HMO Open Access Point of Service

How it works

CIGNA’s HMO Open Access Point of Service (POS) plan gives you important choices. Each time you need care, you can choose the doctors, other health professionals and facilities that work best for you.

Enroll in an HMO Open Access Point of Service plan and you’ll get:

- **Options for accessing quality health care.**
  - **Primary Care Physician (PCP).**
    You decide if you want to choose a PCP as your personal doctor to help coordinate care and act as a personal health advocate. It’s recommended but not required.
  - **In-network.**
    Choose to see doctors or other health professionals who participate in the CIGNA network to keep your costs lower and eliminate paperwork.
  - **Visit www.cigna.com to access our directory.**
  - **No referral specialist care.**
    If you need to see a specialist, you do not need a referral to see a doctor who participates in the CIGNA network – just make the appointment and go! Pre-certification may be necessary for hospitalizations and some types of outpatient care, but there is no paperwork for you.

- **Out-of-network.**
  You also have the freedom to visit doctors or use facilities that are not part of the CIGNA network, but your costs will be higher and you may need to file a claim.

- **Emergency and urgent care.**
  When you need care, you’re covered, 24 hours a day, worldwide.

- **Predictable out-of-pocket costs (and no deductibles – the amount you pay before your plan starts to pay).**
  You pay a copay or coinsurance (a portion of the charges) for most services from a participating doctor or facility, so there are usually no unexpected out-of-pocket costs.

- **24/7 service.**
  Whenever you need us, customer service representatives are available to take your calls. You can also speak with a health care professional over the phone, any time, day or night.

- **Health and wellness discounts.**
  Enjoy discounts on a variety of health-related products and services.

- **Access to myCIGNA.com.**
  Use a personalized website to:
  - **Learn** more about your plan and the coverage and programs available to you.
  - **View** claim history and account transactions; print claim forms when you need them.
  - **Find** information and estimate costs for medical procedures and treatments.
  - **Learn** how hospitals rank by number of procedures performed, patients’ average length of stay and cost.
  - **Manage** and track your health care finances with the user-friendly Quicken Health Expense Tracker.

- **Customer Assistance.**
  You also have access to the Customer Assistance Program, providing helpful work/life information. Topics include legal services, financial guidance, child care, adoption and more. You can access the program through the CIGNA HealthCare 24-Hour Health Information Line™.

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Questions and Answers

Do I have to choose a Primary Care Physician (PCP)?
No. However, a PCP gives you and your dependents a valuable resource and can be a personal health advocate.

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, you do not need a referral to see a participating specialist. If you choose an out-of-network specialist, your care will be covered at the out-of-network coverage level.

What is the difference between in-network coverage and out-of-network coverage?
Each time you seek medical care, you can choose your doctor – either a doctor who participates in the CIGNA network or someone who does not participate. When you visit a participating doctor, you receive in-network coverage and will have lower out-of-pocket costs. That’s because our participating health care professionals have agreed to charge lower fees, and your plan covers a larger share of the charges. If you choose to visit a doctor outside of the network, your out-of-pocket costs will be higher.

What if I need to be admitted to the hospital?
In an emergency, your care is covered. Requests for non-emergency hospital stays other than maternity stays must be approved in advance or “pre-certified.” This enables CIGNA HealthCare to determine if the services are covered. Pre-certification is not required for maternity stays of 48 hours for vaginal deliveries or 96 hours for caesarean sections. Depending on your plan, you may be eligible for additional coverage. Any hospital stay beyond the initial 48 or 96 hours must be approved.

Who is responsible for obtaining pre-certification?
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 network, he or she will arrange for pre-certification. If you use an out-of-network doctor, you are responsible for making the arrangements and your care will not be covered. Your plan materials will identify which procedures require pre-certification.

How do I find out if my doctor is in the CIGNA network before I enroll?
It’s quick and easy to search for participating doctors, specialists, pharmacies, hospitals and facilities closest to home and work.

Click “Provider Directory” from “Resources for Members” on the www.cigna.com home page.

Select the type of health care professional or facility you are looking for, or by location and distance.

Select your plan and the type of doctor you need. This helps ensure that you see just what you’re looking for.

Get a complete profile. Review the doctor’s education, languages spoken and hospital affiliations, and get a detailed map with directions.