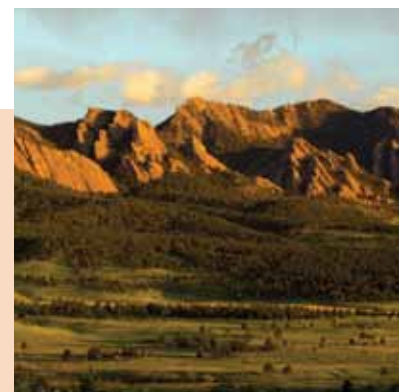


COLORADO INDIVIDUAL & FAMILY PLANS

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 Colorado, CIGNA offers you:

- A network of over 13,000 doctors
- Over 100 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)

(6:00 a.m. - 9:00 p.m. MT, Monday - Saturday)

or visit www.CIGNAforYou.com.



CIGNA Open Access Plans® – COLORADO

INDIVIDUAL & FAMILY PLANS	Open Access 1000		Open Access 2000		Open Access 3000		Open Access 5000	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PLAN FEATURES – Coinsurance percentage shown in- and out-of-network is the percentage CIGNA pays. ³ Annual deductible applies unless otherwise noted.								
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/\$4,000	\$4,000/\$8,000	\$3,000/\$6,000	\$6,000/\$12,000	\$4,000/\$8,000	\$8,000/\$16,000	\$5,000/\$10,000	\$10,000/\$20,000
Lifetime Maximum Benefit	\$5,000,000							
Physician Services (Primary Care Physician/Specialist)	You pay \$20/\$40 ¹	CIGNA pays 60%	You pay \$20/\$40 ¹	CIGNA pays 60%	You pay \$30/\$50 ¹	CIGNA pays 60%	You pay \$30/\$50 ¹	CIGNA pays 60%
Preventive Care (ages 13 and older) – All routine physicals	You pay \$20/\$40 ¹	CIGNA pays 60%	You pay \$20/\$40 ¹	CIGNA pays 60%	You pay \$30/\$50 ¹	CIGNA pays 60%	You pay \$30/\$50 ¹	CIGNA pays 60%
Mammograms, Pap Smears, PSA, and Colorectal Cancer Screenings	CIGNA pays 100% ¹							
Office Visits for Children Through Age 12²	You pay \$20/\$40 ¹	CIGNA pays 100% ¹	You pay \$20/\$40 ¹	CIGNA pays 100% ¹	You pay \$30/\$50 ¹	CIGNA pays 100% ¹	You pay \$30/\$50 ¹	CIGNA pays 100% ¹
Immunizations for Children Through Age 12²	CIGNA pays 100% ¹							
Ambulance – Calendar year maximum of \$20,000	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%
Emergency Room – Additional \$100 deductible (waived if admitted)	CIGNA pays 80%	For true emergency, CIGNA pays 80%; otherwise 60%	CIGNA pays 80%	For true emergency, CIGNA pays 80%; otherwise 60%	CIGNA pays 80%	For true emergency, CIGNA pays 80%; otherwise 60%	CIGNA pays 80%	For true emergency, CIGNA pays 80%; otherwise 60%
Urgent Care Services	CIGNA pays 80%	For true emergency, CIGNA pays 80%; otherwise 60%	CIGNA pays 80%	For true emergency, CIGNA pays 80%; otherwise 60%	CIGNA pays 80%	For true emergency, CIGNA pays 80%; otherwise 60%	CIGNA pays 80%	For true emergency, CIGNA pays 80%; otherwise 60%
Inpatient Hospital Services	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	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 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%
Outpatient Lab, X-Ray, Ultrasound, CT/PET Scan, and MRI	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	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 \$30 maximum per visit, per insured person							
Durable Medical Equipment	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%
Mental Health and Substance Abuse Inpatient – Calendar year maximum of \$2,500, combined in- and out-of-network	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%
Mental Health and Substance Abuse Outpatient – Calendar year maximum of 20 visits, combined in- and out-of-network	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%
RETAIL PHARMACY (per 30 day supply)								
Brand Name Drug Deductible (Combined retail and home delivery)	\$100		\$200		\$300		\$500	
Generic/Brand Name/Non-preferred Brand Name	You pay \$10/\$35/\$60	CIGNA pays 50%	You pay \$10/\$35/\$60	CIGNA pays 50%	You pay \$10/\$35/\$60	CIGNA pays 50%	You pay \$10/\$35/\$60	CIGNA pays 50%
Self-Administered Injectable Drugs	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%
HOME DELIVERY PHARMACY (per 90 day supply)								
Generic/Brand Name/Non-preferred Brand Name	You pay \$25/\$85/\$150	Not available	You pay \$25/\$85/\$150	Not available	You pay \$25/\$85/\$150	Not available	You pay \$25/\$85/\$150	Not available
Self-Administered Injectable Drugs	CIGNA pays 70%	Not available	CIGNA pays 70%	Not available	CIGNA pays 70%	Not available	CIGNA pays 70%	Not available

¹ Annual deductible waived.

² For children age 13 and older refer to the Preventive Care benefits.

³ 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 a Summary of Benefits or write to the company. Depending on you 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 a 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.

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

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

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or visit www.CIGNAforYou.com.



GENERAL EXCLUSIONS AND LIMITATIONS, EXCEPT AS SPECIFICALLY COVERED IN YOUR POLICY BOOKLET OR REQUIRED BY LAW:

Colorado law requires carriers to make available a Colorado Health Benefit Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days, to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

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 policy services and features

You may request a copy of our Access Plan. The Access Plan is designed to disclose all the policy information required under Colorado law, and can be obtained by calling Member Services at 1-800-244-6224.

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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