

myCigna Medical Plan SUMMARY OF BENEFITS

| BENEFITS | myCigna Copay Assure Gold | |
|--|---------------------------|------------------------------|
| | In-network | Out-of-network |
| This plan is available in parts of Texas, depending on county. See last page for full listing. | | |
| This plan is intended to comply with the federal Patient Protection and Affordable Care Act. Provisions are subject to change as additional regulatory guidance becomes available. | | |
| Individual Deductible (Medical and pharmacy) | \$0 | \$12,500 |
| Family Deductible (Medical and pharmacy) | \$0 | \$25,000 |
| 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% | You pay 50% after deductible |
| Individual Out-of-Pocket Maximum | \$5,000 | \$25,000 |
| Family Out-of-Pocket Maximum | \$10,000 | \$50,000 |
| Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum. | | |

PHYSICIAN SERVICES

This plan uses the Cigna LocalPlus® Network of participating providers. For more detailed information please review the LocalPlus Network information at the back of this Summary of Benefits.

| | | |
|---|--------------|------------------------------|
| RPO Primary Care Physician (Office visit) | You pay \$15 | You pay 50% after deductible |
| Primary Care Physician (Office visit) | You pay \$35 | You pay 50% after deductible |
| RPO Specialist Physician (Office visit) | You pay \$35 | You pay 50% after deductible |
| Specialist Physician (Office visit) | You pay \$65 | You pay 50% after deductible |
| Office Related Services | You pay 30% | You pay 50% after deductible |

PREVENTIVE CARE

| | | |
|---|------------|------------------------------|
| Preventive Care for All Ages (Routine physicals and other preventive services) | You pay 0% | You pay 50% after deductible |
|---|------------|------------------------------|

INPATIENT SERVICES

| | | |
|--|------------------------|------------------------------|
| Facility Services (Inpatient room and board, lab & x-ray, operating room, etc.) | You pay \$1000 per day | You pay 50% after deductible |
| Physician Services | You pay 30% | You pay 50% after deductible |

*Amount you pay for covered medical services. Out-of-network you may pay more, if the provider's charges exceed the amount Cigna reimburses for billed services.

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| OUTPATIENT SERVICES | | |
| Lab, X-ray and Ultrasound | You pay 30% | You pay 50% after deductible |
| CT/PET Scans and MRI | You pay \$500 per scan | You pay 50% after deductible |
| Cardiac & Pulmonary Rehabilitation Calendar year maximum of 36 visits, combined in- and out-of-network. | You pay 30% | You pay 50% after deductible |
| Short-Term Rehabilitative Therapy Physical, Occupational, Speech and Chiropractic – Calendar year maximum of 35 visits, combined in- and out-of-network. | You pay \$60 per visit | You pay 50% after deductible |
| Outpatient Surgery (Facility) | You pay \$1000 per visit | You pay 50% after deductible |
| Outpatient Surgery (Physician services) | You pay 30% | You pay 50% after deductible |
| EMERGENCY AND URGENT CARE SERVICES | | |
| Hospital Emergency Room | You pay \$250 per visit | You pay the same level as in-network if it is an emergency as defined by the plan, otherwise you pay 50% after deductible. |
| Urgent Care Services | You pay \$75 per visit | You pay the same level as in-network if it is an emergency as defined by the plan, otherwise you pay 50% after deductible. |
| Ambulance | You pay \$500 per trip | You pay the same level as in-network if it is an emergency as defined by the plan, otherwise you pay 50% after deductible. |
| OTHER HEALTH CARE FACILITIES AND SERVICES | | |
| Skilled Nursing Facility Calendar year maximum of 25 days, combined in- and out-of-network | You pay \$300 per day | You pay 50% after deductible |
| Home Health Calendar year maximum of 60 visits, combined in- and out-of-network | You pay \$100 per visit | You pay 50% after deductible |
| Hospice | You pay 30% | You pay 50% after deductible |
| DURABLE MEDICAL EQUIPMENT (DME) | | |
| Durable Medical Equipment | You pay 30% | You pay 50% after deductible |
| MENTAL HEALTH & SUBSTANCE ABUSE | | |
| Inpatient (Includes acute, partial & residential treatment) | You pay \$1000 per day | You pay 50% after deductible |
| Outpatient (Includes individual, group & intensive outpatient treatment) | You pay \$60 per visit | You pay 50% after deductible |

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PRESCRIPTION DRUGS (RETAIL & HOME DELIVERY)

In the event that you or your physician requests a "brand-name" drug that has a "generic" equivalent, you will pay the difference between the generic and brand-name drug in addition to the generic copay or coinsurance amount indicated below.

PRESCRIPTIONS FILLED AT RETAIL

Please visit www.Cigna.com/ifp-providers to review the retail pharmacies that are in-network and www.Cigna.com/ifp-drug-list to see the drugs covered under this plan.

| | | |
|---|--------------|------------------------------|
| TIER 1: Retail Preferred Generics (Available at the lowest cost) Up to a 30 day supply | You pay \$4 | You pay 50% after deductible |
| TIER 2: Retail Non-preferred Generics (Medications at a higher cost than Tier 1) Up to a 30 day supply | You pay \$15 | You pay 50% after deductible |
| TIER 3: Retail Preferred Brands (Brand-name drugs at a lower cost than Tier 4) Up to a 30 day supply | You pay \$45 | You pay 50% after deductible |
| 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 30 day supply | You pay 50% | You pay 50% after deductible |
| TIER 5: Retail Specialty (Drugs for complex chronic conditions) Up to a 30 day supply | You pay 40% | You pay 50% after deductible |

PRESCRIPTIONS FILLED THROUGH HOME DELIVERY

Cigna Home Delivery is your in-network provider to help you save money on medications. Once you are a customer visit myCigna.com or call 1.800.285.4812 for more information.

| | | |
|---|---------------|-------------|
| TIER 1: Home Delivery Preferred Generics (Available at the lowest cost) Up to a 90 day supply | You pay \$10 | 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 \$45 | 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 \$115 | 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% | Not Covered |
| TIER 5: Home Delivery Specialty (Drugs for complex chronic conditions) Up to a Up to a 30 day supply | You pay 30% | Not Covered |

This summary contains highlights only.

myCigna Medical Plan

SUMMARY OF BENEFITS

LocalPlus Network Information

This medical plan uses the Cigna LocalPlus Network of participating health care providers which 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 areas that are not part of the LocalPlus Network
- Non-Cigna providers in any area

For more detailed information or to find providers in the LocalPlus network, including participating providers when you are away from home, please review the LocalPlus Network flyer, visit www.Cigna.com/ifp-providers or call 1.800.Cigna.24.

2014 PLAN EXCLUSIONS AND LIMITATIONS

Your plan does not provide coverage for the following except as required by law:

- 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, except to the extent that the availability of insurance or health plan coverage may be considered by a tax supported institution of the state of Texas providing treatment of mental illness or mental retardation to determine if a patient is non-indigent, as provided in Article 3196a of Vernon's Texas Civil Statutes.
- 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 undeclared); (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; or (b) services provided for the treatment of mental or nervous disorders by a tax supported institution of the State of Texas.
- Any services required by state or federal law to be supplied by a public school system or school district.
- 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 prescribed by a Physician and listed as covered in this plan.
- Any services for which payment may be obtained from any local, state or federal government agency (except Medicaid). 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 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.

This does not apply to covered dental services provided by a dentist licensed in the state of Texas and operating within the scope of his or her licensure.

- Custodial Care.
- Inpatient or outpatient services of a private duty nurse.

myCigna Medical Plan

SUMMARY OF BENEFITS

2014 PLAN EXCLUSIONS AND LIMITATIONS

- 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.
- 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.
- 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.
- Smoking cessation programs, except as specifically provided in this Policy.
- 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.
- 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.
- Hearing aids, except as specifically stated in this Policy.
- Routine hearing tests except as specifically provided in this Policy under "Comprehensive Benefits, What the Plan Pays For."
- Genetic screening or preimplantation 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 nearsightedness (myopia), astigmatism and/or farsightedness (presbyopia).
- 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 or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
- Procedures, surgery or treatments to change characteristics of the body to those of the opposite sex including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery. This also includes any medical, surgical or psychiatric treatment or study related to sex change.
- 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, except as specifically stated in this Policy.
- Nonmedical counseling or ancillary services.
- Services for redundant skin surgery, removal of skin tags, acupuncture, cupuncture, craniosacral/cranial therapy, dance therapy, movement therapy, applied kinesiology, rolfing, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, regardless of clinical indications.
- Treatment of sexual dysfunction 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, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), except as specifically stated in this Policy.
- All nonprescription 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 are covered under the Prescription Drug benefits of this Policy.
- All non-injectable 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, except as provided in the Prescription Drug benefits of this Policy.
- Any Infusion or Injectable Specialty Prescription Drugs that require Physician supervision, except as otherwise stated in this Policy. 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.
- Cryopreservation of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).

myCigna Medical Plan

SUMMARY OF BENEFITS

2014 PLAN EXCLUSIONS AND LIMITATIONS

- Orthopedic shoes (except when joined to braces), shoe inserts, foot orthotic devices except as specifically stated under External Prosthetic Appliances and Devices in the Benefits section of this Policy.
- 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.
- 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 Programs and those offered 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 (except as specifically stated under External Prosthetic Appliances and Devices in the Benefits section of this Policy), 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.
- 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.
- Syringes, except as stated in the Policy.
- 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 "Comprehensive Benefits, What the Policy Pays For."
- Growth Hormone Treatment 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.
- Claims received by Cigna after 15 months from the date service was rendered, except in the event of a legal incapacity.

myCigna Medical Plan

SUMMARY OF BENEFITS

2014 PLAN IMPORTANT DISCLOSURES

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 use.

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 60 days notice.

This medical insurance policy (INDTXCH042013) has exclusions, limitations, reduction of benefits and terms under which the policy 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).

In Texas, LocalPlus Network plans are considered Preferred Provider plans with certain managed care features; LocalPlus Network Health Savings plans are considered Preferred Provider plans with certain managed care features and are compatible with Health Savings Accounts.

This plan is available in the following partial and full counties in Texas:

| | | | |
|-------------------------------------|-----------------|-----------------|--------------------|
| Houston – | Brazoria | Brazos | San Jacinto |
| | 77511 | 77866 | 77331 |
| Full counties | 77512 | 77869 | 77371 |
| Fort Bend | 77515 | | |
| Harris | 77516 | Chambers | Walker |
| Galveston | 77534 | 77514 | 77340 |
| Liberty | 77577 | 77560 | 77341 |
| Montgomery | 77578 | 77580 | 77342 |
| Waller | 77581 | 77597 | 77343 |
| | | | 77344 |
| Partial counties - zip codes | 77583 | Grimes | 77348 |
| Austin | 77584 | 77830 | 77349 |
| 77473 | 77588 | 77868 | 77358 |
| 77474 | | 77873 | |
| 77485 | | 77875 | Washington |
| | | 77876 | 77880 |

myCigna Copay Assure Gold is a Qualified Health Plan in the Texas Health Insurance Marketplace.



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