



CIGNA HealthCare
Open Access Plus
Plan

*Understanding Your
Open Access Plus Plan*



Choice *and* Convenience.

With CIGNA HealthCare Open Access Plus, you can visit any provider you choose, whenever you choose. At the same time, you have the opportunity to have your care coordinated by a Primary Care Physician (PCP). Look to your PCP as “home base” for:

- Routine check ups
- Follow-up care
- Information and guidance

You can choose your PCP from a vast network of participating physicians. Or, if you prefer, you have the option of not choosing a PCP. Either way, you have referral-free access to 440,000 participating doctors and 6,800 participating hospitals and facilities nationwide.



Whether or not you choose a PCP, CIGNA HealthCare will work closely with you and your doctors to help coordinate your health care. From managing administration to providing services and support, we’re there so that your doctors can focus on providing care and you can focus on your health.

Service and support you can count on.

You enjoy worldwide emergency and urgent care coverage. You’ll have:

- The CIGNA HealthCare 24-Hour Health Information LineSM with toll-free, 24-hour access to registered nurses and a library with hundreds of health-related topics.
- The CIGNA HealthCare Member Assistance Program, providing a wide range of services that will save you time, address personal concerns and help you balance work and family obligations.
- Toll-free nationwide customer service with the capacity to assist in 140 languages.

Features that give you more opportunities and information.

You’ll have access to a wide variety of tools and information that will help you make more informed choices. This includes myCIGNA.com with 24-hour online access to plan and benefit information, easy-to-search provider directories, and paperless self-service features that let you change your PCP, order a new ID card, check the status of your medical claims and more.

Questions & Answers

Do I have to choose a PCP?

You are not required to choose a PCP. However, a PCP gives you and your dependents a valuable resource and a personal health advocate.

What if my personal physician isn’t on your list?

That means your doctor does not participate in the CIGNA HealthCare network. To receive your maximum benefit, you should select a doctor from the CIGNA HealthCare list of participating providers. Participating providers must meet standards to become a part of our network. You can continue seeing your current doctor, even if he or she is not a participating provider. However, in that case you will pay higher out-of-pocket costs and your care will be covered at the out-of-network benefits level.



Do I need a referral to see a specialist?

Though you may want your personal doctor's advice and assistance in arranging care with a specialist in the network, you do not need a referral to see a participating specialist. If you choose to see an out-of-network specialist, the health care services you receive will be covered at the out-of-network benefits level.

What is the difference between in-network coverage and out-of-network coverage?

When you visit a CIGNA HealthCare participating doctor, you will have the lowest out-of-pocket costs. That's because our participating providers have agreed to charge lower fees, and your plan's benefits cover a larger share of the charges.

With out-of-network benefits, you can see any doctor you wish and still be covered for treatment of any illness or injury. Keep in mind, however, that your out-of-pocket costs will be higher if you choose a doctor who doesn't participate in our network.

Do I have to choose between in-network and out-of-network coverage now?

No. Each time you seek medical care, you can choose your doctor – either in- or out-of-network.

How do I find in-network physicians?

Start with the CIGNA HealthCare Provider Directory or visit our Web site at www.cigna.com.

What if I go to an out-of-network physician who sends me to a network hospital? Will I pay in-network or out-of-network charges for my hospitalization?

CIGNA HealthCare will cover authorized medical services provided by a participating hospital at your in-network benefits level – whether you were sent there by an in- or out-of-network doctor.



What is utilization review?

Utilization review is a process that helps determine if the services you receive are a covered benefit. CIGNA HealthCare performs utilization review, including hospital pre-admission certification, continued stay review and case management. Requests for non-emergency hospital stays other than a maternity stays must be approved in advance.



Precertification is not required for a maternity stay of 48 hours for vaginal deliveries or 96 hours for caesarean sections. Depending on your benefits plan, you may be eligible for additional benefits. Any hospital stay beyond the initial 48 or

96 hours must be approved. Please contact Customer Service for details.

Who is responsible for obtaining precertification?

Your doctor will help you decide which procedures require hospital care and which can be handled on an outpatient basis.

If your doctor participates in the CIGNA HealthCare network, he or she will arrange for precertification. If you use an out-of-network doctor, you are responsible for making the arrangements.

What if my doctor keeps me hospitalized longer than my precertification allows?

CIGNA HealthCare will contact your hospital the day before you are scheduled to be discharged. If your physician has extended your stay, then the additional days will be reviewed for coverage. CIGNA HealthCare will continue to review your hospital stay for coverage until you are discharged.

If you remain in the hospital for services that are not covered, your out-of-pocket costs may be higher.

More questions?

Go to **www.cigna.com** or
call the toll-free number on your
CIGNA HealthCare ID card.



CIGNA HealthCare
A Business of Caring.

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