

# HMO Plan F 15/250

Plan-at-a-Glance



**CIGNA HealthCare  
of Arizona**

## In-Network

<b>Primary Care Physician Services:</b>	
Office Visits	\$15 Copay
Preventative Care	\$15 Copay
Adult Medical Care	\$15 Copay
Adult Physical Exams	\$15 Copay
Well Child Care	\$15 Copay
Routine Immunizations and Injections	\$15 Copay
Vision and Hearing Screening ( for members age 17 and under)	\$15 Copay
Lab and X-ray	No Charge
<b>Specialty Physician Services:</b>	
Office Visits	\$25 Copay
Referral Physician Services	\$25 Copay
Allergy Testing and Treatment	\$25 Copay
Well Woman Visit - (1/Year)	\$25 Copay
Lab and X-ray	No Charge
<b>Pre and Postnatal Exams</b>	
Initial Visit	\$25 Copay
Subsequent Prenatal/Postnatal Visits (Physician's Global Maternity Fee)	90% after deductible
<b>Inpatient Hospital Services</b>	
Operating and Recovery Room	90% after deductible
Physician and Surgeon Charges	90% after deductible
Newborn Delivery Charges	90% after deductible
Diagnostic and Therapeutic Lab and X-ray Services	90% after deductible
Drugs and Medications	90% after deductible
Operating and Recovery Room	90% after deductible
Hemodialysis	90% after deductible
Radiation and Chemotherapy	90% after deductible
<b>Outpatient Hospital Services</b>	
Operating and Recovery Room	90% after deductible
Physician Services	90% after deductible
Laboratory and X-ray	90% after deductible
Hemodialysis	90% after deductible
Radiation and Chemotherapy	90% after deductible
<b>Emergency Care</b>	
Participating Physician's Office	\$15/\$25 Copay
Hospital Emergency Room, Outpatient Facility, or Non-Participating Physician's Office, or other Urgent Care Facility	\$100 Copay
Ambulance	
- Ground	No Charge
- Air	No Charge
<b>Other Health Care Facilities (Skilled Nursing and Rehabilitation)</b>	
<i>Maximum of 60 days per contract year.</i>	90% after deductible
<b>Home Health Care</b>	
<i>Maximum of 20 visits per contract year.</i>	No charge
<b>Outpatient Short Term Rehabilitation</b>	
<i>Maximum of 60 consecutive days per condition.</i>	\$25 Copay

<b>Family Planning</b>	
Tests, counseling	\$25 Copay
Surgical sterilization procedures (vasectomy, tubal ligation):	
- Inpatient Facility Services	90% after deductible
- Outpatient Facility Charge	\$25 Copay
- Surgery in Physician's Office	No Charge
<b>Infertility</b>	
Office Visit	Not covered
Treatment / surgery	Not covered
Exclusions (where allowed by state):	
- Inpatient Facility Services	
- Outpatient Facility Charge	
- Costs connected with collection, preparation, storage of sperm, for artificial insemination, including donor fees.	
<b>DME Outpatient</b>	
\$200 Per Contract Year Deductible	\$200 Ded/\$700 Max
\$700 Per Contract Year Maximum	\$200 Ded/\$700 Max
<b>All Other Covered Services</b>	
	No Charge
<b>Mental Health</b>	
Inpatient Copay	\$50 Copay Per Day
Inpatient Days	8 MH&SA Combined
Outpatient Individual Copay	\$25 Copay
Outpatient Group Copay	\$15 Copay
Outpatient Visits	25 MH&SA Combined
<b>Substance Abuse</b>	
Inpatient Copay	\$100 Copay Per Day
Inpatient Days	8 MH&SA Combined
Outpatient Individual Copay	\$25 Copay
Outpatient Group Copay	\$15 Copay
Outpatient Visits	25 MH&SA Combined
<b>Prescription Drugs</b>	
Generic/Preferred Brand/Non-Preferred Brand	\$10/\$30/\$45
<b>Out of Pocket Limits</b>	
	\$1,500/\$3,000
<b>Deductible</b>	
	\$250/\$500
<b>Lifetime Maximum</b>	
	Unlimited