

PPO Plan D 80%/500

Plan-at-a-Glance



**CIGNA HealthCare
of Arizona**

	In-Network	Out-of-Network
Primary Care Physician Services:		
Office Visits	\$25 Copay	50% after deductible
Preventative Care; including immunization (Birth through age 2)	\$25 Copay	Not Covered
Adult Preventive Care	\$25 Copay	Not Covered
Well Child Care; including immunizations (Age 2 and Above)	\$25 Copay	Not Covered
Lab and X-rRay	No Charge, included in \$25 Copay	50% after deductible
Specialty Physician Services:		
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
Pre and Postnatal Exams		
Initial Visit	\$25 Copay	50% after deductible
Subsequent Prenatal/Postnatal Visits (Physician's Global Maternity Fee)	80% after deductible	50% after deductible
Inpatient Hospital Services		
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
Outpatient Hospital Services		
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
Emergency Care		
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		
Other Health Care Facilities (Skilled Nursing and Rehabilitation)		
<i>Maximum of 60 days per contract year.</i>	80% after deductible	50% after deductible
Home Health Care		
	80% after deductible	50% after deductible
Outpatient Short Term Rehabilitation		
<i>Maximum of 60 consecutive days per condition.</i>	\$25 Copay	50% after deductible

Family Planning		
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
Infertility		
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.		
DME Outpatient		
\$700 Per Contract Year Maximum	80% after ded, \$700 Max	50% after ded, \$700 Max
Mental Health		
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
Substance Abuse		
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
Prescription Drugs		
Generic/Preferred Brand/Non-Preferred Brand	\$15/\$35/\$50	Not Covered
Out of Pocket Limits		
	\$3,000/\$6,000	\$5,000/\$10,000
Deductible		
	\$500/\$1,000	\$1,500/\$3,000
Lifetime Maximum		
	\$1,000,000	\$1,000,000