

Individual & Family Plans

Insured by Connecticut General Life Insurance Company

Cigna Open Access Value Plans for COLORADO



MEDICAL &
PHARMACY
INSURANCE
TO SUIT

THE AMAZING,
ONE-OF-A-KIND
YOU.

GO YOUSM



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 Open Access Value Plans® and see which one is right for you. If you want more options, 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.

Open Access Value Plans

A Cigna Open Access Value Plan is all about helping you meet your health care needs, while keeping your expenses in mind. That means it's all about you, your family and what you can afford. Open Access Value Plans provide 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 \$10,000. Plus, you can add a dental insurance policy with any of our medical insurance plans. If you want to review other types of plans, just ask your licensed Cigna insurance agent or broker to review other options with you.

Tip: Take a look at your health care needs before you choose your plan. A higher deductible may lower your monthly premium, but may not be the best choice if you or someone in your family needs to see a doctor frequently.

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](https://www.cigna.com/isghcp)



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

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 many 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.

Commonly used health care words

Here are some basic terms that should 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.

Access fee: The additional amount you must pay for an emergency room visit. If you are admitted to the hospital, this fee is waived.

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

Out-of-network services: Services from any health care professional (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, access fees and pharmacy costs do not apply to the out-of-pocket maximum.

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.

COLORADO

Percentage shown in- and out-of-network is the percentage of covered services you pay. Annual deductible applies unless otherwise noted.

Open Access Value Plans

MEDICAL

| | Open Access Value 1500/70% | | Open Access Value 2500/70% | |
|---|---|---|---|---|
| | In-Network | Out-of-Network ¹ | In-Network | Out-of-Network ¹ |
| Annual Deductible – Individual/family deductible is satisfied when each member has paid their individual deductible or when the total family deductible amount has been reached by any combination of family members | \$1,500/\$4,500 | \$4,500/\$13,500 | \$2,500/\$7,500 | \$7,500/\$22,500 |
| Annual Out-of-Pocket Maximum – Individual/family deductible, copays, access fees (where applicable), additional deductibles and pharmacy charges do not apply to the out-of-pocket maximum | \$3,000/\$10,000 | \$15,000/\$20,000 | \$5,000/\$10,000 | \$15,000/\$20,000 |
| Lifetime Maximum Benefit | Unlimited | | Unlimited | |
| Physician Services – Primary care physician/specialist – office visits | You pay \$40 ² /\$60 ² | You pay 50% | You pay \$40 ² /\$60 ² | You pay 50% |
| Preventive Care (All Ages) – Routine physicals and other routine preventive services | You pay 0% ² | | You pay 0% ² | |
| Ambulance | You pay 30% | You pay the same level as In-Network if it is an emergency as defined by your plan, otherwise you pay 50% | You pay 30% | You pay the same level as In-Network if it is an emergency as defined by your plan, otherwise you pay 50% |
| Emergency Room – You pay \$200 access fee (waived if admitted) | You pay 30% | | You pay 30% | |
| Urgent Care Services | You pay 30% | | You pay 30% | |
| Inpatient Hospital Services – Facility charges, physician services and all in-hospital care | Additional \$500 deductible per admission, then you pay 30% | Additional \$1,000 deductible per admission, then you pay 50% | Additional \$500 deductible per admission, then you pay 30% | Additional \$1,000 deductible per admission, then you pay 50% |
| Surgery in an Outpatient Hospital or Freestanding Surgical Center | You pay 30% | You pay 50% | You pay 30% | You pay 50% |
| Lab, X-Ray, Ultrasound, CT/PET Scan and MRI | You pay 30% | You pay 50% | You pay 30% | You pay 50% |
| Short-Term Rehabilitative Therapy (Including physical, occupational and speech therapy) – Calendar year maximum of 12 visits, combined therapies and combined in- and out-of-network | You pay 30% | You pay 50% | You pay 30% | You pay 50% |
| Durable Medical Equipment | You pay 30% | You pay 50% | You pay 30% | You pay 50% |
| Mental Health and Substance Abuse Inpatient | Not available | | Not available | |
| Mental Health and Substance Abuse Outpatient | Not available | | Not available | |

RETAIL PHARMACY (per 30-day supply)

| | | | | |
|---|------------------------------------|-------------|------------------------------------|-------------|
| Brand Name Drug Deductible – Combined retail and home delivery | \$500 per person/per calendar year | | \$500 per person/per calendar year | |
| Generic/Brand Name/Non-Preferred Brand Name | You pay \$15/\$40/\$65 | You pay 50% | You pay \$15/\$40/\$65 | You pay 50% |
| Self-Administered Injectable Drugs | You pay 30% | You pay 50% | You pay 30% | You pay 50% |

HOME DELIVERY PHARMACY (per 90-day supply)

| | | | | |
|--|--------------------------|---------------|--------------------------|---------------|
| Generic/Brand Name/Non-Preferred Brand Name | You pay \$40/\$100/\$165 | Not available | You pay \$40/\$100/\$165 | Not available |
| Self-Administered Injectable Drugs | You pay 30% | Not available | You pay 30% | Not available |

Open Access Value “A” Plans

Open Access Value “A” Plans have the same benefits as the Open Access Value Plans (listed above) except for the two features listed below.

| | Open Access Value 1500A/70% | | Open Access Value 2500A/70% | |
|---|--------------------------------------|-----------------------------|--------------------------------------|-----------------------------|
| | In-Network | Out-of-Network ¹ | In-Network | Out-of-Network ¹ |
| Physician Services – Primary care physician/specialist – office visits | You pay 30% | You pay 50% | You pay 30% | You pay 50% |
| Brand Name Drug Deductible – Combined retail and home delivery | \$3,500 per person/per calendar year | | \$3,500 per person/per calendar year | |

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. Annual deductible applies unless otherwise noted.

Open Access Value Plans

MEDICAL

| | Open Access Value 3000/70% | | Open Access Value 5000/70% | |
|---|---|---|---|---|
| | In-Network | Out-of-Network ¹ | In-Network | Out-of-Network ¹ |
| Annual Deductible – Individual/family deductible is satisfied when each member has paid their individual deductible or when the total family deductible amount has been reached by any combination of family members | \$3,000/\$9,000 | \$9,000/\$27,000 | \$5,000/\$15,000 | \$15,000/\$45,000 |
| Annual Out-of-Pocket Maximum – Individual/family deductible, copays, access fees (where applicable), additional deductibles and pharmacy charges do not apply to the out-of-pocket maximum | \$5,000/\$10,000 | \$15,000/\$20,000 | \$5,000/\$10,000 | \$15,000/\$20,000 |
| Lifetime Maximum Benefit | Unlimited | | Unlimited | |
| Physician Services – Primary care physician/specialist – office visits | You pay \$40 ² /\$60 ² | You pay 50% | You pay \$40 ² /\$60 ² | You pay 50% |
| Preventive Care (All Ages) – Routine physicals and other routine preventive services | You pay 0% ² | | You pay 0% ² | |
| Ambulance | You pay 30% | You pay the same level as In-Network if it is an emergency as defined by your plan, otherwise you pay 50% | You pay 30% | You pay the same level as In-Network if it is an emergency as defined by your plan, otherwise you pay 50% |
| Emergency Room – You pay \$200 access fee (waived if admitted) | You pay 30% | | You pay 30% | |
| Urgent Care Services | You pay 30% | | You pay 30% | |
| Inpatient Hospital Services – Facility charges, physician services and all in-hospital care | Additional \$500 deductible per admission, then you pay 30% | Additional \$1,000 deductible per admission, then you pay 50% | Additional \$500 deductible per admission, then you pay 30% | Additional \$1,000 deductible per admission, then you pay 50% |
| Surgery in an Outpatient Hospital or Freestanding Surgical Center | You pay 30% | You pay 50% | You pay 30% | You pay 50% |
| Lab, X-Ray, Ultrasound, CT/PET Scan and MRI | You pay 30% | You pay 50% | You pay 30% | You pay 50% |
| Short-Term Rehabilitative Therapy (Including physical, occupational and speech therapy) – Calendar year maximum of 12 visits, combined therapies and combined in- and out-of-network | You pay 30% | You pay 50% | You pay 30% | You pay 50% |
| Durable Medical Equipment | You pay 30% | You pay 50% | You pay 30% | You pay 50% |
| Mental Health and Substance Abuse Inpatient | Not available | | Not available | |
| Mental Health and Substance Abuse Outpatient | Not available | | Not available | |

RETAIL PHARMACY (per 30-day supply)

| | | | | |
|---|------------------------------------|-------------|------------------------------------|-------------|
| Brand Name Drug Deductible – Combined retail and home delivery | \$500 per person/per calendar year | | \$500 per person/per calendar year | |
| Generic/Brand Name/Non-Preferred Brand Name | You pay \$15/\$40/\$65 | You pay 50% | You pay \$15/\$40/\$65 | You pay 50% |
| Self-Administered Injectable Drugs | You pay 30% | You pay 50% | You pay 30% | You pay 50% |

HOME DELIVERY PHARMACY (per 90-day supply)

| | | | | |
|--|--------------------------|---------------|--------------------------|---------------|
| Generic/Brand Name/Non-Preferred Brand Name | You pay \$40/\$100/\$165 | Not available | You pay \$40/\$100/\$165 | Not available |
| Self-Administered Injectable Drugs | You pay 30% | Not available | You pay 30% | Not available |

Open Access Value “A” Plans

Open Access Value “A” Plans have the same benefits as the Open Access Value Plans (listed above) except for the two features listed below.

| | Open Access Value 3000A/70% | | Open Access Value 5000A/70% | |
|---|--------------------------------------|-----------------------------|--------------------------------------|-----------------------------|
| | In-Network | Out-of-Network ¹ | In-Network | Out-of-Network ¹ |
| Physician Services – Primary care physician/specialist – office visits | You pay 30% | You pay 50% | You pay 30% | You pay 50% |
| Brand Name Drug Deductible – Combined retail and home delivery | \$3,500 per person/per calendar year | | \$3,500 per person/per calendar year | |

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 pre-existing conditions for a period of time.

COLORADO

Percentage shown in- and out-of network is the percentage of covered services you pay. Annual deductible applies unless otherwise noted.

Open Access Value Plans

MEDICAL

| | Open Access Value 5000/100% | | Open Access Value 7500/70% | |
|---|--|---|---|---|
| | In-Network | Out-of-Network ¹ | In-Network | Out-of-Network ¹ |
| Annual Deductible – Individual/family deductible is satisfied when each member has paid their individual deductible or when the total family deductible amount has been reached by any combination of family members | \$5,000/\$15,000 | \$15,000/\$45,000 | \$7,500/\$22,500 | \$15,000/\$45,000 |
| Annual Out-of-Pocket Maximum – Individual/family deductible, copays, access fees (where applicable), additional deductibles and pharmacy charges do not apply to the out-of-pocket maximum | \$0/\$0 | \$15,000/\$20,000 | \$5,000/\$10,000 | \$15,000/\$20,000 |
| Lifetime Maximum Benefit | Unlimited | | Unlimited | |
| Physician Services – Primary care physician/specialist – office visits | You pay \$40 ² /\$60 ² | You pay 50% | You pay \$40 ² /\$60 ² | You pay 50% |
| Preventive Care (All Ages) – Routine physicals and other routine preventive services | You pay 0% ² | | 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 50% | You pay 30% | You pay the same level as In-Network if it is an emergency as defined by your plan, otherwise you pay 50% |
| Emergency Room – You pay \$200 access fee (waived if admitted) | You pay 0% | | You pay 30% | |
| Urgent Care Services | You pay 0% | | You pay 30% | |
| Inpatient Hospital Services – Facility charges, physician services and all in-hospital care | Additional \$500 deductible per admission, then you pay 0% | Additional \$1,000 deductible per admission, then you pay 50% | Additional \$500 deductible per admission, then you pay 30% | Additional \$1,000 deductible per admission, then you pay 50% |
| Surgery in an Outpatient Hospital or Freestanding Surgical Center | You pay 0% | You pay 50% | You pay 30% | You pay 50% |
| Lab, X-Ray, Ultrasound, CT/PET Scan and MRI | You pay 0% | You pay 50% | You pay 30% | You pay 50% |
| Short-Term Rehabilitative Therapy (Including physical, occupational and speech therapy) – Calendar year maximum of 12 visits, combined therapies and combined in- and out-of-network | You pay 0% | You pay 50% | You pay 30% | You pay 50% |
| Durable Medical Equipment | You pay 0% | You pay 50% | You pay 30% | You pay 50% |
| Mental Health and Substance Abuse Inpatient | Not available | | Not available | |
| Mental Health and Substance Abuse Outpatient | Not available | | Not available | |

RETAIL PHARMACY (per 30-day supply)

| | | | | |
|---|------------------------------------|-------------|------------------------------------|-------------|
| Brand Name Drug Deductible – Combined retail and home delivery | \$500 per person/per calendar year | | \$500 per person/per calendar year | |
| Generic/Brand Name/Non-Preferred Brand Name | You pay \$15/\$40/\$65 | You pay 50% | You pay \$15/\$40/\$65 | You pay 50% |
| Self-Administered Injectable Drugs | You pay 30% | You pay 50% | You pay 30% | You pay 50% |

HOME DELIVERY PHARMACY (per 90-day supply)

| | | | | |
|--|--------------------------|---------------|--------------------------|---------------|
| Generic/Brand Name/Non-Preferred Brand Name | You pay \$40/\$100/\$165 | Not available | You pay \$40/\$100/\$165 | Not available |
| Self-Administered Injectable Drugs | You pay 30% | Not available | You pay 30% | Not available |

Open Access Value “A” Plans

Open Access Value “A” Plans have the same benefits as the Open Access Value Plans (listed above) except for the two features listed below.

| | Open Access Value 5000A/100% | | Open Access Value 7500A/70% | |
|---|--------------------------------------|-----------------------------|--------------------------------------|-----------------------------|
| | In-Network | Out-of-Network ¹ | In-Network | Out-of-Network ¹ |
| Physician Services – Primary care physician/specialist – office visits | You pay 0% | You pay 50% | You pay 30% | You pay 50% |
| Brand Name Drug Deductible – Combined retail and home delivery | \$3,500 per person/per calendar year | | \$3,500 per person/per calendar year | |

COLORADO

Percentage shown in- and out-of-network is the percentage of covered services you pay. Annual deductible applies unless otherwise noted.

Open Access Value Plans

MEDICAL

| Open Access Value 10,000/70% | |
|---------------------------------|-----------------------------|
| In-Network | Out-of-Network ¹ |

| | | |
|---|---|---|
| Annual Deductible – Individual/family deductible is satisfied when each member has paid their individual deductible or when the total family deductible amount has been reached by any combination of family members | \$10,000/\$30,000 | \$15,000/\$45,000 |
| Annual Out-of-Pocket Maximum – Individual/family deductible, copays, access fees (where applicable), additional deductibles and pharmacy charges do not apply to the out-of-pocket maximum | \$5,000/\$10,000 | \$15,000/\$20,000 |
| Lifetime Maximum Benefit | Unlimited | |
| Physician Services – Primary care physician/specialist – office visits | You pay 30% | You pay 50% |
| Preventive Care (All Ages) – Routine physicals and other routine preventive services | You pay 0% ² | |
| Ambulance | You pay 30% | You pay the same level as In-Network if it is an emergency as defined by your plan, otherwise you pay 50% |
| Emergency Room – You pay \$200 access fee (waived if admitted) | You pay 30% | |
| Urgent Care Services | You pay 30% | |
| Inpatient Hospital Services – Facility charges, physician services and all in-hospital care | Additional \$500 deductible per admission, then you pay 30% | Additional \$1,000 deductible per admission, then you pay 50% |
| Surgery in an Outpatient Hospital or Freestanding Surgical Center | You pay 30% | You pay 50% |
| Lab, X-Ray, Ultrasound, CT/PET Scan and MRI | You pay 30% | You pay 50% |
| Short-Term Rehabilitative Therapy (Including physical, occupational and speech therapy) – Calendar year maximum of 12 visits, combined therapies and combined in- and out-of-network | You pay 30% | You pay 50% |
| Durable Medical Equipment | You pay 30% | You pay 50% |
| Mental Health and Substance Abuse Inpatient | Not available | |
| Mental Health and Substance Abuse Outpatient | Not available | |
| RETAIL PHARMACY (per 30-day supply) | | |
| Brand Name Drug Deductible – Combined retail and home delivery | \$500 per person/per calendar year | |
| Generic/Brand Name/Non-Preferred Brand Name | You pay \$15/\$40/\$65 | 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 \$40/\$100/\$165 | Not available |
| Self-Administered Injectable Drugs | You pay 30% | Not available |

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.

"Cigna" and "Healthy Rewards" are registered service marks, and the "Tree of Life" logo and "GO YOU" are service marks, 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 Connecticut General Life Insurance Company and Cigna Dental Health, Inc. All models are used for illustrative purposes only.