

Introduction

You choose
your doctor.
This guide
can help.

WHO WE ARE

- **CIGNA** strives to keep our customers healthy and productive. We are committed to giving you access to technology, information and support in reaching health care decisions.
- **We are where you are.** CIGNA has a national presence, but we also have a local focus in most areas. This means local medical directors and health services representatives work to provide you with access to quality care.

WHAT YOU CAN EXPECT

- **Convenient access to quality health care.** Before joining the CIGNA network, doctors must meet CIGNA standards through a process called credentialing. We regularly review physicians' credentials to help ensure they continue to meet these standards.
- **Medical coverage.** Your plan includes coverage for diagnosis and treatment of illness and injury, and a program of preventive care to help keep you and your family well.
- **Responsive customer service.** Whether on our website, www.cigna.com, by phone when you talk to a representative or through our automated telephone system, you have access to consistent and timely information about your plan – when it's convenient for you.

ABOUT THIS DIRECTORY

The following pages list the independent doctors and other health care professionals in this area who participate in the CIGNA network. You can use this directory to select your Primary Care Physician (PCP) for yourself and each covered member of your family. You can also use it to locate participating specialists, hospitals, and other health care professionals. An updated listing is always available at www.cigna.com. You can use our online directory to:

- search for participating physicians, hospitals and other health care professionals.
- download your own personalized directory to have on hand when you need it.
- find hospital scores for specific conditions/procedures through CIGNA "Centers of Excellence."

The online directory is updated often, so visit it often. Just go to www.cigna.com, click on the Convenience Center and choose Provider Directory.

For more information, please visit www.cigna.com or call CIGNA Customer Service at 1.800.244.6224.

www.cigna.com

PLEASE NOTE: The term "health care professional" also refers to "provider".

Your PCP serves as a source for advice and direction.

YOUR CIGNA ID CARD

- You receive your CIGNA ID card after you enroll.
- Keep your CIGNA ID card with you at all times. Show it whenever you visit a health care professional or facility.

WORKING WITH YOUR DOCTOR

When you choose your Primary Care Physician (PCP) to be your personal physician, you establish and develop a relationship that remains a reassuring part of your plan. Each covered member of your family can choose his or her own PCP.

- The PCP serves as a “home base” for basic care – a source for advice and direction.
- Your PCP also coordinates your care - from preventive checkups and routine medical care to specialized care and hospitalizations.
- Your PCP will also provide you with referrals to specialists when necessary. You do not need a referral in an emergency, and you do not have to have a referral to visit a participating OB/GYN.
- Your choice of PCP may determine the specialist and hospital networks that are available to you. Your choice of a specialist may be limited to specialists in your PCP’s medical group or network, including a “limited network”. A “limited network” is a defined physician network where your PCP will refer patients to specific specialists and hospitals within that network. These networks include a selection of credentialed specialists and hospitals that are available to you.
- Referral-free access to OB/GYNs – As part of your plan, you can visit a participating OB/GYN at any time, without a referral, even if your plan requires referrals to other types of specialists. Please note: If your PCP is part of a medical group you may be required to see an OB/GYN who practices in that group for services to be covered. Check with your PCP or call CIGNA Customer Services to learn whether this requirement applies to you.
- You can change your PCP at any time, for any reason. In addition, if you have a chronic, disabling or life-threatening illness, you may apply to the CIGNA HealthCare Medical Director to request that your treating specialist become the coordinator of all of your care. In order for the CIGNA Medical Director to approve this request, your specialist must be a participating provider in the CIGNA HealthCare network and must agree to become coordinator of all your care. Your specialist must agree to meet and accept all CIGNA HealthCare requirements and payment schedules for PCPs, and must sign your request. Should you not be satisfied with the Medical Director’s response you may appeal the response in accordance with the CIGNA HealthCare Complaints and Grievance procedures.

Visit www.cigna.com to search for participating doctors, find information on preventive care and other health topics, and learn more about your plan’s benefits and programs.

You're
covered for
emergencies
24 hours a
day, at home
or away.

SELECTING YOUR DOCTOR

Follow your employer's instructions for enrolling in the CIGNA plan. If your employer asks you to fill out an enrollment form:

- Use the enrollment form to enter your choice(s) of Primary Care Physicians.
- If using the form, write the name of each covered family member, the name of the Primary Care Physician, and the doctor's ID number as shown in the directory.
- Complete the rest of the form and submit to your benefits department as directed by your employer.
- You can also change your PCP online at www.cigna.com.

YOUR SUMMARY OF BENEFITS

Your *Summary of Benefits* gives you important information on the medical benefits and other types of services your plan covers. You should read your *Summary of Benefits* to determine whether you have prescription drug coverage, coverage for mental health and substance abuse, and/or vision care coverage as a part of your CIGNA plan.

The listing of a doctor in this directory does not guarantee that the services provided by that doctor are covered under your specific medical plan. Check the materials which describe your particular plan benefits, or call CIGNA Customer Service for information about the services covered under your plan benefits. If you have questions or need assistance, please contact Customer Service at the toll-free telephone number listed in your enrollment materials or on your CIGNA ID card.

CIGNA LifeSOURCE Transplant Network®

As a CIGNA customer, you have access to the CIGNA LifeSOURCE Transplant Network®, a network of participating organ and tissue transplant centers. Developed by a team of CIGNA clinical professionals, the transplant network includes over 400 transplant programs at more than 120 independent transplant centers that are nationally recognized for their clinical outcomes.

Each transplant facility is evaluated for favorable rates of patient outcomes, support services and “patient friendly” environments before it is included in the CIGNA LifeSOURCE Transplant Network.

CIGNA LifeSOURCE participants are managed by our comprehensive transplant case management unit. This unit consists of registered nurses with clinical experience in transplant, hematology/oncology, home health care, dialysis, critical care and/or community care. They are specially trained to manage complex transplant cases.

Our comprehensive transplant case management unit offers the following benefits:

- Clinical partnership with health care professionals
- Consistency in service and benefit administration
- Dedicated resources for complex areas of medicine
- Advocacy
- Administrative efficiency

In some instances a travel benefit is offered as a feature of the program. Please be aware that most of these expenses are considered taxable income.

If the facility designated by CIGNA is not in the service area and there is an in-state participating facility at which the transplant can be performed, you will be provided with information about both facilities and you may choose to have the procedure performed at either facility. CIGNA may not require you to travel out of the service area for a transplant procedure without your consent.

As a CIGNA customer, you can have access to these services when they are coordinated through your physician and your transplant case manager.

You may not receive the in-network level of benefits for all types of transplants at all facilities. In addition, our network of facilities changes frequently. For the most current listings with the programs covered at the in-network benefit level, please visit www.cignalifesource.com or call CIGNA LifeSOURCE Customer Service at 800.668.9682.

Not all CIGNA LifeSOURCE Transplant Network facilities are available to participants in all plans. Please call Customer Service at 800.668.9682 for more information. If you are already in transplant case management, please call your case manager directly.

Respected
hospitals and
medical
centers
throughout
the United
States.

Alabama

University of Alabama
at Birmingham
Medical Center

Arizona

Banner Good
Samaritan Medical
Center - Solids and
Blood & Marrow
Transplant
Programs, Phoenix
Mayo Clinic Scottsdale
University of Arizona
Health Sciences
Center, Tucson

Arkansas

University of Arkansas
for Medical
Sciences, Little
Rock

California

California Pacific
Medical Center,
San Francisco
Cedars-Sinai Medical
Center, Los
Angeles
Children's Hospital
Los Angeles
Children's Hospital at
Oakland
Children's Hospital of
Orange County
City of Hope National
Medical Center,
Duarte
Loma Linda University
Medical Center
Lucile Salter Packard
Children's Hospital,
Palo Alto
Rady Children's
Hospital, San Diego
Sharp Memorial
Hospital, San Diego
Stanford University
Medical Center
UC Davis Medical
Center, Sacramento
UCSD Medical Center,
San Diego
UCSF Medical Center,
San Francisco
USC University
Hospital, Los
Angeles

Colorado

Children's Hospital of
Denver
Porter Adventist
Hospital, Denver
Presbyterian St. Luke's
Medical Center,
Denver
University of Colorado
Hospital, Denver

Connecticut

Yale-New Haven
Hospital, New
Haven

Delaware

Alfred I. duPont
Hospital for
Children
(Nemours),
Wilmington

District of**Columbia**

Children's National
Medical Center
Georgetown University
Hospital
Washington Hospital
Center

Florida

All Children's
Hospital, St.
Petersburg
Florida Hospital,
Orlando
H. Lee Moffitt Cancer
Center, Tampa
Jackson Memorial
Hospital, Miami
Mayo Clinic,
Jacksonville
Shands Hospital,
Gainesville
Tampa General
Hospital

Georgia

Children's Healthcare
of Atlanta
Emory University
Hospital, Atlanta
Northside Hospital/The
Blood and Marrow
Transplant Group
of Georgia, Atlanta
Piedmont Hospital,
Atlanta

Illinois

Children's Memorial
Hospital, Chicago
Northwestern
Memorial Hospital,
Chicago
Rush University
Medical Center,
Chicago
University of Chicago
Medical Center and
Comer's Children's
Hospital

Indiana

Clarian Health -
Indiana University
Hospital,
Indianapolis
Clarian Health -
Methodist Hospital,
Indianapolis
Clarian Health - Riley
Children's Hospital,
Indianapolis
Indiana Blood and
Marrow
Transplantation,
Beech Grove

Iowa

University of Iowa
Hospital and
Clinics, Iowa City

Kansas

University of Kansas
Hospital, Kansas
City

Kentucky

Jewish Hospital,
Louisville

Louisiana

Ochsner Clinic
Foundation, New
Orleans
Tulane University
Hospital and Clinic,
New Orleans

Maine

Maine Medical Center,
Portland

Maryland

Johns Hopkins Health
System, Baltimore
University of Maryland
Medical Center,
Baltimore

Massachusetts

Brigham and Women's
Hospital and Dana
Farber Cancer
Institute, Boston
Children's Hospital
Boston and Dana
Farber Cancer
Institute, Boston
Lahey Clinic Medical
Center, Burlington
Massachusetts General
Hospital and Dana
Farber Cancer
Institute, Boston
Tufts - New England
Medical Center,
Boston

Michigan

Henry Ford Health
System, Detroit
Karmanos Cancer
Center, Detroit

Minnesota

Hennepin County
Medical Center,
Minneapolis
Mayo Clinic, Rochester

Missouri

Barnes Jewish
Hospital, St. Louis
Children's Mercy
Hospital, Kansas
City
St. Louis Children's
Hospital
Saint Louis University
Hospital
Saint Luke's Hospital
of Kansas City

Nebraska

The Nebraska Medical
Center, Omaha

New Hampshire

Mary Hitchcock
Memorial Hospital,
Lebanon

New Jersey

Hackensack University
Medical Center,
Hackensack
Newark Beth Israel
Medical Center,
Newark
Robert Wood Johnson
University Hospital,
New Brunswick
St. Barnabas Medical
Center, Livingston

New York

Memorial Sloan-
Kettering Cancer
Center, New York
Mt. Sinai Medical
Center, New York
New York Presbyterian
Hospital, New York
New York University
Medical Center,
New York
Strong Memorial
Hospital, Rochester

North Carolina

Carolinas Medical
Center, Charlotte
University of North
Carolina Hospitals,
Chapel Hill

Ohio

Arthur G. James
Cancer Hospital,
Columbus
Children's Hospital
Medical Center,
Cincinnati
Christ Hospital,
Cincinnati
Cleveland Clinic
Foundation,
Cleveland
Nationwide Children's
Hospital, Columbus
Ohio State University
Medical Center,
Columbus
University Hospital,
Cincinnati
University Hospitals
Case Medical
Center, Cleveland

Oklahoma

INTEGRIS Baptist
Medical Center,
Oklahoma City

Oregon

Legacy Good
Samaritan Hospital
and Medical
Center, Portland
Oregon Health &
Science University,
Portland

Pennsylvania

Children's Hospital of
Pittsburgh
Penn State Milton S.
Hershey Medical
Center, Hershey
Temple University
Health System,
Philadelphia
Thomas Jefferson
University Hospital,
Philadelphia
University of
Pennsylvania
Health System,
Philadelphia
UPMC Presbyterian
Shadyside Hospital,
Pittsburgh

South Carolina

Medical University of
South Carolina
Medical Center,
Charleston

Tennessee

Methodist University
Hospital
(LeBonheur
Healthcare),
Memphis
St. Jude Children's
Research Hospital,
Memphis
Vanderbilt University
Medical Center,
Nashville

Texas

Children's Medical
Center, Dallas
Cook Children's
Medical Center, Ft.
Worth
Medical City Dallas
Hospital
Memorial Hermann
Hospital, Houston
Methodist Dallas
Medical Center
St. Luke's Episcopal
Hospital, Houston
Texas Children's
Hospital, Houston
Texas Transplant
Institute, San
Antonio
The Methodist
Hospital, Houston
University of Texas
MD Anderson
Cancer Center,
Houston
University of Texas
Southwestern St.
Paul Hospital,
Dallas

Utah

University of Utah
Hospital, Salt Lake
City

Virginia

Medical College of
Virginia Hospitals,
Richmond
Sentara Norfolk
General Hospital,
Norfolk
University of Virginia
Hospital,
Charlottesville

Washington

Seattle Children's
Hospital

Wisconsin

Children's Hospital of
Wisconsin,
Milwaukee
Froedtert Memorial
Lutheran Hospital,
Milwaukee
St. Luke's Medical
Center, Milwaukee
University of
Wisconsin,
Madison

Pre-certification

Our goal is to help make sure that you have access to the appropriate care, in the appropriate setting. We have established a wide network of physicians and we continuously contract with new physicians to help make sure that you have access to care from credentialed doctors.

Your plan may require that you choose a Primary Care Physician (PCP) for yourself and your covered dependents. Your PCP is your personal doctor who can coordinate your medical care and keep your medical history. If your plan does not require you to choose a PCP, you can still choose a PCP or a personal physician for yourself and your covered dependents to help coordinate your care. Your first stop should be your PCP or personal physician. He or she can help determine if you need specialty care or hospitalization.

WHAT IS PRE-CERTIFICATION?

Pre-certification is a review process where CIGNA nurses, pharmacists and/or physicians work with your doctor to determine:

- Whether a procedure, treatment or service is a covered benefit.
- What your benefits will be for a procedure, treatment or service if you use a physician who is not in the CIGNA network.

HOW DOES THE PROCESS WORK?

Your plan may require pre-certification for hospital admissions and selected outpatient services. When pre-certification is required, a CIGNA nurse evaluates the request using nationally recognized guidelines. These guidelines are consistent with sound clinical principles and processes and have been developed with involvement from actively practicing health care professionals. CIGNA nurses determine what services are covered based on your plan benefits and using these guidelines. When guidelines do not exist, clinical resource tools based on clinical evidence are used.

Anytime a CIGNA nurse is unable to approve coverage for clinical reasons, the case is referred to a CIGNA physician who considers each case on an individual basis. The CIGNA physician may speak with your doctor to obtain additional information. You and your doctor will be notified in writing if a request for a pre-certification number cannot be approved based on the information we received and your plan benefits.

WHEN DOES THE REVIEW OCCUR?

The review process can occur at three different times:

- Prospective review is when CIGNA receives a request before you receive care. Determinations are made within two business days of receiving all necessary information. You and your doctor will be notified verbally or electronically and by mail.
- Concurrent review is when CIGNA receives a request while you are receiving care or in a hospital, skilled nursing facility or rehabilitation facility. Determinations are made within one business day of receiving all necessary information. You and your doctor will be notified verbally or electronically and by mail.
- Retrospective review is when CIGNA receives a request after you have received care. Determinations related to these services are made within thirty days after receiving all necessary information. You and your doctor will be notified verbally or electronically and by mail.

If your situation requires that a determination be made right away, then CIGNA will perform an expedited review. This determination will be completed within one business day.

Licensed physicians will determine coverage denials when clinical reasons are the rationale for the denial. Denial letters will explain the reason for the decision and details on how to submit additional information and/or proceed through the formal Appeals Process, should you disagree with the coverage decision.

If your doctor is part of the CIGNA network, then he or she is responsible for contacting CIGNA to start the pre-certification process. If you use a doctor who is not part of the CIGNA network, then you are responsible for contacting CIGNA to start the pre-certification process. It is important for you to review your benefit plan or contact CIGNA at the number on your CIGNA ID card to understand which services require pre-certification.

WHAT IS CASE MANAGEMENT?

Case Management is when a CIGNA nurse provides you with assistance in coordinating services between your doctor and across different care settings, such as a hospital, rehabilitation facility and your home. The nurse will also assist you with identifying available community resources for services that may not be covered by your benefit plan or by providing you with health care information. If you think the services of a CIGNA Nurse Case Manager might help you, call the number on your CIGNA ID card.

Health Care Professional Compensation

CIGNA is committed to keeping you informed about matters related to your health care plan. For that reason, we offer the following description of the way that CIGNA compensates health care professionals (physicians, hospitals and other health care practitioners and facilities) that participate in our networks.

CIGNA compensates health care professionals in ways that are intended to emphasize preventive care, promote quality care and ensure the appropriate and cost-effective use of covered medical services and supplies. CIGNA reinforces this philosophy through utilization management decisions made by its medical directors and medical management staff. CIGNA employees are encouraged to promote appropriate utilization of covered health care services and to discourage underutilization.

The methods by which participating health care professionals agree to be compensated are described generally here. The amount and type of compensation a health care professional agrees to accept may vary depending upon the type of plan. For example, a hospital may agree to accept less for services provided to patients enrolled in an HMO plan than to patients enrolled in other types of plans. In addition, CIGNA may attempt in various ways to promote the use of participating health care professionals based upon quality and cost-effectiveness measures while assuring quality and access to covered services and supplies.

DISCOUNTED FEE FOR SERVICE:

Payment for services is based on an agreed-upon discounted amount from the health care professional's bill.

CAPITATION:

By mutual agreement, network physicians, physician/hospital organizations (PHOs) or other health care professional groups are paid a fixed amount (capitation) at regular intervals for each individual assigned to the physician, PHO or other health care professional groups, whether or not services are provided. This payment covers physician and/or, where applicable, hospital or other services covered under the benefits plan. Health care professional groups and PHOs may in turn compensate health care professionals using a variety of methods.

Capitation can offer health care professionals a predictable income, encourage physicians to keep people well through preventive care, eliminate the financial incentive to provide services that will not benefit the patient and reduce paperwork.

CIGNA may also work with third parties that provide network management services. Under these arrangements, CIGNA pays the third party a fixed monthly amount per individual for these services. Health care professionals are compensated by the third party for services provided to CIGNA plan participants from the fixed amount. Compensation arrangements are agreed upon by the third parties and their contracted health care professionals, and may include discounted fee for service and capitation.

Some health care professionals and third parties that provide network management services may participate in a risk-sharing arrangement with CIGNA; they agree on a target amount for the cost of certain services and share all or some of the amount by which costs are over or under the target. Services are monitored using criteria that may include accessibility, quality of care, customer satisfaction and appropriate and cost-effective use of medical services and supplies.

SALARY:

Physicians and other health care professionals who are employed to work in CIGNA's Arizona staff-model medical facility are paid a salary. The salary is decided in advance each year and is guaranteed regardless of the services provided. Physicians are eligible for a bonus at the end of the year based on performance, which is evaluated using criteria that may include quality of care, quality of service and appropriate and cost-effective use of medical services and supplies.

BONUSES AND INCENTIVES:

Some health care professionals may receive additional payments based on their performance, which is measured using criteria that may include quality of care, quality of service and appropriate and cost-effective use of medical services and supplies. Health care professionals may also receive financial and/or nonfinancial incentives that promote utilization of cost-effective participating health care professionals (such as hospitals, labs, specialists and vendors) and covered drugs and supplies.

PER DIEM:

A specific amount is paid to a hospital per day for all health care received. The per diem payment may vary by type of service and length of stay and the payment may in some cases be greater than the hospital's normal billed charges.

CASE RATE:

A specific amount is paid for all health care received in the hospital for a given hospital stay (such as for a normal maternity delivery).

If you would like to find out which compensation method applies to services you receive from a health care professional, just ask the doctor's administrative staff. CIGNA Customer Service is available to help with general questions at the toll-free telephone number on your CIGNA ID card.