

GET TO KNOW YOUR MEDICAL PLAN

Cigna Connect Flex Silver 2000 | 2017 Summary of Benefits (200-250% FPL)

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.¹
- **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.²
- **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 the following counties in Colorado:

Adams	Boulder	Denver	Jefferson
Arapahoe	Broomfield	Douglas	

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**.

You may be able to save money with Federal financial assistance

- This plan is only available for those who qualify for a cost-sharing reduction. The reduction lowers the out-of-pocket costs (deductibles, copays or coinsurance) you pay when you get care.
- You may also qualify for a “premium tax credit.” You can use some or all of this tax credit to reduce your monthly plan premium or you can choose to get that money back when you file your taxes.
- Call **866.Get.Cigna** and we will help to see if you may qualify. Current customers please 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**.

How it works

Simply choose your in-network primary care physician (PCP)¹ who will get to know your needs, direct you to specialists when needed,² 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** to find providers in the Connect network.

Details at a glance.

IMPORTANT INFORMATION ABOUT YOUR PLAN	
Network name	Connect Network
Plan type	Exclusive Provider Organization (EPO)
To remain in-network:	
Primary care physician (PCP)	Visit an in-network PCP. PCP selection is required. ¹
Specialist physician	Visit specialists in the Connect Network. Referral is required by a PCP ²
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. ³
When traveling (away from home care)	Covered for emergency medical services as defined by the plan. Telehealth benefits are available for minor acute care on the phone or via secure video chat anywhere, anytime. ⁴
Additional network information	Important Plan Information Flyer
To find providers in-network visit	Cigna.com/ifp-providers

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.¹

- 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 BENEFITS¹

You pay \$30, 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 Exclusive Provider plan is available to residents in parts of Colorado, depending on county. Please see first page for full listing. Plan does not provide benefits outside of your local area or out-of-network, except for emergency services as defined in the plan.

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MEDICAL BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Individual Deductible (Medical and pharmacy)	\$1,900	Not Covered
Family Deductible (Medical and pharmacy)	\$3,800	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.		
Coinsurance*	You pay 30% after deductible	Not Covered
Individual Out-of-Pocket Maximum	\$5,700	Not Covered
Family Out-of-Pocket Maximum	\$11,400	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, deductible waived	Not Covered
Specialist Physician (Office visit)	You pay \$55, deductible waived	Not Covered
Office Related Services	You pay 30% after deductible	Not Covered

PREVENTIVE CARE

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

Facility Services (Inpatient room and board, lab & x-ray, operating room, etc.)	You pay 30% after deductible	Not Covered
Physician Services	You pay 30% after deductible	Not Covered

MATERNITY CARE

Prenatal and Postnatal Care	You pay 30% after deductible	Not Covered
Delivery and Inpatient Services for Maternity Care	You pay 30% after deductible	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 30% after deductible	Not Covered
CT/PET Scans and MRI	You pay 30% after deductible	Not Covered
Cardiac & Pulmonary Rehabilitation Unlimited maximum	You pay 30% after deductible	Not Covered
Short-Term Rehabilitative Therapy Maximum of 20 visits per therapy per calendar year for Physical, Occupational & Speech Rehabilitation	You pay 30% after deductible	Not Covered
Outpatient Surgery (Facility) 20 visits per calendar year. There is no maximum.	You pay 30% after deductible	Not Covered
Outpatient Surgery (Physician services)	You pay 30% after deductible	Not Covered
Acupuncture	Not Covered	Not Covered

EMERGENCY AND URGENT CARE SERVICES

Hospital Emergency Room	You pay 30% after deductible	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, deductible waived	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 30% after deductible	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 Maximum of 100 days per calendar year	You pay 30% after deductible	Not Covered
Home Health Maximum of 28 hours per week	You pay 30% after deductible	Not Covered
Hospice	You pay 30% after deductible	Not Covered

DURABLE MEDICAL EQUIPMENT (DME)

Durable Medical Equipment	You pay 30% after deductible	Not Covered
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MEDICAL BENEFIT

IN-NETWORK

OUT-OF-NETWORK

MENTAL HEALTH & SUBSTANCE USE DISORDER

	IN-NETWORK	OUT-OF-NETWORK
Inpatient	You pay 30% after deductible	Not Covered
Outpatient (Office Visit)	You pay \$45, deductible waived	Not Covered
Outpatient (All other services)	You pay 25% after deductible	Not Covered

PRESCRIPTION DRUGS (RETAIL & HOME DELIVERY)

IN-NETWORK

OUT-OF-NETWORK

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. You pay copay for each 30 day supply.	You pay \$8, deductible waived	Not Covered
TIER 2: Retail Non-preferred Generics (Medications at a higher cost than Tier 1) Up to a 90 day supply. You pay copay for each 30 day supply.	You pay \$20, deductible waived	Not Covered
TIER 3: Retail Preferred Brands (Brand-name drugs at a lower cost than Tier 4) Up to a 90 day supply. You pay copay for each 30 day supply.	You pay \$60, deductible waived	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% after deductible	Not Covered
TIER 5: Retail Specialty (Drugs for complex chronic conditions) Up to a 30 day supply.	You pay 40% after deductible	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 \$20, deductible waived	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 \$50, deductible waived	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 \$150, deductible waived	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% after deductible	Not Covered
TIER 5: Home Delivery Specialty (Drugs for complex chronic conditions) Up to a 30 day supply.	You pay 30% after deductible	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 plan are available for purchase independently or alongside a Cigna Medical plan on the Health Insurance Marketplace.

OFF MARKETPLACE

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

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

	BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Pediatric Vision	<p>Comprehensive eye exam with refraction for children Limit 1 visit per 12 month period.</p>	<p>You pay 0%, deductible waived</p>	<p>Not covered</p>
	<p>Eye glasses for children Limited to 1 pair of glasses (lenses and frames from pediatric selection) per 24 month period.</p>		
	<p>Therapeutic contact lenses for children 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>		

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/CO-2017-Cigna-Connect-Plans-Exclusions** into your browser or
 3. Call **866.Get.Cigna**.
- Current customers, call 800.Cigna.30.*

LIMITATIONS/EXCLUSIONS (WHAT IS NOT COVERED)

Excluded Services

Cigna may not deny, exclude, or otherwise limit coverage for Medically Necessary services, as determined by an Insured Person's medical provider, if the item or service would be provided based on current standards of care and as a covered benefit to another Insured Person without regard to their sexual orientation.

In addition to any other exclusions and limitations described in this Policy, there are no benefits provided for the following:

- ▶ Services obtained from an Out-of-Network (Non-Participating) Provider, except for Emergency Services.
- ▶ Any amounts in excess of maximum amounts of Covered Expenses stated in this Policy.
- ▶ Services not specifically listed as Covered Services in this Policy.
- ▶ Services for treatment of complications of non-covered procedures or services.
- ▶ 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.
- ▶ 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.

- ▶ 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) an Insured Person participating in the military service of any country; (d) an Insured Person participating in an insurrection, rebellion, or riot; (e) services received as a direct result of an Insured Person's commission of, or attempt to commit a felony (whether or not charged) or as a direct result of the Insured Person being engaged in an illegal occupation.
- ▶ 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.
- ▶ Any services required by state or federal law to be supplied by a public school system or school district.
- ▶ Any services for which payment may be obtained from any local, state or federal government agency (except Medicaid or medical assistance benefits under the Colorado Medical Assistance Act, Title 25.5, Articles 4, 5, and 6, C.R.S.). Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
- ▶ If the Insured Person 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 it were the sole insurance carrier.

- ▶ Court-ordered treatment or hospitalization, unless such treatment is medically necessary and listed as covered in this plan.
- ▶ Professional services or supplies received or purchased from Yourself.
- ▶ Custodial Care.
- ▶ Private duty nursing except when provided as part of the Home Health Care Services or Hospice Services benefit in this Policy or as specifically stated in the section of this Policy titled "Benefits/Coverage (What is Covered)."
- ▶ Inpatient room and board charges in connection with a Hospital stay primarily for environmental change or physical therapy; Custodial Care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- ▶ Services received during an inpatient stay when the stay is primarily related to behavioral, social maladjustment, lack of discipline or other antisocial actions which are not specifically the result of mental health.
- ▶ 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; meditation; visualization; acupuncture; acupressure; reflexology; rolfing; light therapy; aromatherapy; music or sound therapy; dance therapy; sleep therapy; hypnosis; energy-balancing; breathing exercises; movement and/or exercise therapy including but not limited to yoga, pilates, tai-chi, walking, hiking, swimming, golf; and any other alternative treatment as defined by the National Center for Complementary and

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- Alternative Medicine (NCCAM) of the National Institutes of Health. Services specifically listed as covered under “Short Term Rehabilitative Therapy” and “Habilitative Therapy” are not subject to this exclusion.
- ▶ Any services or supplies 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 are not Covered Services.
 - ▶ 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.
 - ▶ Services performed by unlicensed practitioners or services which do not require licensure to perform, for example mediation, breathing exercises, guided visualization.
 - ▶ Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
 - ▶ Services which are self-directed to a free-standing or Hospital based diagnostic facility.
 - ▶ Services ordered by a Physician or other provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility, when that Physician or other provider:
 - Has not been actively involved in your medical care prior to ordering the service, or
 - Is not actively involved in your medical care after the service is received.
 - ▶ This exclusion does not apply to mammography.
 - ▶ Treatment of Mental, Emotional or Functional Nervous Disorders or psychological testing, except as specifically provided in this Policy. However, medical conditions that are caused by behavior of the Insured Person and that may be associated with these mental conditions are not subject to these limitations.
 - ▶ 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.
 - ▶ Orthodontic Services, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction, except for treatment for medically necessary orthodontia for a person born with a cleft lip or cleft palate.
 - ▶ Dental Implants: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants, excludes medically necessary treatment of cleft lip, cleft palate.
 - ▶ Hearing aids, except as specifically stated in this Policy, including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs), limited to the least expensive professionally adequate device. A hearing aid is any device that amplifies sound.
 - ▶ Routine hearing tests except as specifically provided in this Policy under “Benefits/Coverage (What is Covered).”
 - ▶ Genetic screening or pre-implantations genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
 - ▶ Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Policy under Pediatric Vision.
 - ▶ An eye surgery solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
 - ▶ Any Drugs, medications, or other substances dispensed or administered in any outpatient setting except as specifically stated in this Policy. This includes, but is not limited to, items dispensed by a Physician.
 - ▶ Cosmetic surgery or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one’s appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury, medically necessary surgery or congenital defect of a Newborn child, or to treat congenital hemangioma (port wine stains) on the face and neck of an insured person 18 years and younger, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
 - ▶ Aids or devices that assist with nonverbal communication, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
 - ▶ Nonmedical counseling or ancillary services, including but not limited to: 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 nonmedical ancillary services for learning disabilities and developmental delays, except as specifically stated in this Policy. This exclusion does not apply to health education services for chronic diseases and self-care on topics such as stress management and nutrition.
 - ▶ Services and procedures for redundant skin surgery including abdominoplasty/panniculectomy, removal of skin tags, acupressure, acupuncture, craniosacral/cranial therapy, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia; varicose veins; rhinoplasty and blepharoplasty, regardless of clinical indications.
 - ▶ Surgery or treatments to change characteristics of the body to those of the opposite sex.
 - ▶ Any treatment, prescription drug, service or supply to treat sexual dysfunction, enhance sexual performance or increase sexual desire
 - ▶ The following services related to the evaluation or treatment of fertility and/or Infertility, sterilization reversals; donor semen and donor eggs; ovum transplants; In vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), except as specifically stated in this Policy.

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- ▶ Cryopreservation of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).
- ▶ 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; 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, and Self-administered Injectable Drugs, except as stated in the Benefit Schedule and in the Prescription Drug Benefits section 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 prescription. Infusion and Injectable Specialty drugs include, 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 utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- ▶ Blood administration for the purpose of general improvement in physical condition
- ▶ Orthopedic shoes (except when joined to braces), shoe inserts, foot orthotic devices (except for treatment as a result of diabetes).
- ▶ Services primarily for weight reduction or treatment of obesity including morbid obesity, or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Insured Person has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction, except as otherwise stated in this Policy under "Bariatric Surgery."
- ▶ Routine physical exams or tests that do not directly treat an actual illness, injury or condition, including those required by employment or government authority, physical exams required for or by an employer or for school, or sports physicals, except as otherwise specifically stated in this Plan.
- ▶ Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- ▶ Items which are furnished primarily for personal comfort or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, including wigs etc.).
- ▶ Massage therapy
- ▶ Educational services except for Diabetes Self-Management Training Program, and as specifically provided or arranged by Cigna.
- ▶ Nutritional counseling or food supplements, except as stated in this Policy.
- ▶ Durable medical equipment not specifically listed as Covered Services in the Covered Services section of this Policy. Excluded durable medical equipment includes, but is not limited to: orthopedic shoes or shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, and consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this Policy.
- ▶ Physical, and/or Occupational Therapy/Medicine except when provided during an inpatient Hospital confinement or as specifically stated in the Benefit Schedule and ' under Physical and/or Occupational Therapy/Medicine' in the section of this Policy titled " Benefits/Coverage (What is Covered)."
- ▶ All Foreign Country Provider charges are excluded under this Policy except as specifically stated under "Treatment received from Foreign Country Providers" in the section of this Policy titled "Benefits/Coverage (What is Covered)."
- ▶ Growth Hormone Treatment except when such treatment is medically proven to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be clinically proven to be effective for such use and such treatment must be likely to result in a significant improvement of the Insured Person's condition; Growth hormone treatment for idiopathic short stature, or improved athletic performance is not covered under any circumstances.
- ▶ Routine foot care including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized illness, injury or symptoms involving the feet, except as otherwise stated in this Policy.
- ▶ 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.
- ▶ Charges for elective abortions.
- ▶ 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.
- › **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.
- › **Advanced Premium Tax Credit** If you qualify and enroll in a Marketplace Qualified Health Plan (QHP),¹ tax credit subsidies/financial assistance can lower your monthly premium payments or you can get the money back when you file your taxes. All, or a part of the subsidy can be used towards your premium. Subsidies are based on certain household size and income requirements.
- › **Cost-sharing reductions²** These may lower the amount you pay out-of-pocket when you get medical care like copays or coinsurance. Cost-sharing reduction subsidies/financial assistance are based on certain household size and income requirements and may be available in addition to tax credit subsidies.
- › **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 Details at a Glance grid at the beginning of this document 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.³
- › **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.³
- › **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. Tax Credit subsidies can only be applied to the purchase of a Marketplace QHP.

2. Customers must select a Silver level Marketplace QHP to take advantage of cost-sharing reduction subsidies.

3. 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** or call the number on the bottom of the first page.

Cigna Connect Flex Silver 2000
(200–250% FPL)

2017 PLAN IMPORTANT DISCLOSURES

Medical plan rates vary based on plan design, age, family size, geographic location (residential zip code) and tobacco use.

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 60 days' prior notice.

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:

Exclusive Provider: CO: 49375C0006001, 2, 4 – 8, 10 - 17_20170101

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.

ACCESS PLAN: If you would like more information on: (1) who participates in our provider network; (2) how we ensure that the network meets the health care needs of our members; (3) how our provider referral process works; (4) how care is continued if providers leave our network; (5) what steps we take to ensure medical quality and customer satisfaction; (6) where you can go for information on other policy services and features. You may request a copy of our Access Plan. The Access Plan is designed to disclose all the policy information required under Colorado law, and is available for review upon request.

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 Connect Flex Silver 2000

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 Flex Silver 2000 is a Qualified Health Plan in the Colorado Health Insurance Marketplace



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