

# GET TO KNOW YOUR MEDICAL PLAN

## Cigna LocalPlusIN 6000 | 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 in the following counties in California:

##### Northern California

Alameda  
Contra Costa  
San Francisco  
San Mateo  
Santa Clara

##### Southern California

Los Angeles  
Orange  
Riverside  
San Bernardino  
San Diego

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, call **800.Cigna.30**.

## Your Cigna LocalPlusIN plan.

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

Cigna's LocalPlusIN health insurance plans provide access to health care professionals in your area and other parts of the country in the LocalPlusIN Network. The network is comprised of a select group of health care professionals who Cigna contracts with to ensure that you have referral-free access to care.

### How it works

When you receive care from a health care professional or hospital in the LocalPlusIN Network, the visit is considered in-network which helps you keep your out-of-pocket costs down. When traveling, visit LocalPlus providers to receive in-network benefits. If outside of a LocalPlus Network area when away from home, visit [Cigna.com/ifp-providers](https://www.cigna.com/ifp-providers) to find providers in your plan's network.

For more network information, 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 your network.

## Details at a glance.

IMPORTANT INFORMATION ABOUT YOUR PLAN	
Network name	LocalPlusIN Network
Plan type	Exclusive Provider Organization (EPO)
<b>To remain in-network:</b>	
Primary care physician (PCP)	Visit an in-network PCP. PCP selection is encouraged.
Specialist physician	Visit specialists in the LocalPlus Network. Referral not required by a PCP.
Out-of-network coverage	Out-of-network services are <i>not</i> covered under this plan.
In the case of an emergency	Emergency care is covered, in- and out-of-network <sup>1</sup>
When traveling (away from home care)	When traveling in a LocalPlus network area, customers must see a LocalPlus network provider for in-network coverage. When traveling outside of a LocalPlus Network area, visit <a href="https://www.cigna.com/ifp-providers">Cigna.com/ifp-providers</a> to find providers in your network.
To find providers in-network visit	<a href="https://www.cigna.com/ifp-providers">Cigna.com/ifp-providers</a>

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

**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 plan is available to residents living in Northern and Southern California, depending on county. See last page for full listing.

MEDICAL BENEFIT	Cigna LocalPlusIN 6000	
	IN-NETWORK	OUT-OF-NETWORK
<b>Individual Deductible</b> (Medical and pharmacy)	\$6,000	Not Covered
<b>Family Deductible</b> (Medical and pharmacy)	\$12,000	Not Covered
Individual/family deductible is satisfied when each member has reached their annual individual deductible or when the total annual family deductible amount has been reached by any combination of family members.		
<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 \$30, deductible waived	Not Covered
<b>Specialist Physician</b> (Office visit)	You pay \$70 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 0%, deductible waived	Not Covered
<b>Delivery and Inpatient Services for Maternity Care</b>	You pay 50% after deductible	Not Covered

\* Amount you pay for covered medical services.

MEDICAL BENEFIT	Cigna LocalPlusIN 6000	
	IN-NETWORK	OUT-OF-NETWORK
<b>OUTPATIENT SERVICES</b>		
Lab, X-ray and Ultrasound	You pay 50% after deductible	Not Covered
CT/PET Scans and MRI	You pay 50% after deductible	Not Covered
Cardiac & Pulmonary Rehabilitation	You pay 50% after deductible	Not Covered
Rehabilitative Therapy Including Physical, Occupational, and Speech Therapy	You pay 50% after deductible	Not Covered
Outpatient Surgery (Facility/Physician services)	You pay 50% after deductible	Not Covered
Acupuncture	You pay 50% after deductible	Not Covered
<b>EMERGENCY AND URGENT CARE SERVICES</b>		
Emergency Room (Facility/Physician Services)	You pay 50% after deductible	You pay the same level as in-network if it is an emergency as defined in your plan, otherwise not covered
Urgent Care Services	You pay \$75, deductible waived	You pay the same level as in-network if it is an emergency as defined in your plan, otherwise not covered
Ambulance	You pay 50% after deductible	You pay the same level as in-network if it is an emergency as defined in your plan, otherwise not covered
<b>OTHER HEALTH CARE FACILITIES AND SERVICES</b>		
Skilled Nursing Facility 100 days per benefit period	You pay 50% after deductible	Not Covered
Home Health 100 visits per year	You pay 50% after deductible	Not Covered
Hospice	You pay 0%, deductible waived	Not Covered
<b>DURABLE MEDICAL EQUIPMENT (DME)</b>		
Durable Medical Equipment	You pay 50% after deductible	Not Covered

MEDICAL BENEFIT	Cigna LocalPlusIN 6000	
	IN-NETWORK	OUT-OF-NETWORK
<b>MENTAL HEALTH &amp; SUBSTANCE USE</b>		
<b>Inpatient</b>	You pay \$500 per day after deductible	Not Covered
<b>Outpatient</b> (Office visit)	You pay \$30, deductible waived	Not Covered
<b>Outpatient</b> (All other services)	No Charge	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 Generics</b> Up to a 90 day supply. You pay a copay for each 30 day supply.	You pay \$20, deductible waived	Not Covered
<b>TIER 2: Retail Preferred Brands</b> Up to a 90 day supply. You pay up to a \$500 maximum per 30 day prescription.	You pay 50% up to \$500 maximum per prescription, after deductible	Not Covered
<b>TIER 3: Retail Non-preferred Brands</b> Up to a 90 day supply. You pay up to a \$500 maximum per 30 day prescription.	You pay 50% up to \$500 maximum per prescription, after deductible	Not Covered
<b>TIER 4: Retail Specialty</b> Up to a 90 day supply. You pay up to a \$500 maximum per 30 day prescription.	You pay 50% up to \$500 maximum per prescription, after deductible	Not Covered

**PRESCRIPTIONS FILLED THROUGH HOME DELIVERY**

<b>TIER 1: Home Delivery Generics</b> Up to a 90 day supply	You pay \$50, deductible waived	Not Covered
<b>TIER 2: Home Delivery Preferred Brands</b> Up to a 90 day supply	You pay 50% up to \$1,250 maximum per prescription, after deductible	Not Covered
<b>TIER 3: Home Delivery Non-preferred Brands</b> Up to a 90 day supply	You pay 50% up to \$1,250 maximum per prescription, after deductible	Not Covered
<b>TIER 4: Home Delivery Specialty</b> Up to a 90 day supply	You pay 40% up to \$1,450 maximum per prescription, after deductible	Not Covered

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

**Pediatric Coverage**

**Dental**

The Cigna Pediatric Dental Plan is included with the purchase of a Cigna Medical plan off Marketplace and covers dependents up to age 19.<sup>1</sup>

<b>Pediatric Dental</b>	Coverage information for the Cigna Dental Pediatric plan can be found on the <a href="#"><u>Pediatric Dental Summary of Benefits</u></a> .
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**Vision**

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

	<b>BENEFITS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Pediatric Vision</b>	<b>Comprehensive eye exam with refraction for children</b> Limit 1 visit per 12 month period.	You pay 0%, deductible waived	Not Covered
	<b>Eye glasses for children</b> Limited to 1 pair of glasses (lenses and frames from pediatric selection) per 12 month period.		
	<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.		

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

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

1. Pediatric Dental and Vision coverage continues through the end of the calendar year in which the dependent turns age 19.

## Cigna LocalPlusIN 6000

### 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 the link below
2. Type **Cigna.com/CA-2017-Cigna-LocalPlusIN-Plans-Exclusions** into your browser or
3. Call **866.Get.Cigna**  
*Current customers, call 800.Cigna.30*

- ▶ Any amounts in excess of maximum amounts of Covered Expenses stated in the Policy.
- ▶ Services or supplies that are not Medically Necessary, except for voluntary family planning and preventive care services or treatment.
- ▶ Services or supplies for Experimental Procedures or Investigative Procedures.
- ▶ Services received before the Effective Date of coverage.
- ▶ Services received after coverage under the Policy ends.
- ▶ Services for which You have no legal obligation to pay or for which no charge would be made if You did not have health plan or insurance coverage.
- ▶ Any condition for which benefits are recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law.
- ▶ Any services provided by a local, state or federal government agency, except when payment under the Policy is expressly required by federal or state law.
- ▶ If the Insured Person is eligible for Medicare part A or B or D, Cigna will provide claim payment according to the Policy minus any amount paid by Medicare, not to exceed the amount Cigna would have paid if it were the sole insurance carrier.
- ▶ Any services for which payment may be obtained from any local, state or federal government agency (except Medicaid or Medi-Cal). Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
- ▶ 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.
- ▶ Physical exams and other services required on court order or required for parole or probation. This exclusion does not apply to medically necessary services.
- ▶ Assistance with activities of daily living (for example: walking, getting in and out of bed, bathing, dressing, feeding, toileting, and taking medicine). This exclusion does not apply to assistance with activities of daily living that is provided as part of covered Hospice, Skilled Nursing Facility, or inpatient Hospital care.
- ▶ Inpatient or outpatient services of a private duty nurse. Cigna excludes private duty nursing for the following reasons: a) When an Insured Person is confined to a Hospital or other covered facility, the facility provides 24-hour nursing care, b) When an Insured Person is home and requires nursing care, licensed nurses are covered to provide Home Health Care benefits. In-home private duty nursing includes care that is not covered, such as assistance with activities of daily living, and an Insured Person who requires 24-hour nursing care is normally admitted to a facility appropriate to the level of care required.
- ▶ Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed on an outpatient basis, unless the Hospital stay is Medically Necessary.
- ▶ Dental services for adults age 19 and over, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as otherwise stated in the Policy under "Dental Care".
- ▶ Orthodontic Services for adults age 19 and over, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction. However, Orthodontic Services which are an integral part of reconstructive surgery for Cleft Palate are covered.
- ▶ Dental Implants for adults age 19 and over unless they are an integral part of reconstructive surgery for Cleft Palate, 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 except for internally-implanted devices. A hearing aid is any device that amplifies sound.
- ▶ Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, and eye exams for refraction for adults age 19 and over.
- ▶ An eye surgery for Insured Persons age 19 and above solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
- ▶ Cosmetic Services: Services that are intended primarily to change or maintain one's appearance. The exclusion shall not apply to any of the following: Reconstructive Surgery (Please see page 19: "Definitions – Cosmetic and Reconstructive Surgery") or Mastectomy



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2017 PLAN EXCLUSIONS AND LIMITATIONS

- (Please see page 60: “Mastectomy and Related Procedures”); Durable Medical Equipment, Prosthetics, and Orthotic devices incident to a reconstructive surgery or mastectomy, including testicular implants implanted as part of a covered reconstructive surgery, breast prostheses needed after a mastectomy, and prostheses to replace all or part of an external facial body part.
- ▶ Aids or devices that assist with nonverbal communication, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
  - ▶ Non-Medical counseling or ancillary services, including but not limited to: education, training, vocational rehabilitation, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety.
  - ▶ Gender/sex reassignment surgery is not covered unless the health care services involved are otherwise available under the policy. This exclusion does not permit the denial of coverage if the health care services involved are otherwise available under the policy, including but not limited to hormone therapy, hysterectomy, mastectomy, and vocal training. Also, this exclusion does not permit the denial of coverage for health care services available to a covered person of one sex due only to the fact that the covered person is enrolled as belonging to the other sex or has undergone, or is in the process of undergoing, a gender transition.
  - ▶ Treatment for impotence and/or inadequacy, except if this is a result of an Accidental Injury, organic cause, trauma, infection, or congenital disease or anomalies.
  - ▶ All services related to the evaluation or treatment of fertility and/or Infertility, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and In vitro fertilization.
  - ▶ Any Infusion or Injectable Specialty Prescription Drugs that require Physician supervision, if not provided by a Participating Provider.
  - ▶ 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.
  - ▶ Cryopreservation of sperm or eggs.
  - ▶ 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.
  - ▶ Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics except for diabetic shoes and inserts, including off-the-shelf depth-inlay shoes, custom- molded shoes, custom-molded multiple density inserts, fitting, modification, and follow-up care for podiatric devices. Coverage will include fitting and adjustment, repair or replacement (but not for loss or misuse), and services to determine whether an insured needs a prosthetic or orthotic device.
  - ▶ 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.).
  - ▶ Services primarily for weight reduction or treatment of obesity except morbid obesity, or any care which involves weight reduction as a main method for treatment.
  - ▶ Educational services except for Bariatric surgery related health education, health education for tobacco cessation and stress management, chemical dependency and substance abuse disorder, preventive dental, post-natal, preventive health, Diabetes Self- Management Training Program, Pediatric Asthma Training, and as specifically provided or arranged by Cigna.
  - ▶ Outpatient oral nutrition, such as dietary supplements, herbal supplements, weight loss aids, formulas, and food.
  - ▶ Durable medical equipment not specifically listed as Covered Services in the Covered Services section of the Policy. Excluded durable medical equipment includes, but is not limited to: shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; correction appliances or support appliances and supplies such as stockings, disposable supplies as follows: Bandages, gauze, tape, antiseptics, dressings, Ace-type bandages, and diapers, underpads, and other incontinence supplies. This exclusion shall not apply to disposable supplies covered as “Durable Medical Equipment,” “Home Health Care,” “Hospice Care,” “Ostomy and Urological Supplies,” and “Prescription Drug Benefits”.
  - ▶ All Foreign Country Provider charges other than emergency or urgent care services.
  - ▶ Growth Hormone Treatment, except when such treatment is Medically Necessary 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 Medically Necessary and effective for such use and such treatment must be likely to result in a significant improvement of the Insured Person’s condition.
  - ▶ Routine foot care, such as nail clipping or corn removal that is not Medically Necessary.
  - ▶ 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 animal to human organ transplants.
  - ▶ Claims received by Cigna after 15 months from the date service was rendered, except in the event of a legal incapacity.

## 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.
- › **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.
- › **Exclusive Provider Organization (EPO)** An EPO plan provides a localized network of doctors and other health care professionals. Depending on the plan, Primary Care Physician selection and referrals to see Specialists are either not required, may be required or encouraged. Away from home care may or may not be included. Plans do not offer out-of-network coverage except for emergency services as defined in the plan. See the See the Details at a Glance Grid for specific plan information.
- › **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.
- › **Cigna Telehealth Connection Physician** A doctor who participates in the Cigna Telehealth Connection program, separate from the Plan network, who are contracted with our telehealth partners MDLive and American Well 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>1</sup>

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. Not all providers have video chat capabilities.

#### 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 LocalPlusIN 6000

### 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, 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, FL: FLCHINDEPO012017, MD: MDINDEPOCH012017, MO: MOINDEPO072016, TN: TNINDEPO042016, TX: INDTXEP0042016, 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).

## Cigna LocalPlusIN 6000

### 2017 PLAN IMPORTANT INFORMATION

**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 at **866.494.2111**. Current Cigna health plan customers, please call **800.Cigna.30**.



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