GET TO KNOW YOUR MEDICAL PLAN

Cigna Vantage Flex Bronze 6400 | 2016 Summary of Benefits

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[1] 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.[2]
- 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.

1. Some preventive care services may not be covered, including immunizations for travel. Refer to your policy for a complete listing of covered and non-covered services.
2. Emergency services as defined in your plan.

Our Networks: it's about quality and savings

The LocalPlus® 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. The LocalPlus Network is a smaller network of participating health care professionals, specialists and hospitals within the larger Cigna Open Access Plus (OAP) Network. 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.

You will have access to quality care at Boulder Community Hospital, St. Joseph Hospital and many others in your local area.

Contact your local broker or a licensed Cigna agent at **866.Get.Cigna** or visit **Cigna.com** to learn more.

Together, all the way.®

Cigna®

This Exclusive Provider plan is available to residents in parts of Colorado, depending on county. Please see last page for full listing. Plan does not provide benefits outside of your local area or out-of-network, except for emergency services as defined in the plan.

MEDICAL BENEFIT	Cigna Vantage Flex Bronze 6400 IN-NETWORK	Cigna Vantage Flex Bronze 6400 OUT-OF-NETWORK
Individual Deductible (Medical and pharmacy)	$6,400	Not covered
Family Deductible (Medical and pharmacy)	$12,800	Not covered
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.		
Coinsurance*	You pay 40% after deductible	Not covered
Individual Out-of-Pocket Maximum	$6,700	Not covered
Family Out-of-Pocket Maximum	$13,400	Not covered
Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum.		
PHYSICIAN SERVICES		
Primary Care Physician (Office visit)	You pay $50, deductible waived	Not covered
Specialist Physician (Office visit)	You pay 40% after deductible	Not covered
Office Related Services	You pay 40% after deductible	Not covered
PREVENTIVE CARE		
Preventive Care for All Ages (Routine physicals and other preventive services)	You pay 0%, deductible waived	Not covered
INPATIENT SERVICES		
Facility Services (Inpatient room and board, lab & x-ray, operating room, etc.)	You pay 40% after deductible	Not covered
Physician Services	You pay 40% after deductible	Not covered
MATERNITY CARE		
Prenatal and Postnatal Care	You pay 40% after deductible	Not covered
Delivery and Inpatient Services for Maternity Care	You pay 40% after deductible	Not covered

*Amount you pay for covered medical services.

MEDICAL BENEFIT	Cigna Vantage Flex Bronze 6400 IN-NETWORK	Cigna Vantage Flex Bronze 6400 OUT-OF-NETWORK
OUTPATIENT SERVICES		
Lab, X-ray and Ultrasound	You pay 40% after deductible	Not covered
CT/PET Scans and MRI	You pay 40% after deductible	Not covered
Cardiac & Pulmonary Rehabilitation Unlimited maximum	You pay 40% after deductible	Not covered
Short-Term Rehabilitative Therapy Maximum of 20 visits per therapy per calendar year for Physical, Occupational & Speech Rehabilitation	You pay 40% after deductible	Not covered
Spinal Manipulation Therapy Unlimited maximum	You pay 40% after deductible	Not covered
Outpatient Surgery (Facility) 20 visits per calendar year. There is no maximum.	You pay 40% after deductible	Not covered
Outpatient Surgery (Physician services)	You pay 40% after deductible	Not covered
Acupuncture	Not covered	Not covered
EMERGENCY AND URGENT CARE SERVICES		
Hospital Emergency Room	You pay 40% after deductible	You pay the same level as in-network if it is an emergency as defined in your plan, otherwise you pay 100%
Urgent Care Services	You pay $75, deductible waived	You pay the same level as in-network if it is an emergency as defined in your plan, otherwise you pay 100%
Ambulance	You pay 40% after deductible	You pay the same level as in-network if it is an emergency as defined in your plan, otherwise you pay 100%
OTHER HEALTH CARE FACILITIES AND SERVICES		
Skilled Nursing Facility Maximum of 100 days per calendar year	You pay 40% after deductible	Not covered
Home Health Maximum of 28 hours per week	You pay 40% after deductible	Not covered
Hospice	You pay 40% after deductible	Not covered
DURABLE MEDICAL EQUIPMENT (DME)		
Durable Medical Equipment	You pay 40% after deductible	Not covered

MEDICAL BENEFIT	Cigna Vantage Flex Bronze 6400 IN-NETWORK	Cigna Vantage Flex Bronze 6400 OUT-OF-NETWORK
MENTAL HEALTH & SUBSTANCE USE DISORDER		
Inpatient (Includes acute & residential treatment)	You pay 40% after deductible	Not covered
Outpatient (Includes individual, group & intensive outpatient treatment)	You pay 40% after deductible	Not covered

PRESCRIPTION DRUGS (RETAIL & HOME DELIVERY)	IN-NETWORK	OUT-OF-NETWORK
To see a complete list of drugs covered under your plan, visit Cigna.com/ifp-drug-list		
PRESCRIPTIONS FILLED AT RETAIL		
TIER 1: Retail Preferred Generics (Available at the lowest cost) Up to a 90 day supply. You pay copay for each 30 day supply	You pay $8, deductible waived	Not covered
TIER 2: Retail Non-preferred Generics (Medications at a higher cost than Tier 1) Up to a 90 day supply. You pay copay for each 30 day supply	You pay $30, deductible waived	Not covered
TIER 3: Retail Preferred Brands (Brand-name drugs at a lower cost than Tier 4) Up to a 90 day supply. You pay copay for each 30 day supply	You pay $90, deductible waived	Not covered
TIER 4: Retail Non-preferred Brands (A mix of non-preferred brand-name and generic drugs at a higher cost than Tier 2 and Tier 3) Up to a 90 day supply. You pay copay for each 30 day supply	You pay $500, deductible waived	Not covered
TIER 5: Retail Specialty (Drugs for complex chronic conditions) Up to a 30 day supply	You pay $550, deductible waived	Not covered
PRESCRIPTIONS FILLED THROUGH HOME DELIVERY		
TIER 1: Home Delivery Preferred Generics (Available at the lowest cost) Up to a 90 day supply	You pay $20, deductible waived	Not covered
TIER 2: Home Delivery Non-preferred Generics (Medications at a higher cost than Tier 1) Up to a 90 day supply	You pay $75, deductible waived	Not covered
TIER 3: Home Delivery Preferred Brands (Brand-name drugs at a lower cost than Tier 4) Up to a 90 day supply	You pay $225, deductible waived	Not covered
TIER 4: Home Delivery Non-preferred Brands (A mix of non-preferred brand-name and generic drugs at a higher cost than Tier 3) Up to a 90 day supply	You pay $1250, deductible waived	Not covered
TIER 5: Home Delivery Specialty (Drugs for complex chronic conditions) Up to a 30 day supply	You pay $475, deductible waived	Not covered

UNDERSTANDING THE TOTAL COST OF YOUR CARE

Here are some basic terms that may be used to explain the costs of your health care plan.

- **Premium**
  Amount you pay monthly for your health insurance plan.
- **Annual out-of-pocket maximum**
  Maximum dollar amount you pay per calendar year for covered medical services. Copays, deductibles, and pharmacy charges apply to the out-of-pocket maximum.
- **Coinsurance**
  In-network: Amount you pay for covered medical services after you have satisfied the annual deductible.

  Out-of-network: Amount you pay for covered medical services after you have satisfied the annual out-of-network deductible. You may pay more if the provider's charges exceed the amount Cigna reimburses for billed services.
- **Copayment (copay)**
  A flat fee you pay toward services such as doctor visits or prescriptions.
- **Annual Deductible**
  The amount you pay each year before Cigna begins to pay for covered services.

LocalPlus Network

This plan offers the freedom to use health care professionals in the LocalPlus Network. When outside of the LocalPlus Network areas we offer in-network access to providers in the Open Access Plus Network. The Cigna LocalPlus Network of participating health care professionals offers referral-free access participating health care professionals (physicians, hospitals, etc.).

For more information or to find in-network doctors:

See the LocalPlus Network flyer
Visit **Cigna.com/ifp-providers**.
Call **866.494.2111**.

In-network

- LocalPlus health care professionals in the LocalPlus Network area (where you live)
- LocalPlus health care professionals in other LocalPlus Network areas (when traveling). When traveling in areas where the LocalPlus Network is not available, customers can access doctors and hospitals in Cigna's Open Access Plus Network and receive coverage.
- Any visit, in-network or out-of-network, considered an emergency as defined by the policy.

This plan does not provide out-of-network benefits.

Cigna Vantage Flex Bronze 6400

2016 PLAN EXCLUSIONS AND LIMITATIONS

WHAT IS NOT COVERED

Excluded Services

Cigna may not deny, exclude, or otherwise limit coverage for Medically Necessary services, as determined by an Insured Person's medical provider, if the item or service would be provided based on current standards of care and as a covered benefit to another Insured Person without regard to their sexual orientation.

In addition to any other exclusions and limitations described in this Policy, there are no benefits provided for the following:

- Services obtained from an Out-of-Network (Non-Participating) Provider, except for Emergency Services.
- Any amounts in excess of maximum amounts of Covered Expenses stated in this Policy.
- Services not specifically listed as Covered Services in this Policy.
- Services or supplies that are not Medically Necessary.
- Services or supplies that Cigna considers to be for Experimental Procedures or Investigative Procedures.
- Services received before the Effective Date of coverage.
- Services received after coverage under this Policy ends.
- Services for which You have no legal obligation to pay or for which no charge would be made if You did not have health plan or insurance coverage.
- Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.
- Conditions caused by: (a) an act of war (declared or un-declared); (b) the inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) an Insured Person participating in the military service of any country; (d) an Insured Person participating in an insurrection, rebellion, or riot; (e) services received as a direct result of an Insured Person's commission of, or attempt to commit a felony (whether or not charged) or as a direct result of the Insured Person being engaged in an illegal occupation.
- Any services provided by a local, state or federal government agency, except (a) when payment under this Policy is expressly required by federal or state law.
- Any services required by state or federal law to be supplied by a public school system or school district.
- Any services for which payment may be obtained from any local, state or federal government agency (except Medicaid or medical assistance benefits under the Colorado Medical Assistance Act, Title 25.5, Articles 4, 5, and 6, C.R.S.). Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
- If the Insured Person is eligible for Medicare part A, B or D, Cigna will provide claim payment according to this Policy minus any amount paid by Medicare, not to exceed the amount Cigna would have paid if it were the sole insurance carrier.
- Court-ordered treatment or hospitalization, unless such treatment is medically necessary and listed as covered in this plan.
- Professional services or supplies received or purchased from Yourself.
- Custodial Care.
- Inpatient or outpatient services of a private duty nurse, except as specifically stated in the section of this Policy titled "Benefits/Coverage (What is Covered)".
- Inpatient room and board charges in connection with a Hospital stay primarily for environmental change or physical therapy; Custodial Care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- Assistance in activities of daily living, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or homemaker services, and services primarily for rest, domiciliary or convalescent care.
- Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
- Treatment of Mental, Emotional or Functional Nervous Disorders or psychological testing, except as specifically provided in this Policy. However, medical conditions that are caused by behavior of the Insured Person and that may be associated with these mental conditions are not subject to these limitations.
- Dental services, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this Policy.
- Orthodontic Services, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction.
- Dental Implants: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants, excludes medically necessary treatment of cleft lip, cleft palate.
- Hearing aids, except as specifically stated in this Policy, including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs). A hearing aid is any device that amplifies sound.
- Routine hearing tests except as specifically provided in this Policy under "Benefits/Coverage (What is Covered)".
- Genetic screening or pre-implantations 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.
- Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Policy under Pediatric Vision.
- An eye surgery solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).

Cigna Vantage Flex Bronze 6400

2016 PLAN EXCLUSIONS AND LIMITATIONS

- Any Drugs, medications, or other substances dispensed or administered in any outpatient setting except as specifically stated in this Policy. This includes, but is not limited to, items dispensed by a Physician.
- Cosmetic surgery or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one's appearance including macromastia or gynecomastia surgeries; surgical treatment of varicose veins; abdominoplasty/panniculectomy; rhinoplasty; and blepharoplasty. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury, medically necessary surgery or congenital defect of a Newborn child, or to treat congenital hemangioma (port wine stains) on the face and neck of an insured person 18 years and younger, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
- Aids or devices that assist with nonverbal communication, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Nonmedical counseling or ancillary services, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other nonmedical ancillary services for learning disabilities and developmental delays, except as specifically stated in this Policy. This exclusion does not apply to health education services for chronic diseases and self-care on topics such as stress management and nutrition.
- Services for redundant skin surgery, removal of skin tags, acupressure, acupuncture, craniosacral/cranial therapy, dance therapy, movement therapy, applied kinesiology, rolfing, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, regardless of clinical indications.
- Surgery or treatments to change characteristics of the body to those of the opposite sex.
- Treatment of sexual dysfunction impotence and/or inadequacy except if this is a result of an Accidental Injury, organic cause, trauma, infection, or congenital disease or anomalies.
- All services related to the evaluation or treatment of fertility and/or Infertility, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and In vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), except as specifically stated in this Policy.
- Cryopreservation of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).
- 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-injectable medications) that do not require Physician supervision; All noninjectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, and Self-administered Injectable Drugs, except as stated in the Benefit Schedule and in the Prescription Drug Benefits section of this Policy.
- Any Infusion or Injectable Specialty Prescription Drugs that require Physician supervision, except as otherwise stated in this Policy, if not provided by an approved Participating Provider specifically designated to supply that specialty prescription. Infusion and Injectable Specialty drugs include, but are not limited to, hemophilia factor and supplies, enzyme replacements and intravenous immunoglobulin.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Blood administration for the purpose of general improvement in physical condition
- Orthopedic shoes (except when joined to braces), shoe inserts, foot orthotic devices (except for treatment as a result of diabetes).
- Services primarily for weight reduction or treatment of obesity including morbid obesity, or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Insured Person has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.
- Routine physical exams or tests that do not directly treat an actual Illness, Injury or condition, including those required by employment or government authority, physical exams required for or by an employer or for school, or sports physicals, except as otherwise specifically stated in this Plan.
- 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 routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- Charges by a provider for telephone or email consultations, except as specifically stated in this Policy.
- Items which are furnished primarily for personal comfort or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, including wigs etc.).
- Massage therapy
- Educational services except for Diabetes Self-Management Training Program, and as specifically provided or arranged by Cigna.
- Nutritional counseling or food supplements, except as stated in this Policy.
- Durable medical equipment not specifically listed as Covered Services in the Covered Services section

Cigna Vantage Flex Bronze 6400

2016 PLAN EXCLUSIONS AND LIMITATIONS

of this Policy. Excluded durable medical equipment includes, but is not limited to: orthopedic shoes or shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, and consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this Policy.

- Physical, and/or Occupational Therapy/Medicine except when provided during an inpatient Hospital confinement or as specifically stated in the Benefit Schedule and 'under Physical and/or Occupational Therapy/Medicine' in the section of this Policy titled "Benefits/Coverage (What is Covered)".
- All Foreign Country Provider charges are excluded under this Policy except as specifically stated under "Treatment received from Foreign Country Providers" in the section of this Policy titled "Benefits/Coverage (What is Covered)".
- 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 Insured Person's condition; Growth hormone treatment for idiopathic short stature, or improved athletic performance is not covered under any circumstances.
- Routine foot care including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized Illness, Injury or symptoms involving the feet, except as otherwise stated in this Policy.
- Charges for which We are unable to determine Our liability because the Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.
- Charges for the services of a standby Physician.
- Charges for animal to human organ transplants.
- Charges for elective abortions.
- Claims received by Cigna after 15 months from the date service was rendered, except in the event of a legal incapacity.

Prescription Drug Benefit Exclusions

The following are not covered under the Prescription Drug Benefits. No payment will be made for the following expenses:

- Drugs not approved by the Food and Drug Administration;
- Drugs available over the counter that do not require a prescription by federal or state law, except as otherwise stated in this Policy, or required under the Patient Protection and Affordable Care Act (PPACA);
- Drugs that do not require a Federal legend (a Federal designation for drugs requiring supervision of a Physician), other than insulin;
- Any drug that is a pharmaceutical alternative to an over-the-counter drug other than insulin;
- A drug class in which at least one of the drugs is available over the counter and the drugs in the class are deemed to be therapeutically equivalent as determined by the P&T Committee;
- Injectable infertility drugs and any injectable drugs that require Physician supervision and are not typically considered self-administered drugs are covered under the medical benefits of this Plan and require Prior Authorization. The following are examples of Physician supervised drugs: Injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables and endocrine and metabolic agents. Infertility related drugs, except those required by the Patient Protection and Affordable Care Act (PPACA);
- Any drugs that are Experimental or Investigational as described under the Medical "Exclusions" section of the Policy; except as specifically stated in the sections of this Policy titled "Clinical Trials", "Clinical Trial Costs" and "Off Label Drugs"; Food and Drug Administration (FDA) approved drugs used for purposes other than those approved by the FDA unless the drug is recognized for the treatment of the particular indication in one of the standard reference compendia (The American Hospital Formulary Service Drug Information or AHFS) or in medical literature. Medical literature means scientific studies published in a peer-reviewed English-language bio-medical journals;
- Implantable contraceptive products inserted by the Physician are covered under the Plan's medical benefits
- Prescription and nonprescription supplies (such as ostomy supplies), devices, and appliances other than Related Supplies except for those pertaining to Diabetic Supplies and Equipment;
- Prescription vitamins (other than prenatal vitamins), dietary supplements, herbal supplements and fluoride other than supplements specifically designated as preventive under the Patient Protection and Affordable Care Act (PPACA);
- Drugs used for cosmetic purposes that have no medically acceptable use, such as drugs used to reduce wrinkles, drugs to promote hair growth, drugs used to control perspiration and fade cream products;
- Injectable or Infused Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions are covered under the medical benefits of this
- Medications used for travel prophylaxis, except anti-malarial drugs
- 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 Insured Person's condition. Growth hormone

Cigna Vantage Flex Bronze 6400

2016 PLAN EXCLUSIONS AND LIMITATIONS

treatment for idiopathic short stature, or improved athletic performance is not covered under any circumstances.

- Drugs obtained outside the United States;
- Replacement of Prescription Drugs and Related Supplies due to loss or theft;
- Drugs used to enhance athletic performance;
- Drugs which are to be taken by or administered to the Insured Person while a patient in a licensed Hospital, Skilled Nursing Facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- Prescriptions more than one year from the original date of issue;

Prescription Drug Benefit Limitations

Each Prescription Order or refill, unless limited by the drug manufacturer's packaging, shall be limited as follows:

- Up to a 90-day supply, at a retail Pharmacy for Preferred Generic, Non-Preferred Generic, Preferred Brand Non-Preferred Brand and Up to a 30-day supply of Specialty Medications, unless limited by the drug manufacturer's packaging; or
- Up to a 90-day supply at a mail-order Pharmacy for Preferred Generic, Non-Preferred Generic, Preferred Brand Non-Preferred Brand and Up to a 30-day supply of Specialty Medications, unless limited by the drug manufacturer's packaging; or
- Managed drug limits (MDL) may apply to dose and/or number of days' supply of certain drugs; managed drug limits are based on recommendations of the federal Food and Drug Administration (FDA) and the drug manufacturer.
- Tobacco cessation medications that are included on Cigna's Prescription Drug List are limited to two 90-day supplies per Year.
- Infusion and Injectable Specialty Prescription Medications may require prior authorization or precertification.
- To a dosage and/or dispensing limit as determined by the P&T Committee.

Pediatric Vision Benefit Exclusions

- Orthoptic or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment.
- Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work related.
- Charges incurred after the Policy ends or the Insured's coverage under the Policy ends, except as stated in the Policy.
- Experimental or non-conventional treatment or device.
- Magnification or low vision aids not otherwise listed in "What's Covered" within this section, above.
- Frames and/or prescription lenses
- Prescription contact lenses
- Any non-prescription eyeglasses, lenses, or contact lenses.
- Spectacle lens treatments, "add ons", or lens coatings not otherwise listed in "What's Covered." within this section.
- Two pair of glasses, in lieu of bifocals or trifocals.
- Safety glasses or lenses required for employment.
- VDT (video display terminal)/computer eyeglass benefit.
- Prescription sunglasses.
- High Index lenses of any material type.
- For or in connection with experimental procedures or treatment methods not approved by the American Medical Association or the appropriate vision specialty society.
- Claims submitted and received in-excess of twelve-(12) months from the original Date of Service.

Pediatric Vision Benefit Limitations

No payment will be made for more than one examination during a calendar year for any one person.

No payment will be made for expenses incurred for:

- medical or surgical treatment of the eye;
- care not listed in The Schedule;
- Other Exclusions and Limitations listed in this Policy

In addition, these benefits will be reduced so that the total payment under the items below will not be more than: 100% of the charge made for the vision service if the benefits are provided for that service under:

- this plan; and
- any medical expense plan or prepaid treatment program sponsored or made available by an Employer.

Cigna Vantage Flex Bronze 6400

2016 PLAN IMPORTANT DISCLOSURES

Rates will vary by plan design and the plan deductible, copay, coinsurance and out-of-pocket maximums selected. Rates may 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. After the initial guarantee, rates are subject to change upon 60 days notice.

This major medical insurance policy (49375CO00060001-12) has exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. Applications are accepted during 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 benefits.

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.

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 900 Cottage Grove Rd., Hartford, CT 06152 or call 866.GET.Cigna. (866.438.2446).

Cigna Vantage Flex Bronze 6400

IMPORTANT PLAN INFORMATION

This plan is available to residents living in the following counties in Colorado:

Adams	Denver	Larimer
Arapahoe	Douglas	Montezuma
Boulder	Eagle	Summit
Broomfield	Jefferson	Weld
Colorado Springs/El Paso	La Plata	

With a Cigna Vantage Plan, you are encouraged to select a PCP. Referrals to Specialists are encouraged but not required.

Cigna Vantage Flex Bronze 6400 is a Qualified Health Plan in the Colorado Health Insurance Marketplace.

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.

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at **866.494.2111**.

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al **866.494.2111**.

884612 CO 09/15