

INDIVIDUAL & FAMILY PLANS	CIGNA OPEN ACCESS VALUE PLANS®											
	Open Access Value 1500/75%		Open Access Value 2500/75%		Open Access Value 3500/75%		Open Access Value 5500/75%		Open Access Value 7500/75%		Open Access Value 10,000/75%	
	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
PLAN FEATURES — Coinsurance percentage shown in- and out-of-network is the percentage CIGNA pays. ² 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	\$1,500/\$3,000	\$4,500/\$9,000	\$2,500/\$5,000	\$7,500/\$15,000	\$3,500/\$7,000	\$10,500/\$21,000	\$5,500/\$11,000	\$15,000/\$30,000	\$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	\$5,000/\$10,000	\$15,000/\$25,000	\$5,000/\$10,000	\$15,000/\$30,000	\$5,000/\$15,000	\$15,000/\$40,000	\$5,000/\$15,000	\$20,000/\$45,000	\$5,000/\$15,000	\$20,000/\$45,000	\$5,000/\$15,000	\$20,000/\$45,000
Lifetime Maximum Benefit	Unlimited											
Physician Services — Primary Care Physician/Specialist — office visits	You pay \$45/\$75 ¹	CIGNA pays 60%	You pay \$45/\$75 ¹	CIGNA pays 60%	You pay \$45/\$75 ¹	CIGNA pays 60%	You pay \$45/\$75 ¹	CIGNA pays 60%	You pay \$45/\$75 ¹	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%
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
Ambulance	CIGNA pays 75%		CIGNA pays 75%		CIGNA pays 75%		CIGNA pays 75%		CIGNA pays 75%		CIGNA pays 75%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 60%
Emergency Room	You pay \$500 ¹ , all-inclusive copay	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 60%	You pay \$500 ¹ , all-inclusive copay	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 60%	You pay \$500 ¹ , all-inclusive copay	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 60%	You pay \$500 ¹ , all-inclusive copay	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 60%	You pay \$500 ¹ , all-inclusive copay	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 60%	You pay \$200 access fee (waived if admitted), then CIGNA pays 75%	You pay \$200 access fee (waived if admitted), then CIGNA pays same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 60%
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		CIGNA pays 75%	CIGNA pays the same level as In-Network if “true” emergency as defined in your plan, otherwise CIGNA pays 60%
Inpatient Hospital Services — Facility charges, physician services, and all in-hospital care - Additional \$500 deductible per admission	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%
Surgery in an Outpatient Hospital or Ambulatory Surgical Center	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%
Outpatient Lab, X-Ray, Ultrasound, CT/PET Scan, and MRI	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%
Short-Term Rehabilitative Therapy (including Physical and Occupational Therapy) — Speech Therapy and Spinal Manipulation — Calendar year maximum of 12 visits, combined in- and out-of-network	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%
Durable Medical Equipment	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%
Mental Health Inpatient — Calendar year maximum of 30 days, combined in- and out-of-network	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%
Mental Health Outpatient — Calendar year maximum of 48 visits, combined in- and out-of-network	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%
RETAIL PHARMACY (per 30 day supply)												
Brand Name Drug Deductible (Combined retail and home delivery)	\$500 per person, per calendar year											
Generic/Brand Name/Non-Preferred Brand Name	You pay \$15/\$40/\$65											
Self-Administered Injectable Drugs	CIGNA pays 60%											
HOME DELIVERY PHARMACY (per 90 day supply)												
Generic/Brand Name/Non-Preferred Brand Name	You pay \$40/\$100/\$165											
Self-Administered Injectable Drugs	CIGNA pays 60%											

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.