

GET TO KNOW YOUR MEDICAL PLAN

Cigna Connect Flex Silver 4000 | 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 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. 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.

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.³ 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.

3. 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.

Our Network: 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 can 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 offer access to BJC HealthCare, the region's leading healthcare system that you know and trust. So, you can get care from Barnes-Jewish Hospital, St. Louis Children's Hospital, Washington University Specialists, and others in our network.

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.

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

Together, all the way.®



This plan is available to residents living in parts of Missouri depending on county. See last page for full listing. Exclusive Provider Organization (EPO) Plans do not provide benefits outside of your local area or out-of-network, except for emergency services as defined in the plan.

MEDICAL BENEFIT	Cigna Connect Flex Silver 4000	
	IN-NETWORK	OUT-OF-NETWORK
Individual Deductible (Medical and pharmacy)	\$4,000	Not covered
Family Deductible (Medical and pharmacy)	\$8,000	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 30% 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 \$25, deductible waived	Not covered
Specialist Physician (Office visit)	You pay \$60, deductible waived	Not covered
Office Related Services	You pay 30% after deductible	Not covered

PREVENTIVE CARE

Preventive Care for All Ages (Routine physicals and other preventive services)	You pay 0%, deductible waived	Not covered
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INPATIENT SERVICES

Facility Services (Inpatient room and board, lab & x-ray, operating room, etc.)	You pay 30% after deductible	Not covered
Physician Services	You pay 30% after deductible	Not covered

MATERNITY CARE

Prenatal and Postnatal Care	You pay 30% after deductible	Not covered
Delivery and Inpatient Services for Maternity Care (Inpatient / Professional)	You pay 30% after deductible	Not covered

*Amount you pay for covered medical services.

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MEDICAL BENEFIT	IN-NETWORK	OUT-OF-NETWORK
OUTPATIENT SERVICES		
Lab, X-ray and Ultrasound	You pay 30% after deductible	Not covered
CT/PET Scans and MRI	You pay 30% after deductible	Not covered
Cardiac & Pulmonary Rehabilitation Cardiac Rehabilitation – 36 visits per year. Pulmonary Rehabilitation – 20 visits per year.	You pay 30% after deductible	Not covered
Short-Term Rehabilitative Therapy (Including Occupational and Speech Therapy, and Chiropractic Care) Occupational Therapy – 20 visits per year. Speech Therapy – unlimited visits per year. Chiropractic Care – 26 visits per year.	You pay 30% after deductible	Not covered
Short-Term Rehabilitative Physical Therapy 20 visits per year	You pay \$25, deductible waived	Not covered
Outpatient Surgery (OP Facility)	You pay 30% after deductible	Not covered
Outpatient Surgery (Physician services)	You pay 30% after deductible	Not covered
Acupuncture	Not covered	Not covered
EMERGENCY AND URGENT CARE SERVICES		
Hospital Emergency Room	You pay 30% 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 30% 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 Skilled Nursing Facility – 90 days per year. Other Health Care Facility – 60 days per year.	You pay 30% after deductible	Not covered
Home Health 90 visits per year	You pay 30% after deductible	Not covered
Hospice	You pay 30% after deductible	Not covered
DURABLE MEDICAL EQUIPMENT (DME)		
Durable Medical Equipment	You pay 30% after deductible	Not covered

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MEDICAL BENEFIT

IN-NETWORK

OUT-OF-NETWORK

MENTAL HEALTH & SUBSTANCE USE

	IN-NETWORK	OUT-OF-NETWORK
Inpatient (Includes acute, partial & residential treatment)	You pay 30% after deductible	Not covered
Outpatient (Office visit)	You pay \$60, deductible waived	Not covered
Outpatient (All other outpatient services)	You pay 30% 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](https://www.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. For Copay plans, 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. For Copay plans, You pay Copay for each 30 day supply	You pay \$15, 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. For Copay plans, You pay Copay for each 30 day supply	You pay \$45, 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 50% after deductible	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 \$37, 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 \$112, 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 50% after deductible	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

This summary contains highlights only.

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.
- › **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.
- › **Tax credit subsidies**
If you qualify and enroll in a Marketplace Qualified Health Plan (QHP),¹ tax credit subsidies can reduce your monthly premium payments. All or a portion of the subsidy can be applied to your premium. Subsidies are based on certain household size and income requirements.
- › **Cost-sharing reductions²**
Reduce the amount you pay out-of-pocket when you get care — such as copays or coinsurance. Subsidies are based on certain household size and income requirements, and may be available in addition to tax credit subsidies.

¹ Tax Credit subsidies can only be applied to the purchase of a Marketplace QHP.

² Customers must select a Silver level Marketplace QHP to take advantage of cost-sharing reduction subsidies.

For more information or to find in-network doctors:

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

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2016 PLAN EXCLUSIONS AND LIMITATIONS

What is not covered by this policy

Excluded services

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 (including those provided by an Urgent Care facility) and two sessions per year for the purpose of diagnosis or assessment of mental health.
- › 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 are considered 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 undeclared); (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; (f) an Insured Person being intoxicated, as defined by applicable state law in the state where the illness occurred or under the influence of illegal narcotics or non-prescribed controlled substances unless administered or prescribed by Physician.
- › Any services provided by a local, state or federal government agency, except 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). 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 prescribed by a Physician and listed as covered in this plan.
- › Professional services or supplies received or purchased directly or on Your behalf by anyone, including a Physician, from any of the following:
 - ourself or Your employer;
 - a person who lives in the Insured Person's home, or that person's employer;
 - a person who is related to the Insured Person by blood, marriage or adoption, or that person's employer.
- › Custodial Care.
- › Private duty nursing, except as specifically stated under Home Health Care in the section of this Policy.
- › 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.
- › 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.
- › Hearing aids including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs), except as provided under Preventive Care and Newborn Hearing Benefits. For the purposes of this exclusion, a hearing aid is any device that amplifies sound.
- › Routine hearing tests except as provided under Preventive Care and Newborn Hearing Benefits which include necessary rescreening, audiological assessment and follow-up, and initial amplification. The screening will include the use of at least one of the following physiological technologies: automated or diagnostic brainstem response (ABR); otacoustic emissions (OAE); or other technologies approved by the Missouri Department of Health.
- › Genetic screening or pre-implantations genetic screening: general population-based genetic screening performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.

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- › **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).
- › **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. 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.
- › **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.
- › **Non-Medical 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 non-medical ancillary services for learning disabilities and developmental delays.
- › **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**.
- › Procedures, surgery or treatments **to change characteristics of the body to those of the opposite sex** including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery. This also includes any medical, surgical or psychiatric treatment or study related to sex change.
- › **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).
- › **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, except for Insulin; **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. 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 or as required by law for diabetic patients), shoe inserts, foot orthotic devices.
- › 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.
- › **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 (except as specifically provided in the treatment of cancer), 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 of this Policy. Excluded durable medical equipment includes, but is not limited to: orthopedic shoes or shoe inserts; air purifiers, air conditioners,

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- 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 "Comprehensive Benefits What the Policy Pays For".
 - › 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 "Comprehensive Benefits: What the Policy Pays For".
 - › **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**.
 - › **Claims received by Cigna after 15 months from the date service was rendered**, except in the event of a legal incapacity.

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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 30 days notice.

This medical insurance policy (MOINDEPO072015) 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 has 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).

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IMPORTANT PLAN INFORMATION

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

Franklin	Sainte Genevieve
Jefferson	Saint Louis
Lincoln	Warren
Saint Charles	Washington
Saint Francois	Saint Louis City

Cigna Connect Flex Silver 4000 is a Qualified Health Plan in the Missouri Health Insurance Marketplace.

With a Cigna Connect Plan, you can select a PCP. Your PCP will direct you to Specialists when needed. A referral is not required.

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.

Depending on your household size and income, you may be able to qualify for federal financial assistance and save by purchasing a Marketplace insurance plan. Call Cigna to learn more.



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