Nothing is more important than your health. With upcoming health care reform changes, it’s important to stay informed so you can get the plan that’s right for you.

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HEALTH CARE REFORM: A QUICK OVERVIEW

The Affordable Care Act (ACA) was designed to make health care more affordable and available for all Americans. By setting minimum essential health benefit requirements like maternity care, emergency services and prescription drugs — benefits that are not currently offered on all health plans — and limiting the cost of premiums, health care reform will help people get the coverage they need. This includes people with pre-existing conditions, who will no longer be denied coverage based on their health.

The ACA helps people get comprehensive coverage that includes hospitalization, preventive and wellness services, pediatric services for oral and vision care, and more. With a few exceptions, people who don’t get health insurance will be required to pay a tax penalty for each month they are without coverage. In 2014, this penalty will not exceed $95 per individual. For families, the penalty will not exceed $285 or 1% of family income, whichever is greater. The penalty will increase in subsequent years.

Most people who do not currently have insurance will have to obtain qualifying coverage, effective January 1, 2014. That means selecting a plan and enrolling during the first part of the initial open enrollment period between October 1, 2013, and December 15, 2013.

People who are already covered by a current Cigna health plan do not have to re-enroll or change their plan. They can keep their current plan without worrying about the ACA tax penalty.
Affordable health coverage

The ACA will offer federal financial assistance starting in 2014, making coverage more affordable for low- and moderate-income individuals who purchase insurance on their own.

There are two types of reductions:

1. **Premium tax credits** can lower your monthly premiums or provide a credit toward your annual income tax each year.

2. **Cost-sharing reductions** help lower out-of-pocket costs for deductibles and coinsurance when using your health care benefits.

These reductions will only apply if you purchase your health insurance through your state’s Marketplace. Otherwise, refer back to your renewal letter on how to contact a Cigna representative or contact your broker.

You may not be eligible for federal financial assistance if any of these situations apply to you:

- You are covered under an employer-sponsored plan
- You are eligible for affordable, minimum-value employer coverage — even if you are not enrolled
- You are eligible for coverage under a government plan (Medicare, Medicaid or CHIP)

See page 7 to find out if you will qualify and how to apply for your federal premium tax credit or cost-sharing reduction.

**Essential Health Benefits**

A major part of health care reform is providing more complete health coverage to more people.

The following are considered “Essential Health Benefits” and are included in all 2014 qualified plans:

- Hospitalization
- Prescription drugs
- Pediatric services, including oral and vision care
- Preventive and wellness services and chronic disease management
- Laboratory services
- Maternity and newborn care
- Rehabilitation and habilitative services and devices
- Mental health and substance abuse services
- Ambulatory services
- Emergency services
- Preventive and wellness services and chronic disease management

**Important note:** While these services are covered under all 2014 qualifying plans, they may require a copayment, coinsurance or that your deductible be met before the plan pays for the service. In-network preventive care is covered at no additional cost without a copay or coinsurance.
YOUR CIGNA HEALTH PLAN

When it comes to selecting your 2014 health plan, you have options. You may:

✓ Stick with your current Cigna plan
✓ Switch to a new Cigna plan for 2014

If you have questions, please refer back to your renewal letter on how to contact a Cigna representative or contact your broker directly.

Personalized health plan recommendation

Your renewal letter recommends the top plans that we feel best fit your health care needs. We based our recommendation on several factors:

1. The plan you currently have, including the benefits you selected and the price you currently pay
2. How to keep your costs close to what you currently pay, or lower if possible
3. How to maintain or improve your level of coverage

We’re here to provide personal recommendations about your coverage, make sure you’re aware of any changes that may benefit you and ensure your transition is as easy as possible. GO YOU!

Other plan considerations

BEFORE YOU PURCHASE COVERAGE FOR 2014, THERE ARE A FEW THINGS YOU SHOULD KNOW

KEEPING YOUR CURRENT PLAN IS AN OPTION FOR EVERYONE*

If you’re happy with your current coverage, you can keep it for 2014. We’ve made it possible to renew your plan for an additional year. Your plan benefits will remain the same, but your plan may not include all of the Essential Health Benefits.

If your needs have changed, or if you’re eligible for federal financial assistance, you may be able to purchase a new Cigna plan that meets reform requirements and begins coverage on January 1, 2014.

*Does not apply to customers residing in South Carolina or Connecticut. Current plans do not include all Essential Health Benefits. If you have questions about your current coverage, please refer to your plan documents or contact Cigna customer service.
KEY DIFFERENCES BETWEEN CURRENT PLANS AND NEW HEALTH CARE REFORM COMPLIANT PLANS

**NETWORK**

For 2014, we have created a smaller network with a limited number of providers so we can pass the resulting savings on to you. 2013 plans have Cigna’s Open Access Network, while 2014 reform plans have Cigna’s smaller LocalPlus Network. Don’t let the name fool you — the network is local, but it is also available in other states. If you’re away from home, you can still visit a LocalPlus doctor or facility.

When you choose a doctor or hospital in Cigna’s LocalPlus Network,* you’ll pay less out of pocket for providers who have been selected for this network.

*Your current doctor may not be in the LocalPlus Network, but you’ll find many pre-screened quality choices in your area. If you are considering switching coverage in 2014, follow the link below to see if your doctor is in the LocalPlus Network:

www.Cigna.com/ifp-providers

**PRESCRIPTION DRUG LIST**

For 2014, one of the ways Cigna reduced premiums was to narrow the list of covered drugs. We’ve kept drug options available in all therapeutic classes but have removed some of the brand-name drugs that drive higher costs. Please note that you can get medications approved that are not in the 2014 formulary if medically necessary.

Follow the link below to the approved formulary for 2014:

www.Cigna.com/ifp-drug-list

**PHARMACY**

We’ve made some changes to our list of pharmacies to get better discounts for you. Your current pharmacy may not be in the network for 2014.

Follow the link below to see the pharmacy list for 2014:

www.Cigna.com/ifp-providers

*Available only in Arizona, California, Colorado, Florida, Tennessee and Texas.*
AVAILABLE PLAN OPTIONS:
Health coverage to meet your needs

In your renewal letter, we have suggested the plan that we think is your best fit. In case your needs have changed, here is some additional information on our plans. With so much changing in 2014, we’ve kept our health plan options simple and straightforward. We’ve even named them to be easier to understand. (Please note that not all plans are available in all states.)

These are straightforward plans with simple, upfront deductibles.

Essentially, you pay the network-negotiated rate for all services until the deductible is met. Once the deductible has been met, the plan pays 100% of services (except non-preferred prescription drugs). These plans are also HSA-compatible, so you can pair a Health Savings Plan with a Health Savings Account (HSA) and contribute pre-tax dollars to build your balance up to a calendar-year maximum of $3,300 for an individual or $6,550 for a family in 2014.* Your contributions are tax-free (subject to federal limits and/or an annual maximum).

These plans allow you to buy what you need and help you to balance affordability with access to care.

Often chosen by families and those who value flexibility, these plans offer a wide choice of options by incorporating copays and coinsurance prior to the deductible for many services. Making the best use of Health Flex Plans requires you to pay attention to how much the plan pays for each service.

These easy-to-use plans offer the most complete coverage and no deductibles.

Under these plans, a vast majority of services are subject to pre-defined copays. That means out-of-pocket costs are predictable when you seek care. These plans promote simplicity and tend to be more expensive than comparable Health Savings and Health Flex Plans.

*The IRS may change limits annually.
FEDERAL FINANCIAL ASSISTANCE

Based on your income, you may be eligible for a premium tax credit or cost-sharing reduction under the new rules of health care reform when you purchase a new Cigna health care reform plan on your state’s Marketplace.

**Premium tax credits** help reduce your monthly premium. If you are eligible, your premiums will be reduced immediately when you begin coverage under a qualified plan. Review the chart below to see if you are eligible.

**Cost-sharing reductions** help lower out-of-pocket costs for deductibles and coinsurance for specific medical expenses like prescriptions and doctor visits.

If you think you’re eligible for federal financial assistance, we can help you select and purchase the qualifying Cigna plan that’s right for you.

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### HOW MUCH COULD YOU SAVE?

If you would like plan information, please reference your renewal letter or contact your broker.

Before contacting your broker, please be prepared to provide the following information:

- Your expected household income
- The number of people in your family you want to insure
- Your state of residence
- Whether or not you are a tobacco user

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### PEOPLE IN HOUSEHOLD vs. EXPECTED HOUSEHOLD INCOME

#### PEOPLE IN HOUSEHOLD

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#### PEOPLE IN HOUSEHOLD

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Important Information about New Health Care Reform Compliant Plans with the LocalPlus Network*

The Cigna LocalPlus Network of participating health care providers offers referral-free access to a smaller network of participating health care providers (physicians, hospitals, etc.) than the larger Cigna OAP Network. To minimize your out-of-pocket expenses, visit health care providers in the LocalPlus Network. If you choose to visit a health care provider Out-of-Network (OON), you will be reimbursed at the OON benefit level. The difference in the amount that Cigna reimburses for such services and the amount charged by the physician, hospital or provider, except for emergency services, will also increase your OON costs.

In-network
• LocalPlus Network providers in the LocalPlus Network for this plan
• LocalPlus Network providers in other LocalPlus Network areas
• Cigna OAP Network providers in an area that is not part of the LocalPlus Network
• Any visit considered an emergency as defined by your policy

Out-of-network
• Any provider in your LocalPlus Network area that is not part of the LocalPlus Network
• Providers in other LocalPlus Network service areas that are not part of the LocalPlus Network
• Non-Cigna providers in any area

For more detailed information please review the LocalPlus Network flyer at www.Cigna.com/ifp-providers or call 1.800.Cigna24.

Important Information about New Health Care Reform Compliant Plans

Rates will vary by plan design and the plan deductible, copay, coinsurance, and out-of-pocket maximums selected. Rates may vary based on age, family size, geographic location (residential ZIP code) and tobacco usage (not applicable in CA).

Rates for new medical policies with an effective date on or after 01/01/2014 are guaranteed through 12/31/2014. After the initial guarantee, rates are subject to change upon 30 days notice in AZ (for policies insured by Cigna Health and Life Insurance Company), CO, CT, and TN, 31 days notice in SC, 45 days notice in FL and NC, and 60 days notice in AZ (for individuals enrolled in Cigna HealthCare of Arizona, Inc.), CA, GA and TX.

Major medical insurance policies have exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. Applications are accepted during annual open enrollment period or within 60 calendar days of a qualifying event. Benefits are provided only for those services that are medically necessary as defined in the policy and for which the insured person has benefits. For costs and additional details about coverage, contact Cigna Health and Life Insurance Company at 900 Cottage Grove Rd, Hartford, CT 06152 or call 1-866-GET-Cigna (1-866-438-2446).

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