

# SUMMARY OF BENEFITS

## *Your CIGNA HealthCare CIGNA Care Network Network plan*



### Features that Add Value

- You choose a **Primary Care Physician (PCP)** – your **personal doctor** - to coordinate your care and provide advise and guidance. As your needs change, so may your choice of doctors. That's why you can change your PCP for any reason.
- In certain areas your employer has selected **CIGNA Care Network®**. If you need certain types of specialty care, you will receive a higher level of in-network benefits when you receive covered services from providers with the CIGNA Care Network designation. CIGNA Care Network designated specialists meet CIGNA HealthCare credentialing standards and additional criteria.
- 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®** includes special offers on programs and services designed to enhance your health and wellness. Just call 1.800.870.3470 or visit our web site at [www.cigna.com](http://www.cigna.com).
- 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.

### 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 helpful easy-to-use tools with personalized 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 a participating OB/GYN – **no referral** required.
- **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.
- CIGNA Well Aware for Better Health® can **help you manage** certain chronic conditions.
- **CIGNA Healthy Pregnancies, Healthy Babies®** is designed to help prevent complications during pregnancy and improve the chances for healthy pregnancies and deliveries. The program aims to identify expectant mothers with risk factors, and help them lower their risk of complications with patient education, wellness programs and targeted support from nurse case managers.

### You Can Depend on CIGNA HealthCare

- **Quality comes first.** We select participating providers carefully. And we make sure you have a **wide range** of doctors to choose from.
- **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.

### For Employees of Maricopa County Network Low Plan 2009

## CIGNA CARE NETWORK (CCN)

### Provider Designation – Specialists

#### Designated as CIGNA Care – Network (CCN)

##### Specialists Included:

Major Specialties within a CCN geography as follows:

Endocrinology, Allergy/Immunology, Ear/Nose/Throat, Cardiology, General Surgery, Dermatology, Gastroenterology, Hematology/Oncology, OB/GYN, Infectious Disease, Neurology, Nephrology, Ophthalmology, Orthopedics/Surgery, Rheumatology, Cardio-Thoracic Surgery, Neurosurgery, Urology, Colon and Rectal Surgery and Vascular Surgery

**Specialist Benefit Level :** CIGNA Care Network (CCN) Specialist

**Unassessed Specialist** - Providers who are not one of the major specialties (i.e. PCP, Facilities, Ancillary), or who are not in a CCN activated geography, are not evaluated against the CIGNA Care Network criteria. They are considered unassessed and are available to members at the NON-CIGNA Care Network (Non-CCN) benefit level.

**Specialists Included:** Outside the CCN Geography or not one of the Major Specialties

**Specialist Benefit Level:** Non-CIGNA Care Network (Non-CCN) Specialist

#### Designated as Non-CIGNA Care Network (Non-CCN) Specialist

**Specialists Included:** Major Specialties within a CCN geography

**Specialist Benefit Level:** Non-CIGNA Care Network (Non-CCN) Specialist

## BENEFIT HIGHLIGHTS

### Physician Services – Primary Care Physician

#### Primary Care Physician (PCP) Office Visit

Second Opinion Consultations performed by the PCP (provided on voluntary basis)

Surgery Performed by the PCP in the Physician's Office

Allergy Treatment/Injections performed by the PCP

Allergy Serum (dispensed by the PCP physician in the office)

### Physician Services – Specialist

#### Specialist Physician Office Visit

Consultant and Referral Physician Services

**Note:** OB/GYN physician is considered a Specialist Physician

Second Opinion Consultations performed by the Specialist (provided on voluntary basis)

Surgery Performed by the Specialist in the Physician's Office

Allergy Treatment/Injections performed by the Specialist

Allergy Serum (dispensed by the Specialist in office)

### Convenience Care Visit

(CMG CareToday, Take Care Facility)

### Preventive Care

Routine Preventive Care – Well Baby, Well Child Care, Adult Care and Well Woman (including immunizations)

Immunizations

**Mammograms, PSA, Pap Test (Preventive)**

**Mammograms, PSA, Pap Test (Diagnostic)**

**(Note:** Diagnostic Related Services are subject to the plan's laboratory & radiology benefit; based on place of service)

\$25 copay per PCP office visit; No charge if only x-ray and/or lab services performed and billed.

\$25 copayment per office visit

\$25 copayment per office visit

\$13 copayment per office visit or actual charge, whichever is less

No charge

\$45 copay per CCN Specialist office visit;  
\$60 copay per Non-CCN Specialist office visit  
No charge if only x-ray and/or lab services performed and billed.

\$45 copay per CCN Specialist office visit;  
\$60 copay per Non-CCN Specialist office visit

\$45 copay per CCN Specialist office visit;  
\$60 copay per Non-CCN Specialist office visit

\$13 copay per CCN Specialist office visit;  
\$28 copay per Non-CCN Specialist office visit

No charge

\$15 copayment per visit

No charge, no plan deductible

No charge, no plan deductible

No charge (for the procedure itself)

Subject to Lab and Radiology place of service

## BENEFIT HIGHLIGHTS

<p><b>Inpatient Hospital Services including:</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></p>	<p>\$500 copayment per admission, plus 10% of charges*</p>
<p><b>Inpatient Hospital Doctor's Visits/Consultations</b></p>	<p>No charge</p>
<p><b>Inpatient Hospital Professional Services</b>  <i>(Surgeon, Radiologist, Pathologist, Anesthesiologist)</i></p>	<p>No charge</p>
<p><b>Outpatient Facility Services</b>  <i>Operating Room, Recovery Room, Procedure Room, Treatment Room and Observation Room including:</i>  <i>Diagnostic/Therapeutic Lab and X-rays</i>  <i>Anesthesia and Inhalation Therapy</i></p>	<p>\$250 copayment per facility visit, plus 10% of charges*</p>
<p><b>Outpatient Professional Services</b>  <i>(Surgeon, Radiologist, Pathologist, Anesthesiologist)</i></p>	<p>No charge</p>
<p><b>Laboratory and Radiology Services</b>  <i>(includes preadmission testing)</i>  <i>Physician's Office</i>   <i>Outpatient Hospital Facility</i>   <i>Emergency Room Facility (billed by facility as part of the Emergency Room visit)</i>   <i>Independent X-Ray and/or Lab Facility</i>   <i>Independent X-Ray and/or Lab Facility (in conjunction with an Emergency Room visit)</i></p>	<p>No charge</p> <p>10% of charges* for facility charges; No charge for outpatient professional charges</p> <p>No charge</p> <p>No charge</p> <p>No charge (if ER visit is a true emergency)</p>
<p><b>Advanced Radiological Imaging</b>  <i>(MRIs, MRAs, CAT Scans, PET Scans, etc.)</i>  <i>Inpatient Facility</i>   <i>Outpatient Facility</i>   <i>Emergency Room (billed by facility as part of the Emergency Room visit)</i>   <i>Physician's Office</i>   <u>Note:</u> The scan copayment will be administered on a per type of scan per day basis</p>	<p>10% of charges*</p> <p>\$100 Scan copayment, plus 10% of charges*</p> <p>\$100 Scan copayment</p> <p>\$100 Scan copayment</p>
<p><b>Short-Term Rehabilitative Therapy--(includes physical, speech, occupational, pulmonary rehab &amp; cognitive therapy)</b>  60 days maximum per contract year for all therapies combined   <u>Note:</u> therapy sessions provided as part of Home Health Care accumulate to the Short-Term Rehab Therapy maximum.   <b>Outpatient Cardiac Rehabilitation –</b>  up to 36 days maximum per contract year</p>	<p>\$25 copay per PCP office visit; or  \$45 copay per CCN Specialist office visit;  No charge if only x-ray and/or lab services performed and billed.</p> <p>\$25 copay per PCP office visit; or  \$45 copay per CCN Specialist office visit</p>
<p><b>Self – Referred Chiropractic Care</b>  60 days maximum per contract year</p>	<p>\$25 copay per PCP office visit; or  \$45 copay per CCN Specialist office visit  No charge if only x-ray and/or lab services performed and billed.</p>

## BENEFIT HIGHLIGHTS

<p><b>Emergency and Urgent Care Services</b> <i>Physician's Office-PCP or Specialist Physician</i></p> <p><i>Hospital Emergency Room</i></p> <p><i>Outpatient Professional Services (Radiology, Pathology and Emergency Room Physician)</i></p> <p><i>Urgent Care Facility or Outpatient Facility</i></p> <p><i>Ambulance</i></p>	<p>\$25 copay per PCP office visit; or \$45 copay per CCN Specialist office visit; \$60 copay per Non-CCN Specialist office visit No charge if only x-ray and/or lab services performed and billed.</p> <p>\$150 copayment per visit (<i>copay waived if admitted</i>)</p> <p>No charge</p> <p>\$75 copayment per visit (<i>copay waived if admitted</i>)</p> <p>No charge <b>Note:</b> <i>if not a true emergency, services are not covered</i></p>
<p><b>Maternity Care Services</b> <i>Initial Office Visit to Confirm Pregnancy</i> <b>Note:</b> <i>Well Woman OB/GYN visits are subject to the Specialist's office visit copay.</i></p> <p><i>All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (total maternity fee)</i></p> <p><i>Office Visits not included in the total maternity fee performed by OB or the Specialist Physician</i></p> <p><i>Delivery - Facility (Inpatient Hospital/Birthing Center Charges)</i></p>	<p>\$25 copay per PCP office visit; or \$45 copay per CCN Specialist office visit; \$60 copay per Non-CCN Specialist office visit No charge if only x-ray and/or lab services performed and billed.</p> <p>No charge</p> <p>\$25 copay per PCP office visit; or \$45 copay per CCN Specialist office visit; \$60 copay per Non-CCN Specialist office visit No charge if only x-ray and/or lab services performed and billed.</p> <p>\$500 copayment per admission, plus 10% of charges*</p>
<p><b>Inpatient Services at Other Health Care Facilities</b> <i>Skilled Nursing, Rehabilitation and Sub-Acute Facilities</i> 90 days maximum per contract year for all facilities listed</p>	<p>10% of charges*</p>
<p><b>Home Health Services</b>-Includes outpatient private duty nursing when approved as medically necessary. Unlimited days maximum per contract year; 16 hour maximum per day</p>	<p>No charge</p>
<p><b>Family Planning Services</b> <i>Office Visits (tests, counseling)- PCP or Specialist Physician</i></p> <p><b>Vasectomy/Tubal Ligation (excludes reversals)</b> <i>Inpatient Facility</i></p> <p><i>Outpatient Facility</i></p> <p><i>Physician's Services – Inpatient or Outpatient</i></p> <p><i>Physician's Office</i></p>	<p>\$25 copay per PCP office visit; or \$45 copay per CCN Specialist office visit; \$60 copay per Non-CCN Specialist office visit No charge if only x-ray and/or lab services performed and billed.</p> <p>\$500 copayment per admission, plus 10% of charges*</p> <p>\$250 copayment per facility visit* plus 10% of charges*</p> <p>No charge</p> <p>\$25 copay per PCP office visit; or \$45 copay per CCN Specialist office visit; \$60 copay per Non-CCN Specialist office visit No charge if only x-ray and/or lab services performed and billed.</p>
<p><b>Infertility Services</b> <i>Office Visit (lab &amp; radiology tests, counseling) – PCP or Specialist Physician</i></p> <p><b>Treatment/Surgery (includes artificial insemination) (excludes in-vitro fertilization, GIFT, ZIFT, etc.)</b> <i>Inpatient Facility</i></p> <p><i>Outpatient Facility</i></p> <p><i>Physician's Services - Inpatient or Outpatient</i></p>	<p>\$25 copay per PCP office visit; or \$45 copay per CCN Specialist office visit; \$60 copay per Non-CCN Specialist office visit No charge if only x-ray and/or lab services performed and billed.</p> <p>\$500 copayment per admission, plus 10% of charges*</p> <p>\$250 copayment per facility visit* plus 10% of charges*</p> <p>50% of charges</p>
<p><b>TMJ - Surgical and Non-Surgical</b></p>	<p>Not covered</p>

## BENEFIT HIGHLIGHTS

<b>Mental Health and Substance Abuse</b>	Carved out to Magellan
<b>Durable Medical Equipment</b> Unlimited maximum benefit per contract year	\$75 copayment per piece of DME
<b>External Prosthetic Appliances</b> Unlimited maximum benefit per contract year	No charge
<b>Hearing Services</b>	\$25 copay per PCP office visit; or \$45 copay per Non-CCN Specialist office visit
<b>Hearing Aids</b> \$2,000 maximum per ear per member every 3 years (all providers covered)	No charge
<b>Prescription Drugs</b>	Carved out to Walgreen's Health Initiatives

## OTHER BENEFIT INFORMATION

<b>Contract Year Deductible</b>	
<i>Individual</i>	\$300
<i>Family Maximum</i>	\$600
<b>Contract Year Out-of-Pocket (OOP) Maximum</b>	Includes inpatient facility copays, outpatient facility copays and advanced radiological imaging copays. Other copays do not accumulate
<i>Individual</i>	\$5,000 excludes plan deductible
<i>Family Maximum</i>	\$10,000 excludes plan deductible
<b>Coinsurance</b>	100% for all services other than those listed below: Coinsurance applies to Inpatient Hospital and Outpatient Facilities, Skilled Nursing Facility, Rehab and Sub-Acute Facilities, and Ambulance.  CIGNA HealthCare pays 90% or 100% of eligible charges. You pay 10% or 0% of charges after plan deductible.
<b>Precertification -Inpatient – PHS+ (required for all inpatient admissions)</b>	Coordinated by your physician
<b>Precertification – Outpatient – PHS+ (required for selected outpatient procedures and diagnostic testing)</b>	Coordinated by your physician
<b>Lifetime Maximum</b>	Unlimited
<b>Pre-existing Condition Limitation</b>	No

\* Services are subject to the contract year deductible

All services, except for emergency services, and routine care provided by a participating OB/GYN, ~~and inpatient 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.

### Benefit Exclusions.

These are examples of the exclusions in your plan. The complete list of exclusions is provided in your Certificate or Summary Plan Description. To the extent there may be differences, the terms of the Certificate or Summary Plan Description control.

1. Any service or supply not described as covered in the Covered Expenses section of the plan.
2. Any medical service or device that is not medically necessary.
3. Treatment of an illness or injury which is due to war or care for military service disabilities treatable through governmental services.
4. Any services and supplies for or in connection with experimental, investigational or unproven services.
5. Treatment of TMJ disorder.
6. 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 provided a continuous course of dental treatment is started within 6 months of the accident.
7. 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.

**Benefit Exclusions continued:**

8. 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.
9. Court ordered treatment or hospitalizations.
10. 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. Cryopreservation of donor sperm and eggs are also excluded from coverage.
11. Any services, supplies, medications or drugs for the treatment of male or female sexual dysfunction.
12. Medical and hospital care and costs for the child of a Dependent, unless this infant child is otherwise eligible under the plan.
13. Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance.
14. Consumable medical supplies other than ostomy supplies and urinary catheters.
15. Private hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
16. Artificial aids, including but not limited to corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.
17. Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or postcataract surgery).
18. Routine refraction, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
19. All non-injectable prescription drugs, injectable prescription drugs that do not require physician supervision and are typically considered self-administered drugs, non-prescription drugs, and investigational and experimental drugs, except as provided in the plan.
20. Routine foot care, however, services associated with foot care for diabetes and peripheral vascular disease are covered when medically necessary.
21. Genetic screening or pre-implantation genetic screening.
22. Fees associated with the collection or donation of blood or blood products.
23. Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
24. All nutritional supplements and formulae are excluded, except infant formula needed for the treatment of inborn errors of metabolism.
25. Services for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profit.
26. Expenses incurred for medical treatment for a person age 65 or older, who is covered under the plan as a retiree, or his dependent, when payment is denied by the Medicare plan because treatment was not received from a participating provider of the Medicare plan.
27. Expenses incurred for medical treatment when payment is denied by the primary plan because treatment was not received from a participating provider of the primary plan.
28. The following services are excluded from coverage regardless of clinical indications: Massage Therapy; Cosmetic Surgery and Therapies; Macromastia or Gynecomastia Surgeries; Abdominoplasty/Panniculectomy; Rhinoplasty; Blepharoplasty; Redundant Skin Surgery; Removal of Skin Tags; 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; 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.

**These Are Only the Highlights**

*As you can see, the plan is designed to combine in-depth coverage with cost-effective prices. This summary contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations including legislated benefits are contained in the Summary Plan Description or Insurance Certificate. This plan is insured and/or administered by Connecticut General Life Insurance Company, a CIGNA Company.*

*“CIGNA HealthCare” refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.*

**Catalog Number: BSM 34953 (03/2009)**

**(06)**

**©2009 CIGNA Health Corporation**