

*CIGNA HealthCare
of Arizona*

Individual & Family Plan



INFORMATION & APPLICATION KIT



**CIGNA HealthCare
of Arizona**

A Business of Caring.

"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.

In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc.



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Thank you for your inquiry.
Here is the information you requested and an application...
so you can get started today.

If you're not eligible for medical coverage through an employer, you no doubt have the same concerns as others facing decisions about individual health coverage. You want access to quality health care and affordable coverage. And like everyone else, you sometimes worry about the unexpected happening...

FEEL SECURE KNOWING YOU HAVE COVERAGE.

There's no substitute for the peace of mind that comes from knowing that you and your family are covered. With the CIGNA HealthCare of Arizona Individual & Family Plan, you can depend on health coverage to help protect the well-being of you and your family.

WHO'S ELIGIBLE TO ENROLL?

- Individuals 18 years of age or older
- Families with children up to 18 years of age or 23 if full-time student
- Children without an adult subscriber, who are at least 3 months of age
- Adults 65 years of age and older that are not eligible for Medicare
- You must reside in one of the defined Service Areas for **at least nine months per Plan Year**

Phoenix Service Area – covering Maricopa County and the City of Apache Junction

Tucson & Southern Arizona Service Area – covering Pima, Pinal, Graham, Greenlee, Cochise and Santa Cruz counties

PROVIDER NETWORKS

Members who reside in the Phoenix Service Area have two network options to choose from: The CIGNA Medical Group network, or the broader Arizona Provider network. Benefit coverage is the same for both networks, however, your monthly premium rates are lower when you select the CIGNA Medical Group network. All your specialty care services will be coordinated through the network you select.

Members who reside in the Tucson & Southern Arizona Service Area will select a physician from the Arizona Provider network. All your specialty care services will be coordinated through this network.

You will select a PCP for you and one for each covered family member. All of your PCP selections must be from the same provider network. You can review the most current list of participating providers by visiting our website at www.cigna.com. See step-by-step instructions on page 4 of this brochure.

Who we are

CIGNA HealthCare of Arizona, Inc. is one of the largest health care organizations in Arizona. We have been providing quality health care coverage for over 30 years.

At CIGNA HealthCare, caring about the things that affect our customers' health is our business. We help you deal with the unpredictable — if it happens — and to manage the predictable as well.

Enjoy peace of mind with quality coverage

Protect yourself and your family with quality health care coverage from CIGNA HealthCare of Arizona. Our array of benefits and services help safeguard your physical well-being and protect your financial security in emergencies.

THE COVERAGE YOU NEED

Once enrolled, you are covered for routine and preventive care, including well-woman exams, prenatal care, well-baby care and immunizations. You also have coverage for x-rays, lab work, urgent care, emergency care and hospitalization.

SIMPLICITY

The CIGNA HealthCare of Arizona Individual & Family Plan is an HMO plan. There are virtually no claim forms to complete. Simply show your CIGNA HealthCare ID to your participating network provider and pay your copay or coinsurance.

TWO SERVICE AREAS

Phoenix Service Area – Members can choose from two networks: CIGNA Medical Group or the broader Arizona Provider network. Benefit coverage is the same for both networks, however, the monthly premium rates for the CIGNA Medical Group network are lower.

Tucson & Southern Arizona Service Area – Members will choose a PCP from the Arizona Provider network.

PHYSICIAN NETWORKS

When you enroll, you select a primary care physician (PCP) for you and one for each covered member of your family from the same provider network. Your PCP provides or coordinates your medical care, whether it's preventive care, specialty care, or treatment for injury or illness.

You may change your PCP or provider network by calling Member Services. Your monthly premium rate will be adjusted based on your new provider network selection. See page 4 for step-by-step instructions on "Selecting Your PCP."

Here's more information on Provider networks:

CIGNA Medical Group – Phoenix Service Area only.

CIGNA Medical Group provides primary and specialty care at 17 health care centers across the Valley, with over 200 providers. Each health care center offers lab, x-ray and pharmacy services – all conveniently located under one roof. Some centers also offer vision, hearing or After Hours Care services. All your specialty care will be coordinated through the CIGNA Medical Group provider network. *See rate page for premium information.*

Arizona Provider Network – Available in both Service Areas.

The Arizona Provider network includes a wide selection of private practice providers in the CIGNA HealthCare of Arizona contracted network. All your specialty care will be coordinated through the Arizona Provider network. *See rate page for premium information.*

HOSPITALIZATION, URGENT CARE AND EMERGENCY CARE

CIGNA HealthCare of Arizona has arrangements with leading hospitals in your area. For non-emergency services, your PCP will refer you to the appropriate hospital and arrange for admission.

You are covered for emergency services even when you're outside of your service area.

No matter which network you choose, you'll also have access to a variety of contracted urgent care facilities. See your provider directory for more details.

Programs & Services

As a CIGNA HealthCare of Arizona member, you'll receive programs and services available to large employer groups including:

- CIGNA HealthCare 24-Hour Health Information LineSM, helpful health information by phone, day or night
- CIGNA Healthy Rewards[®], our value-added discount program
- CIGNA HealthCare Healthy Babies[®] program, encourages prenatal care and provides important information for parents-to-be
- CIGNA Tel-Drug, our mail order prescription drug program
- Easy Pay, membership premiums can automatically be deducted from your checking account



CIGNA HealthCare of Arizona Individual & Family Plan

Definition of terms:

Copayment (copay) – A predetermined fee for physician office visits, prescriptions or hospital services that the member pays at the time of service.

Coinsurance – The portion of a covered claim (usually a percentage of the total cost) that the member pays.

Deductible - A dollar amount that a member pays before the plan begins to pay toward the cost of covered medical expenses.

Summary of Benefits

What's Covered	What You Pay	What's Covered	What You Pay
Primary Care Physician Services <ul style="list-style-type: none"> Preventive Care Adult Medical Care Periodic Physical Evaluation for Adults Well Child Care Routine Immunizations and Injections 	\$25 Copay per office visit	Inpatient Hospital Services <ul style="list-style-type: none"> Semi-private Room & Board Physician & Surgeon Charges Diagnostic & Therapeutic Laboratory and X-ray Services Drugs, Medications, & Biologicals Special Care Units Operating Room, Recovery Room, Oxygen, Anesthesia, Respiratory & Inhalation Therapy Hemodialysis Radiation Therapy & Chemotherapy 	80%/20% Coinsurance* You pay 20% Plan Year deductible applies**
Specialty Care Physician Services <ul style="list-style-type: none"> Office Visit Consultation and Referral Physician Services Allergy Testing & Treatment Obstetrical/Gynecological Visit 	\$50 Copay per office visit	Outpatient Hospital Services <ul style="list-style-type: none"> Physician Services Operating Room & Recovery Room Diagnostic Laboratory and X-ray (CT, MRI, MRA, PET) Anesthesia, Respiratory Inhalation Therapy, Hemodialysis, Radiation Therapy, Chemotherapy, Mammography Screening, Therapeutic Laboratory 	80%/20% Coinsurance* You pay 20% Plan Year deductible applies**
Other Medical Services <ul style="list-style-type: none"> Laboratory & X-ray Blood Pressure Checks Casting & Dressing 	No Charge	Chiropractic Care Services <ul style="list-style-type: none"> 12 self-referral chiropractic visits for medically necessary treatment of neck and back pain within the scope of chiropractic practice. 	\$50 Copay per office visit A total of 12 visits per Plan Year
Prescription Drugs <ul style="list-style-type: none"> Prescription medications and diabetic supplies including insulin, syringes, and test strips (30 day supply) Subject to Healthplan Formulary Limited to generic drugs unless one does not exist or substitution is not permitted by law. Individuals purchasing brand-name drugs when a generic equivalent is available are responsible for the difference in cost and the copayment. 	\$15 Copay generic drugs \$30 Copay brand-name drugs \$60 Copay non-preferred brand-name drugs	Maternity Care Services <ul style="list-style-type: none"> Prenatal & Postpartum Exams Delivery (Maternity care is provided only if the member becomes pregnant AFTER 3 months from the effective date of coverage.) 	No Charge 80%/20% Coinsurance* You pay 20% Plan Year deductible applies**
Emergency Services <ul style="list-style-type: none"> Hospital Emergency Room, Outpatient Facility, or Other Non-Contracted Facilities 	\$100 Copay per visit	Vision Services <ul style="list-style-type: none"> Eye Exam Eyeglasses 	\$30 Copay; one routine exam per Plan Year at a CIGNA Medical Group Vision Center 20% discount off retail price when purchased at a CIGNA Medical Group Vision Center (includes lenses and frames) <i>Vision benefit does not cover contact lenses.</i>
Urgent Care Services <ul style="list-style-type: none"> CIGNA Health Care After Hours Care Facility or Other Contracted Facilities 	\$50 Copay per visit		

What's Covered	What You Pay	What's Covered	What You Pay
Family Planning Services <ul style="list-style-type: none"> Voluntary Surgical Sterilization <ul style="list-style-type: none"> Inpatient & Outpatient 	80%/20% Coinsurance* You pay 20% Plan Year deductible applies**	Substance Abuse & Detoxification Services <ul style="list-style-type: none"> Outpatient 	\$15 Copay per office visit for the first two (2) visits; \$40 per visit for each visit thereafter up to twenty (20) visits***
<ul style="list-style-type: none"> Primary Care Physician Office Visit/ Specialty Care Physician Office Visit 	\$25 Copay/\$50 Copay	<ul style="list-style-type: none"> Inpatient 	\$100 Copay per day up to eight (8) days
<ul style="list-style-type: none"> Infertility Service 	Not Covered	Home Health Services <ul style="list-style-type: none"> See Service Agreement for Benefits, Exclusions and Limitations 	No Charge
Inpatient Services at Other Participating Health Care Facilities <ul style="list-style-type: none"> Skilled Nursing Facility Extended Care & Rehabilitation 	80%/20% Coinsurance* You pay 20% Plan Year deductible applies**	Durable Medical Equipment <ul style="list-style-type: none"> See Service Agreement for Benefits, Exclusions and Limitations 	No Charge
Short-Term Rehabilitative Therapy <ul style="list-style-type: none"> Outpatient 	\$50 Copay per office visit; limit of 60 consecutive days per condition.	External Prosthetics <ul style="list-style-type: none"> See Service Agreement for Benefits, Exclusions and Limitations 	\$200 Copay per member per Plan Year \$1000 maximum benefit per member per Plan Year
<ul style="list-style-type: none"> Inpatient 	80%/20% Coinsurance* You pay 20% Plan Year deductible applies**	Out-of-Pocket Limits	\$3,000 Individual per Plan Year* \$6,000 Family per Plan Year*
Mental Health Services <ul style="list-style-type: none"> Outpatient 	\$40 Copay per one-on-one office visit*** \$15 Copay per group therapy visit	Plan Year Deductibles	\$1,000 Individual per Plan Year** \$2,000 Family per Plan Year**
<ul style="list-style-type: none"> Inpatient 	Not Covered	Lifetime Maximum Benefit	Unlimited

* Out-of-Pocket Limits apply to Coinsurance paid by you. Notify Member Services when you have reached the Out-of-Pocket Limit for the Plan Year. Copayments and deductibles do not apply towards Out-of-Pocket Limits.

** Deductibles for the various services listed in this Summary of Benefits are combined to meet the Plan Year deductible requirement. Coinsurance amounts will apply after the deductible is met.

*** Services for Outpatient Substance Abuse Detoxification and Outpatient Mental Health are limited to a combined benefit of 20 visits per Plan Year.

This limited Summary of Benefits contains the benefit highlights only. Members must refer to their Service Agreement and Supplemental Riders for complete benefit information.

EXCLUSIONS:

Your plan provides coverage for medically necessary services pre-authorized by your Primary Care Physician and performed by participating providers. Your plan does not provide coverage for the following except as required by law:

GENERAL EXCLUSIONS AND LIMITATIONS:

Services that are unauthorized and non-emergent, not medically necessary, not a covered benefit, experimental or investigational; certain services for assistance in the activities of daily living, dental and other conditions related to the teeth and surrounding structures, and non-medical ancillary care: certain organ transplants, cosmetic services, therapies, consumable medical supplies, certain spinal adjustment and manipulation services; private hospital rooms and nursing, personal and comfort items, artificial aids, routine refractions, eye exercises

and surgery for refractive error, acupuncture, routine foot care, health and beauty aids, dietary supplements, penile implants, infertility, obesity and transsexual surgery.

This exclusions summary contains highlights only and is subject to change. The specific terms of coverage, exclusions, and limitations are contained in the Individual Service Agreement and Supplemental Riders you will receive. If you have questions about a specific service or treatment, contact CIGNA HealthCare.

PREMIUM PAYMENT

Your monthly plan premium is due on the first day of each month and considered late on or after the eleventh day. In the event of disenrollment based on premium non-payment, reinstatement of coverage is not guaranteed. CIGNA HealthCare of Arizona, Inc. will only reinstate a policy two times within a twelve (12) month period, and only when back premiums are paid in full. A reinstatement fee of \$25.00 per reinstatement will be charged.



Member Services

Our Member Services Department is ready to help you with questions about your plan benefits, primary care physician, claims status and more. Just call Member Services at 1-800-832-3211. The number is also shown on your ID card.

SELECTING YOUR PCP

You can select your Primary Care Physician (PCP) from the enclosed Provider Directories or go online at www.cigna.com.

Using the Printed Provider Directories –

Two Provider Directories are enclosed in this package.

For the CIGNA Medical Group network, you will make your selection from the CIGNA Medical Group Provider Directory. This network option is only available in the Phoenix Service Area. The physicians are listed by health care center location. There are 17 CIGNA health care centers in the Phoenix area. You can select a PCP close to your home or your office.

For the Arizona Provider network, you will make your selection from the CIGNA HealthCare of Arizona Directory (available in both Service Areas). PCPs are listed according to the city where their office is located.

You will select a PCP for you and one for each covered family member. All of your PCP selections must be from the same provider network.

Using the Online Directory –

For up-to-date information on PCPs and other providers, just log on to www.cigna.com and follow these easy steps:

Step 1: Log on to www.cigna.com and click on Provider Directory under Popular Links in the left panel.

Step 2: Enter your zip code and the distance you are willing to travel, and click the “Continue” button. The page shown below will appear.

Step 3: Click on the arrow next to “Select Healthplan Network” and a pull-down menu will appear. Make your network selection by clicking on either “AZ – Arizona”, or “AZ – CIGNA Medical Group.”

Step 4: If you prefer a male or female PCP, click the appropriate button, then click “Continue.” You will then see a list of providers.

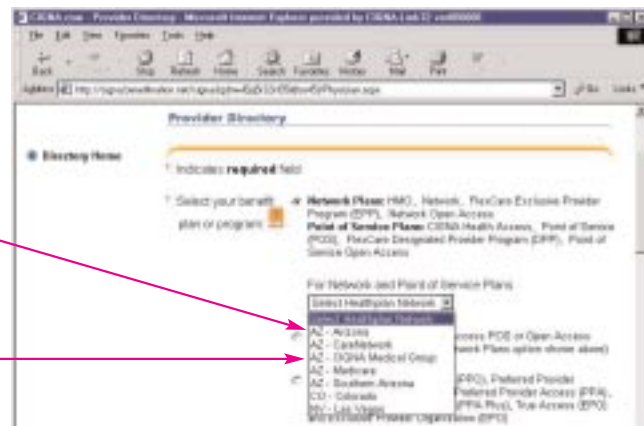
Step 5: Print the list or make a note of the PCP ID# then enter the PCP ID# on your enrollment application.

Important tip: If you’re selecting the CIGNA Medical Group provider network, you must use the PCP ID# from the enclosed CIGNA Medical Group Provider Directory or the online CIGNA Medical Group Provider Directory.

Remember, as a CIGNA HealthCare of Arizona Individual & Family Plan member you must use providers within your provider network. If you would like to change your PCP or your provider network, just call Member Services.

For the Arizona Provider Network, click on AZ-Arizona (available in both Service Areas)

For CIGNA Medical Group PCPs, click on AZ-CIGNA Medical Group (available in Phoenix Service Area only)



Applying is as easy as 1,2,3.

1. Complete and sign the Medically Underwritten Enrollment Application and Evidence of Insurability Form. Both forms must be completed for each person requesting coverage. Incomplete or missing information will delay the application process.
2. Select a PCP from the CIGNA Medical Group (available in the Phoenix Service Area only) or the Arizona Provider network and indicate your selection on your enrollment application. See the enclosed directories for more information. You must select a PCP within your Service Area. All PCP selections for you and your family members must be from the same provider network.
3. Enclose the forms and the non-refundable \$15 application fee, payable by check or money order to CIGNA HealthCare of Arizona, Inc., in the envelope provided – and mail.

You'll be contacted in writing within 20 working days.

Applications approved through the 26th of the month will become effective the first day of the following month. Applications approved on or after the 27th of the month will become effective on the first day of the second month following approval. For example, the effective date of coverage for an application approved May 28 would be July 1.

Need help or have questions about enrolling?

Call CIGNA HealthCare at
1.800.430.0768