

This plan is available to residents living in parts of California depending on county. See last page for full listing.

► CALIFORNIA -
NORTHERN
AND SOUTHERN
CALIFORNIA

Cigna Plans

Covered California Plans

	B Bronze		S Silver				B Covered California Plans	
	Health Savings 6100	Health Flex 5500	Health Savings 3400	Health Flex 2750	Health Flex 5000		California Bronze	California Silver
MEDICAL	In-network you pay:	In-network you pay:	In-network you pay:	In-network you pay:	In-network you pay:	MEDICAL	In-network you pay:	In-network you pay:
Annual Deductible* Individual/Family	\$6,100 / \$12,200	\$5,500 / \$11,000	\$3,400 / \$6,800	\$2,750 / \$5,500	\$5,000 / \$10,000	Annual Deductible* Individual/Family	\$5,000 / \$10,000	\$2,000 / \$4,000
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700	\$6,350 / \$12,700	\$6,350 / \$12,700	\$6,350 / \$12,700	\$5,000 / \$10,000	Annual Out-of-Pocket Max ** Individual/Family	\$6,250 / \$12,500	\$6,250 / \$12,500
Coinsurance***	0% after deductible	40% after deductible	0% after deductible	20% after deductible	0% after deductible	Coinsurance***	30% after deductible	20% after deductible
Physician Services (Primary Care/Specialist)	0% after deductible / 0% after deductible	Visits 1-2: \$30, deductible waived / \$60, deductible waived † † †	0% after deductible / 0% after deductible	\$30, deductible waived / \$60, deductible waived	\$30, deductible waived / \$60, deductible waived	Physician Services (Primary Care/Specialist)	Visits 1-3: \$60, deductible waived / \$70 after deductible †	\$45, deductible waived / \$65, deductible waived
Preventive Care	0%, deductible waived	0%, deductible waived	0%, deductible waived	0%, deductible waived	0%, deductible waived	Preventive Care	0%, deductible waived	0%, deductible waived
Inpatient & Physician Services	0% after deductible / 0% after deductible	40% after deductible / 40% after deductible	0% after deductible / 0% after deductible	20% after deductible / 20% after deductible	0% after deductible / 0% after deductible	Inpatient & Physician Services	30% after deductible / 30% after deductible	20% after deductible / 20% after deductible
Lab, X-ray, & Ultrasound	0% after deductible	40% after deductible	0% after deductible	20% after deductible	0% after deductible	Lab, X-ray, & Ultrasound	30% after deductible	\$45 Laboratory tests / \$65 Diagnostic imaging
Prenatal & Postnatal Care Maternity Care ****	0%, deductible waived / 0% after deductible	40%, deductible waived / 40% after deductible	0%, deductible waived / 0% after deductible	20%, deductible waived / 20% after deductible	0%, deductible waived / 0% after deductible	Prenatal & Postnatal Care Maternity Care ****	0%, deductible waived / 30% after deductible	0%, deductible waived / 20% after deductible for Inpatient Services. 20%, deductible waived for Professional Services.
Hospital ER	0% after deductible	40% after deductible	0% after deductible	20% after deductible	0% after deductible	Hospital ER	\$300 after deductible	\$250 after deductible
Urgent Care	0% after deductible	\$75, deductible waived	0% after deductible	\$75, deductible waived	\$75, deductible waived	Urgent Care	Visits 1-3: a \$120 copay for visits 1-3, deductible waived (deductible applies after the third visit) † †	\$90, deductible waived
Ambulance	0% after deductible	40% after deductible	0% after deductible	20% after deductible	0% after deductible	Ambulance	\$300 after deductible	\$250 after deductible
RX DRUGS Up to a 30 Day Supply						RX DRUGS Up to a 30 Day Supply		
Tier 1 Retail Pref. Generic	0% after deductible	\$4, deductible waived	0% after deductible	\$4 deductible waived	\$4, deductible waived	Tier 1 Retail Pref. Generic	\$15 after deductible	\$15, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	40% after deductible	0% after deductible	\$15 deductible waived	\$15, deductible waived	Tier 2 Retail Pref. Brands	\$50 after deductible	\$50 after deductible † † † †
Tier 3 Retail Pref. Brands	0% after deductible	40% after deductible	0% after deductible	\$45, deductible waived	\$45, deductible waived	Tier 3 Retail Non-Pref. Brands	\$75 after deductible	\$70 after deductible † † † †
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	Tier 4 Retail Specialty	30% after deductible	20% after deductible † † † †
Tier 5 Retail Specialty	0% after deductible	40% after deductible	0% after deductible	40% after deductible	0% after deductible			

† Primary Care Visits 1-3: Deductible applies after third visit; Visits 4+: \$60 after the deductible, † † † Visits 4+: \$120 after the deductible, † † † † Visits 3+: 40% after deductible / 40% after deductible, † † † † after a \$250 Individual/\$500 Family Brand deductible

This plan comparison contains highlights only. Additional plans are available.

* 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)

** Annual Out-of-Pocket Maximum (Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum)

*** 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)

**** Delivery & inpatient services for maternity care

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Plan types

myCigna Health Savings Suite

Maximize your savings now and in the future, with these high-deductible plans that can be paired with a tax-advantaged Health Savings Account.

myCigna Health Flex Suite

With a wide choice of options to suit your needs for affordability, these plans are a favorite of families and individuals who value flexibility.

myCigna California Plans

Options range from a lower premium plan that has a higher deductible and higher coinsurance to a higher premium plan with no annual deductible and low coinsurance.

Cost-for-coverage level

Options within plan types to best meet your health needs- and your budget.

Medical plans are categorized into levels* that help indicate the average expenses paid by the plan; **Silver 70% & Bronze 60%**. The higher your monthly premium, the more your plan will cover – and the less you'll pay out-of-pocket – when you need care.

* Not all Category levels available in all states.

Important provider network information:

This medical plan uses the Cigna LocalPlus® Network of participating health care professionals which offers referral-free access to a smaller network of participating health care professionals (physicians, hospitals, etc.) than the larger Cigna OAP Network. To minimize your out-of-pocket expenses, visit health care professionals in the LocalPlus Network. If you choose to visit a health care professional 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 professional except for emergency services, will also increase your OON costs.

In-network

- LocalPlus health care professionals in the LocalPlus service area for this plan
- LocalPlus health care professionals in other LocalPlus service areas
- In service areas where the LocalPlus Network is not available, customers can access doctors and hospitals in Cigna's national Away From Home (Open Access Plus) Network and receive coverage at the in-network level
- Any visit considered an emergency as defined by your policy

Out-of-network

- Any professional in your LocalPlus service area that is not part of the LocalPlus Network
- Professionals in other LocalPlus service areas that are not part of the LocalPlus Network
- Non-Cigna contracted professionals in any area

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

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 and geographic location (residential zip code).

Rates for new medical policies with an effective date on or after 01/01/2015 are guaranteed through 12/31/2015. After the initial guarantee, rates are subject to change upon 60 days notice.

These medical insurance policies (CACHIND012015) have exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. Medical applications are accepted during annual open enrollment period, or within 60 calendar days of a qualifying life 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 Road, Hartford, CT 06152 or call **1.866.GET.Cigna (1.866.438.2446)**.

Important Plan Information

These plans are available to residents living in the following counties in California:

Northern California–	Alameda	Southern California–	Riverside
San Francisco	San Mateo	Los Angeles	San Bernardino
Santa Clara	Contra Costa	Orange	San Diego



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



To find a doctor or pharmacy in our network, visit www.Cigna.com/ifp-providers.



To view additional plan details, including out-of-network benefits and plan exclusions and limitations, visit www.Cigna.com/SummaryofBenefits.

