



2018 CIGNA PLAN BROCHURE

Things to consider when shopping for a Cigna plan.

Together, all the way.®



Cigna Health and Life Insurance Company

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More than a health plan.

When you choose Cigna, you get more than a health plan. You also get a trusted partner who can help you get the most out of your plan. Cigna wants to help you live well and stay well – at a lower price. Our plans offer:

- › Detailed coverage information and plan tools you can find online.
- › An online listing to help you find quality in-network doctors near you.
- › Customer service, available 24 hours a day, seven days a week, 365 days a year.
- › Preventive care coverage at no extra cost to you.¹
- › Doctor consults by phone or secure video chat with Cigna Telehealth Connection. Out-of-pocket costs are the same or less than a primary care provider (PCP) visit.²
- › Health and wellness coaching to help you reach your personal goals. We partner with WebMD® to offer the latest content.

Let's take a look at some important steps to follow when choosing a health plan

1. Understanding costs.

When researching a health plan, among the first things people review are the costs associated with the plan. There are different kinds of costs, such as premiums, deductibles, out-of-pocket maximums and other expenses. People are usually most concerned about the premium and the deductible.



The health plan premium is the fee paid for coverage of medical benefits for a defined benefit period (usually paid monthly).



A health plan deductible is a fixed dollar amount during the benefit period – usually a year – that an insured person pays before the insurer starts to make payments for covered medical services. Plans typically apply deductibles on an individual or family basis.

1. Includes eligible in-network preventive care services when you see an in-network doctor. Some services may not be covered, including most immunizations for travel. Read 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. Read plan documents for a complete description of covered services, including other telehealth/telemedicine benefits.



2. Understand how it works.

Knowing how different plans work is another important consideration when choosing a plan.

› Does the plan require a PCP?

Cigna Connect plans encourage a PCP to be a part of your care team and will assign one to you at enrollment which you can later change after your plan's effective date.³ Your PCP will get to know your needs and direct you to specialists when needed⁴ and ensure that your providers are communicating and coordinating your care.

› Do you already have a PCP?

We understand the relationship with your PCP is important to you. You can find out if your PCP is in the Connect Network by visiting [Cigna.com/ifp-providers](https://www.cigna.com/ifp-providers). You can select this doctor as your PCP after your effective date.

› What is the difference between an in-network and out-of-network provider?

To help you save money, most plans provide access to a network of doctors and facilities.

To be a part of the plan's network, these doctors and facilities must meet certain requirements and agree to accept a discounted rate for covered services under your plan. These health care professionals are considered "in-network."

If a doctor or facility is not contracted with your health plan, they are considered "out-of-network" and can charge you full price for out-of-network services if they are not covered under your plan.

› How can you access care when your PCP isn't available?

If you are traveling and in need of care, Telehealth benefits, through Cigna Telehealth Connection, are available for minor acute care by phone or via secure video chat anywhere, anytime.²



3. Know the network.

When choosing a plan, you should know how the plan's network operates and the area that it covers. The Cigna Connect Network is an Exclusive Provider Organization (EPO) which gives you access to a highly engaged, in-network care team. With Cigna Connect plans, you have access to local, quality doctors.

Cigna Connect health plans are available to residents living in the following counties: Cass, Boone, Lincoln, Clay, Platte, Franklin, Ray, Jackson, St. Charles, Jefferson, St. Louis City, St. Louis County, Warren, Washington, St. Francois and St. Genevieve. Care provided outside of the service area is generally not covered.

Remember, staying in-network is important to get the most value from your plan. Keep in mind that Cigna Connect plans do not include out-of-network coverage, except in case of emergency as defined by the plan.

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

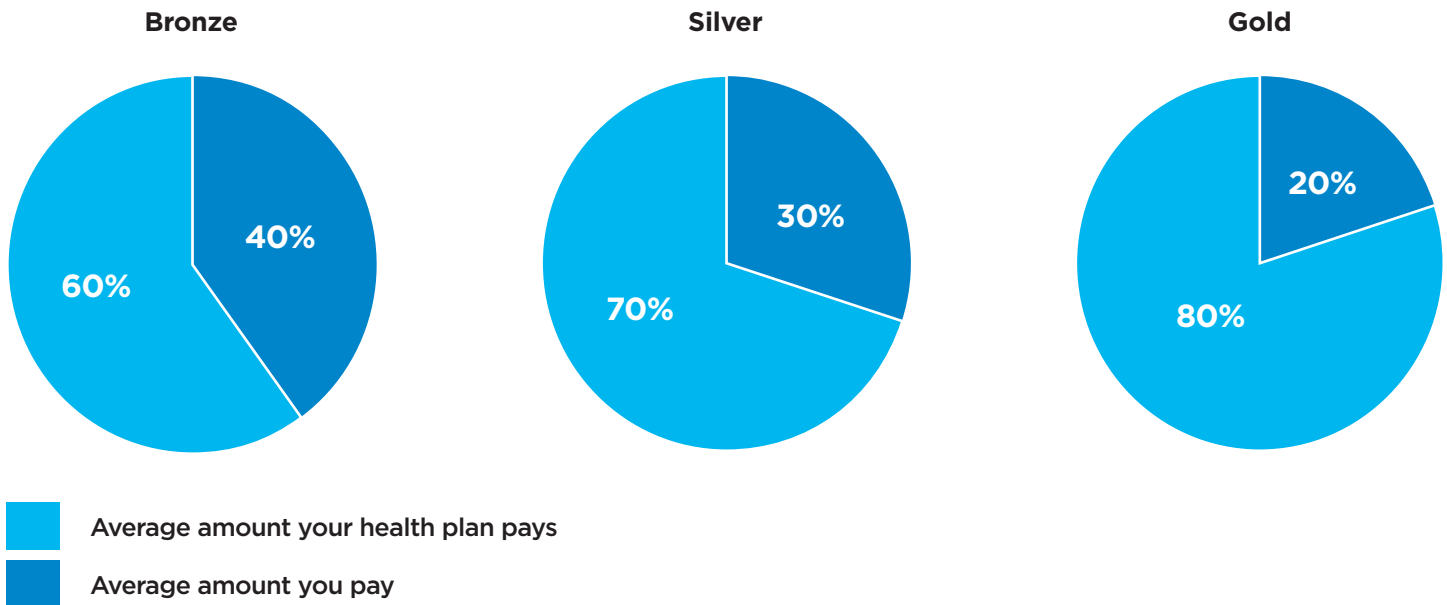
4. Females can obtain services for obstetrical or gynecological care from a participating provider without a referral from their PCP. See plan documents for this and other exceptions to the referral process.

4. Shopping on the Health Insurance Marketplace.

If you are shopping for plans on the Marketplace, you'll notice different categories of plans or "metal levels" are available. Please take a moment to review the following metal levels and plan information.

What the metal levels mean

Bronze, Silver and Gold are some of the different categories or "metal levels" of coverage for the Marketplace. Plans in each category pay different amounts of the total costs of an average person's care. This includes deductibles, copays, coinsurance and out-of-pocket maximums. Generally, the higher the metal level, the more expenses your plan covers. The actual percentage you'll pay in total will depend on the services you use during the year.



Important to note:

If you are purchasing a plan on the Marketplace please understand that not all benefit information is shown online. The non-preferred generic pharmacy benefit is not included in the Marketplace benefit information but may be important to you when determining your plan selection. A non-preferred generic drug is one that is not included on the plan's drug list or list of preferred prescriptions. For more details on the benefits related to non-preferred generic drugs, please visit the "Summary of Benefits" link on [healthcare.gov](https://www.healthcare.gov).

5. Consider financial assistance on the Marketplace.

There are two forms of federal financial help available when buying a plan on the Marketplace. If you are eligible, these include tax credits, which reduce the monthly premium, and cost-sharing reductions, which reduce out-of-pocket costs.



Premium tax credits can reduce your monthly premium payments when you enroll in a Marketplace Qualified Health Plan (QHP).⁵ You can apply all, or a part of this tax credit to your premium to lower your monthly bill.

Premium tax credit eligibility is based on household size and income. Individuals earning up to \$45,520 and/or a family of four earning up to \$97,200 may be eligible.⁶



Cost-sharing reductions⁷ can reduce the amount you pay out-of-pocket when you get care. These include deductibles, copays or coinsurance. Household size and income requirements determine the amount of the reductions. Cost-sharing reductions may be available along with the premium tax credit.

To get these savings, you must enroll in a Silver QHP plan. Individuals earning less than approximately \$29,700 and/or a family of four earning up to approximately \$60,750 may be eligible.

Financial help is not available if:

- ▶ You are eligible for affordable minimum-value employer-sponsored coverage (whether you enroll or not)
- ▶ You are covered under an employer-sponsored group health plan
- ▶ You qualify for Medicare or Medicaid coverage

Native Americans and Alaska Natives may qualify for tax credits and special cost-sharing reductions if specific requirements are met.

5. Federal financial assistance can only be applied to the purchase of a Marketplace QHP.

6. Figures are based on national 2017 averages.

7. Customers must select a Silver level Marketplace QHP to take advantage of cost-sharing reductions. View the Summary of Benefits and Coverage for the cost-sharing subsidies that may apply to you.

6. Once you've chosen a plan, here's how you can use it.

Below you will find some additional information that you might find helpful if you are in need of medical care. There are many options available for you, and your best starting point is your PCP.



PCP

The doctor's office is the best place to go for routine or preventive care, and to obtain prescriptions for medication. Your PCP can help coordinate your care and refer you to a specialist if needed.

Where should you go if your PCP isn't available? Below are various in-network services and facilities that provide quality care for different needs. You may save hundreds of dollars by choosing the in-network option that best meets your need. For example, going to a convenience care clinic costs less than going to the emergency room. To find a participating provider, visit [cigna.com/ifp-providers](https://www.cigna.com/ifp-providers).



Cigna's 24-hour Health Information LineSM

A nurse can help you decide if you should see your doctor, go to an urgent care center or use another option. They can also help you find a doctor in your plan's network. You can use this service by calling **800.244.6224**.



Cigna Telehealth Connection

Connect with a board-certified doctor by phone or secure, online video chat – anytime, from anywhere.² This can be a great option when traveling or when you cannot see your PCP. Available 24/7/365.



Convenience care clinic

When you need immediate treatment for common ailments and injuries, you have more choices than just going to your doctor, such as a convenience care clinic. Look for this type of clinic in grocery stores, pharmacies and other retail locations. They are staffed by nurse practitioners or physician assistants, and are usually open nights and weekends.



Urgent care center

For conditions that are not life threatening. They're staffed by nurses and doctors, and are usually open nights and weekends.



Emergency room

Emergency rooms are for the immediate treatment of critical injuries or illness. If a situation seems life threatening, call 911 or go to the nearest ER. Open 24/7. To find a participating emergency room, visit [cigna.com/ifp-providers](https://www.cigna.com/ifp-providers).



We hope you have a better understanding of the many advantages of Cigna Connect health plans. For additional information, please visit [healthcare.gov](https://www.healthcare.gov) or [Cigna.com](https://www.cigna.com).

2018 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 01/01/2018 are guaranteed through 12/31/2018. Thereafter, medical rates are subject to change upon 30 days' prior notice in MO.

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 MO: MOINDEPO042017.

The policy/service agreement may be cancelled by Cigna due to failure to pay premium, fraud, ineligibility, when the insured no longer lives in the service area, or when we cease to offer policies/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).

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**.



Health Insurance Marketplace



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