
MTN Health Insurance, LLC

303-594-1939

To apply for this policy or for more information please go to:

<http://mtnhealthinsurance.com>

COLORADO INDIVIDUAL & FAMILY PLANS

CIGNA OPEN ACCESS 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. That way, you can protect your health and secure your future. Now that's real value.

CIGNA Open Access PlansSM

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 Colorado, CIGNA offers you:

- A network of over 13,000 doctors
- Over 100 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)

(6:00 a.m. – 6:00 p.m. MT, Monday – Friday)

or visit www.CIGNAforYou.com.



CIGNA Open Access PlansSM – COLORADO

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/Family¹	\$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	
Physician Services (PCP/Specialist)	You pay \$20/\$40	CIGNA pays 60% ¹	You pay \$20/\$40	CIGNA pays 60% ¹	You pay \$30/\$50	CIGNA pays 60% ¹	You pay \$30/\$50	CIGNA pays 60% ¹
Preventive Care (ages 13 and up) – All routine physicals	You pay \$20/\$40	CIGNA pays 60% ¹	You pay \$20/\$40	CIGNA pays 60% ¹	You pay \$30/\$50	CIGNA pays 60% ¹	You pay \$30/\$50	CIGNA pays 60% ¹
Mammogram, Pap Smears and PSA – Deductible waived	CIGNA pays 100%	CIGNA pays 60%	CIGNA pays 100%	CIGNA pays 60%	CIGNA pays 100%	CIGNA pays 60%	CIGNA pays 100%	CIGNA pays 60%
Office Visits for Children Through Age 12² – Deductible waived	You pay \$20/\$40	CIGNA pays 60%	You pay \$20/\$40	CIGNA pays 60%	You pay \$30/\$50	CIGNA pays 60%	You pay \$30/\$50	CIGNA pays 60%
Immunizations for Children Through Age 12² – Deductible waived	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%	CIGNA pays 80%	CIGNA pays 60%
Ambulance – Calendar year maximum of \$5,000	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
Emergency Room – Additional \$100 deductible, waived if admitted	CIGNA pays 80% ¹	CIGNA pays 80% ¹ for true emergency, otherwise 60% ¹	CIGNA pays 80% ¹	CIGNA pays 80% ¹ for true emergency, otherwise 60% ¹	CIGNA pays 80% ¹	CIGNA pays 80% ¹ for true emergency, otherwise 60% ¹	CIGNA pays 80% ¹	CIGNA pays 80% ¹ for true emergency, otherwise 60% ¹
Urgent Care Services	CIGNA pays 80% ¹	CIGNA pays 80% ¹ for true emergency, otherwise 60% ¹	CIGNA pays 80% ¹	CIGNA pays 80% ¹ for true emergency, otherwise 60% ¹	CIGNA pays 80% ¹	CIGNA pays 80% ¹ for true emergency, otherwise 60% ¹	CIGNA pays 80% ¹	CIGNA pays 80% ¹ for true emergency, otherwise 60% ¹
Inpatient Hospital Services	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
Surgery in an Outpatient Hospital or Surgical Center	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
Outpatient Lab, X-Ray, Ultrasound, CT Scan and MRI	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
Physical, Occupational and Speech Therapy – 24 visit maximum per calendar year, combined in- and out-of-network	CIGNA pays \$30 ¹ maximum per visit, per insured person		CIGNA pays \$30 ¹ maximum per visit, per insured person		CIGNA pays \$30 ¹ maximum per visit, per insured person		CIGNA pays \$30 ¹ maximum per visit, per insured person	
Durable Medical Equipment	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
Mental Health and Substance Abuse – Inpatient – \$2,500 maximum payment, per person, per year, combined in- and out-of-network	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
Mental Health – Outpatient – 20 visits per person, per calendar year, combined in- and out-of-network	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
RETAIL PHARMACY (per 30 day supply)								
Brand Name Deductible – Combined in- and out-of-network, per year	\$100 deductible		\$200 deductible		\$300 deductible		\$500 deductible	
Generic/Brand Name/Non-preferred Brand Name – oral contraceptives and devices excluded	\$10/\$35/\$60	CIGNA pays 50%	\$10/\$35/\$60	CIGNA pays 50%	\$10/\$35/\$60	CIGNA pays 50%	\$10/\$35/\$60	CIGNA pays 50%
Self Injectables	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%	CIGNA pays 70%	CIGNA pays 50%
MAIL ORDER PHARMACY (per 90 day supply)								
Generic/Brand Name/Non-preferred Brand Name – oral contraceptives and devices excluded	\$25/\$85/\$150	Not covered	\$25/\$85/\$150	Not covered	\$25/\$85/\$150	Not covered	\$25/\$85/\$150	Not covered
Self Injectables	CIGNA pays 70%	Not covered	CIGNA pays 70%	Not covered	CIGNA pays 70%	Not covered	CIGNA pays 70%	Not covered

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

² For children age 13 and up refer to the 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:

Colorado law requires carriers to make available a Colorado Health Benefit Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days, to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

ACCESS PLAN: IF YOU WOULD LIKE MORE INFORMATION ON:

(1) who participates in our provider network; (2) how we ensure that the network meets the health care needs of our members; (3) how our provider referral process works; (4) how care is continued if providers leave our network; (5) what steps we take to ensure medical quality and customer satisfaction; (6) where you can go for information on other policy services and features

You may request a copy of our Access Plan. The Access Plan is designed to disclose all the policy information required under Colorado law, and can be obtained by calling Member Services at 1-800-244-6224.

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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