

# GET TO KNOW YOUR MEDICAL PLAN

## Cigna Access 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 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 and nationwide. Plus, access to 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.

### Our Network: it's about quality and savings

The Cigna Open Access Plus (OAP) Network provides access to health care professionals nationwide. Some of the quality health care professionals in the network are further recognized with the Cigna Care Designation for their quality and cost effective care.

When you receive care from a health care professional or hospital in the OAP Network, the visit is considered in-network which helps you save by getting access to the lower rates that we've negotiated with providers in the network. You have the freedom to see any healthcare professional in the network with no referral required. You can also seek care outside of our network, but you'll save more when you stay in-network.

To find a doctor in our network, visit **Cigna.com/ifp-providers**.

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.

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 statewide for residents living in North Carolina.

<b>MEDICAL BENEFIT</b>	<b>Cigna Access Flex Silver 4000</b>	
	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Individual Deductible</b> (Medical and pharmacy)	\$4,000	\$8,000
<b>Family Deductible</b> (Medical and pharmacy)	\$8,000	\$16,000
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.		
<b>Coinsurance*</b>	You pay 30% after deductible	You pay 50% after deductible
<b>Individual Out-of-Pocket Maximum</b>	\$6,700	\$13,400
<b>Family Out-of-Pocket Maximum</b>	\$13,400	\$26,800

Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum.

**PHYSICIAN SERVICES**

<b>Primary Care Physician</b> (Office visit)	You pay \$30, deductible waived	You pay 50% after deductible
<b>Specialist Physician</b> (Office visit)	You pay \$60, deductible waived	You pay 50% after deductible
<b>Office Related Services</b>	You pay 30% after deductible	You pay 50% after deductible

**PREVENTIVE CARE**

<b>Preventive Care for All Ages</b> (Routine physicals and other preventive services)	You pay 0%, deductible waived	You pay 30% after deductible
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**INPATIENT SERVICES**

<b>Facility Services</b> (Inpatient room and board, lab & x-ray, operating room, etc.)	You pay 30% after deductible	You pay 50% after deductible
<b>Physician Services</b>	You pay 30% after deductible	You pay 50% after deductible

**MATERNITY CARE**

<b>Prenatal and Postnatal Care</b>	You pay 30% after deductible	You pay 50% after deductible
<b>Delivery and Inpatient Services for Maternity Care</b>	You pay 30% after deductible	You pay 50% after deductible

\*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.

MEDICAL BENEFIT	Cigna Access Flex Silver 4000	
	IN-NETWORK	OUT-OF-NETWORK
<b>OUTPATIENT SERVICES</b>		
<b>Lab, X-ray and Ultrasound</b>	You pay 30% after deductible	You pay 50% after deductible
<b>CT/PET Scans and MRI</b>	You pay 30% after deductible	You pay 50% after deductible
<b>Cardiac &amp; Pulmonary Rehabilitation</b> Calendar year maximum for Cardiac Rehab – 30 visits, Pulmonary Rehab – 1 course per year, combined in- and out-of-network.	You pay 30% after deductible	You pay 50% after deductible
<b>Short-Term Rehabilitative Therapy</b> Calendar year maximum for Cardiac Rehab – 30 visits, Pulmonary Rehab – 1 course per year, Physical/Occupational/Chiropractic – 30 visits, Speech – 30 visits. Combined in- and out-of-network for each category.	You pay 30% after deductible	You pay 50% after deductible
<b>Outpatient Surgery (OP Facility)</b>	You pay 30% after deductible	You pay 50% after deductible
<b>Outpatient Surgery (Physician services)</b>	You pay 30% after deductible	You pay 50% after deductible
<b>Acupuncture</b>	Not covered	Not covered
<b>EMERGENCY AND URGENT CARE SERVICES</b>		
<b>Hospital Emergency Room</b>	You pay 30% after deductible	You pay the same level as in-network if it is an emergency as defined by the plan, otherwise 50% after deductible
<b>Urgent Care Services</b>	You pay \$75, deductible waived	You pay the same level as in-network if it is an emergency as defined by the plan, otherwise 50% after deductible
<b>Ambulance</b> Emergency transport only	You pay 30% after deductible	You pay the same level as in-network if it is an emergency as defined by the plan, otherwise 50% after deductible
<b>OTHER HEALTH CARE FACILITIES AND SERVICES</b>		
<b>Skilled Nursing Facility</b> Calendar year maximum of 60 days, combined in- and out-of-network.	You pay 30% after deductible	You pay 50% after deductible
<b>Home Health</b> Unlimited visits	You pay 30% after deductible	You pay 50% after deductible
<b>Hospice</b>	You pay 30% after deductible	You pay 50% after deductible
<b>DURABLE MEDICAL EQUIPMENT (DME)</b>		
<b>Durable Medical Equipment</b>	You pay 30% after deductible	You pay 50% after deductible

MEDICAL BENEFIT	Cigna Access Flex Silver 4000	
	IN-NETWORK	OUT-OF-NETWORK
<b>MENTAL HEALTH &amp; SUBSTANCE USE DISORDER</b>		
<b>Inpatient</b> (Includes acute & residential treatment)	You pay 30% after deductible	You pay 50% after deductible
<b>Outpatient</b> (Includes individual, group, partial & intensive outpatient treatment)	You pay 30% after deductible	You pay 50% after deductible
<b>Office Visit Mental Health</b>	You pay \$60, deductible waived	You pay 50% after deductible

PRESCRIPTION DRUGS (RETAIL & HOME DELIVERY)	IN-NETWORK	OUT-OF-NETWORK
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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**

<b>TIER 1: Retail Preferred Generics</b> (Available at the lowest cost) Up to a 90 day supply. For copay plans, you pay a copay for each 30 day supply	You pay \$8, deductible waived	You pay 50% after deductible
<b>TIER 2: Retail Non-preferred Generics</b> (Medications at a higher cost than Tier 1) Up to a 90 day supply. For copay plans, you pay a copay for each 30 day supply	You pay \$15, deductible waived	You pay 50% after deductible
<b>TIER 3: Retail Preferred Brands</b> (Brand-name drugs at a lower cost than Tier 4) Up to a 90 day supply. For copay plans, you pay a copay for each 30 day supply	You pay \$45, deductible waived	You pay 50% after deductible
<b>TIER 4: Retail Non-preferred Brands</b> (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	You pay 50% after deductible
<b>TIER 5: Retail Specialty</b> (Drugs for complex chronic conditions) Up to a 90 day supply. For copay plans, you pay a copay for each 30 day supply	You pay \$550, deductible waived	You pay 50% after deductible

**PRESCRIPTIONS FILLED THROUGH HOME DELIVERY**

<b>TIER 1: Home Delivery Preferred Generics</b> (Available at the lowest cost) Up to a 90 day supply	You pay \$24, deductible waived	You pay 50% after deductible
<b>TIER 2: Home Delivery Non-preferred Generics</b> (Medications at a higher cost than Tier 1) Up to a 90 day supply	You pay \$45, deductible waived	You pay 50% after deductible
<b>TIER 3: Home Delivery Preferred Brands</b> (Brand-name drugs at a lower cost than Tier 4) Up to a 90 day supply	You pay \$135, deductible waived	You pay 50% after deductible
<b>TIER 4: Home Delivery Non-preferred Brands</b> (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	You pay 50% after deductible
<b>TIER 5: Home Delivery Specialty</b> (Drugs for complex chronic conditions) Up to a 90 day supply	You pay \$1650, deductible waived	You pay 50% after deductible

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.  
**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.

### For more information or to find in-network doctors:

See the Open Access Plus Network flyer  
Visit [Cigna.com/ifp-providers](https://www.cigna.com/ifp-providers).  
Call **866.494.2111**.

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2016 PLAN EXCLUSIONS AND LIMITATIONS

Your plan does not provide coverage for the following except as required by law:

- › Any amounts in excess of maximum amounts of Covered Expenses stated in this Policy.
- › Services not specifically listed as Covered Expenses 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, except as specifically stated in the sections of this Policy titled "Clinical Trials."
- › 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.
- › Services or supplies for the treatment of an occupational Injury or Sickness which are paid under the North Carolina Worker's Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
- › Conditions caused by: (a) an act of war (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; (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 a 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.
- › 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:
  - Yourself 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.
- › Inpatient or outpatient services of a private duty nurse. Except as specifically stated under Home Health Care in the section of this Policy titled "Comprehensive Benefits What the Policy Pays For".
- › 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 Prosthesis, 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, audient bone conductors and Bone Anchored Hearing Aids (BAHAs), except as specifically covered in this Policy. For the purposes of this exclusion, a hearing aid is any device that amplifies sound.
- › Routine hearing tests except as provided in this Policy under Preventive Care and Newborn Hearing Benefits.
- › 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).
- › Outpatient speech therapy, except as specifically stated in this Policy.
- › 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

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- Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a newborn, adopted or foster 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 except as specifically stated in this Policy.
  - › Non-Medical counseling or ancillary services, including but not limited to: education, training, vocational rehabilitation, behavioral training, 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.
  - › Surgical services related to treatment of fertility and/or Infertility and any artificial means of conception, including, but not limited to, surgical procedures, artificial insemination, in-vitro fertilization (IVF), ovum or embryo placement, intracytoplasmic sperm injection (ICSI), and gamete intrafallopian transfer (GIFT) and associated services.
  - › Cryopreservation of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).
  - › The collection and storage of blood and stem cells taken from the umbilical cord and placenta for future use in fighting a disease.
  - › Treatment for Infertility or reduced fertility that results from a prior sterilization procedure or a normal physiological change such as menopause.
  - › 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.
  - › Injectable drugs (self-injectable medications) that do not require Physician supervision are covered under the Prescription Drug benefits of this Policy.
  - › 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, except as provided in the Prescription Drug benefits 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.
  - › Self-administered Injectable Drugs, except as stated in the Benefits Schedule and in the Prescription Drug benefits section of this Policy.
  - › 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 Insureds with the diagnosis of diabetes.
  - › Medical and surgical services, initial and repeat, intended for the treatment or control of obesity, except for treatment of clinically severe (morbid) obesity as shown in the Policy. Medical and surgical services to alter appearance or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a Physician or under medical supervision are not covered, even when they are related to covered treatment for morbid obesity.
  - › 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.
  - › Telephone, e-mail, and Internet consultations or other services which under normal circumstances are expected to be provided through face-to-face clinical encounters, unless provided via an approved internet-based intermediary.
  - › 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.

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- › 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, 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".
- › 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.
- › 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 for Insureds with the diagnosis of diabetes.
- › 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 18 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 45 days notice.

This medical insurance policy (NCINDCH042015) 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 Health and Life Insurance Company at 900 Cottage Grove Rd., Hartford, CT 06152 or call 866.GET.Cigna. (866.438.2446).

**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.

