

INDIVIDUAL & FAMILY PLANS



Health
and
Pharmacy
Benefits



Protecting your most important asset.
Your health.



Protect your health, secure your future.

To protect your health, CIGNA* has put together health and pharmacy plans that help keep you and your family well. We provide the coverage you need, when you need it, along with award-winning customer service. With a wide range of programs and services to enhance your coverage, you get real value in a health plan that's right for you. CIGNA's online tools and support help you make well-informed choices, so you can stay healthy. And that benefits everyone.



* In this brochure, "CIGNA" and "CIGNA HealthCare" refer to Connecticut General Life Insurance Company, which offers health insurance plans in your state. "CIGNA" and "CIGNA HealthCare" also may refer to HMO plans, if offered in your state. We offer HMO plans only through the following state-specific companies: CIGNA HealthCare of Arizona, Inc.; CIGNA HealthCare of New Hampshire, Inc.

Care from every perspective.

CIGNA health plans help you get healthy and stay well. Whether it's an annual physical or an emergency. Whether it's to prevent a health problem or lessen complications from an illness. Whether it's about your medical care or your medicine, you can count on us. Pure and simple. All it takes is one plan, one ID card and one customer service center number. That way, you can live your life and enjoy peace of mind. And that alone can positively impact your health and well-being.

CIGNA Individual and Family Plans offer:

- **Emergency care, surgery and hospital coverage** to ensure you get the care you need when you're sick or hurt.
- **Prescription drug coverage** that makes it affordable to stay well.
- **Preventive care and wellness support** to help you prevent a health issue, find health problems early, when treatment works best, or simply better manage a health concern.



To better serve you.

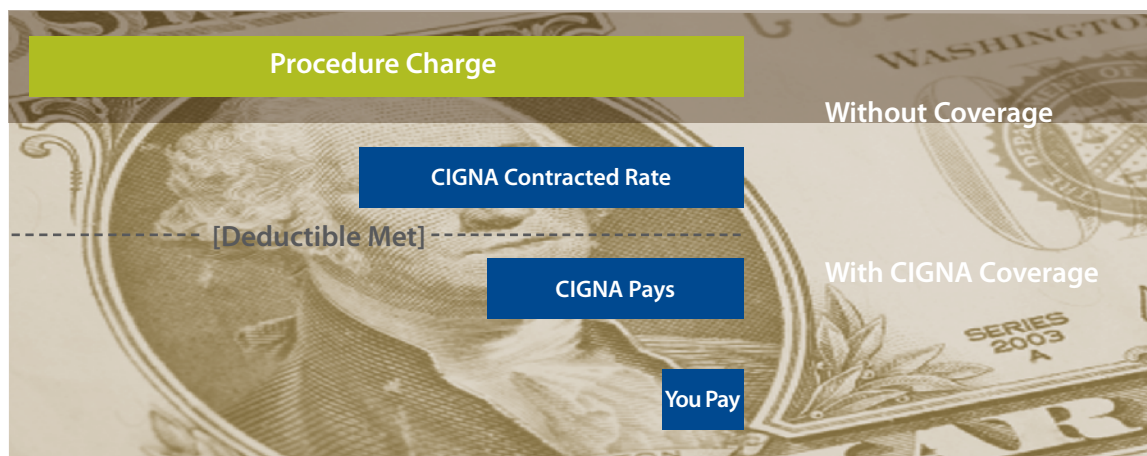
You have a concern. You're wondering about your health. You have a question about your coverage. Or maybe you just want to talk to a live person. CIGNA is the first health services company to offer customer service call center hours of 24 hours a day, seven days a week to answer questions at any time. Just call the number on your CIGNA HealthCare member ID card and talk to a Member Service representative.

We know that with each phone call, we have the privilege to serve you. We never forget that we're only as good as our last phone call.

Stretch your health care dollar.

At CIGNA, we negotiate with in-network health care professionals to offer you the best value for your dollar. By using in-network doctors, you will pay a special contracted rate for services so you get immediate savings. Once you meet your deductible, CIGNA will pay a percentage of the contracted rate, and you are responsible for the copay or coinsurance amount.

For more information on the specific coverage included in CIGNA Individual and Family Plans, please see the Plan Comparison included in the back of this brochure or provided by your CIGNA authorized agent.





A health care plan on your terms.

Choose your plan. Everyone wants a plan with solid coverage and good value. But maybe you want the lowest possible monthly premium. Or, maybe you want a plan with a lower annual deductible but a higher monthly premium. Or, you might want to save money tax-free to pay for your medical expenses via a Health Savings Account (HSA). With CIGNA, you have a choice of plan options. In turn, you get a plan that's responsive to your health care needs and your finances.

Choose your doctors with Open Access and Health Savings Plans. If you select a CIGNA Open Access or Health Savings insurance plan, you have access to a network of more than 500,000 participating quality health care professionals and centers throughout the country. You can stay with the doctor you have now. If you want to see a doctor who's not in the CIGNA network, there's no problem with these plans. Of course, your out-of-pocket costs will vary, but you'll pay less when you see an in-network health care professional.

Choose your discounts. Get healthy and get rewarded. With the CIGNA Healthy Rewards^{®*} program, you're entitled to special offers and health and wellness discounts from participating providers. Discounts available include these services:

- Weight management & nutrition
- Acupuncture
- Fitness club membership
- Tobacco cessation
- Laser vision correction

Choose door-to-door prescription drug delivery. If it's more convenient, your prescription drug can come to you. You can order up to a 90-day supply of your prescription medications with one phone call to the CIGNA Home Delivery Pharmacy. There are no extra costs or delivery fees. You pay only your CIGNA mail-order pharmacy copay.



*Some Healthy Rewards programs are not available in all states. If your CIGNA HealthCare plan includes coverage for any of these services, this program is in addition to, not instead of, your plan coverage. Healthy Rewards programs are separate from your medical coverage. **A discount program is NOT insurance, and the customer must pay the entire discounted charge.**

What you know can make you healthier.

There's an abundance of health information out there. But how do you know what's right for you? We can help you get the most out of your health care plan with a variety of helpful tools and support to keep you well-informed. With CIGNA's personalized website, you have easy access to interactive tools and health information. And if you need help, day or night, you can speak to a nurse, 24/7. Your resources include:

Online health management tool.

Learn how to help improve your health and well-being with CIGNA's Health Assessment. Using this online tool, you can assess your current health status, understand your potential health risks and establish goals to improve your health, reduce risks and prevent sickness. You can also request to receive information on specific health topics, programs and services provided by CIGNA HealthCare.



24-hour health assistance.

Call CIGNA's health information line staffed by trained nurses who can offer detailed answers to health questions, available 24 hours a day, 7 days a week, toll-free from anywhere in the United States. And if you're out of the country, you can call us collect. Speak with a nurse when:

- Your child has a fever in the middle of the night.
- You're traveling and don't feel well, and you're unsure about the symptoms.
- You have a minor injury and wonder if you should treat it yourself or see a doctor.
- You need help locating a doctor when you are away from home.

You can also learn more about hundreds of health topics—everything from bumps and bug bites to varicose veins and X-Rays, through CIGNA's library of recordings. Just call the toll-free number on your CIGNA ID card.



Personalized website.

With details about your plan, health information and a number of interactive tools, **myCIGNA.com** can help you better understand your coverage and make more informed decisions about where to receive care. Online, you can:

- View your plan coverage, copays and deductibles.
- View your claim history and verify plan details.
- Manage your health care expenses and track deductibles and out-of-pocket expenses with the Quicken Health Expense Tracker.
- Order a new ID card or print a temporary one.
- Pay your premium and view payment history.
- Choose your doctor and create a personalized list of nearby doctors, hospitals and pharmacies.
- Refill your prescription drugs and get a 90-day supply delivered to your door.
- Check your prescription drug costs and learn about treatments and interactions for more than 200 medications.
- Learn how hospitals rank in quality and cost for various procedures, based on your coverage.
- Get facts on condition-specific procedures and treatments.
- Assess your current health condition and learn how to make lasting improvements.

Explanation of Benefits.

As a CIGNA HealthCare customer, you'll get an Explanation of Benefits, an easy-to-understand financial explanation of the medical services you receive, including service dates, charges submitted, amount covered, your deductible, coinsurance/copay and covered balance.

The proof is in the quality.

CIGNA HealthCare has earned Full Accreditation—the highest accreditation possible— from the National Committee for Quality Assurance (NCQA) for our Open Access Plus plans and Preferred Provider Organization plans nationwide. In addition, all 23 CIGNA HealthCare HMO and Point of Service Plans are NCQA-Accredited and 22 have earned Excellent Accreditation status. All have earned Distinction for NCQA's Quality Plus Member Connections standards, which assess a plan's Web-based and telephonic decision support tools.

Additionally, CIGNA plans have earned NCQA Certification for Physician and Hospital Quality standards for the 22 HMO/Point of Service and 36 PPO and Open Access markets across the country in which this information is currently provided. These standards assess how well a plan provides customers with information about physicians and hospitals in its network to help them make informed health care decisions.

Let us help you and your family live a healthier life. Together, we can help you protect your health and secure your future.



To apply, call your CIGNA authorized broker or agent today.

Or, you can call CIGNA at 1-866-GET-CIGNA (1-866-438-2446)
(8:00 a.m. – 8:00 p.m. ET, Monday – Friday)

or visit www.CIGNAforYou.com.





If, after reviewing the contract, you find that you're not satisfied for any reason, simply return the contract to us within 10 days. We will refund any premium you've paid (including any contract fees or other charges), less the cost of any services paid on behalf of you or any covered dependent. For specific costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, see your agent or write to the company.

Colorado law requires carriers to make available a Colorado Health Benefit Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days, to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

ACCESS PLAN: If you would like more information on:

(1) who participates in our provider network; (2) how we ensure that the network meets the health care needs of our members; (3) how our provider referral process works; (4) how care is continued if providers leave our network; (5) what steps we take to ensure medical quality and customer satisfaction; (6) where you can go for information on other policy services and features. You may request a copy of our Access Plan. The Access Plan is designed to disclose all the policy information required under Colorado law, and can be obtained by calling Member Services at 1-800-244-6224.

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