

# ARIZONA INDIVIDUAL & FAMILY PLANS

**CIGNA HMO PLANS<sup>SM</sup>**



Health  
and  
Pharmacy  
Benefits



PLAN COMPARISON





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](http://www.CIGNAforYou.com).

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 Plans<sup>SM</sup>

**Real value.** You get comprehensive medical and pharmacy coverage. An office visit copayment 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 the 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.

## 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.

# CIGNA HMO Plans<sup>SM</sup> – ARIZONA

## INDIVIDUAL & FAMILY PLANS

PLAN FEATURES – Percentage shown in-network is the percentage CIGNA pays of the negotiated rate	IN-NETWORK
<b>Annual Deductible Individual/Family</b>	\$1,000/\$3,000
<b>Annual Out-of-Pocket Maximum</b> – Individual/Family copays, deductibles and pharmacy charges do not apply to the out-of-pocket maximum	\$3,000/\$9,000
<b>Lifetime Maximum Benefit</b>	Unlimited
<b>Physician Services</b> – Office visits (PCP/Specialist copay)	You pay \$25 <sup>1</sup> /\$50 <sup>1</sup>
<b>Preventive Care</b> – All routine physicals to include immunizations and flu shot (PCP/Specialist copay)	You pay \$25/\$50
<b>Mammograms, Pap Smears and PSA</b>	CIGNA pays 100%
<b>Office Visits for Children Through Age 6<sup>2</sup></b>	You pay \$25/\$50
<b>Immunizations for Children Through Age 6<sup>2</sup></b>	You pay \$25/\$50
<b>Ambulance</b>	CIGNA pays 80% <sup>1</sup>
<b>Emergency Room</b>	You pay \$150 <sup>1</sup>
<b>Urgent Care Services</b>	You pay \$75 <sup>1</sup>
<b>Inpatient Hospital Services</b> – Facility charges, physician services and all in-hospital care	CIGNA pays 80% <sup>1</sup>
<b>Surgery in an Outpatient Hospital or Surgical Center</b>	CIGNA pays 80% <sup>1</sup>
<b>Outpatient Lab, X-Ray, Ultrasound, CT Scan and MRI</b>	CIGNA pays 100% after \$100 copay per visit <sup>1</sup>
<b>Physical/Occupational Therapy</b> – 60 day maximum per calendar year	You pay \$50 <sup>1</sup>
<b>Durable Medical Equipment</b> – Calendar year maximum of \$3,500	CIGNA pays 100% <sup>1</sup>
<b>Mental Health – Inpatient</b>	Not covered
<b>Mental Health – Outpatient</b> – one-on-one visit/group visit	You pay \$40 <sup>1</sup> /\$15 <sup>1</sup>

### RETAIL PHARMACY (per 30 day supply)

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

### MAIL ORDER PHARMACY (per 90 day supply)

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

<sup>2</sup> For children age 7 and up refer to the Physician Services 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 or Service Agreement, 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:**

The following services are excluded under this plan: Any services, except emergency services, obstetrical and gynecological services which are provided without prior written approval of the CIGNA HealthCare of Arizona Medical Director or Member's Primary Care Physician and any services except emergency services which are not rendered by Participating Providers. Any services which are not medically necessary, as determined by the health plan Medical Director, or are not otherwise a covered benefit under this agreement.

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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