This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.cigna.com/individuals-families/colorado-health-insurance-plans-2015 or by calling 1-800-Cigna24.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	For in-network providers $**350** person/ $**700** family For out of-network providers $**12,500** person/ $**25,000** family Does not apply to preventive care, mammograms and eye exam for children.	You must pay all the costs up to the **deductible** amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the **deductible** starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the **deductible**.
Are there other deductibles for specific services?	No.	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out–of–pocket limit on my expenses?	Yes, For in-network providers $**2,250** person/ $**4,500** family For out-of-network providers $**25,000** person/ $**50,000** family	The **out-of-pocket limit** is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out–of–pocket limit?	Premium, balanced-billed charges, penalties for failure to obtain pre-authorization for services and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the **out-of-pocket limit**.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for *specific* covered services, such as office visits
Does this plan use a network of providers?	Yes. For a list of participating providers, see www.cigna.com/ifp-providers or call 1-800-Cigna24	If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**

Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist	You can see the **specialist** you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page **6**. See your policy or plan document for additional information about **excluded services**.

- **Copayments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **coinsurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No charge	50% co-insurance	---------none----------
	Specialist visit	No charge	50% co-insurance	---------none----------
	Other practitioner office visit	No charge	50% co-insurance	---------none----------
	Preventive care/screening/immunization	No charge	No charge	---------none----------
If you have a test	Diagnostic test (x-ray, blood work)	No charge	50% co-insurance	---------none----------
	Imaging (CT/PET scans, MRIs)	No charge	50% co-insurance	Pre-authorization required, call 1-800-Cigna24. Out-of-network cost share increases if no pre-authorization.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available www.cigna.com/ifp-drug-list	Preferred generic drugs	No charge (retail/home delivery)	Not covered (retail/home delivery)	Coverage is limited up to a 30-day supply (retail) and up to 90-day supply (home delivery)
	Non-preferred generic drugs	No charge (retail/home delivery)	Not covered (retail/home delivery)	Coverage is limited up to a 30-day supply (retail) and up to 90-day supply (home delivery)
	Preferred brand drugs	No charge (retail/home delivery)	Not covered (retail/home delivery)	Coverage is limited up to a 30-day supply (retail) and up to a 90-day supply (home delivery).
	Non-preferred brand drugs	50% co-insurance (retail/home delivery)	Not covered (retail/home delivery)	Coverage is limited to a 30-day supply (retail) and up to a 90-day supply (home delivery)
	Specialty drugs	No charge (retail/home delivery)	Not covered (retail/home delivery)	Coverage is limited up to a 30-day supply (retail) and up to a 30-day supply (home delivery). Pre-authorization required, call 1-800-Cigna24. Cost share increases if no pre-authorization.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	50% co-insurance	---------none----------
	Physician/surgeon fees	No charge	50% co-insurance	Pre-authorization required, call 1-800-Cigna24. Out-of-network cost share increases if no pre-authorization.
If you need immediate medical attention	Emergency room services	No charge	No charge	Non-emergency medical conditions are covered out-of-network at 50% co-insurance.
	Emergency medical transportation	No charge	No charge	Non-emergency medical conditions are covered out-of-network at 50% co-insurance.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
	Urgent care	No charge	No charge	Non-emergency medical conditions are covered out-of-network at 50% co-insurance.
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	50% co-insurance	Pre-authorization required, call 1-800-Cigna24. Out-of-network cost share increases if no pre-authorization.
	Physician/surgeon fee	No charge	50% co-insurance	---------none----------
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	No charge	50% co-insurance	---------none----------
	Mental/Behavioral health inpatient services	No charge	50% co-insurance	Pre-authorization required, call 1-800-Cigna24. Out-of-network cost share increases if no pre-authorization.
	Substance use disorder outpatient services	No charge	50% co-insurance	---------none----------
	Substance use disorder inpatient services	No charge	50% co-insurance	Pre-authorization required, call 1-800-Cigna24. Out-of-network cost share increases if no pre-authorization.
If you are pregnant	Prenatal and postnatal care	No charge	50% co-insurance	---------none----------
	Delivery and all inpatient services	No charge	50% co-insurance	Pre-authorization required, call 1-800-Cigna24. Out-of-network cost share increases if no pre-authorization.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	No charge	50% co-insurance	Coverage is limited to 28 hours per week. Pre-authorization required, call 1-800-Cigna24. Out-of-network cost share increases if no pre-authorization.
	Rehabilitation services	No charge	50% co-insurance	Coverage is limited to 20 visits annual max per therapy
	Habilitation services	No charge	50% co-insurance	Coverage is limited to 20 visits annual max per therapy
	Skilled nursing care	No charge	50% co-insurance	Coverage is limited to 100 days annual max. Pre-authorization required, call 1-800-Cigna24. Out-of-network cost share increases if no pre-authorization.
	Durable medical equipment	No charge	Not covered	---------none----------
	Hospice service	No charge	50% co-insurance	Pre-authorization required, call 1-800-Cigna24. Out-of-network cost share increases if no pre-authorization.
If your child needs dental or eye care	Eye exam	No charge	All except $45	Children up to age 19. Coverage is limited to 1 exam per year.
	Glasses	Not covered	Not covered	---------none----------
	Dental check-up	Not covered	Not covered	Coverage is available through a stand-alone dental policy.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult/Children)
- Glasses (Adult /Children)
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult)
- Routine foot care, and
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Hearing aids
- Private duty nursing (inpatient)
- Spinal Manipulations

Your Rights to Continue Coverage:

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

• You commit fraud
• The insurer stops offering services in the State
• You move outside the coverage area

For more information on your rights to continue coverage, contact the insurer at 1800-Cigna24.
You may also contact your state insurance department at 1-800-930-3745.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: Colorado Division of Insurance at 1-800-930-3745.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-244-6224.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-244-6224.

Chinese (中文): 如果需要中文的帮助，**请拨打这个号码**1-800-244-6224.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-244-6224.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers:** $7,540
- **Plan pays** $7,160
- **Patient pays** $380

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

Patient pays:

Deductibles	$350
Copays	$0
Coinsurance	$0
Limits or exclusions	$30
Total	**$380**

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $5,400
- **Plan pays** $4,730
- **Patient pays** $670

Sample care costs:

Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	**$5,400**

Patient pays:

Deductibles	$350
Copays	$0
Coinsurance	$0
Limits or exclusions	$320
Total	**$670**

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **co-payments**, and **co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments**, **deductibles**, and **co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Colorado Supplement to the Summary of Benefits and Coverage Form
Cigna Health and Life Insurance Company
myCigna Health Savings, myCigna Health Flex and myCigna Copay Assure Plans for Individuals and Families
Individual Policy

TYPE OF COVERAGE

1. Type of plan.	Preferred provider organization (PPO)
2. Out-of-network care covered? [1]	Yes, but patient pays more for out-of-network care
3. Areas of Colorado where plan is available.	Plans are available in Denver.

SUPPLEMENTAL INFORMATION REGARDING BENEFITS

Important Note: The contents of this form are subject to the provisions of the policy, which contains all terms, covenants and conditions of coverage. It provides additional information meant to supplement the Summary of Benefits of Coverage you have received for this plan. This plan may exclude coverage for certain treatments, diagnoses, or services not specifically noted. Consult the actual policy to determine the exact terms and conditions of coverage.

	Description	**What this means.**
4. Deductible Period	Calendar year	Calendar year deductibles restart each January 1.

	Description	What this means.
5. Annual Deductible Type	Individual/Family	"Individual" means the deductible amount you and each individual covered by the plan will have to pay for allowable covered expenses before the carrier will cover those expenses. "Family" is the maximum deductible amount that is required to be met for all family members covered by the plan. It may be an aggregated amount (e.g., "$3,000 per family") or specified as the number of individual deductibles that must be met (e.g., "3 deductibles per family").
6. What cancer screenings are covered?	Breast Cancer Screening with Mammography, Cervical Cancer Screening, Colorectal Cancer Screening, Prostate Cancer Screening	

LIMITATIONS AND EXCLUSIONS

7. Period during which pre-existing conditions are not covered for covered persons age 19 and older. [2]	Not Applicable
8. How does the policy define a "pre-existing condition"?	Not Applicable

9. Exclusionary Riders. Can an individual's specific, pre-existing condition be entirely excluded from the policy?	No

USING THE PLAN

	IN-NETWORK	OUT-OF-NETWORK
10. If the provider charges more for a covered service than the plan normally pays, does the enrollee have to pay the difference?	No	Yes, as defined in the Policy.
11. Does the plan have a binding arbitration clause?	No	

Questions: Call 1-800-244-6224 or visit us at www.cigna.com.

If you are not satisfied with the resolution of your complaint or grievance, contact:

Colorado Division of Insurance
Consumer Affairs Section
1560 Broadway, Suite 850, Denver, CO 80202
Call: 303-894-7490 (in-state, toll-free: 800-930-3745)
Email: insurance@dora.state.co.us

Endnotes

1 “Network” refers to a specified group of physicians, hospitals, medical clinics and other health care providers that this plan may require you to use in order for you to get any coverage at all under the plan, or that the plan may encourage you to use because it may pay more of your bill if you use their network providers (i.e., go in-network) than if you don’t (i.e., go out-of-network).

2 Waiver of pre-existing condition exclusions. State law requires carriers to waive some or all of the pre-existing condition exclusion period based on other coverage you recently may have had. Ask your carrier or plan sponsor (e.g., employer) for details.

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 plan services and features, you may request a copy of our Access Plan.

The Access Plan is designed to disclose all the plan information required under Colorado law, and is available for your review upon request.

Catalog No: 866110a CO 1/14