

CIGNA Open Access Plans® – GEORGIA

INDIVIDUAL & FAMILY PLANS	CIGNA OPEN ACCESS PLANS®													
	Open Access 1000/80%		Open Access 2000/80%		Open Access 3000/80%		Open Access 5000/80%		Open Access 5000/100%		Open Access 7500/100%		Open Access 10,000/100%	
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	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	\$5,000/\$10,000	\$10,000/\$20,000	\$7,500/\$15,000	\$15,000/\$30,000	\$10,000/\$20,000	\$20,000/\$40,000
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	\$0/\$0	\$15,000/\$45,000	\$0/\$0	\$15,000/\$45,000	\$0/\$0	\$15,000/\$45,000
Lifetime Maximum Benefit	Unlimited													
Physician Services — Primary Care Physician/Specialist — office visits	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%	You pay \$35/\$45 ¹	CIGNA pays 70%	You pay \$35/\$45 ¹	CIGNA pays 70%	You pay \$35/\$45 ¹	CIGNA pays 70%
Preventive Care All Ages — Routine physicals and other routine preventive services	CIGNA pays 100% ¹	CIGNA pays 70% ¹	CIGNA pays 100% ¹	CIGNA pays 70% ¹	CIGNA pays 100% ¹	CIGNA pays 70% ¹	CIGNA pays 100% ¹	CIGNA pays 70% ¹	CIGNA pays 100% ¹	CIGNA pays 70% ¹	CIGNA pays 100% ¹	CIGNA pays 70% ¹	CIGNA pays 100% ¹	CIGNA pays 70% 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 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 100%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 70%	CIGNA pays 100%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 70%	CIGNA pays 100%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 70%
Emergency Room	You pay \$300 ¹ , all-inclusive copay		You pay \$300 ¹ , all-inclusive copay		You pay \$300 ¹ , all-inclusive copay		You pay \$300 ¹ , all-inclusive copay		You pay \$300 ¹ , all-inclusive copay		You pay \$300 ¹ , all-inclusive copay		You pay \$300 ¹ , all-inclusive copay	
Urgent Care Services	You pay \$75 ¹ , all-inclusive copay		You pay \$75 ¹ , all-inclusive copay		You pay \$75 ¹ , all-inclusive copay		You pay \$75 ¹ , all-inclusive copay		You pay \$75 ¹ , all-inclusive copay		You pay \$75 ¹ , all-inclusive copay		You pay \$75 ¹ , all-inclusive copay	
Inpatient Hospital Services — Facility charges, physician services, and all in-hospital care	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 100%	CIGNA pays 70%	CIGNA pays 100%	CIGNA pays 70%	CIGNA pays 100%	CIGNA pays 70%
Surgery in an Outpatient Hospital or Ambulatory 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%	CIGNA pays 100%	CIGNA pays 70%	CIGNA pays 100%	CIGNA pays 70%	CIGNA pays 100%	CIGNA pays 70%
Outpatient Lab, X-Ray, Ultrasound, CT/PET Scan, and MRI	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 80%	CIGNA pays 60%	CIGNA pays 100% ¹ up to \$200, then 100%	CIGNA pays 60%	CIGNA pays 100% ¹ up to \$200, then 100%	CIGNA pays 70%	CIGNA pays 100% ¹ up to \$200, then 100%	CIGNA pays 70%	CIGNA pays 100% ¹ up to \$200, then 100%	CIGNA pays 70%
Short-Term Rehabilitative Therapy (including Physical and Occupational Therapy) — Speech Therapy and Spinal Manipulation — 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 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 100%	CIGNA pays 70%	CIGNA pays 100%	CIGNA pays 70%	CIGNA pays 100%	CIGNA pays 70%
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%	CIGNA pays 100%	CIGNA pays 70%	CIGNA pays 100%	CIGNA pays 70%	CIGNA pays 100%	CIGNA pays 70%
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 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 100%	CIGNA pays 70%	CIGNA pays 100%	CIGNA pays 70%	CIGNA pays 100%	CIGNA pays 70%
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 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 100%	CIGNA pays 70%	CIGNA pays 100%	CIGNA pays 70%	CIGNA pays 100%	CIGNA pays 70%
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, reductions or limitations and the terms under which the policy may be continued in force, please refer to the Policy or 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.