

# ARIZONA INDIVIDUAL & FAMILY PLANS

**CIGNA HEALTH SAVINGS PLANS®**



Health  
and  
Pharmacy  
Benefits



PLAN COMPARISON





CIGNA HealthCare plans, offered through Connecticut General Life Insurance Company, provide coverage you and your family can count on, along with a broad range of options and award-winning service to help you protect your health and secure your future.

## **CIGNA Health Savings Plans®**

**Economical.** Our comprehensive high deductible Health Savings Plans allow you to use a tax-advantaged Health Savings Account (HSA) to help pay for your current medical expenses or save for future medical expenses.

**Preventive care.** Covered at 100% for most services.

**True choice.** You can choose an in-network health care professional or choose to receive care from one who isn't part of the CIGNA network. It's up to you.

**Primary care.** You can choose a Primary Care Physician as your personal doctor. With a Primary Care Physician, you have a valuable resource—one who serves as your personal health advocate. But, if you prefer, you also have the option of not choosing a Primary Care Physician

**Specialists.** You have direct access to participating specialists. You do not need a referral to see an in-network or out-of-network specialist.

Please check the Summary of Benefits for more specific details about the CIGNA Health Savings Plans.

## **A CIGNA Health Savings Plan is right for you if:**

- ✓ You want extensive, high quality coverage.
- ✓ You want the ability to save money tax-free to pay for medical expenses.
- ✓ You want preventive care covered at 100% for most services.
- ✓ You want a national network of doctors and hospitals.

## **Your national network**

As a CIGNA HealthCare customer, you have access to a network of more than 500,000 quality health care professionals and centers throughout the country. But if you want to see a health care professional who doesn't participate in the CIGNA network, you can. Keep in mind that out-of-pocket costs vary, but your out-of-pocket costs are generally lower when you see in-network health care professionals.

In Arizona, CIGNA offers you:

- A network of nearly 16,000 doctors
- Over 80 participating hospitals
- Excellent accreditation from the National Committee for Quality Assurance (NCQA)

**To apply, call your CIGNA authorized broker or agent today.**

**Or, you can call CIGNA at 1-866-GET-CIGNA (1-866-438-2446)**

(6:00 a.m. – 9:00 p.m. MT, Monday – Saturday)

**or visit [www.CIGNAforYou.com](http://www.CIGNAforYou.com).**



# CIGNA Health Savings Plans® – ARIZONA

INDIVIDUAL & FAMILY PLANS	Health Savings 1500		Health Savings 3000		Health Savings 5000	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>PLAN FEATURES</b> – Coinsurance percentage shown in- and out-of-network is the percentage CIGNA pays. <sup>2</sup> Combined annual medical/pharmacy deductible applies unless otherwise noted.						
<b>Annual Individual Deductible</b> – Individual deductible is applicable when only one person is enrolled in the plan, and is satisfied when that individual meets the annual individual deductible amount	\$1,500	\$3,000	\$3,000	\$6,000	\$5,000	\$10,000
<b>Annual Family Deductible</b> – Family deductible is applicable when there are two or more family members enrolled in the plan, and is satisfied when one, or any combination of enrolled family members, meet the annual family deductible amount (For a family of two or more, the annual individual deductible is not applicable)	\$3,000	\$6,000	\$6,000	\$12,000	\$10,000	\$20,000
<b>Annual Out-of-Pocket Maximum</b> – Individual/Family deductible and pharmacy charges apply to the out-of-pocket maximum	\$3,000/\$6,000	\$9,000/\$27,000	\$3,000/\$6,000	\$9,000/\$27,000	\$5,000/\$10,000	\$15,000/\$45,000
<b>Lifetime Maximum Benefit</b>	\$5,000,000					
<b>Physician Services</b> – Office Visits	CIGNA pays 80%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>Adult Preventive Care (age 7 and older)</b> – All routine physicals and other routine preventive services – Calendar year maximum of \$300	CIGNA pays 100% <sup>1</sup>	CIGNA pays 50%	CIGNA pays 100% <sup>1</sup>	CIGNA pays 50%	CIGNA pays 100% <sup>1</sup>	CIGNA pays 50%
<b>Mammograms, Pap Smears, PSA, and Colorectal Cancer Screening</b>	CIGNA pays 100% <sup>1</sup>	CIGNA pays 50%	CIGNA pays 100% <sup>1</sup>	CIGNA pays 50%	CIGNA pays 100% <sup>1</sup>	CIGNA pays 50%
<b>Office Visits for Children (through Age 6)</b>	CIGNA pays 100% <sup>1</sup>	CIGNA pays 50%	CIGNA pays 100% <sup>1</sup>	CIGNA pays 50%	CIGNA pays 100% <sup>1</sup>	CIGNA pays 50%
<b>Immunizations for Children (through Age 6)</b>	CIGNA pays 100% <sup>1</sup>	CIGNA pays 50%	CIGNA pays 100% <sup>1</sup>	CIGNA pays 50%	CIGNA pays 100% <sup>1</sup>	CIGNA pays 50%
<b>Ambulance</b> – Calendar year maximum of \$5,000	CIGNA pays 80%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>Emergency Room</b>	CIGNA pays 80%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>Urgent Care Services</b>	CIGNA pays 80%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>Inpatient Hospital Services</b> – Facility charges, physician services and all in-hospital care (semi-private)	CIGNA pays 80%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>Surgery in an Outpatient Hospital or Surgical Center</b>	CIGNA pays 80%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>Outpatient Lab, X-Ray, Ultrasound, CT/PET Scan, and MRI</b>	CIGNA pays 80%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>Short-Term Rehabilitative Therapy (including Physical, Occupational and Speech Therapy)</b> – Calendar year maximum of 24 visits, combined in- and out-of-network	CIGNA pays 80%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>Durable Medical Equipment</b> – Calendar year maximum of \$5,000	CIGNA pays 80%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>Mental Health Inpatient</b> – Calendar year maximum of \$2,500	CIGNA pays 80%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>Mental Health Outpatient</b> – Calendar year maximum of 20 visits, combined in- and out-of-network	CIGNA pays 80%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>RETAIL PHARMACY</b> (per 30 day supply)						
<b>Prescription Drug Deductible</b> (Combined retail and home delivery)	Subject to combined medical and pharmacy deductible					
<b>Generic/Preferred Brand Name/Non-Preferred Brand Name</b>	You pay \$10/\$35/\$60	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>Self-Administered Injectable Drugs</b>	CIGNA pays 80%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%	CIGNA pays 100%	CIGNA pays 50%
<b>HOME DELIVERY PHARMACY</b> (per 90 day supply)						
<b>Generic/Preferred Brand Name/Non-Preferred Brand Name</b>	You pay \$25/\$85/\$150	Not available	CIGNA pays 100%	Not available	CIGNA pays 100%	Not available
<b>Self-Administered Injectable Drugs</b>	CIGNA pays 80%	Not available	CIGNA pays 100%	Not available	CIGNA pays 100%	Not available

<sup>1</sup> Annual deductible waived.

<sup>2</sup> A percentage of the CIGNA contracted rate to an in-network health care professional or a percentage of the cost from an out-of-network health care professional that the customer is responsible for.

For specific costs and further details of the coverage, including exclusions, reductions or limitations and the terms under which the policy may be continued in force, please refer to the Policy or ask your agent for a Summary of Benefits, or write to the company. Depending on your or your family member's coverage history and applicable law, CIGNA may exclude coverage for certain pre-existing conditions for a period of time, as described in your Policy Booklet.

## COMMONLY USED HEALTH CARE WORDS

Here are some basic terms that you should know about your health care plan.

**Coinsurance:** A percentage of the CIGNA contracted rate to an in-network health care professional or a percentage of the cost from an out-of-network health care professional that the customer is responsible for.

**Copayment (copay):** A flat per service charge that customers are responsible to pay for services such as doctor visits or prescription drugs.

**Annual Individual Deductible:** Individual deductible is applicable when only one person is enrolled in the plan, and is satisfied when that individual meets the annual individual deductible amount.

**Annual Family Deductible:** Family deductible is applicable when there are two or more family members enrolled in the plan, and is satisfied when one, or any combination of enrolled family members, meet the annual family deductible amount. (For a family of two or more, the annual individual deductible is not applicable.)

**In-network health care professional:** Any health care professional (physician, hospital, etc.) that participates in the CIGNA network.

**Out-of-network health care professional:** Any health care professional (physician, hospital, etc.) that does not participate in the CIGNA network.

**Inpatient care:** Care given to a customer admitted to a hospital, hospice, skilled nursing center or rehabilitation center.

**Outpatient care:** Any health care service provided to a customer who is not admitted to a center.

**Out-of-pocket costs:** Copays, deductibles, coinsurance or fees paid by customers for health services or prescription drugs.

**Out-of-pocket maximum:** The most customers will pay per year for covered health expenses before the plan pays 100% for the rest of that year.

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## GENERAL EXCLUSIONS AND LIMITATIONS, EXCEPT AS SPECIFICALLY COVERED IN YOUR POLICY BOOKLET OR REQUIRED BY LAW:

Services that are: not medically necessary; not a covered benefit; experimental or investigational; conditions caused by or contributed by an act or war, insurrection, riot, military service; work-related injuries or conditions that can be covered under a workers compensation or similar policy; services that may be obtained from a local, state or federal agency (except Medicaid); professional services or supplies received from yourself, a family member or other person living in your home. Private duty nurse; private hospital room; hospital stays primarily for environmental change, diagnostic tests and physical therapy for treatment of chronic pain. Stays in a nursing or rest home; normal pregnancy and maternity benefits; custodial care; personal and comfort items; dental and orthodontic services; optometric services; eye surgery to correct refractive defects of the eye; non-prescription contraceptive drugs, devices or supplies; cosmetic surgery/services; sex change surgery; treatment for sexual dysfunction, fertility or infertility; animal to human organ transplants; orthopedic shoes; orthotics; routine foot care; weight reduction or treatment of obesity; telephone or e-mail consultations; cryopreservation; hearing aids; dental implants; smoking cessation aids; non-emergency foreign country providers; educational or nutritional services; durable medical equipment not specifically listed as Covered Services. Pharmacy exclusions include: immunizing agents; biological sera; blood and blood products; drugs associated with weight loss; allergy desensitization products or serum; drugs obtained outside the United States; and growth-hormone treatment.

This exclusions summary contains highlights and is subject to change. For specific costs and further details of the coverage, including exclusions and reductions or limitations, and the terms under which the policy may be continued in force, please refer to the Policy Booklet, ask your agent for a Summary of Benefits, or write to the company.

If, after reviewing the contract, you find that you're not satisfied for any reason, simply return the contract to us within 10 days. We will refund any premium you've paid (including any contract fees or other charges), less the cost of any services paid on behalf of you or any covered dependent.

This Plan Comparison highlights some of the benefits available under these plans. A complete description regarding the terms of coverage, exclusions and limitations including legislated benefits will be provided in your Summary of Benefits and Policy Booklet.

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