

Individual & Family Plans
Insured by Connecticut General Life Insurance Company

Cigna Health Savings Plans for
COLORADO



**MEDICAL &
PHARMACY
INSURANCE**

FOR A

**VERY UNIQUE
INDIVIDUAL.
YOU.**

GO YOUSM



SERVICES WITH YOU IN MIND

Choose Cigna and you get more than just coverage to help with your health care expenses. You also get access to valuable tools and services to help you reach your health goals.

- **24/7/365 Health Information Line.** Staffed by nurses who can help you find information about common health concerns.
- **Cigna Healthy Rewards® Program.*** Special offers, plus health and wellness discounts on weight management and nutrition, vision care, fitness clubs, tobacco cessation and more.
- **Home Delivery Pharmacy.** Order a 90-day supply of prescription medications and have it delivered right to your door at no extra cost.
- **NEW Cigna Everyday Resources.**** Personal advocates and online resources are available 24/7/365 to help you find information and referrals for needs ranging from child care to financial services. We'll even make your travel arrangements.
- **Health Assessment Tool.** You can gain a better knowledge of your health status and set goals to improve it with our confidential online questionnaire.
- **myCigna.com.** This personalized website assists with managing your health and health care expenses. Search for claims, find a doctor and calculate costs. You can even pay your monthly premium online and look up health and wellness information.

TO APPLY,
contact your licensed
Cigna insurance agent
or broker today.



* Some Healthy Rewards Programs are not available in all states. If your Cigna Plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. **A discount program is NOT insurance**, and you must pay the entire discounted charge.

Cigna Everyday Resources is separate from your health insurance policy. **This program is NOT insurance. There is no charge to work with the personal advocates. If you receive services from independent contractors accessed through the program, you will be responsible for those charges.

You are unique. So are your health insurance needs. That's why Cigna offers several different policies, making it easier to find the one that best fits your needs and those of your family. Review the details of these Cigna Health Savings Plans® and see which one is right for you. If you want to review other types of plans, just ask your licensed Cigna insurance agent or broker.

The benefit of health insurance

Health insurance gives you a healthy advantage. How? By giving you 100% coverage on in-network preventive care. This covers some screenings that can help detect heart disease, cancers, diabetes and other chronic diseases. It also includes immunizations that can help protect you from getting infections which can lead to health problems. So even if you're already in good health, health insurance can help you stay that way.

Health Savings Plans

A Cigna Health Savings Plan helps you take control of your health care by combining *medical coverage with the freedom to choose your own doctor and the tax advantages of a Health Savings Account (HSA)*. A Cigna medical plan offers 100% coverage for in-network preventive care. There's also coverage for urgent care, hospital stays and prescription drugs. And you get 24/7 customer support, plus programs and services to help you manage your health.

Choose your plan

Cigna offers a range of plans to choose from, with individual annual deductibles ranging from \$1,500 to \$5,000. Plus, you can add a dental insurance policy with any of our medical insurance plans. Just ask your licensed Cigna insurance agent or broker to help you choose the plan that's right for you.

Tip: To make your health care dollars go further, contact the bank of your choice or J.P. Morgan (chase.com/hsa) to set up a Health Savings Account to pair with a Cigna Health Savings Plan.

Choose your doctor

We have a national network of more than 800,000 participating medical health care providers and more than 80,000 dental providers. In Colorado, Cigna has a network of more than 12,000 doctors and specialists, 1,900 dentists and more than 100 participating hospitals. You can also choose to see a doctor outside of the Cigna network.* And you don't need a referral to see a specialist. We make it easy to get the care you need from the doctor you choose.

Tip: Find the latest list of doctors, dentists, hospitals or pharmacies: Cigna.com/isghcp

HSAs allow you to:

- Contribute tax-free dollars to a Health Savings Account¹ – up to the federal limit.²
- Use tax-free funds for out-of-pocket medical, dental, vision and other IRS approved expenses. You can even use your HSA funds for various premiums (Long-term Care and Medicare A, B & D) or save them for supplemental income in retirement.
- Earn tax-free interest in an HSA, and you can even invest your HSA dollars in mutual funds, with tax-free earnings.
- Roll over unused funds from year to year and use them for any IRS approved health expenses incurred after the date your HSA was opened, at any time you choose (now or in the future).

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 your 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 \$3,100 for an individual and \$6,250 for a family in 2012. Limits are set by the IRS. HSA account 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.

* Out-of-pocket costs will vary, and you'll pay less when you see an in-network health care provider.

COLORADO

Percentage shown in- and out-of-network is the percentage of covered services you pay. Combined annual medical/pharmacy deductible applies unless otherwise noted.

Health Savings 1500

Health Savings Plans

MEDICAL

	In-Network	Out-of-Network ¹
Annual Individual Deductible – Individual deductible is applicable when only one person is enrolled in the plan, and is satisfied when that individual meets the annual individual deductible amount	\$1,500	\$3,000
Annual Family Deductible – Family deductible is applicable when there are two or more family members enrolled in the plan, and is satisfied when one, or any combination of enrolled family members, meet the annual family deductible amount (For a family of two or more, the annual individual deductible is not applicable)	\$3,000	\$6,000
Annual Out-of-Pocket Maximum – Individual/family deductible and pharmacy charges apply to the out-of-pocket maximum	\$3,000/\$6,000	\$9,000/\$18,000
Lifetime Maximum Benefit	Unlimited	
Physician Services – Primary care physician and specialist office visits	You pay 20%	You pay 40%
Preventive Care for All Ages – Routine physicals and other routine preventive services	You pay 0% ²	
Ambulance	You pay 20%	You pay the same level as In-Network if it is an emergency as defined by your plan, otherwise you pay 40%
Emergency Room	You pay 20%	
Urgent Care Services	You pay 20%	
Inpatient Hospital Services – Facility charges, physician services and all in-hospital care	You pay 20%	You pay 40%
Surgery in an Outpatient Hospital or Freestanding Surgical Center	You pay 20%	You pay 40%
Lab, X-Ray, Ultrasound, CT Scan and MRI	You pay 20%	You pay 40%
Short-Term Rehabilitative Therapy (Including physical, occupational and speech therapy) – Calendar year maximum of 24 visits, combined in- and out-of-network	You pay 20%	You pay 40%
Durable Medical Equipment	You pay 20%	You pay 40%
Mental Health and Substance Abuse Inpatient	You pay 20%	You pay 40%
Mental Health and Substance Abuse Outpatient – Calendar year maximum of 20 visits, combined in- and out-of-network	You pay 20%	You pay 40%

RETAIL PHARMACY (per 30-day supply)

Brand Name Drug Deductible (Combined retail and home delivery)	Subject to combined medical and pharmacy deductible	
Generic/Brand Name/Non-Preferred Brand Name	You pay \$10/\$35/\$60	You pay 50%
Self-Administered Injectable Drugs	You pay 30%	You pay 50%

HOME DELIVERY PHARMACY (per 90-day supply)

Generic/Brand Name/Non-Preferred Brand Name	You pay \$25/\$85/\$150	Not available
Self-Administered Injectable Drugs	You pay 30%	Not available

¹ When you go out-of-network, you may pay more if the provider's charges exceed the amount Cigna reimburses for billed services

² Annual deductible waived

COLORADO

Percentage shown in- and out-of network is the percentage of covered services you pay. Combined annual medical/pharmacy deductible applies unless otherwise noted.

Health Savings Plans

MEDICAL

Health Savings 3000		
	In-Network	Out-of-Network ¹
Annual Individual Deductible – Individual deductible is applicable when only one person is enrolled in the plan, and is satisfied when that individual meets the annual individual deductible amount	\$3,000	\$6,000
Annual Family Deductible – Family deductible is applicable when there are two or more family members enrolled in the plan, and is satisfied when one, or any combination of enrolled family members, meet the annual family deductible amount (For a family of two or more, the annual individual deductible is not applicable)	\$6,000	\$12,000
Annual Out-of-Pocket Maximum – Individual/family deductible and pharmacy charges apply to the out-of-pocket maximum	\$3,000/\$6,000	\$9,000/\$18,000
Lifetime Maximum Benefit	Unlimited	
Physician Services – Primary care physician and specialist office visits	You pay 0%	You pay 30%
Preventive Care for All Ages – Routine physicals and other routine preventive services	You pay 0% ²	
Ambulance	You pay 0%	You pay the same level as In-Network if it is an emergency as defined by your plan, otherwise you pay 30%
Emergency Room	You pay 0%	
Urgent Care Services	You pay 0%	
Inpatient Hospital Services – Facility charges, physician services and all in-hospital care	You pay 0%	You pay 30%
Surgery in an Outpatient Hospital or Freestanding Surgical Center	You pay 0%	You pay 30%
Lab, X-Ray, Ultrasound, CT Scan and MRI	You pay 0%	You pay 30%
Short-Term Rehabilitative Therapy (Including physical, occupational and speech therapy) – Calendar year maximum of 24 visits, combined in- and out-of-network	You pay 0%	You pay 30%
Durable Medical Equipment	You pay 0%	You pay 30%
Mental Health and Substance Abuse Inpatient	You pay 0%	You pay 30%
Mental Health and Substance Abuse Outpatient – Calendar year maximum of 20 visits, combined in- and out-of-network	You pay 0%	You pay 30%

RETAIL PHARMACY (per 30-day supply)

Brand Name Drug Deductible (Combined retail and home delivery)	Subject to combined medical and pharmacy deductible	
Generic/Brand Name/Non-Preferred Brand Name	You pay 0%	You pay 50%
Self-Administered Injectable Drugs	You pay 0%	You pay 50%

HOME DELIVERY PHARMACY (per 90-day supply)

Generic/Brand Name/Non-Preferred Brand Name	You pay 0%	Not available
Self-Administered Injectable Drugs	You pay 0%	Not available

For specific costs and further details of the coverage, including exclusions, reductions or limitations and the terms under which the policy may be continued in force, please refer to the Policy or ask your agent for a Summary of Benefits, or write to the company. Depending on your or your family member's coverage history and applicable law, Cigna may exclude coverage for certain preexisting conditions for a period of time.

COLORADO

Percentage shown in- and out-of network is the percentage of covered services you pay. Combined annual medical/pharmacy deductible applies unless otherwise noted.

Health Savings Plans

MEDICAL

Annual Individual Deductible – Individual deductible is applicable when only one person is enrolled in the plan, and is satisfied when that individual meets the annual individual deductible amount

Annual Family Deductible – Family deductible is applicable when there are two or more family members enrolled in the plan, and is satisfied when one, or any combination of enrolled family members, meet the annual family deductible amount (For a family of two or more, the annual individual deductible is not applicable)

Annual Out-of-Pocket Maximum – Individual/family deductible and pharmacy charges apply to the out-of-pocket maximum

Lifetime Maximum Benefit

Physician Services – Primary care physician and specialist office visits

Preventive Care for All Ages – Routine physicals and other routine preventive services

Ambulance

Emergency Room

Urgent Care Services

Inpatient Hospital Services – Facility charges, physician services and all in-hospital care

Surgery in an Outpatient Hospital or Freestanding Surgical Center

Lab, X-Ray, Ultrasound, CT Scan and MRI

Short-Term Rehabilitative Therapy (Including physical, occupational and speech therapy) – Calendar year maximum of 24 visits, combined in- and out-of-network

Durable Medical Equipment

Mental Health and Substance Abuse Inpatient

Mental Health and Substance Abuse Outpatient – Calendar year maximum of 20 visits, combined in- and out-of-network

RETAIL PHARMACY (per 30-day supply)

Brand Name Drug Deductible (Combined retail and home delivery)

Generic/Brand Name/Non-Preferred Brand Name

Self-Administered Injectable Drugs

HOME DELIVERY PHARMACY (per 90-day supply)

Generic/Brand Name/Non-Preferred Brand Name

Self-Administered Injectable Drugs

Health Savings 5000

In-Network

Out-of-Network¹

\$5,000

\$10,000

\$10,000

\$20,000

\$5,000/\$10,000

\$15,000/\$30,000

Unlimited

You pay 0%

You pay 30%

You pay 0%²

You pay 0%

You pay the same level as In-Network if it is an emergency as defined by your plan, otherwise you pay 30%

You pay 0%

You pay 0%

You pay 0%

You pay 30%

You pay 0%

You pay 30%

You pay 0%

You pay 30%

You pay 0%

You pay 30%

You pay 0%

You pay 30%

You pay 0%

You pay 30%

You pay 0%

You pay 30%

Subject to combined medical and pharmacy deductible

You pay 0%

You pay 50%

You pay 0%

You pay 50%

You pay 0%

Not available

You pay 0%

Not available

Commonly used health care words

Here are some basic terms that may be used in your health care plan and that you should know.

In-network coinsurance: Amount you pay for covered in-network medical services after you have satisfied the annual deductible.

Out-of-network coinsurance: Amount you pay for covered out-of-network medical services after you have satisfied the annual deductible. You may pay more if provider's charges exceed amount Cigna reimburses for billed services.

Copayment (copay): The amount you pay toward services such as doctor visits or prescriptions.

Deductible: The amount you pay each year before Cigna begins to pay for covered services.

In-network services: Services from any health care provider (physician, hospital, etc.) that participates in the Cigna network.

Out-of-network services: Services from any health care provider (physician, hospital, etc.) that does not participate in the Cigna network.

Inpatient care: Health services you receive in a hospital or other facility that require an overnight stay.

Outpatient care: Health services you receive in a hospital or other facility that do not require an overnight stay.

Annual out-of-pocket maximum: Maximum dollar amount you pay per calendar year for covered medical services. Copays, deductibles and pharmacy costs apply to the out-of-pocket maximum.



A DENTAL PLAN SURE TO MAKE YOU SMILE

Combining Cigna Dental with Cigna Medical helps you stay healthy head to toe. Cigna Dental provides a wide range of coverage – not just discounts – for preventive care, fillings, bridges, root canals and more. If a dental procedure is not a covered service, you may be eligible for a discount on the dentist’s fee for that service.

With Cigna Dental Plans you get:

- **Savings** – Preventive care paid at 100%* plus save even more with our negotiated rates.
- **Convenience** – One monthly bill for Medical and Dental Plans.
- **Choice** – Select one of 1,900 Colorado in-network dentists (plus even more nationwide), or choose to go out-of-network.

	Dental PPO 50	
Individual deductible**	\$50	
Family deductible**	\$150	
Calendar year benefit** (maximum per person)	\$1,000	
	In-Network	Out-of-Network ¹
Preventive/diagnostic services (no waiting period)	You pay 0% ²	You pay 20% ²
Basic restorative services (6 month waiting period)	You pay 20%	You pay 40%
Major restorative services (12 month waiting period)	You pay 50%	You pay 60%



* When covered services are provided by an in-network dentist
 ** In- and out-of-network covered services combined apply toward dental deductible and benefit maximum
 1 When you go out-of-network, you may pay more if the provider’s charges exceed the amount Cigna reimburses for billed services
 2 Annual deductible waived

**TO APPLY FOR MEDICAL
AND DENTAL INSURANCE,
contact your licensed Cigna
insurance agent or broker today.**



Medical rates will vary by plan design including the amount of plan deductibles, coinsurance, and out-of-pocket maximums. Rates may vary based on age, geographic location, and the plan and plan deductible selected.

Rates for new medical policies with an effective date of 1/1/2013 and later are guaranteed through 12/31/2013 with the exception of any policy amendment activities, such as benefit changes, switching to a different plan, adding or dropping dependents and moving to a different rating area. After the initial rate guarantee, rates are subject to change upon 30 days notice. Eligibility for medical and dental rates is based upon residential zip code. Dental rates do not have an initial rate guarantee.

Enrollment in a Cigna Open Access, Open Access Value or Health Savings Plan is subject to medical underwriting guidelines established by the health insurer, and your rate may vary based upon the plan design selected, your age, geographic location, tobacco usage and the results of the medical underwriting risk assessment process. You may be declined coverage because of a health condition (this does not apply to Child-only policies). If you are issued a policy, and are 19 years of age or older, certain medical conditions may not be covered for a specified length of time if those conditions are related to a medical condition that existed prior to the date of coverage. Waiting periods apply to basic (6 months) and major (12 months) covered dental care services.

This medical insurance policy (COIND0412) and dental insurance policy (DENINDC0082010) have exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. For costs and additional details about coverage, contact Connecticut General Life insurance Company at 900 Cottage Grove Road, Hartford, CT 06152 or call 1-866-GET-Cigna.

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 is available for your review upon request.

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