 5 Retail Specialty	0% after deductible	40% after deductible

> Footnotes for: * ** *** **** *****

 **Medical Network**

 **Cigna.com/ifp-drug-list**

 **State Policy Disclosures, Exclusions & Limitations**

2015 myCigna Health Plans Texas

DALLAS, FORT WORTH & AUSTIN

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	Silver		
	◆ Health Savings 3400	◆ Health Flex 1500	◆ ● Health Flex 2750
MEDICAL	In-network customers pay:	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$3,400 / \$6,800	\$1,500 / \$3,000	\$2,750 / \$5,500
Annual Out-of-Pocket Max ** Individual/Family	\$4,000 / \$8,000	\$6,350 / \$12,700	\$6,350 / \$12,700
Coinsurance***	0% after deductible	30% after deductible	20% after deductible
Physician Services Office Visits (Primary Care/Specialist)	0% after deductible / 0% after deductible	Visits 1-2: \$30, deductible waived / \$60, deductible waived†	\$30, deductible waived / \$60, deductible waived
Preventive Care	0%, deductible waived	0%, deductible waived	0%, deductible waived
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	30% after deductible / 30% after deductible	20% after deductible / 20% after deductible
Lab, X-ray & Ultrasound	0% after deductible	30% after deductible	20% after deductible
Prenatal & Postnatal Care	0% after deductible	30% after deductible	20% after deductible
Maternity Care **** (Inpatient/Physician Services)	0% after deductible / 0% after deductible	30% after deductible / 30% after deductible	20% after deductible / 20% after deductible
Hospital ER	0% after deductible	30% after deductible	20% after deductible
Urgent Care	0% after deductible	\$75, deductible waived	\$75, deductible waived
Ambulance	0% after deductible	30% after deductible	20% after deductible

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	0% after deductible	\$4, deductible waived	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	\$20, deductible waived	\$15, deductible waived
Tier 3 Retail Pref. Brands	0% after deductible	\$60, deductible waived	\$45, deductible waived
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible	50% after deductible
Tier 5 Retail Specialty	0% after deductible	40% after deductible	40% after deductible

† Visits 3+: 30% after deductible / 30% after deductible

> Footnotes for: * ** *** **** *****

Silver plans continued on next page

S Medical Network

W Cigna.com/ifp-drug-list


W State Policy Disclosures, Exclusions & Limitations

2015 myCigna Health Plans Texas DALLAS, FORT WORTH & AUSTIN

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	 Silver	
	◆ Health Flex 5000	◆ Copay Assure Silver
MEDICAL	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$5,000 / \$10,000	\$0 / \$0
Annual Out-of-Pocket Max ** Individual/Family	\$5,000 / \$10,000	\$6,350 / \$12,700
Coinsurance***	0% after deductible	30%
Physician Services Office Visits (Primary Care/Specialist)	\$30, deductible waived / \$60, deductible waived	\$30 / \$60
Preventive Care	0%, deductible waived	0%
Inpatient Facility & Physician Services	0% after deductible / 0% after deductible	\$2500 per day / 30%
Lab, X-ray & Ultrasound	0% after deductible	40%
Prenatal & Postnatal Care	0% after deductible	30%
Maternity Care **** (Inpatient/Physician Services)	0% after deductible / 0% after deductible	\$2500 per day / 30%
Hospital ER	0% after deductible	\$500 per visit
Urgent Care	\$75, deductible waived	\$75 per visit
Ambulance	0% after deductible	\$500 per trip

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	\$4, deductible waived	\$4
Tier 2 Retail Non-Pref. Generic	\$15, deductible waived	\$25
Tier 3 Retail Pref. Brands	\$45, deductible waived	\$60
Tier 4 Retail Non-Pref. Brands	0% after deductible	50%
Tier 5 Retail Specialty	0% after deductible	40%

> Footnotes for: * ** *** **** *****

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DALLAS, FORT WORTH & AUSTIN

Icon indicates plan available for electronic quote and apply

◆ Brokers ● D2C Call Centers

Plans without an icon require a call to the Broker Call Center for a quote and the submission of a paper application that can be found in the Broker Resource Center.

	 Gold	
	Health Flex 1250	Copay Assure Gold
MEDICAL	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$1,250 / \$2,500	\$0 / \$0
Annual Out-of-Pocket Max ** Individual/Family	\$4,000 / \$8,000	\$5,000 / \$10,000
Coinsurance***	20% after deductible	30%
Physician Services Office Visits (Primary Care/Specialist)	\$20, deductible waived / \$40, deductible waived	\$30 / \$60
Preventive Care	0%, deductible waived	0%
Inpatient Facility & Physician Services	20% after deductible / 20% after deductible	\$1000 per day / 30%
Lab, X-ray & Ultrasound	20% after deductible	30%
Prenatal & Postnatal Care	20% after deductible	30%
Maternity Care **** (Inpatient/Physician Services)	20% after deductible / 20% after deductible	\$1000 per day / 30%
Hospital ER	20% after deductible	\$250 per visit
Urgent Care	\$75, deductible waive	\$75 per visit
Ambulance	20% after deductible	\$500 per trip

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	\$4, deductible waived	\$4
Tier 2 Retail Non-Pref. Generic	\$10, deductible waived	\$15
Tier 3 Retail Pref. Brands	\$30, deductible waived	\$45
Tier 4 Retail Non-Pref. Brands	50% after deductible	50%
Tier 5 Retail Specialty	40% after deductible	40%

Cigna Home Delivery Pharmacy offers

- Zero additional cost for certain preventive medications¹
- A convenient 90-day supply of medication and easy refills²
- Medications delivered right to your customer's door and free shipping with standard delivery

Cigna Home Delivery Flyer

Find detailed plan information in the Summary of Benefits on the Cigna Broker Portal.

 CignaforBrokers.com

Talk to a licensed Cigna Rep about federal assistance to lower premiums and out-of-pocket expenses for eligible customers.

 Call 877.Cigna.15

1. As required by the Patient Protection and Affordable Care Act (PPACA).
2. Specialty medications are limited to a 30-day supply in AZ, CO, CT, FL, GA, MO, SC, TN & TX.

Note: In FL select specialty medications are limited up to a maximum supply of 60 days.

This plan comparison contains highlights only.

* 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).

** Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and 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).

**** Delivery & inpatient services for maternity care.

 Medical Network

 Cigna.com/ifp-drug-list

 State Policy Disclosures, Exclusions & Limitations

Texas

HOUSTON

In Texas HOUSTON

Plans available through electronic submission:

BROKERS

4 myCigna Health Flex: 1 bronze, 3 silver
1 myCigna Copay Assure: 1 silver

DIRECT TO CONSUMER CALL CENTERS

2 myCigna Health Flex: 1 bronze, 1 silver

All other plans available through paper application.

NETWORK LocalPlus

HEALTH INSURANCE MARKETPLACE

On Marketplace

- myCigna Medical plans are sold on the Marketplace.
- Plans sold on the Marketplace include pediatric vision for children and young adults up to age 19.
- myCigna Dental Pediatric plan is sold on the Marketplace.
- myCigna Dental Family + Pediatric plan is sold on the Marketplace.
- Federal financial assistance (subsidies) is available for those who qualify.

Off Marketplace

- Plans include pediatric vision and the myCigna Dental Pediatric plan for children and young adults up to age 19.

WHERE WE SELL

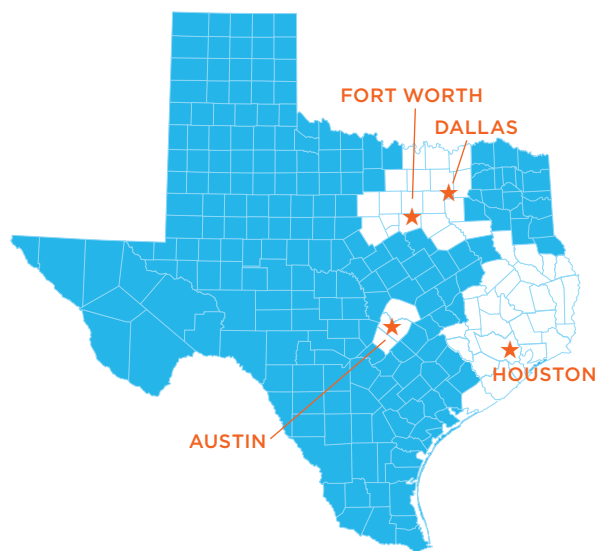
In Texas, medical plans are available in the Houston Market in the following full or partial counties:

Austin	Fort Bend	Liberty	Waller
Brazoria*	Galveston	Montgomery	Washington
Brazos	Grimes	San Jacinto*	
Chambers*	Harris	Walker*	

* Plans available in partial counties

LOCALPLUS NETWORK SERVICE AREA

Health care professionals and facilities in the LocalPlus Network are located in the same counties as **Where We Sell**. Detailed information can be found in the LocalPlus Network Nationwide flyer and the LocalPlus Network State Specific flyer on the right. To find providers in the LocalPlus Network access the provider directory link to the right.



□ Texas LocalPlus service area

ADDITIONAL INFORMATION

- C** Pediatric Dental Summary of Benefits
- C** Family + Pediatric Dental Summary of Benefits
- C** LocalPlus Network Nationwide flyer
- C** LocalPlus Network State Specific Flyer – Texas (Houston)
- C** RPO Network flyer
- S** LocalPlus Network
- S** Pediatric Dental
- W** [Cigna.com/ifp-providers](https://www.cigna.com/ifp-providers)

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2015 myCigna Health Plans Texas HOUSTON

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B Bronze

◆ ● Health Flex 5100

MEDICAL

In-network customers pay:

Annual Deductible* Individual/Family	\$5,100 / \$10,200
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700
Coinsurance***	40% after deductible
RPO Physician Services Office Visits (Primary Care/Specialist)	\$35, deductible waived / \$65, deductible waived
Physician Services Office Visits (Primary Care/Specialist)	40% after deductible / 40% after deductible
Preventive Care for All Ages	0%, deductible waived
Inpatient Facility & Physician Services	40% after deductible / 40% after deductible
Lab, X-ray & Ultrasound	40% after deductible
Prenatal & Postnatal Care	40% after deductible
Maternity Care **** (Inpatient / Physician Services)	40% after deductible/ 40% after deductible
Hospital ER	40% after deductible
Urgent Care	\$75, deductible waived
Ambulance	40% after deductible

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	40% after deductible
Tier 3 Retail Pref. Brands	40% after deductible
Tier 4 Retail Non-Pref. Brands	50% after deductible
Tier 5 Retail Specialty	40% after deductible

> Footnotes for: * ** *** **** *****

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C Cigna Home Delivery Flyer

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W CignaforBrokers.com

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S Medical Network

W Cigna.com/ifp-drug-list

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2015 myCigna Health Plans Texas HOUSTON

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Silver

	◆● Health Flex 2750	◆ Health Flex 3000	◆ Health Flex 5000	◆ Copay Assure Silver
MEDICAL	In-network customers pay:	In-network customers pay:	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$2,750 / \$5,500	\$3,000 / \$6,000	\$5,000 / \$10,000	\$0 / \$0
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700	\$5,000 / \$10,000	\$5,000 / \$10,000	\$6,350 / \$12,700
Coinsurance***	20% after deductible	20% after deductible	0% after deductible	30%
RPO Physician Services Office Visits (Primary Care/Specialist)	\$25, deductible waived / \$45, deductible waived	\$25, deductible waived / \$45, deductible waived	\$25, deductible waived / \$45, deductible waived	\$25 / \$45
Physician Services Office Visits (Primary Care/Specialist)	\$55, deductible waived / \$75, deductible waived	20% after deductible / 20% after deductible	\$55, deductible waived / \$75, deductible waived	\$55 / \$75
Preventive Care for All Ages	0%, deductible waived	0%, deductible waived	0%, deductible waived	0%
Inpatient Facility & Physician Services	20% after deductible / 20% after deductible	20% after deductible / 20% after deductible	0% after deductible / 0% after deductible	\$2500 per day / 30%
Lab, X-ray & Ultrasound	20% after deductible	20% after deductible	0% after deductible	40%
Prenatal & Postnatal Care	20% after deductible	20% after deductible	0% after deductible	30%
Maternity Care **** (Inpatient / Physician Services)	20% after deductible / 20% after deductible	20% after deductible / 20% after deductible	0% after deductible / 0% after deductible	\$2500 per day / 30%
Hospital ER	20% after deductible	20% after deductible	0% after deductible	\$500 per visit
Urgent Care	\$75, deductible waived	\$75, deductible waived	\$75, deductible waived	\$75 per visit
Ambulance	20% after deductible	20% after deductible	0% after deductible	\$500 per trip

RX DRUGS UP TO A 30 DAY SUPPLY

Tier 1 Retail Pref. Generic	\$4, deductible waived	\$4, deductible waived	\$4, deductible waived	\$4
Tier 2 Retail Non-Pref. Generic	\$15, deductible waived	\$15, deductible waived	\$15, deductible waived	\$25
Tier 3 Retail Pref. Brands	\$45, deductible waived	\$45, deductible waived	\$45, deductible waived	\$60
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible	0% after deductible	50%
Tier 5 Retail Specialty	40% after deductible	40% after deductible	0% after deductible	40%

> Footnotes for: * ** *** **** *****

● Medical Network

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2015 myCigna Health Plans Texas HOUSTON

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	 Gold	
	Health Flex 1000	Copay Assure Gold
MEDICAL	In-network customers pay:	In-network customers pay:
Annual Deductible* Individual/Family	\$1,000 / \$2,000	\$0 / \$0
Annual Out-of-Pocket Max ** Individual/Family	\$4,000 / \$8,000	\$5,000 / \$10,000
Coinsurance***	20% after deductible	30%
RPO Physician Services Office Visits (Primary Care/Specialist)	\$10, deductible waived / \$30, deductible waived	\$15 / \$35
Physician Services Office Visits (Primary Care/Specialist)	20% after deductible / 20% after deductible	\$35 / \$65
Preventive Care for All Ages	0%, deductible waived	0%
Inpatient Facility & Physician Services	20% after deductible / 20% after deductible	\$1000 per day / 30%
Lab, X-ray & Ultrasound	20% after deductible	30%
Prenatal & Postnatal Care	20% after deductible	30%
Maternity Care **** (Inpatient / Physician Services)	20% after deductible	\$1000 per day / 30%
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2. Specialty medications are limited to a 30-day supply in AZ, CO, CT, FL, GA, MO, SC, TN & TX.

Note: In FL select specialty medications are limited up to a maximum supply of 60 days.

This plan comparison contains highlights only.

* 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).

** Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and 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).

**** Delivery & inpatient services for maternity care.

RX DRUGS UP TO A 30 DAY SUPPLY

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Tier 5 Retail Specialty	40% after deductible	40%

 Medical Network

 Cigna.com/ifp-drug-list

 State Policy Disclosures, Exclusions & Limitations

myCigna Dental

myCigna Dental

Help customers choose the coverage that's right for them.

Cigna offers cost-effective, flexible dental coverage for the whole family. With a Cigna dental plan, preventive services like annual cleanings and routine x-rays are covered at 100%¹, when visiting a Cigna DPPO *Advantage* Network provider, with no deductible required. Benefits and premium levels are flexible to meet varying needs and budgets.

- **myCigna Dental Preventive** — Our most cost-effective plan. It covers 100%¹ of preventive services like exams, cleanings, and routine x-rays when you visit a Cigna DPPO *Advantage* provider.
- **myCigna Dental 1000** — Covers preventive services at 100%¹ when you visit a Cigna DPPO *Advantage* provider. After the customer has reached the \$50 per person, or the \$150 per family annual deductible, it covers basic restorative services at 80%² and major restorative services at 50%² – up to \$1,000.
- **myCigna Dental 1500** — Covers preventive services at 100%¹ when visiting a Cigna DPPO *Advantage* Network provider. After the customer has reached the \$50 per person, or the \$150 per family annual deductible, it covers in network basic restorative services at 80%² and major restorative services at 50%² – up to \$1,500. Orthodontia has a separate deductible of \$50. Once the customer has reached that, orthodontia is covered at 50%³ up to the per person lifetime maximum of \$1,000.

The chart below shows how the plans stack up.

	myCigna Dental 1000	myCigna Dental 1500
myCigna Dental Preventive	Basic and major restorative services**	Orthodontia services**
Diagnostic and preventive services	Basic and major restorative services**	Basic and major restorative services**
\$18/month*	Diagnostic and preventive services	Diagnostic and preventive services
	\$31/month*	\$35/month*

Some services may have limitations or may not be covered. Coinsurance percentages and covered services may differ in some states. Refer to the Summary of Benefits or your Policy for a complete listing of covered and non-covered services.

* Premiums for 2015 plans vary by area and age. Estimates are based on an individual ages 25 -59 in Dallas, TX, area code 75001 through 12/31/2015.

** Waiting periods may apply and differ by state. Not applicable in MO and RI.

MYCIGNA DENTAL 1500 \$1,500 ANNUAL BENEFIT MAXIMUM

PAID AT 100%* – PREVENTIVE SERVICES (deductible is waived)**	PAID AT 80% – BASIC RESTORATIVE SERVICES (after deductible)**	PAID AT 50% – MAJOR RESTORATIVE SERVICES (after deductible)**	PAID AT 50% – ORTHODONTIA (after separate \$50 deductible)
<ul style="list-style-type: none"> • Oral exams • Routine cleanings • Routine x-rays 	<ul style="list-style-type: none"> • Fillings • Non-routine x-rays • Routine tooth extraction 	<ul style="list-style-type: none"> • Periodontal (Deep Cleaning) • Periodontal Maintenance • Crowns • Root Canal Therapy • Wisdom Tooth Extraction • Dentures/Partials • Bridges 	<ul style="list-style-type: none"> • Orthodontia***

Note: In Maryland Services fall into different categories. See Summary of Benefits for details. Coinsurance percentages and services covered may differ by state. Refer to the Summary of Benefits or customers can refer to their Policy for a more complete listing of covered and non-covered services.

* When visiting a Cigna DPPO *Advantage* Network provider. Some preventive expenses may not be covered like athletic mouth guards. Refer to the Summary of Benefits or your Policy for a listing of covered and non-covered services.

** Waiting periods may apply and differ by state. Not applicable in MO and RI. *** Separate lifetime deductible of \$50 for orthodontia. \$1,000 per person lifetime maximum.

Customers may be eligible to have the waiting period** waived after 12-months of continuous prior coverage.

W Dental video

W State Policy Disclosures, Exclusions & Limitations

1. Some preventive expenses may not be covered like athletic mouth guards. Refer to the Summary of Benefits or your Policy for a listing of covered and non-covered services.

2. Some expenses may not be covered, including prescription drugs. Refer to the Summary of Benefits or your policy for more details. North Carolina out-of-network benefits are 5% different. See the Summary of Benefits for details.

3. Refer to the Summary of Benefits or your policy for more details.

myCigna Dental *continued*

They get more than coverage with myCigna Dental Plans

- Access to the largest network of dentists contracted to discounted fee arrangements¹
- Over 94,000² dentists in our Cigna DPPO *Advantage* Network and an additional 51,000² dentists in our Cigna DPPO Network expanding your access to savings. These dentists provide care at a discounted rate to our customers
- No referral needed to see a specialist
- Available for all ages — including child only and those 65 and older
- No application or processing fees
- If your customers have had dental insurance for more than a year, we'll credit them for their time, so they won't have to meet any waiting period requirements for benefits to begin²
- No claims submissions. Cigna in-network dentists submit claims automatically
- 24/7/365 customer service
- myCigna Mobile App for on-the-go access to claims information, providers, ID cards and more
- 15% discount off monthly premiums for any additional family members on plan

Customers may be eligible to have the waiting period waived after 12-months of continuous prior coverage.*

With all of our dental plans, preventive services are covered at 100%** when visiting a Cigna DPPO *Advantage* provider, customers don't pay application or processing fees, and they don't need referrals to see specialists.

To see providers in the Cigna Dental Network visit

 [Cigna.com/ifp-providers](https://www.cigna.com/ifp-providers)

* Not applicable to orthodontia. Waiting periods do not apply in MO and RI.

** Some preventive expenses may not be covered like athletic mouth guards. Refer to the Summary of Benefits or your Policy for a listing of covered and non-covered services.

1. NetMinder. DPPO data as of 4/2015, including combined reported Total Cigna Dental PPO counts of unique dentists. Data is subject to change. The Ignition Group makes no warranty regarding the performance of the data and the results that will be obtained by using this data.
2. Not applicable for orthodontia.

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How our customers save

See how customers save with our Cigna Dental Plan

With a myCigna Dental 1000 or 1500 plan, customers are covered for a range of services, not just routine cleanings and x-rays. Customers save the most when visiting a Cigna DPPO *Advantage* Network provider.

The chart below compares out-of-pocket savings for common dental services although costs will vary based on the provider location.

	ESTIMATE ¹ OF WHAT CUSTOMERS MAY PAY			
	CIGNA DPPO ADVANTAGE NETWORK ¹	CIGNA DPPO NETWORK ^{1,2}	OUT-OF-NETWORK PROVIDER	WITHOUT DENTAL INSURANCE
Cleaning ³	\$0	\$88	\$148	\$229
Root canal ⁴	\$844	\$1,517	\$2,533	\$3,138
Bridge ⁵	\$1,041	\$2,187	\$2,899	\$3,740

1. Rates may vary in some states based on provider and location. Estimate based on a myCigna 1500 Plan in a Texas zip code starting with 750. Costs before deductible and maximum application. Waiting periods may apply and differ by state.

2. Total Cigna DPPO Network discounts not available in Virginia and Maryland. May vary in some states.

3. Includes cleaning, exam and bitewings.

4. Includes root canal, crown, post and core.

5. One pontic and two crowns.

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Enrolling in dental

myCigna Dental Plans

Customers may purchase myCigna Dental Preventive, myCigna Dental 1000 and myCigna Dental 1500 plans any time throughout the year.

When purchasing a dental plan with a medical plan, the effective date of a dental plan can be the first day of the following month after submitting an application (or when indicated up to the last effective date for the open enrollment period), as long as it is submitted on or before the 15th of the prior month.

When purchasing a dental plan without a medical plan, including in states where medical is not sold, applications submitted through the last day of the month prior will have an effective date of the first of the following month (or when indicated).

myCigna Dental Pediatric Plans

Pediatric dental coverage (for children and young adults up to age 19) is included with all Cigna medical plans sold off Marketplace. For more information, see the pediatric dental section listed for each state.

For medical plans sold on the Marketplace they must be purchased during the Annual Open Enrollment or Special Enrollment Periods.

For medical plans not purchased on the Marketplace, the Pediatric Plan is included and therefore follows the Annual Open Enrollment for Medical Plans **November 15, 2014 – February 15, 2015, and Special Enrollment Period.**

Learn more about dental plan enrollment.

C [Dental Enrollment Information Flyer](#)

S [Pediatric Dental](#)

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Words we use – dental

Here are some basic terms to help you and your customers understand their plans inside and out.

Cigna DPPO Advantage Network provider

(In-Network) In-network providers contracted with Cigna. Cigna reimburses providers up to the contracted rate; customers are not responsible for billed services over the contracted rate. Using dentists in this network will allow you to save the most.

Cigna DPPO Network provider (Discounted Network)

An additional group of providers who provide care at a discounted rate. Cigna reimburses up to the Maximum Allowable Charge for billed services from these providers; customers are responsible for remainder of charges up to the providers' discounted rate. Using dentists in this network will provide discounted savings.

Out-of-network provider A group of providers who provide care but do NOT offer a discounted or contracted rate. Cigna reimburses up to the Maximum Allowable Charge for billed services from these providers; customers are responsible for remainder of billed charges.

In-network services Services from any Cigna DPPO Advantage Network participating provider employed by, under contract with or approved in advance by Cigna. Emergency health care services, regardless of status or affiliation of provider of such services, are considered in-network.

Discounted network and out-of-network services

Services from a Cigna DPPO Network provider, or any out of network provider who does not have a participating provider agreement in effect with Cigna for this policy at the time services are rendered.

Coinsurance in-network Amount customers pay for covered dental services after customers have satisfied the annual deductible from a Cigna DPPO Advantage Network provider.

Coinsurance out-of-network Amount customers pay for covered dental services after they have satisfied the annual deductible. Customers may pay more if the provider's charges exceed the amount Cigna reimburses for billed services in the Cigna DPPO Network, or from an out-of-network provider.

Deductible The amount customers pay each year before Cigna begins to pay for covered services.

Calendar year maximum The maximum benefit allowance that Cigna will pay in any given year based on the plan specifics. No further benefits are payable after the maximum is reached.

Out-of-pocket maximum The Out-of-Pocket Maximum is an accumulation of Covered Expenses incurred from Dental Providers. Once the Out-of-Pocket Maximum has been met for the Year, customers will no longer be responsible to pay Coinsurance for dental services for Covered Expenses incurred during the remainder of that year from dental providers. Deductibles apply to the Out-of-Pocket Maximum and will always be paid by the member.

Waiting period The period in which a member is restricted to utilize certain benefits of their dental plan.

Coinsurance class For Cigna DPPO plans, all procedures fall under a Coinsurance Class. The following are the Coinsurance Classes:

- Class 1 – Preventive and Diagnostic Services
- Class 2 – Basic Restorative Services
- Class 3 – Major Restorative Services
- Class 4 – Orthodontic Services

Lifetime maximum The maximum benefit allowance that Cigna will pay in a member's lifetime (based on plan specifics). No further benefits are payable after the maximum is reached.

Lifetime deductible The amount customers pay once in a lifetime before Cigna begins to pay for covered services.

C Commonly Used Health Care Words – Dental

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2015 myCigna Dental Plans

ARIZONA, CALIFORNIA, COLORADO, CONNECTICUT, FLORIDA, GEORGIA, MARYLAND, MISSOURI, SOUTH CAROLINA, TENNESSEE, TEXAS

BENEFIT	myCigna Dental Preventive		myCigna Dental 1000		myCigna Dental 1500	
	In-network customers pay:	Out-of-network customers pay:	In-network customers pay:	Out-of-network customers pay:	In-network customers pay:	Out-of-network customers pay:
Individual Annual Deductible	Not Applicable		\$50 per person		\$50 per person	
Family Annual Deductible	Not Applicable		\$150 per family		\$150 per family	
Annual Benefit Maximum	Not Applicable		\$1,000 per person		\$1,500 per person	
Separate Lifetime Individual Orthodontia Deductible	Not Applicable		Not Applicable		\$50 per person	
CLASS I: PREVENTIVE/DIAGNOSTIC SERVICES						
Preventive/Diagnostic Services Waiting Period	Not Applicable		Not Applicable		Not Applicable	
Preventive/Diagnostic Services Oral Exams, Routine Cleanings, Routine X-Rays, Sealants, Fluoride Treatment, Space Maintainers (non-orthodontic)	0%	You pay 0% and are responsible for the charges above Cigna's reimbursement amount.	0%	You pay 0% and are responsible for the charges above Cigna's reimbursement amount. (after deductible)	0%	You pay 0% and are responsible for the charges above Cigna's reimbursement amount. (after deductible)
CLASS II: BASIC RESTORATIVE SERVICES						
Basic Restorative Services Waiting Period	Not Applicable		6 month waiting period*		6 month waiting period*	
Basic Restorative Services Non-routine X-Rays, Fillings, Routine Tooth Extraction, Emergency Treatment	100% (discounts may apply)**	100%	20% (after deductible)	You pay 20% and are responsible for the charges above Cigna's reimbursement amount. (after deductible)	20% (after deductible)	You pay 20% and are responsible for the charges above Cigna's reimbursement amount. (after deductible)
CLASS III: MAJOR RESTORATIVE SERVICES						
Major Restorative Services Waiting Period	Not Applicable		12 month waiting period*		12 month waiting period*	
Major Restorative Services Periodontal (Deep Cleaning), Periodontal Maintenance, Crowns, Root Canal Therapy, Wisdom Tooth Extraction, Dentures/Partials, Bridges	100% (discounts may apply)**	100%	50% (after deductible)	You pay 50% and are responsible for the charges above Cigna's reimbursement amount. (after deductible)	50% (after deductible)	You pay 50% and are responsible for the charges above Cigna's reimbursement amount. (after deductible)
CLASS IV: ORTHODONTIA						
Orthodontia Waiting Period	Not Applicable		Not Applicable		12 month waiting period*	
Orthodontia	100% (discounts may apply)**	100%	100% (discounts may apply)**	100%	50% (after separate lifetime orthodontia deductible)	You pay 50% and are responsible for the charges above Cigna's reimbursement amount. (after separate lifetime orthodontia deductible)
Orthodontia Individual Lifetime Maximum	Not Applicable		Not Applicable		\$1,000 per person	

If customers choose to visit a dentist out-of-network they 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. This is known as balance billing.

C Summary of Benefits for Arizona, Colorado, Connecticut, California, Florida, Georgia, South Carolina, Tennessee, Texas, Missouri

C Summary of Benefits for Maryland

C Summary of Benefits for New York

W State Policy Disclosures, Exclusions & Limitations

* NJ, VT & IL: 6 month waiting period for all Classes; WV: 3 month waiting period for all Classes; MO & RI: no waiting period for all Classes. Customers may be eligible to waive the waiting period for Classes II & III if they have continuous 12 months of prior coverage from a valid dental insurance plan.

** In-network Dentists contracted with Cigna may pass along discounted rates. Discounts are not available in MD and VA

2015 myCigna Dental Plans

NORTH CAROLINA

BENEFIT	myCigna Dental Preventive		myCigna Dental 1000		myCigna Dental 1500	
	In-network customer pay:	Out-of-network customer pay:	In-network customer pay:	Out-of-network customer pay:	In-network customer pay:	Out-of-network customer pay:
Individual Annual Deductible	Not Applicable		\$50 per person		\$50 per person	
Family Annual Deductible	Not Applicable		\$150 per family		\$150 per family	
Annual Benefit Maximum	Not Applicable		\$1,000 per person		\$1,500 per person	
Separate Lifetime Individual Orthodontia Deductible	Not Applicable		Not Applicable		\$50 per person	
CLASS I: PREVENTIVE/DIAGNOSTIC SERVICES						
Preventive/Diagnostic Services Waiting Period	Not Applicable		Not Applicable		Not Applicable	
Preventive/Diagnostic Services Oral Exams, Routine Cleanings, Routine X-Rays, Sealants, Fluoride Treatment, Space Maintainers (non-orthodontic)	0%	You pay 5% and are responsible for the charges above Cigna's reimbursement amount.	0%	You pay 5% and are responsible for the charges above Cigna's reimbursement amount. (after deductible)	0%	You pay 5% and are responsible for the charges above Cigna's reimbursement amount. (after deductible)
CLASS II: BASIC RESTORATIVE SERVICES						
Basic Restorative Services Waiting Period	Not Applicable		6 month waiting period*		6 month waiting period*	
Basic Restorative Services Non-routine X-Rays, Fillings, Routine Tooth Extraction, Emergency Treatment	100% (discounts may apply)**	100%	20% (after deductible)	You pay 25% and are responsible for the charges above Cigna's reimbursement amount. (after deductible)	20% (after deductible)	You pay 25% and are responsible for the charges above Cigna's reimbursement amount. (after deductible)
CLASS III: MAJOR RESTORATIVE SERVICES						
Major Restorative Services Waiting Period	Not Applicable		12 month waiting period*		12 month waiting period*	
Major Restorative Services Periodontal (Deep Cleaning), Periodontal Maintenance, Crowns, Root Canal Therapy, Wisdom Tooth Extraction, Dentures/Partials, Bridges	100% (discounts may apply)**	100%	50% (after deductible)	You pay 55% and are responsible for the charges above Cigna's reimbursement amount. (after deductible)	50% (after deductible)	You pay 55% and are responsible for the charges above Cigna's reimbursement amount. (after deductible)
CLASS IV: ORTHODONTIA						
Orthodontia Waiting Period	Not Applicable		Not Applicable		12 month waiting period	
Orthodontia	100% (discounts may apply)**	100%	100% (discounts may apply)**	100%	50% (after separate lifetime orthodontia deductible)	You pay 55% and are responsible for the charges above Cigna's reimbursement amount. (after deductible)
Orthodontia Individual Lifetime Maximum	Not Applicable		Not Applicable		\$1,000 per person	

If customers choose to visit a dentist out-of-network they 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. This is known as balance billing.

C Summary of Benefits for North Carolina

C Summary of Benefits for New York

W State Policy Disclosures, Exclusions & Limitations

* Customers may be eligible to waive the waiting period if they have continuous 12 months of prior coverage from a valid dental insurance plan, not applicable to orthodontia.

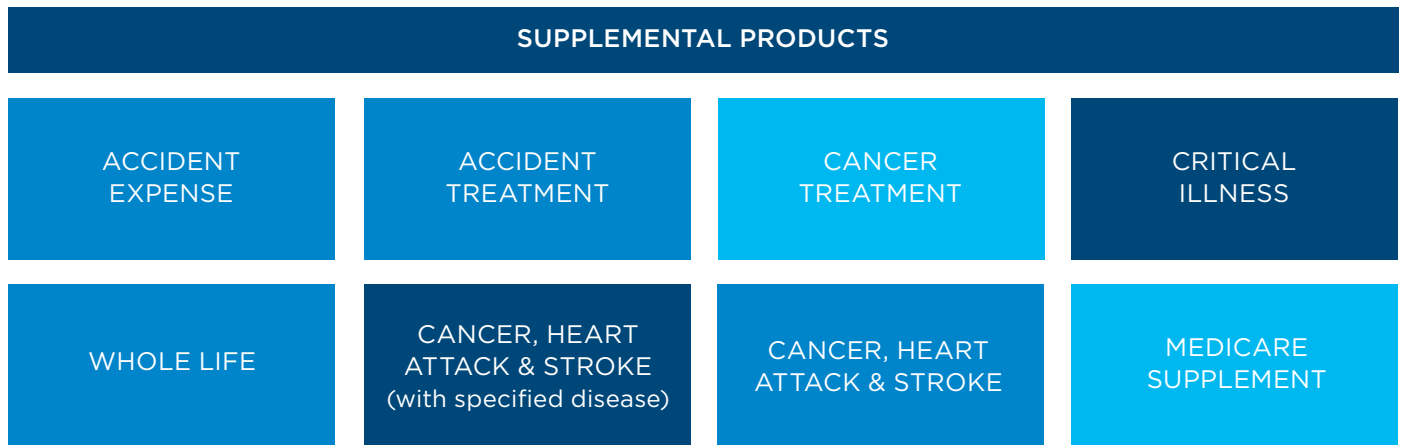
** In-network Dentists contracted with Cigna may pass along discounted rates.

Cigna Supplemental

Supplemental solutions

More ways to cover your customers with Cigna benefits

Cigna offers a variety of supplemental benefits to customers across the United States. Supplemental insurance provides extra coverage to help customers pay for health care services and out-of-pocket expenses related to their medical care, such as child care and travel expenses. In addition, monies are paid directly to the insured and may be used for any purpose.



Accident Expense Reimburses customers for unexpected out-of-pocket medical expenses, such as ambulance and emergency room services not paid by other insurance, if they are in a covered accident. Accidental Death and Dismemberment benefits are included with no additional premium.

Accident Treatment Benefits to help pay for a broad range of treatments when injured in a covered accident.

Cancer Treatment Fixed benefits to help pay for a broad range of cancer treatments, care and associated costs.

Critical Illness A lump sum cash benefit policy payable when a customer is diagnosed with one of 15 covered critical health conditions.

Whole Life Provides coverage to help pay for funeral and final expenses. This plan also includes an Accelerated Benefit Terminal Illness Rider.

Cancer, Heart Attack & Stroke, with Specified Disease A lump sum benefit payable on first diagnosis of cancer and various heart conditions or stroke, with the ability to add additional specified disease coverage.

Cancer, Heart Attack and Stroke A lump sum benefit policy payable upon diagnosis of cancer and various heart conditions or stroke. This plan includes the flexibility to add multiple riders for recurrence, hospital benefits and more.

Medicare Supplement Reimburses customers enrolled in Medicare for out-of-pocket costs, including deductibles, not covered by Medicare Parts A & B.

C Supplemental products by state

Plans contain exclusions and limitations and are not available in all states.

All products insured by American Retirement Life Insurance Company or Loyal American Life Insurance Company.

Useful documents

MEDICAL

Type of document	Document name	Applicable states
Application	Application	One for each state
Flyer	Why Cigna – Medical	All medical states but AZ
Flyer	Why Cigna – Medical AZ	AZ
Flyer	Commonly Used Health care Words – Medical – LocalPlus	AZ, CA, CO, FL, GA, MO, TN, TX
Flyer	Commonly Used Health care Words – Medical – OAP	CT, GA, MD, NC, SC
Flyer	Enrollment information – Medical	One for each state
Network flyer	OAP Network Nationwide flyer	CT, GA, NC, SC, MD
Network flyer	LocalPlus Network Nationwide flyer	One combined version for AZ, CA, CO, FL, GA, MO, TN, TX
Network flyer	LocalPlus Network State specific flyers	One flyer for; AZ, CA, CO, South FL, Orlando/Tampa FL, GA, MO, TN, Dallas/FTW TX, Houston TX
Plan flyer	Native American Alaskan Native flyer	One combined version for AZ, CO, FL, GA, MD, MO, TN, TX
Plan flyer	RPO Flyer	Houston TX
Plan documents	Plan Comparison	One for each state
Plan documents	Summary of benefits	One for each plan in the 12 medical states
Plan documents	Summary of Benefits and Coverage	One for each plan in the 12 medical states including the Cost Share and NA/AN plans
Plan documents	Outline of Coverage	One for each plan for CT & SC and one for each plan including Cost Share plans and NA/AN in; FL, GA, MO, TX
Pharmacy flyer	Home Delivery Pharmacy	One all state version
Pharmacy flyer	Step Therapy Program – Essential	CA, CO
Pharmacy flyer	Step Therapy Program – Plus/Premiere	AZ, CT, FL, GA, MD, MO, NC, SC, TN, TX
Pharmacy flyer	Step Therapy FAQs	All states except CA
Pharmacy flyer	4 & 5 Tier FAQs	One all state version

For the most up to date prescription drug information please visit [w Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list)

Prescription Drug List	Prescription Drug List – Essential – 4 Tier	CA
Prescription Drug List	Prescription Drug List – Essential – 4 & 5 Tier	CA, CO
Prescription Drug List	Prescription Drug List – Premiere	AZ, CT, MD, MO, SC
Prescription Drug List	Prescription Drug List – Plus	FL, GA, NC, TN, TX

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Useful documents

PEDIATRIC DENTAL

Type of document	Document name	Applicable states
Plan document	Summary of Benefits (myCigna Dental Pediatric)	AZ, GA, FL, MO, SC, TN, TX combined version
Plan document	Summary of Benefits (myCigna Dental Pediatric)	One separate for each of the following CO, CT, MD, NC
Plan document	Summary of Benefits (myCigna Dental Pediatric)	CA (myCigna Dental Pediatric – Low – myCigna California Bronze and Silver plans)
Plan document	Summary of Benefits (myCigna Dental Pediatric)	CA (myCigna Dental Pediatric – High – myCigna California Gold and Platinum plans)
Plan document	Summary of Benefits (myCigna Dental Pediatric)	CA (myCigna Dental Pediatric – Custom myCigna Health Flex and myCigna Health Savings plans)
Plan document	Summary of Benefits (myCigna Dental Family + Pediatric)	AZ, FL, TN, TX combined version
Plan document	Summary of Benefits (myCigna Dental Family + Pediatric)	CO
Plan document	Summary of Benefit and Coverage (myCigna Dental Pediatric)	CO
Plan document	Summary of Benefit and Coverage (myCigna Dental Family + Pediatric)	CO
Plan document	Outline of Coverage	CA (myCigna Dental Pediatric – Low – myCigna California Bronze and Silver plans)
Plan document	Outline of Coverage	CA (myCigna Dental Pediatric – High – myCigna California Gold and Platinum plans)
Plan document	Outline of Coverage	CA (myCigna Dental Pediatric – Custom – myCigna Health Flex and myCigna Health Savings plans)
Plan document	Outline of Coverage (myCigna Dental Pediatric)	One for each state – CT, FL, GA, SC, TX
Plan document	Outline of Coverage (myCigna Dental Family + Pediatric)	One for each plan – FL, TX

Find the documents in the Resource Center

 [CignaforBrokers.com](https://www.cignaforbrokers.com)

Quote for Medical and Dental plans

 [CignaforBrokers.com](https://www.cignaforbrokers.com)

Quote for Supplemental plans

 [AgentViewCigna.com](https://www.agentviewcigna.com)

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Useful documents

DENTAL

Type of document	Document name	Applicable states
Application	Application	One for each state
Flyer	Commonly Used Health care Words - Dental	One all state version
Flyer	Enrollment information - Dental	One all state version
Flyer	Why Cigna – Dental	One all state version
Plan document	Summary of Benefits	All states except MD, NC & NY
Plan document	Summary of Benefits	NC
Plan document	Summary of Benefits	MD
Plan document	Summary of Benefits	NY
Plan document	Outline of Coverage	AR, CA, CT, DE, FL, GA, IA, ID, IL, KS, MA, ME, MS, MO, MT, ND, NH, NJ, NM, NV, OK, OR, PA, RI, SC, SD, TX, UT, VT, WV, WI

SPANISH

Type of document	Document name	Applicable states	Product
Application	Enrollment Application – print version	AZ, CA, CO, FL, TN, TX	Medical and Dental
Plan document	Summary of Benefits & Coverage (myCigna Dental Pediatric)	CO	Pediatric Dental
Plan document	Summary of Benefits & Coverage (myCigna Dental Pediatric + Family)	CO	Pediatric Dental
Plan document	Plan comparison	CA, FL, TX	Medical
Flyer	Why Cigna	All states except AZ	Medical
Flyer	LocalPlus Network Nationwide flyer	One combined version for AZ, CA, CO, FL, GA, MO, TN, TX	Medical

Find the documents in the Resource Center

 [CignaforBrokers.com](https://www.CignaforBrokers.com)

IMPORTANT PHONE NUMBERS

800.Cigna24	Existing Customer Claim Customer Service Line (LL)
877.Cigna15	Broker Call Center (LL)
877.484.5967	HPS Billing and Enrollment (Off Marketplace) (LL)
866.Get.Cigna	D2C New Business Customer (LL)
800.903.7711	Cigna Commissions
877.232.8398	Cigna Supplemental Benefits - CSB (LL)
877.900.1237	On Marketplace Call Center (LL)

(LL) Language Line Services are available

Footnotes

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1. Plan availability varies by state.

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1. As of 09/2014.

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1. Coverage level varies based on Plan Type and Cost-for-Coverage level selected and whether care is received in-network.
2. Included for plans not purchased on the Health Insurance Marketplace.
3. Healthy Rewards is a discount program. This program is in addition to, not instead of, plan benefits. Healthy Rewards programs are separate from medical benefits.
A discount program is NOT insurance, and customers 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 care or services provided.
4. The downloading and use of the myCigna.com mobile app is subject to the terms and conditions of the app and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

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1. HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. If HSA funds are used for anything other than IRS "Qualified Medical Expenses," the amount will be subject to income tax and will be subject to a 20% penalty prior to reaching age 65.
2. If your customer is considering pairing a Health Savings Plan with a Health Savings Account, your customer can contribute pretax dollars to build a balance, up to a calendar year maximum of \$3,350 for an individual and \$6,650 for a family in 2015. Limits are 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 your customer is enrolled in the plan during the year.
3. Not applicable for myCigna Health Flex 1900.

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1. When receiving care in any LocalPlus Network service area, customer must use a doctor or facility in the LocalPlus Network to receive coverage at the in-network level – except in the case of emergencies. Outside of any LocalPlus Network service area, customers have in-network access through the Away from Care (Open Access Plus) Network.
2. Coverage for out-of-network services are reimbursed at the out-of-network benefit, plus any difference in the amount that Cigna reimburses for that service(s) and the amount charged by the provider.

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1. Tax Credit subsidies can only be applied to the purchase of QHP plans.
2. Customers must select a Silver level plan to take advantage of Cost Share Subsidies.

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1. As of 09/2014.
2. Customers may be eligible to waive the waiting period if they have had continuous 12 months of prior coverage from a valid dental insurance plan.

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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)

W State Policy Disclosures, Exclusions & Limitations

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