

# PPO Plan E 80%/1000

Plan-at-a-Glance



**CIGNA HealthCare  
of Arizona**

	In-Network	Out-of-Network
<b>Primary Care Physician Services:</b>		
Office Visits	\$25 Copay	50% after deductible
Preventative Care; including immunization (Birth through age 2)	\$25 Copay	Not Covered
Adult Preventive Care	Not Covered	Not Covered
Well Child Care; including immunizations (Age 2 and Above)	Not Covered	Not Covered
Lab and X-ray	No Charge, included in \$25 Copay	50% after deductible
<b>Specialty Physician Services:</b>		
Office Visits	\$25 Copay	50% after deductible
Referral Physician Services	\$25 Copay	50% after deductible
Allergy Testing and Treatment	\$25 Copay	50% after deductible
Well Woman Visit - (1/Year)	\$25 Copay	Not Covered
Lab and X-ray	No Charge, included in \$25 Copay	50% after deductible
<b>Pre and Postnatal Exams</b>		
Initial Visit	\$25 Copay	50% after deductible
Subsequent Prenatal/Postnatal Visits (Physician's Global Maternity Fee)	80% after deductible	50% after deductible
<b>Inpatient Hospital Services</b>		
Operating and Recovery Room	80% after deductible	50% after deductible
Physician and Surgeon Charges	80% after deductible	50% after deductible
Newborn Delivery Charges	80% after deductible	50% after deductible
Diagnostic and Therapeutic Lab and X-ray Services	80% after deductible	50% after deductible
Drugs and Medications	80% after deductible	50% after deductible
Operating and Recovery Room	80% after deductible	50% after deductible
Hemodialysis	80% after deductible	50% after deductible
Radiation and Chemotherapy	80% after deductible	50% after deductible
<b>Outpatient Hospital Services</b>		
Operating and Recovery Room	80% after deductible	50% after deductible
Physician Services	80% after deductible	50% after deductible
Laboratory and X-ray	80% after deductible	50% after deductible
Hemodialysis	80% after deductible	50% after deductible
Radiation and Chemotherapy	80% after deductible	50% after deductible
<b>Emergency Care</b>		
Participating Physician's Office	\$25 Copay	\$25 Copay
Hospital Emergency Room, Outpatient Facility, or Non-Participating Physician's Office, or other Urgent Care Facility	\$150 Copay	\$150 Copay
Ambulance	80% after deductible	80% after deductible
- Ground		
- Air		
<b>Other Health Care Facilities (Skilled Nursing and Rehabilitation)</b>		
<i>Maximum of 60 days per contract year.</i>	80% after deductible	50% after deductible
<b>Home Health Care</b>		
	80% after deductible	50% after deductible
<b>Outpatient Short Term Rehabilitation</b>		
<i>Maximum of 60 consecutive days per condition.</i>	\$25 Copay	50% after deductible

<b>Family Planning</b>		
Tests, counseling	\$25 Copay	50% after deductible
Surgical sterilization procedures (vasectomy, tubal ligation):		
- Inpatient Facility Services	80% after deductible	50% after deductible
- Outpatient Facility Charge	80% after deductible	50% after deductible
- Surgery in Physician's Office	80% after deductible	50% after deductible
<b>Infertility</b>		
Office Visit	Not covered	Not Covered
Treatment / surgery	Not covered	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>		
\$700 Per Contract Year Maximum	80% after ded, \$700 Max	50% after ded, \$700 Max
<b>Mental Health</b>		
Inpatient Copay	\$50 Copay Per Day	Not Covered
Inpatient Days	8 MH&SA Combined	Not Covered
Outpatient Individual Copay	\$25 Copay	Not Covered
Outpatient Group Copay	\$15 Copay	Not Covered
Outpatient Visits	25 MH&SA Combined	Not Covered
<b>Substance Abuse</b>		
Inpatient Copay	\$100 Copay Per Day	Not Covered
Inpatient Days	8 MH&SA Combined	Not Covered
Outpatient Individual Copay	\$50 Copay	Not Covered
Outpatient Group Copay	\$25 Copay	Not Covered
Outpatient Visits	25 MH&SA Combined	Not Covered
<b>Prescription Drugs</b>		
Generic/Preferred Brand/Non-Preferred Brand	\$20/\$40/\$60	Not Covered
<b>Out of Pocket Limits</b>		
	\$3,000/\$6,000	\$5,000/\$10,000
<b>Deductible</b>		
	\$1,000/\$2,000	\$3,000/\$6,000
<b>Lifetime Maximum</b>		
	\$1,000,000	\$1,000,000