Introduction

You choose your doctor.

This guide can help. Please read the following information so you will know from whom or what group of health care professionals health care may be obtained.

www.cigna.com

WHO WE ARE

- **Cigna** strives to keep you healthy. We are committed to giving you access to information, technology and support in making informed 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, health care professionals must meet Cigna standards through a process called credentialing. We regularly review 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 regular program of preventive care to help keep you and your family well.
- **Responsive customer service.** Whether on our website, *myCigna.com*, by phone when you talk to a representative or through our automated telephone system, you have easy access to consistent, accurate, 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. To obtain a list of non-hospital facilities (such as sub-acute and/or transitional inpatient care facilities), please contact Customer Services. An updated listing in this directory is always available at *www.cigna.com* or on *myCigna.com* once you are enrolled. You can use our online directory to:

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

Information listed in this directory is not guaranteed and may be subject to change without notice. Revisions to this directory may not be made immediately. For the most up to date information, **please refer to our website at www.cigna.com** or contact Customer Service at the number listed on your Cigna ID Card.

For more information, please visit *www.myCigna.com* or call Cigna Customer Service at the toll-free number on your Cigna ID card.

YOUR CIGNA HEALTHCARE ID CARD

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

Your PCP serves as a source for advice and direction.

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 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.
- If your PCP is part of a medical group, you may be required to see a specialist who practices in that group for services to be covered. Your PCP choice may also effect the facilities you would receive services from. Check with your PCP or call Cigna Customer Service to learn whether this requirement applies 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 or IPA 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 Service to learn whether this requirement applies to you.
- **Some hospitals and other health care professionals do not provide one or more of the following services that may be covered under your plan contract and that you or your family member might need: family planning; contraceptive services, including emergency contraception; sterilization, including tubal ligation at the time of labor and delivery; infertility treatments; or abortion. You should obtain more information before you enroll. Call your prospective doctor, medical group, independent practice association, or clinic, or call the health plan at the toll free number on your Cigna ID card to ensure that you can obtain the health care services that you need.**

Once you are enrolled, visit *mycigna.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 PCP WHEN ENROLLING

Follow your employer's instructions for enrolling in the Cigna plan. Be sure to use the PCP ID number from the directory.

- If you're a current patient of a PCP who is not accepting new patients with Cigna, be sure to indicate you are a current patient so an exception can be made.
- If you don't select a PCP, Cigna will select one for you.

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. The transplant network includes over 600 transplant programs at more than 150 independent transplant facilities that are nationally recognized for their clinical outcomes.

Each transplant facility is evaluated for minimum annual volumes, one-year graft and patient outcomes, time on the wait list, support services and "patient friendly" environments before it is included in the Cigna LifeSOURCE Transplant Network. Programs that meet or exceed Cigna's national Guidelines for Network Inclusion are included as a Program of Excellence. Transplant programs that do not meet Cigna's national Guidelines for Network Inclusion may be contracted as a Supplemental Program. You will need to understand your benefits to know if you have coverage for a transplant at a Supplemental Program. For more information, please visit www.cignalifesource.com, and click on the "our network" tab.

Cigna LifeSOURCE participants are managed by our in-depth transplant case management unit. This unit consists of 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.

Transplant case management unit offers the following benefits:

- Clinical collaboration with health care professionals
- Consistency in service and benefit administration
- Dedicated resources for complex areas of medicine
- Advocacy for the patient's benefit
- Administrative efficiency

Respected hospitals and medical centers throughout the United States.

In some instances, a travel benefit is available if you select a Program of Excellence and meet other eligibility requirements. Please be aware that most of these expenses are considered taxable income.

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 of the Programs of Excellence and Supplemental Programs, please visit *www.cignalifesource.com,* click on the tab "Our Network" 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.

Alabama
University of Alabama at Birmingham Medical Center

Arizona
Banner Good Samaritan Medical Center, Phoenix
Mayo Clinic Scottsdale
Phoenix Children's Hospital
Scottsdale Healthcare Virginia G. Piper Cancer Center Cancer Transplant Institute
St. Joseph's Hospital and Medical Center, Phoenix
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
Childrens Hospital Los Angeles
Children's Hospital at Oakland
Children's Hospital of Orange County
City of Hope National Medical Center, Duarte
Keck Hospital of USC (formerly known as USC University Hospital), Los Angeles
Loma Linda University Medical Center
Lucile Salter Packard Children's Hospital, Palo Alto
Rady Children's Hospital, San Diego
Scripps Green Hospital, La Jolla
Sharp Memorial Hospital, San Diego
Stanford University Medical Center
Sutter Medical Center, Sacramento
UC Davis Medical Center, Sacramento
UCSD Medical Center, San Diego
UCSF Medical Center, San Francisco

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

Connecticut
Hartford Hospital, Hartford
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
Broward Health Medical Center, Fort Lauderdale
Florida Hospital, Orlando
H. Lee Moffitt Cancer Center, Tampa
Jackson Memorial Hospital, Miami
Mayo Clinic, Jacksonville
Shands Hospital, Gainesville
Tampa General Hospital
University of Miami Hospital and Clinics

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
Lurie Children's Hospital of Chicago (formerly Children's Memorial)
Northwestern Memorial Hospital, Chicago
Rush University Medical Center, Chicago
University of Chicago Medical Center and Comer Children's Hospital at the University of Chicago

Indiana
IUH University Hospital, Indianapolis
IUH Methodist Hospital, Indianapolis
Riley Hospital for Children at IUH, 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
UMass Memorial Medical Center, Worcester

Michigan
Henry Ford Health System, Detroit
Karmanos Cancer Center, Detroit
University of Michigan Health System, Ann Arbor

Minnesota
Hennepin County Medical Center, Minneapolis
Mayo Clinic, Rochester
University of Minnesota Medical Center, Fairview and University of Minnesota Amplatz Children's Hospital, Minneapolis

Missouri
Barnes Jewish Hospital, St. Louis
Children's Mercy Hospital, Kansas City
Research Medical Center, 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
Mount Sinai Medical Center, New York
New York Presbyterian Hospital, (Columbia), New York
New York Presbyterian Hospital, (Cornell), New York
New York University Medical Center, New York
Roswell Park Cancer Institute, Buffalo

St. Luke's Roosevelt Hospital, New York
Strong Memorial Hospital, Rochester
Westchester Medical Center, Valhalla

North Carolina

Carolinas Medical Center, Charlotte
Duke University Hospital, Durham
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
Jewish Hospital, Cincinnati
Nationwide Children's Hospital, Columbus
The Ohio State University Wexner Medical Center (formerly Ohio State University Medical Center), Columbus
University Hospital, Cincinnati
University Hospitals Case Medical Center, Cleveland

Oklahoma

INTEGRIS Baptist Medical Center dba INTEGRIS Nazih Zuhdi Transplant Institute, Oklahoma City

Oregon

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

Pennsylvania

Allegheny General Hospital, Pittsburgh
Children's Hospital of Pittsburgh
Penn State Milton S. Hershey Medical Center, Hershey
Pinnacle Health System, Harrisburg
Temple University Health System, Philadelphia
Thomas Jefferson University Hospital, Philadelphia
University of Pennsylvania Health System, Philadelphia
UPMC Presbyterian Shadyside Hospital, Pittsburgh
West Penn 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 Health System, San Antonio
University of Texas MD Anderson Cancer Center, Houston
University of Texas Southwestern Medical Center, Dallas

Utah

Intermountain Medical Center, Salt Lake City
LDS Hospital, Salt Lake City
University of Utah Hospital, Salt Lake City

Vermont

Fletcher Allen Health Care, Burlington

Virginia

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

Washington

Seattle Children's Hospital
University of Washington Medical Center, Seattle

Wisconsin

Aurora St. Luke's Medical Center
Children's Hospital of Wisconsin, Milwaukee
Froedtert Memorial Lutheran Hospital, 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 broad network of physicians and associated medical groups and we continuously contract with new physicians to help make sure that you have access to care from credentialed doctors.

Your plan requires 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. For any medical need, your first stop should be your PCP. Most PCPs in the Cigna network are associated with a medical groups (or IPAs). Your PCP, working with your medical group and Cigna, can help determine if you need specialty care or hospitalization.

WHAT IS PRE-CERTIFICATION?

Pre-certification is a review process where licensed professionals including nurses, physicians and/or pharmacists work with your PCP or specialist to determine whether a specialty visit/consultation, procedure, treatment or service is a covered benefit and is medically necessary as the most appropriate treatment option available.

HOW DOES THE PROCESS WORK?

Your PCP may be employed or affiliated with a medical group or IPA to which Cigna has given the authority and responsibility to make pre-certification and other care facilitation decisions. If this is the case, and your PCP recommends that you see a specialty physician, your PCP will request a referral from the medical group, for a specified number of visits, to a specialist who is usually within the medical group's contracted network of physicians. If your PCP is not employed or affiliated with a medical group, your PCP will coordinate the referral to a specialist within the Cigna contracted network of physicians. Your benefit plan may include coverage for services that don't require coordination through your PCP, such as behavioral health care, or optometry vision screenings. Please contact Customer Service by calling the toll-free number on your Cigna ID card if you are unclear about your benefit options or need to discuss how to use these benefits.

If you would like to receive a second opinion regarding specialty care treatment recommendations, you may request a second opinion through your PCP. If your PCP belongs to a medical group or IPA, the specialist will be affiliated with the same group. If you would like to obtain a second opinion outside of your medical group, you must inform your PCP who will work with Cigna to make the necessary arrangements for a consultation with a physician in the Cigna network.

If your treating physician recommends a procedure or other services such as hospitalization, therapy, or medical equipment, pre-certification usually must be obtained. When pre-certification is not required, a medical necessity review may still occur once Cigna receives the claim on a retrospective (also known as post-service) basis. If you wish to determine if a claim will be reviewed retrospectively and whether it is considered medical necessity, please contact Customer Service with the service code and diagnosis code. When pre-certification or medical necessity review is necessary, the review may be performed by the medical group or Cigna, or both. Your PCP and medical group are aware of these requirements and will work with us to provide you with timely and appropriate care. During the review, a nurse will evaluate your benefits, and if the benefit is not specifically excluded, the request will be evaluated using nationally recognized guidelines. These guidelines are consistent with sound clinical principles and processes and have been developed with involvement from actively practicing physicians. The guidelines specific to your treatment or condition are available upon request. You may request assistance in obtaining the guideline(s) by calling Customer Service at the toll-free number on your Cigna ID card.

Any time a nurse is unable to approve coverage for clinical reasons using the evidence listed above, the request is referred to a physician who considers each case on an individual basis, taking into account community practice standards. The physician may speak with your doctor to obtain additional information. You and your physician will be notified in writing if a request for a pre-certification is not approved. Denial letters will explain the reason for the decision and details on how to request reconsideration through the Appeals Process.

WHEN DOES THE REVIEW OCCUR?

The review process can occur at three different times, and decisions and notification are made within timeframes and in a manner that complies with state and federal law:

• **Prospective (also known as pre-service) review** is when Cigna receives a request before you receive care. Determinations are made within five business days of receiving all necessary information. Notice of coverage approval will be given to your health care professional verbally or by fax no later than twenty-four hours from making the decision.

• **Concurrent review** is when Cigna receives a request while you are receiving care in a facility such as a hospital. Though decisions must be made within five (5) business days and communicated to your treating physician within 24 hours of the decision, Cigna HealthCare nurses communicate regularly with your physician(s) to determine the most appropriate level of care and discharge needs based upon your individual medical condition.

• **Retrospective (also known as post-service) review** is when a service is reviewed once a claim is filed to determine if services were medically necessary. Determinations related to these services are made within thirty days after receiving the request. Generally these requests are submitted as claims for payment. Claims should be submitted by members within one year, while contracted providers must submit claims within 90 days for payment to be considered.

Your physician may request an "expedited" review if your situation is not currently an emergency, but has the potential to become an emergency in the absence of treatment. When a request meets the expedited review criteria, a decision is rendered and communicated to the requesting physician in a timeframe appropriate to the nature of your condition, but no later than seventy-two hours after the receipt of the request.

If you have a Point of Service (POS) benefit which provides coverage for care from non-contracted ("out-of-network") health care professionals, including specialists or hospitals not associated with your medical group or IPA, when you use this benefit by seeing a health care professional outside of your medical group or IPA, you will need to inform the out of network provider that you are using your POS benefit. You are responsible for contacting Cigna HealthCare to initiate the pre-certification process for non-emergency inpatient hospital stays. Failure to obtain pre-certification when required may result in a reduction of your benefits, and possible coverage denial.

WHAT IS CASE MANAGEMENT?

Case management is when a Cigna nurse provides you with assistance in coordinating services between your doctors 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.

What is consumer decision support?

Consumer decision support is information and services made available by Cigna that can assist you to make personal health care decisions and learn more about specific treatments. Cigna offers a medical library and other helpful resources at www.cigna.com and *mycigna.com*, and an audio library you can access by calling the Cigna 24-Hour Health Information Line[sm], toll-free any time of day or night.

The health information line also provides round-the-clock telephone access to registered nurses seven (7) days a week to respond to health questions and provide information about health care resources.

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.