

# GEORGIA INDIVIDUAL & FAMILY PLANS

**CIGNA OPEN ACCESS PLANS®**

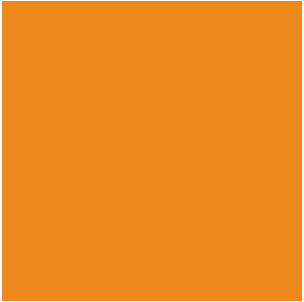


Health  
and  
Pharmacy  
Benefits



PLAN COMPARISON





CIGNA HealthCare plans, offered through Connecticut General Life Insurance Company, provide coverage you and your family can count on, along with a full 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 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 have the option of choosing a Primary Care Physician (PCP) as your personal doctor. With a PCP, 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 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 Open Access Plans.

### A CIGNA Open Access Plan is right for you if:

- ✓ You want comprehensive coverage and a good value.
- ✓ You want a flexible plan.
- ✓ 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 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 providers.

In Georgia, CIGNA offers you:

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

(8:00 a.m. – 8:00 p.m. ET, Monday – Friday)

**or visit [www.CIGNAforYou.com](http://www.CIGNAforYou.com).**

# CIGNA Open Access Plans® – GEORGIA

INDIVIDUAL & FAMILY PLANS	Open Access 1000		Open Access 2000		Open Access 3000		Open Access 5000	
PLAN FEATURES – Percentage shown in-network is the percentage CIGNA pays of the negotiated rate.	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Deductible Individual/Family</b>	\$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
<b>Annual Out-of-Pocket Maximum</b> – Individual/Family copays, deductibles 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
<b>Lifetime Maximum Benefit</b>	\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000	
<b>Physician Services (PCP/Specialist)</b>	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%
<b>Preventive Care (age 6 and older)</b> – All routine physicals to include immunizations, flu shots and lab work	You pay \$25/\$35 <sup>1</sup> , then CIGNA pays 100% with a \$300 maximum payment per insured person, per calendar year	CIGNA pays 60% with a \$300 maximum payment per insured person, per calendar year	You pay \$25/\$35 <sup>1</sup> , then CIGNA pays 100% with a \$300 maximum payment per insured person, per calendar year	CIGNA pays 60% with a \$300 maximum payment per insured person, per calendar year	You pay \$35/\$45 <sup>1</sup> , then CIGNA pays 100% with a \$300 maximum payment per insured person, per calendar year	CIGNA pays 60% with a \$300 maximum payment per insured person, per calendar year	You pay \$35/\$45 <sup>1</sup> , then CIGNA pays 100% with a \$300 maximum payment per insured person, per calendar year	CIGNA pays 60% with a \$300 maximum payment per insured person, per calendar year
<b>Mammogram, Pap Smear, PSA and Colorectal Cancer Screening<sup>3</sup></b>	CIGNA pays 80% <sup>1</sup>	CIGNA pays 60%	CIGNA pays 80% <sup>1</sup>	CIGNA pays 60%	CIGNA pays 70% <sup>1</sup>	CIGNA pays 60%	CIGNA pays 70% <sup>1</sup>	CIGNA pays 60%
<b>Preventive Care Office Visits for Children (through Age 5)</b>	You pay \$25/\$35 <sup>1</sup>	CIGNA pays 60% <sup>1</sup>	You pay \$25/\$35 <sup>1</sup>	CIGNA pays 60% <sup>1</sup>	You pay \$35/\$45 <sup>1</sup>	CIGNA pays 60% <sup>1</sup>	You pay \$35/\$45 <sup>1</sup>	CIGNA pays 60% <sup>1</sup>
<b>Immunizations/Lab Work for Children (through Age 5<sup>2</sup>)</b>	CIGNA pays 80% <sup>1</sup>	CIGNA pays 60% <sup>1</sup>	CIGNA pays 80% <sup>1</sup>	CIGNA pays 60% <sup>1</sup>	CIGNA pays 70% <sup>1</sup>	CIGNA pays 60% <sup>1</sup>	CIGNA pays 70% <sup>1</sup>	CIGNA pays 60% <sup>1</sup>
<b>Ambulance</b>	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%
<b>Emergency Room</b> – Additional \$100 deductible, waived if admitted	CIGNA pays 80%	CIGNA pays 80% for a true emergency, otherwise 60%	CIGNA pays 80%	CIGNA pays 80% for a true emergency, otherwise 60%	CIGNA pays 70%	CIGNA pays 70% for a true emergency, otherwise 60%	CIGNA pays 70%	CIGNA pays 70% for a true emergency, otherwise 60%
<b>Urgent Care Services</b>	CIGNA pays 80%	CIGNA pays 80% for a true emergency, otherwise 60%	CIGNA pays 80%	CIGNA pays 80% for a true emergency, otherwise 60%	CIGNA pays 70%	CIGNA pays 70% for a true emergency, otherwise 60%	CIGNA pays 70%	CIGNA pays 70% for a true emergency, otherwise 60%
<b>Inpatient Hospital Services</b>	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%
<b>Surgery in an Outpatient Hospital or Surgical Center</b>	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%
<b>Lab/X-Ray</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 70%	CIGNA pays 60%	CIGNA pays 100% <sup>1</sup> up to \$200, then 70%	CIGNA pays 60%
<b>Advanced Radiology (Ultra Sound, CT Scan and MRI)</b>	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%
<b>Physical/Occupational and Speech Therapy</b> – 24 visit maximum per calendar year, combined in- and out-of-network	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%
<b>Durable Medical Equipment</b>	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%
<b>Mental Health Inpatient</b> – 30 days per person, per calendar year combined in- and out-of-network	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%
<b>Mental Health Outpatient</b> – 48 visits per person, per calendar year combined in- and out-of-network	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%	CIGNA pays 70%	CIGNA pays 60%
<b>RETAIL PHARMACY</b> (per 30 day supply)	\$100		\$200		\$300		\$500	
<b>Brand Name Deductible</b> – In- and out-of-network combined per year	\$100		\$200		\$300		\$500	
<b>Generic/Brand Name/Non-Preferred Brand Name</b>	You pay \$10/\$35/\$60	You pay \$10/\$35/\$60	You pay \$10/\$35/\$60	You pay \$10/\$35/\$60	You pay \$10/\$35/\$60	You pay \$10/\$35/\$60	You pay \$10/\$35/\$60	You pay \$10/\$35/\$60
<b>Self Injectables</b>	CIGNA pays 70%	CIGNA pays 70%	CIGNA pays 70%	CIGNA pays 70%	CIGNA pays 70%	CIGNA pays 70%	CIGNA pays 70%	CIGNA pays 70%
<b>MAIL ORDER PHARMACY</b> (per 90 day supply)	\$100		\$200		\$300		\$500	
<b>Generic/Brand Name/Non-Preferred Brand Name</b>	You pay \$25/\$85/\$150	You pay \$25/\$85/\$150	You pay \$25/\$85/\$150	You pay \$25/\$85/\$150	You pay \$25/\$85/\$150	You pay \$25/\$85/\$150	You pay \$25/\$85/\$150	You pay \$25/\$85/\$150
<b>Self Injectables</b>	CIGNA pays 70%	CIGNA pays 70%	CIGNA pays 70%	CIGNA pays 70%	CIGNA pays 70%	CIGNA pays 70%	CIGNA pays 70%	CIGNA pays 70%

<sup>1</sup> Annual deductible waived  
<sup>2</sup> For children age 6 and older refer to the Preventive Care benefits.  
<sup>3</sup> Associated office visit refer to the Physician Services benefits.  
 NOTE: Annual deductible applies unless otherwise noted

## 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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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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