



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

	B Bronze		S Silver				
	Health Savings 6100	Health Flex 5000 Bronze	Health Savings 3400	Health Flex 1500	Health Flex 2750*****	Health Flex 5000	Copay Assure Silver
	In-network you pay:	In-network you pay:	In-network you pay:	In-network you pay:	In-network you pay:	In-network you pay:	In-network you pay:
 MEDICAL							
Annual Deductible* Individual/Family	\$6,100 / \$12,200	\$5,000 / \$10,000	\$3,400 / \$6,800	\$1,500 / \$3,000	\$2,750 / \$5,500	\$5,000 / \$10,000	\$0 / \$0
Annual Out-of-Pocket Max ** Individual/Family	\$6,350 / \$12,700	\$6,500 / \$13,000	\$4,000 / \$8,000	\$6,350 / \$12,700	\$6,350 / \$12,700	\$5,000 / \$10,000	\$6,350 / \$12,700
Coinsurance***	0% after deductible	40% after deductible	0% after deductible	30% after deductible	20% after deductible	0% after deductible	30%
Physician Services (Primary Care/Specialist)	0% after deductible / 0% after deductible	\$15, deductible waived / 40% after deductible	0% after deductible / 0% after deductible	Visits 1-2: \$30, deductible waived / \$60, deductible waived †	\$30, deductible waived / \$60, deductible waived	\$30, deductible waived / \$60, deductible waived	\$30 / \$60
Preventive Care	0%, deductible waived	0%, deductible waived	0%, deductible waived	0%, deductible waived	0%, deductible waived	0%, deductible waived	0%
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	20% after deductible / 20% after deductible	0% after deductible / 0% after deductible	\$2500 per day / 30%
Lab, X-ray, & Ultrasound	0% after deductible	40% after deductible	0% after deductible	30% after deductible	20% after deductible	0% after deductible	40%
Prenatal & Postnatal Care	0% after deductible	40% after deductible	0% after deductible	30% after deductible	20% after deductible	0% after deductible	30%
Maternity Care **** (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	20% after deductible / 20% after deductible	0% after deductible / 0% after deductible	\$2500 per day / 30%,
Hospital ER	0% after deductible	40% after deductible	0% after deductible	30% after deductible	20% after deductible	0% after deductible	\$500 per visit
Urgent Care	0% after deductible	\$75, deductible waived	0% after deductible	\$75, deductible waived	\$75, deductible waived	\$75, deductible waived	\$75 per visit
Ambulance	0% after deductible	40% after deductible	0% after deductible	30% after deductible	20% after deductible	0% after deductible	\$500 per trip
 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	\$4, deductible waived	\$4
Tier 2 Retail Non-Pref. Generic	0% after deductible	\$30, deductible waived	0% after deductible	\$20, deductible waived	\$15, deductible waived	\$15, deductible waived	\$25
Tier 3 Retail Pref. Brands	0% after deductible	40% after deductible	0% after deductible	\$60, deductible waived	\$45, deductible waived	\$45, deductible waived	\$60
Tier 4 Retail Non-Pref. Brands	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	50%
Tier 5 Retail Specialty	0% after deductible	40% after deductible	0% after deductible	40% after deductible	40% after deductible	0% after deductible	40%

† 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

***** Plan not available through DTC and eBusiness channels

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 Copay Assure Suite

If you like the simplicity and security of knowing what you'll pay when you seek care, these easy-to-understand, easy-to-use plans may be just the right fit for you.

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**.

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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 60 days notice in TX.

This medical insurance policy INDTXCH042013 has exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. Medical applications 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)**.

In Texas, LocalPlus Network plans are considered Preferred Provider plans with certain managed care features and LocalPlus Health Savings Network plans are considered Preferred Provider plans with certain managed care features compatible with a Health Savings Account.

Important Plan Information

Medical plans are available to residents living in the following counties in Texas:

Collin	Ellis	Hays	Johnson	Parker	Travis
Cooke	Erath	Henderson	Kaufman	Rockwall	Williamson
Dallas	Fannin	Hood	Navarro	Somervell	Wise
Denton	Grayson	Hunt	Palo Pinto	Tarrant	



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.



Health Insurance Marketplace

