

SOUTH CAROLINA 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 advocate. 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 facilities 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 South Carolina, CIGNA offers you:

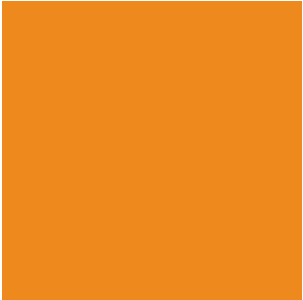
- A network of over 15,000 doctors
- Over 90 participating hospitals
- Excellent certification from the National Committee for Quality Assurance (NCQA)

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. – 8:00 p.m. ET, Monday – Friday)

or visit www.CIGNAforYou.com.



CIGNA Open Access Plans® – SOUTH CAROLINA

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 – Percentage shown in-network is the percentage CIGNA pays of the negotiated rate.								
Annual Deductible Individual/Family	\$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 copays, Deductibles 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		\$5,000,000		\$5,000,000		\$5,000,000	
Office Visits (Primary Care Physician/Specialist copay)	You pay \$25/\$45 ¹	CIGNA pays 60%	You pay \$25/\$45 ¹	CIGNA pays 60%	You pay \$40/\$60 ¹	CIGNA pays 60%	You pay \$40/\$60 ¹	CIGNA pays 60%
Preventive Care (age 8 and older) (Primary Care Physician/Specialist copay) – All routine physicals to include immunizations, flu shots, and routine lab work. Annual maximum of \$300 per person, per year	You pay \$25/\$45 ¹	After deductible, CIGNA pays 100% up to the \$300 maximum	You pay \$25/\$45 ¹	After deductible, CIGNA pays 100% up to the \$300 maximum	You pay \$40/\$60 ¹	After deductible, CIGNA pays 100% up to the \$300 maximum	You pay \$40/\$60 ¹	After deductible, CIGNA pays 100% up to the \$300 maximum
Mammograms, Pap Smears, PSA Screening	CIGNA pays 80% ¹	CIGNA pays 60% ¹	CIGNA pays 80% ¹	CIGNA pays 60% ¹	CIGNA pays 80% ¹	CIGNA pays 60% ¹	CIGNA pays 80% ¹	CIGNA pays 60% ¹
Preventive Care for Children (through age 7²) – Office visits	You pay \$25/\$45 ¹	CIGNA pays 60% ¹	You pay \$25/\$45 ¹	CIGNA pays 60% ¹	You pay \$40/\$60 ¹	CIGNA pays 60% ¹	You pay \$40/\$60 ¹	CIGNA pays 60% ¹
Preventive Care for Children (through age 7²) – Immunizations, flu shots, and routine lab work	CIGNA pays 80% ¹	CIGNA pays 60% ¹	CIGNA pays 80% ¹	CIGNA pays 60% ¹	CIGNA pays 80% ¹	CIGNA pays 60% ¹	CIGNA pays 80% ¹	CIGNA pays 60% ¹
Ambulance	CIGNA pays 80%	CIGNA pays 80%	CIGNA pays 80%	CIGNA pays 80%	CIGNA pays 80%	CIGNA pays 80%	CIGNA pays 80%	CIGNA pays 80%
Emergency Room – Additional \$100 deductible, waived if admitted	CIGNA pays 80%	CIGNA pays 80%	CIGNA pays 80%	CIGNA pays 80%	CIGNA pays 80%	CIGNA pays 80%	CIGNA pays 80%	CIGNA pays 80%
Urgent Care 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%
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%
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%
Outpatient Lab, X-Ray (Physician's Office, Independent Lab, or X-Ray Facility. Combined services.)	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 80%	CIGNA pays 60%
Outpatient Ultrasound, CT 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%
Physical Therapy, Occupational Therapy, and Chiropractic Therapy – Combined services and combined in- and out-of-network	CIGNA pays \$40 maximum per visit/per person, up to 24 visits per year		CIGNA pays \$40 maximum per visit/per person, up to 24 visits per year		CIGNA pays \$40 maximum per visit/per person, up to 24 visits per year		CIGNA pays \$40 maximum per visit/per person, up to 24 visits per year	
Durable Medical Equipment – Calendar year maximum of \$5,000	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%
Mental Health – Inpatient – Combined services and combined in- and out-of-network	CIGNA pays \$200 maximum per day/per person, up to \$3,000 per year		CIGNA pays \$200 maximum per day/per person, up to \$3,000 per year		CIGNA pays \$200 maximum per day/per person, up to \$3,000 per year		CIGNA pays \$200 maximum per day/per person, up to \$3,000 per year	
Mental Health – Outpatient – Combined services and combined in- and out-of-network	CIGNA pays \$30 maximum per visit/per person, up to 24 visits		CIGNA pays \$30 maximum per visit/per person, up to 24 visits		CIGNA pays \$30 maximum per visit/per person, up to 24 visits		CIGNA pays \$30 maximum per visit/per person, up to 24 visits	
RETAIL PHARMACY (per 30 day supply)								
Brand Name Deductible – Combined in- and out-of-network	\$250		\$250		\$500		\$500	
Brand Name Calendar Year Maximum – Combined in- and out-of-network	\$5,000 per person, per year							
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 Injectable Drugs	CIGNA pays 50%	CIGNA pays 50%	CIGNA pays 50%	CIGNA pays 50%	CIGNA pays 50%	CIGNA pays 50%	CIGNA pays 50%	CIGNA pays 50%
HOME DELIVERY PHARMACY (per 90 day supply)								
Generic/Brand Name/Non-Preferred Brand Name	You pay \$25/\$85/\$150	Not Applicable	You pay \$25/\$85/\$150	Not Applicable	You pay \$25/\$85/\$150	Not Applicable	You pay \$25/\$85/\$150	Not Applicable
Self Injectable Drugs	CIGNA pays 50%	Not Applicable	CIGNA pays 50%	Not Applicable	CIGNA pays 50%	Not Applicable	CIGNA pays 50%	Not Applicable

¹ Annual deductible waived

² For children age 8 and older refer to the Preventive Care (age 8 and older) coverage.

NOTE: Annual deductible applies unless otherwise noted

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 individual is responsible for.

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

Deductible: The dollar amount that individuals must pay each year for eligible health expenses before the plan begins to pay for covered services.

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 an individual admitted to a hospital, hospice, skilled nursing center, or rehabilitation center.

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

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

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

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or visit **www.CIGNAforYou.com**.





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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