

# Maricopa County – CIGNA Medical Benefit Plans

## Effective January 1, 2003

Benefit Provision	CIGNA HMO	PrimeOption In-Network	Prime-Option Out-of-Network	PPO In-Network	PPO Out-of-Network
Deductible Individual	None	None	\$300	\$250	\$750
Family	None	None	\$600	\$500	\$1,500
Standard Coinsurance Percentages	100%	100%	70%	80%	60%
Coinsurance Out of Pocket Covered Expense maximum before 100% (individual and/or Family) applies to specific services	\$1,000/\$2,000	\$1,000/\$2,000	\$3,000/\$6,000	\$2,000/\$6,000	\$4,000/\$12,000
Lifetime Maximum	Unlimited	Unlimited	\$5,000,000	Unlimited	\$5,000,000
Pre-existing Condition Limitation	None	None	12 months	None	12 months
General Services					
Preventive Care	\$10 copay	\$15	Covered In-Network Only	\$20	Covered In-Network Only
Primary Care Physician Services	\$10 copay	\$15	70% after deductible	\$20	60% after deductible
Specialty Care Physician Services	\$10 copay	\$25	70% after deductible	\$30	60% after deductible
MRI, MRA, CAT Scans, PET Scans	\$50 copay	\$50 copay	70% after deductible	80% after deductible	60% after deductible
Outpatient Lab and X-ray	No copay	No copay	70% after deductible	80% after deductible	60% after deductible
Inpatient Facility Charges	No copay	\$100	70% after deductible	80% after deductible	60% after deductible
Inpatient Physician and Surgeon’s Services	No copay	No copay	70% after deductible	80% after deductible	60% after deductible
Outpatient Surgery	No copay	\$50	70% after deductible	80% after deductible	60% after deductible
Maternity					
Pre & Postnatal Exams (after pregnancy has been determined)	No copay (after initial visit)	No copay (after initial visit)	70% after deductible	No copay (after initial visit)	60% after deductible
Delivery	No copay	\$100	70% after deductible	80% after deductible	60% after deductible
Urgent Care Facility	\$35 copay	\$50 copay	70% after deductible	\$50 copay	60% after deductible
Other Facility – Emergency Room copay (copay waived if admitted)	\$75 copay	\$100 copay	\$100 copay if emergency, otherwise 70% after deductible	\$100 copay	\$100 copay if emergency, otherwise 60% after deductible
Ambulance	No Copay	No Copay	No Copay	90% after deductible	
Equipment and Devices					
Durable Medical Equipment	No copay, \$3,500 max.	No copay, \$3,500 max.	Covered In-Network Only	80%, \$700 max.	60%, \$700 max.
External Prosthetics	No copay, \$1,000 max.	No copay, \$1,000 max.	Covered In-Network Only	80% after \$200 deductible, \$1,000 max.	60% after \$200 deductible, \$1000 max.
Outpatient Rehabilitation					
Physical, Speech, and Occupational Therapy	\$10	\$10	70% after deductible	\$20 copay	60% after deductible
Chiropractic Services	\$10 copay	\$10 copay	Covered In-Network Only	\$20 copay	60%, after deductible
Open Access – no referral from PCP	20 visits	20 visits		Unlimited (subject to benefit max.)	Unlimited (subject to benefit max.)
Benefit Limit per Contract Year	60 visits	60 visits, in-network and out-of-network visits combined		60 visits, in-network and out-of-network visits combined	

## COVERAGE OF NEWBORN AND ADOPTED CHILDREN

If you marry or have a child, any or all family members may enroll without waiting for an open enrollment period, even the employee if he/she is not yet enrolled. You must, however, apply for coverage within 31 days of your marriage, or the birth of your child. Your employer can give you the proper form.

*Please note:* Under Arizona law, the requirement to apply for coverage within 31 days of birth is not a pre-condition to coverage if you are already paying for CIGNA HealthCare coverage at other than a single or two- party rate.

Additionally, if you adopt a child, you must apply for coverage within 31 days of the date the child is placed with you for adoption in order to obtain coverage from the date of placement. Under Arizona law, this requirement is not a pre-condition to coverage if you are already paying for CIGNA HealthCare coverage at other than a single or two- party rate.

## EXCLUSIONS

The following is a summary of the services that are not covered by CIGNA HealthCare. Please consult the CIGNA HealthCare Group Service Agreement for a description of your benefits and a complete list of exclusions and coverage limitations. If you have any questions about a specific service or treatment, contact Member Services.

Your CIGNA HealthCare program does not provide coverage for the following, except where required by law:

1. Any in-network services on the HMO or POS plans, except emergency services and obstetrical and gynecological services, which are provided without the prior written approval of CIGNA HealthCare or your primary care physician and any services, except emergency services which are not provided by a participating provider.
2. Services that are not medically necessary
3. Services requiring precertification (see plan document for details)
4. Charges which the person is not legally required to pay
5. Custodial care, education or training
6. Experimental or investigational procedures and treatment
7. Organ transplants, except as proved in the Group Service Agreement and PPO Certificate, and unless approved by CIGNA HealthCare
8. Cosmetic surgery
9. Reports, evaluation, examination, or hospitalization not required for health reasons, such as employment or insurance examination
10. Any dental services or services for related conditions except for dental trauma
11. Reversal of voluntary sterilization procedures, and certain infertility services
12. Transsexual surgery and related services
13. Personal or comfort items such as personal care kits, television and telephone
14. Artificial aids such as splints, wigs, and most consumable medical supplies
15. Certain internal prostheses
16. Surgical treatment for correction of refractive errors, including radial keratotomy
17. Non-prescription drugs
18. Routine foot care
19. Amniocentesis, ultrasound and similar procedures solely to determine gender, unless medically necessary to determine the existence of a sex related genetic disorder
20. Any injury resulting from, or in the course of, any employment for wage or profit
21. Any sickness which is covered under any Worker's Compensation or similar law

## THESE ARE ONLY THE HIGHLIGHTS

*As you can see, the plan is designed to combine in-depth coverage with affordable prices. To help you stay well, the plan provides preventive care. This summary of benefits contains the highlights only. The specific benefits and exclusion are contained in the Group Service Agreement and PPO Certificate we have on file with your employer.*