

 MEDICAL	 Bronze		 Silver****		
	Health Savings 6100	Health Flex 5500	Health Savings 3400	Health Flex 1500	Health Flex 5000
	In-network you pay:	In-network you pay:	In-network you pay:	In-network you pay:	In-network you pay:
Annual Deductible* Individual/Family	\$6,100 / \$12,200	\$5,500 / \$11,000	\$3,400 / \$6,800	\$1,500 / \$3,000	\$5,000 / \$10,000
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
Coinsurance***	0% after deductible	40% after deductible	0% after deductible	30% after deductible	0% after deductible
Physician Services (Primary Care/Specialist)	0% after deductible	Visits 1-2: \$30, deductible waived/ \$60, deductible waived †	0% after deductible / 0% after deductible	Visits 1-2: \$30, deductible waived/ \$60, deductible waived ††	\$30, deductible waived / \$60, deductible waived
Preventive Care	0%, deductible waived	0%, deductible waived	0%, deductible waived	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	30% after deductible / 30% after deductible	0% after deductible / 0% after deductible
Lab, X-ray, & Ultrasound	0% after deductible	40% after deductible	0% after deductible	30% after deductible	0% after deductible
Prenatal & Postnatal Care	0% after deductible	40% after deductible	0% after deductible	30% after deductible	0% after deductible
Maternity Care ****	0% after deductible	40% after deductible	0% after deductible	30% after deductible	0% after deductible
Hospital ER	0% after deductible	40% after deductible	0% after deductible	30% after deductible	0% after deductible
Urgent Care	0% after deductible	\$75, deductible waived	0% after deductible	\$75, deductible waived	\$75, deductible waived
Ambulance	0% after deductible	40% after deductible	0% after deductible	30% after deductible	0% after deductible


RX DRUGS Up to a 90 Day Supply

Tier 1 Retail Pref. Generic	0% after deductible	\$4, deductible waived	0% after deductible	\$4, deductible waived	\$4, deductible waived
Tier 2 Retail Non-Pref. Generic	0% after deductible	40% after deductible	0% after deductible	\$20, deductible waived	\$15, deductible waived
Tier 3 Retail Pref. Brands	0% after deductible	40% after deductible	0% after deductible	\$60, deductible waived	\$45, deductible waived
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible
Tier 5 Retail Specialty	0% after deductible	40% after deductible	0% after deductible	40% after deductible	0% after deductible

† Visits 3+: 40% after deductible / 40% after deductible, †† Visits 3+: 30% after deductible / 30% after deductible

This plan comparison contains highlights only.

* 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

***** Plans not available fthrough DTC and eBusiness channel

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.

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:

Please visit www.Cigna.com/ifp-providers to review the network participating physicians and hospitals for your plan. If you choose to visit a physician, hospital or health care professional out-of-network you will pay the out-of-network benefit and the difference in the amount that Cigna reimburses for such services and the amount charged by the physician, hospital or health care professional, except for emergency services, as defined by your policy.



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.

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, geographic location (residential zip code), and tobacco use.

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, medical rates are subject to change upon 45 days notice in NC.

This medical insurance policy (NCINDCH052013) has exclusions, limitations, reduction of benefits and terms under which the policy 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 Rd, Hartford, CT 06152 or call **1-866-GET-Cigna. (1-866-438-2446)**.

