

2019 CIGNA PLAN BROCHURE

Things to consider when shopping for a Cigna plan.

Together, all the way.®





More than a health plan.

At Cigna, we work with you to find the right health insurance plan and help you to get the most value from it. Here's some of what we have to offer:

- › Help finding the right plan options before you buy – go online, or call us.
- › \$0 annual check-up, flu shot, cholesterol and blood pressure screening.¹
- › Telehealth visits² so you can talk to a doctor when you need to – online or over the phone.
- › Rewards and discounts toward gym memberships, exercise classes, vision exams, and eye-wear options that help keep you healthy.

Let's take a look at some important considerations when choosing a Cigna health plan.

1. Understand costs.

When researching a health plan, the first thing you should do is review costs so that you choose a plan that meets your monthly and overall budget. Cigna offers plans with a range of deductibles, so you can find the plan that best meets your needs. 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 a regular monthly payment you make to your insurance company. It's what you pay to buy your plan and keep your coverage.



An annual deductible is the amount you pay for covered medical services or prescriptions before your insurance plan starts to pay.



Coinsurance is the percentage you pay for covered medical services or prescriptions once you've met your annual deductible. Think of it as your share of the costs. For example, after you reach your annual deductible your health plan might pay 80% of a covered medical service. Your share or coinsurance is the other 20%.



A copayment (copay) is the fixed amount you pay for a doctor's visit, prescription or other medical services. Typically, if you have a copay for a specific service you won't also pay coinsurance.

For definitions and explanations of other key health care terms, please visit [Cigna.com/glossary](https://www.cigna.com/glossary) or ask the Answers by Cigna skill for Amazon Alexa.³

1. Includes eligible in-network preventive care services. Some preventive care services may not be covered, including most immunizations for travel. Please see 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. Program availability may vary by location and plan type. See vendor sites for details.

3. The Answers by Cigna skill is for informational and educational purposes only. Amazon, Alexa, and all related logos and motion marks are trademarks of Amazon, Inc. or its affiliates.



2. Know the plan's 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 a Health Maintenance Organization (HMO) which gives you access to local providers selected with cost and quality in mind.

› 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 providers 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 up to full price for services.

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.

› Where are Cigna plans available near me?

Cigna Connect health plans are available to residents living in the following counties in the Chicago area: Cook, DuPage, Grundy, Kane, Kankakee, Kendall and Will. Care provided outside of the service area is generally not covered.



3. Understand how your plan works.

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

› Does the plan require a primary care provider (PCP)?

Your PCP acts as a team leader who can help keep you healthy by coordinating your care. Your PCP is the person to go to for routine care and to get a referral to see a specialist.⁴ Your PCP will refer you to in-network options for care, which can save you money. Cigna Connect plans require a PCP to be a part of your care team. In most cases, a PCP will automatically be assigned to you.⁵ If you prefer a different PCP, you can easily change your PCP after your plan starts. Whether you already have a PCP, or if you're choosing a new one, please remember to check to make sure they're in-network – so you can get the most value out of your plan.

› 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 plan starts.

› 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

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.

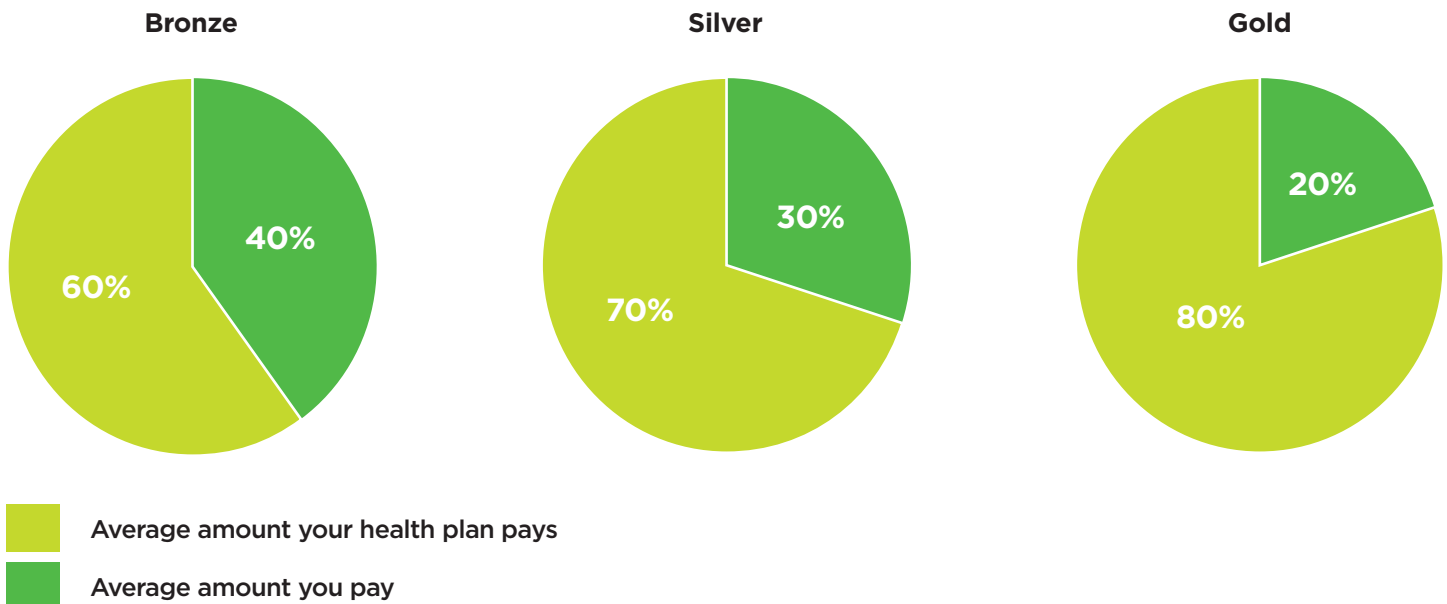
5. For children, you may select a participating pediatrician as the PCP. See plan documents for more information on selecting a PCP.

4. Shopping on the Exchange.

If you are shopping for plans on the Exchange, 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 Exchange. 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.



To learn more about specific benefits and costs, please visit the "Summary of Benefits" link on [Healthcare.gov](https://www.healthcare.gov).

When purchasing a plan on the Exchange, it's important to know the following.

- › Not all benefit information is displayed online.
- › The non-preferred generic pharmacy benefit is not included in the Exchange information. (However, it may be important when selecting your plan.)
- › A non-preferred generic drug is one that is included on the particular plan's drug list or list of preferred prescriptions. See the Summary of Benefits document for more information on non-preferred generic drugs.

5. Consider financial assistance on the Exchange.

There are two forms of federal financial assistance available when buying a plan on the Exchange. If you qualify, this financial help is available in the form of tax credits and can reduce your monthly premium, as well as out-of-pocket-costs like co-pays and deductibles.



Premium tax credits can reduce your monthly premium payments when you enroll in a Qualified Health Plan (QHP).⁶ 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 \$48,560 or a family of four earning up to \$100,400 may be eligible.⁷



Cost-sharing reductions⁸ 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 \$30,350 or a family of four earning up to approximately \$62,750 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.



We hope you have a better understanding of the many factors to consider when choosing a Cigna Connect plan. For additional information or to enroll in a plan, please visit [Healthcare.gov](https://www.healthcare.gov) or call 866.438.2446.

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

7. Figures are based on national 2018 averages.

8. Customers must select a Silver level QHP to take advantage of cost-sharing reductions. Cost-sharing reductions are calculated online based on your household's eligibility for federal financial assistance.

2019 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 01/01/2019 are guaranteed through 12/31/2019. Thereafter, medical rates are subject to change upon 30 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 HealthCare of Illinois, Inc.:

HMO: IL: INDHMOIL01-2019.

The policy/service agreement may be canceled by Cigna due to failure to pay premium, fraud, ineligibility, when the insured no longer lives in the service area, or when we cease to offer policies/service agreements of this type or cease to offer any plans in the individual market in the state, in accordance with applicable law. You may cancel the policy/service agreement, on the first of the month following our receipt of your written notice. We reserve the right to modify the policy/service agreement, including plan provisions, benefits and coverages, consistent with state or federal law. Policies/service agreements renew on a calendar year basis.

Cigna does not intentionally discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

For costs, and additional details about coverage, contact Cigna at 900 Cottage Grove Rd, Hartford, CT 06152 or call **866.GET.Cigna (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**.



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