

## Individual & Family Plans

Insured by Cigna Health and Life Insurance Company

# MATCH ME TO MY HEALTH PLAN

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# I AM:



A RESIDENT OF ARIZONA



HAPPIEST WHEN I'M HEALTHIEST



LIKE NO ONE ELSE



LOOKING FOR HEALTH CARE THAT PUTS ME FIRST!

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**GO YOU<sup>®</sup>**



**BEING TRUE TO**  
**YOURSELF IS**  
**THE FIRST STEP**  
**TO BEING TRULY**  
**HEALTHY.**

**YOU ARE UNIQUE. SO ARE YOUR HEALTH INSURANCE NEEDS** At Cigna, we get that. That's why we're committed to helping you find the right health plan option for you and your family. One that best matches your individual needs, preferences and budget.

In sickness and in health, we'll help protect what matters most to you so you can reach your one-of-a-kind health goals.

If you're tired of health plans that treat you like a number, take a look at Cigna. We're a health service company committed to helping each of our one-of-a-kind customers reach their true full health potential.

**BENEFITS BUILT FOR YOU** We offer a wide-range of health plan options to help you choose a plan that meets your one-of-a-kind needs, goals, preferences and budget:

- Medical, behavioral health and pharmacy coverage included with every plan
- Variety of copayment, coinsurance and deductible options
- Tax-advantaged plans that help your dollars work harder
- Lower out-of-pocket costs for choosing in-network care

**X** **PLANS ARE AVAILABLE**  
statewide for residents living  
in Arizona.

**PERKS TO HELP MAKE YOUR LIFE EASY** We want you to have the support you need to take an active role in your health. That's why all our plans include:

- A **24/7/365 Customer Service and Health Information Line** where you can talk confidentially to our specialists who are available 7 days a week, 365 days a year
- Use of our **Personalized Website on myCigna.com** to help make it easy to manage your health and health care expenses. And, we have a Health Assessment Tool that can help you gain better knowledge of your health status and set goals to make health improvements
- Our **myCigna Mobile App** which lets you access information on the go
- Our **Healthy Rewards\*** program which allows you to take advantage of discounts on programs and services

\*Healthy Rewards is a discount program. This program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your medical benefits. **A discount program is NOT insurance, and you must pay the entire discounted charge.** Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are independent contractors solely responsible for any care or services provided.

**WHAT MATTERS MOST TO YOU?** We want to help you find the best plan to meet your one-of-a-kind needs, goals and preferences. It's the best way – the only way – to make sure you will be happy with your decision – and with us.

On a scale of low to high, what's most important to you?

LOW ← *Help me save, not skimp* → HIGH  
**VALUE**

LOW ← *Let me choose what I need* → HIGH  
**CONTROL**

LOW ← *Predictable coverage and cost* → HIGH  
**CONSISTENCY**

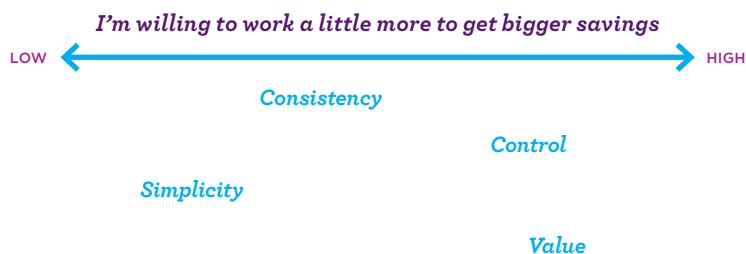
LOW ← *Easy to understand and use* → HIGH  
**SIMPLICITY**

Your licensed Cigna insurance agent or broker can guide you on these important decisions and help match you to the plan that best meets your needs and goals. If you are not already working with one call 1.866.Get.Cigna (1.866.438.2446).

**PLAN TYPES** Use this chart to find the plan that most closely matches what you identified as most important to you. Don't worry if it's not an exact match. Within each plan type, you still have more choices to customize. This just helps you narrow down your options to find the type of plan that's the best match for you.

### myCigna Health Savings Suite

*Maximizes your health care dollars for both current and future needs; promotes your financial health in addition to medical health*



### myCigna Health Flex Suite

*Promotes choice of plan options to balance your needs between premium affordability and access to care – buy what you need*



**STAY IN-NETWORK AND SAVE** To get the best value from your plan,  
stay in-network when you seek care:

**When getting medical treatment:** Choose a doctor or hospital that participates in the Cigna LocalPlus® Network. This way you won't be charged the out-of-network rate – and you'll pay less. Emergencies however are always considered in-network.\*

If you are traveling and need care and there are no LocalPlus Network doctors or facilities in the area, not to worry. You can use any Cigna participating doctor or facility and you'll still be charged the in-network rate.

To see a list of doctors and hospitals in the Cigna LocalPlus Network, visit [www.Cigna.com/ifp-providers](http://www.Cigna.com/ifp-providers).

**When filling or refilling prescriptions:** Use Cigna Home Delivery Pharmacy<sup>SM</sup> or a retail pharmacy in the Cigna Array Pharmacy Network<sup>SM</sup>. Of course, you can choose to fill your prescription at a pharmacy not in our network, but you'll pay more.

To see a full list of participating pharmacies in our network, visit [www.Cigna.com/ifp-providers](http://www.Cigna.com/ifp-providers).





To see a complete list of drugs covered under your plan, visit [www.Cigna.com/ifp-drug-list](http://www.Cigna.com/ifp-drug-list).

\*Emergency as defined in the policy.

## **COST-FOR-COVERAGE LEVEL** Within plan types, you have options, too.

Once you've selected a Plan Type, choose the Cost-for-Coverage Level that best meets your health needs and budget. Keep in mind, the higher your monthly premium, the more your plan will cover – and the less you'll pay out-of-pocket – when you need care.

To make it easier for you to understand how plans compare in terms of coverage and cost, all medical plans are categorized into levels\* that help indicate the average expenses paid by the plan and the average of what you will pay.

Category		Average percentage of expenses paid by plan	Average percentage of expenses paid by you	Higher monthly premium
	Gold	80%	20%	
	Silver	70%	30%	
	Bronze	60%	40%	
				Lower monthly premium

\*Not all Category levels available in all states.

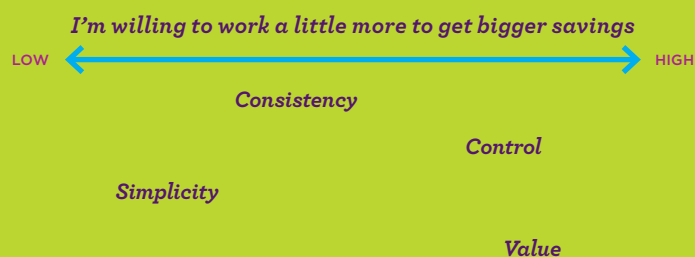
Maximize your savings now and in the future with these high-deductible plans. Plans offer low premiums and 100% coverage on health services (excluding non-preferred drugs) once you've reached your deductible. And they can be paired with a tax-advantaged Health Savings Account (HSA), which helps you budget and save for current and future health care costs:

- You decide how much money to set aside for health care costs.
- Dollars you contribute to a Health Savings Account<sup>1</sup> are 100% tax deductible – up to the federal limit.<sup>2</sup>
- Earn tax-free interest on the account, or invest in mutual funds and get tax-free savings.
- Withdrawals for qualified medical expenses are tax-free.
- Any unused money at the end of the year rolls over (stays in your account) to the next year.

Use funds to pay for:

- Current and/or future out-of-pocket medical, dental, vision and other IRS approved expenses.
- Premiums for qualified Long-Term Care plans and Medicare.
- Or save your funds for supplemental income in retirement.

Contact the bank of your choice to set up a Health Savings Account to pair with your Cigna Health Savings Plan.



1. HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. If HSA funds are used for anything other than IRS "Qualified Medical Expenses," the amount will be subject to income tax and will be subject to a 20% penalty prior to you reaching age 65.

2. If you're considering pairing a Health Savings Plan with a Health Savings Account, you can contribute pretax dollars to build your balance, up to a calendar year maximum of \$3,300 for an individual and \$6,550 for a family in 2014. Limits are set by the IRS. HSA holders age 55 and older may make an additional catch-up contribution of \$1,000, annually. The maximum contribution allowed is determined by the number of months you are enrolled in the plan during the year.





*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.*

### myCigna Health Savings 6100

### myCigna Health Savings 3400

#### In-network

#### Out-of-network

#### In-network

#### Out-of-network

## MEDICAL

**Annual Deductible** (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, includes medical and pharmacy)

\$6,100 / \$12,200

\$12,500 / \$25,000

\$3,400 / \$6,800

\$12,500 / \$25,000

**Annual Out-of-Pocket Maximum** (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum)

\$6,350 / \$12,700

\$25,000 / \$50,000

\$6,350 / \$12,700

\$25,000 / \$50,000

**Coinsurance** (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)

You pay 0%  
after deductible

You pay 50%  
after deductible

You pay 0%  
after deductible

You pay 50%  
after deductible

These medical plans use the LocalPlus Network of participating providers. Visit [www.Cigna.com/ifp-providers](http://www.Cigna.com/ifp-providers) to review the network of participating physicians and hospitals in the network. For additional information call 1.800.Cigna24. If you choose to visit a provider out-of-network you will pay the out-of-network benefit and the difference in the amount that Cigna reimburses for such services and the amount charged by the provider, except for emergency services.

**Physician Services** (Primary care physician/specialist office visits)

You pay 0%  
after deductible /  
You pay 0% after  
deductible

You pay 50%  
after deductible /  
You pay 50% after  
deductible

You pay 0%  
after deductible /  
You pay 0% after  
deductible

You pay 50%  
after deductible /  
You pay 50% after  
deductible

**Preventive Care for All Ages**

(Routine physicals and other preventive services)

You pay 0%,  
deductible waived

You pay 50%  
after deductible

You pay 0%,  
deductible waived

You pay 50%  
after deductible

**Inpatient and Physician Services** (Inpatient room and board, lab & x-ray, operating room, etc.)

You pay 0%  
after deductible /  
You pay 0% after  
deductible

You pay 50%  
after deductible /  
You pay 50% after  
deductible

You pay 0%  
after deductible /  
You pay 0% after  
deductible

You pay 50%  
after deductible /  
You pay 50% after  
deductible

**Lab, X-ray and Ultrasound**

You pay 0%  
after deductible

You pay 50%  
after deductible

You pay 0%  
after deductible

You pay 50%  
after deductible

**CT/PET Scans and MRI**

You pay 0%  
after deductible

You pay 50%  
after deductible

You pay 0%  
after deductible

You pay 50%  
after deductible

**Short-Term Rehabilitative Therapy** (Maximum of 60 visits per calendar year, combined with physical, occupational, speech, cardiac & pulmonary rehabilitation)

You pay 0%  
after deductible

You pay 50%  
after deductible

You pay 0%  
after deductible

You pay 50%  
after deductible

**Spinal Manipulation Therapy** Unlimited maximum

You pay 0%  
after deductible

You pay 50%  
after deductible

You pay 0%  
after deductible

You pay 50%  
after deductible

**Hospital Emergency Room**

You pay 0%  
after deductible

You pay the  
same level as  
in-network if it is  
an emergency as  
defined in your  
plan, otherwise  
you pay 50%.

You pay 0%  
after deductible

You pay the  
same level as  
in-network if it is  
an emergency as  
defined in your  
plan, otherwise  
you pay 50%.

**Urgent Care Services**

You pay 0%  
after deductible

You pay 0%  
after deductible

**Ambulance**

You pay 0%  
after deductible

You pay 0%  
after deductible

**Durable Medical Equipment (DME)**

You pay 0%  
after deductible

You pay 50%  
after deductible

You pay 0%  
after deductible

You pay 50%  
after deductible

**Mental Health & Substance Abuse Inpatient**

(Includes acute, partial & residential treatment)

You pay 0%  
after deductible

You pay 50%  
after deductible

You pay 0%  
after deductible

You pay 50%  
after deductible

**Mental Health & Substance Abuse Outpatient**

(Includes individual, group & intensive outpatient treatment)

You pay 0%  
after deductible

You pay 50%  
after deductible

You pay 0%  
after deductible

You pay 50%  
after deductible

This summary contains highlights only. Plans continued on the following pages.



# myCigna Health Savings Suite

(continued from previous page)

ARIZONA



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.

## myCigna Health Savings 6100

## myCigna Health Savings 3400

In-network

Out-of-network

In-network

Out-of-network

## PRESCRIPTION DRUGS (RETAIL & HOME DELIVERY)

**PRESCRIPTIONS FILLED AT RETAIL** Please visit [www.Cigna.com/ifp-providers](http://www.Cigna.com/ifp-providers) to review the retail pharmacies that are in-network and [www.Cigna.com/ifp-drug-list](http://www.Cigna.com/ifp-drug-list) to see the drugs covered.

**TIER 1:** Retail Preferred Generics (Available at the lowest cost)  
Up to a 30 day supply

You pay 0%  
after deductible

You pay 50%  
after deductible

You pay 0%  
after deductible

You pay 50%  
after deductible

**TIER 2:** Retail Non-preferred Generics (Medications at a higher cost to you than Tier 1)  
Up to a 30 day supply

You pay 0%  
after deductible

You pay 50%  
after deductible

You pay 0%  
after deductible

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 0%  
after deductible

You pay 50%  
after deductible

You pay 0%  
after deductible

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%  
after deductible

You pay 50%  
after deductible

You pay 50%  
after deductible

You pay 50%  
after deductible

**TIER 5:** Retail Specialty (Drugs for complex chronic conditions)  
Up to a 30 day supply

You pay 0%  
after deductible

You pay 50%  
after deductible

You pay 0%  
after deductible

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 [www.myCigna.com](http://www.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 0%  
after deductible

Not covered

You pay 0%  
after deductible

Not covered

**TIER 2:** Home Delivery Non-preferred Generics (Medications at a higher cost to you than Tier 1)  
Up to a 90 day supply

You pay 0%  
after deductible

Not covered

You pay 0%  
after deductible

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 0%  
after deductible

Not covered

You pay 0%  
after deductible

Not covered

**TIER 4:** Home Delivery Non-preferred Brands  
Up to a 90 day supply

You pay 50%  
after deductible

Not covered

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 0%  
after deductible

Not covered

You pay 0%  
after deductible

Not covered

This summary contains highlights only.

## FEATURES



**Save even more on your prescription drugs with CIGNA HOME DELIVERY PHARMACY. DELIVERS MEDICATIONS RIGHT TO YOUR DOOR – often at a lower price than you’d pay at a retail pharmacy. Plus, you can get up to a 90-DAY SUPPLY at one time.**

**STAY IN-NETWORK AND SAVE** To get the best price on your medications, choose a pharmacy in the Cigna Array Pharmacy Network

To see a full list of participating pharmacies in our network, visit [www.Cigna.com/ifp-providers](http://www.Cigna.com/ifp-providers)

To see a complete list of drugs covered under your plan, visit [www.Cigna.com/ifp-drug-list](http://www.Cigna.com/ifp-drug-list)

Of course, you can always choose to fill your prescription at a pharmacy not in our network, but you'll pay more.

For more information, refer to your policy information or call **1.800.Cigna24**.

**SERVICES TO HELP YOU SAVE**



**Talk with a CoachRx specialist to understand your medication options and ways to save.**



**Go online to shop and compare medication costs to find the best price.**



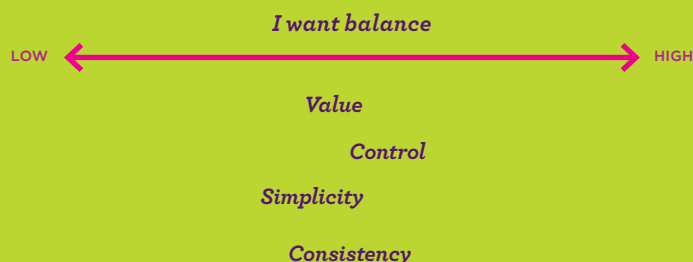
**Take us with you wherever you go with our helpful Mobile App.**

## myCigna Health Flex Suite

These plans offer a wide choice of plan options to balance your needs for affordability and access to care – making them a favorite to families and those who value flexibility.

Key features:

- Choose a plan design that best meets your needs and preferences:
  - Choose your premium, deductible and copay levels
  - Minimal medical needs? Choose a plan with lower premium
  - Ongoing medical needs? Choose a plan with lowest copays on services
- Generic and brand drugs – as low as \$4 copay for low cost generics
- Urgent care – all plans include a copay for in-network clinics\*



**STAY IN-NETWORK AND SAVE** To get the best price on your medications, choose a pharmacy in the Cigna Array Pharmacy Network

To see a full list of participating pharmacies in our network, visit [www.Cigna.com/ifp-providers](http://www.Cigna.com/ifp-providers)

To see a complete list of drugs covered under your plan, visit [www.Cigna.com/ifp-drug-list](http://www.Cigna.com/ifp-drug-list)

Of course, you can always choose to fill your prescription at a pharmacy not in our network, but you'll pay more.

For more information, refer to your policy information or call **1.800.Cigna24**.

\*Not applicable for myCigna Health Flex 1900.



*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.*

## MEDICAL

	myCigna Health Flex 5500		myCigna Health Flex 5100	
	In-network	Out-of-network	In-network	Out-of-network
<b>Annual Deductible</b> (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, includes medical and pharmacy)	\$5,500 / \$11,000	\$12,500 / \$25,000	\$5,100 / \$10,200	\$12,500 / \$25,000
<b>Annual Out-of-Pocket Maximum</b> (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum)	\$6,350 / \$12,700	\$25,000 / \$50,000	\$6,350 / \$12,700	\$25,000 / \$50,000
<b>Coinsurance</b> (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)	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 50% after deductible
These medical plans use the LocalPlus Network of participating providers. Visit <a href="http://www.Cigna.com/ifp-providers">www.Cigna.com/ifp-providers</a> to review the network of participating physicians and hospitals in the network. For additional information call 1.800.Cigna24. If you choose to visit a provider out-of-network you will pay the out-of-network benefit and the difference in the amount that Cigna reimburses for such services and the amount charged by the provider, except for emergency services.				
<b>Physician Services</b> (Primary care physician/specialist office visits)	See Note 1 below	You pay 50% after deductible / You pay 50% after deductible	You pay \$45, deductible waived / You pay \$85, deductible waived	You pay 50% after deductible / You pay 50% after deductible
<b>Preventive Care for All Ages</b> (Routine physicals and other preventive services)	You pay 0%, deductible waived	You pay 50% after deductible	You pay 0%, deductible waived	You pay 50% after deductible
<b>Inpatient and Physician Services</b> (Inpatient room and board, lab & x-ray, operating room, etc.)	You pay 40% after deductible / You pay 40% after deductible	You pay 50% after deductible / You pay 50% after deductible	You pay 40% after deductible / You pay 40% after deductible	You pay 50% after deductible / You pay 50% after deductible
<b>Lab, X-ray and Ultrasound</b>	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 50% after deductible
<b>CT/PET Scans and MRI</b>	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 50% after deductible
<b>Short-Term Rehabilitative Therapy</b> (Maximum of 60 visits per calendar year, combined with physical, occupational, speech, cardiac & pulmonary rehabilitation)	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 50% after deductible
<b>Spinal Manipulation Therapy</b> Unlimited maximum	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 50% after deductible
<b>Hospital Emergency Room</b>	You pay 40% after deductible	You pay the same level as in-network if it is an emergency as defined in your plan, otherwise you pay 50%.	You pay 40% after deductible	You pay the same level as in-network if it is an emergency as defined in your plan, otherwise you pay 50%.
<b>Urgent Care Services</b>	You pay \$75, deductible waived		You pay \$75, deductible waived	
<b>Ambulance</b>	You pay 40% after deductible		You pay 40% after deductible	
<b>Durable Medical Equipment (DME)</b>	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 50% after deductible
<b>Mental Health &amp; Substance Abuse Inpatient</b> (Includes acute, partial & residential treatment)	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 50% after deductible
<b>Mental Health &amp; Substance Abuse Outpatient</b> (Includes individual, group & intensive outpatient treatment)	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 50% after deductible

This summary contains highlights only. Plans continued on the following pages.

**Note 1** You pay \$30 for visits 1 & 2, deductible waived. You pay 40% after deductible for additional visits. / You pay \$60 for visits 1 & 2, deductible waived. You pay 40% after deductible for additional visits.



# myCigna Health Flex Suite

(continued from previous page)

ARIZONA



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.

## myCigna Health Flex 3500

## myCigna Health Flex 2750

### In-network

### Out-of-network

### In-network

### Out-of-network

## MEDICAL

**Annual Deductible** (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, includes medical and pharmacy)

\$3,500 / \$7,000

\$12,500 / \$25,000

\$2,750 / \$5,500

\$12,500 / \$25,000

**Annual Out-of-Pocket Maximum** (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum)

\$6,350 / \$12,700

\$25,000 / \$50,000

\$6,350 / \$12,700

\$25,000 / \$50,000

**Coinsurance** (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)

You pay 0%  
after deductible

You pay 50%  
after deductible

You pay 20%  
after deductible

You pay 50%  
after deductible

These medical plans use the LocalPlus Network of participating providers. Visit [www.Cigna.com/ifp-providers](http://www.Cigna.com/ifp-providers) to review the network of participating physicians and hospitals in the network. For additional information call 1.800.Cigna24. If you choose to visit a provider out-of-network you will pay the out-of-network benefit and the difference in the amount that Cigna reimburses for such services and the amount charged by the provider, except for emergency services.

**Physician Services** (Primary care physician/specialist office visits)

You pay \$30,  
deductible waived /  
You pay \$60,  
deductible waived

You pay 50%  
after deductible /  
You pay 50%  
after deductible

You pay \$30,  
deductible waived /  
You pay \$60,  
deductible waived

You pay 50%  
after deductible /  
You pay 50%  
after deductible

**Preventive Care for All Ages**  
(Routine physicals and other preventive services)

You pay 0%,  
deductible waived

You pay 50%  
after deductible

You pay 0%,  
deductible waived

You pay 50%  
after deductible

**Inpatient and Physician Services** (Inpatient room and board, lab & x-ray, operating room, etc.)

You pay 0%  
after deductible /  
You pay 0% after  
deductible

You pay 50%  
after deductible /  
You pay 50%  
after deductible

You pay 20%  
after deductible /  
You pay 20% after  
deductible

You pay 50%  
after deductible /  
You pay 50%  
after deductible

**Lab, X-ray and Ultrasound**

You pay 0%  
after deductible

You pay 50%  
after deductible

You pay 20%  
after deductible

You pay 50%  
after deductible

**CT/PET Scans and MRI**

You pay 0%  
after deductible

You pay 50%  
after deductible

You pay 20%  
after deductible

You pay 50%  
after deductible

**Short-Term Rehabilitative Therapy** (Maximum of 60 visits per calendar year, combined with physical, occupational, speech, cardiac & pulmonary rehabilitation)

You pay 0%  
after deductible

You pay 50%  
after deductible

You pay 20%  
after deductible

You pay 50%  
after deductible

**Spinal Manipulation Therapy** Unlimited maximum

You pay 0%  
after deductible

You pay 50%  
after deductible

You pay 20%  
after deductible

You pay 50%  
after deductible

**Hospital Emergency Room**

You pay 0%  
after deductible

You pay the  
same level as  
in-network if it is  
an emergency as  
defined in your  
plan, otherwise  
you pay 50%.

You pay 20%  
after deductible

You pay the  
same level as  
in-network if it is  
an emergency as  
defined in your  
plan, otherwise  
you pay 50%.

**Urgent Care Services**

You pay \$75,  
deductible waived

You pay \$75,  
deductible waived

**Ambulance**

You pay 0%  
after deductible

You pay 20%  
after deductible

**Durable Medical Equipment (DME)**

You pay 0%  
after deductible

You pay 50%  
after deductible

You pay 20%  
after deductible

You pay 50%  
after deductible

**Mental Health & Substance Abuse Inpatient**  
(Includes acute, partial & residential treatment)

You pay 0%  
after deductible

You pay 50%  
after deductible

You pay 20%  
after deductible

You pay 50%  
after deductible

**Mental Health & Substance Abuse Outpatient**  
(Includes individual, group & intensive outpatient treatment)

You pay 0%  
after deductible

You pay 50%  
after deductible

You pay 20%  
after deductible

You pay 50%  
after deductible

This summary contains highlights only. Plans continued on the following pages.



# myCigna Health Flex Suite (continued from previous page)

ARIZONA



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.

## myCigna Health Flex 1500

## myCigna Health Flex 1900

In-network

Out-of-network

In-network

Out-of-network

### MEDICAL

**Annual Deductible** (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, includes medical and pharmacy)

\$1,500 / \$3,000

\$12,500 / \$25,000

\$1,900 / \$3,800

\$12,500 / \$25,000

**Annual Out-of-Pocket Maximum** (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum)

\$6,350 / \$12,700

\$25,000 / \$50,000

\$6,350 / \$12,700

\$25,000 / \$50,000

**Coinsurance** (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)

You pay 30%  
after deductible

You pay 50%  
after deductible

You pay 0%  
after deductible

You pay 50%  
after deductible

These medical plans use the LocalPlus Network of participating providers. Visit [www.Cigna.com/ifp-providers](http://www.Cigna.com/ifp-providers) to review the network of participating physicians and hospitals in the network. For additional information call 1.800.Cigna24. If you choose to visit a provider out-of-network you will pay the out-of-network benefit and the difference in the amount that Cigna reimburses for such services and the amount charged by the provider, except for emergency services.

**Physician Services** (Primary care physician/specialist office visits)

See Note 2  
below

You pay 50%  
after deductible /  
You pay 50%  
after deductible

You pay 0%  
after deductible /  
You pay 0% after  
deductible

You pay 50%  
after deductible /  
You pay 50%  
after deductible

**Preventive Care for All Ages**  
(Routine physicals and other preventive services)

You pay 0%,  
deductible waived

You pay 50%  
after deductible

You pay 0%,  
deductible waived

You pay 50%  
after deductible

**Inpatient and Physician Services** (Inpatient room and board, lab & x-ray, operating room, etc.)

You pay 30%  
after deductible /  
You pay 30% after  
deductible

You pay 50%  
after deductible /  
You pay 50%  
after deductible

You pay 0%  
after deductible /  
You pay 0% after  
deductible

You pay 50%  
after deductible /  
You pay 50%  
after deductible

**Lab, X-ray and Ultrasound**

You pay 30%  
after deductible

You pay 50%  
after deductible

You pay 0%  
after deductible

You pay 50%  
after deductible

**CT/PET Scans and MRI**

You pay 30%  
after deductible

You pay 50%  
after deductible

You pay 0%  
after deductible

You pay 50%  
after deductible

**Short-Term Rehabilitative Therapy** (Maximum of 60 visits per calendar year, combined with physical, occupational, speech, cardiac & pulmonary rehabilitation)

You pay 30%  
after deductible

You pay 50%  
after deductible

You pay 0%  
after deductible

You pay 50%  
after deductible

**Spinal Manipulation Therapy** Unlimited maximum

You pay 30%  
after deductible

You pay 50%  
after deductible

You pay 0%  
after deductible

You pay 50%  
after deductible

**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 50%.

You pay 0%  
after deductible

You pay the  
same level as  
in-network if it is  
an emergency as  
defined in your  
plan, otherwise  
you pay 50%.

**Urgent Care Services**

You pay \$75,  
deductible waived

You pay 0%  
after deductible

**Ambulance**

You pay 30%  
after deductible

You pay 0%  
after deductible

**Durable Medical Equipment (DME)**

You pay 30%  
after deductible

You pay 50%  
after deductible

You pay 0%  
after deductible

You pay 50%  
after deductible

**Mental Health & Substance Abuse Inpatient**  
(Includes acute, partial & residential treatment)

You pay 30%  
after deductible

You pay 50%  
after deductible

You pay 0%  
after deductible

You pay 50%  
after deductible

**Mental Health & Substance Abuse Outpatient**  
(Includes individual, group & intensive outpatient treatment)

You pay 30%  
after deductible

You pay 50%  
after deductible

You pay 0%  
after deductible

You pay 50%  
after deductible

This summary contains highlights only. Plans continued on the following pages.

**Note 2** You pay \$30 for visits 1 & 2, deductible waived. You pay 30% after deductible for additional visits. / You pay \$60 for visits 1 & 2, deductible waived. You pay 30% after deductible for additional visits.





# myCigna Health Flex Suite (continued from previous page)

ARIZONA



## myCigna Health Flex 1250

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.

In-network

Out-of-network

### MEDICAL

**Annual Deductible** (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, includes medical and pharmacy)

\$1,250 / \$2,500

\$12,500 / \$25,000

**Annual Out-of-Pocket Maximum** (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum)

\$2,500 / \$5,000

\$25,000 / \$50,000

**Coinsurance** (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)

You pay 20%  
after deductible

You pay 50%  
after deductible

These medical plans use the LocalPlus Network of participating providers. Visit [www.Cigna.com/ifp-providers](http://www.Cigna.com/ifp-providers) to review the network of participating physicians and hospitals in the network. For additional information call 1.800.Cigna24. If you choose to visit a provider out-of-network you will pay the out-of-network benefit and the difference in the amount that Cigna reimburses for such services and the amount charged by the provider, except for emergency services.

**Physician Services** (Primary care physician/specialist office visits)

You pay \$20,  
deductible waived /  
You pay \$40,  
deductible waived

You pay 50%  
after deductible /  
You pay 50% after  
deductible

**Preventive Care for All Ages**

(Routine physicals and other preventive services)

You pay 0%,  
deductible waived

You pay 50%  
after deductible

**Inpatient and Physician Services** (Inpatient room and board, lab & x-ray, operating room, etc.)

You pay 20%  
after deductible /  
You pay 20% after  
deductible

You pay 50%  
after deductible /  
You pay 50% after  
deductible

**Lab, X-ray and Ultrasound**

You pay 20%  
after deductible

You pay 50%  
after deductible

**CT/PET Scans and MRI**

You pay 20%  
after deductible

You pay 50%  
after deductible

**Short-Term Rehabilitative Therapy** (Maximum of 60 visits per calendar year, combined with physical, occupational, speech, cardiac & pulmonary rehabilitation)

You pay 20%  
after deductible

You pay 50%  
after deductible

**Spinal Manipulation Therapy** Unlimited maximum

You pay 20%  
after deductible

You pay 50%  
after deductible

**Hospital Emergency Room**

You pay 20%  
after deductible

You pay the  
same level as  
in-network if it is  
an emergency as  
defined in your  
plan, otherwise  
you pay 50%.

**Urgent Care Services**

You pay \$75,  
deductible waived

**Ambulance**

You pay 20%  
after deductible

**Durable Medical Equipment (DME)**

You pay 20%  
after deductible

You pay 50%  
after deductible

**Mental Health & Substance Abuse Inpatient**

(Includes acute, partial & residential treatment)

You pay 20%  
after deductible

You pay 50%  
after deductible

**Mental Health & Substance Abuse Outpatient**

(Includes individual, group & intensive outpatient treatment)

You pay 20%  
after deductible

You pay 50%  
after deductible

This summary contains highlights only. Plans continued on the following pages.





# myCigna Health Flex Suite (continued from previous page)

ARIZONA

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.



## myCigna Health Flex 5500

## myCigna Health Flex 5100

In-network

Out-of-network

In-network

Out-of-network

## PRESCRIPTION DRUGS (RETAIL & HOME DELIVERY)

**PRESCRIPTIONS FILLED AT RETAIL** Please visit [www.Cigna.com/ifp-providers](http://www.Cigna.com/ifp-providers) to review the retail pharmacies that are in-network and [www.Cigna.com/ifp-drug-list](http://www.Cigna.com/ifp-drug-list) to see the drugs covered.

**TIER 1:** Retail Preferred Generics (Available at the lowest cost)  
Up to a 30 day supply

You pay \$4,  
deductible waived

You pay 50%  
after deductible

You pay \$4,  
deductible waived

You pay 50%  
after deductible

**TIER 2:** Retail Non-preferred Generics (Medications at a higher cost to you than Tier 1)  
Up to a 30 day supply

You pay 40%  
after deductible

You pay 50%  
after deductible

You pay \$30,  
deductible waived

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 40%  
after deductible

You pay 50%  
after deductible

You pay 40% after  
deductible

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%  
after deductible

You pay 50%  
after deductible

You pay 50%  
after deductible

You pay 50%  
after deductible

**TIER 5:** Retail Specialty (Drugs for complex chronic conditions)  
Up to a 30 day supply

You pay 40%  
after deductible

You pay 50%  
after deductible

You pay 40%  
after deductible

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](http://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,  
deductible waived

Not covered

You pay \$10,  
deductible waived

Not covered

**TIER 2:** Home Delivery Non-preferred Generics (Medications at a higher cost to you than Tier 1)  
Up to a 90 day supply

You pay 40%  
after deductible

Not covered

You pay \$62,  
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 40%  
after deductible

Not covered

You pay 40%  
after deductible

Not covered

**TIER 4:** Home Delivery Non-preferred Brands  
Up to a 90 day supply

You pay 50%  
after deductible

Not covered

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

You pay 30%  
after deductible

Not covered

This summary contains highlights only.

## FEATURES



**Save even more on your prescription drugs with CIGNA HOME DELIVERY PHARMACY.  
DELIVERS MEDICATIONS RIGHT TO YOUR DOOR – often at a lower price than you’d pay at a retail pharmacy.  
Plus, you can get up to a 90-DAY SUPPLY at one time.**



# myCigna Health Flex Suite (continued from previous page)

ARIZONA

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.



## myCigna Health Flex 3500

## myCigna Health Flex 2750

In-network

Out-of-network

In-network

Out-of-network

## PRESCRIPTION DRUGS (RETAIL & HOME DELIVERY)

**PRESCRIPTIONS FILLED AT RETAIL** Please visit [www.Cigna.com/ifp-providers](http://www.Cigna.com/ifp-providers) to review the retail pharmacies that are in-network and [www.Cigna.com/ifp-drug-list](http://www.Cigna.com/ifp-drug-list) to see the drugs covered.

**TIER 1:** Retail Preferred Generics (Available at the lowest cost)  
Up to a 30 day supply

You pay \$4,  
deductible waived

You pay 50%  
after deductible

You pay \$4,  
deductible waived

You pay 50%  
after deductible

**TIER 2:** Retail Non-preferred Generics (Medications at a higher cost to you than Tier 1)  
Up to a 30 day supply

You pay \$15,  
deductible waived

You pay 50%  
after deductible

You pay \$15,  
deductible waived

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,  
deductible waived

You pay 50%  
after deductible

You pay \$45,  
deductible waived

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%  
after deductible

You pay 50%  
after deductible

You pay 50%  
after deductible

You pay 50%  
after deductible

**TIER 5:** Retail Specialty (Drugs for complex chronic conditions)  
Up to a 30 day supply

You pay 0%  
after deductible

You pay 50%  
after deductible

You pay 40%  
after deductible

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](http://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,  
deductible waived

Not covered

You pay \$10,  
deductible waived

Not covered

**TIER 2:** Home Delivery Non-preferred Generics (Medications at a higher cost to you than Tier 1)  
Up to a 90 day supply

You pay \$37,  
deductible waived

Not covered

You pay \$37,  
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 \$112,  
deductible waived

Not covered

You pay \$112,  
deductible waived

Not covered

**TIER 4:** Home Delivery Non-preferred Brands  
Up to a 90 day supply

You pay 50%  
after deductible

Not covered

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 0%  
after deductible

Not covered

You pay 30%  
after deductible

Not covered

This summary contains highlights only.

## FEATURES



**Save even more on your prescription drugs with CIGNA HOME DELIVERY PHARMACY. DELIVERS MEDICATIONS RIGHT TO YOUR DOOR – often at a lower price than you’d pay at a retail pharmacy. Plus, you can get up to a 90-DAY SUPPLY at one time.**



# myCigna Health Flex Suite (continued from previous page)

ARIZONA

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.



## myCigna Health Flex 1500

## myCigna Health Flex 1900

In-network

Out-of-network

In-network

Out-of-network

## PRESCRIPTION DRUGS (RETAIL & HOME DELIVERY)

**PRESCRIPTIONS FILLED AT RETAIL** Please visit [www.Cigna.com/ifp-providers](http://www.Cigna.com/ifp-providers) to review the retail pharmacies that are in-network and [www.Cigna.com/ifp-drug-list](http://www.Cigna.com/ifp-drug-list) to see the drugs covered.

**TIER 1:** Retail Preferred Generics (Available at the lowest cost)  
Up to a 30 day supply

You pay \$4,  
deductible waived

You pay 50%  
after deductible

You pay 0%  
after deductible

You pay 50%  
after deductible

**TIER 2:** Retail Non-preferred Generics (Medications at a higher cost to you than Tier 1)  
Up to a 30 day supply

You pay \$20,  
deductible waived

You pay 50%  
after deductible

You pay 0%  
after deductible

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 \$60,  
deductible waived

You pay 50%  
after deductible

You pay 0%  
after deductible

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%  
after deductible

You pay 50%  
after deductible

You pay 50%  
after deductible

You pay 50%  
after deductible

**TIER 5:** Retail Specialty (Drugs for complex chronic conditions)  
Up to a 30 day supply

You pay 40%  
after deductible

You pay 50%  
after deductible

You pay 0%  
after deductible

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](http://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,  
deductible waived

Not covered

You pay 0%  
after deductible

Not covered

**TIER 2:** Home Delivery Non-preferred Generics (Medications at a higher cost to you than Tier 1)  
Up to a 90 day supply

You pay \$50,  
deductible waived

Not covered

You pay 0%  
after deductible

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

You pay 0%  
after deductible

Not covered

**TIER 4:** Home Delivery Non-preferred Brands  
Up to a 90 day supply

You pay 50%  
after deductible

Not covered

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

You pay 0%  
after deductible

Not covered

This summary contains highlights only.

## FEATURES



**Save even more on your prescription drugs with CIGNA HOME DELIVERY PHARMACY. DELIVERS MEDICATIONS RIGHT TO YOUR DOOR – often at a lower price than you’d pay at a retail pharmacy. Plus, you can get up to a 90-DAY SUPPLY at one time.**



# myCigna Health Flex Suite

(continued from previous page)

ARIZONA



## myCigna Health Flex 1250

In-network

Out-of-network

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.

### PRESCRIPTION DRUGS (RETAIL & HOME DELIVERY)

**PRESCRIPTIONS FILLED AT RETAIL** Please visit [www.Cigna.com/ifp-providers](http://www.Cigna.com/ifp-providers) to review the retail pharmacies that are in-network and [www.Cigna.com/ifp-drug-list](http://www.Cigna.com/ifp-drug-list) to see the drugs covered.

<b>TIER 1:</b> Retail Preferred Generics (Available at the lowest cost) Up to a 30 day supply	You pay \$4, deductible waived	You pay 50% after deductible
<b>TIER 2:</b> Retail Non-preferred Generics (Medications at a higher cost to you than Tier 1) Up to a 30 day supply	You pay \$15, deductible waived	You pay 50% after deductible
<b>TIER 3:</b> Retail Preferred Brands (Brand-name drugs at a lower cost than Tier 4) Up to a 30 day supply	You pay \$45, deductible waived	You pay 50% after deductible
<b>TIER 4:</b> 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% after deductible	You pay 50% after deductible
<b>TIER 5:</b> Retail Specialty (Drugs for complex chronic conditions) Up to a 30 day supply	You pay 40% after deductible	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](http://myCigna.com) or call 1.800.285.4812 for more information.

<b>TIER 1:</b> Home Delivery Preferred Generics (Available at the lowest cost) Up to a 90 day supply	You pay \$10, deductible waived	Not covered
<b>TIER 2:</b> Home Delivery Non-preferred Generics (Medications at a higher cost to you than Tier 1) Up to a 90 day supply	You pay \$37, deductible waived	Not covered
<b>TIER 3:</b> Home Delivery Preferred Brands (Brand-name drugs at a lower cost than Tier 4) Up to a 90 day supply	You pay \$112, deductible waived	Not covered
<b>TIER 4:</b> Home Delivery Non-preferred Brands Up to a 90 day supply	You pay 50% after deductible	Not covered
<b>TIER 5:</b> 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.

### FEATURES



**Save even more on your prescription drugs with CIGNA HOME DELIVERY PHARMACY. DELIVERS MEDICATIONS RIGHT TO YOUR DOOR – often at a lower price than you’d pay at a retail pharmacy. Plus, you can get up to a 90-DAY SUPPLY at one time.**

**STAY IN-NETWORK AND SAVE** To get the best price on your medications, choose a pharmacy in the Cigna Array Pharmacy Network

To see a full list of participating pharmacies in our network, visit [www.Cigna.com/ifp-providers](http://www.Cigna.com/ifp-providers)

To see a complete list of drugs covered under your plan, visit [www.Cigna.com/ifp-drug-list](http://www.Cigna.com/ifp-drug-list)

Of course, you can always choose to fill your prescription at a pharmacy not in our network, but you'll pay more.

For more information, refer to your policy information or call **1.800.Cigna24**.

**SERVICES TO HELP YOU SAVE**



**Talk with a CoachRx specialist to understand your medication options and ways to save.**



**Go online to shop and compare medication costs to find the best price.**



**Take us with you wherever you go with our helpful Mobile App.**



With Cigna, you get more than just coverage to help with your health care expenses. You'll get support to help you reach your one-of-a-kind health goals. So you can stay running at 100%.

**IN SICKNESS AND IN HEALTH** All our medical plans include coverage for health care services to help you get well and stay well — so you can reach your full health potential.

**Coverage for\*:**

- Routine and sick care office visits
- Preventive care for all ages
- Dental coverage for children under 19\*\*;  
Option to purchase adult coverage.
- Inpatient hospitalization
- Emergency, urgent care and ambulance
- Lab, x-ray, ultrasound and radiology services
- Mental health and substance abuse treatment
- Toll-free 24-hour health information line

**Online well-being support:**

- Health assessment and goal tracker
- “Better me” health and wellness coaching
- Health information from WebMD®
- Healthy Rewards discount program\*\*\*



**STAY IN NETWORK AND SAVE.**

To get the best value from your plan, use doctors and hospitals in the Cigna LocalPlus Network when you seek care.

To see a complete listing, go to [www.Cigna.com/ifp-providers](http://www.Cigna.com/ifp-providers)

\* Coverage level varies based on Plan Type and Cost-for-Coverage level selected and whether care is received in network.

\*\* Included for plans not purchased on the Health Insurance Marketplace.

\*\*\* Healthy Rewards is a discount program. This program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your medical benefits. **A discount program is NOT insurance, and you must pay the entire discounted charge.** Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are independent contractors solely responsible for any care or services provided.

**SUBSIDIES FOR THOSE WHO QUALIFY**

Beginning January 2014, millions of people will be eligible for a new federal Premium Assistance Tax Credit. You could be one of them. These subsidies can be used if you purchase a qualifying plan through your state's Health Insurance Marketplace.

**Tax Credits Subsidies** can reduce your monthly premium payments when you purchase a Qualified Health Plan (QHP<sup>1</sup>). Subsidies are based on certain income requirements and are not available if:

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

Eligibility is based on estimated taxable earned income. *Individuals earning up to \$44,680 and/or a family of four earning up to \$92,200 based on your tax-return may be eligible. The subsidies range from 2% up to 9.5% of your eligible income and are determined by the U.S. Department of Health and Human Services.*



## PHARMACY

(INCLUDED WITH ALL MEDICAL PLANS)

**CIGNA ARRAY PHARMACY NETWORK<sup>SM</sup>** Fill your prescriptions at one of the many retail pharmacies in our nationwide network. You can also take advantage of our Cigna Home Delivery Pharmacy for:

- Zero cost for certain preventive medications\*
- A convenient 90-day supply of medication and easy refills\*\*
- Medications delivered right to your door and free shipping



### SAVINGS INCENTIVES

**Save on 90-day refills of medications you take every day with our home delivery service. It's easy, convenient and it's like getting one free refill every six months. (some limits may apply)\*\*\***

**CIGNA PHARMACY SUPPORT PROGRAMS** We offer a variety of programs to help you find the most affordable options for your medications, and helpful support to help you take them as prescribed:

**Step Therapy** – A program to inform and encourage you and your doctor to consider lower-cost therapeutically appropriate medications that can deliver significant savings.

**Therapy Management** – Provides ongoing support if you take prescription narcotics and/or certain psychiatric medications.

**CoachRx** – Personalized support to help you take your medications as prescribed, including access to online tools, educational materials and a team of pharmacists that can help you:

- Set up automatic text or email refill reminders
- Arrange for convenient home delivery of your medications
- Understand your medication options
- Learn about drug side effects and ways to cope
- Identify and prevent possible drug interactions

\* As required by the Patient Protection and Affordable Care Act (PPACA)

\*\* Excludes specialty medications (unless required by state law)

\*\*\* Customers pay 2 ½ times the retail copay – a savings of over 16%. Offer and savings prohibited by law in some states.

**Cost Share Subsidies<sup>2</sup>** can reduce the amount you pay out-of-pocket when you get care – such as copays or coinsurance. *Subsidy levels are determined by income and the plan you choose. Individuals earning less than approximately \$27,936 and/or a family of four earning up to approximately \$57,636 may be eligible.*

**Native American/Alaskan Native (NA/AN) Subsidies** Subsidies may also be available. Visit the Health Insurance Marketplace for more information.



### SUBSIDY CALCULATOR

**Visit [Cigna.com](https://www.cigna.com) and use the calculator which may help you see if you qualify for a subsidy. Or better yet, talk to your licensed Cigna insurance agent or broker. If you are not already working with one call 1.866.Get.Cigna (1.866.438.2446).**

1. Tax Credit subsidies can only be applied to the purchase of QHP plans.

2. You must select a Silver level plan to take advantage of Cost Share Subsidies



## DENTAL

(AVAILABLE WITH ADDITIONAL PURCHASE)

**DENTAL PLANS** Oral health is important to overall health and well-being. Consider adding dental coverage to your medical plan.

Key features:

- Choice of benefits and premium levels to meet your needs and budget
- No waiting period if you've had 12-months of continuous prior coverage (excludes orthodontia benefits)
- No application fees or processing fees
- Save the most when you visit one of our in-network dentists from our large national dental network
- Discounted rates on out-of-network care when you see a dentist in our Dental Network Savings Program
- Oral Health Integration Program included with every plan

### ORAL HEALTH INTEGRATION PROGRAM

Regular dental care is important to overall good health and well-being. And that's particularly true for pregnant women and people living with chronic health conditions. Research shows that when they get appropriate dental care, they can avoid costly and dangerous health complications.

That's why we provide **100% reimbursement** of any coinsurance/copays for dental procedures that help to promote optimal oral health for customers with these health conditions:

- Cardiovascular (heart) disease
- Cerebrovascular disease (stroke)
- Chronic kidney disease
- Diabetes
- Head and neck cancer radiation
- Maternity
- Organ transplants

And it's why we provide **free oral health assessments** to all our customers – to help find and resolve potential dental health issues early.



If you choose to visit a dentist out-of-network you will pay the out-of-network benefit and the difference in the amount that Cigna reimburses for such services and the amount charged by the dentist, except for emergency services.

myCigna Dental Preventive		myCigna Dental 1000		myCigna Dental 1500	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network

## BENEFITS

Individual Annual Deductible	Covers preventive services only with no deductible	\$50 per person (waived for preventive services)	\$50 per person (waived for preventive services)
Family Annual Deductible	Covers preventive services only with no deductible	\$150 per family (waived for preventive services)	\$150 per family (waived for preventive services)
Annual Benefit Maximum	No annual maximum for preventive services	\$1,000 per person	\$1,500 per person
Separate Lifetime Individual Orthodontia Deductible	Orthodontia not covered	Orthodontia not covered	\$50

## CLASS I: PREVENTIVE/DIAGNOSTIC SERVICES

Preventive/Diagnostic Services Waiting Period	No waiting period	No waiting period	No waiting period
Preventive/Diagnostic Services (Oral exams, cleanings, x-rays, fluoride application, sealants, non-orthodontic space maintainers)	You pay 0%	You pay 0%, deductible waived	You pay 0%, deductible waived

## CLASS II: BASIC RESTORATIVE SERVICES

Basic Restorative Services Waiting Period	Does not apply		6-month waiting period*	6-month waiting period*
Basic Restorative Services (Fillings, non-routine x-rays)	You pay 100% (Discounts may apply)	Not covered	You pay 20%, after deductible	You pay 20%, after deductible

## CLASS III: MAJOR RESTORATIVE SERVICES

Major Restorative Services Waiting Period	Does not apply		12-month waiting period*	12-month waiting period*
Major Restorative Services (Root canal therapy/endodontics, crowns, periodontics, dentures, bridges)	You pay 100% (Discounts may apply)	Not covered	You pay 50%, after deductible	You pay 50%, after deductible

## CLASS IV: ORTHODONTIA

Orthodontia Waiting Period	Does not apply		Does not apply	12-month waiting period
Orthodontia	You pay 100% (Discounts may apply)	Not covered	You pay 100% (Discounts may apply)	Not covered
Orthodontia Individual Lifetime Maximum	Orthodontia not covered		Orthodontia not covered	\$1,000 per person

This summary contains highlights only. The Dental Plans do not include pediatric dental services as required under the federal Patient Protection and Affordable Care Act (PPACA). This coverage is available in the insurance market. Please contact your insurance carrier, agent/producer, or the Health Insurance Marketplace if you wish to purchase PPACA compliant pediatric dental coverage.

You may pay more for out-of-network charges if the dentist's charges exceed the amount Cigna reimburses for billed services.

\*You may be eligible to waive the waiting period with prior qualified coverage, not applicable to orthodontia.

**STAY WELL.**

**LIVE WELL.**

**WE CAN HELP.**

**BETTER HEALTH. ON YOUR TERMS** We believe that health insurance should do more than be used when you get sick. It should help you from getting sick in the first place. Regardless of which plan you choose, you'll get more than just coverage to help with your health care expenses. You'll also get valuable tools and services to help you stay well and live well:

- Zero additional cost for in-network annual checkups, screenings and immunizations
- Prescription drug coverage – including delivery right to your door through our home delivery service
- Comprehensive hospitalization and emergency care – nationwide
- Pediatric dental coverage for children under 19 is included with all medical plans not purchased on the Health Insurance Marketplace; plus the option to purchase adult coverage

**COVERAGE WHEREVER YOU GO**

- Nationwide access to care – including emergency and urgent care services
- Quality doctors and hospitals in our LocalPlus Network
- No referrals required



**REMEMBER:**

To get the best value from your plan, choose from our Cigna LocalPlus Network whenever you seek care.

To find what physicians and hospitals are in the LocalPlus Network visit [www.Cigna.com/ifp-providers](http://www.Cigna.com/ifp-providers) or call 1.800.Cigna.24.

## ANYTIME SERVICES AND SUPPORT

**24/7/365 Live customer support** Call our customer service representatives anytime, day or night, to discuss your claims and benefits. 1.800.Cigna.24\*.

**24/7/365 Health Information Line** Call us anytime to be connected to a specialist who can provide confidential counseling, support and answers to your health related questions – including finding a doctor or hospital in your area or while you’re traveling. Out of the country? Just call collect.

**X** For a complete list and details on the Healthy Rewards program, visit [www.myCigna.com](http://www.myCigna.com) or call 1.800.Cigna24.

**Cigna Healthy Rewards®\*\*** This program offers discounts on a wide-range of popular health and wellness programs and services:

Jenny Craig®, Pearle Vision®, Curves®, Drugstore.com™ and more

- Eyeglasses and Contacts
- Weight Loss and Nutrition
- Tobacco Cessation
- Fitness Clubs & Equipment
- Mind and Body Health
- Alternative Medicine
- Hearing and Dental Products

**No referrals. No claim forms. No catch.**

\*Inquiries regarding billing and enrollment are between 8am-8pm M-F, EST

\*\*Healthy Rewards is a discount program. This program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your medical benefits. **A discount program is NOT insurance, and you must pay the entire discounted charge.** Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are independent contractors solely responsible for any care or services provided.

## SERVICES TO HELP YOU SAVE



**Talk with a CoachRx specialist to understand your medication options and ways to save.**



**Go online to shop and compare medication costs to find the best price.**



**Take us with you wherever you go with our helpful Mobile App.**

**MYCIGNA.COM** Managing your health is important, and we want to help. **myCigna.com** will provide you with information and tools to help you find the right care at the right price – anytime that’s right for you.

**Personalized Website** myCigna.com is designed to click with you – customized to the plan you choose, the people in your family, and the place you call home. Use the tool – anytime, anywhere – to get instant access to tools and information to help you make smart, informed decisions about your one-of-a-kind health and health spending:

**Manage Your Health**

- Assess your current health status and risks
- Set and track personal health goals
- Find and compare doctors and facilities
- Order prescriptions through Cigna Home Delivery Pharmacy
- Get expert health information from WebMD
- Print ID cards
- Participate in “better me” health and wellness online coaching

**X THE MYCIGNA MOBILE APP**  
helps our customers stay on top  
of their health care expenses.

**Manage Your Spending**

- Track and pay your monthly premiums
- View claims
- Track your deductibles and out-of-pocket costs
- See cost estimates for medical treatment and procedures
- Shop and compare medications costs

**Your health has met its App®** Access myCigna.com on the go with the myCigna Mobile App\*. You can find a health care professional, hospital or urgent care center in our directory and compare prescription drug costs. In addition, you can view and request a copy of your medical ID card(s), get up-to-date account information, check your balances and review your medical claims.

**X ON CALL FOR YOU – 24/7/365**  
We’re here to help – whenever  
you’ve got questions. Day or night.  
Weekdays, weekends and holidays.

**1.800.Cigna24**

\*The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

## Exclusions and Limitations

These medical insurance policies have exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. Covered expenses do not include expenses incurred for:

- Any amounts in excess of maximum amounts of Covered Expenses stated in this Policy.
- Services not specifically listed in this Policy as Covered 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 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; (f) an Insured Person being intoxicated, as defined by applicable state law in the state where the illness occurred or under the influence of illegal narcotics or non-prescribed controlled substances unless administered or prescribed by Physician.
- Any services provided by a local, state or federal government agency, except 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). 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 prescribed by a Physician and listed as covered in this plan.
- Professional services or supplies received or purchased directly or on your behalf by anyone, including a Physician, 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.
- Custodial Care.
- Inpatient or outpatient services of a private duty nurse.
- Inpatient room and board charges in connection with a Hospital stay primarily for environmental change, physical therapy or treatment of chronic pain; Custodial Care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- 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.
- 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.
- 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 including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs) except for coverage of one hearing aid per ear per year, new or replacement hearing aids no longer under warranty (precertification required), cleaning or repair, and batteries for cochlear implants as specifically stated in this Policy. A hearing aid is any device that amplifies sound.
- Routine hearing tests and Exams except as specifically provided in this Policy under "Comprehensive Benefits, What the Plan Pays For."
- Genetic screening or preimplantations 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).
- Outpatient speech therapy, except as specifically stated in this Policy.
- 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 including macromastia or gynecomastia surgeries; surgical treatment of varicose veins; abdominoplasty/panniculectomy; rhinoplasty. 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.
- 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.
- Services for redundant skin surgery, removal of skin tags, acupuncture, 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.
- 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.

- 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 infertility once diagnosed, 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 the "Comprehensive Benefits: What the Policy Pays For" and "What's Covered," section in this Policy.
- 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 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.
- Self-administered Injectable Drugs, except as stated in the Benefit Schedule and in the Prescription Drug Benefits section of this Policy.
- Syringes, except as stated in the 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.
- Any off label cancer drug that has been prescribed for a specific type of cancer for which use of the drug has not been approved by the U.S. Food and Drug Administration (U.S. FDA) except as provided under Comprehensive Benefits.
- 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 as required by law for diabetic patients.
- 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, except preventive services that include weight and nutrition counseling, or surgery for obesity and co-morbid conditions, as otherwise stated in the Policy.
- 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.
- Telephone, email, and internet consultations or other services which under normal circumstances are expected to be provided through face-to-face clinical encounters.
- 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; counseling/ educational services for breastfeeding; physician counseling regarding alcohol misuse, preventive medication, obesity, nutrition, tobacco cessation and depression; and as specifically provided or arranged by Cigna.
- Nutritional counseling except nutritional evaluation and counseling from a participating provider when a dietary adjustment has a therapeutic role of a diagnosed chronic disease/condition, including but not limited to: morbid obesity, diabetes, cardiovascular disease, hypertension, kidney disease, eating disorders, gastrointestinal disorders, food allergies and hyperlipidemia. All other services for the purpose of diet control and weight reduction are not covered unless required by a specifically identified condition of disease etiology. Services not covered include but not limited to: gastric surgery, intra oral wiring, gastric balloons, dietary formulae, hypnosis, cosmetics, health and beauty aids 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 "Comprehensive Benefits What the Policy Pays For."
- 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 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.
- 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.

## Dental Plan Exclusions & Limitations

Dental insurance policies have exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. Covered Dental Expenses do not include expenses incurred for:

- Procedures which are not included in the list of Covered Dental Expenses.
- Procedures which are not necessary and which do not have uniform professional endorsement.
- Procedures for which a charge would not have been made in the absence of coverage or for which the covered person is not legally required to pay.
- Any procedure, service, supply or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension.
- Procedures, appliances or restorations whose main purpose is to diagnose or treat jaw joint problems, including dysfunction of the temporomandibular joint and craniomandibular disorders, or other conditions of the joints linking the jawbone and skull, including the complex muscles, nerves and other tissues related to that joint.
- The alteration or restoration of occlusion.
- The restoration of teeth which have been damaged by erosion, attrition or abrasion.
- Bite registration or bite analysis.
- Any procedure, service, or supply provided primarily for cosmetic purposes. Facings, repairs to facings or replacement of facings on crowns or bridge units on molar teeth shall always be considered cosmetic.
- The initial placement of a full denture or partial denture unless it includes the replacement of a functioning natural tooth extracted while the person is covered under this plan (the removal of only a permanent third molar will not qualify a full or partial denture for benefit under this provision).
- The initial placement of a fixed bridge, unless it includes the replacement of a functioning natural tooth extracted while the person is covered under this plan. If a bridge replaces teeth that were missing prior to the date the person's coverage became effective and also teeth that are extracted after the person's effective date, benefits are payable only for the pontics replacing those teeth which are extracted while the person was insured under this plan. The removal of only a permanent third molar will not qualify a fixed bridge for benefit under this provision.
- The initial placement of an implant unless it includes the replacement of a functioning natural tooth extracted while the person is covered under this plan. The removal of only a permanent third molar will not qualify an implant for benefit under this provision.
- The surgical placement of an implant body or framework of any type; surgical procedures in anticipation of implant placement; any device, index or surgical template guide used for implant surgery; treatment or repair of an existing implant; prefabricated or custom implant abutments; removal of an existing implant.
- Crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth unless the tooth cannot be restored with an amalgam or composite resin filling due to major decay or fracture.
- Core build-ups.
- Replacement of a partial denture, full denture, or fixed bridge or the addition of teeth to a partial denture unless:
  - replacement occurs at least 84 consecutive months after the initial date of insertion of the current full or partial denture; or
  - the partial denture is less than 84 consecutive months old, and the replacement is needed due to a necessary extraction of an additional functioning natural tooth while the person is covered under this plan (alternate benefits of adding a tooth to an existing appliance may be applied); or
  - replacement occurs at least 84 consecutive months after the initial date of insertion of an existing fixed bridge (if the prior bridge is less than 84 consecutive months old, and replacement is needed due to an additional Necessary extraction of a functioning natural tooth while the person is covered under this plan. Benefits will be considered only for the pontic replacing the additionally extracted tooth).
- The removal of only a permanent third molar will not qualify an initial or replacement partial denture, full denture or fixed bridge for benefits.
- The replacement of crowns, cast restoration, inlay, onlay or other laboratory prepared restorations within 84 consecutive months of the date of insertion.
- The replacement of a bridge, crown, cast restoration, inlay, onlay or other laboratory prepared restoration regardless of age unless necessitated by major decay or fracture of the underlying Natural Tooth.
- Any replacement of a bridge, crown or denture which is or can be made useable according to common dental standards;
- Replacement of a partial denture or full denture which can be made serviceable or is replaceable.
- Replacement of lost or stolen appliances.
- Replacement of teeth beyond the normal complement of 32.
- Prescription drugs.
- Any procedure, service, supply or appliance used primarily for the purpose of splinting.
- Athletic mouth guards.
- Myofunctional therapy.
- Precision or semiprecision attachments.
- Denture duplication.
- Separate charges for acid etch.
- Labial veneers (lamine).
- Porcelain or acrylic veneers of crowns or pontics on, or replacing the upper and lower first, second and third molars;
- Precious or semi-precious metals for crowns, bridges, pontics and abutments; crowns and bridges other than stainless steel or resin for participants under 16 years old;
- Treatment of jaw fractures and orthognathic surgery.



- Orthodontic treatment, except for the treatment of cleft lip and cleft palate. Exclusion does not apply if the Plan otherwise covers services for orthodontic treatment.
- Charges for sterilization of equipment, disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies and infection control.
- Charges for travel time; transportation costs; or professional advice given on the phone.
- Temporary, transitional or interim dental services.
- Any procedure, service or supply not reasonably expected to correct the patient's dental condition for a period of at least 3 years, as determined by Cigna.
- Diagnostic casts, diagnostic models, or study models.
- Any charge for any treatment performed outside of the United States other than for Emergency Treatment (any benefits for Emergency Treatment which is performed outside of the United States will be limited to a maximum of \$100 per consecutive 12-month period);
- Oral hygiene and diet instruction; broken appointments; completion of claim forms; personal supplies (e.g., water pick, toothbrush, floss holder, etc.); duplication of x-rays and exams required by a third party;
- Any charges, including ancillary charges, made by a hospital, ambulatory surgical center or similar facility;
- Services that are deemed to be medical services;
- Services for which benefits are not payable according to the "General Limitations" section.

## General Limitations

No payment will be made for dental expenses incurred for you or any one of your Dependents:

- For services not specifically listed as Covered Services in this Policy.
- For services or supplies that are not Dentally Necessary.
- For services received before the Effective Date of coverage.
- For services received after coverage under this Policy ends.
- For services for which You have no legal obligation to pay or for which no charge would be made if You did not have dental insurance coverage.
- For Professional services or supplies received or purchased directly or on Your behalf by anyone, including a Dentist, 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.
- For or in connection with an Injury arising out of, or in the course of, any employment for wage or profit;
- For or in connection with a Sickness which is covered under any workers' compensation or similar law;
- For charges made by a Hospital owned or operated by or which provides care or performs services for, the United States Government, if such charges are directly related to a military-service-connected condition;
- Services or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared;
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- For charges which the person is not legally required to pay;
- For charges which would not have been made if the person had no insurance;
- To the extent that billed charges exceed the rate of reimbursement as described in the Schedule;
- For charges for unnecessary care, treatment or surgery;
- To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- For or in connection with experimental procedures or treatment methods not approved by the American Dental Association or the appropriate dental specialty society;
- Procedures that are a covered expense under any other dental plan which provides dental benefits;
- To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Cigna will take into account any adjustment option chosen under such part by you or any one of your Dependents.



## FIND THE RIGHT MATCH FOR YOU

Shop and compare to find the right plan for you. For assistance, talk with your licensed Cigna insurance agent or broker, or if you are not already working with one call 1.866.Get.Cigna (1.866.438.2446).

### LocalPlus Network Information

The medical plans use 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](http://www.Cigna.com/ifp-providers) or call 1.800.Cigna24.

The medical plans in this plan comparison are Qualified Health Plans in the Arizona Health Insurance Marketplace.



Health Insurance Marketplace

### Plan 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 (medical plans only).

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.

Medical 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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