

# SUMMARY OF BENEFITS

## Your CIGNA HealthCare HMO plan



### Features that Add Value

- You choose a Primary Care Physician (PCP) – your **personal doctor** – to coordinate your care and provide advice and guidance. As your needs change, so may your choice of doctors. That's why you can change your PCP for any reason.
- The CIGNA HealthCare 24-Hour Health Information Line<sup>SM</sup> connects you to **trained nurses** and a **library** of hundreds of recorded programs on important health topics 24 hours a day, seven days a week, from anywhere in the U.S.
- **CIGNA Healthy Rewards**<sup>®</sup> includes special offers on programs and services designed to help you enhance your health and wellness. Just call 1.800.870.3470 or visit [www.cigna.com](http://www.cigna.com).
- Prescription drug coverage is a **part of your plan**. With national and independent pharmacies participating across the country, you can have your prescription filled **wherever you go**. CIGNA Home Delivery Pharmacy gives you quick, **convenient** delivery of your medications right to your home.
- Our Guest Privileges program **brings** your CIGNA HealthCare **benefits along** when you temporarily relocate or send kids to schools away from home. Call CIGNA HealthCare Member Services to learn more.
- **CIGNA Behavioral Advantage** emphasizes the mind-body connection. The program provides support from medical and mental health case managers, as well as a number of tools and resources, to help you take control of your health and wellness.
- **CIGNA Well Informed** provides members with customized medical and wellness information to help them make healthier choices, better understand a diagnosis or treatment, and manage their health. The program includes personalized letters and other educational information to help you improve your health. Only you, your doctor and CIGNA have access to this information.

### Quality Service Is Part of Quality Care

- **Service** is at the heart of everything we do. Our goal is to give you: fast, accurate answers; responsive, courteous and professional assistance; and ease and convenience in finding the information you need to manage your health.
- **[www.cigna.com](http://www.cigna.com)** – Visit our **interactive Web site** to learn more about your plan and get health information, 24 hours a day. Once you enroll, register for [myCIGNA.com](http://myCIGNA.com), our convenient, secure web site that combines easy-to-use tools with benefits information to help you make the most of your plan.
- **We Speak Many Languages**<sup>SM</sup>. We offer Language Line Services so that you can **talk with us** in 150 different languages. Just call Member Services and ask for an interpreter to assist you.

### It's Your Health

When you choose CIGNA HealthCare, you can take advantage of our **health and wellness** programs.

- **Preventive care services** for every covered family member.
- See any participating OB/GYN – **no referral required**.
- CIGNA Well-Aware for Better Health<sup>®</sup> can **help you manage** chronic conditions like asthma or diabetes.
- The CIGNA HealthCare Healthy Babies<sup>®</sup> program provides you with information to help you have a **healthy pregnancy and a healthy baby**. And there's no copayment for prenatal care office visits after the first visit that confirms you're pregnant.
- The **CIGNA Comprehensive Oncology Program**<sup>SM</sup> promotes cancer prevention and early detection through personalized care management, educational tools, benefit counseling, and other resources.

### You Can Depend on CIGNA HealthCare

- **Quality comes first**. We select participating providers carefully. And we make sure you have a wide range of PCPs and specialists to choose from.
- We're **highly rated** by **independent evaluators** of quality, including the National Committee for Quality Assurance (NCQA).
- **Emergency and urgent care are covered** wherever you go, worldwide, **24 hours a day**. Urgent care centers can take care of your urgent care needs, and you pay a lower copayment.

*Arizona Small Business Association*

*CIGNA HealthCare of Arizona, Inc.*

## **Patient Protection Affordable Care Act**

### **Direct Access to Obstetricians and Gynecologists**

You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit [www.mycigna.com](http://www.mycigna.com) or contact customer service at the phone number listed on the back of your ID card.

### **Selection of a Primary Care Provider**

Your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, CIGNA may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit [www.mycigna.com](http://www.mycigna.com) or contact customer service at the phone number listed on the back of your ID card.

For children, you may designate a pediatrician as the primary care provider.

**BENEFIT HIGHLIGHTS**

<p><b>Primary Care Physician (PCP) Office Visit</b>  <i>Preventive Care</i>  <i>Well Child Care</i>  <i>Periodic Physical Exams (Children and Adults)</i>  <i>Routine Immunizations</i>  <i>Adult/Child Medical Care for Illness or Injury</i>  <i>Surgery performed in a Physician's Office</i></p>	<p>\$40 copayment per office visit  No charge per office visit    \$40 copayment per office visit  \$40 copayment per office visit</p>
<p><b>Specialty Physician Office Visit</b>  <i>Office Visits</i>  <i>Surgery Performed in Physician's Office</i></p>	<p>\$50 copayment per office visit</p>
<p><b>Inpatient Hospital Services</b>  <i>Semi-Private Room and Board</i>  <i>Diagnostic/Therapeutic Lab and X-ray</i>  <i>Drugs and Medication</i>  <i>Operating and Recovery Room</i>  <i>Radiation Therapy and Chemotherapy</i>  <i>Anesthesia and Inhalation Therapy</i>  <i>Physician and Surgeon Services</i></p>	<p>\$1,000 copayment per admission, plus 20% of charges*            20% of charges*</p>
<p><b>Outpatient Facility Services</b>  <i>Operating Room, Recovery Room, Procedure Room and Treatment Room including:</i>  <i>Diagnostic/Therapeutic Lab and X-rays</i>  <i>Anesthesia and Inhalation Therapy</i>  <i>Physician Services</i></p>	<p>\$500 copayment per facility use, plus 20% of charges*      20% of charges*</p>
<p><b>Outpatient Laboratory and Radiology Services</b>  <i>Advanced Radiological Imaging (MRIs, MRAs, CAT Scans and PET Scans)</i>  <i>Outpatient/Independent Facility</i>  <i>Emergency Room</i>  <i>Physician's Office</i>  <i>Other Laboratory and Radiology Services</i>  <i>Outpatient hospital Facility</i>  <i>Independent X-ray/Lab Facility</i></p>	<p>\$200 copayment per type of scan per day, plus 20% of charges*  \$200 copayment per type of scan per day  \$200 copayment per type of scan per day    20% of charges*  No charge</p>
<p><b>Short-Term Rehabilitative and Cardiac Rehabilitative Therapy</b>    <b>Chiropractic Care</b>  <i>(PCP referral not required for chiropractic care)</i></p>	<p>\$50 copayment per office visit  <i>20 days maximum per contract year</i>  \$50 copayment per office visit  <i>20 days maximum per contract year</i></p>
<p><b>Emergency and Urgent Care Services</b>  <i>Physician's Office</i>  <i>Hospital Emergency Room</i>  <i>Participating Urgent Care Facility or Hospital Outpatient Facility</i>  <i>Ambulance</i></p>	<p>PCP or Specialty Physician Office Visit Copayment  \$200 Copayment per visit, copayment waived if admitted  \$100 Copayment per visit, copayment waived if admitted    20% of charges*</p>
<p><b>Maternity Care Services</b>  <i>Initial Office Visit to Confirm Pregnancy</i>  <i>All subsequent Prenatal visits, Postnatal visits and Physician's Delivery charges</i>  <i>Inpatient Hospital/Birthing Center Charges</i></p>	<p>PCP or Specialty Physician Office Visit Copayment  20% of charges*    \$1,000 copayment per admission, plus 20% of charges*</p>
<p><b>Inpatient Services at Other Health Care Facilities</b>  <i>Skilled Nursing, Rehabilitation and Sub-Acute Facilities</i></p>	<p>20% of charges*  <i>60 days maximum per contract year</i></p>

**BENEFIT HIGHLIGHTS**

<b>Home Health Services</b>	No charge, 60 days per contract year, 16 hours per day maximum
<b>Family Planning Services</b> <i>Office Visits (tests, counseling)</i> <i>Vasectomy/Tubal Ligation</i> <i>Inpatient Facility</i> <i>Outpatient Facility</i> <i>Surgery in Physician's Office</i>	PCP or Specialty Physician office visit copayment  \$1,000 copayment per admission, plus 20% of charges* \$500 copayment per facility use, plus 20% of charges* PCP or Specialty Physician office visit copayment
<b>Mental Health Services</b> <i>Inpatient Mental Health</i>  <i>Outpatient Mental Health</i> <i>(includes Individual, Group and Intensive Outpatient Therapy and applies to Physician's Office and Outpatient Facility services)</i>	Same as Inpatient Hospital  \$50 per visit copay Deductible, if any, does not apply
<b>Substance Abuse Services</b> <i>Inpatient Substance Abuse</i>  <i>Outpatient Substance Abuse</i> <i>(includes Individual and intensive Outpatient Therapy and applies to Physicians's Office and Outpatient Facility services)</i>	Same as Inpatient Hospital  \$50 per visit copay Deductible, if any, does not apply
<b>Transplant Services</b> <b>Travel Maximum</b>	Same as Inpatient Hospital Copayment \$10,000 maximum benefit per transplant/per lifetime
<b>Durable Medical Equipment</b>	No charge
<b>External Prosthetic Appliances</b>	\$200 deductible per contract year

**BENEFIT HIGHLIGHTS**

<p><b>Prescription Drugs</b>  <b>CIGNA Pharmacy Plus Retail Drug Program</b>  <i>Includes: insulin, insulin needles &amp; syringes, diabetic test strips/lancets, oral contraceptives and contraceptive devices, and prenatal vitamins.</i>  <i>Generic*** drugs on the Prescription Drug List for a 30-day supply</i>  <i>Brand Name*** drugs designated as preferred on the Prescription Drug List with no Generic equivalent for a 30-day supply</i>  <i>Brand Name*** drugs designated as non-preferred on the Prescription Drug List for a 30-day supply</i></p> <p><b>CIGNA Home Delivery Pharmacy</b>  <i>Generic*** drugs on the Prescription Drug List for a 90-day supply</i>  <i>Brand Name*** drugs designated as preferred on the Prescription Drug List with no Generic equivalent for a 90-day supply</i>  <i>Brand Name*** drugs designated as non-preferred on the Prescription Drug List for a 90-day supply</i>  <b>Pharmacy Deductible (Individual/Family)(Mail Order excluded)</b>  <b>Pharmacy Out of Pocket Maximum (Individual/Family)</b>  <i>***Designated as per generally-accepted industry sources and adopted by HealthPlan</i></p>	<p>\$10 copayment per prescription/refill</p> <p>30% of charges per prescription/refill</p> <p>55% of charges per prescription/refill</p> <p>\$25 copayment per prescription/refill</p> <p>30% of charges per prescription/refill</p> <p>55% of charges per prescription/refill</p> <p>None/None</p> <p>None/None</p>
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**OTHER BENEFIT INFORMATION**

<p><b>Contract Year Deductible</b>  <i>Individual</i>  <i>Family</i></p>	<p>\$1,000                  \$2,000</p>
<p><b>Contract Year Out-of-Pocket (OOP) Maximum</b>  <i>Individual</i>  <i>Family</i>  <i>Only Inpatient (including Mental Health and Substance Abuse), Outpatient Facility and Advanced Radiology imaging copayments and member paid coinsurance (MRI, MRA, PET, CAT scans) apply to the OOP Maximum; these copayments and coinsurance are no longer required once the OOP maximum is reached.</i></p>	<p>\$5,000 excludes deductible                  \$10,000 excludes deductible</p>
<p><b>Coinsurance</b></p>	<p>Applies to Physician Inpatient Facility and Outpatient Facility services only. CIGNA HealthCare Pays 80% of eligible charges. You pay 20% after the plan deductible.</p>
<p><b>Lifetime Maximum</b></p>	<p>Unlimited</p>
<p><b>Pre-existing Condition Limitation</b></p>	<p>No</p>

\* Services subject to the contract year deductible

*Services, other than emergency services, routine care provided by a participating OB/GYN, chiropractic care and mental health and substance abuse services authorized by CIGNA Behavioral Health, Inc., must be provided by or authorized by your Primary Care Physician (PCP) in order to be covered.*

*In-network coinsurance and deductible waived for Covered Services where CIGNA has delegated claims administration to the provider group. Contact Member Services for further information.*

**Your plan does not provide coverage for the following except as required by law:**

1. Any service or supply not described as covered in the Covered Services section of the Agreement.
2. Any medical service or device that is not medically necessary.
3. Care for health conditions that are required by state or local law to be treated in a public facility or supplied by a public school system.
4. Treatment of an illness or injury which is due to war or care for military service disabilities treatable through governmental services.
5. Any services and supplies for or in connection with experimental, investigational or unproven services.
6. Treatment of TMJ disorder.
7. Dental treatment of the teeth, gums or structures directly supporting the teeth, however, charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered.
8. Medical and surgical services, initial and repeat, intended for the treatment or control of obesity, including clinically severe (morbid) obesity, including: medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision.
9. Unless otherwise covered as a basic benefit, reports, evaluations, physical examinations, or hospitalization not required for health reasons, including but not limited to employment, insurance or government licenses, and court ordered, forensic, or custodial evaluations.
10. Court ordered treatment or hospitalizations.
11. Infertility services, infertility drugs, surgical or medical treatment programs for infertility, including in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), variations of these procedures, and any costs associated with the collection, washing, preparation or storage of sperm for artificial insemination (including donor fees). Cryopreservation of donor sperm and eggs are also excluded from coverage.
12. Any services, supplies, medications or drugs for the treatment of male or female sexual dysfunction.
13. Medical and hospital care and costs for the child of a Dependent, unless this infant child is otherwise eligible under the Agreement.
14. Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance.
15. Consumable medical supplies other than ostomy supplies and urinary catheters.
16. Private hospital rooms and/or private duty nursing except as covered under the Home Health Care provision.
17. Artificial aids, including but not limited to hearing aids, semi-implantable hearing devices, audiant bone conductors, bone anchored hearing aids, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs
18. Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or postcataract surgery).
19. Routine refraction, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
20. Non-prescription drugs, and investigational and experimental drugs, except as provided in the member agreement.
21. Routine foot care, however, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
22. Genetic screening or pre-implantation genetic screening.
23. Fees associated with the collection or donation of blood or blood products.
24. Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
25. All nutritional supplements and formulae are excluded, except infant formula needed for the treatment of inborn errors of metabolism.
26. Services for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profit.
27. The following services are excluded from coverage regardless of clinical indications: Massage Therapy; Cosmetic Surgery and Therapies; Macromastia or Gynecomastia Surgeries; Surgical Treatment of Varicose Veins; Abdominoplasty; Panniculectomy; Rhinoplasty; Blepharoplasty; Redundant Skin Surgery; Removal of Skin Tags; Acupressure; Craniosacral/cranial therapy; Dance Therapy, Movement Therapy; Applied Kinesiology; Rolfing; Prolotherapy; Transsexual Surgery; Non-medical counseling or ancillary services; Assistance in the activities of daily living; Cosmetics; Personal or Comfort Items; Dietary Supplements; Health and Beauty Aids; Aids or devices that assist with non-verbal communications; Treatment by Acupuncture; Dental implants for any condition; Telephone Consultations; E-mail & Internet Consultations; Telemedicine; Health Club Membership fees; Weight Loss Program fees; Smoking Cessation Program fees; Reversal of male and female voluntary sterilization procedures; and Extracorporeal Shock Wave Lithotripsy for musculoskeletal and orthopedic conditions.

*This summary of benefits contains the highlights only. The specific benefits and exclusions are contained in your Group Service Agreement or certificate.*

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*Some Healthy Rewards are not available in all states. Additionally, not all Healthy Rewards programs are available to members of CIGNA HealthCare of California, Inc., CIGNA Dental Health of California, Inc. and CIGNA Behavioral Health of California, Inc. A discount program is NOT insurance, and the member must pay the entire discount charge. If your CIGNA HealthCare plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your medical benefits.*