

# GEORGIA INDIVIDUAL & FAMILY PLANS

**CIGNA OPEN ACCESS PLANS®**  
**CIGNA OPEN ACCESS VALUE PLANS®**



Health  
and  
Pharmacy  
Insurance



PLAN COMPARISON



*Insured by Connecticut General Life Insurance Company*



CIGNA Individual & Family insurance 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 24/7 customer service. That way, you can help protect your health and secure your future.

## **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 coach. 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. To find the most up-to-date listing of doctors, hospitals or pharmacies, log on to [www.cigna.com/isghcp](http://www.cigna.com/isghcp). If you do not have access to the Internet, please call 1-866-GET-CIGNA and ask that a Provider Directory be sent to you.

## **A CIGNA Open Access Plan or CIGNA Open Access Value Plan is right for you:**

- ✓ You want high-quality, extensive coverage at a good price.
- ✓ You want a flexible plan to meet your needs.
- ✓ You want a national network of doctors and hospitals.

**With CIGNA's Open Access Value Plans, you have:**

- ✓ A lower monthly premium.
- ✓ A higher annual deductible and out-of-pocket maximum.

## **Your national network**

As a CIGNA customer, you have access to a network of more than 500,000 quality health care professionals throughout the country likely to include your doctor. 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 Georgia, CIGNA offers you:

- A network of over 29,719 doctors
- Over 171 participating hospitals

**To apply, call your CIGNA authorized broker or agent today.**

# 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. <sup>2</sup> 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
<b>Annual Deductible</b> – 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
<b>Annual Out-of-Pocket Maximum</b> – 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
<b>Lifetime Maximum Benefit</b>	Unlimited													
<b>Physician Services</b> – Primary Care Physician/Specialist – office visits	You pay \$25/\$35 <sup>1</sup>	CIGNA pays 60%	You pay \$25/\$35 <sup>1</sup>	CIGNA pays 60%	You pay \$35/\$45 <sup>1</sup>	CIGNA pays 60%	You pay \$35/\$45 <sup>1</sup>	CIGNA pays 60%	You pay \$35/\$45 <sup>1</sup>	CIGNA pays 70%	You pay \$35/\$45 <sup>1</sup>	CIGNA pays 70%	You pay \$35/\$45 <sup>1</sup>	CIGNA pays 70%
<b>Preventive Care All Ages</b> – Routine physicals and other routine preventive services	CIGNA pays 100% <sup>1</sup>	CIGNA pays 70% <sup>1</sup>	CIGNA pays 100% <sup>1</sup>	CIGNA pays 70% <sup>1</sup>	CIGNA pays 100% <sup>1</sup>	CIGNA pays 70% <sup>1</sup>	CIGNA pays 100% <sup>1</sup>	CIGNA pays 70% <sup>1</sup>	CIGNA pays 100% <sup>1</sup>	CIGNA pays 70% <sup>1</sup>	CIGNA pays 100% <sup>1</sup>	CIGNA pays 70% <sup>1</sup>	CIGNA pays 100% <sup>1</sup>	CIGNA pays 70% <sup>1</sup>
<b>Ambulance</b>	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%
<b>Emergency Room</b>	You pay \$300 <sup>1</sup> , all-inclusive copay		You pay \$300 <sup>1</sup> , all-inclusive copay		You pay \$300 <sup>1</sup> , all-inclusive copay		You pay \$300 <sup>1</sup> , all-inclusive copay		You pay \$300 <sup>1</sup> , all-inclusive copay		You pay \$300 <sup>1</sup> , all-inclusive copay		You pay \$300 <sup>1</sup> , all-inclusive copay	
<b>Urgent Care Services</b>	You pay \$75 <sup>1</sup> , all-inclusive copay		You pay \$75 <sup>1</sup> , all-inclusive copay		You pay \$75 <sup>1</sup> , all-inclusive copay		You pay \$75 <sup>1</sup> , all-inclusive copay		You pay \$75 <sup>1</sup> , all-inclusive copay		You pay \$75 <sup>1</sup> , all-inclusive copay		You pay \$75 <sup>1</sup> , all-inclusive copay	
<b>Inpatient Hospital Services</b> – 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%
<b>Surgery in an Outpatient Hospital or Ambulatory Surgical Center</b>	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%
<b>Outpatient Lab, X-Ray, Ultrasound, CT/PET Scan, and MRI</b>	CIGNA pays 100% <sup>1</sup> up to \$200, then 80%	CIGNA pays 60%	CIGNA pays 100% <sup>1</sup> up to \$200, then 80%	CIGNA pays 60%	CIGNA pays 100% <sup>1</sup> up to \$200, then 80%	CIGNA pays 60%	CIGNA pays 100% <sup>1</sup> up to \$200, then 100%	CIGNA pays 60%	CIGNA pays 100% <sup>1</sup> up to \$200, then 100%	CIGNA pays 70%	CIGNA pays 100% <sup>1</sup> up to \$200, then 100%	CIGNA pays 70%	CIGNA pays 100% <sup>1</sup> up to \$200, then 100%	CIGNA pays 70%
<b>Short-Term Rehabilitative Therapy (including Physical and Occupational Therapy)</b> – 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%
<b>Durable Medical Equipment</b>	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%
<b>Mental Health Inpatient</b> – 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%
<b>Mental Health Outpatient</b> – 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%
<b>RETAIL PHARMACY</b> (per 30 day supply)														
<b>Brand Name Drug Deductible</b> (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							
<b>Generic/Brand Name/Non-Preferred Brand Name</b>	You pay \$10/\$35/\$60													
<b>Self-Administered Injectable Drugs</b>	CIGNA pays 70%													
<b>HOME DELIVERY PHARMACY</b> (per 90 day supply)														
<b>Generic/Brand Name/Non-Preferred Brand Name</b>	You pay \$25/\$85/\$150													
<b>Self-Administered Injectable Drugs</b>	CIGNA pays 70%													

<sup>1</sup> Annual deductible waived.

<sup>2</sup> 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.

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%	
PLAN FEATURES – Coinsurance percentage shown in- and out-of-network is the percentage CIGNA pays. <sup>2</sup> 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
<b>Annual Deductible</b> – 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
<b>Annual Out-of-Pocket Maximum</b> – 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
<b>Lifetime Maximum Benefit</b>	Unlimited											
<b>Physician Services</b> – Primary Care Physician/Specialist – office visits	You pay \$45/\$75 <sup>1</sup>	CIGNA pays 60%	You pay \$45/\$75 <sup>1</sup>	CIGNA pays 60%	You pay \$45/\$75 <sup>1</sup>	CIGNA pays 60%	You pay \$45/\$75 <sup>1</sup>	CIGNA pays 60%	You pay \$45/\$75 <sup>1</sup>	CIGNA pays 60%	CIGNA pays 75%	CIGNA pays 60%
<b>Preventive Care All Ages</b> – Routine physicals and other routine preventive services	CIGNA pays 100% <sup>1</sup>	CIGNA pays 70% <sup>1</sup>	CIGNA pays 100% <sup>1</sup>	CIGNA pays 70% <sup>1</sup>	CIGNA pays 100% <sup>1</sup>	CIGNA pays 70% <sup>1</sup>	CIGNA pays 100% <sup>1</sup>	CIGNA pays 70% <sup>1</sup>	CIGNA pays 100% <sup>1</sup>	CIGNA pays 70% <sup>1</sup>	CIGNA pays 100% <sup>1</sup>	CIGNA pays 70% <sup>1</sup>
<b>Ambulance</b>	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%
<b>Emergency Room</b>	You pay \$500 <sup>1</sup> , 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 <sup>1</sup> , 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 <sup>1</sup> , 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 <sup>1</sup> , 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 <sup>1</sup> , 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 80%	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%
<b>Urgent Care Services</b>	You pay \$75 <sup>1</sup> , all-inclusive copay		You pay \$75 <sup>1</sup> , all-inclusive copay		You pay \$75 <sup>1</sup> , all-inclusive copay		You pay \$75 <sup>1</sup> , all-inclusive copay		You pay \$75 <sup>1</sup> , 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%
<b>Inpatient Hospital Services</b> – 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%
<b>Surgery in an Outpatient Hospital or Ambulatory Surgical Center</b>	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%
<b>Outpatient Lab, X-Ray, Ultrasound, CT/PET Scan, and MRI</b>	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%
<b>Short-Term Rehabilitative Therapy (including Physical and Occupational Therapy)</b> – 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%
<b>Durable Medical Equipment</b>	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%
<b>Mental Health Inpatient</b> – 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%
<b>Mental Health Outpatient</b> – 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%
<b>RETAIL PHARMACY</b> (per 30 day supply)												
<b>Brand Name Drug Deductible</b> (Combined retail and home delivery)	\$500 per person, per calendar year											
<b>Generic/Brand Name/Non-Preferred Brand Name</b>	You pay \$15/\$40/\$65											
<b>Self-Administered Injectable Drugs</b>	CIGNA pays 60%											
<b>HOME DELIVERY PHARMACY</b> (per 90 day supply)												
<b>Generic/Brand Name/Non-Preferred Brand Name</b>	You pay \$40/\$100/\$165											
<b>Self-Administered Injectable Drugs</b>	CIGNA pays 60%											

<sup>1</sup> Annual deductible waived.

<sup>2</sup> 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.

## COMMONLY USED HEALTH CARE WORDS

Here are some basic terms that you should know about your health care plan.

**Coinsurance:** You pay a percentage of the fee your doctor agreed to; your plan covers the rest or the amount you pay after your plan begins to pay.

**Copayment (copay):** The amount you pay toward services such as doctor visits or prescriptions.

**Deductible:** The amount you pay each year before your plan begins to pay for covered services.

**Access Fee:** The additional amount you must pay for an emergency room visit. If you are admitted to the hospital, this fee is waived.

**In-network services:** Services from any health care professional (physician, hospital, etc.) that participates in the CIGNA network.

**Out-of-network services:** Services from any health care professional (physician, hospital, etc.) that does not participate in the CIGNA network.

**Inpatient care:** Health services you receive in a hospital or other facility that require an overnight stay.

**Outpatient care:** Health services you receive in a hospital or other facility that do not require an overnight stay.

**Out-of-pocket costs:** The amount you pay for health services your plan doesn't cover.

**Out-of-pocket maximum:** The most you will pay for covered health services in a year; then your plan pays 100% for the rest of that year.

**Now available —  
Dental coverage  
for you and  
your family. Ask  
about it today!**

**To apply, call your CIGNA authorized broker  
or agent today.**



**This plan is intended to comply with the federal Patient Protection and Affordable Care Act. Provisions are subject to change as additional regulatory guidance becomes available.**

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, and terms under which the policy may be continued in force or discontinued will be provided in your Summary of Benefits and Policy Booklet.

Rates will vary by plan design. Rates may vary based on age, gender, and geographic location. Enrollment is subject to medical underwriting guidelines established by the health insurer, and your rate may vary based upon the results of the medical underwriting risk assessment process. You may be declined coverage because of a health condition. If you are issued a policy, certain medical conditions may not be covered for a specified length of time if those conditions are related to a medical condition that existed prior to the date of coverage.

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