

GEORGIA INDIVIDUAL & FAMILY PLANS

CIGNA OPEN ACCESS PLANS®



Health
and
Pharmacy
Benefits



PLAN COMPARISON





CIGNA HealthCare plans, offered through Connecticut General Life Insurance Company, provide coverage you and your family can count on, along with a broad range of options and award-winning service. That way, you can protect your health and secure your future. Now that's real value.

CIGNA Open Access Plans®

True choice. You can choose an in-network health care professional or choose to receive care from one who isn't part of the CIGNA network. It's up to you.

Primary care. You have the option of choosing a Primary Care Physician as your personal doctor. With a Primary Care Physician, you have a valuable resource who acts as a personal health coach. But, if you prefer, you also have the option of not choosing a Primary Care Physician.

Specialists. You have direct access to participating specialists. You do not need a referral to see an in-network or out-of-network specialist.

Please check the Summary of Benefits for more specific details about the CIGNA Open Access Plans.

A CIGNA Open Access Plan is right for you if:

- ✓ You want extensive coverage and a good value.
- ✓ You want a flexible plan.
- ✓ You want a national network of doctors and hospitals.

Your national network

You have access to a network of more than 500,000 quality health care professionals and centers throughout the country. But if you want to see a health care professional who is not in the network, you can. Keep in mind that out-of-pocket costs vary, but your out-of-pocket costs are generally lower when you see in-network health care professionals.

In Georgia, CIGNA offers you:

- A network of over 29,719 doctors
- Over 171 participating hospitals
- Excellent accreditation from the National Committee for Quality Assurance (NCQA)

To apply, call your CIGNA authorized broker or agent today.

Or, you can call CIGNA at 1-866-GET-CIGNA (1-866-438-2446)

(8:00 a.m. - 11:00 p.m. ET, Monday - Saturday)

or visit www.CIGNAforYou.com.



CIGNA Open Access Plans® – GEORGIA

INDIVIDUAL & FAMILY PLANS	Open Access 1000		Open Access 2000		Open Access 3000		Open Access 5000	
PLAN FEATURES – Coinsurance percentage shown in- and out-of-network is the percentage CIGNA pays. ² Annual deductible applies unless otherwise noted.	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible – Individual/Family deductible is satisfied when each family member has paid their individual deductible or when the total family deductible amount has been reached by any combination of family members	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,000	\$6,000/\$12,000	\$5,000/\$10,000	\$10,000/\$20,000
Annual Out-of-Pocket Maximum – Individual/Family deductible, copays, and pharmacy charges do not apply to the out-of-pocket maximum	\$2,000/\$6,000	\$6,000/\$18,000	\$3,000/\$9,000	\$9,000/\$27,000	\$4,000/\$12,000	\$12,000/\$36,000	\$5,000/\$15,000	\$15,000/\$45,000
Lifetime Maximum Benefit	Unlimited							
Physician Services – Primary Care Physician/Specialist	You pay \$25/\$35 ¹	CIGNA pays 60%	You pay \$25/\$35 ¹	CIGNA pays 60%	You pay \$35/\$45 ¹	CIGNA pays 60%	You pay \$35/\$45 ¹	CIGNA pays 60%
Preventive Care for All Ages – Routine physicals and other routine preventive services	CIGNA pays 100% ¹							
Ambulance	CIGNA pays 80%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 60%	CIGNA pays 80%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 60%	CIGNA pays 70%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 60%	CIGNA pays 70%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 60%
Emergency Room – Additional \$100 deductible (waived if admitted)	CIGNA pays 80%		CIGNA pays 80%		CIGNA pays 70%		CIGNA pays 70%	
Urgent Care Services	CIGNA pays 80%		CIGNA pays 80%		CIGNA pays 70%		CIGNA pays 70%	
Inpatient Hospital Services	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%
Surgery in an Outpatient Hospital or Surgical Center	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%
Lab/X-Ray	CIGNA pays 100% ¹ up to \$200, then 80%	CIGNA pays 60%	CIGNA pays 100% ¹ up to \$200, then 80%	CIGNA pays 60%	CIGNA pays 100% ¹ up to \$200, then 70%	CIGNA pays 60%	CIGNA pays 100% ¹ up to \$200, then 70%	CIGNA pays 60%
Ultrasound, CT/PET Scan, and MRI	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%
Short-Term Rehabilitative Therapy (including Physical, Occupational, and Speech Therapy) – Calendar year maximum of 24 visits, combined in- and out-of-network	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%
Durable Medical Equipment	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%
Mental Health Inpatient – Calendar year maximum of 30 days, combined in- and out-of-network	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%
Mental Health Outpatient – Calendar year maximum of 48 visits, combined in- and out-of-network	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%
RETAIL PHARMACY (per 30 day supply)								
Brand Name Drug Deductible (Combined retail and home delivery)	\$100 per person/per calendar year		\$200 per person/per calendar year		\$300 per person/per calendar year		\$500 per person/per calendar year	
Generic/Brand Name/Non-Preferred Brand Name	You pay \$10/\$35/\$60							
Self-Administered Injectable Drugs	CIGNA pays 70%							
HOME DELIVERY PHARMACY (per 90 day supply)								
Generic/Brand Name/Non-Preferred Brand Name	You pay \$25/\$85/\$150							
Self-Administered Injectable Drugs	CIGNA pays 70%							

¹ Annual deductible waived

² A percentage of the CIGNA contracted rate to an in-network health care professional or a percentage of the cost from an out-of-network health care professional that the customer is responsible for.

For specific costs and further details of the coverage, including exclusions, and reductions or limitations and the terms under which the policy may be continued in force, please refer to the Policy Booklet, ask your agent for an Outline of Coverage 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, as described in your Policy Booklet.

COMMONLY USED HEALTH CARE WORDS

Here are some basic terms that you should know about your health care plan.

Coinsurance: A percentage of the CIGNA contracted rate to an in-network health care professional or a percentage of the cost from an out-of-network health care professional that the customer is responsible for.

Copayment (copay): A flat per service charge that customers are responsible to pay for services such as doctor visits or prescription drugs.

Deductible: The dollar amount customers must pay before the plan begins to pay for covered services. The deductible is satisfied when each family member has paid their individual deductible or when the total family deductible amount has been reached by any combination of family members.

In-network health care professional: Any health care professional (physician, hospital, etc.) that participates in the CIGNA network.

Out-of-network health care professional: Any health care professional (physician, hospital, etc.) that does not participate in the CIGNA network.

Inpatient care: Care given to a customer admitted to a hospital, hospice, skilled nursing center, or rehabilitation center.

Outpatient care: Any health care service provided to a customer who is not admitted to a center.

Out-of-pocket costs: Copays, deductibles, coinsurance, or fees paid by a customer for health services or prescription drugs.

Out-of-pocket maximum: The most customers will pay per year for covered health expenses before the plan pays 100% for the rest of that year.

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This plan is intended to comply with the federal Patient Protection and Affordable Care Act. Provisions are subject to change as additional regulatory guidance becomes available.

If, after reviewing the contract, you find that you're not satisfied for any reason, simply return the contract to us within 10 days. We will refund any premium you've paid (including any contract fees or other charges), less the cost of any services paid on behalf of you or any covered dependent.

This Plan Comparison highlights some of the benefits available under these plans. A complete description regarding the terms of coverage, exclusions, and limitations including legislated benefits will be provided in your Summary of Benefits and Policy Booklet.

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