

HMO Plan G 20/500

Plan-at-a-Glance



**CIGNA HealthCare
of Arizona**

In-Network

Primary Care Physician Services:	
Office Visits	\$20 Copay
Preventative Care	\$20 Copay
Adult Medical Care	\$20 Copay
Adult Physical Exams	\$20 Copay
Well Child Care	\$20 Copay
Routine Immunizations and Injections	\$20 Copay
Vision and Hearing Screening (for members age 17 and under)	\$20 Copay
Lab and X-ray	No Charge
Specialty Physician Services:	
Office Visits	\$40 Copay
Referral Physician Services	\$40 Copay
Allergy Testing and Treatment	\$40 Copay
Well Woman Visit - (1/Year)	\$40 Copay
Lab and X-ray	No Charge
Pre and Postnatal Exams	
Initial Visit	\$40 Copay
Subsequent Prenatal/Postnatal Visits (Physician's Global Maternity Fee)	90% after deductible
Inpatient Hospital Services	
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
Outpatient Hospital Services	
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
Emergency Care	
Participating Physician's Office	\$20/\$40 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
Other Health Care Facilities (Skilled Nursing and Rehabilitation)	
<i>Maximum of 60 days per contract year.</i>	90% after deductible
Home Health Care	
<i>Maximum of 20 visits per contract year.</i>	No charge
Outpatient Short Term Rehabilitation	
<i>Maximum of 60 consecutive days per condition.</i>	\$40 Copay

Family Planning	
Tests, counseling	\$40 Copay
Surgical sterilization procedures (vasectomy, tubal ligation):	
- Inpatient Facility Services	90% after deductible
- Outpatient Facility Charge	\$40 Copay
- Surgery in Physician's Office	No Charge
Infertility	
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.	
DME Outpatient	
\$200 Per Contract Year Deductible	\$200 Ded/\$700 Max
\$700 Per Contract Year Maximum	\$200 Ded/\$700 Max
All Other Covered Services	
	No Charge
Mental Health	
Inpatient Copay	\$50 Copay Per Day
Inpatient Days	8 MH&SA Combined
Outpatient Individual Copay	\$40 Copay
Outpatient Group Copay	\$20 Copay
Outpatient Visits	25 MH&SA Combined
Substance Abuse	
Inpatient Copay	\$100 Copay Per Day
Inpatient Days	8 MH&SA Combined
Outpatient Individual Copay	\$40 Copay
Outpatient Group Copay	\$20 Copay
Outpatient Visits	25 MH&SA Combined
Prescription Drugs	
Generic/Preferred Brand/Non-Preferred Brand	\$10/\$30/\$50
Out of Pocket Limits	
	\$2,000/\$4,000
Deductible	
	\$500/\$1,000
Lifetime Maximum	
	Unlimited