Individual & Family Plans
Insured by Cigna Health and Life Insurance Company

Cigna

▶ CALIFORNIA – NORTHERN & SOUTHERN CALIFORNIA

myCigna Medical Plan

This plan is currently pending regulatory approval.

SUMMARY OF BENEFITS

Your 2015 plan information

This plan is available to residents living in Northern and Southern California, depending on county. See last page for full listing.

	myCigna California Platinum	
MEDICAL	**IN-NETWORK**	**OUT-OF-NETWORK**

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 providers 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.

Individual Deductible (Medical and pharmacy)	$0	$12,500
Family Deductible (Medical and pharmacy)	$0	$25,000

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.

Coinsurance*	You pay 10%	You pay 50% after deductible
Individual Out-of-Pocket Maximum	$4,000	$25,000
Family Out-of-Pocket Maximum	$8,000	$50,000

Individual/family copays, deductibles, coinsurance and pharmacy charges apply to the out-of-pocket maximum.

*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.

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MEDICAL	**IN-NETWORK**	**OUT-OF-NETWORK**
PHYSICIAN SERVICES		
Primary Care Physician (Office visit)	You pay $20	You pay 50% after deductible
Specialist Physician (Office visit)	You pay $40	You pay 50% after deductible
Office Related Services	You pay 10%	You pay 50% after deductible
PREVENTIVE CARE		
Preventive Care for All Ages (Routine physicals and other preventive services)	You pay 0%	You pay 50% after deductible
INPATIENT SERVICES		
Facility Services (Inpatient room and board, lab & x-ray, operating room, etc.)	You pay 10%	You pay 50% after deductible
Physician Services	You pay 10%	You pay 50% after deductible
MATERNITY CARE		
Prenatal and Postnatal Care	You pay 0%	You pay 50% after deductible
Delivery and Inpatient Services for Maternity Care	You pay 10%	You pay 50% after deductible
OUTPATIENT SERVICES		
Lab, X-ray and Ultrasound	You pay $20 for Laboratory tests and $40 for X-rays and Diagnostic imaging	You pay 50% after deductible
CT/PET Scans and MRI	You pay 10%	You pay 50% after deductible
Cardiac & Pulmonary Rehabilitation	You pay $20	You pay 50% after deductible
Rehabilitative Therapy Including Physical, Occupational, and Speech Therapy	You pay $20	You pay 50% after deductible
Chiropractic Care & Osteopathic Prior Authorization is required	You pay 10%	You pay 50% after deductible
Outpatient Surgery (Facility)	You pay 10%	You pay 50% after deductible
Outpatient Surgery (Physician services)	You pay 10%	You pay 50% after deductible
Acupuncture	You pay 10%	You pay 50% after deductible

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MEDICAL	**IN-NETWORK**	**OUT-OF-NETWORK**
EMERGENCY AND URGENT CARE SERVICES		
Hospital Emergency Room	You pay $150	You pay the same level as in-network if it is an emergency as defined by the plan, otherwise you pay 50% after deductible
Urgent Care Services	You pay $40	You pay the same level as in-network if it is an emergency as defined by the plan, otherwise you pay 50% after deductible
Ambulance	You pay $150	You pay the same level as in-network if it is an emergency as defined by the plan, otherwise you pay 50% after deductible
OTHER HEALTH CARE FACILITIES AND SERVICES		
Skilled Nursing Facility 100 days per benefit period	You pay 10%	You pay 50% after deductible
Home Health 100 visits per year	You pay 10%	You pay 50% after deductible
Hospice	You pay 0%	You pay 50% after deductible
DURABLE MEDICAL EQUIPMENT (DME)		
Durable Medical Equipment	You pay 10%	You pay 50% after deductible
MENTAL HEALTH & SUBSTANCE ABUSE		
Inpatient	You pay 10%	You pay 50% after deductible
Outpatient	You pay $20	You pay 50% after deductible

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PRESCRIPTION DRUGS (Retail & Home Delivery)	**IN-NETWORK**	**OUT-OF-NETWORK**
In the event that you or your physician requests a "brand-name" drug that has a "generic" equivalent, you will pay the difference between the generic and brand-name drug in addition to the generic copay or coinsurance amount indicated below.		
PRESCRIPTIONS FILLED AT RETAIL		
Please visit www.Cigna.com/ifp-providers to review the retail pharmacies that are in-network and www.Cigna.com/ifp-drug-list to see the drugs covered under this plan.		
TIER 1: Retail Preferred Generics Up to a 30 day supply	You pay $5	You pay 50% after deductible
TIER 2: Retail Preferred Brands Up to a 30 day supply	You pay $15	You pay 50% after deductible
TIER 3: Retail Non-preferred Brands Up to a 30 day supply	You pay $25	You pay 50% after deductible
TIER 4: Retail Specialty Up to a 30 day supply	You pay 10%	You pay 50% after deductible
PRESCRIPTION DRUGS (Retail & Home Delivery)	**IN-NETWORK**	**OUT-OF-NETWORK**
PRESCRIPTIONS FILLED THROUGH HOME DELIVERY		
Cigna Home Delivery Pharmacy℠ is your in-network provider to help you save money on medications. Once you are a customer visit myCigna.com or call 1.800.285.4812 for more information.		
TIER 1: Home Delivery Preferred Generics Up to a 90 day supply	You pay $12	Not covered
TIER 2: Home Delivery Preferred Brands Up to a 90 day supply	You pay $37	Not covered
TIER 3: Home Delivery Non-preferred Brands Up to a 90 day supply	You pay $62	Not covered
TIER 4: Home Delivery Specialty Up to a 90 day supply	You pay 10%	Not covered

This summary contains highlights only.

CALIFORNIA – NORTHERN & SOUTHERN CALIFORNIA

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2015 PLAN EXCLUSIONS AND LIMITATIONS

1. Any amounts in excess of maximum amounts of Covered Expenses stated in this Policy.
2. Services or supplies that are not Medically Necessary, except for voluntary family planning and preventive care services or treatment.
3. Services or supplies for Experimental Procedures or Investigative Procedures.
4. Services received before the Effective Date of coverage.
5. Services received after coverage under this Policy ends.
6. Services for which You have no legal obligation to pay or for which no charge would be made if You did not have health plan or insurance coverage.
7. Any condition for which benefits are recovered , either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law.
8. Any services provided by a local, state or federal government agency, except when payment under this Policy is expressly required by federal or state law.
9. If the Insured Person is eligible for Medicare part A or B or D, Cigna will provide claim payment according to this Policy minus any amount paid by Medicare, not to exceed the amount Cigna would have paid if it were the sole insurance carrier.
10. Any services for which payment may be obtained from any local, state or federal government agency (except Medicaid or Medi-Cal). Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
11. Professional services or supplies received or purchased directly or on Your behalf by anyone, including a Physician from any of the following:
    a. Yourself or Your employer;
    b. a person who lives in the Insured Person's home, or that person's employer;
    c. a person who is related to the Insured Person by blood, marriage or adoption, or that person's employer.
12. Physical exams and other services required on court order or required for parole or probation. This exclusion does not apply to medically necessary services.
13. Assistance with activities of daily living (for example: walking, getting in and out of bed, bathing, dressing, feeding, toileting, and taking medicine). This exclusion does not apply to assistance with activities of daily living that is provided as part of covered Hospice, Skilled Nursing Facility, or inpatient Hospital care.
14. Inpatient or outpatient services of a private duty nurse. Cigna excludes private duty nursing for the following reasons: a) When an Insured Person is confined to a Hospital or other covered facility, the facility provides 24-hour nursing care, b) When an Insured Person is home and requires nursing care, licensed nurses are covered to provide Home Health Care benefits. In-home private duty nursing includes care that is not covered, such as assistance with activities of daily living, and an Insured Person who requires 24-hour nursing care is normally admitted to a facility appropriate to the level of care required.
15. Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed on an outpatient basis, unless the Hospital stay is Medically Necessary.
16. Dental services for adults age 19 and over, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as otherwise stated in this Policy under "Dental Care".
17. Orthodontic Services for adults age 19 and over, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction. However, Orthodotic Services which are an integral part of reconstructive surgery for Cleft Palate are covered.
18. Dental Implants for adults age 19 and over unless they are an integral part of reconstructive surgery for Cleft Palate, Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
19. Hearing aids except for internally-implanted devices. A hearing aid is any device that amplifies sound.
20. Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, and eye exams for refraction for adults age 19 and over.
21. An eye surgery for Insured Persons age 19 and above solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
22. Cosmetic Services: Services that are intended primarily to change or maintain one's appearance. The exclusion shall not apply to any of the following: Reconstructive Surgery (Please see page 19: "Definitions – Cosmetic and Reconstructive Surgery") or Mastectomy (Please see page 60: "Mastectomy and Related Procedures"); Durable Medical Equipment, Prosthetics, and Orthotic devices incident to a reconstructive surgery or mastectomy, including testicular implants implanted as part of a covered reconstructive surgery, breast prostheses needed after a mastectomy, and prostheses to replace all or part of an external facial body part.
23. Aids or devices that assist with nonverbal communication, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
24. Non-Medical counseling or ancillary services, including but not limited to: education, training, vocational rehabilitation, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety.

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25. Gender/sex reassignment surgery is not covered unless the health care services involved are otherwise available under the policy. This exclusion does not permit the denial of coverage if the health care services involved are otherwise available under the policy, including but not limited to hormone therapy, hysterectomy, mastectomy, and vocal training. Also, this exclusion does not permit the denial of coverage for health care services available to a covered person of one sex due only to the fact that the covered person is enrolled as belonging to the other sex or has undergone, or is in the process of undergoing, a gender transition.
26. Treatment for impotence and/or inadequacy, except if this is a result of an Accidental Injury, organic cause, trauma, infection, or congenital disease or anomalies.
27. All services related to the evaluation or treatment of fertility and/or Infertility, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and In vitro fertilization.
28. Any Infusion or Injectable Specialty Prescription Drugs that require Physician supervision, if not provided by a Participating Provider.
29. All non-prescription Drugs, devices and/or supplies, except drugs designated as preventive by the Patient Protection and Affordable Care Act (PPACA), that are available over the counter or without a prescription.
30. Cryopreservation of sperm or eggs.
31. Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
32. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics except for diabetic shoes and inserts, including off-the-shelf depth-inlay shoes, custom- molded shoes, custom-molded multiple density inserts, fitting, modification, and follow-up care for podiatric devices. Coverage will include fitting and adjustment, repair or replacement (but not for loss or misuse), and services to determine whether an insured needs a prosthetic or orthotic device.
33. Telephone, e-mail, and Internet consultations or other services which under normal circumstances are expected to be provided through face-to-face clinical encounters, unless provided via an approved internet-based intermediary.
34. Items which are furnished primarily for personal comfort or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, including wigs, etc.).
35. Services primarily for weight reduction or treatment of obesity except morbid obesity, or any care which involves weight reduction as a main method for treatment.
36. Educational services except for Bariatric surgery related health education, health education for tobacco cessation and stress management, chemical dependency and substance abuse disorder, preventive dental, post-natal, preventive health, Diabetes Self- Management Training Program, Pediatric Asthma Training, and as specifically provided or arranged by Cigna.
37. Outpatient oral nutrition, such as dietary supplements, herbal supplements, weight loss aids, formulas, and food.
38. Durable medical equipment not specifically listed as Covered Services in the Covered Services section of this Policy. Excluded durable medical equipment includes, but is not limited to: shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; correction appliances or support appliances and supplies such as stockings, disposable supplies as follows: Bandages, gauze, tape, antiseptics, dressings, Ace-type bandages, and diapers, underpads, and other incontinence supplies. This exclusion shall not apply to disposable supplies covered as "Durable Medical Equipment," "Home Health Care," "Hospice Care," "Ostomy and Urological Supplies," and "Prescription Drug Benefits".
39. All Foreign Country Provider charges other than emergency or urgent care services.
40. Growth Hormone Treatment, except when such treatment is Medically Necessary to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be Medically Necessary and effective for such use and such treatment must be likely to result in a significant improvement of the Insured Person's condition.
41. Routine foot care, such as nail clipping or corn removal that is not Medically Necessary.
42. Charges for which We are unable to determine Our liability because the Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.
43. Charges for animal to human organ transplants.
44. Claims received by Cigna after 15 months from the date service was rendered, except in the event of a legal incapacity.

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2015 PLAN 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.

This medical insurance policy (CACHIND012015) has exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. 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).

2015 PLAN IMPORTANT INFORMATION

Plan is available to residents living in the following counties in California:

Northern California
San Francisco
Santa Clara
Alameda
San Mateo
Contra Costa

Southern California
Los Angeles
Orange
Riverside
San Bernardino
San Diego

myCigna California Platinum is a Qualified Health Plan in the California Health Insurance Marketplace.