

ARIZONA INDIVIDUAL & FAMILY PLANS

CIGNA HMO 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, to help you protect your health and secure your future.

CIGNA HMO PlansSM

Real value. You get comprehensive medical and pharmacy coverage. An office visit copay or coinsurance may be required.

Quality choice. You choose a CIGNA in-network provider.

Primary care. You will select a Primary Care Physician (PCP) as your personal doctor. With a PCP, you have a valuable resource – one who acts as your personal health advocate.

Specialists. Your PCP will assist in the coordination of specialty care within the network.

Please check the Summary of Benefits for more specific details about CIGNA HMO Plans.

A CIGNA HMO Plan is right for you if:

- ✓ You want comprehensive coverage and a good value.
- ✓ You want the convenience of a PCP to coordinate your care.
- ✓ You want predictable costs.

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.

Your local networks.

The CIGNA HealthCare of Arizona Individual HMO Plan consists of two service areas:

Maricopa County Service Area – *Covering Maricopa County and the City of Apache Junction.* Members who live in this service area may select their doctor(s) from the following networks:

- The **CIGNA Medical Group (CMG)** network
- The broader **Arizona Provider** network

The CIGNA Medical Group (CMG) network consists of CIGNA-employed primary and specialty care providers located at CMG locations throughout the Valley. Most centers offer lab, X-ray and pharmacy services. Access to OB/GYN and specialty care services are available through a large statewide network.

Benefit coverage is the same for both networks, however, your monthly premium rates are lower when you select the CMG network. All your specialty care services will be coordinated through the network you select.

Tucson/Southern Arizona Service Area – *Covering Cochise, Graham, Greenlee, Pima, Pinal and Santa Cruz Counties.* Members who live in this area will select a doctor from the **Arizona Provider** network. All specialty care services will be coordinated through this network.

The **Arizona Provider** network offers you:

- A network of nearly 15,000 doctors
- Over 70 participating hospitals
- Excellent accreditation from the National Committee for Quality Assurance (NCQA)

IMPORTANT: If you need emergency or urgent care, CIGNA HealthCare of Arizona will cover your services, even when you are traveling outside the Service Area.



GENERAL EXCLUSIONS AND LIMITATIONS, EXCEPT AS SPECIFICALLY COVERED IN YOUR POLICY BOOKLET OR REQUIRED BY LAW:

Services that are not medically necessary, are 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, professional services or supplies received from yourself, or 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, custodial care, personal and comfort items, dental and orthodontic services, optometric services, eye surgery to correct refractive defects of the eye, acupuncture, non-prescription contraceptive drugs, devices and/or supplies, some routine care services, cosmetic surgery/services, sex change surgery, treatment for sexual dysfunction, fertility or infertility, animal-to-human organ transplants, routine foot care, weight reduction or treatment of obesity if medically necessary, telephone or email consultations/health clubs and weight-loss clinic fees, cryopreservation, hearing aids, dental implants, smoking cessation aids, non-emergency foreign country providers, educational or nutritional services, durable medical equipment not specifically listed as Covered Services, immunizing agents, drugs associated with weight loss, services and benefits related to the treatment of mental illness and substance abuse not specifically listed as Covered Services, and drugs obtained outside the United States.

This exclusions summary contains highlights only and is subject to change. 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 the company.

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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CIGNA HMO PlansSM – ARIZONA

INDIVIDUAL & FAMILY PLANS

PLAN FEATURES

Percentage shown in-network is the percentage CIGNA pays of the negotiated rate

Annual Deductible Individual/Family	\$1,000/\$3,000
Annual Out-of-Pocket Maximum – Individual/Family copays, deductibles and pharmacy charges do not apply to the out-of-pocket maximum	\$3,000/\$9,000
Lifetime Maximum Benefit	Unlimited
Physician Services – Office visits (PCP/Specialist copay)	You pay \$25/\$50
Preventive Care – All routine physicals to include immunizations and flu shot (PCP/Specialist copay)	You pay \$25/\$50
Mammograms, Pap Smears and PSA	CIGNA pays 100%
Maternity Care Services – Prenatal and postpartum exams	CIGNA pays 100%
Maternity Care Services – Delivery coverage provided if delivery occurs after the contract has been in force for 21 consecutive months. Pregnancy complications are covered.	80%/20% ¹
Ambulance	CIGNA pays 80% ¹
Emergency Room	You pay \$150
Urgent Care Services	You pay \$75
Inpatient Hospital Services – Facility charges, physician services and all in-hospital care	CIGNA pays 80% ¹
Surgery in an Outpatient Hospital or Surgical Center	CIGNA pays 80% ¹
Outpatient Lab, X-Ray, Ultrasound, CT Scan and MRI	CIGNA pays 100% after \$100 copay per visit
Physical/Occupational Therapy – 60-day maximum per calendar year	You pay \$50
Durable Medical Equipment – Calendar year maximum of \$3,500	CIGNA pays 100%
Mental Health – Inpatient	Not covered
Mental Health – Outpatient – one-on-one visit/group visit	You pay \$40/\$15

RETAIL PHARMACY (per 30-day supply)

Brand Name Deductible	None
Generic/Preferred Brand Name/Non-preferred Brand Name	You pay \$15/\$40/\$60

MAIL ORDER PHARMACY (per 90-day supply)

Generic/Preferred Brand Name/Non-preferred Brand Name	You pay \$40/\$115/\$175
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¹The percentage associated with this plan feature represents what CIGNA pays, once the annual deductible amount is fulfilled by the member.

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 or Service Agreement, ask your agent for a Summary of Benefits or write to the company.

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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