

	<b>B</b> BRONZE		<b>S</b> SILVER		
	Cigna Vantage HSA Bronze 6000	Cigna Vantage Flex Bronze 6400	Cigna Vantage HSA Silver 2700	Cigna Vantage Flex Silver 3250	Cigna Vantage Flex Silver 2000
<b>MEDICAL</b>	In-network you pay:	In-network you pay:	In-network you pay:	In-network you pay:	In-network you pay:
<b>Annual Deductible<sup>1</sup></b> <b>Individual/Family</b>	\$6,000/\$12,000	\$6,400/\$12,800	\$2,700/\$5,400	\$3,250/\$6,500	\$2,000/\$4,000
<b>Annual Out-of-Pocket Max<sup>2</sup></b> <b>Individual/Family</b>	\$6,500/\$13,000	\$6,700/\$13,400	\$6,500/\$13,000	\$6,700/\$13,400	\$6,700/\$13,400
<b>Coinsurance<sup>3</sup></b>	0% after deductible	40% after deductible	15% after deductible	30% after deductible	30% after deductible
<b>Physician Services</b> <b>(Primary Care/Specialist)</b>	0% after deductible	\$50, deductible waived/ 40% after deductible	15% after deductible	\$40, deductible waived/ \$65, deductible waived	\$35, deductible waived/ \$60, deductible waived
<b>Preventive Care</b>	0%, deductible waived	0%, deductible waived	0%, deductible waived	0%, deductible waived	0%, deductible waived
<b>Inpatient &amp; Physician Services</b>	0% after deductible	40% after deductible	15% after deductible	30% after deductible	30% after deductible
<b>Lab, X-ray, &amp; Ultrasound</b>	0% after deductible	40% after deductible	15% after deductible	30% after deductible	30% after deductible
<b>Prenatal &amp; Postnatal Care</b>	0% after deductible	40% after deductible	15% after deductible	30% after deductible	30% after deductible
<b>Maternity Care<sup>4</sup></b>	0% after deductible	40% after deductible	15% after deductible	30% after deductible	30% after deductible
<b>Hospital ER</b>	0% after deductible	40% after deductible	15% after deductible	30% after deductible	30% after deductible
<b>Urgent Care</b>	0% after deductible	\$75, deductible waived	15% after deductible	\$75, deductible waived	\$75, deductible waived
<b>Ambulance</b>	0% after deductible	40% after deductible	15% after deductible	30% after deductible	30% after deductible
<b>RX DRUGS - Tier 1, 2, 3 and 4:</b> Up to a 90 day supply. You pay copay for each 30 day month. <b>Tier 5:</b> Up to a 30 day supply					
<b>Tier 1 Retail Pref. Generic</b>	0% after deductible	\$8, deductible waived	15% after deductible	\$8, deductible waived	\$8, deductible waived
<b>Tier 2 Retail Non-Pref. Generic</b>	0% after deductible	\$30, deductible waived	15% after deductible	\$20, deductible waived	\$20, deductible waived
<b>Tier 3 Retail Pref. Brands</b>	0% after deductible	\$90, deductible waived	15% after deductible	\$60, deductible waived	\$60, deductible waived
<b>Tier 4 Retail Non-Pref. Brands</b>	50% after deductible	\$500, deductible waived	50% after deductible	50% after deductible	\$350, deductible waived
<b>Tier 5 Retail Specialty</b>	0% after deductible	\$550, deductible waived	15% after deductible	40% after deductible	\$550, deductible waived

Plans do not include out-of-network benefits, except for emergency services as defined in the plan. To view additional plan details including 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)

4. Delivery & inpatient services for maternity care

	 <b>BRONZE</b>		 <b>SILVER</b>		
	Cigna Connect HSA Bronze 6000	Cigna Connect Flex Bronze 6400	Cigna Connect HSA Silver 3000	Cigna Connect Flex Silver 4000	Cigna Connect Flex Silver 1500
<b>MEDICAL</b>	In-network you pay:	In-network you pay:	In-network you pay:	In-network you pay:	In-network you pay:
<b>Annual Deductible<sup>1</sup></b> Individual/Family	\$6,000/\$12,000	\$6,400/\$12,800	\$3,000/\$6,000	\$4,000/\$8,000	\$1,500/\$3,000
<b>Annual Out-of-Pocket Max<sup>2</sup></b> Individual/Family	\$6,500/\$13,000	\$6,700/\$13,400	\$6,500/\$13,000	\$6,700/\$13,400	\$6,700/\$13,400
<b>Coinsurance<sup>3</sup></b>	0% after deductible	40% after deductible	10% after deductible	20% after deductible	30% after deductible
<b>Physician Services</b> (Primary Care/Specialist)	0% after deductible	\$40, deductible waived/ 40% after deductible	10% after deductible	\$25, deductible waived/ \$45, deductible waived	\$35, deductible waived/ \$60, deductible waived
<b>Preventive Care</b>	0%, deductible waived	0%, deductible waived	0%, deductible waived	0%, deductible waived	0%, deductible waived
<b>Inpatient &amp; Physician Services</b>	0% after deductible	40% after deductible	10% after deductible	20% after deductible	30% after deductible
<b>Lab, X-ray, &amp; Ultrasound</b>	0% after deductible	40% after deductible	10% after deductible	20% after deductible	30% after deductible
<b>Prenatal &amp; Postnatal Care</b>	0% after deductible	40% after deductible	10% after deductible	20% after deductible	30% after deductible
<b>Maternity Care<sup>4</sup></b>	0% after deductible	40% after deductible	10% after deductible	20% after deductible	30% after deductible
<b>Hospital ER</b>	0% after deductible	40% after deductible	10% after deductible	20% after deductible	30% after deductible
<b>Urgent Care</b>	0% after deductible	\$75, deductible waived	10% after deductible	\$75, deductible waived	\$75, deductible waived
<b>Ambulance</b>	0% after deductible	40% after deductible	10% after deductible	20% after deductible	30% after deductible
<b>RX DRUGS - Tier 1, 2 and 3:</b> Up to a 90 day supply. You pay copay for each 30 day month. <b>Tier 4:</b> Up to a 90 day supply. <b>Tier 5:</b> Up to a 30 day supply.					
<b>Tier 1 Retail Pref. Generic</b>	0% after deductible	\$8, deductible waived	10% after deductible	\$8, deductible waived	\$8, deductible waived
<b>Tier 2 Retail Non-Pref. Generic</b>	0% after deductible	\$35, deductible waived	10% after deductible	\$20, deductible waived	\$20, deductible waived
<b>Tier 3 Retail Pref. Brands</b>	0% after deductible	40% after deductible	10% after deductible	\$60, deductible waived	\$60, deductible waived
<b>Tier 4 Retail Non-Pref. Brands</b>	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Tier 5 Retail Specialty</b>	0% after deductible	40% after deductible	10% after deductible	40% after deductible	40% after deductible

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## 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 care<sup>1</sup> to help keep you healthy and well.
- A network of quality providers in your local area. 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

### LocalPlus: see plan offerings on page 1 of this flyer

The LocalPlus<sup>®</sup> Network provides access to health care professionals in your area and other parts of the country. The LocalPlus Network is a select group of health care professionals. Cigna contracts with the providers in the network to ensure that you have referral-free access to care.

When you receive care from a health care professional or hospital in the LocalPlus Network, the visit is considered in-network which helps you incur lower out-of-pocket expenses.<sup>1</sup> 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 that you have referral-free access to quality care and to help keep your health care costs lower. When traveling, visit LocalPlus professionals in other LocalPlus Network areas for in-network benefits. If outside of a LocalPlus Network area, access the Cigna Open Access Plus Network for in-network benefits.

See the LocalPlus Network [flyer](#) for more information.

### Connect: see plan offerings on page 2 of this flyer

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.

That's why Cigna health plans come with access to quality care at Boulder Community Hospital, St. Joseph Hospital and many others in your local area.

See the Connect Network [flyer](#) for more information.

## 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 copays or coinsurance.
- If your household size and income falls within a certain range, you'll save on monthly premium and out-of-pocket costs.<sup>2</sup> 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](http://www.Cigna.com/ifp-drug-list).



To find a doctor or pharmacy in our network, visit [www.Cigna.com/ifp-providers](http://www.Cigna.com/ifp-providers).



To view additional plan details, and plan exclusions and limitations, visit [www.Cigna.com/SummaryofBenefits](http://www.Cigna.com/SummaryofBenefits).

## 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 (49375C00060001-12) 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.

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.

The policy/service agreement may be cancelled by Cigna due to failure to pay premium, fraud, ineligibility, 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.

ACCESS PLAN: If you would like more information on: (1) who participates in our provider network; (2) how we ensure that the network meets the health care needs of our members; (3) how our provider referral process works; (4) how care is continued if providers leave our network; (5) what steps we take to ensure medical quality and customer satisfaction; (6) where you can go for information on other policy services and features. You may request a copy of our Access Plan. The Access Plan is designed to disclose all the policy information required under Colorado law, and is available for review upon request.

For costs, and additional details about coverage, contact Cigna at 900 Cottage Grove Rd, Hartford, CT 06152 or call **866.GET.Cigna. (866.438.2446)**.

## Important Plan Information

### Cigna Vantage Plans:

Adams, Arapahoe, Boulder, Broomfield, CO Springs/El Paso, Denver, Douglas, Eagle, Jefferson, LaPlata, Larimer, Montezuma, Summit, Weld

Cigna Vantage Plans encourage a PCP selection. Specialist referrals are not required.

**Plans do not provide out-of-network benefits, except for emergency services.\***

Cigna Vantage HSA Plans can be paired with a tax-advantaged Health Savings Account (HSA) to help you save for health care costs.

### Cigna Connect Plans:

Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson

With a Cigna Connect Plan, you will select a PCP. Your PCP will direct you to Specialists when needed.

**Plans do not provide benefits outside of your local area or out-of-network, except for emergency services.\***

Cigna Connect HSA Plans can be paired with a tax-advantaged Health Savings Account (HSA) to help you save for health care costs.

\* Emergency services as defined in your plan will be paid as in-network.

1. Some preventive care services may not be covered, including many immunizations for travel.

Refer to your policy for a complete listing of covered and non-covered services.

2. Subsidies may only be applied to a Qualified Health Plan (QHP) purchased on the Marketplace.

Customers must select a Silver level Marketplace QHP to take advantage of cost-sharing reduction subsidies.

View the Summary of Benefits and Coverage for the cost-sharing subsidies that may apply to you.

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