

# SUMMARY OF BENEFITS

## INDIVIDUAL & FAMILY PLANS ARIZONA HEALTH SAVINGS 1500



BENEFIT	IN NETWORK	OUT OF NETWORK
Annual Individual Deductible	\$1,500	\$3,000
Annual Family Deductible	\$3,000	\$6,000
<i>All medical and pharmacy benefits listed below are subject to the deductible unless otherwise noted</i>		
Coinsurance	CIGNA pays 80% of eligible charges	CIGNA pays 50% of eligible charges
Individual Out of Pocket Maximum	\$3,000	\$9,000
Family Out of Pocket Maximum	\$6,000	\$27,000
Life Time Maximum	\$5,000,000 per member	
PHYSICIAN SERVICES		
Office Visit Primary Care Physician Specialist	CIGNA pays 80%	CIGNA pays 50%
Inpatient Physician Services and all In-Hospital Care	CIGNA pays 80%	CIGNA pays 50%
Surgery (in any setting)	CIGNA pays 80%	CIGNA pays 50%
PREVENTIVE CARE		
Children (through age 6) Office Visit Immunizations	CIGNA pays 100% deductible waived	CIGNA pays 50%
Adult Preventive Care (age 7 and up) Mammogram Pap Smear PSA Colonoscopy	CIGNA pays 100% deductible waived	CIGNA pays 50%
Routine Physicals and other routine services (annual maximum of \$300 per member, per year)	CIGNA pays 100% deductible waived	CIGNA pays 50%
INPATIENT HOSPITAL FACILITY SERVICES		
Semi Private Room and Board all In-Hospital Care Services (inpatient room and board, pharmacy, x-ray and laboratory, operating room, etc.)	CIGNA pays 80%	CIGNA pays 50%
OUTPATIENT SERVICES		
Lab, X-ray, Ultrasound	CIGNA pays 80%	CIGNA pays 50%
CT scan and MRI	CIGNA pays 80%	CIGNA pays 50%
Cardio Pulmonary Rehab Unlimited visits	CIGNA pays 80%	CIGNA pays 50%
Physical Therapy, Occupational Therapy and Speech Therapy 24 total visits per year, in- and out-of-network for Physical Therapy, Occupational Therapy and Speech Therapy combined	CIGNA pays 80%	CIGNA pays 50%
Spinal Manipulation Therapy	CIGNA pays 80%	CIGNA pays 50%
Outpatient Surgery Facility charge	CIGNA pays 80%	CIGNA pays 50%

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<b>EMERGENCY &amp; URGENT CARE SERVICES</b>		
<b>Hospital Emergency Room</b> <i>(including radiology, pathology and ER physician and ancillary charges)</i>	CIGNA pays 80%	CIGNA pays 50%
<b>BENEFIT</b>	<b>IN NETWORK</b>	<b>OUT OF NETWORK</b>
<b>Urgent Care Services</b>	CIGNA pays 80%	CIGNA pays 50%
<b>Ambulance</b> <i>Emergency transport only. Maximum payment of \$5,000 per year</i>	CIGNA pays 80%	CIGNA pays 50%
<b>OTHER HEALTH CARE FACILITIES</b>		
<b>Skilled Nursing Facility, Rehabilitation Hospital and Sub Acute Facilities</b> <i>60 day maximum per year and maximum payment of \$400 per day for skilled nursing facility</i>	CIGNA pays 80%	CIGNA pays 50%
<b>Home Health</b> <i>Unlimited visits</i>	CIGNA pays 80%	CIGNA pays 50%
<b>Hospice</b> <i>Lifetime Maximum payment of \$10,000</i>	CIGNA pays 80%	CIGNA pays 50%
<b>DURABLE MEDICAL EQUIPMENT (DME)</b>		
<i>Calendar year maximum of \$5,000</i>	CIGNA pays 80%	CIGNA pays 50%
<b>MENTAL HEALTH</b>		
<b>In Patient</b> <i>Combined maximum payment of \$2,500 per person, per year</i>	CIGNA pays 80%	CIGNA pays 50%
<b>Out Patient</b> <i>20 maximum visits per person, per year for both In- and Out-of-Network</i>	CIGNA pays 80%	CIGNA pays 50%
<b>PRESCRIPTION DRUGS</b>		
<b>Generic</b>	You pay \$10 per 30-day supply	CIGNA pays 50%
<b>Brand Name</b>	You pay \$35 per 30-day supply	CIGNA pays 50%
<b>Non Preferred Brand Name</b>	You pay \$60 per 30-day supply	CIGNA pays 50%
<b>Self Injectables</b>	CIGNA pays 80%	CIGNA pays 50%
<b>MAIL ORDER DRUGS</b>		
<b>Generic</b>	You pay \$25 per 90-day supply	Not Covered
<b>Brand Name</b>	You pay \$85 per 90-day supply	Not Covered
<b>Non-Preferred Brand Name</b>	You pay \$150 per 90-day supply	Not Covered
<b>Self Injectables</b>	CIGNA pays 80%	Not Covered

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### Exclusions:

- Conditions which are **pre-existing**.
- Services or supplies that CIGNA considers to be for **Experimental Procedures or Investigative Procedures**.
- Services for which the Insured Person has **no legal obligation to pay** or for which no charge would be made if the Insured Person did not have a health policy or insurance coverage.
- Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any **workers' compensation**, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.
- Conditions caused by: (a) an **act of war**; (b) the inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) an Insured Person participating in the **military service** of any country; (d) an Insured Person participating in an **insurrection, rebellion, or riot**.
- Any services provided by a local, state or federal **government agency**, except when payment under this Policy is expressly required by federal or state law.
- If the Insured Person is eligible for **Medicare**, any services covered by Medicare under parts A or B are excluded regardless of actual enrollment in Medicare or payment by Medicare for those services. However, for any Covered Services, if there is a balance remaining after the Medicare Payment, or the amount that Medicare would have paid had the Insured Person enrolled in the program, CIGNA will pay the remaining balance up to the Medicare allowable amount. In no event, however, will the actual amount CIGNA pays exceed the amount that CIGNA would have paid if it were the sole insurance carrier.
- Any services for which payment may be obtained from any local, state or federal government agency (except Medicaid).
- Professional services received or supplies purchased from the Insured Person, a person who lives in the Insured Person's home or who is **related to the Insured Person** by blood, marriage or adoption.
- Custodial Care.
- Inpatient or outpatient services of a **private duty nurse**.
- Inpatient room and board charges in connection with a **Hospital stay primarily for environmental change, physical therapy or treatment of chronic pain**; Custodial Care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- Inpatient room and board charges in connection with a Hospital stay primarily for **diagnostic tests** which could have been performed safely on an outpatient basis.
- Treatment of **Mental, Emotional or Functional Nervous Disorders** except as specifically stated in the Policy. .
- Smoking cessation programs.
- Treatment of substance abuse, except as specifically stated in the Policy
- **Dental services, Orthodontic Services and dental implants**
- **Hearing aids and routine hearing tests**.
- **Optometric services, eye surgery** to correct refractive defects of the eye.
- Any off label cancer drug that has been prescribed for a specific type of cancer for which use of the drug has not been approved by the U.S. Food and Drug Administration (US FDA) except as specifically stated in the Policy.
- **Cosmetic surgery**.
- **Sex change surgery**.
- Treatment of **sexual dysfunction, impotence, fertility and/or Infertility** and **Cryopreservation** of sperm or eggs.
- **Orthopedic shoes** (except when joined to braces) or shoe inserts, including orthotics.
- Services primarily for **weight reduction** or treatment of obesity
- **Routine physical exams** except as specifically stated in the Policy.
- Charges for **telephone or email consultations**.
- Items which are furnished primarily for **personal comfort** or convenience.
- **Educational services** except as specifically stated in the Policy
- **Nutritional counseling** or food supplements. .

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- **Syringes.**
- **All Foreign Country Provider** charges.
- **Growth Hormone Treatment** except when such treatment is medically proven to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be clinically proven to be effective for such use and such treatment must be likely to result in a significant improvement of the Insured Person's condition.
- Routine **foot care.**
- Charges for **animal to human organ transplants.**
- Charges for **Normal Pregnancy or Maternity Care.**
- Claims received by CIGNA after 15 months from the date service was rendered.

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Annual Family Deductible	\$6,000	\$12,000
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Coinsurance	CIGNA pays 100% of eligible charges	CIGNA pays 50% of eligible charges
Individual Out of Pocket Maximum	\$3,000	\$9,000
Family Out of Pocket Maximum	\$6,000	\$27,000
Life Time Maximum	\$5,000,000 per member	
PHYSICIAN SERVICES		
Office Visit Primary Care Physician Specialist	CIGNA pays 100%	CIGNA pays 50%
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PREVENTIVE CARE		
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<b>Urgent Care Services</b>	CIGNA pays 100%	CIGNA pays 50%
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<b>In Patient</b> <i>Combined maximum payment of \$2,500 per person, per year</i>	CIGNA pays 100%	CIGNA pays 50%
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<b>PRESCRIPTION DRUGS</b>		
<b>Generic</b>	CIGNA pays 100%	CIGNA pays 50%
<b>Brand Name</b>	CIGNA pays 100%	CIGNA pays 50%
<b>Non Preferred Brand Name</b>	CIGNA pays 100%	CIGNA pays 50%
<b>Self Injectables</b>	CIGNA pays 100%	CIGNA pays 50%
<b>MAIL ORDER DRUGS</b>		
<b>Generic</b>	CIGNA pays 100%	Not Covered
<b>Brand Name</b>	CIGNA pays 100%	Not Covered
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Annual Family Deductible	\$10,000	\$20,000
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Coinsurance	CIGNA pays 100% of eligible charges	CIGNA pays 50% of eligible charges
Individual Out of Pocket Maximum	\$5,000	\$15,000
Family Out of Pocket Maximum	\$10,000	\$45,000
Life Time Maximum	\$5,000,000 per member	
PHYSICIAN SERVICES		
Office Visit Primary Care Physician Specialist	CIGNA pays 100%	CIGNA pays 50%
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### These Are Only the Highlights

This summary contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations including legislated benefits are contained in the Summary Plan Description or Insurance Certificate. This plan is insured and/or administered by Connecticut General Life Insurance Company, a CIGNA Company.

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**CIGNA**  
Health Savings  
Plans<sup>SM</sup>



Health Savings Plans – ARIZONA

## Rates effective through December 31, 2008

### Maricopa County

Age	\$1500 Deductible		\$3000 Deductible		\$5000 Deductible	
	Male	Female	Male	Female	Male	Female
<2	279	279	227	227	193	193
2-17	98	102	80	83	68	71
18-24*	122	175	99	142	84	121
25-29	128	187	104	152	88	129
30-34	145	204	117	165	100	141
35-39	166	216	135	175	115	149
40-44	205	244	166	199	142	169
45-49	262	295	213	240	181	204
50-54	335	328	272	266	231	227
55-59	408	381	331	310	282	263
60-64	490	458	398	372	338	317

### Pima County

Age	\$1500 Deductible		\$3000 Deductible		\$5000 Deductible	
	Male	Female	Male	Female	Male	Female
<2	263	263	214	214	182	182
2-17	93	96	76	78	64	67
18-24*	115	165	93	134	79	114
25-29	121	177	98	144	83	122
30-34	137	193	110	156	94	133
35-39	157	204	127	165	109	141
40-44	194	230	157	188	134	160
45-49	247	279	201	227	171	193
50-54	316	310	257	251	218	214
55-59	385	360	313	293	266	248
60-64	463	432	376	351	319	299



Rates are subject to change upon 60 days prior notice. Monthly premium rates will change should a member have a birthday that places them in a higher Age Category. Eligibility for county rate is based on residential zip code.

\*A dependent child enrolling on a parent's policy who is 19 through 22 years of age, and is a full-time student, receives the 2-17 Age Category rate. Full-time student status must be maintained.



## Gila and Pinal Counties

Age	\$1500 Deductible		\$3000 Deductible		\$5000 Deductible	
	Male	Female	Male	Female	Male	Female
<2	303	303	247	247	210	210
2-17	107	111	87	90	74	77
18-24*	133	190	108	154	91	132
25-29	139	203	113	165	96	140
30-34	158	222	127	179	109	153
35-39	181	235	147	190	125	162
40-44	223	265	181	216	154	184
45-49	285	321	232	261	197	222
50-54	364	357	296	289	251	247
55-59	444	414	360	337	307	286
60-64	533	498	433	405	368	345

## Apache, Coconino, La Paz, Mohave, Navajo, Yavapai and Yuma Counties

Age	\$1500 Deductible		\$3000 Deductible		\$5000 Deductible	
	Male	Female	Male	Female	Male	Female
<2	408	408	332	332	282	282
2-17	143	149	117	121	99	104
18-24*	178	256	145	208	123	177
25-29	187	273	152	222	129	189
30-34	212	298	171	241	146	206
35-39	243	316	197	256	168	218
40-44	300	357	243	291	208	247
45-49	383	431	311	351	265	298
50-54	490	479	398	389	338	332
55-59	596	557	484	453	412	384
60-64	716	669	582	544	494	463

## Cochise, Graham, Greenlee and Santa Cruz Counties

Age	\$1500 Deductible		\$3000 Deductible		\$5000 Deductible	
	Male	Female	Male	Female	Male	Female
<2	341	341	278	278	236	236
2-17	120	125	98	101	83	87
18-24*	149	214	121	174	103	148
25-29	157	229	127	186	108	158
30-34	177	249	143	202	122	172
35-39	203	264	165	214	141	182
40-44	251	298	203	243	174	207
45-49	320	361	260	293	221	249
50-54	410	401	333	325	282	278
55-59	499	466	405	379	345	322
60-64	599	560	487	455	413	388

Rates are subject to change upon 60 days prior notice. Monthly premium rates will change should a member have a birthday that places them in a higher Age Category. Eligibility for county rate is based on residential zip code.

\*A dependent child enrolling on a parent's policy who is 19 through 22 years of age, and is a full-time student, receives the 2-17 Age Category rate. Full-time student status must be maintained.

Enrollment in the CIGNA Health Savings Plan is subject to medical underwriting guidelines established by the health plan.

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