

Individual & Family Plans

Insured by Cigna Health and Life Insurance Company

MATCH ME TO MY HEALTH PLAN

I AM:

- ☒ A RESIDENT OF TEXAS*
 - ☒ HAPPIEST WHEN I'M HEALTHIEST
 - ☒ LIKE NO ONE ELSE
 - ☒ *LOOKING FOR HEALTH CARE THAT PUTS ME FIRST!*
-

GO YOU.



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 IN Dallas/Fort Worth & Austin and Houston metropolitan areas, depending on zip code.

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?

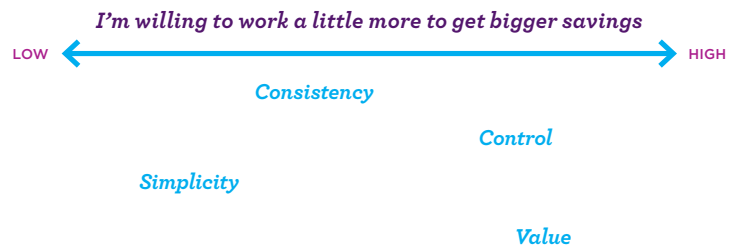


Your licensed Cigna insurance agent or broker can guide you on these important decisions and help match you to the plan that best meets your needs and goals. If you are not already working with one call 1.866.Get.Cigna (1.866.438.2446).

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
(Not available in the Houston area)*



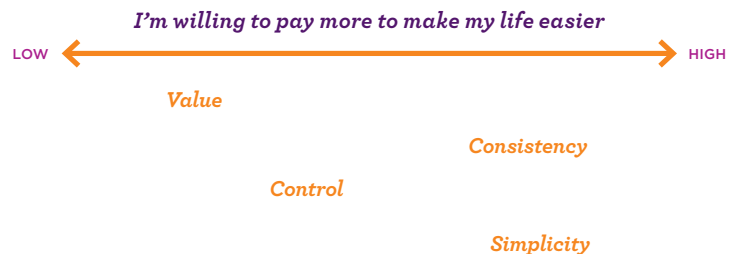
myCigna Health Flex Suite

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



myCigna Copay Assure Suite

Promotes predictability in your out-of-pocket costs when you seek care



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.

When filling or refilling prescriptions: Use Cigna Home Delivery Pharmacy™ or a retail pharmacy in the Cigna Array Pharmacy Network™. 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.

To see a complete list of drugs covered under your plan, visit www.Cigna.com/ifp-drug-list.



DALLAS AND AUSTIN PLANS
begin on page 6







HOUSTON PLANS
begin on page 18

*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.

myCigna Health Savings Suite

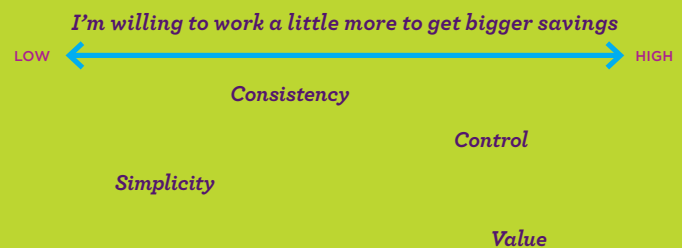
Maximize your savings now and in the future with these high-deductible plans. Plans offer low premiums and 100% coverage on health services (excluding non-preferred drugs) once you've reached your deductible. And they can be paired with a tax-advantaged Health Savings Account (HSA), which helps you budget 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 Account¹ are 100% tax deductible – up to the federal limit.²
- 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.



myCigna Health Savings Suite

DALLAS/FORT WORTH & AUSTIN



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 Savings 6100		myCigna Health Savings 3400	
	In-network	Out-of-network	In-network	Out-of-network
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 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 (Physical, occupational, speech and chiropractic – Calendar year maximum of 35 visits, combined in- and out-of-network)	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 by the plan, otherwise you pay 50% after deductible.	You pay 0% after deductible	You pay the same level as in-network if it is an emergency as defined by the plan, otherwise you pay 50% after deductible.
Urgent Care Services	You pay 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)

DALLAS/FORT WORTH & AUSTIN



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 to review the retail pharmacies that are in-network and 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 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

To see a complete list of drugs covered under your plan, visit 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*

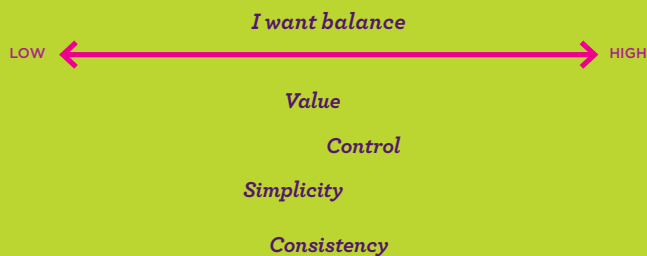
STAY IN-NETWORK AND SAVE To get the best price on your medications, choose a pharmacy in the Cigna Array Pharmacy Network

To see a full list of participating pharmacies in our network, visit www.Cigna.com/ifp-providers

To see a complete list of drugs covered under your plan, visit 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.



myCigna Health Flex Suite

DALLAS/FORT WORTH & AUSTIN



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
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)	\$5,500 / \$11,000	\$12,500 / \$25,000	\$5,100 / \$10,200	\$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 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 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 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
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 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
Lab, X-ray and Ultrasound	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 50% after deductible
CT/PET Scans and MRI	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 50% after deductible
Short-Term Rehabilitative Therapy (Physical, occupational, speech and chiropractic – Calendar year maximum of 35 visits, combined in- and out-of-network)	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 50% after deductible
Hospital Emergency Room	You pay 40% after deductible	You pay the same level as in-network if it is an emergency as defined by the plan, otherwise you pay 50% after deductible.	You pay 40% after deductible	You pay the same level as in-network if it is an emergency as defined by the plan, otherwise you pay 50% after deductible.
Urgent Care Services	You pay \$75, deductible waived		You pay \$75, deductible waived	
Ambulance	You pay 40% after deductible		You pay 40% after deductible	
Durable Medical Equipment (DME)	You pay 40% after deductible	You pay 50% after deductible	You pay 40% after deductible	You pay 50% after deductible
Mental Health & Substance Abuse Inpatient (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
Mental Health & Substance Abuse Outpatient (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)

DALLAS/FORT WORTH & AUSTIN



myCigna Health Flex 5000

myCigna Health Flex 2750

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

	In-network	Out-of-network	In-network	Out-of-network
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)	\$5,000 / \$10,000	\$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)	\$5,000 / \$10,000	\$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 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 (Physical, occupational, speech and chiropractic – Calendar year maximum of 35 visits, combined in- and out-of-network)	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 by the plan, otherwise you pay 50% after deductible.	You pay 20% after deductible	You pay the same level as in-network if it is an emergency as defined by the plan, otherwise you pay 50% after deductible.
Urgent Care Services	You pay \$75, 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)

DALLAS/FORT WORTH & AUSTIN



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 / \$4,200	\$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 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 (Physical, occupational, speech and chiropractic – Calendar year maximum of 35 visits, combined in- and out-of-network)	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 by the plan, otherwise you pay 50% after deductible.	You pay 0% after deductible	You pay the same level as in-network if it is an emergency as defined by the plan, otherwise you pay 50% after deductible.
Urgent Care Services	You pay \$75, 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)

DALLAS/FORT WORTH & AUSTIN



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
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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 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 (Physical, occupational, speech and chiropractic – Calendar year maximum of 35 visits, combined in- and out-of-network)	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 by the plan, otherwise you pay 50% after deductible.
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)

DALLAS/FORT WORTH & AUSTIN

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 to review the retail pharmacies that are in-network and 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 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 \$75, 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)

DALLAS/FORT WORTH & AUSTIN

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 5000

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 to review the retail pharmacies that are in-network and 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 0% 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 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 \$45, deductible waived	Not Covered	You pay \$45, 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 \$115, deductible waived	Not Covered	You pay \$115, deductible waived	Not Covered
TIER 4: Home Delivery Non-preferred Brands Up to a 90 day supply	You pay 0% 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)

DALLAS/FORT WORTH & AUSTIN

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 to review the retail pharmacies that are in-network and 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 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)

DALLAS/FORT WORTH & AUSTIN



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 to review the retail pharmacies that are in-network and 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
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
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
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
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

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

TIER 1: Home Delivery Preferred Generics (Available at the lowest cost) Up to a 90 day supply	You pay \$10, 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 \$45, 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 \$115, deductible waived	Not Covered
TIER 4: Home Delivery Non-preferred Brands 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 30% after deductible	Not Covered

This summary contains highlights only.

FEATURES



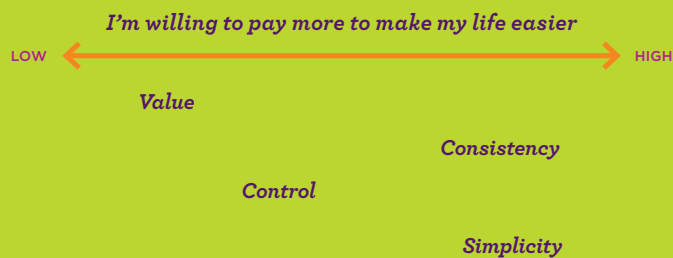
Save even more on your prescription drugs with CIGNA HOME DELIVERY PHARMACY. DELIVERS MEDICATIONS RIGHT TO YOUR DOOR – often at a lower price than you'd pay at a retail pharmacy. Plus, you can get up to a 90-DAY SUPPLY at one time.

myCigna Copay Assure Suite

If you like the simplicity and security of knowing what you'll pay when you seek care, these plans may be just the right fit for you. The simple, straight-forward design of these plans makes them easy to understand and use. And with no deductible to meet and fixed out-of-pocket costs when you seek care, these plans provide the most predictable expenses.

Key features include:

- No deductibles to meet before the plan starts paying
- Fixed annual premiums
- Predictable out-of-pocket costs
- Fixed copays for doctor visits and most health care services
- Fixed copays for prescription medications





myCigna Copay Assure Suite

DALLAS/FORT WORTH & AUSTIN



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 Copay Assure Silver		myCigna Copay Assure Gold	
	In-network	Out-of-network	In-network	Out-of-network
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)	\$0 / \$0	\$12,500 / \$25,000	\$0 / \$0	\$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	\$5,000 / \$10,000	\$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 30%	You pay 50% after deductible	You pay 30%	You pay 50% after deductible
These medical plans use the LocalPlus Network of participating providers. Visit 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 / You pay \$60	You pay 50% after deductible / You pay 50% after deductible	You pay \$30 / You pay \$60	You pay 50% after deductible / You pay 50% after deductible
Preventive Care for All Ages (Routine physicals and other preventive services)	You pay 0%	You pay 50% after deductible	You pay 0%	You pay 50% after deductible
Inpatient and Physician Services (Inpatient room and board, lab & x-ray, operating room, etc.)	You pay \$2,000 per day / You pay 30%	You pay 50% after deductible / You pay 50% after deductible	You pay \$1,000 per day / You pay 30%	You pay 50% after deductible / You pay 50% after deductible
Lab, X-ray and Ultrasound	You pay 40%	You pay 50% after deductible	You pay 30%	You pay 50% after deductible
CT/PET Scans and MRI	You pay \$750 per scan	You pay 50% after deductible	You pay \$500 per scan	You pay 50% after deductible
Short-Term Rehabilitative Therapy (Physical, occupational, speech and chiropractic – Calendar year maximum of 35 visits, combined in- and out-of-network)	You pay \$60 per visit	You pay 50% after deductible	You pay \$60 per visit	You pay 50% after deductible
Hospital Emergency Room	You pay \$500 per visit	You pay the same level as in-network if it is an emergency, as defined by the plan otherwise 50% after deductible.	You pay \$250 per visit	You pay the same level as in-network if it is an emergency, as defined by the plan otherwise 50% after deductible.
Urgent Care Services	You pay \$75 per visit		You pay \$75 per visit	
Ambulance	You pay \$500 per trip		You pay \$500 per trip	
Durable Medical Equipment (DME)	You pay 30%	You pay 50% after deductible	You pay 30%	You pay 50% after deductible
Mental Health & Substance Abuse Inpatient (Includes acute, partial & residential treatment)	You pay \$2,000 per day	You pay 50% after deductible	You pay \$1,000 per day	You pay 50% after deductible
Mental Health & Substance Abuse Outpatient (Includes individual, group & intensive outpatient treatment)	You pay \$60 per visit	You pay 50% after deductible	You pay \$60 per visit	You pay 50% after deductible

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



myCigna Copay Assure Suite (continued from previous page)

DALLAS/FORT WORTH & AUSTIN

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 Copay Assure Silver

myCigna Copay Assure Gold

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 to review the retail pharmacies that are in-network.

TIER 1: Retail Preferred Generics (Available at the lowest cost) Up to a 30 day supply	You pay \$4	You pay 50% after deductible	You pay \$4	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 \$25	You pay 50% after deductible	You pay \$15	You pay 50% after deductible
TIER 3: Retail Preferred Brands (Brand-name drugs at a lower cost than Tier 4) Up to a 30 day supply	You pay \$60	You pay 50% after deductible	You pay \$45	You pay 50% after deductible
TIER 4: Retail Non-preferred Brands (A mix of non-preferred brand-name and generic drugs at a higher cost than Tier 2 and Tier 3) Up to a 30 day supply	You pay 50%	You pay 50% after deductible	You pay 50%	You pay 50% after deductible
TIER 5: Retail Specialty (Drugs for complex chronic conditions) Up to a 30 day supply	You pay 40%	You pay 50% after deductible	You pay 40%	You pay 50% after deductible

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

TIER 1: Home Delivery Preferred Generics (Available at the lowest cost) Up to a 90 day supply	You pay \$10	Not Covered	You pay \$10	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 \$62	Not Covered	You pay \$45	Not Covered
TIER 3: Home Delivery Preferred Brands (Brand-name drugs at a lower cost than Tier 4) Up to a 90 day supply	You pay \$150	Not Covered	You pay \$115	Not Covered
TIER 4: Home Delivery Non-preferred Brands Up to a 90 day supply	You pay 50%	Not Covered	You pay 50%	Not Covered
TIER 5: Home Delivery Specialty (Drugs for complex chronic conditions) Up to a 30 day supply	You pay 30%	Not Covered	You pay 30%	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

To see a complete list of drugs covered under your plan, visit 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.Cigna 24**.

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.

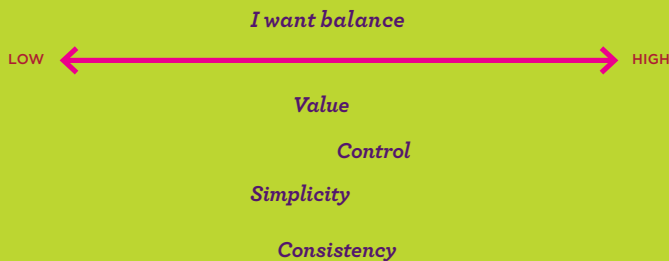
HOUSTON

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

To see a complete list of drugs covered under your plan, visit 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.



myCigna Health Flex Suite

HOUSTON



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 5100		myCigna Health Flex 5000	
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)	\$5,100 / \$10,200	\$12,500 / \$25,000	\$5,000 / \$10,000	\$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	\$5,000 / \$10,000	\$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 40% 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 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.

RPO Physician Services (RPO primary care physicians/RPO specialist office visits)	You pay \$35, deductible waived / You pay \$65, deductible waived	You pay 50% after deductible / You pay 50% after deductible	You pay \$25, deductible waived / You pay \$45, deductible waived	You pay 50% after deductible / You pay 50% after deductible
Physician Services (Primary care physician/specialist office visits)	You pay 40% after deductible / You pay 40% after deductible	You pay 50% after deductible / You pay 50% after deductible	You pay \$55, deductible waived / You pay \$75, 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 40% after deductible / You pay 40% 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 40% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
CT/PET Scans and MRI	You pay 40% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
Short-Term Rehabilitative Therapy (Physical/occupational, speech and chiropractic – Calendar year maximum of 35 visits, combined in- and out-of-network)	You pay 40% after deductible	You pay 50% after deductible	You pay 0% after deductible	You pay 50% after deductible
Hospital Emergency Room	You pay 40% after deductible	You pay the same level as in-network if it is an emergency as defined by the plan, otherwise you pay 50% after deductible.	You pay 0% after deductible	You pay the same level as in-network if it is an emergency as defined by the plan, otherwise you pay 50% after deductible.
Urgent Care Services	You pay \$75, deductible waived		You pay \$75, deductible waived	
Ambulance	You pay 40% after deductible		You pay 0% after deductible	
Durable Medical Equipment (DME)	You pay 40% 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 40% 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 40% 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 Flex Suite (continued from previous page)

HOUSTON



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 2750		myCigna Health Flex 1250	
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)	\$2,750 / \$5,500	\$12,500 / \$25,000	\$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)	\$6,350 / \$12,700	\$25,000 / \$50,000	\$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	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 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.

RPO Physician Services (RPO primary care physicians/RPO specialist office visits)	You pay \$25, deductible waived / You pay \$45, deductible waived	You pay 50% after deductible / You pay 50% after deductible	You pay \$15, deductible waived / You pay \$35 deductible waived	You pay 50% after deductible / You pay 50% after deductible
Physician Services (Primary care physician/specialist office visits)	You pay \$55, deductible waived / You pay \$75, deductible waived	You pay 50% after deductible / You pay 50% after deductible	You pay \$35, deductible waived / You pay \$65, 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 20% after deductible / You pay 20% 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 20% after deductible	You pay 50% after deductible	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	You pay 20% after deductible	You pay 50% after deductible
Short-Term Rehabilitative Therapy (Physical/occupational, speech and chiropractic – Calendar year maximum of 35 visits, combined in- and out-of-network)	You pay 20% after deductible	You pay 50% after deductible	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 by the plan, otherwise you pay 50% after deductible.	You pay 20% after deductible	You pay the same level as in-network if it is an emergency as defined by the plan, otherwise you pay 50% after deductible.
Urgent Care Services	You pay \$75, deductible waived		You pay \$75, deductible waived	
Ambulance	You pay 20% after deductible		You pay 20% after deductible	
Durable Medical Equipment (DME)	You pay 20% 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 20% 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 20% 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.

RPO Service Areas

MONTGOMERY

LIBERTY

HARRIS

CHAMBERS

FORT BEND

GALVESTON

BRAZORIA



TO SEE A COMPLETE LISTING,
visit www.Cigna.com/ifp-providers
or call 1.800.Cigna.24.

In the Houston LocalPlus Service area you have the option to choose a doctor in the Renaissance Physician Organization (RPO). So, you'll get deep discounts and pay less out of pocket. If you choose not to use a RPO provider you will want to use a LocalPlus provider to stay in-network. You also have the option to use any other providers and that would be considered out-of-network.

To see a list of doctors in the Renaissance Physician Organization – and all doctors and facilities in the LocalPlus and Cigna Networks – visit www.Cigna.com/ifp-providers.

The Renaissance Physician Organization

When it comes to health care, you want every advantage. The doctors in the Renaissance Physician Organization are committed to delivering personalized, high quality treatment and preventive care. Their goals are simple: to help you achieve optimal health and well-being and help you get the most value from your health plan. And with nearly 1,000 primary care physicians and specialists in Houston and the surrounding area, there's probably one right in your neighborhood.



myCigna Health Flex Suite (continued from previous page)

HOUSTON

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 5100

myCigna Health Flex 5000

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 to review the retail pharmacies that are in-network and 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 \$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 40% after deductible	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 0% 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 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 \$45, 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 \$115, 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 0% 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)

HOUSTON

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 2750

myCigna Health Flex 1250

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 to review the retail pharmacies that are in-network and 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 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 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 \$45, 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 \$115, 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 30% after deductible	Not Covered	You pay 30% after deductible	Not Covered

This summary contains highlights only.

FEATURES



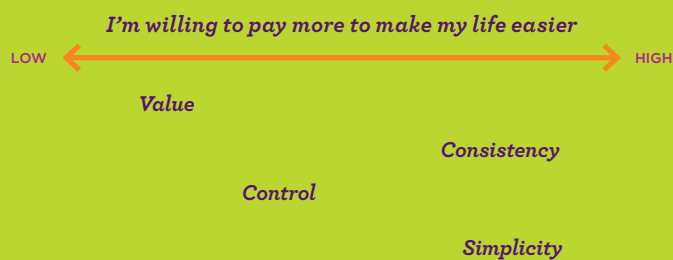
**Save even more on your prescription drugs with CIGNA HOME DELIVERY PHARMACY.
DELIVERS MEDICATIONS RIGHT TO YOUR DOOR – often at a lower price than you'd pay at a retail pharmacy.
Plus, you can get up to a 90-DAY SUPPLY at one time.**

myCigna Copay Assure Suite

If you like the simplicity and security of knowing what you'll pay when you seek care, these plans may be just the right fit for you. The simple, straight-forward design of these plans makes them easy to understand and use. And with no deductible to meet and fixed out-of-pocket costs when you seek care, these plans provide the most predictable expenses.

Key features include:

- No deductibles to meet before the plan starts paying
- Fixed annual premiums
- Predictable out-of-pocket costs
- Fixed copays for doctor visits and most health care services
- Fixed copays for prescription medications



HOUSTON, WE HAVE SAVINGS

Cigna plans give you the freedom to see any doctor or hospital in the LocalPlus Network when you need care. But to save even more, choose a doctor in the Renaissance Physician Organization (RPO). You'll get deep discounts and pay less out of pocket.



myCigna Copay Assure Suite

HOUSTON



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 Copay Assure Silver		myCigna Copay Assure Gold	
	In-network	Out-of-network	In-network	Out-of-network
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)	\$0 / \$0	\$12,500 / \$25,000	\$0 / \$0	\$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	\$5,000 / \$10,000	\$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 30%	You pay 50% after deductible	You pay 30%	You pay 50% after deductible

These medical plans use the LocalPlus Network of participating providers. Visit 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.

RPO Physician Services (RPO primary care physicians/RPO specialist office visits)	You pay \$25 / You pay \$45	You pay 50% after deductible / You pay 50% after deductible	You pay \$15 / You pay \$35	You pay 50% after deductible / You pay 50% after deductible
Physician Services (Primary care physician/specialist office visits)	You pay \$55 / You pay \$75	You pay 50% after deductible / You pay 50% after deductible	You pay \$35 / You pay \$65	You pay 50% after deductible / You pay 50% after deductible
Preventive Care for All Ages (Routine physicals and other preventive services)	You pay 0%	You pay 50% after deductible	You pay 0%	You pay 50% after deductible
Inpatient and Physician Services (Inpatient room and board, lab & x-ray, operating room, etc.)	You pay \$2,000 per day / You pay 30%	You pay 50% after deductible / You pay 50% after deductible	You pay \$1,000 per day / You pay 30%	You pay 50% after deductible / You pay 50% after deductible
Lab, X-ray and Ultrasound	You pay 40%	You pay 50% after deductible	You pay 30%	You pay 50% after deductible
CT/PET Scans and MRI	You pay \$750 per scan	You pay 50% after deductible	You pay \$500 per scan	You pay 50% after deductible
Short-Term Rehabilitative Therapy (Physical/occupational, speech and chiropractic – Calendar year maximum of 35 visits, combined in- and out-of-network)	You pay \$60 per visit	You pay 50% after deductible	You pay \$60 per visit	You pay 50% after deductible
Hospital Emergency Room	You pay \$500 per visit	You pay the same level as in-network if it is an emergency as defined by the plan, otherwise you pay 50% after deductible.	You pay \$250 per visit	You pay the same level as in-network if it is an emergency as defined by the plan, otherwise you pay 50% after deductible.
Urgent Care Services	You pay \$75 per visit		You pay \$75 per visit	You pay the same level as in-network if it is an emergency as defined by the plan, otherwise you pay 50% after deductible.
Ambulance	You pay \$500 per trip		You pay \$500 per trip	You pay the same level as in-network if it is an emergency as defined by the plan, otherwise you pay 50% after deductible.
Durable Medical Equipment (DME)	You pay 30%	You pay 50% after deductible	You pay 30%	You pay 50% after deductible
Mental Health & Substance Abuse Inpatient (Includes acute, partial & residential treatment)	You pay \$2,000 per day	You pay 50% after deductible	You pay \$1,000 per day	You pay 50% after deductible
Mental Health & Substance Abuse Outpatient (Includes individual, group & intensive outpatient treatment)	You pay \$60 per visit	You pay 50% after deductible	You pay \$60 per visit	You pay 50% after deductible

This summary contains highlights only. Plans continued on next page.



myCigna Copay Assure Suite

(continued from previous page)

HOUSTON

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 Copay Assure Silver

myCigna Copay Assure Gold

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 to review the retail pharmacies that are in-network.

TIER 1: Retail Preferred Generics (Available at the lowest cost) Up to a 30 day supply	You pay \$4	You pay 50% after deductible	You pay \$4	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 \$25	You pay 50% after deductible	You pay \$15	You pay 50% after deductible
TIER 3: Retail Preferred Brands (Brand-name drugs at a lower cost than Tier 4) Up to a 30 day supply	You pay \$60	You pay 50% after deductible	You pay \$45	You pay 50% after deductible
TIER 4: Retail Non-preferred Brands (A mix of non-preferred brand-name and generic drugs at a higher cost than Tier 2 and Tier 3) Up to a 30 day supply	You pay 50%	You pay 50% after deductible	You pay 50%	You pay 50% after deductible
TIER 5: Retail Specialty (Drugs for complex chronic conditions) Up to a 30 day supply	You pay 40%	You pay 50% after deductible	You pay 40%	You pay 50% after deductible

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

TIER 1: Home Delivery Preferred Generics (Available at the lowest cost) Up to a 90 day supply	You pay \$10	Not Covered	You pay \$10	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 \$62	Not Covered	You pay \$45	Not Covered
TIER 3: Home Delivery Preferred Brands (Brand-name drugs at a lower cost than Tier 4) Up to a 90 day supply	You pay \$150	Not Covered	You pay \$115	Not Covered
TIER 4: Home Delivery Non-preferred Brands Up to a 90 day supply	You pay 50%	Not Covered	You pay 50%	Not Covered
TIER 5: Home Delivery Specialty (Drugs for complex chronic conditions) Up to a 30 day supply	You pay 30%	Not Covered	You pay 30%	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

To see a complete list of drugs covered under your plan, visit 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.Cigna 24**.

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

*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 (QHP¹). 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 NETWORKSM 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 Subsidies² 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 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.

myCigna Dental

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	You pay 50% after \$50 separate lifetime orthodontia deductible
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 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.



For a complete list and details on the Healthy Rewards program, visit 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

X 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).

*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.

Important Plan Information

Medical plans in the Dallas/Fort Worth and Austin section are available to residents living in the following counties in Texas:

North Texas (DFW) – 20 full counties	Henderson	Austin – 3 full counties
Collin	Hood	Travis
Cooke	Hunt	Hays
Dallas	Johnson	Williamson
Denton	Kaufman	
Ellis	Navarro	
Erath	Palo Pinto	
Fannin	Parker	
Grayson	Rockwall	
	Somervell	
	Tarrant	
	Wise	

Dental plans are available to all residents statewide.

Medical plans in the Houston section are available to residents living in the following counties in Texas:

Full counties Ft. Bend	Partial counties – zip codes	77534	77580	Walker
Harris	Austin	77577	77597	77340
Galveston		77578	Grimes	77341
Liberty	77473	77581	77363	77342
Montgomery	77474	77583	77830	77343
Waller	77485	77584	77868	77344
	Brazoria	77588	77873	77348
		Brazos	77875	77349
	77430	77866	77876	77358
	77431	77869	San Jacinto	Washington
	77511	Chambers	77331	77880
	77512		77371	
	77515			
	77516			

Dental plans are available to all residents statewide.

LocalPlus Network Information

These 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 Customers in Houston also have the option to visit an RPO provider. To minimize your out-of-pocket expenses, visit health care providers in the LocalPlus Network. If you choose to visit a health care provider Out-of-network (OON) you will be reimbursed at the OON benefit level. The difference in the amount that Cigna reimburses for such services and the amount charged by the physician, hospital or provider except for emergency services, will also increase your OON costs.

In-network

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

Out-of-network

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

For more detailed information or to find providers in the LocalPlus Network, including participating providers when you are away from home, please review the LocalPlus Network flyer, visit www.Cigna.com/ifp-providers or call 1.800.Cigna24.

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



Health Insurance Marketplace

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 (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, medical rates are subject to change upon 60 days notice in TX. Dental rates are subject to change upon 60 day prior notice in TX. Some dental plans apply waiting periods to basic (6 months) and major (12 months) covered dental care services. Plans that cover orthodontia apply a waiting period (12 months) to covered orthodontic services.

This medical insurance policy INDTXCH042013 and dental insurance policy TX HC-NOT21 et al. has exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. Medical applications accepted during annual open enrollment period, or within 60 calendar days of a qualifying event. Benefits are provided only for those services that are medically necessary as defined in the policy and for which the insured person has benefits. For costs, and additional details about coverage, contact Cigna Health and Life Insurance Company at 900 Cottage Grove Rd, Hartford, CT 06152 or call 1-866-GET-Cigna. (1-866-438-2446).

In Texas, LocalPlus plans are considered Preferred Provider plans with certain managed care features; Health Savings LocalPlus plans are considered Preferred Provider plans with certain managed care features and are compatible with Health Savings Accounts, and the Dental plan is known as Cigna Dental Choice.



"Cigna," the "Tree of Life" logo, "GO YOU" and "LocalPlus" are registered service marks and "Cigna Home Delivery Pharmacy" is a service mark of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries, and not by Cigna Corporation. Such subsidiaries include Cigna Health and Life Insurance Company (CHLIC), Cigna Dental Health, Inc., Tel-Drug, Inc., and Tel-Drug of Pennsylvania, L.L.C. Dental plans are insured by CHLIC with network management services provided by Cigna Dental Health, Inc. "Cigna Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C.