



**INDIVIDUAL & FAMILY PLANS INSURANCE**  
**QUOTE**  
**For Newborn**

**QUOTE FOR:** Newborn: Male, 0, Non-smoker  
**State/Zip Code:** FL, 33160  
**Coverage Start Date:** 07/27/2015  
**BROKER/AGENT:** George Bright  
9544579559

Cigna Medical & Pharmacy Plans

Quote ID: 2560260

Plan Details	myCigna Health Flex 2750	myCigna Health Flex 5000	myCigna Copay Assure Silver
	<b>APPLY NOW</b>	<b>APPLY NOW</b>	<b>APPLY NOW</b>
	<b>In-network Out-of-network</b>	<b>In-network Out-of-network</b>	<b>In-network Out-of-network</b>
Individual Annual Deductible	<b>\$2,750</b>	<b>\$5,000</b>	<b>\$0</b>
Out-of-Network	<b>\$11,000</b>	<b>\$12,500</b>	<b>\$500</b>
Family Annual Deductible	<b>\$5,500</b>	<b>\$10,000</b>	<b>\$0</b>
Out-of-Network	<b>\$22,000</b>	<b>\$25,000</b>	<b>\$1,000</b>
Coinsurance	You pay <b>20%</b> after deductible	You pay <b>0%</b> after deductible	You pay <b>30%</b>
Out-of-Network	You pay <b>50%</b> after deductible	You pay <b>50%</b> after deductible	You pay <b>50%</b> after deductible
Individual Out of Pocket Maximum	<b>\$6,350</b>	<b>\$5,000</b>	<b>\$6,350</b>
Out-of-Network	<b>\$25,000</b>	<b>\$25,000</b>	<b>\$25,000</b>
Family Out of Pocket Maximum	<b>\$12,700</b>	<b>\$10,000</b>	<b>\$12,700</b>
Out-of-Network	<b>\$50,000</b>	<b>\$50,000</b>	<b>\$50,000</b>
Special Features	Health and Wellness Discounts 24/7 Nurseline	Health and Wellness Discounts 24/7 Nurseline	Health and Wellness Discounts 24/7 Nurseline
Office Visit – Primary Care Physician	You pay <b>\$30</b> , deductible waived	You pay <b>\$30</b> , deductible waived	You pay <b>\$30</b>
Out-of-Network	You pay <b>50%</b> after deductible	You pay <b>50%</b> after deductible	You pay <b>50%</b> after deductible
Office Visit- Specialist	You pay <b>\$60</b> , deductible waived	You pay <b>\$60</b> , deductible waived	You pay <b>\$60</b>
Out-of-Network	You pay <b>50%</b> after deductible	You pay <b>50%</b> after deductible	You pay <b>50%</b> after deductible
Preventive Care	You pay <b>0%</b> , deductible waived	You pay <b>0%</b> , deductible waived	You pay <b>0%</b>
Out-of-Network	You pay <b>50%</b> after deductible	You pay <b>50%</b> after deductible	You pay <b>50%</b> after deductible
Emergency Room	You pay <b>20%</b> after deductible	You pay <b>0%</b> after deductible	You pay <b>\$500</b> per visit
Out-of-Network	You pay the same level as In-Network if it is an emergency, as defined by the plan otherwise <b>50%</b> after the deductible	You pay the same level as In-Network if it is an emergency, as defined by the plan otherwise <b>50%</b> after the deductible	You pay the same level as in-network if it is an emergency, as defined by the plan otherwise <b>50%</b> after the deductible
Urgent Care	You pay <b>\$75</b> , deductible waived	You pay <b>\$75</b> , deductible waived	You pay <b>\$75</b> per visit
Out-of-Network	You pay the same level as In-Network if it is an emergency, as defined by the plan otherwise <b>50%</b> after the deductible	You pay the same level as In-Network if it is an emergency, as defined by the plan otherwise <b>50%</b> after the deductible	You pay the same level as in-network if it is an emergency, as defined by the plan otherwise <b>50%</b> after the deductible
Pediatric Dental Benefits	Included. <a href="#">View Benefit Details</a> for more information	Included. <a href="#">View Benefit Details</a> for more information	Included. <a href="#">View Benefit Details</a> for more information
Retail Pharmacy *	You pay <b>\$4</b> , deductible waived You pay <b>\$15</b> deductible waived You pay <b>\$45</b> deductible waived You pay <b>50%</b> after deductible You pay <b>40%</b> after deductible	You pay <b>\$4</b> , deductible waived You pay <b>\$15</b> deductible waived You pay <b>\$45</b> deductible waived You pay <b>0%</b> after deductible You pay <b>0%</b> after deductible	You pay <b>\$4</b> You pay <b>\$25</b> You pay <b>\$60</b> You pay <b>50%</b> You pay <b>40%</b>
Out-of-Network	You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible	You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible	You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible
Home Delivery Pharmacy *	You pay <b>\$10</b> deductible waived You pay <b>\$37</b> deductible waived You pay <b>\$112</b> deductible waived You pay <b>50%</b> after deductible You pay <b>30%</b> after deductible	You pay <b>\$10</b> deductible waived You pay <b>\$37</b> deductible waived You pay <b>\$112</b> deductible waived You pay <b>0%</b> after deductible You pay <b>0%</b> after deductible	You pay <b>\$10</b> You pay <b>\$62</b> You pay <b>\$150</b> You pay <b>50%</b> You pay <b>30%</b>
Out-of-Network	You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible	You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible	You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible You pay <b>50%</b> after deductible
<b>Newborn</b>	<b>\$249.30</b>	<b>\$251.17</b>	<b>\$269.92</b>
<b>Total Estimated Monthly Premium</b>	<b>\$249.30</b>	<b>\$251.17</b>	<b>\$269.92</b>



APPLY NOW

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\* For Retail Pharmacies, Customers can receive up to a 60 day supply for HIV/AIDS Specialty medications at all 5 Tiers. For Home Delivery, Customers can receive up to a 90 day supply for HIV/AIDS Specialty medications in Tiers 1-4 and up to a 60 day supply for HIV/AIDS Specialty medications in the 5th Tier. For Atripea, Complera, Stribild and Fuzeon the deductible and coinsurance will not exceed \$200 for a 30-day supply.

Ready to Apply? [Get started now.](#)

Have questions or need help?  
Call **9544579559**

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This proposal is to be used for illustrative purposes only and is not an offer or contract. The final rates will be determined by Cigna in writing when all final requirements have been received and reviewed by the Cigna Underwriting department. Final rates will be based on (among other things): the final effective date of coverage, the final plan design selected, ages of those applying for coverage, number of family members issued coverage, and home zip code of the applicant and dependents. This document highlights some of the benefits available under these plans. For additional details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, consult the Benefit Details attachment.

Medical rates will vary by plan design including the amount of plan deductibles, coinsurance, and out-of-pocket maximums. Rates may vary based on age, gender, geographic location, and the plan and plan deductible selected.

Rates for new medical policies with an effective date of 1/1/2013 and later are guaranteed through 12/31/2013. Dental rates do not have an initial rate guarantee. Eligibility for medical and dental rates is based upon residential zip code. Except for the initial guarantee for medical rates, all rates are subject to change upon 60 days prior notice for individuals enrolled in Cigna HealthCare of Arizona, Inc., and upon 30 days prior notice for individuals insured by Connecticut General Life Insurance Company.

These rates are the Cigna standard rates. Enrollment in a Cigna Open Access, Open Access Value Health Savings Plan is subject to medical underwriting guidelines established by the health plan, 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, and are 19 years of age or older, 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. Waiting periods apply to basic (6 months) and major (12 months) covered dental care services.

These medical policies and Service Agreement have exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued.

**GENERAL EXCLUSIONS AND LIMITATIONS, EXCEPT AS SPECIFICALLY REQUIRED BY LAW:**

Services that are: not medically necessary; 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, 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; orthodontic services; optometric services; eye surgery to correct refractive defects of the eye; non-prescription contraceptive drugs, devices, or supplies; 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 e-mail consultations;

This major medical insurance policy (INDFLCH042013) has exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. Applications are accepted during annual open enrollment period, or within 60 calendar days of a qualifying event. Benefits are provided only for those services that are medically necessary as defined in the policy and for which the insured person has benefits. For costs, and additional details about coverage, contact Cigna Health and Life Insurance Company at 900 Cottage Grove Rd, Hartford, CT 06152 or call 1-866-GET-Cigna. (1-866-438-2446).

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