

# GET TO KNOW YOUR MEDICAL PLAN

## Cigna Connect 6400 | 2017 Summary of Benefits

### Why Choose Cigna?

#### A health plan and partner

When you choose Cigna, you get more than a health plan. You also get a trusted partner who can help you select the plan that's right for you and help you get the most out of your plan. So, you get a good choice and a good value. Cigna's committed to helping you live well and stay well – at an affordable price.

#### Cigna's Individual and Family health insurance plans offer:

- **Help explaining your plan options before you buy.** Online, you will find detailed coverage information and tools that can help you choose a plan. You can also talk to a licensed representative who will walk you through the shopping process, provide coverage details and help you get the most out of your plan.
- Affordable rates and you can save even more if you qualify for financial assistance.
- **Help finding quality doctors near you.** Just use our online provider directory or speak to a customer service representative 24 hours a day, 7 days a week, 365 days a year.
- **Preventive care coverage, at no additional cost to you.** All plans include annual check-ups, flu shots, cholesterol and blood pressure screenings, when you see an in-network doctor.<sup>1</sup>
- **Easy access to doctors.** Talk with a doctor by phone or secure video chat using the Cigna Telehealth

Connection program. Your out-of-pocket cost is the same or less than a Primary Care Provider (PCP) visit as outlined in the Cigna Telehealth Connection Benefits grid. Get treatment for minor acute conditions like sinus and ear infections, allergies or pink eye, day or night, while at home, work, on the go or when you are traveling.<sup>2</sup>

- **Health advice and wellness coaching from WebMD®.** We've partnered with one of the most trusted online sources to provide health coaching through *My Health Assistant*. Reach your health and wellness goals with a customized online program.

#### Plan availability

This plan is available to residents living in Maricopa county in Arizona.

1. Includes eligible in-network preventive care services. Some preventive care services may not be covered, including most immunizations for travel. Reference your plan documents for a list of covered and non-covered preventive care services. 2. Telehealth providers participating in the Cigna Telehealth Connection program are independent contractors and separate from Plan network providers. Not all providers have video chat capabilities. Video chat is not available in all areas. PCP referral is not required. Refer to plan documents for a complete description of covered services, including other telehealth/telemedicine benefits.

Contact your local broker or a licensed Cigna agent at **866.Get.Cigna** or visit **Cigna.com** to learn more. If you are an existing Cigna medical plan customer, Customer call **800.Cigna.30**.

## Your Cigna Connect plan.

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

Cigna's Connect health insurance plans are designed to provide you with quality care. You have access to personalized care and attention from providers in the Connect Network in your local area. Some of the health care professionals in our Network have separately earned the Cigna Care Designation (CCD), recognized for achieving top results on Cigna quality and cost-efficiency measures. Find providers with this designation at [Cigna.com/ifp-providers](https://www.cigna.com/ifp-providers).

### How it works

Simply choose your in-network primary care physician (PCP)<sup>1</sup> who will get to know your needs, direct you to specialists when needed,<sup>2</sup> and ensure that your providers are communicating and coordinating your care.

You will have access to quality care in your local area.

For more network information check out our [Important Medical Plan Information flyer](#) or call the number indicated at the bottom of page one. Visit [Cigna.com/ifp-providers](https://www.cigna.com/ifp-providers) to find providers in the Connect network.

## Details at a glance.

	IMPORTANT INFORMATION ABOUT YOUR PLAN
Network name	Connect Network
Plan type	Health Maintenance Organization (HMO)
<b>To remain in-network:</b>	
Primary care physician (PCP)	Visit an in-network PCP. PCP selection is required. <sup>1</sup>
Specialist physician	Visit specialists in the Connect Network. Referral is required by a PCP <sup>2</sup>
Out-of-network coverage	Out-of-network benefits are <i>not</i> covered under this plan.
In the case of an emergency	Emergency care is covered, in- and out-of-network. <sup>3</sup>
When traveling (away from home care)	Covered for emergency medical services as defined by the policy. Telehealth benefits are available for minor acute care on the phone or via secure video chat anywhere, anytime. <sup>4</sup>
Additional network information	<a href="#">Important Plan Information Flyer</a>
To find providers in-network, visit	<a href="https://www.cigna.com/ifp-providers">Cigna.com/ifp-providers</a>

1. For children, you may select a participating pediatrician as the PCP. See plan documents for more information on selecting a PCP.

2. Females can obtain services for obstetrical or gynecological care from a participating provider without a referral from their PCP. See plan documents for this and other exceptions to the referral process.

3. Eligible out-of-network emergency services are covered at the in-network benefit level as defined in plan documents.

4. Telehealth providers participating in the Cigna Telehealth Connection program are independent contractors and separate from Plan network providers. Not all providers have video chat capabilities. Video chat is not available in all areas. PCP referral is not required. Refer to plan documents for a complete description of covered services, including other telehealth/telemedicine benefits.

## Your Cigna Telehealth Connection Benefits

Cigna Telehealth Connection benefits are included with the purchase of a medical plan. The program provides you access to telehealth providers via phone or secure video chat, when you need them: at home, work, on the go or when traveling.<sup>1</sup>

- Use the benefits for minor acute conditions like allergies, cold, flu, ear infections, fever, headache and a sore throat
- You don't have to worry about traveling to the doctor's office for these minor conditions
- For minor acute conditions, your out-of-pocket costs are the same or less than a primary care physician (PCP) visit, depending on the plan when using these benefits
- Providers that you will talk with are U.S. based and board certified
- Providers participating in the program can be found on **myCigna.com** on the *Find a Doctor* page.

### CIGNA TELEHEALTH CONNECTION BENEFITS<sup>1</sup>

You pay \$10, deductible waived  
Information can be found on the [Cigna Telehealth Connection Flyer](#)

1. Telehealth providers participating in the Cigna Telehealth Connection program are independent contractors and separate from Plan network providers. Not all providers have video chat capabilities. Video chat is not available in all areas. PCP referral is not required. Refer to plan documents for a complete description of covered services, including other telehealth/telemedicine benefits.

This summary contains highlights only. See Plan Exclusions and Limitations on following pages.

This HMO plan is available to residents in Maricopa county. This plan does not provide out-of-network benefits, except for emergency services as defined by the plan.

MEDICAL BENEFIT	Cigna Connect 6400	
	IN-NETWORK	OUT-OF-NETWORK
<b>Individual Deductible</b> (Medical and pharmacy)	\$6,400	Not covered
<b>Family Deductible</b> (Medical and pharmacy)	\$12,800	Not covered
Individual/family deductible is satisfied when each member has reached their annual individual deductible or when the total annual family deductible amount has been reached by any combination of family members.		
<b>Coinsurance*</b>	You pay 50% after deductible	Not covered
<b>Individual Out-of-Pocket Maximum</b>	\$7,150	Not covered
<b>Family Out-of-Pocket Maximum</b>	\$14,300	Not covered

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 \$10, deductible waived	Not covered
<b>Specialist Physician</b> (Office visit)	You pay 50% after deductible	Not covered
<b>Office Related Services</b>	You pay 50% after deductible	Not covered

**PREVENTIVE CARE**

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

<b>Facility Services</b> (Inpatient room and board, lab & x-ray, operating room, etc.)	You pay \$500 per day after deductible	Not covered
<b>Physician Services</b>	You pay 50% after deductible	Not covered

**MATERNITY CARE**

<b>Prenatal and Postnatal Care</b>	You pay 50% after deductible	Not covered
<b>Delivery and Inpatient Services for Maternity Care</b> (Facility/Physicians Services unless otherwise noted)	You pay \$500 per day after deductible (Facility) You pay 50% after deductible (Physicians Services)	Not covered

\* Amount you pay for covered medical services.

This summary contains highlights only. See Plan Exclusions and Limitations on following pages.

<b>Cigna Connect 6400</b>		
<b>MEDICAL BENEFIT</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>OUTPATIENT SERVICES</b>		
<b>Lab, X-ray and Ultrasound</b>	You pay 50% after deductible	Not covered
<b>CT/PET Scans and MRI</b>	You pay 50% after deductible	Not covered
<b>Cardiac &amp; Pulmonary Rehabilitation</b> Subject to Rehabilitative Therapy maximums.	You pay 35% after deductible	Not covered
<b>Rehabilitative Therapy</b> (Including Cardiac & Pulmonary, Physical, Occupational and Speech Therapy) Maximum of 60 visits per calendar year, combined.	You pay 35% after deductible	Not covered
<b>Chiropractic Care</b> (12 self referral visits available.) Unlimited maximum.	You pay 50% after deductible	Not covered
<b>Outpatient Surgery</b> (Facility/Physician Services)	You pay 50% after deductible	Not covered
<b>Acupuncture</b>	Not covered	Not covered
<b>EMERGENCY AND URGENT CARE SERVICES</b>		
<b>Hospital Emergency Room</b>	You pay 50% after deductible	You pay the same level as in-network if it is an emergency as defined in your plan, otherwise you pay 100%
<b>Urgent Care Services</b>	You pay \$75 per visit copay, deductible waived	You pay the same level as in-network if it is an emergency as defined in your plan, otherwise you pay 100%
<b>Ambulance</b>	You pay 50% after deductible	You pay the same level as in-network if it is an emergency as defined in your plan, otherwise you pay 100%
<b>OTHER HEALTH CARE FACILITIES AND SERVICES</b>		
<b>Skilled Nursing Facility</b>	You pay 50% after deductible	Not covered
<b>Home Health</b> Maximum of 42 visits per calendar year	You pay 0%, deductible waived	Not covered
<b>Hospice</b>	You pay 50% after deductible	Not covered
<b>DURABLE MEDICAL EQUIPMENT (DME)</b>		
<b>Durable Medical Equipment</b>	You pay 35% after deductible	Not covered

This summary contains highlights only. See Plan Exclusions and Limitations on following pages.

MEDICAL BENEFIT	Cigna Connect 6400	
	IN-NETWORK	OUT-OF-NETWORK
<b>MENTAL HEALTH &amp; SUBSTANCE USE</b>		
<b>Inpatient</b> (Includes acute, partial & residential treatment)	You pay \$500 per day after deductible	Not covered
<b>Outpatient</b> (Office Visit)	You pay 50% after deductible	Not covered
<b>Outpatient</b> (All other services)	You pay 50% after deductible	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](http://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. You pay copay for each 30 day supply.	You pay \$10, deductible waived	Not covered
<b>TIER 2: Retail Non-preferred Generics</b> (Medications at a higher cost than Tier 1) Up to a 90 day supply. You pay copay for each 30 day supply.	You pay \$45, deductible waived	Not covered
<b>TIER 3: Retail Preferred Brands</b> (Brand-name drugs at a lower cost than Tier 4) Up to a 90 day supply.	You pay 50% after deductible	Not covered
<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	Not covered
<b>TIER 5: Retail Specialty</b> (Drugs for complex chronic conditions) Up to a 30 day supply.	You pay 50%, deductible waived	Not covered

**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 \$25, deductible waived	Not covered
<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 \$112, deductible waived	Not covered
<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 50% after deductible	Not covered
<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	Not covered
<b>TIER 5: Home Delivery Specialty</b> (Drugs for complex chronic conditions) Up to a 30 day supply.	You pay 40%, deductible waived	Not covered

This summary contains highlights only. See Plan Exclusions and Limitations on following pages.

**Pediatric Coverage**

**Dental**

**ON MARKETPLACE**

The Cigna Dental Family + Pediatric plan and Cigna Pediatric Dental Plan are available for purchase independently on the Health Insurance Marketplace.

**OFF MARKETPLACE**

The Pediatric Dental plan is included with the purchase of a medical plan off Marketplace.

<p>Pediatric Dental</p>	<p>Coverage information for the Cigna Dental Pediatric plan can be found on the <b><u>Pediatric Dental Summary of Benefits.</u></b></p> <p>Coverage information for the Cigna Dental + Family pediatric plans can be found on the <b><u>Family + Pediatric Dental Summary of Benefits.</u></b></p>
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**Vision**

The Pediatric Vision Plan is included with the purchase of a medical plan off Marketplace and covers dependents up to age 19.

	BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<p><b>Pediatric Vision</b></p>	<p><b>Comprehensive eye exam with refraction for children</b> Limit 1 visit per 12 month period.</p> <hr/> <p><b>Eye glasses for children</b> Limited to 1 pair of glasses (lenses and frames from pediatric selection) per 12 month period.</p> <hr/> <p><b>Therapeutic contact lenses for children</b> Contact lenses are covered for a one year supply, regardless of the contact lens type, including professional services, in lieu of frame and lenses.</p>	<p>You pay 0%, deductible waived</p>	<p>Not covered</p>

This summary contains highlights only. See Pediatric Dental and Pediatric Vision policies for Exclusions and Limitations.

For more information about Pediatric coverage call the number on the bottom of the first page.

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2017 PLAN EXCLUSIONS AND LIMITATIONS

The Exclusions and Limitations for this medical plan are subject to change based on regulatory approvals.

For an updated version:



1. Click on the link below
  2. Type **Cigna.com/AZ-2017-Cigna-Connect-Plans-Exclusions** into your browser or
  3. Call **866.Get.Cigna**.
- Current customers, call 800.Cigna.30.*

**Exclusions**

Any Service and Supplies which are not described as covered in the Benefit Summary, Services and Benefits section, or in an attached Rider or are specifically excluded in the Services and Benefits section or an attached Rider are not covered under this Agreement.

In addition, the following are specifically excluded Service and Supplies:

1. Care for health conditions which has not been provided by, provided by referral from Your Primary Care Physician or authorized by Your Primary Care Physician or the Cigna Medical Director, except for immediate treatment of a Medical Emergency/Emergency Medical Condition.
2. Care, services or supplies 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.
3. Care for health conditions that are required by state or local law to be treated in a public facility.
4. Care required by state or federal law to be supplied by a public schools system or school district.
5. Care for military service disabilities treatable through governmental services if the Member is legally entitled to such treatment and facilities are reasonably available.
6. Treatment of an illness or injury which is due to war, declared or undeclared.
7. 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 this Agreement.
8. Assistance in the activities of daily living, including, but not limited to, eating, bathing, dressing or other Custodial Services or self care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
9. Any services and supplies for or in connection with experimental, investigational or unproven services.
10. Experimental, investigational or unproven services do not include routine patient care costs related to qualified clinical trials as described in your plan document.
11. Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the Cigna Medical Director to be: Not demonstrated, through existing peer-reviewed, evidence-based scientific literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed; or not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use; or the subject of review or approval by an Institutional Review Board for the proposed use.
12. Cosmetic surgery, therapy or surgical procedures primarily for the purpose of altering appearance. 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. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one’s appearance. The exclusions include surgical excision or reformation of any sagging skin on any part of the body, including, the eyelids, face, neck, abdomen, arms, legs or buttocks; and services performed in connection with the enlargement, reduction, implantation, or change in appearance of portion of the body, including, the breast, face, lips, jaw, chin, nose, ears or genital; hair transplantation; chemical face peels or abrasion of the skin; electrolysis diplation; or any other surgical or non-surgical procedures which are primarily for the purpose of altering appearance. This does not exclude services or benefits that are primarily for the purpose of restoring normal bodily function, or surgery, which is medically necessary.
13. The following services are excluded from coverage regardless of clinical indications;
  - Macromastia or Gynecomastia Surgeries;
  - Surgical treatment of varicose veins;
  - Abdominoplasty;
  - Panniculectomy;
  - Rhinoplasty;
  - Blepharoplasty;
  - Redundant skin surgery;
  - Removal of skin tags;
  - Acupressure;
  - Craniosacral/cranial therapy;



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- Dance therapy, movement therapy;
  - Applied kinesiology;
  - Rolfing;
  - Prolotherapy; and
  - Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
14. 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. However, Charges made for services or supplies provided for or in connection with a fractured jaw, or an accidental injury to sound natural teeth are covered, where the continuous course of treatment is started within six (6) months of the accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch, except for pediatric dental services.
  15. Any medical and surgical services for the treatment or control of obesity that are not included under the "Services and Benefits" section of this Agreement
  16. Unless otherwise covered as a basic benefit, reports, evaluations, physical examinations, or hospitalization not required for health reasons including, employment, insurance or government licenses, and court ordered, forensic, or custodial evaluations.
  17. Court ordered treatment or hospitalization, unless such treatment is being sought by a Participating Physician or otherwise covered under "Services and Benefits."
  18. 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.
  19. Reversal of male and female voluntary sterilization procedures.
  20. Transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
  21. Any services, supplies, medications or drugs for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasmia, and premature ejaculation.
  22. Medical and hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under the Agreement.
  23. 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 as specifically stated in this Agreement.
  24. 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 which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected, except as specifically stated in this Agreement.
  25. 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) or and as specifically provided or arranged by Cigna.
  26. 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.
  27. 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.
  28. 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.
  29. Orthopedic shoes (except when joined to braces), shoe inserts, foot orthotic devices except as required by law for diabetic patients.
  30. 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 Agreement.
  31. Aids or devices that assist with non-verbal communications, including, but not limited to communication boards, pre-recorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
  32. 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).
  33. Routine refraction, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy, except for pediatric vision.
  34. Treatment by acupuncture.

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35. 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-administered Injectable" drugs) that do not require Physician supervision; All non-injectable Prescription Drugs, Injectable Drugs that do not require Physician supervision and are typically considered Self-administered Injectable Drugs, non-prescription drugs, and investigational and experimental drugs, and Self-administered injectable Drugs, except as stated in the Schedule of Benefits and in the Prescription Drug section of this Service Agreement.
36. Any Infusion or Injectable Specialty Prescription Drugs that require Physician supervision, except as otherwise stated in this Service Agreement. Infusion and Injectable Specialty drugs include, but are not limited to, hemophilia factor and supplies, enzyme replacements and intravenous immunoglobulin.
37. 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 Member's condition. Growth hormone treatment for idiopathic short stature, or improved athletic performance is not covered under any circumstances.
38. Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
39. Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
40. Genetic screening or pre-implantation 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.
41. Dental implants for any condition.
42. 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.
43. Blood administration for the purpose of general improvement in physical condition.
44. Cost of biologicals that are immunizations or medications for purposes of travel, except anti-malarial drugs, or to protect against occupational hazards and risks unless Medically Necessary or indicated.
45. Cosmetics, dietary supplements and health and beauty aids.
46. All nutritional supplements and formulae are excluded, except for infant formula needed for the treatment of inborn errors of metabolism.
47. 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).
48. 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.
49. Telephone, email & internet consultations..
50. Massage therapy.
51. Complementary and alternative medicine services, including but not limited to: Massage therapy; animal therapy, including but not limited to equine therapy or canine therapy; art therapy; music therapy; meditation; visualization;[ acupuncture;] acupressure, reflexology, light therapy, aromatherapy, energy-balancing; movement and/or exercise therapy including but not limited to yoga, pilates, tai-chi, walking, hiking, swimming, golf.
52. Any services provided by or at a place for the aged, a nursing home, or any facility a significant portion of the activities of which include rest, recreation, leisure, or any other services that do not consist exclusively of Covered Services.

## UNDERSTANDING THE BENEFITS AND HOW THEY WORK

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

### DEFINITIONS

- › **Premium** The amount you pay each month for your health insurance plan.
- › **Annual Out-of-Pocket Maximum** The maximum dollar amount you pay each calendar year for covered medical services. Copays, deductibles, and coinsurance apply to the annual out-of-pocket maximum.
- › **Coinsurance (In-network)** The percentage you pay for covered medical services or prescriptions after you have met the annual in-network deductible.
- › **Coinsurance (Out-of-network)** The percentage you pay for covered medical services or prescriptions after you have met the annual out-of-network deductible. You may pay more if the healthcare provider's charges exceed the amount Cigna reimburses for billed services (Maximum Reimbursable Charge).
- › **Copayment (copay)** A flat fee you pay toward services such as doctor visits or prescriptions.
- › **Annual Deductible** The amount you pay each year out-of-pocket for covered medical services or prescriptions before the plan starts to pay.
- › **In-network** Using a healthcare provider that Cigna has contracted with (doctors, hospitals, labs, etc.) and is in the Cigna network used by your plan.
- › **Network** A group of hospitals, health care professionals and labs that have contracted with Cigna to provide health care services.
- › **Participating Provider (In-network Provider)** A hospital, doctor or any other health care professional that is contracted by Cigna to provide covered medical services to an insured person as part of a policy/service agreement.
- › **Primary Care Physician** A participating physician who, through an agreement with Cigna, provides basic health services to and arranges specialized services for customers.
- › **Non-Participating Provider (Out-of-network Provider)** A doctor or any other health care professional that does not belong to the Cigna network defined by the plan.
- › **Health Maintenance Organization (HMO)** An HMO plan provides a localized network of doctors and other health care professionals. Premiums are generally lower when compared to other plan types. Customers select a Primary Care Physician to coordinate their care. Referrals are required to see a Specialist. Away from home care and out-of-network care are **not** covered, except for emergency services as defined in the plan. See the See the Details at a Glance Grid for specific plan information.
- › **Cigna Telehealth Connection Physician** A doctor who participates in the Cigna Telehealth Connection program, separate from the Plan network, who is contracted with our telehealth partners to provide consultations by phone or via secure video chat.<sup>1</sup>
- › **Cigna Telehealth Connection Partner Service** A Telehealth visit, requested by the insured person and provided by a provider who is participating in the Cigna Telehealth Connection program, by phone or via secure video chat, for minor acute medical conditions such as a cold, flu, sore throat, rash or headache. Providers are separate from the Plan network providers, are contracted through our telehealth partners and are available for services identified in the plan documents.<sup>3</sup>
- › **Coverage Area** Where a plan is available for enrollment, in an area that Cigna has designated.
- › **Prior Authorization** Approval from the insurance carrier (Cigna) before a routine hospital stay, outpatient procedure or certain prescription drugs and related supplies.
- › **Referral** Approval a Primary Care Physician provides when referring a patient to another health care professional, usually a specialist, for treatment or consultation. Required by some plans, see page 2 for plan specific information. Services provided by a participating OB/GYN doctor and services for Pediatric Dental Care and Pediatric Vision Care do not require a referral.

1. Telehealth providers participating in the Cigna Telehealth Connection program are independent contractors and separate from Plan network providers. Not all providers have video chat capabilities. Video chat is not available in all areas. PCP referral is not required. Refer to plan documents for a complete description of covered services, including other telehealth/telemedicine benefits.

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

Visit [Cigna.com/ifp-providers](https://www.cigna.com/ifp-providers) or call the number on the bottom of the first page.

## Cigna Connect 6400

## 2017 PLAN IMPORTANT DISCLOSURES

Medical plan rates vary based on plan design, age, family size, geographic location (residential zip code) and tobacco use. Tobacco use is not a rating factor in California and Maryland.

Rates for new medical policies/service agreements with an effective date on or after 01/01/2017 are guaranteed through 12/31/2017. Thereafter, medical rates are subject to change upon 30 days' prior notice in CT, IL, MO and TN, 31 days' prior notice in SC, 45 days' prior notice in FL, MD and NC, 60 days' prior notice in AZ, CA, CO, GA, and TX, and 75 days prior notice in VA.

Insurance policies/service agreements have exclusions, limitations, reduction of benefits and terms under which the policies/service agreements may be continued in force or discontinued. Medical applications are accepted during the 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/service agreement and for which the insured person has benefits.

Form Series for Cigna Health and Life Insurance Company:

Major Medical: AZ: INDAZCH042016, CA: CACHIND012017, CT: CTINDCH062016, FL: FLCHIND012017, GA: INDGACH042016, MD: MDINDOAPCH012017, NC: NCINDCH042016, SC: INDSCH012017, TN: TNINDOAP042016

Exclusive Provider: CA: CACHIND-EPO012017, CO: 49375C0006001, 2, 4 – 8, 10 – 17\_20170101, FL: FLCHINDEPO012017, MD: MDINDEPOCH012017, MO: MOINDEPO072016, TN: TNINDEPO042016, TX: INDTXEPO042016, VA: VAINDEPO042016

Form Series for Cigna HealthCare of Arizona, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of Texas, Inc.:

HMO: AZ: INDHMOAZ01-2017, IL: INDHMOIL01-2017, NC: INDHMONC042016, TX: INDTXHMO042016

The policy/service agreement may be canceled 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/service agreements 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 1-866-GET-Cigna. (1-866-438-2446).

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 at **866.Get.Cigna**. Current customers call **800.Cigna.30**.

## Cigna Connect 6400

## IMPORTANT PLAN INFORMATION

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 6400 is a Qualified Health Plan in the Health Insurance Marketplace.



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