

CHANGES IN THIS ATTACHMENT DO NOT APPLY TO THE CIGNAMEDICARE SELECT PLAN

ALL CHANGES STATED HEREIN ARE EFFECTIVE JULY 1, 2009 THROUGH JUNE 30, 2010

CIGNA MEDICAL PLAN CHANGES**

Changes to the medical plan offerings and copayments are listed below.

CMG (CIGNA Medical Group) High Option changes		
Service	Copay	Change from
Convenience Care Clinic Visit *	\$5	New
Durable Medical Equipment	\$75	\$0
Outpatient Facility Services	\$100	\$0
Emergency Room	\$150	\$125
Urgent Care**	\$75	\$35
Deductible***		
Single	\$100	\$0
Family	\$200	\$0

CMG (CIGNA Medical Group) Low Option changes		
Service	Copay	Change from
Convenience Care Clinic Visit *	\$15	New
Durable Medical Equipment	\$75	\$0
Emergency Room	\$150	\$125
Urgent Care**	\$75	\$50
Deductible***		
Single	\$300	\$0
Family	\$600	\$0

OAPIN (Open Access Plus In-Network) Option changes		
Service	Copay	Change from
Convenience Care Clinic Visit *	\$10	New
Durable Medical Equipment	\$75	\$0
Emergency Room	\$150	\$125
Urgent Care**	\$75	\$50
Deductible***		
Single	\$100	\$0
Family	\$200	\$0

OAP (Open Access Plus) High Option changes		
In-Network Service	Copay	Change from
Convenience Care Clinic Visit*	\$15	New
Durable Medical Equipment	\$75	\$0
Emergency Room	\$150	\$125
Urgent Care**	\$75	\$50
Deductible***		
Single	\$100	\$0
Family	\$200	\$0

OAP (Open Access Plus) Low Option changes		
In-Network Service	Copay	Change from
Convenience Care Clinic Visit *	\$25	New
Durable Medical Equipment	\$75	\$0
Emergency Room	\$150	No change
Urgent Care**	\$75	No change
Deductible***		
Single	\$300	\$0
Family	\$600	\$0

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Convenience Care Clinics*

When you need treatment for acute ailments, such as strep throat, allergies or ear infections, you can seek medical treatment from certain Convenience Care Clinics at a reduced copay that is \$10 less than your PCP copay (this reduced copay only applies to the Take Care Clinics, and the CareToday locations). Many of these clinics are located in or near convenient retail and pharmacy locations. Medical treatment is provided by a Convenience Care Clinician (certified nurse practitioner or physician’s assistant). Most of these Convenience Care Clinics are open 7 days a week including evenings, weekends and most holidays. These facilities are walk-in clinics so no appointment is necessary. You are seen on a “first come, first served” basis.

Cigna contracts with several different Convenience Care Clinics such as MinuteClinic, RediClinic, Sutter Express Care, The Little Clinic and ValuClinic. When you receive care at these clinics you will pay your primary care office visit copay or for the Choice Fund HSA plan, your primary care office visit co-insurance after your deductible has been met.

Urgent Care**

Urgent care situations require prompt medical attention, but are not emergencies. If you go to urgent care seeking medical treatment and the urgent care provider directly refers you to the emergency room, your urgent care copay will be reimbursed once CIGNA processes the emergency room claim. It may take up to 30 days to receive reimbursement from CIGNA for your urgent care copay. If you have questions regarding your reimbursement please call CIGNA customer service.

Urgent care locations can be viewed at http://www.maricopa.gov/ehi/pdf/2009/CIGNA/urgent_care_listing.pdf.

Deductibles***

An annual in-network deductible has been added to the medical plans listed below.

Medical Plan	Annual In-network Deductible	
	Single	Family
CMG (CIGNA Medical Group) High Option	\$100	\$200
CMG (CIGNA Medical Group) Low Option	\$300	\$600
OAPIN (Open Access Plus In-Network) Option	\$100	\$200
OAP (Open Access Plus) High Option	\$100	\$200
OAP (Open Access Plus) Low Option	\$300	\$600

The in- and out-of-network deductibles for the OAP (Open Access Plus) High Option and for the OAP (Open Access Plus) Low Option accumulate separately.

Deductible Frequently Asked Questions (FAQs) are listed below:

Q1. For each of the Medical Plans listed above, to what services does the deductible apply?

A1. The deductible applies to inpatient and outpatient facility-based services. Examples of these types of services are listed below:

Inpatient Facility	Outpatient Hospital Facility
<ul style="list-style-type: none"> • Hospital • Skilled Nursing • Rehabilitation • Sub-Acute Facilities 	<ul style="list-style-type: none"> • Outpatient hospital surgical center • Advanced Radiological Imaging at an Outpatient Hospital Facility, i.e. MRI, MRA, CAT and PET Scans

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Q2. For each of the Medical Plans listed above, please indicate example services where my deductible applies?

A2. Please see the table below:

Description of the Service* In-network only	Does my deductible apply?
Visit my primary care doctor for a routine visit	No
Visit a specialist physician	
Take Care Clinic located in a Walgreens Pharmacy	
CareToday Clinics	
Urgent Care Clinic	
Emergency Room	
Short-Term Rehabilitative Therapy	
Chiropractic Services	
Advanced Radiological Imaging (i.e. MRI, MRA, CAT Scans, PET Scans) at an Independent Contracted Freestanding (not hospital based) Facility	
Hospital Stay	Yes
Outpatient Surgery Facility Services (i.e. operating rooms, recovery rooms)	
Admission to Skilled Nursing, Rehabilitation, and Sub-Acute Facilities	
Advanced Radiological Imaging (i.e. MRI, MRA, CAT Scans, PET Scans) at an Inpatient/ Outpatient Hospital Facility (<i>Does not apply to free-standing radiology facilities</i>)	

**Applies to providers contracted with CIGNA Health Care who perform these service*

Q3. When my claim is paid, what order is the deductible, copay or co-insurance applied?

A3. Your claim is processed in the following order: annual deductible (if applicable to the service and if this has not been met), copay then co-insurance (if applicable).

The following examples are three unique scenarios of how claims are paid for different types of services. Examples apply to employee only coverage and are not related.

Example A: Surgery is performed at an In-network Outpatient Hospital Surgery Center

SERVICE: OUTPATIENT SURGERY					
Medical Plan	CMG High Option	CMG Low Option	OAPIN Option	OAP High Option	OAP Low Option
CIGNA contracted amount owed to the Provider to pay for your service	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500
Your Annual Deductible*	(\$100)	(\$300)	(\$100)	(\$100)	(\$300)
Your Copay for Outpatient Hospital Surgery	(\$100)	(\$250)	(\$100)	(\$100)	(\$500)
Balance Due to the Provider	\$2,300	\$1,950	\$2,300	\$2,300	\$1,700
Your Co-insurance for Outpatient Hospital Surgery		<i>(1,950*10%)</i> (\$195)			<i>(1,700*10%)</i> (\$170)
Balance Due to the Provider	\$2,300	\$1,755	\$2,300	\$2,300	\$1,530
Your TOTAL Responsibility	\$200	\$745	\$200	\$200	\$970

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Example B: Surgery performed at an In-network Hospital

SERVICE: INPATIENT HOSPITAL SURGERY					
<i>Medical Plan</i>	<i>CMG High Option</i>	<i>CMG Low Option</i>	<i>OAPIN Option</i>	<i>OAP High Option</i>	<i>OAP Low Option</i>
CIGNA contracted amount owed to the Provider to pay for your service	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500
Your Annual Deductible*	(\$100)	(\$300)	(\$100)	(\$100)	(\$300)
Your Copay for Inpatient Hospital Surgery	(\$100)	(\$500)	(\$200)	(\$250)	(\$1,000)
Balance Due to the Provider	\$7,300	\$6,700	\$7,200	\$7,150	\$6,200
Your Co-insurance for Inpatient Hospital Surgery		(6,700*10%) (\$670)			(6,200*10%) (\$620)
Balance Due to the Provider	\$7,300	\$6,030	\$7,200	\$7,150	\$5,580
Your TOTAL Responsibility	\$200	\$1,470	\$300	\$350	\$1,920

Example C: Advanced Radiological Imaging (MRI, MRA, CAT and PET Scans) performed at an Outpatient Hospital Facility

SERVICE: PERFORMED AT AN OUTPATIENT HOSPITAL FACILITY					
<i>Medical Plan</i>	<i>CMG High Option</i>	<i>CMG Low Option</i>	<i>OAPIN Option</i>	<i>OAP High Option</i>	<i>OAP Low Option</i>
CIGNA contracted amount owed to the Provider to pay for your service	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Your Annual Deductible*	(\$100)	(\$300)	(\$100)	(\$100)	(\$300)
Your Outpatient Advanced Radiological Imaging Copay	(\$50)	(\$100)	(\$100)	(\$100)	
Balance Due to the Provider	\$1,350	\$1,100	\$1,300	\$1,300	\$1,200
Your Outpatient Advanced Radiological Imaging Co-insurance		(1,100*10%) (\$110)			(1,200*10%) (\$120)
Balance Due to the Provider	\$1,350	\$990	\$1,300	\$1,300	\$1,080
Your TOTAL Responsibility	\$150	\$510	\$200	\$200	\$420

For each example, your total payment responsibility includes the annual deductible, copay (if applicable) and co-insurance (if applicable). In addition, your annual deductible may be billed at the time services are rendered by your provider.

Case Management

Case management involves you (or your dependents) with specific complex health care needs, such as oncology, burns, heart disease complications and high-risk pregnancies, for which a treatment plan is formulated and implemented by CIGNA to improve your health status. If you choose to disenroll or not participate in Case Management, you will be charged an additional \$250 for related services.

PHARMACY PLAN CHANGES**

Erectile dysfunction medication and non-sedating oral antihistamines will be excluded for both the Co-Insurance Pharmacy Plan and the Consumer Choice Pharmacy Plan. Employees and/or dependents impacted by this change will receive a letter by June 1, 2009.

Changes that apply to the Co-insurance Pharmacy Plan

The copay maximum for Preferred Brand Medication is increasing from \$30 to \$40 for up to a 30-day prescription, and from \$90 to \$120 for a 90-day supply at retail pharmacy locations.

The copay minimum for Non-Preferred Brand Medication is increasing from \$20 to \$40 for up to a 30-day prescription, and from \$60 to \$120 for a 90-day supply at mail service and retail pharmacy locations.

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Changes that apply to the Consumer Choice Pharmacy Plan

The \$500 pharmacy credit that Maricopa County funds for employees enrolled in the Consumer Choice Pharmacy Plan for family coverage will no longer be limited to \$300 for one individual. Since the limitation has been removed, the \$500 credit can be used by any covered family member or combination of family members.

BEHAVIORAL HEALTH CHANGES**

Outpatient Office Visits

The copay for outpatient behavioral health office visits will increase from \$10 to \$20 per visit.

VISION CHANGES**

Network Change

A new vision network will be implemented through EyeMed.

Vision Benefit Change

The in-network member cost for Standard Contact Lens Fit and Follow-Up has been reduced to no more than \$40 instead of \$55.

Acute Care Benefit

To enable continuity of eye health care services, an Acute/Primary eye care program will be administered by EyeMed Vision Care. The purpose of the program is to provide coverage for acute eye care conditions identified as part of the vision exam as well as those progressive conditions that could result in vision loss. Patients with chronic conditions such as glaucoma or diabetes must receive their vision care (except refraction) through their medical benefit.

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