

MEDICAL PLAN SUMMARY CHART

Benefit Provision	CIGNA Medical Group High (CMG High):		CIGNA Medical Group Low (CMG Low):		Open Access Plus In-Network (OAPIN):	
Type of Plan	<i>HMO</i>		<i>HMO</i>		<i>HMO</i> with Open Access to Specialists	
Service Area Where Care Must be Received	Maricopa County only, except for emergency care		Maricopa County only, except for emergency care		Nationally	
Residency Requirement	Must work or reside in Maricopa County		Must work or reside in Maricopa County		None	
Primary Care Physician (PCP) Required	Yes; May only use PCP's who practice in CIGNA Medical Group Centers		Yes; May only use PCP's who practice in CIGNA Medical Group Centers		No	
Referral Required	Yes, except to obstetrician/gynecologist, urgent care, emergency care, chiropractic care, & alternative medicine		Yes, except to obstetrician/gynecologist, urgent care, emergency care, chiropractic care, & alternative medicine		No	
Out-of-Network Coverage	No		No		No	
Network	AZ-CIGNA Medical Group Network AZ812		AZ-CIGNA Medical Group Network AZ812		National Open Access Plus AZ300	
Prior Authorization	Provider's responsibility		Provider's responsibility		Provider's responsibility	
Per Pay Period (24/yr.) Medical Premiums**	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Employee	\$36.68	\$125.49	\$34.34	\$89.68	\$45.79	\$143.37
Employee + Spouse	\$55.03	\$136.65	\$47.12	\$100.70	\$102.93	\$156.39
Employee + Child(ren)	\$43.74	\$133.39	\$39.36	\$98.24	\$82.03	\$152.89
Employee + Family	\$73.24	\$141.31	\$59.16	\$102.63	\$138.16	\$161.97

**The premium will be reduced by \$20 if the entire household (employee and all covered dependents) is tobacco-free for the past six consecutive months; and/or by \$5 for voluntarily participating in the biometric screening initiative; and/or by \$5 for voluntarily participating in the health assessment initiative.

Find out how the plans work and compare plans to determine which plan works best for you. Log on to www.mycignaplans.com between May 4, 2009 through June 30, 2010 using **Open Enrollment ID:** *Maricopa2009* and **Open Enrollment password:** *cigna*

The information and benefits described herein are brief summaries of the County's official plan documents and contracts that govern the plans. If there is a discrepancy between the information in this booklet and the official documents, the official documents will govern.

MEDICAL PLAN SUMMARY CHART

Benefit Provision	Open Access Plus High (OAP High):		Open Access Plus Low (OAP Low):		Choice Fund-HSA ¹ :	
Type of Plan	<i>HMO</i> with Open Access to Specialists		<i>HMO</i> with Open Access to Specialists		<i>High-deductible PPO</i> plan with partially funded Health Savings Account ¹	
Service Area Where Care Must be Received	Nationally		Nationally		Nationally	
Residency Requirement	None		None		None	
PCP Required	No		No		No	
Referral Required	No		No		No	
Out-of-Network Coverage	Yes		Yes		Yes	
Network	National Open Access AZ300		National Open Access AZ300		National Preferred Provider Network AZ011	
Prior Authorization	Provider's responsibility when in-network. Your responsibility when out-of-network. 50% penalty for no prior authorization.		Provider's responsibility when in-network. Your responsibility when out-of-network. 50% penalty for no prior authorization.		Provider's responsibility when in-network. Your responsibility when out-of-network. 50% penalty for no prior authorization.	
Per Pay Period (24/yr.) Medical Premiums**	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Employee	\$46.73	\$148.76	\$34.62	\$95.13	\$30.00	\$131.47
Employee + Spouse	\$103.87	\$163.12	\$47.76	\$102.12	\$30.00	\$147.23
Employee + Child(ren)	\$82.90	\$159.12	\$39.68	\$100.24	\$30.00	\$141.39
Employee + Family	\$139.65	\$169.95	\$60.46	\$104.50	\$30.00	\$156.95

**The premium will be reduced by \$20 if the entire household (employee and all covered dependents) is tobacco-free for the past six consecutive months; and/or by \$5 for voluntarily participating in the biometric screening initiative; and/or by \$5 for voluntarily participating in the health assessment initiative.

¹ Employee and covered dependents cannot be enrolled in any other type of medical insurance to qualify. Maricopa County contributes \$500 for employee only coverage or \$1,000 for employee and dependent coverage to your HSA pro-rated by the number of months remaining in the plan year. You can contribute up to \$3,000 (individual) or \$5,950 (family) to your HSA, plus \$1,000 catch-up if over 55. Unused balances roll over. If you previously enrolled in the Consumer Choice Pharmacy plan, you may request that the balance in your Level 1 pharmacy account be rolled over to your HSA. Please contact the EHI Dept.

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MEDICAL COPAY/CO-INSURANCE COMPARISON CHART

Benefit Provision		CIGNA Medical Group High (CMG High)	CIGNA Medical Group Low (CMG Low)	Open Access Plus In-Network (OAPIN)
		<i>In-Network Coverage Only</i>		
Deductible (Only applies to inpatient and outpatient hospital facilities)	Individual	\$100	\$300	\$100
	Family	\$200	\$600	\$200
Standard Percent of Co-insurance		N/A	90%	N/A
Out-of-Pocket Maximum	Individual	\$1,000	\$5,000	\$1,000
	Family	\$2,000	\$10,000	\$2,000
Pre-existing Condition Limitation		None	None	Yes, same as for OAP High & Low Options
Preventive Care		\$0 (FREE)	\$0 (FREE)	\$0 (FREE)
Primary Care Physician Services ¹		\$15	\$25	\$20
Convenience Care Clinic Visit (only applies to Take Care and Care Today Clinics)		\$5	\$15	\$10
Specialty Care Physician Services		\$25* / \$40	\$45* / \$60	\$30* / \$45
Advanced Radiological Imaging: CT, PET, MRI, MRA Scans/type of scan/day and nuclear cardiac studies**		\$50	\$100	\$100
Allergy Injections		\$8* / \$23	\$13* / \$28	\$10* / \$25
Outpatient Lab and X-ray at free-standing facility		\$0	\$0	\$0
Inpatient Hospital Facility Charges		Deductible and \$100/admit	Deductible, \$500/admit, then 10%	Deductible and \$200/admit
Inpatient Physician and Surgeon's Services		\$0	\$0	\$0
Outpatient Hospital Facility Services		Deductible and \$100 copay	Deductible, \$250 copay, then 10%	Deductible and \$100 copay
Pre- & Postnatal Exams (after pregnancy has been determined)		\$25* / \$40, waived after 1st visit	\$45* / \$60, waived after 1st visit	\$30* / \$45, waived after 1st visit
Delivery - Inpatient Hospital Charge		Deductible and \$100/admit	Deductible, \$500/admit, then 10%	Deductible and \$200/admit
Urgent Care (Copay reimbursed if referred directly to Emergency Room)		\$75, waive if admitted to hospital	\$75, waive if admitted to hospital	\$75, waive if admitted to hospital
Emergency Room		\$150, waived if admitted	\$150, waived if admitted	\$150, waived if admitted
Ambulance		\$0	\$0	\$0
Durable Medical Equipment No annual limit (copay applies to each item)		\$75	\$75	\$75
External Prosthetics		\$0	\$0	\$0
Chiropractic Services, Pulmonary Rehab, Physical, Speech, Occupational and Cognitive Therapy 120 visits maximum combined/yr. except as noted		\$25/provider per day***	\$45/provider per day***	\$30/provider per day
Cardiac Rehab; 36 visits/yr.		\$25 per visit	\$45 per visit	\$30 per visit
Alternative Medicine; 20 visits/yr. \$60 credit for supplies/products		\$15 per visit	\$25 per visit	\$20 per visit
Behavioral Health/Pharmacy		Magellan/WHI		

For more detail, review the medical plan summaries on the EHI Home Page or go to www.mycignaplans.com to compare plans.

*CIGNA Care Network Specialist, for more information see the Glossary of Terms on page 3.

**Advanced radiology copays apply in addition to inpatient, outpatient and emergency room copays or co-insurance.

***Chiropractic visits have a separate 60 visit limit per plan year. Other therapies have a combined 60 visit limit per plan year.

¹A limited number of primary care physicians are contracted with CIGNA as specialists. In this case the applicable CCN or non-CCN specialist copay applies.

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MEDICAL COPAY/CO-INSURANCE COMPARISON CHART

Open Access Plus High (OAP High)		Open Access Plus Low (OAP Low)		Choice Fund-HSA:	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
\$100	\$500	\$300	\$1,000	\$1,200 (cross accumulated)	\$1,200 (cross accumulated)
\$200	\$1,000	\$600	\$2,000	\$2,400 (cross accumulated)	\$2,400 (cross accumulated)
N/A	70% of reasonable & customary	90%	70% of reasonable & customary	90%	70% of reasonable & customary
\$1,500	\$3,000	\$5,000	\$10,000	\$2,000 (cross accumulated)	\$2,000 (cross accumulated)
\$3,000	\$6,000	\$10,000	\$20,000	\$4,000 (cross accumulated)	\$4,000 (cross accumulated)
12 months for treatment in prior 60 days. Waived with certificate of creditable coverage and for employees currently covered by a county medical plan for at least 12 months. Certificate of creditable coverage must be sent to CIGNA and also provided to the EHI Department.					
\$0 (FREE)	Covered in-network only	\$0 (FREE)	Covered in-network only	\$0 (FREE)	Covered in-network only
\$25	30% after deductible	\$35	30% after deductible	10% after deductible	30% after deductible
\$15	30% after deductible	\$25	30% after deductible	10% after deductible	10% after deductible
\$35* / \$50	30% after deductible	\$50* / \$65	30% after deductible	10% after deductible	30% after deductible
\$100	30% after deductible	10%	30% after deductible	10% after deductible	30% after deductible
\$13* / \$28	30% after deductible	\$18* / \$33	30% after deductible	10% after deductible	30% after deductible
\$0	30% after deductible	10%	30% after deductible	10% after deductible; \$0, no deductible if preventive	30% after deductible
Deductible and \$250/admit	30% after deductible	Deductible, \$1,000/admit, then 10%	Deductible, \$2,000/admit, then 30%	10% after deductible	30% after deductible
\$0	30% after deductible	10%	30% after deductible	10% after deductible	30% after deductible
Deductible and \$100 copay	30% after deductible	Deductible, \$500 copay, then 10%	Deductible, \$1,000 copay, then 30%	10% after deductible	30% after deductible
\$35* / \$50, waived after 1st visit	30% after deductible	\$50* / \$65, then 10%	30% after deductible	10% after deductible	30% after deductible
Deductible and \$250/admit	30% after deductible	Deductible, \$1,000/admit, then 10%	Deductible, \$2,000/admit, then 30%	10% after deductible	30% after deductible
\$75, waive if admitted to hospital	\$75, waive if admitted to hospital	\$75, waive if admitted to hospital	\$75, waive if admitted to hospital	10% after deductible	10% after deductible
\$150, waived if admitted	\$150, waived if admitted	\$150, waived if admitted	\$150, waived if admitted	10% after deductible	10% after deductible
\$0	\$0	10%	10%	10% after deductible	10% after deductible
\$75	30% after deductible	\$75 and 10%	30% after deductible	10% after deductible	30% after deductible
\$0	30% after deductible	10%	30% after deductible	10% after deductible	30% after deductible
\$35/provider per day	30% after deductible/provider per day	\$50/provider per day	30% after deductible/provider per day	10% after deductible/provider per day	30% after deductible/provider per day
\$35 per visit	30% after deductible	\$35 per visit	30% after deductible	10% after deductible	30% after deductible
\$25 per visit	Covered in-network only	\$35 per visit	Covered in-network only	\$15 per visit	Covered in-network only
Magellan/WHI				CIGNA Behavioral Health/CIGNA Pharmacy	

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