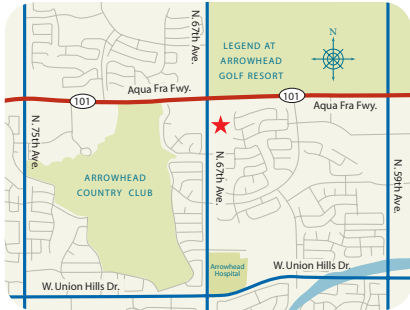


Visit a CMG CareToday clinic near you

Monday – Friday, 9am to 7pm Saturday – Sunday, 9am to 4pm
Open most holidays, 9am to 4pm



Arrowhead (Now Open) 623.925.4931
20165 N. 67th Avenue, Suite 107



Avondale 623.925.4931
1473 North Dysart Road, Suite 100



Gilbert 480.857.8561
2483 South Market Street, Suite 103



CIGNA HealthCare
of Arizona

CMG **CareToday**

CIGNA members pay only their office copay. Other insurance: if your insurance plan has out-of-network benefit coverage, you may receive reimbursement. CHC for Seniors' standard copays apply. Special CHC for Seniors' Part D rules apply.

CIGNA Medical Group (CMG) and its CMG CareToday centers are operating divisions of CIGNA HealthCare of Arizona, Inc. "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 Ind. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. All other medical plans are insured or administered by Connecticut General Life Insurance Company.

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When health care can't wait.

CMG **CareToday**



807573b 12/07

Why Wait? From allergies and abrasions, to sprained ankles and sinus infections, when you need care, CMG CareToday clinics can provide treatment.

No insurance needed!
Walk-ins welcome. Most visits cost
just \$59. CIGNA members pay
just office copay.



This innovative approach to health care successfully treats our patients, without sacrificing professional care or our high standard of service. You'll see a trained medical professional in approximately 15 minutes, and any needed prescriptions can be written, and some medication can be dispensed onsite. No appointment is necessary.

And all services are provided by qualified nurse practitioners and physician assistants who are under the supervision of the CIGNA Medical Group CareToday Medical Director.

Here's what you can expect from the medical professionals at CMG CareToday:

- Short wait times
- All walk-in business welcome
- Services include onsite lab test (pregnancy, strep) - we'll even take care of school/sport physicals
- Extended hours offer additional convenience
- As an added convenience, patients have the option of purchasing a limited selection of medications for \$10 or \$15 following a visit
- CIGNA members just pay their office copay or coinsurance
- Fee-for-service patients welcome

Treatment for

Allergies
Abrasions
Aches (minor)
Asthma
Backache
Bladder Infection
Bronchitis
Burns (minor)
Bursitis
Cold Sores
Common Cold
Conjunctivitis/Pink Eye
Dermatitis
Earache
Heartburn
Flu
Jaw Pain
Lice

Mononucleosis
Pregnancy Testing
Rash
School/Sports Physicals
Sinus Infections
Skin Infections
Sore Throat
Strains/Sprains
Sun Burns
Swimmers Ear/Itch
URI
and more

Lab – \$10 Per Test*

Mono Test
Pregnancy Test
Rapid Strep Test
UA - dip Test
Glucose - Accucheck

Medication Dispensed**

\$10 or 15 per script

Vaccinations

DTaP Child under 7
DTaP 7 years up
Flu
Hepatitis A (adult)
Hepatitis A (child)
Hepatitis B (adult)
Hepatitis B (child)
IPV (polio)
Meningitis
MMR
Pneumonia
Td (tetanus, diptheria)
Td-preservative free

www.cmgaz.com Click "CMG CareToday" in Quick Look section

* CHC for Seniors' standard copays apply.

** Special CHC for Seniors' Part D rules apply.





CIGNA HealthCare
of Arizona

2008 Individual Plan

Information and Enrollment Kit



**CIGNA HealthCare
of Arizona**



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 35 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.

The **Right Plan** at the **Right Time**

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 the event of emergency.

If you're not eligible for medical coverage through an employer, you may have the same concerns as others facing decisions about obtaining personal health coverage. We understand the pressure this puts on you to protect your family's health in the event of emergency and we recognize the demand for quality care.

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 plan, you can depend on quality health coverage.

Who's Eligible to Enroll?

- Individuals 18 years of age or older
- Families with children up to 19 years of age, or 23 if a full-time student
- Children without an adult subscriber who are at least three months of age

Please note: You must reside in one of the defined Service Areas for **at least nine months per Plan Year** before being eligible to enroll in the CIGNA HealthCare of Arizona Individual Plan.

The Freedom to Choose

The CIGNA HealthCare of Arizona Individual Plan encompasses two networks, offering the flexibility to choose a doctor closest to your home or work.

Maricopa County Service Area

Covering Maricopa County and the City of Apache Junction. Members who reside in the Maricopa County Service Area may select their physician(s) from the following networks:

- The **CIGNA Medical Group (CMG)** network;* or
- A broader **Arizona Provider** Network.

Benefit coverage is the same for both networks, however, **your monthly premium rates are lower when you select the CMG network.** All your specialty care services will be coordinated through the network you select.

Enjoy lower monthly premiums when you select a **CIGNA Medical Group (CMG)* Primary Care Physician (PCP)**!

Tucson/Southern Arizona Service Area

Covering Pima, Pinal, Graham, Greenlee, Cochise and Santa Cruz Counties.

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.

* The CIGNA Medical Group (CMG) network consists of primary and specialty care providers located at CIGNA Health Care Centers and other CIGNA facilities across the Valley. Most centers offer lab, X-ray and pharmacy services. Access to OB/GYN and specialty care services are available through a large private practice network.

Enjoy **peace of mind**
with **quality coverage.**



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.

The Simplicity You Expect

The CIGNA HealthCare of Arizona Individual Plan is an HMO plan. There are virtually no claim forms to complete. Simply show your CIGNA HealthCare ID card to your provider and pay your copayment or coinsurance at the time of your visit.

The Network You Deserve

Select your provider from CIGNA HealthCare of Arizona's participating networks.

- **CIGNA Medical Group (CMG) network**

- **Arizona Provider network**

Choosing your Primary Care Physician (PCP) is an important part of receiving quality care. CIGNA HealthCare of Arizona offers two networks for your convenience but it is your responsibility to ensure your physician is in the CIGNA network, either as a participating provider with the **CIGNA Medical Group** or with the broader **Arizona Provider** network.

When you enroll in the CIGNA HealthCare of Arizona Individual Plan, you will need to select a PCP for yourself and one for each of your covered family members, all within the same network. Your PCP provides or assists in coordinating your medical care, whether it's preventive care, specialty care or common treatment for illness or injury.

To select your PCP, please reference the enclosed provider directories or visit us online at **www.cigna.com**.

Instructions to assist you in selecting your PCP are available in this packet.

Urgent 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.

IMPORTANT: If you are in need of emergency or urgent care, the CIGNA HealthCare of Arizona Individual Plan will cover your services, even when you are traveling outside the Service Area.



Programs & Services

You've chosen the right plan. Now it's time to enjoy the programs and services available to you as a CIGNA HealthCare of Arizona member.

At no additional charge, you have access to a variety of support tools and services, designed to support your overall well-being.

- **myCIGNA.com:** get connected to myCIGNA and take control of your health!
- **CIGNA HealthCare 24-Hour Health Information LineSM:** a toll-free nurse hotline that you can call, day or night
- **CIGNA Healthy Rewards[®]:** a value-added incentive program** that provides discounts to support many of your health goals
- **CIGNA HealthCare Healthy Babies[®] program:** a valuable resource for those expecting a child
- **CIGNA Tel-Drug[®]:** our convenient mail-order prescription drug program
- **EasyPay:** a hassle-free way to pay your membership premiums
- **Access to RelayHealth[®]:** an online tool that allows you to communicate directly with your doctor's office, securely and conveniently (available with the CMG provider network only)

CIGNA HealthCare of Arizona Individual Plan

Definition of terms:

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

Coinsurance – The portion of a covered claim 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
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
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
Other Medical Services <ul style="list-style-type: none"> Laboratory & X-ray Blood Pressure Checks Casting & Dressing 	No Charge
Prescription Drugs <ul style="list-style-type: none"> Prescription medications and diabetic supplies including insulin, syringes, test strips (30 day supply) Subject to Plan 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 for generic drugs \$40 Copay for brand-name drugs \$60 Copay for non-preferred and brand-name drugs
Emergency Services <ul style="list-style-type: none"> Hospital Emergency Room, Outpatient Facility, or Other Non-Contracted Facilities Ambulance 	\$150 Copay per visit 80%/20% Coinsurance* You pay 20% Plan Year deductible applies**
Urgent Care Services <ul style="list-style-type: none"> CIGNA Medical Group Urgent Care Facility or Other Contracted Facilities 	\$75 Copay per visit

What's Covered	What You Pay
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** \$1,000 Individual deductible per Plan Year \$3,000 Family deductible per Plan Year
Outpatient Hospital Services <ul style="list-style-type: none"> Physician Services Operating Room & Recovery Room Anesthesia, Respiratory Inhalation Therapy, Hemodialysis, Radiation Therapy, Chemotherapy, Mammography Screening, Therapeutic Laboratory 	80%/20% Coinsurance* You pay 20% Plan Year deductible applies** \$1,000 Individual deductible per Plan Year \$3,000 Family deductible per Plan Year
<ul style="list-style-type: none"> Diagnostic Laboratory and X-ray (CT, MRI, MRA, PET) 	\$100 Copay per test
Chiropractic Care Services <ul style="list-style-type: none"> 20 self-referral chiropractic days for medically necessary treatment of neck and back pain within the scope of chiropractic practice. 	\$50 Copay per office visit
Maternity Care Services <ul style="list-style-type: none"> Prenatal & Postpartum Exams 	No Charge
<ul style="list-style-type: none"> Delivery Coverage provided if delivery occurs after the contract has been in force for 21 consecutive months. Pregnancy complications are covered. 	80%/20% Coinsurance* You pay 20% Plan Year deductible applies**



What's Covered	What You Pay
Family Planning Services Voluntary Surgical Sterilization ■ Inpatient & Outpatient You pay 20% Plan Year deductible applies**	80%/20% Coinsurance*
■ Primary Care Physician Office Visit/ Specialty Care Physician Office Visit	\$25 Copay/\$50 Copay
■ Infertility Service	Not Covered
Inpatient Services at Other Participating Health Care Facilities ■ Skilled Nursing Facility ■ Extended Care & Rehabilitation	80%/20% Coinsurance* You pay 20% Plan Year deductible applies**
Short-Term Rehabilitative Therapy ■ Outpatient	\$50 Copay per office visit; limit of 60 combined days per Plan Year.
■ Inpatient You pay 20% Plan Year deductible applies**	80%/20% Coinsurance*
Mental Health Services ■ Outpatient office visit*** \$15 Copay per group therapy visit	\$40 Copay per one-on-one
■ Inpatient	Not Covered

What's Covered	What You Pay
Substance Abuse & Detoxification Services ■ Outpatient	\$15 Copay per office visit for the first two (2) visits; \$40 per visit for each visit thereafter up to twenty (20) visits***
■ Inpatient	\$100 Copay per day up to eight (8) days
Home Health Services ■ See Service Agreement for Benefits, Exclusions and Limitations	No Charge
Durable Medical Equipment ■ See Service Agreement for Benefits, Exclusions and Limitations	No Charge \$3500 Maximum benefit per member per Plan Year
External Prosthetics ■ See Service Agreement for Benefits, Exclusions and Limitations	\$200 Copay per member per Plan Year \$1000 maximum benefit per member per Plan Year
Out-of-Pocket Limits	\$3,000 Individual per Plan Year* \$9,000 Family per Plan Year*
Plan Year Deductibles	\$1,000 Individual per Plan Year** \$3,000 Family per Plan Year**
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. 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.



Selecting Your **PCP**



CIGNA HealthCare of Arizona

Call us today at
1.800.430.0768

Or visit us online at
www.cigna.com/individual-az

Using the Printed Provider Directories

Two directories are enclosed in this package. To make your selection from the **CIGNA Medical Group** network, please reference the CIGNA Medical Group Provider Directory.

The CIGNA Medical Group (CMG) network consists of primary and specialty care providers located at CIGNA Health Care Centers and other CIGNA facilities across the Valley, with over 200 participating providers. Most centers offer lab, X-ray and pharmacy services. Access to OB/GYN and specialty care services are available through a large private practice network. For more information, visit **www.cmgaz.com**.

To select a provider from the Arizona Provider network, make your selection from the CIGNA HealthCare of Arizona Care Network Directory. This directory offers a list of participating providers in both Service Areas. PCPs are listed according to the city where their office is located.

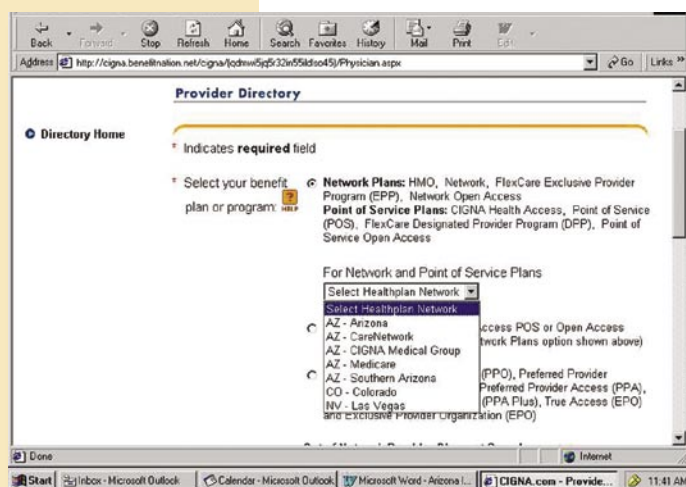
Using the Online Provider Directory

Our list of participating providers changes throughout the year. For the latest list of providers, you may search our online directory.

1. Visit **www.cigna.com** and click on "Provider Directory" along the top of the page.
2. Enter your zip code and the distance you are willing to travel to see your doctor and click "Continue." The page below will appear.
3. Under "Plans," select network (HMO) Plans or Point-of-Service Plans
4. 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."
5. If you prefer a male or female PCP, click the appropriate button, then click "Continue."
6. Browse or print the list of providers and enter your selected PCP ID# on the enrollment application enclosed in this packet.

Remember, as a CIGNA HealthCare of Arizona Individual Plan member you must use providers within your provider network.

You may change your PCP or provider network by calling CIGNA HealthCare of Arizona at 1.800.430.0768. At that time, your monthly premium rate will be adjusted based on your new provider network selection.



Applying is as easy as **1, 2, 3.**

1 Complete and sign the Medically Underwritten Enrollment Application and Evidence of Insurability Form. 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 for each covered member.

3 Enclose the forms in the envelope provided and mail. You'll be contacted in writing within 20 working days. Applications approved through the 10th of the month can become effective retroactively to the first day of that same month.

Need help or have questions about enrolling? Call CIGNA HealthCare at
1.800.430.0768



**CIGNA HealthCare
of Arizona**

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