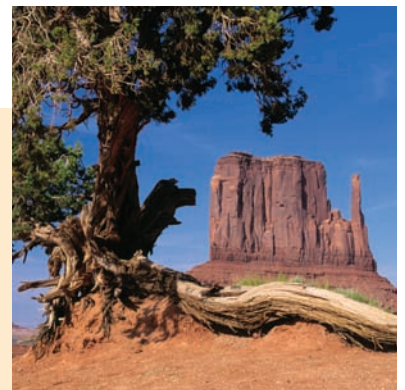


ARIZONA INDIVIDUAL & FAMILY PLANS

CIGNA HEALTH SAVINGS PLANSSM



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 full range of options and award-winning service to help you protect your health and secure your future.

CIGNA Health Savings PlansSM

Economical. Our comprehensive high deductible Health Savings Plans allow you to use a tax-advantaged Health Savings Account (HSA) to help pay for your current medical expenses or save for future medical expenses.

Preventive care. Covered at 100% for most services.

True choice. You can choose an in-network provider or choose to receive care from a provider who isn't part of the CIGNA network. It's up to you.

Primary care. You can choose a Primary Care Physician (PCP) as your personal doctor. With a PCP, you have a valuable resource—one who serves as your personal health advocate. But, if you prefer, you also have the option of not choosing a PCP.

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 Health Savings Plans.

A CIGNA Health Savings Plan is right for you if:

- ✓ You want comprehensive, high quality coverage.
- ✓ You want the ability to save money tax-free to pay for medical expenses.
- ✓ You want preventive care covered at 100% for most services.
- ✓ You want a national network of doctors and hospitals.

Your national network.

As a CIGNA HealthCare member, 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 provider who doesn't participate in the CIGNA 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 providers.

In Arizona, CIGNA offers you:

- A network of nearly 15,000 doctors
- Over 70 participating hospitals
- Full 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. – 6:00 p.m. MT, Monday – Friday)

or visit www.CIGNAforYou.com.



CIGNA Health Savings PlansSM – ARIZONA

INDIVIDUAL & FAMILY PLANS	Health Savings 1500		Health Savings 3000		Health Savings 5000	
	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	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000	\$5,000/\$10,000	\$10,000/\$20,000
Annual Out-of-Pocket Maximum – Individual/Family deductibles and pharmacy charges apply to the out-of-pocket maximum	\$3,000/\$6,000	\$9,000/\$27,000	\$3,000/\$6,000	\$9,000/\$27,000	\$5,000/\$10,000	\$15,000/\$45,000
Lifetime Maximum Benefit	\$5,000,000 in- and out-of-network combined					
Physician Services – Office visits	CIGNA pays 80% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹
Adult Preventive Care (age 7 and up) – All routine physicals and other routine services (annual maximum of \$300 per member/per year) – Deductible waived in-network	CIGNA pays 100%	CIGNA pays 50% ¹	CIGNA pays 100%	CIGNA pays 50% ¹	CIGNA pays 100%	CIGNA pays 50% ¹
Mammograms, Pap Smears, PSA and Colonoscopy – Deductible waived in-network	CIGNA pays 100%	CIGNA pays 50% ¹	CIGNA pays 100%	CIGNA pays 50% ¹	CIGNA pays 100%	CIGNA pays 50% ¹
Office Visits for Children Through Age 6² – Deductible waived in-network	CIGNA pays 100%	CIGNA pays 50% ¹	CIGNA pays 100%	CIGNA pays 50% ¹	CIGNA pays 100%	CIGNA pays 50% ¹
Immunizations for Children Through Age 6² – Deductible waived in-network	CIGNA pays 100%	CIGNA pays 50% ¹	CIGNA pays 100%	CIGNA pays 50% ¹	CIGNA pays 100%	CIGNA pays 50% ¹
Ambulance – Calendar year maximum of \$5,000	CIGNA pays 80% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹
Emergency Room	CIGNA pays 80% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹
Urgent Care Services	CIGNA pays 80% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹
Inpatient Hospital Services – Facility charges, physician services and all in-hospital care	CIGNA pays 80% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹
Surgery in an Outpatient Hospital or Surgical Center	CIGNA pays 80% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹
Outpatient Lab, X-Ray, Ultrasound, CT Scan and MRI – Deductible waived if in physician's office or independent X-ray/lab facility	CIGNA pays 80% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹
Physical/Occupational/Speech Therapy – Combined services and combined in- and out-of-network; up to 24 visits per year/per person	CIGNA pays 80% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹
Durable Medical Equipment – Calendar year maximum of \$5,000	CIGNA pays 80% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹
Mental Health – Inpatient – \$2,500 maximum payment, per person/per year	CIGNA pays 80% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹
Mental Health – Outpatient – 20 visit maximum per calendar year, in- and out-of-network combined	CIGNA pays 80% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹
RETAIL PHARMACY (per 30 day supply)						
Generic/Preferred Brand Name/Non-preferred Brand Name	You pay \$10/\$35/\$60 ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹
Self Injectables	CIGNA pays 80% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹	CIGNA pays 100% ¹	CIGNA pays 50% ¹
MAIL ORDER PHARMACY (per 90 day supply)						
Generic/Preferred Brand Name/Non-preferred Brand Name	You pay \$25/\$85/\$150 ¹	Not covered	CIGNA pays 100% ¹	Not covered	CIGNA pays 100% ¹	Not covered

¹ The percentage associated with this plan feature represents what CIGNA pays, or what you pay for copayments, once the annual deductible amount is fulfilled by the member.

² For children age 7 and up refer to the Adult Preventive Care benefits.

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 regarding your health care plan.

Coinsurance: A percentage of the CIGNA contracted rate to an in-network provider or a percentage of the cost from an out-of-network provider that the member is responsible for.

Copayment (copay): A flat per service charge that plan members are responsible to pay for services such as doctor visits or prescriptions.

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

In-network provider: Any health care provider (physician, hospital, etc.) that participates in the CIGNA network.

Out-of-network provider: Any health care provider (physician, hospital, etc.) that does not participate in a CIGNA network.

Inpatient care: Care given to a plan member admitted to a hospital, hospice, skilled nursing facility or rehabilitation facility.

Outpatient care: Any health care service provided to a plan member who is not admitted to a facility.

Out-of-pocket costs: Copayments, deductibles, coinsurance or fees paid by plan members for health services or prescriptions.

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

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

Services that are not medically necessary, are not a covered benefit, experimental or investigational, conditions caused by or contributed by an act of war, insurrection, riot, military service, work related injuries or conditions that can be covered under a workers compensation or similar policy, services that may be obtained from a local, state or federal agency (except Medicaid), professional services or supplies received from yourself, or a family member or other person living in your home. Private duty nurse, private hospital room, hospital stays primarily for environmental change, diagnostic tests and physical therapy for treatment of chronic pain. Stays in a nursing or rest home, normal pregnancy and maternity benefits, custodial care, personal and comfort items, dental and orthodontic services, optometric services, eye surgery to correct refractive defects of the eye, non-prescription contraceptive drugs, devices and/or supplies, some routine care services, cosmetic surgery/services, sex change surgery, treatment for sexual dysfunction, fertility or infertility, animal to human organ transplants, orthopedic shoes, orthotics, routine foot care, weight reduction or treatment of obesity, telephone or email consultations, cryopreservation, hearing aids, dental implants, smoking cessation aids, non-emergency foreign country providers, educational or nutritional services, durable medical equipment not specifically listed as Covered Services, immunizing agents, biological sera, blood and blood products, drugs associated with weight loss, allergy desensitization products or serum, drugs obtained outside the United States, and growth-hormone treatment.

This exclusions summary contains highlights only and is subject to change. 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 the company.

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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