

GET TO KNOW YOUR MEDICAL PLAN

Cigna Connect Flex Gold | 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 care¹ to help keep you healthy and well.
- › A network of quality providers in your local area. Plus, access to 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.

Our Networks: 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 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.

Our network includes access to St. Luke's and other quality hospitals in our network.

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

MEDICAL BENEFIT	Cigna Connect Flex Gold	
	IN-NETWORK	OUT-OF-NETWORK
Individual Deductible (Medical and pharmacy)	\$0	Not covered
Family Deductible (Medical and pharmacy)	\$0	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 20%	Not covered
Individual Out-of-Pocket Maximum	\$6,000	Not covered
Family Out-of-Pocket Maximum	\$12,000	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 \$30	Not covered
Specialist Physician (Office visit)	You pay \$60	Not covered
Office Related Services	You pay 20%	Not covered

PREVENTIVE CARE

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

Facility Services (Inpatient room and board, lab & x-ray, operating room, etc.)	You pay \$1,000 per day	Not covered
Physician Services	You pay 20%	Not covered

MATERNITY CARE

Prenatal and Postnatal Care	You pay 20%	Not covered
Delivery and Inpatient Services for Maternity Care	You pay \$1,000 per day	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 20%	Not covered
CT/PET Scans and MRI	You pay \$400 per scan	Not covered
Cardiac & Pulmonary Rehabilitation Calendar year maximum of 36 visits.	You pay 20%	Not covered
Short-Term Rehabilitative Therapy Physical, Occupational and Chiropractic	You pay 20%	Not covered
Outpatient Surgery (Facility)	You pay 20%	Not covered
Outpatient Surgery (Physician services)	You pay 20%	Not covered
Acupuncture	Not covered	Not covered

EMERGENCY AND URGENT CARE SERVICES

Hospital Emergency Room	You pay \$400 per visit	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	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 20%	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 Calendar year maximum of 25 days.	You pay 20%	Not covered
Home Health	You pay 20%	Not covered
Hospice	You pay 20%	Not covered

DURABLE MEDICAL EQUIPMENT (DME)

Durable Medical Equipment	You pay 20%	Not covered
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MEDICAL BENEFIT	IN-NETWORK	OUT-OF-NETWORK
MENTAL HEALTH & SUBSTANCE ABUSE		
Inpatient (Includes acute, partial & residential treatment)	You pay \$1,000 per day	Not covered
Outpatient (Includes individual, group & intensive outpatient treatment)	You pay 20%	Not covered
Outpatient (Office Visit)	You pay \$60	Not covered

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

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 \$4	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 \$10	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 \$50	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%	Not covered
TIER 5: Retail Specialty (Drugs for complex chronic conditions) Up to a 30 day supply	You pay \$300	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 \$10	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 \$25	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 \$125	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%	Not covered
TIER 5: Home Delivery Specialty (Drugs for complex chronic conditions) Up to a 30 day supply	You pay \$250	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.

For more information or to find in-network doctors:

See the Connect 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

Exclusions And Limitations: What Is Not Covered By This Policy**Excluded Services**

- › Care for health conditions that has not been provided by, or provided by referral from, Your PCP or has not been authorized by Your PCP or the Cigna Medical Director, except for immediate treatment of a Medical Emergency/Emergency Medical Condition.
- › 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 under this Plan, except as approved under the Continuity of Care provision.
- › 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, except to the extent that the availability of insurance or health plan coverage may be considered by a tax supported institution of the State of Texas providing treatment of mental illness or mental retardation to determine if a patient is non-indigent, as provided in Article 3196a of Vernon's Texas Civil Statutes.
- › Charges for which you are not obligated to pay or for which you are not billed or would not have been billed except that you were covered under the Plan.
- › 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) a Member participating in the military service of any country; (d) a Member 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 Member 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; or (b) services provided for the treatment of mental or nervous disorders by a tax supported institution of the State of Texas.
- › Any services required by state or federal law to be supplied by a public school system or school district.
- › If the Member 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 the Member was not eligible for Medicare.
- › Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Participating Physician or otherwise specifically covered under "Services and Benefits".
- › 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.
- › Care, services, supplies or treatment for health conditions 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 Member's home, or that person's employer;
 - a person who is related to the Member by blood, marriage or adoption, or that person's employer.

This does not apply to covered dental services provided by a dentist licensed in the state of Texas and operating within the scope of his or her licensure.

- › Custodial Care.
- › Private hospital rooms and/or private duty nursing except as provided in the "Home Health Services" section of "Services and Benefits.", or when deemed

medically appropriate by Us. Private duty nursing will not be excluded in an inpatient setting, if skilled nursing is not available.

- › 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.
- › 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.
- › Dental Implants for any condition.
- › Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery and pediatric vision).
- › All vitamins and medications and contraceptives available without a prescription ("over-the-counter") except for those covered under mandate of the 2010 Patient Protection and Affordable Care Act (PPACA).
- › Expenses incurred for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profit.
- › 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, radial keratotomy 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, therapy or surgical procedure primarily for the purpose of altering appearance (except as provided in the definition of Reconstructive Surgery or the description of the Reconstructive Surgery benefit in this Plan);

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- › 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.
- › 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.
- › Reversal of male and female voluntary sterilization procedures.
- › Services for macromastia or gynecomastia surgeries, surgical treatment of varicose veins, abdominoplasty, panniculectomy, rhinoplasty, blepharoplasty, 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.
- › Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental x-rays, examinations, repairs, orthodontics, periodontics, casts splints and services for dental malocclusion, for any condition.
- › Telephone, email and internet consultations, except for benefits described in "Telehealth and Telemedicine Medical Services".
- › All services related to infertility once diagnosed, including but not limited to, infertility services, infertility drugs, surgical or medical treatment programs for infertility, including in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees); Cryopreservation of donor sperm and eggs are also excluded from coverage.
- › Non medical counseling or ancillary services including, but not limited to Custodial Services, 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, developmental delays, or mental retardation, except otherwise specifically covered in this Plan.
- › 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 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, if not provided by an approved Participating Provider specifically designated to supply that specialty drugs including, 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 Cigna Medical Director'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.
- › Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under the Plan.
- › Personal or comfort items such as personal care kits provided on admission to a hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of illness or injury.
- › Orthopedic shoes (except when joined to braces), shoe inserts, foot orthotic devices except as required by law for diabetic patients.
- › Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, orthotics, elastic stockings, garter belts, corsets, dentures and wigs, except as provided in "Services and Benefits" section of the Plan.
- › Any medical and surgical services for the treatment or control of obesity that are not included under the "Services and Benefits" section of this Plan;
- › Unless specifically covered under "Services and Benefits," reports, evaluations, physical examinations, or hospitalization not required for health reasons including, employment, insurance or government licenses, and court ordered, forensic, or custodial evaluations.
- › 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 etc.).
- › Massage therapy.
- › Educational services except for Diabetes Self-Management Training: counseling/ educational services for breastfeeding; physician counseling regarding alcohol misuse, preventive medication, obesity, nutrition, tobacco cessation and depression; preventive counseling and educational services specifically required under Patient Protection and Affordable Care Act (PPACA) and as specifically provided or arranged by Cigna.

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- › Nutritional counseling or formulas are excluded, except for infant formula needed for the treatment of inborn errors of metabolism.
- › Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Inpatient Hospital Services", "Outpatient Facility Services", "Home Health Services", "Diabetic Services and Supplies", or "Breast Reconstruction and Breast Prostheses" sections of the "Services and Benefits" section.
- › The following are not covered for treatment of Mental Health or Substance Use Disorder: Any court-ordered treatment or therapy or any treatment or therapy ordered as a condition of parole, probation or custody or visitation evaluations unless medically necessary and otherwise covered under this Plan; Special education, including but not limited to, school tuition; Treatment of mental disorders that have been diagnosed as organic mental disorders associated with permanent dysfunction of the brain or of chronic conditions not subject to favorable modification according to generally accepted standards of medical practice; Developmental disorders, including but not limited to, developmental reading disorders, developmental arithmetic disorders, developmental language disorders or developmental articulation disorders; Counseling for borderline intellectual functioning, or related to consciousness-raising or of an educational, vocational or religious nature; I.Q. testing; Wilderness programs, animal therapy programs; Residential treatment (unless associated with a Substance Use Disorder as defined by this Plan; marriage counseling; Custodial Care, including but not limited to geriatric day care; Psychological testing on children requested by or for a school system; Occupational/recreational therapy programs even if combined with supportive therapy for age-related cognitive decline; Biofeedback.
- › 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.
- › 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.
 - › Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
 - › 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 60 days notice.

This medical insurance policy (INDTXHMO042015) 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.

In Texas, LocalPlus Network plans are considered Preferred Provider plans with certain managed care features; LocalPlus Network Health Savings plans are considered Preferred Provider plans with certain managed care features and are compatible with Health Savings Accounts.

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 Texas:

Houston: Partial counties of Brazoria, Fort Bend, Galveston, Harris, Liberty and Montgomery.

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

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.

Cigna Connect Flex Gold is a Qualified Health Plan in the Texas Health Insurance Marketplace.



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