
 BRONZE		 SILVER			
	FocusIn HSA Bronze 6000	FocusIn Flex Bronze 6400	FocusIn HSA Silver 2700	FocusIn Silver 2000	FocusIn Flex Silver 4000	FocusIn Flex Silver 5000
MEDICAL	In-network you pay:	In-network you pay:	In-network you pay:	In-network you pay:	In-network you pay:	In-network you pay:
Annual Deductible¹ Individual/Family	\$6,000/\$12,000	\$6,400/\$12,800	\$2,700/\$5,400	\$2,000/\$4,000	\$4,000/\$8,000	\$5,000/\$10,000
Annual Out-of-Pocket Max² Individual/Family	\$6,500/\$13,000	\$6,700/\$13,400	\$6,500/\$13,000	\$6,700/\$13,400	\$6,700/\$13,400	\$6,700/\$13,400
Coinsurance³	0% after deductible	40% after deductible	15% after deductible	30% after deductible	30% after deductible	20% after deductible
Physician Services (Primary Care/Specialist)	0% after deductible	\$35, deductible waived/ 40% after deductible	15% after deductible	\$20, deductible waived/ \$60, deductible waived	\$20, deductible waived/ \$60, deductible waived	\$20, deductible waived/ \$60, deductible waived
Preventive Care	0%, deductible waived	0%, deductible waived	0%, deductible waived	0%, deductible waived	0%, deductible waived	0%, deductible waived
Inpatient & Physician Services	0% after deductible	40% after deductible	15% after deductible	30% after deductible	30% after deductible	20% after deductible
Lab, X-ray, & Ultrasound	0% after deductible	40% after deductible	15% after deductible	30% after deductible	30% after deductible	20% after deductible
Prenatal & Postnatal Care	0% after deductible	40% after deductible	15% after deductible	30% after deductible	30% after deductible	20% after deductible
Maternity Care⁴	0% after deductible	40% after deductible	15% after deductible	30% after deductible	30% after deductible	20% after deductible
Hospital ER	0% after deductible	40% after deductible	15% after deductible	30% after deductible	30% after deductible	20% after deductible
Urgent Care	0% after deductible	\$75, deductible waived	15% after deductible	\$75, deductible waived	\$75, deductible waived	\$75, deductible waived
Ambulance	0% after deductible	40% after deductible	15% after deductible	30% after deductible	30% after deductible	20% after deductible
RX DRUGS – Tier 1, 2 and 3: Up to a 90 day supply. For Copay plans, you pay copay for each 30 day supply. Tier 4: Up to a 90 day supply. Tier 5: Up to a 30 day supply.						
Tier 1 Retail Pref. Generic	0% after deductible	\$8, deductible waived	15% after deductible	\$4, deductible waived	\$4, deductible waived	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	\$40, deductible waived	15% after deductible	\$15, deductible waived	\$15, deductible waived	\$15, deductible waived
Tier 3 Retail Pref. Brands	0% after deductible	40% after deductible	15% after deductible	\$50, deductible waived	\$50, deductible waived	\$50, deductible waived
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	20% after deductible
Tier 5 Retail Specialty	0% after deductible	\$550, deductible waived	15% after deductible	\$550, deductible waived	\$550, deductible waived	\$550, deductible waived

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

1. Annual Deductible (Individual/family deductible is satisfied when each member has reached their annual individual deductible or when the total annual family deductible amount has been reached by any combination of family members, includes medical and pharmacy)
2. Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum)
3. Coinsurance (Amount you pay for covered medical services. Out-of-network you may pay more, if the provider's charges exceed the amount Cigna reimburses for billed services)
4. Delivery & inpatient services for maternity care

Individual and Family Plans

Cigna HealthCare of Texas, Inc.

2016 Cigna Health Plans

TEXAS - HOUSTON - CONNECT NETWORK

Cigna Connect HMO medical plans are available to residents living in parts of Texas depending on county. See last page for full listing.

	 BRONZE		 SILVER			
	Connect HSA Bronze 6000	Connect Flex Bronze 6400	Connect HSA Silver 2700	Connect Flex Silver 3000	Connect Flex Silver 4000	Connect Flex Silver 5000
MEDICAL	In-network you pay:	In-network you pay:	In-network you pay:	In-network you pay:	In-network you pay:	In-network you pay:
Annual Deductible¹ Individual/Family	\$6,000/\$12,000	\$6,400/\$12,800	\$2,700/\$5,400	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000
Annual Out-of-Pocket Max² Individual/Family	\$6,500/\$13,000	\$6,700/\$13,400	\$6,500/\$13,000	\$6,700/\$13,700	\$6,700/\$13,400	\$6,700/\$13,400
Coinsurance³	0% after deductible	40% after deductible	15% after deductible	20% after deductible	30% after deductible	20% after deductible
Physician Services (Primary Care/Specialist)	0% after deductible	\$30, deductible waived/ 40% after deductible	15% after deductible	\$25, deductible waived/ \$60, deductible waived	\$25, deductible waived/ \$60, deductible waived	\$25, deductible waived/ \$75, deductible waived
Preventive Care	0%, deductible waived	0%, deductible waived	0%, deductible waived	0%, deductible waived	0%, deductible waived	0%, deductible waived
Inpatient & Physician Services	0% after deductible	40% after deductible	15% after deductible	20% after deductible	30% after deductible	20% after deductible
Lab, X-ray, & Ultrasound	0% after deductible	40% after deductible	15% after deductible	20% after deductible	30% after deductible	20% after deductible
Prenatal & Postnatal Care	0% after deductible	40% after deductible	15% after deductible	20% after deductible	30% after deductible	20% after deductible
Maternity Care⁴	0% after deductible	40% after deductible	15% after deductible	20% after deductible	30% after deductible	20% after deductible
Hospital ER	0% after deductible	40% after deductible	15% after deductible	20% after deductible	30% after deductible	20% after deductible
Urgent Care	0% after deductible	\$75, deductible waived	15% after deductible	\$75, deductible waived	\$75, deductible waived	\$75, deductible waived
Ambulance	0% after deductible	40% after deductible	15% after deductible	20% after deductible	30% after deductible	20% after deductible
RX DRUGS – Tier 1, 2 and 3: Up to a 90 day supply. For Copay plans, you pay copay for each 30 day supply. Tier 4: Up to a 90 day supply. Tier 5: Up to a 30 day supply.						
Tier 1 Retail Pref. Generic	0% after deductible	\$8, deductible waived	15% after deductible	\$4, deductible waived	\$4, deductible waived	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	\$40, deductible waived	15% after deductible	\$10, deductible waived	\$10, deductible waived	\$10, deductible waived
Tier 3 Retail Pref. Brands	0% after deductible	40% after deductible	15% after deductible	\$50, deductible waived	\$50, deductible waived	\$50, deductible waived
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	20% after deductible
Tier 5 Retail Specialty	0% after deductible	\$550, deductible waived	15% after deductible	\$550, deductible waived	\$550, deductible waived	\$550, deductible waived

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

1. Annual Deductible (Individual/family deductible is satisfied when each member has reached their annual individual deductible or when the total annual family deductible amount has been reached by any combination of family members, includes medical and pharmacy)

2. Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum)

3. Coinsurance (Amount you pay for covered medical services. Out-of-network you may pay more, if the provider's charges exceed the amount Cigna reimburses for billed services)

4. Delivery & inpatient services for maternity care

Why Choose Cigna?

Cigna's Individual and Family insurance plans are designed to work with your needs and your budget, offering a range of coverage options, quality care and helpful, easy-to-use tools and services. All of our plans offer:

- › Coverage options to give you choices, so you can find what works best for you.
- › Affordable premiums and lower negotiated rates to help keep your costs down.
- › 100% coverage for in-network preventive care¹ to help keep you healthy and well.
- › A network of quality providers in your local area and nationwide. Plus, access to 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 Networks: it's about quality and savings

Focus: see plan offerings on page 1 of this flyer

Cigna's FocusIn health insurance plans offer you a choice of quality care in your local area. You get access to top providers (that fit your personal needs) — no referral needed. Some of the health care professionals in our Network have separately earned the Cigna Care Designation — recognized for achieving top results on Cigna quality and cost-efficiency measures. See the Focus Network [flyer](#) for more information.

Connect: see plan offerings on page 2 of this flyer

Cigna's new Connect health insurance plans are designed to give you quality care centered around your unique needs. You have access to personalized care and attention from providers in the Connect Network in your local area.

You will choose your primary care physician (PCP) who will get to know your needs, direct you to specialists when needed, and ensure that your providers are communicating and coordinating your care. See the Connect Network [flyer](#) for more information.

* Emergency services (as defined in your plan).

1. Some preventive care services may not be covered, including most immunizations for travel. Refer to your policy for a complete listing of covered and non-covered services. View the Summary of Benefits and Coverage for the cost-sharing subsidies that may apply to you.
2. Subsidies may only be applied to a Qualified Health Plan (QHP) purchased on the Marketplace. Customers must select a Silver level Marketplace QHP to take advantage of cost-sharing reduction subsidies. View the Summary of Benefits and Coverage for the cost-sharing subsidies that may apply to you.

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.² The lower your income and greater your household size is within these ranges, the more you'll save.
- › To see if you're eligible, call 866.494.2111

What the metal levels mean:

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

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



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



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



To view additional plan details, including out-of-network benefits and plan exclusions and limitations, visit www.Cigna.com/SummaryofBenefits.

Important disclosures

Rates will vary by plan design and the plan deductible, copay, coinsurance, and out-of-pocket maximums selected. Rates 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 01/01/2015 are guaranteed through 12/31/2015. After the initial guarantee, medical rates are subject to change upon 60 days notice in TX.

These medical insurance policies (INDTXPP0042015, INDTXE0042015, INDTXH0042015) have exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. Medical applications 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 Road, Hartford, CT 06152 or call **866.GET.Cigna (866.438.2446)**.

Important Plan Information

Cigna medical plans are available to residents living in the following counties in Texas:

Connect in Houston: Harris(partial), Fort Bend (partial), Montgomery (partial), Liberty (partial), Galveston (partial) and Brazoria (partial)

Connect in Dallas: Collin, Dallas, Denton, Ellis, Rockwall, Tarrant

Cigna Connect HMO and Cigna FocusIn Exclusive Provider plans do not provide benefits outside of your local area or out-of-network, except for emergency services.*

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

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



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