



HEALTH CARE OPEN ENROLLMENT

It's a new day for health insurance. Enrollment forms have changed. You'll never have to dig up old medical records or provide a detailed medical history to apply. Pre-existing conditions are no longer an issue. You cannot be declined coverage because of your health. Health care reform has made all this possible.

Essential health benefits

Remember, individual and family health insurance plans now include essential health benefits, such as routine cancer screenings, tobacco counseling, mental health services, urgent care coverage, and much more.

Sure, Cigna customers have long had many of these benefits included in their plans, but with health care reform essential health benefits are required in all individual health insurance plans.

Bottom line: You must have health insurance, or you may face a tax penalty. But you have lots of options in choosing your coverage. You can decide what's best for you and your family.

Keep track of these enrollment dates

Open Enrollment for 2016 has ended.

Open Enrollment for the 2017 plan year is November 1, 2016 - January 31, 2017.

MAKING CHANGES TO YOUR PLAN OUTSIDE OF OPEN ENROLLMENT

You can change your plan within 60 days of a qualifying life event such as:

- Lost coverage at work (or other) health coverage.
- Gained or became a dependent through marriage, birth, adoption, or placement for adoption.
- Insurance company made a major mistake in your insurance contract.
- You are already enrolled in Marketplace coverage and your eligibility for financial assistance has changed.
- You moved and need to pick another plan based on the coverage area.

If you believe you're eligible for 2016 medical coverage due to a qualifying life event, [please visit this page to apply during the Special Enrollment Period.](#)

[Learn more about the Health Insurance Marketplace](#)

Completing the enrollment form

With the new enrollment form, you won't need medical records. You'll just provide a few details about yourself and your family. You can't be denied coverage because of a pre-existing condition.

Your enrollment checklist

- Keep track of open enrollment dates: November 1, 2016 to January 31, 2017 for the 2017 plan year.
- Keep track of qualifying life events that allow you to change your enrollment information and selected plan (60 days after a birth, marriage, adoption, relocation, etc.)
- Compare plans based on your family's medical needs for the upcoming year.
- Have social security numbers and birth dates for each family member.
- Have a paper check, bank account information, or credit card for first payment. Decide on payment method for ongoing payments.
- Organize tax records, job and income information to apply for federal financial assistance on the state or federal Marketplace. (The Cigna website will not require this information to enroll in a plan. In order to receive federal financial assistance, you will need to apply on the on the state or federal Marketplace)
- Save your online forms! When completing the online financial assistance form, you can save your application and return later to finish. "Save as you go" prevents having to re-enter the information.

Review the levels of coverage



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Explore how health care reform may impact you.

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Find a doctor, dentist, hospital, pharmacy or clinic in our network.

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ALREADY A CUSTOMER?

LOG IN TO MYCIGNA

Manage your health care plan, pay your premium, download forms, print temporary ID cards-and more.

NOT REGISTERED YET?

Register now or [take a site tour.](#)

Go mobile! Get the [myCigna Mobile app](#) and take myCigna on the go!

24/7 Customer Service:
1.800.Cigna24 (1.800.244.6224)

Billing/Payments:
1.877.484.5967
8:00 am - 8:00 pm (EST), Monday through Friday

Add Dental Coverage to Your Plan:
1.877.484.5967
8:00 am - 8:00 pm (EST), Monday through Friday

On the state or federal Marketplace website, you'll see five [levels of coverage](#): Bronze, Silver, Gold, Platinum and Catastrophic. Catastrophic plans do not meet the minimum requirements of the Affordable Care Act and are available only to those granted hardship exemptions and to those under age 30. Each level offers different coverage.

A Bronze level plan has higher out-of-pocket costs, but has a lower monthly premium.

A Gold level plan covers more of your out-of-pocket costs when you need care, but has a higher monthly premium. If your family expects to have a lot of medical expenses, this might be the plan for you.

In choosing a plan, keep these factors in mind:

- Does someone in your family need prescription drugs frequently? If so, [how are they covered?](#)
- Is someone in your family expecting to have surgery during the next year?
- Do you expect to have multiple doctor visits during the next year?
- Are your doctors in the plan's network?
- Does your family need dental insurance?

Consider this:

- If your family anticipates a lot of medical expenses, you may want to consider a lower deductible plan.
- If your family is healthy and you expect few doctor visits, then a higher deductible plan will lower your monthly premium.
- If you have a healthy family and are looking for tax advantages, there are options for that, too.

Federal financial assistance for medical insurance costs

You might even [qualify for federal financial assistance](#) to help pay for the cost of your health insurance when you purchase a state or federal Marketplace plan—another benefit of health care reform. Two types of government assistance are available, depending on your income level: tax credits and cost-sharing reductions.

Use our calculator to see if you might qualify for federal financial assistance.



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