## Plans do not provide benefits outside of your local area or out-of-network benefits, except for emergency services as defined in the plan. To view additional plan details, including out-of-network benefits and plan exclusions and limitations, visit [Cigna.com/SummaryofBenefits](http://Cigna.com/SummaryofBenefits). Additional plans are available.

### 1. Annual Deductible

<table>
<thead>
<tr>
<th>BRONZE</th>
<th>SILVER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual/Family</strong></td>
<td><strong>Individual/Family</strong></td>
</tr>
<tr>
<td>In-network you pay:</td>
<td>In-network you pay:</td>
</tr>
<tr>
<td>$6,000/$12,000</td>
<td>$6,400/$12,800</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Max</strong></td>
<td><strong>Annual Out-of-Pocket Max</strong></td>
</tr>
<tr>
<td>Individual/Family</td>
<td>Individual/Family</td>
</tr>
<tr>
<td>In-network you pay:</td>
<td>In-network you pay:</td>
</tr>
<tr>
<td>$6,500/$13,000</td>
<td>$6,700/$13,400</td>
</tr>
</tbody>
</table>

### 2. Annual Out-of-Pocket Maximum

<table>
<thead>
<tr>
<th>BRONZE</th>
<th>SILVER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual/Family</strong></td>
<td><strong>Individual/Family</strong></td>
</tr>
<tr>
<td>In-network you pay:</td>
<td>In-network you pay:</td>
</tr>
<tr>
<td>$6,200/$12,400</td>
<td>$6,600/$13,200</td>
</tr>
</tbody>
</table>

### 3. Coinsurance

<table>
<thead>
<tr>
<th>BRONZE</th>
<th>SILVER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-network</strong></td>
<td><strong>In-network</strong></td>
</tr>
<tr>
<td>0% after deductible</td>
<td>0% after deductible</td>
</tr>
<tr>
<td>15% after deductible</td>
<td>15% after deductible</td>
</tr>
<tr>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>30% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>40% after deductible</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
</tbody>
</table>

### 4. Delivery & inpatient services for maternity care

<table>
<thead>
<tr>
<th>BRONZE</th>
<th>SILVER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-network</strong></td>
<td><strong>In-network</strong></td>
</tr>
<tr>
<td>0% after deductible</td>
<td>0% after deductible</td>
</tr>
<tr>
<td>15% after deductible</td>
<td>15% after deductible</td>
</tr>
<tr>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>30% after deductible</td>
<td>30% after deductible</td>
</tr>
</tbody>
</table>

### RX DRUGS – Tier 1, 2 and 3: Up to a 90 day supply. For Copay plans, you pay Copay for each 30 day supply. Tier 4: Up to a 90 day supply. Tier 5: Up to a 30 day supply

<table>
<thead>
<tr>
<th>Tier 1 Retail Pref. Generic</th>
<th>Tier 2 Retail Non-Pref. Generic</th>
<th>Tier 3 Retail Pref. Brands</th>
<th>Tier 4 Retail Non-Pref. Brands</th>
<th>Tier 5 Retail Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>0% after deductible</td>
<td>0% after deductible</td>
<td>0% after deductible</td>
<td>0% after deductible</td>
<td>0% after deductible</td>
</tr>
<tr>
<td>$8, deductible waived</td>
<td>$15, deductible waived</td>
<td>$33, deductible waived</td>
<td>$50, deductible waived</td>
<td>$550, deductible waived</td>
</tr>
</tbody>
</table>

### Plans do not provide benefits outside of your local area or out-of-network benefits, except for emergency services as defined in the plan. To view additional plan details, including out-of-network benefits and plan exclusions and limitations, visit [Cigna.com/SummaryofBenefits](http://Cigna.com/SummaryofBenefits). Additional plans are available.

1. 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)
2. Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum)
3. 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)
4. Delivery & inpatient services for maternity care
Why Choose Cigna?
Cigna’s Individual and Family insurance plans are designed to work with your needs and your budget offering a range of coverage options, quality care and helpful, easy-to-use tools and services. All of our plans offer:

- Coverage options to give you choices, so you can find what works best for you.
- Affordable premiums and lower negotiated rates to help keep your costs down.
- 100% coverage for in-network preventive care1 to help keep you healthy and well.
- A network of quality providers in your local area and nationwide. Plus, access to ER care both in- and out-of-network.*
- 24/7 customer service to answer questions on your health care needs, providers, or claims speaking in plain, simple language.
- Tools and services to help make it easy for you to select plans and doctors, and predict costs.

See more reasons why Cigna plans are a good value.

Our Networks: it’s about quality and savings

Cigna’s new Connect health insurance plans are designed to give you quality care centered around your unique needs. You have access to personalized care and attention from providers in the Connect Network in your local area. You will choose your primary care physician (PCP) who will get to know your needs, direct you to Specialists when needed, and ensure that your providers are communicating and coordinating your care.

Our network includes access to Cigna Medical Group, whose doctors consistently receive patient satisfaction scores of 95% on surveys managed by an independent research company.2

See the Connect Network flyer for more information.

Important Plan Information

Connect medical plans are available to residents living in the following counties in Arizona: Maricopa County. With a Cigna Connect medical plan, you will select a PCP. Your PCP will direct you to Specialists when needed.

See if you can save money with a subsidy

If you qualify, tax credit subsidies can reduce your monthly premium. You may also qualify for a cost-sharing reduction subsidy to reduce the amount you pay out-of-pocket when you get care — such as copay or coinsurance.

If your household size and income falls within a certain range, you’ll save on monthly premium and out-of-pocket costs. The lower your income and greater your household size is within these ranges, the more you’ll save.

To see if you’re eligible, call 866.494.2111

What the metal levels mean:

Bronze, Silver, and Gold are the different categories or “metal levels” of coverage for the Marketplace. Plans in each category pay different amounts of the total costs of an average person’s care. This includes the plans’ monthly premiums, deductibles, copayments, coinsurance, and out-of-pocket maximums. The actual percentage you’ll pay in total or per service will depend on the services you use during the year.

- Bronze: Your health plan pays 60% on average. You pay about 40%.
- Silver: Your health plan pays 70% on average. You pay about 30%.
- Gold: Your health plan pays 80% on average. You pay about 20%.

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

To find a doctor or pharmacy in our networks, visit www.Cigna.com/ifp-providers.

Important disclosures

Rates will vary by plan design and the plan deductible, copay, coinsurance, and out-of-pocket maximums selected. Rates vary based on age, family size, geographic location (residential zip code) and tobacco use. Rates for new medical policies with an effective date on or after 01/01/2016 are guaranteed through 12/31/2016. Thereafter, medical rates are subject to change upon 60 days notice in accordance with applicable state law.

Medical insurance policies have exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. Medical applications are accepted during the annual open enrollment period, or within 60 calendar days of a qualifying life event. Benefits are provided only for those services that are medically necessary as defined in the policy and for which the insured person has benefits.

* The policy/service agreement may be cancelled by Cigna due to failure to pay premium, fraud, insolvency, when the insured no longer lives in the service area, or when we cease to offer policies of this type or cease to offer any plans in the individual market in the state, in accordance with applicable law. You may cancel the policy/service agreement, on the first of the month following our receipt of your written notice. We reserve the right to modify the policy/service agreement, including plan provisions, benefits and coverages, consistent with state or federal law. Policies/Service agreements renew on a calendar year basis.

Cigna does not intentionally discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations. For costs, and additional details about coverage, contact Cigna at 1-800-327-2531 or call 866.438.2446.

To view additional plan details, and plan exclusions and limitations, visit www.Cigna.com/SummaryofBenefits.
In addition, the following are specifically excluded Service and Supplies:

1. Care for health conditions which has not been provided by, provided by referral from Your Primary Care Physician or authorized by Your Primary Care Physician or the Cigna Medical Director, except for immediate treatment of a Medical Emergency/Emergency Medical Condition.
2. Care, services or supplies for health conditions received or purchased directly or on Your behalf by anyone, including a Physician, from any of the following:
   - Yourself or Your employer;
   - a person who lives in the Member’s home, or that person’s employer;
   - a person who is related to the Member by blood, marriage or adoption, or that person’s employer.
3. Care for health conditions that are required by state or local law to be treated in a public facility.
4. Care required by state or federal law to be supplied by a public school system or school district.
5. Care for military service disabilities treatable through governmental services if the Member is legally entitled to such treatment and facilities are reasonably available.
6. Treatment of an illness or injury which is due to war, declared or undeclared.
7. Charges for which you are not obligated to pay or for which you are not billed or would not have been billed except that you were covered under this Agreement.
8. Assistance in the activities of daily living, including, but not limited to, eating, bathing, dressing or other Custodial Services or self care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
9. Any services and supplies for or in connection with experimental, investigational or unproven services.
10. Experimental, investigational or unproven services do not include routine patient care costs related to qualified clinical trials as described in your plan document.
11. Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the Cigna Medical Director to be: not demonstrated, through existing peer-reviewed, evidence-based scientific literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed; or not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use; or the subject of review or approval by an Institutional Review Board for the proposed use.
12. Cosmetic surgery, therapy or surgical procedures primarily for the purpose of altering appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one’s appearance. The exclusions include surgical excision or reformation of any sagging skin on any part of the body, including, the eyelids, face, neck, abdomen, arms, legs or buttocks; and services performed in connection with the enlargements, reduction, implantation, or change in appearance of portion of the body, including, the breast, face, lips, jaw, chin, nose, ears or genital; hair transplantation; chemical face peels or abrasion of the skin; electrolysis dispiation; or any other surgical or non-surgical procedures which are primarily for the purpose of altering appearance. This does not exclude services or benefits that are primarily for the purpose of restoring normal bodily function, or surgery, which is medically necessary.
13. The following services are excluded from coverage regardless of clinical indications:
   - Macromastia or Gynecomastia Surgeries;
   - Surgical treatment of varicose veins;
   - Abdominoplasty;
   - Panniculectomy;
   - Rhinoplasty;
   - Blepharoplasty;
   - Redundant skin surgery;
   - Removal of skin tags;
   - Acupressure;
   - Craniosacral/cranial therapy;
   - Dance therapy, movement therapy;
   - Applied kinesiology;
   - Rolfing;
   - Prolotherapy; and
   - Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
14. Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental x-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. However, Charges made for services or supplies provided for or in connection with a fractured jaw, or an accidental injury to sound natural teeth are covered, where the continuous course of treatment is started within six (6) months of the accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch, except for pediatric dental services.
15. Any medical and surgical services for the treatment or control of obesity that are not included under the “Services and Benefits” section of this Agreement.
16. Unless otherwise covered as a basic benefit, reports, evaluations, physical examinations, or hospitalization not required for health reasons including, employment, insurance or government licenses, and court ordered, forensic, or custodial evaluations.

17. Court ordered treatment or hospitalization, unless such treatment is being sought by a Participating Physician or otherwise covered under “Services and Benefits.”

18. All services related to infertility once diagnosed, including but not limited to, infertility services, infertility drugs, surgical or medical treatment programs for infertility, including in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs are also excluded from coverage.


20. Transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.

21. Any services, supplies, medications or drugs for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasmia, and premature ejaculation.

22. Medical and hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under the Agreement.

23. Non medical counseling or ancillary services including, but not limited to custodial services, hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities, developmental delays, or mental retardation, hypnosis, sleep therapy, employment counseling, back school, return-to-work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities, developmental delays, or mental retardation, except as specifically stated in this Agreement.

24. Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including, but not limited to, treatment of keratoconus or post cataract surgery and pediatric vision.

25. Educational services except for Diabetes Self-Management Training; counseling/educational services for breastfeeding; physician counseling regarding alcohol misuse, preventive medication, obesity, nutrition, tobacco cessation and depression; preventive counseling and educational services specifically required under Patient Protection and Affordable Care Act (PPACA) or as provided or arranged by Cigna.

26. Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the “Inpatient Hospital Services”, “Outpatient Facility Services”, “Home Health Services”, Diabetic Services and Supplies”, or “Breast Reconstruction and Breast Prostheses” sections of the “Services and Benefits” section.

27. Private hospital rooms and/or private duty nursing except as provided in the “Home Health Services” section of “Services and Benefits.”, or when deemed medically appropriate by Us. Private duty nursing will not be excluded in an inpatient setting, if skilled nursing is not available.

28. Personal or comfort items such as personal care kits provided on admission to a hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of illness or injury.

29. Orthopedic shoes (except when joined to braces), shoe inserts, foot orthotic devices except as required by law for diabetic patients.

30. Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, orthotics, elastic stockings, garter belts, corsets, dentures and wigs, except as provided in “Services and Benefits” section of the Agreement.

31. Aids or devices that assist with non-verbal communications, including, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasmia, and premature ejaculation.

32. Medical and hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under the Agreement.

33. Routine refraction, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy, except for pediatric vision.

34. Treatment by acupuncture.

35. All non-prescription Drugs, devices and/or supplies, except drugs designated as preventive by the Patient Protection and Affordable Care Act (PPACA), that are available over the counter or without a prescription; Injectable drugs (“Self-administered Injectable” drugs) that do not require Physician supervision; All non-injectable Prescription Drugs, Injectable Drugs that do not require Physician supervision and are typically considered Self-administered Injectable Drugs, non-prescription drugs, and investigational and experimental drugs, and Self-administered Injectable Drugs, except as stated in the Schedule of Benefits and in the Prescription Drug section of this Service Agreement.

36. Any Infusion or Injectable Specialty Prescription Drugs that require Physician supervision, except as otherwise stated in this Service Agreement. Infusion and Injectable Specialty drugs include, but are not limited to, hemophilia factor and supplies, enzyme replacements and intravenous immunoglobulin.

37. Growth Hormone Treatment except when such treatment is medically proven to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be clinically proven to be effective for such use and such treatment must be likely to result in a significant improvement of the Member’s condition. Growth hormone treatment for idiopathic short stature, or improved athletic performance is not covered under any circumstances.
38. Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.

39. Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.

40. Genetic screening or pre-implantation genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically-linked inheritable disease.

41. Dental implants for any condition.

42. Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the Cigna Medical Director’s opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.

43. Blood administration for the purpose of general improvement in physical condition.

44. Cost of biologicals that are immunizations or medications for purposes of travel, except anti-malarial drugs, or to protect against occupational hazards and risks unless Medically Necessary or indicated.

45. Cosmetics, dietary supplements and health and beauty aids.

46. All nutritional supplements and formulae are excluded, except for infant formula needed for the treatment of inborn errors of metabolism.

47. All vitamins and medications and contraceptives available without a prescription (“over-the-counter”) except for those covered under mandate of the 2010 Patient Protection and Affordable Care Act (PPACA).

48. Expenses incurred for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profit.

49. Telephone, email & internet consultations.

50. Massage therapy.

51. Complementary and alternative medicine services, including but not limited to: massage therapy; animal therapy, including but not limited to equine therapy or canine therapy; art therapy; music therapy; meditation; visualization; acupuncture; acupressure, reflexology, light therapy, aromatherapy, energy-balancing; movement and/or exercise therapy including but not limited to yoga, pilates, tai-chi, walking, hiking, swimming, golf.

52. Any services provided by or at a place for the aged, a nursing home, or any facility a significant portion of the activities of which include rest, recreation, leisure, or any other services that do not consist exclusively of Covered Services.

53. In addition to the provisions of this “Exclusions and Limitations” section, you will be responsible for payments on a fee-for-service basis for Service and Supplies under the conditions described in the “Reimbursement” provision of “Other Sources of Payment for Services and Supplies.”