

GET TO KNOW YOUR MEDICAL PLAN

Cigna Connect Flex Bronze 6400 | 2016 Summary of Benefits

Why Choose Cigna?

Cigna's Individual and Family insurance plans are designed to work with your needs and your budget, offering a range of coverage options, quality care and helpful, easy to use tools and services. All of our plans offer:

- › Coverage options to give you choices, so you can find what works best for you.
- › Affordable premiums and lower negotiated rates to help keep your costs down.
- › 100% coverage for in-network preventive care¹ to help keep you healthy and well.
- › A network of quality providers in your local area. Plus, access to ER care both in- and out-of-network.²
- › 24/7 customer service to answer questions on your health care needs, providers, or claims — speaking in plain, simple language.
- › Tools and services to help make it easy for you to select plans and doctors, and predict costs.

Our Networks: it's about quality and savings

Cigna's new Connect health insurance plans are designed to give you quality care centered around your unique needs. You have access to personalized care and attention from providers in the Connect Network in your local area.

You will choose your primary care physician (PCP) who will get to know your needs, direct you to specialists when needed, and ensure that your providers are communicating and coordinating your care.

Our network includes access to Cigna Medical Group, whose doctors consistently receive patient satisfaction scores of 95% on surveys managed by an independent research company.³

1. Some preventive care services may not be covered, including immunizations for travel. Refer to your policy for a complete listing of covered and non-covered services.
2. Emergency services as defined in your plan.
3. 12/31/13 Art of Medicine/Customer Satisfaction Surveys, 95% represents average based on a 9-point scale.

Contact your local broker or a licensed Cigna agent at **866.Get.Cigna** or visit **Cigna.com** to learn more.

Together, all the way.®



Individual and Family Plans

Cigna Health and Life Insurance Company and
Cigna HealthCare of Arizona, Inc.

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This HMO plan is available to residents in parts of Arizona, depending on county. Please see last page for full listing.
This plan does not provide benefits outside of your local area or out-of-network, except for emergency services as defined by the plan.

MEDICAL BENEFIT	Cigna Connect Flex Bronze 6400	
	IN-NETWORK	OUT-OF-NETWORK
Individual Deductible (Medical and pharmacy)	\$6,400	Not covered
Family Deductible (Medical and pharmacy)	\$12,800	Not covered
Individual/family deductible is satisfied when each member has reached their annual individual deductible or when the total annual family deductible amount has been reached by any combination of family members.		
Coinsurance*	You pay 40% after deductible	Not covered
Individual Out-of-Pocket Maximum	\$6,700	Not covered
Family Out-of-Pocket Maximum	\$13,400	Not covered
Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum.		
PHYSICIAN SERVICES		
Primary Care Physician (Office visit)	You pay \$40, deductible waived	Not covered
Specialist Physician (Office visit)	You pay 40% after deductible	Not covered
Office Related Services	You pay 40% after deductible	Not covered
PREVENTIVE CARE		
Preventive Care for All Ages (Routine physicals and other preventive services)	You pay 0%, deductible waived	Not covered
INPATIENT SERVICES		
Facility Services (Inpatient room and board, lab & x-ray, operating room, etc.)	You pay 40% after deductible	Not covered
Physician Services	You pay 40% after deductible	Not covered
MATERNITY CARE		
Prenatal and Postnatal Care	You pay 40% after deductible	Not covered
Delivery and Inpatient Services for Maternity Care	You pay 40% after deductible	Not covered

*Amount you pay for covered medical services.

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MEDICAL BENEFIT

IN-NETWORK

OUT-OF-NETWORK

OUTPATIENT SERVICES

Lab, X-ray and Ultrasound	You pay 40% after deductible	Not covered
CT/PET Scans and MRI	You pay 40% after deductible	Not covered
Cardiac & Pulmonary Rehabilitation Subject to Short-Term Rehabilitative Therapy maximums	You pay 35% after deductible	Not covered
Short-Term Rehabilitative Therapy Maximum of 60 visits per calendar year, combined with Physical, Occupational, Speech, Cardiac & Pulmonary Rehabilitation.	You pay 35% after deductible	Not covered
Spinal Manipulation Therapy 12 self-referral visits available, Unlimited maximum	You pay 40% after deductible	Not covered
Outpatient Surgery (Facility)	You pay 40% after deductible	Not covered
Outpatient Surgery (Physician services)	You pay 40% after deductible	Not covered
Acupuncture	Not covered	Not covered

EMERGENCY AND URGENT CARE SERVICES

Hospital Emergency Room	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 100%
Urgent Care Services	You pay \$75 per visit copay, deductible waived	You pay the same level as in-network if it is an emergency as defined in your plan, otherwise you pay 100%
Ambulance	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 100%

OTHER HEALTH CARE FACILITIES AND SERVICES

Skilled Nursing Facility Maximum of 90 days per calendar year	You pay 40% after deductible	Not covered
Home Health Maximum of 42 visits per calendar year	You pay 0%, deductible waived	Not covered
Hospice	You pay 40% after deductible	Not covered

DURABLE MEDICAL EQUIPMENT (DME)

Durable Medical Equipment	You pay 35% after deductible	Not covered
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MEDICAL BENEFIT

IN-NETWORK

OUT-OF-NETWORK

MENTAL HEALTH & SUBSTANCE USE

	IN-NETWORK	OUT-OF-NETWORK
Inpatient (Includes acute, partial & residential treatment)	You pay 40% after deductible	Not covered
Outpatient (Includes individual, group & intensive outpatient treatment)	You pay 40% after deductible	Not covered

PRESCRIPTION DRUGS (RETAIL & HOME DELIVERY)

IN-NETWORK

OUT-OF-NETWORK

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

PRESCRIPTIONS FILLED AT RETAIL

TIER 1: Retail Preferred Generics (Available at the lowest cost) Up to a 90 day supply. You pay copay for each 30 day supply	You pay \$8, deductible waived	Not covered
TIER 2: Retail Non-preferred Generics (Medications at a higher cost than Tier 1) Up to a 90 day supply. You pay copay for each 30 day supply	You pay \$35, deductible waived	Not covered
TIER 3: Retail 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
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 90 day supply	You pay 50% after deductible	Not covered
TIER 5: Retail Specialty (Drugs for complex chronic conditions) Up to a 30 day supply	You pay \$550, deductible waived	Not covered

PRESCRIPTIONS FILLED THROUGH HOME DELIVERY

TIER 1: Home Delivery Preferred Generics (Available at the lowest cost) Up to a 90 day supply	You pay \$20, deductible waived	Not covered
TIER 2: Home Delivery Non-preferred Generics (Medications at a higher cost than Tier 1) Up to a 90 day supply	You pay \$87, 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
TIER 4: Home Delivery Non-preferred Brands (A mix of non-preferred brand-name and generic drugs at a higher cost than Tier 3) Up to a 90 day supply	You pay 50% after deductible	Not covered
TIER 5: Home Delivery Specialty (Drugs for complex chronic conditions) Up to a 30 day supply	You pay \$475, deductible waived	Not covered

This summary contains highlights only.

UNDERSTANDING THE TOTAL COST OF YOUR CARE

Here are some basic terms that may be used to explain the costs of your health care plan.

- › **Premium**
Amount you pay monthly for your health insurance plan.
- › **Annual out-of-pocket maximum**
Maximum dollar amount you pay per calendar year for covered medical services. Copays, deductibles, and pharmacy charges apply to the out-of-pocket maximum.
- › **Coinsurance**
In-network: Amount you pay for covered medical services after you have satisfied the annual deductible.
Out-of-network: Amount you pay for covered medical services after you have satisfied the annual out-of-network deductible. You may pay more if the provider's charges exceed the amount Cigna reimburses for billed services.
- › **Copayment (copay)**
A flat fee you pay toward services such as doctor visits or prescriptions.
- › **Annual Deductible**
The amount you pay each year before Cigna begins to pay for covered services.

For more information or to find in-network doctors:

See the Connect Network flyer
Visit **Cigna.com/ifp-providers**.
Call **866.494.2111**.

Cigna Connect Flex Bronze 6400**2016 PLAN EXCLUSIONS AND LIMITATIONS****Exclusions**

Any Service and Supplies which are not described as covered in the Benefit Summary, Services and Benefits section, or in an attached Rider or are specifically excluded in the Services and Benefits section or an attached Rider are not covered under this Agreement.

In addition, the following are specifically excluded Service and Supplies:

1. Care for health conditions which has not been provided by, provided by referral from Your Primary Care Physician or authorized by Your Primary Care Physician or the Cigna Medical Director, except for immediate treatment of a Medical Emergency/Emergency Medical Condition.
2. Care, services or supplies for health conditions 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 Member's home, or that person's employer;
 - a person who is related to the Member by blood, marriage or adoption, or that person's employer.
3. Care for health conditions that are required by state or local law to be treated in a public facility.
4. Care required by state or federal law to be supplied by a public schools system or school district.
5. Care for military service disabilities treatable through governmental services if the Member is legally entitled to such treatment and facilities are reasonably available.
6. Treatment of an illness or injury which is due to war, declared or undeclared.
7. Charges for which you are not obligated to pay or for which you are not billed or would not have been billed except that you were covered under this Agreement.
8. Assistance in the activities of daily living, including, but not limited to, eating, bathing, dressing or other Custodial Services or self care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
9. Any services and supplies for or in connection with experimental, investigational or unproven services.
10. Experimental, investigational or unproven services do not include routine patient care costs related to qualified clinical trials as described in your plan document.
11. Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the Cigna Medical Director to be: not demonstrated, through existing peer-reviewed, evidence-based scientific literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed; or not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use; or the subject of review or approval by an Institutional Review Board for the proposed use.
12. Cosmetic surgery, therapy or surgical procedures primarily for the purpose of altering appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance. The exclusions include surgical excision or reformation of any sagging skin on any part of the body, including, the eyelids, face, neck, abdomen, arms, legs or buttocks; and services performed in connection with the enlargement, reduction, implantation, or change in appearance of portion of the body, including, the breast, face, lips, jaw, chin, nose, ears or genital; hair transplantation; chemical face peels or abrasion of the skin; electrolysis diplation; or any other surgical or non-surgical procedures which are primarily for the purpose of altering appearance. This does not exclude services or benefits that are primarily for the purpose of restoring normal bodily function, or surgery, which is medically necessary.
13. The following services are excluded from coverage regardless of clinical indications;
 - Macromastia or Gynecomastia Surgeries;
 - Surgical treatment of varicose veins;
 - Abdominoplasty;
 - Panniculectomy;
 - Rhinoplasty;
 - Blepharoplasty;
 - Redundant skin surgery;
 - Removal of skin tags;
 - Acupressure;
 - Craniosacral/cranial therapy;
 - Dance therapy, movement therapy;
 - Applied kinesiology;
 - Rolwing;
 - Prolotherapy; and
 - Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
14. Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental x rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. However, Charges made for services or supplies provided for or in connection with a fractured jaw, or an accidental injury to sound natural teeth are covered, where the continuous course of treatment is started within six (6) months of the accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch, except for pediatric dental services.
15. Any medical and surgical services for the treatment or control of obesity that are not included under the "Services and Benefits" section of this Agreement
16. Unless otherwise covered as a basic benefit, reports, evaluations, physical examinations, or

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- hospitalization not required for health reasons including, employment, insurance or government licenses, and court ordered, forensic, or custodial evaluations.
17. Court ordered treatment or hospitalization, unless such treatment is being sought by a Participating Physician or otherwise covered under "Services and Benefits."
 18. All services related to infertility once diagnosed, including but not limited to, infertility services, infertility drugs, surgical or medical treatment programs for infertility, including in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs are also excluded from coverage.
 19. Reversal of male and female voluntary sterilization procedures.
 20. Transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
 21. Any services, supplies, medications or drugs for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasmia, and premature ejaculation.
 22. Medical and hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under the Agreement.
 23. Non medical counseling or ancillary services including, but not limited to Custodial Services, 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 non-medical ancillary services for learning disabilities, developmental delays, or mental retardation, except as specifically stated in this Agreement.
 24. 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 which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected, except as specifically stated in this Agreement.
 25. 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; preventive counseling and educational services specifically required under Patient Protection and Affordable Care Act (PPACA) or and as specifically provided or arranged by Cigna.
 26. Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Inpatient Hospital Services", "Outpatient Facility Services", "Home Health Services", Diabetic Services and Supplies", or "Breast Reconstruction and Breast Prostheses" sections of the "Services and Benefits" section.
 27. Private hospital rooms and/or private duty nursing except as provided in the "Home Health Services" section of "Services and Benefits.", or when deemed medically appropriate by Us. Private duty nursing will not be excluded in an inpatient setting, if skilled nursing is not available.
 28. Personal or comfort items such as personal care kits provided on admission to a hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of illness or injury.
 29. Orthopedic shoes (except when joined to braces), shoe inserts, foot orthotic devices except as required by law for diabetic patients.
 30. Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, orthotics, elastic stockings, garter belts, corsets, dentures and wigs, except as provided in "Services and Benefits" section of the Agreement.
 31. Aids or devices that assist with non-verbal communications, including, but not limited to communication boards, pre-recorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
 32. Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery and pediatric vision).
 33. Routine refraction, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy, except for pediatric vision.
 34. Treatment by acupuncture.
 35. 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-administered Injectable" drugs) that do not require Physician supervision; All non-injectable Prescription Drugs, Injectable Drugs that do not require Physician supervision and are typically considered Self-administered Injectable Drugs, non-prescription drugs, and investigational and experimental drugs, and Self-administered injectable Drugs, except as stated in the Schedule of Benefits and in the Prescription Drug section of this Service Agreement.
 36. Any Infusion or Injectable Specialty Prescription Drugs that require Physician supervision, except as otherwise stated in this Service Agreement. Infusion and Injectable Specialty drugs include, but are not limited to, hemophilia factor and supplies, enzyme replacements and intravenous immunoglobulin.
 37. 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

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- improvement of the Member's condition. Growth hormone treatment for idiopathic short stature, or improved athletic performance is not covered under any circumstances.
38. Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
39. Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
40. Genetic screening or pre-implantation 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.
41. Dental implants for any condition.
42. Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the Cigna Medical Director's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
43. Blood administration for the purpose of general improvement in physical condition.
44. Cost of biologicals that are immunizations or medications for purposes of travel, except anti-malarial drugs, or to protect against occupational hazards and risks unless Medically Necessary or indicated.
45. Cosmetics, dietary supplements and health and beauty aids.
46. All nutritional supplements and formulae are excluded, except for infant formula needed for the treatment of inborn errors of metabolism.
47. All vitamins and medications and contraceptives available without a prescription ("over-the-counter") except for those covered under mandate of the 2010 Patient Protection and Affordable Care Act (PPACA).
48. Expenses incurred for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profit.
49. Telephone, email & internet consultations..
50. Massage therapy.
51. Complementary and alternative medicine services, including but not limited to: massage therapy; animal therapy, including but not limited to equine therapy or canine therapy; art therapy; music therapy; meditation; visualization;[acupuncture;] acupressure, reflexology, light therapy, aromatherapy, energy-balancing; movement and/or exercise therapy including but not limited to yoga, pilates, tai-chi, walking, hiking, swimming, golf.
52. Any services provided by or at a place for the aged, a nursing home, or any facility a significant portion of the activities of which include rest, recreation, leisure, or any other services that do not consist exclusively of Covered Services.
53. In addition to the provisions of this "Exclusions and Limitations" section, you will be responsible for payments on a fee-for-service basis for Service and Supplies under the conditions described in the "Reimbursement" provision of "Other Sources of Payment for Services and Supplies."

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2016 PLAN IMPORTANT DISCLOSURES

Rates will vary by plan design and the plan deductible, copay, coinsurance and out-of-pocket maximums selected. Rates may vary based on age, family size, geographic location (residential zip code) and tobacco use.

Rates for new medical policies with an effective date on or after 01/01/2016 are guaranteed through 12/31/2016. After the initial guarantee, rates are subject to change upon 60 days notice.

Applications are accepted during annual open enrollment period, or within 60 calendar days of a qualifying life event. Benefits are provided only for those services that are medically necessary as defined in the policy and for which the insured person has benefits.

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

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

For costs, and additional details about coverage, contact Cigna at 900 Cottage Grove Rd, Hartford, CT 06152 or call 866.GET.Cigna. (866.438.2446).

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IMPORTANT PLAN INFORMATION

This plan is available to residents living in the following counties in Arizona:

Maricopa

With a Cigna Connect Plan, you will select a PCP. Your PCP will direct you to Specialists when needed.

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at **866.494.2111**.

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al **866.494.2111**.

Cigna Connect Flex Bronze 6400 is a Qualified Health Plan in the Health Insurance Marketplace.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC) and Cigna HealthCare of Arizona, Inc. In Arizona, HMO plans are offered by Cigna HealthCare of Arizona, Inc. All other individual medical plans are insured by CHLIC. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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