



CIGNA HealthCare

# Well-Being

FALL 2005



## FINDING VALUE IN YOUR HEALTH PLAN

What if your health plan let you control how to get healthy, stay healthy and save money?

Get to know your health plan, and you will discover it is more than a safety net in case of illness or injury—it can offer resources to walk you through the health care world, helping you find quality, cost-effective care.

### Facts at Your Fingertips

Tools on *myCIGNA.com* can help you protect your health and save money. Compare the performance of doctors and hospitals to help make an informed choice. Learn how to manage health risks and compare treatments.

Get the facts on costs so you can help control your out-of-pocket expenses. If your plan covers services from providers outside the network, you'll likely find that costs are lower with participating providers.

Choose better health, and your budget can be healthier, too. Your health plan offers you the tools to help make it happen.

### Preventive Care Means Better Health

Are you taking advantage of covered preventive care services? According to "The State of HealthCare Quality: 2004," published by the National Committee for Quality Assurance:

- Treating high blood pressure can reduce the risk of stroke by an average of 35 to 40 percent, a heart attack by an average of 20 to 25 percent, and heart failure by more than 50 percent.
- Women who receive prenatal care are nearly three times less likely to have a premature baby.

### Health Information Anytime

Remember, you can always call the CIGNA HealthCare 24-Hour Health Information Line<sup>SM</sup> at the toll-free number on your CIGNA HealthCare ID card. The health information line offers answers to your health care questions, suggestions for home care, and directions to nearby health care facilities or pharmacies.



### LEARN MORE, GET MORE

When you become an informed health care consumer, you can make a difference in the type and quality of services you receive—and what you ultimately pay.



**ARE YOU GETTING ENOUGH VITAMIN D?**

New research reveals that most adults don't get enough vitamin D in their diet. In a study presented earlier this year, researchers at Boston University found that women ages 19 to 50 and adults older than age 50 eat the least amounts of foods rich in vitamin D.

The body produces vitamin D when skin is exposed to the sun's ultraviolet rays, but certain foods also provide vitamin D, including herring, sardines and fortified milk. Researchers say the vitamin may protect against several types of cancer, as well as heart disease and type 2 diabetes.



# NEW AT CIGNA

**Pharmacy Tools at *myCIGNA.com***

If you have prescription drug benefits through CIGNA HealthCare, be sure to try the new pharmacy tools at *myCIGNA.com*. With the new tools, you can:

- Compare prescription medications, their side effects, and possible interactions with food, alcohol and tobacco.
- Compare your costs for drugs from local pharmacies as well as the CIGNA Tel-Drug home-delivery pharmacy program. The site displays your estimated out-of-pocket costs at each pharmacy so that you can choose a cost-effective option.
- Look up your prescription claims history. Check the dates and costs of past prescription orders from retail and home-delivery pharmacies.

Visit *myCIGNA.com* for these tools and other helpful resources.

**CIGNA HealthCare Supports Breast Cancer Awareness**

October is Breast Cancer Awareness Month—a good time for women to make sure they're following the American Cancer Society's recommendations for early detection of breast cancer:

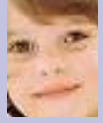
- Starting in your 20s, ask your doctor to show you how to perform a monthly breast self-exam. Report any breast change promptly to your healthcare provider.
- Have your doctor perform a clinical breast exam every three years between ages 20 and 39, then every year after that or as often as your doctor recommends.
- Have a mammogram every year starting at age 40.

Each year, CIGNA HealthCare sends a Well Woman health reminder brochure to women who may have missed a health screening — such as a breast cancer screening — recommended by the National Committee for Quality Assurance.



**MAKING YOUR LIFE EASIER**

Now it's even easier to get member information over the phone. The CIGNA HealthCare self-service telephone information system now responds to voice commands as well as touch-tone prompts. To find out about benefits, eligibility and claim status, as well as information on medical, dental, pharmacy, vision and mental health services, simply call the toll-free number on your CIGNA HealthCare ID card.



## PRESCRIPTION DRUG BENEFITS

Information on this page applies only to members who have prescription drug benefits through CIGNA HealthCare. To find out whether you have prescription drug coverage through CIGNA HealthCare, please check your benefits materials.

## OUR PRESCRIPTION DRUG LIST\*

The goal of the CIGNA HealthCare Prescription Drug List is to help keep quality drugs affordable for members with CIGNA HealthCare prescription drug benefits.

**WHAT IS THE PRESCRIPTION DRUG LIST?** Also called a formulary, it is an extensive list of brand-name and generic prescription drugs that are covered by CIGNA HealthCare. The list helps you understand how much you will pay for covered medications.

**HOW CAN I FIND OUT IF A DRUG IS ON THE PRESCRIPTION DRUG LIST?** You can search the prescription drug list by drug category or name. Log on to [myCIGNA.com](http://myCIGNA.com) or call Member Services at the toll-free number on your CIGNA HealthCare ID card.

**WHO DECIDES WHICH DRUGS ARE ON THE LIST?** A panel of doctors and pharmacists evaluates the relative safety and effectiveness of drugs on our list. We update our list according to the clinical recommendations of this panel, called the CIGNA HealthCare Pharmacy and Therapeutics Committee. The committee reviews only FDA-approved medications.

**DOES MY DOCTOR KNOW WHAT'S ON THE PRESCRIPTION DRUG LIST?** Doctors in the network have copies of the prescription drug list and should refer to the list when they need to prescribe drugs to CIGNA HealthCare members.

**WHAT IF I NEED A MEDICATION NOT ON THE PRESCRIPTION DRUG LIST?** If your doctor wants to prescribe a drug

for you that is not on the prescription drug list, he or she can call CIGNA HealthCare to request approval for coverage of an exception.

**AM I COVERED FOR ALL THE DRUGS ON THE LIST?** CIGNA HealthCare requires that your doctor request prior authorization for coverage of certain medications.

If you receive prior authorization for your drug, we'll notify your doctor and you will receive coverage for the drug at the pharmacy for up to one year. You and your doctor will also be notified if coverage is not approved and will be told how to appeal the decision.

**HOW CAN I GET MORE INFORMATION?** Visit [www.cigna.com](http://www.cigna.com) if you have questions about the prescription drug list. You can also find a participating pharmacy in your area by clicking on "Provider Directory" or calling Member Services at the toll-free number on your CIGNA HealthCare ID card.

Register for [myCIGNA.com](http://myCIGNA.com), and you can use DrugCompare™ to get information on specific drug treatments, compare commonly prescribed medications and view your personal pharmacy claim history.

\* CIGNA HealthCare offers several options for prescription drug coverage. This information applies only to the two-tier and three-tier prescription drug plans that have a prescription drug list. Copayment amounts vary by plan, and some drugs require prior authorization. Please check your benefits materials for your plan provisions.

\*\* Cost savings are based on a 90-day supply and are subject to plan provisions.



## CIGNA TEL-DRUG DELIVERS

The CIGNA Tel-Drug home-delivery pharmacy program is an easy way for members with CIGNA HealthCare prescription drug benefits to fill prescriptions for covered drugs and have them delivered to their door. Many members also have lower out-of-pocket costs when using CIGNA Tel-Drug.\*\*

With CIGNA Tel-Drug, you can:

- save time and money
- use the program for maintenance medications
- pay only your copayment or coinsurance — no shipping or other service charges
- fill, refill and transfer prescriptions for covered drugs
- order up to a 90-day supply of medication at one time
- keep a patient profile
- ask a pharmacist questions
- check the status of your order and request your order history

Visit [www.teldrug.com](http://www.teldrug.com) or call CIGNA Tel-Drug at 1.800.835.3784 for more information.

You can also order and track CIGNA Tel-Drug prescription drugs through [myCIGNA.com](http://myCIGNA.com).

To find out if you have CIGNA Tel-Drug prescription drug benefits, check your benefits materials.



# EDUCATE YOURSELF

## PATIENT SAFETY RESOURCES

### EXTERNAL REVIEW OF DENIALS IN NEW YORK

If you had health care coverage issued to your employer in New York by either CIGNA HealthCare of New York, Inc., or Connecticut General Life Insurance Company (“CIGNA HealthCare”) at any time during the period from January 1, 2000, to December 31, 2002, you may have the right to external review of a denial of requested health care coverage. According to New York law, you may request a review if you meet all of the following conditions:

- You were denied coverage based on lack of medical necessity or because of the experimental or investigational nature of the services.
- You were not a New York resident but your insurance coverage was issued to your employer in New York.
- You believe you were not advised of your right to an external appeal administered by the New York Department of Insurance.

If you meet all of these criteria, you have the right to seek an external review of the denial if you have completed at least one appeal to CIGNA HealthCare. If you would like additional information on your external appeal rights, please call 1.800.334.8580.

CIGNA HealthCare encourages practices that can help ensure your safety as a patient. The resources listed below offer a variety of helpful safety guidelines for visiting your doctor or choosing a hospital.

#### SPEAK UP for Safety

You play a role in your own safety as a patient. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) suggests that you use the phrase “SPEAK UP” as a guide for taking control of your safety:

**Speak up** if you have questions or concerns—don’t hesitate to talk with your doctor.

**Pay attention** to the care you are receiving.

**Educate yourself** about your diagnosis, medical tests and treatment plan.

**Ask a trusted family member** or friend to be your health care advocate.

**Know what medications** you take and why you take them.

**Use a health care organization** that has undergone a rigorous on-site evaluation by an independent accrediting agency.

**Participate in all decisions** about your treatment.

#### The Leapfrog Group

A group of Fortune 500 companies created The Leapfrog Group to reduce medical mistakes and help consumers make informed decisions. The group focuses on four areas of patient safety:

- doctors writing prescriptions by computer instead of by hand
- hospitals staffing intensive care units with critical care physicians
- patients being able to choose a network hospital based on its success rate with procedures
- National Quality Forum safe practices designed to increase hospital safety and reduce errors

To learn more, visit [www.jcaho.org](http://www.jcaho.org), [www.leapfroggroup.org](http://www.leapfroggroup.org) and [www.qualityforum.org](http://www.qualityforum.org).





# MAKING COVERAGE DECISIONS

CIGNA HealthCare has reduced the number of outpatient services that need prior authorization of coverage. Those services that still require that a physician obtain prior authorization of coverage from CIGNA HealthCare are:

- Primary Care Physician referrals to providers who are not participating in the CIGNA HealthCare network of providers (includes second medical opinion referrals)
- nonemergency hospital admissions
- services for which coverage is limited by the benefits plan (In these instances, coverage decisions help you know your potential cost in advance.)
- a limited number of outpatient services

The services that require prior authorization vary based on state laws. Check your benefits materials, ask your doctor or call Member Services for information about your plan's prior authorization requirements. Your physician can request prior authorization of coverage by telephone, fax or mail. We may ask for medical information about your condition and the

treatment planned to determine if the services are covered by your benefits plan or to identify benefits that your physician may not be aware of. Check with your doctor before receiving services to see if a prior authorization of coverage is required and if it's in place.

When making a coverage decision, CIGNA HealthCare medical professionals consider the member's individual circumstances and the terms of the benefits plan. They may also use resources such as outside experts and nationally recognized treatment guidelines.

Some services may not be covered due to benefits plan limitations, even when medically necessary and prescribed by a CIGNA HealthCare participating provider. If you obtain noncovered services, you will be billed directly for the full cost. Check your Group Service Agreement or other plan document for more information.

If you have questions, call Member Services at the toll-free number on your CIGNA HealthCare ID card.



IF YOU HAVE QUESTIONS ABOUT YOUR BENEFITS, VISIT [MYCIGNA.COM](http://MYCIGNA.COM), CHECK YOUR BENEFITS MATERIALS OR CALL MEMBER SERVICES AT THE TOLL-FREE NUMBER ON YOUR CIGNA HEALTHCARE ID CARD.

## REFERRALS MADE SIMPLE

What is a referral, and what can it do for you? A referral from your Primary Care Physician (PCP) allows you to see a doctor who specializes in the care you need. Some benefits plans require a referral for specialty care. A referral helps ensure that the care you receive from a specialist in the CIGNA HealthCare network is covered at the maximum benefits level. Specialists include cardiologists, surgeons and orthopedists. (You can see an OB/GYN in the network for covered services without a referral.)

If your PCP is part of a medical group, you may be required to see specialists within that medical group for services to be covered. To learn more, call Member Services at the toll-free number on your CIGNA HealthCare ID card. If you are a member of an Open Access plan, you do not need a referral to see a specialist.

When you have a nonemergency health problem, see your PCP. After examining you, your PCP will, if necessary, refer you to a specialist.

A specialist cannot refer you to another doctor. If you need a referral to a second specialist, call your PCP.

If your CIGNA HealthCare plan covers behavioral health services, you do not need a referral from your PCP to access these outpatient services. To be sure your behavioral health provider is in the CIGNA Behavioral Health network, check the online provider directory at [www.cignabehavioral.com](http://www.cignabehavioral.com).

Referral policies may vary based on state laws. Depending on your plan, you may be able to see some specialists without a referral.

Check your benefits materials or call Member Services for information about your plan's referral requirements.



# MEETING OUR DEFINITION OF QUALITY

We believe that quality includes:

- offering convenient access to quality health care providers
- supporting you and your doctor to help you stay healthy or return to health if you become ill
- making sure you are satisfied with our services
- providing responsive customer service

We maintain these standards with the help of a local quality management committee that includes doctors in the CIGNA HealthCare network. The committee meets regularly to discuss health care trends and how they affect the services we provide. It then recommends ways we can improve those services.

Here are some of the systems that we have in place to help provide you with access to quality services.

## Access to Quality Physicians

We monitor the quality of doctors in the CIGNA HealthCare network. We review each candidate's credentials and practice history before considering him or her for inclusion in the network. Each doctor's credentials are reevaluated every three years to be sure he or she still qualifies for participation in the network.

## Helping You Stay Healthy

We pay attention to how well providers in the network meet your preventive care needs. We regularly collect data from network doctors to find out if members are taking advantage of covered preventive care services, some of which are listed in

this newsletter on pages 10 and 11. We regularly provide information to you about CIGNA HealthCare wellness and preventive care programs.

## Making Sure You Are Satisfied

One way to offer quality customer service is to make sure you have the chance to give us feedback. Here are two ways we ask for your views:

- Several times a year, we randomly survey members to ask you how we are doing. We use this information to help us improve our services.
- Our Member Services Representatives are available to answer your questions and address your concerns or suggestions. Just call us at the toll-free number on your CIGNA HealthCare ID card.

## Responsive Customer Service

We need to hear from you, but you also need to hear from us. Here are just a few of the ways we provide you with information about your benefits plan and how it works:

- Our websites, [www.cigna.com](http://www.cigna.com) and [myCIGNA.com](http://myCIGNA.com), include resources such as an online provider directory and useful tools to help enhance your health and wellness.
- *CIGNA HealthCare Well-Being*, our member newsletter, is mailed to your home and also available on our website.

To learn more about our quality management program or to request a report on our progress in meeting our goals, call Member Services at the number on your CIGNA HealthCare ID card.

## HOW WE ASSESS NEW MEDICAL TECHNOLOGY

CIGNA HealthCare has a specific process to review new medical products and procedures.

The CIGNA HealthCare Medical Technology Assessment Committee is made up of doctors and other clinicians. It analyzes literature, policies and technology assessments, and evidence summaries from external experts in the field, then decides which new products and procedures to recommend for coverage. The committee will not recommend a new technology for coverage until regulatory approval is obtained.

## Reliable Sources

In making its recommendations, the Medical Technology Assessment Committee depends on peer-reviewed medical articles, clinical studies, approval from governmental bodies, such as the U.S. Food and Drug Administration, and independent reviews from experts in the field.

## Review Criteria

After a new technology receives final approval from the appropriate government regulatory body (if needed), the committee reviews the technology by looking at a number of questions, including:

- Is the technology safe and effective?
- Are the trials well conducted with sound study methodology?
- Are health outcomes positive or do they have a beneficial effect?
- Do positive outcomes outweigh any harmful effects?
- Is the technology available outside of the investigational setting?

The coverage of a product or procedure also depends on the terms of the member's benefits plan.





# HOW YOUR HEALTH CARE PROVIDER GETS PAID

CIGNA HealthCare compensates health care providers 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 HealthCare reinforces this philosophy through utilization management decisions made by its medical directors and Health Services staff. CIGNA HealthCare employees are encouraged to promote appropriate utilization of covered health care services and to discourage underutilization.

The same criteria apply for physicians eligible to receive additional payments based on their performance. Physician compensation and incentives encourage the provision of medically necessary care. CIGNA HealthCare does not offer incentives to encourage inappropriate utilization and does not compensate employees in a way that rewards them for issuing denials. CIGNA HealthCare considers the physician's quality of care, quality of service and appropriate use of medical services prior to awarding any bonuses and incentives.

The methods by which participating health care providers agree to be compensated are described generally here. The amount and type of compensation a health care provider agrees to accept may vary depending on 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 HealthCare may attempt in various ways to promote the use of those participating providers that are the most cost-effective, while assuring quality and access to covered services and supplies.

**SALARY.** Physicians and other providers who are employed to work in a CIGNA medical group 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.

**DISCOUNTED FEE FOR SERVICE.** Payment for services is based on an agreed-upon discounted amount from the health care provider's bill.

**PER DIEM.** A specific amount is paid to a hospital per day for all health care received. The payment may vary by type of service and length of stay.

**BONUSES AND INCENTIVES.** Some providers 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. Providers may also receive financial and/or nonfinancial incentives that promote utilization of cost-effective participating providers (such as hospitals, labs, specialists and vendors) and covered drugs and supplies.

**CAPITATION.** By mutual agreement, network physicians, provider groups or physician/hospital

organizations (PHOs) are paid a fixed amount (capitation) at regular intervals for each member assigned to the physician, group or PHO, whether or not services are provided. This payment covers physician and/or, where applicable, hospital or other services covered under the benefits plan. Medical groups and PHOs may compensate providers using a variety of methods.

Capitation offers health care providers a predictable income, encourages physicians to keep people well through preventive care, eliminates the financial incentive to provide services that will not benefit the patient and reduces paperwork.

Providers paid on a capitation basis may participate in a risk-sharing arrangement with CIGNA HealthCare; 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. Provider services are monitored using criteria that may include accessibility, quality of care, member satisfaction, and appropriate and cost-effective use of medical services and supplies.

CIGNA HealthCare may also work with third parties that administer payments to participating providers. Under these arrangements, CIGNA HealthCare pays the third party a fixed monthly amount per member for these services. Providers are compensated by the third party for services provided to CIGNA HealthCare plan members from the fixed amount. Compensation arrangements vary but generally depend on overall utilization.

**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 provider, just ask the provider's administrative staff. CIGNA HealthCare Member Services is available to help with general questions at the toll-free number on your CIGNA HealthCare ID card.



# CIGNA HEALTHCARE HEALTHY BABIES® PROGRAM

If you're an expectant parent, make sure that you know about the benefits of the CIGNA HealthCare Healthy Babies® program. This free program is designed to help you learn how to have a healthy pregnancy and a healthy baby.

### Get Helpful Support and Tips

When you enroll in the Healthy Babies program, you'll receive educational materials about pregnancy and babies, including information from the March of Dimes®, a recognized source on pregnancy and babies. As a CIGNA HealthCare member, you'll also have access to the CIGNA HealthCare 24-Hour Health Information Line<sup>SM</sup>, which is staffed by registered nurses ready to answer your questions on pregnancy, newborns and other health care topics.

If you or your baby has special health care needs, you may also be eligible for support from a registered nurse case manager. To enroll in the Healthy Babies program, simply call the toll-free number on your CIGNA HealthCare ID card.

### Find More Resources Online

Visit these websites for additional information about pregnancy and babies:

- [www.modimes.org](http://www.modimes.org)—The March of Dimes®, a recognized source of information on pregnancy and babies
- [www.childbirth.org](http://www.childbirth.org)—Extensive information on pregnancy and childbirth
- [www.aap.org](http://www.aap.org)—Child health information from the American Academy of Pediatrics



**PREPARE FOR THE NEW  
CHALLENGES OF PARENT-  
HOOD WITH THE HEALTHY  
BABIES® PROGRAM**



## CHILDHOOD IMMUNIZATIONS: IS YOUR CHILD PROTECTED?

Having your child immunized is one of the most important steps you can take as a parent to protect your child from dangerous diseases. But many parents are unsure about what shots their child needs at different ages.

Many immunizations must be given in multiple doses before a child is fully protected, and a few require a booster in later years to maintain that protection. To review a list of childhood immunizations recommended by the American Academy of Pediatrics and other nationally recognized authorities, turn to the preventive health guidelines on pages 10 and 11 of this newsletter. Then check with your child's doctor to make sure your child's shots are up-to-date.

Find out more about childhood immunizations by calling the National Immunization Hotline at 1.800.232.2522. Or visit the National Immunization Program's website at [www.cdc.gov/nip](http://www.cdc.gov/nip).

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# THE APPEAL PROCESS

## KNOW HOW TO VOICE YOUR CONCERNS OR COMPLAINTS

CIGNA HealthCare wants you to be satisfied with your health care plan. That's why we have a process\* to address your concerns and complaints and an appeal process to request review of coverage decisions.

### Member Services Can Help

If you have questions about coverage or services or are experiencing a problem, start by calling Member Services at the toll-free number on your CIGNA HealthCare ID card. A representative will try to answer your questions (other than requests for coverage review decisions) or resolve your concerns or complaints during the call. If Member Services cannot resolve your concerns, ask the representative for more information about how to have your concerns addressed.

### How to Request an Appeal of a Coverage Decision

The specific appeal process that applies to you is determined by the type of benefits plan your employer has chosen and follows state and/or federal rules that apply to that type of benefits plan. If you request review of a coverage decision, you will be given information about the appeal process. You can also refer to your Group Service Agreement, Group Insurance Certificate, or other benefits plan document or call Member Services for additional information.

Following is a general description of the CIGNA HealthCare national two-level appeal process for coverage decisions. To begin the process, send your request for a review to the address provided in your benefits materials or call Member Services at the number on your CIGNA HealthCare ID card. Indicate why you believe the decision should be reviewed again. Include any

documentation that supports your appeal with your written appeal request or promptly after you request an appeal by phone.

Your request will be reviewed by someone who was not involved in the initial decision and who can take corrective action. Decisions will be based upon the terms of your benefits plan. A physician will be involved in any review related to medical necessity. If your situation requires urgent care, the review and response will be expedited.

You will be notified of the appeal decision. If you're not satisfied with the first-level decision, you may request another review. If the appeal involves a coverage decision based on issues of medical necessity or experimental treatment, a committee will conduct this appeal review. The committee will consist of at least three people: a physician reviewer, nurse reviewer and a non-clinician. None of these committee members will have been involved in any prior decision related to your appeal nor be subordinates of previous decision makers. You will be notified in advance as to when the meeting will occur, and you or your representative can present your position to the committee by phone or in writing. For benefits coverage-related appeals, a review will be conducted by someone who was not involved in any previous decision related to your appeal. Provide all relevant documentation with your second-level appeal request. In urgent cases, the review and response will be expedited.

### An Independent External Review May Be Available

You will be notified in writing of the final appeal decision. If you are not satisfied with the decision, other remedies may be available to you,

depending on the type of plan that your employer has chosen and the state rules that apply to that type of benefits plan.

If the appeal involves a coverage decision based on issues of medical necessity or experimental treatment, the CIGNA HealthCare national appeal process offers independent review by an external review organization. If external review is available to you under the CIGNA HealthCare national process or under state rules, your decision letter will include instructions on how to request this review. The decision of the external reviewer under the CIGNA HealthCare national process is binding upon CIGNA HealthCare or your employer, but not upon you.

If you are covered under an insurance policy or by an HMO, the state insurance department or other government agency may be able to assist you in resolving your dispute. If your benefits plan is self-insured by your employer, your employer may have elected not to offer external review. Check with your employer or review your summary plan description for more options.

In most cases, you must complete the CIGNA HealthCare appeal process described above before pursuing arbitration or legal action. You should consider taking advantage of the independent external review that may be available. To learn more about the appeal process, call Member Services.

\*If you are covered under an insurance policy or by an HMO, we address your concerns, complaints and appeals according to state rules. Those rules may vary from our national process described above. Please check your benefits materials for more information.



birth to age 2 years



ages 3 to 18

# PREVENTIVE HEALTH GUIDELINES

Are you doing all you can to help yourself stay healthy? We encourage you to contact your doctor to take advantage of the preventive care services that are covered by your health care plan. You may find the guidelines on these two pages to be a good reference for you and your family members. For more information about these preventive health guidelines, go to the CIGNA HealthCare website, [www.cigna.com](http://www.cigna.com), or call Member Services at the toll-free number on your CIGNA HealthCare ID card. If you are due for a visit with your Primary Care Physician (PCP), make an appointment to discuss preventive care services that are appropriate for you.

## BIRTH TO 2 YEARS

**WELL-BABY EXAM:** at birth, 1, 2, 4, 6, 9, 12, 15, 18 and 24 months. You should receive general advice on your baby's health and development. Your baby should have an exam and may receive the following immunizations and screenings, depending on clinical presentation and physician assessment.

### IMMUNIZATIONS

- Diphtheria, tetanus and acellular pertussis (DTaP): at 2, 4 and 6 months and between 15 and 18 months
- *Haemophilus influenzae* type b (Hib): at 2, 4 and 6 months and between 12 and 15 months
- Hepatitis B virus (HBV): at birth, 1 to 4 months and 6 to 18 months; or at 1 month, 2 to 4 months and 6 to 18 months
- Measles, mumps and rubella (MMR): between 12 and 15 months
- Pneumococcal conjugate (PCV): at 2, 4 and 6 months and between 12 and 15 months
- Poliovirus (IPV): at 2 and 4 months and between 6 and 18 months
- Varicella (chickenpox): between 12 and 18 months
- Influenza (flu): between 6 and 23 months

### SCREENINGS

- Hearing: as a newborn and as child's PCP advises
- Hemoglobin and hematocrit (Hgb/Hct): once between 9 and 12 months
- Weight, length and head circumference: each visit

## AGES 3 TO 10

**WELL-CHILD EXAM:** once a year for children ages 3 to 5 and every two years for children ages 6 to 10. You should receive advice about your child's safety, health and development. In addition, during this exam your child may receive the following immunizations and screenings, depending on clinical presentation and physician assessment.

### IMMUNIZATIONS

- Diphtheria, tetanus and acellular pertussis (DTaP): between ages 4 and 6
- Measles, mumps and rubella (MMR): between ages 4 and 6 or 11 and 12, if not received earlier
- Poliovirus (IPV): between ages 4 and 6
- Varicella (chickenpox): if no evidence of prior immunization or chickenpox

### SCREENINGS

- Blood pressure: at each visit
- Eye exam: at ages 3, 4, 5, 6, 8 and 10 or as child's PCP advises
- Hearing: at ages 4, 5, 6, 8 and 10 or as child's PCP advises
- Height and weight: at each visit

## AGES 11 TO 18

**WELL-PERSON EXAM:** once a year during this age range. During this exam, your child may receive the following immunizations and screenings, depending on clinical presentation and physician assessment.

### IMMUNIZATIONS

- Hepatitis B virus (HBV): between ages 11 and 18 if not previously immunized
- Measles, mumps and rubella (MMR): if not already immune
- Tetanus-diphtheria (Td) booster: every 10 years
- Varicella (chickenpox): if no evidence of previous immunization or chickenpox

### SCREENINGS

- Blood pressure: annually
- Eye exam and hearing: at ages 12, 15 and 18 or as child's PCP advises
- Height and weight: annually

## ages 19 and older



### AGES 19 AND OLDER

**WELL-PERSON EXAM:** as often as your PCP advises. At this exam you may receive the following immunizations and screenings, depending on clinical presentation and physician assessment.

#### IMMUNIZATIONS

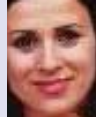
- **Influenza (flu):** ages 19 to 49, as your PCP advises; ages 50 and older, annually
- **Pneumonia:** ages 65 and older, once
- **Rubella (German measles):** women of childbearing age if not immune
- **Tetanus-diphtheria (Td):** every 10 years

#### SCREENINGS

- **Blood pressure:** every one to two years as your PCP advises
- **Chlamydia:** sexually active females younger than age 25
- **Cholesterol (complete lipoprotein profile, fasting or nonfasting):** ages 20 and older, every five years
- **Clinical breast exam:** women ages 20 to 39, every three years; ages 40 and older, annually
- **Colon cancer:** ages 50 and older, *one* of the following:
  - hidden blood in stool test, annually
  - flexible sigmoidoscopy, every five years
  - hidden blood in stool test plus flexible sigmoidoscopy, every five years
  - double-contrast barium enema, every five years
  - colonoscopy, every 10 years
- **Diabetes:** ages 45 and older, or if history of gestational diabetes, every three years
- **Hearing:** ages 65 and older, as your PCP advises
- **Height and weight:** periodically
- **Mammogram:** women ages 40 and older, annually
- **Pap test:** women ages 19 to 64, at least every three years if sexually active and cervix present; women ages 65 and older may discontinue if prior Pap tests were consistently normal
- **Vision (by Snellen chart):** ages 65 and older, as often as your PCP advises

These preventive health guidelines are based on recommendations from the American College of Obstetricians and Gynecologists, American Academy of Pediatrics, U.S. Preventive Services Task Force, American Cancer Society and other nationally recognized authorities. These preventive health guidelines are only a general guide. Always discuss your particular preventive care needs with your PCP.

## women during pregnancy



### WOMEN DURING PREGNANCY

Pregnant women should visit their PCP or OB/GYN in their first trimester of pregnancy for an initial evaluation and to establish a prenatal care schedule. During this visit your doctor will check your health and the health of your baby. Based on your individual medical history, your doctor may recommend additional tests and care, which may include the following, depending on clinical presentation and physician assessment:

- **Vitamins and supplements:** Talk with your doctor about taking a prenatal multivitamin with folic acid. Taking 0.4 mg of folic acid a day can help reduce the risk for neural tube defects.
- **Blood tests:** during first prenatal care visit to detect anemia, hepatitis B, rubella and sexually transmitted diseases, such as syphilis and HIV. They are also used to determine the mother's blood type.
- **Chlamydia culture:** during first prenatal care visit
- **Urine tests:** as recommended by your doctor
- **Diabetes screening:** between weeks 24 and 28
- **Culture for Group B strep:** between weeks 35 and 37 to check for Group B streptococcal infection

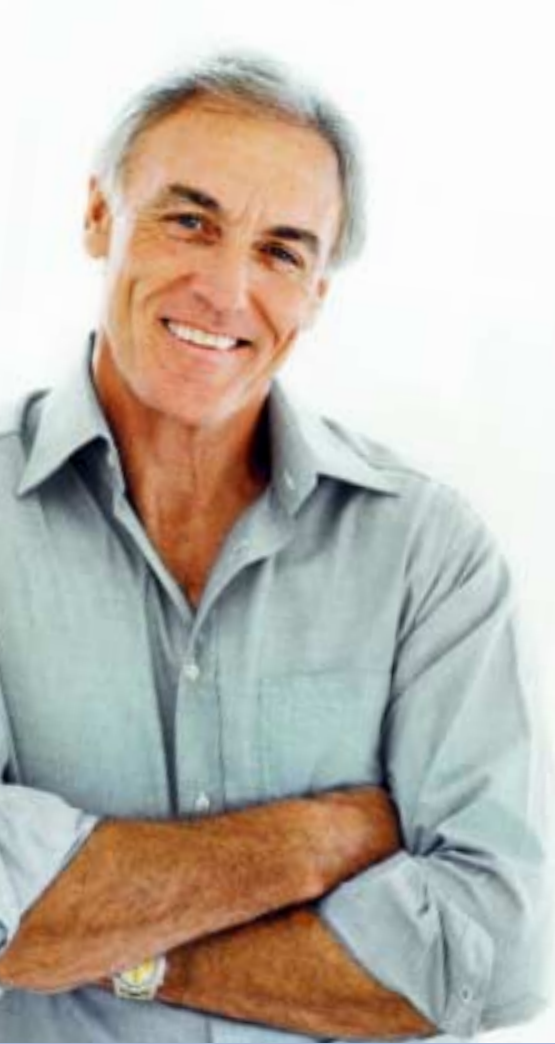
Additional tests that may be ordered based on individual health factors:

- **Serum alpha-fetoprotein:** between weeks 16 and 18 to screen for neural tube defects, such as spina bifida
- **CVS (chorionic villus sampling):** before week 13, or amniocentesis between weeks 15 and 18; women ages 35 and older and women at risk for passing on certain chromosomal disorders. These tests screen for certain genetic disorders.
- **Multiple marker screening:** between weeks 15 and 18. This test screens for Down syndrome as well as other chromosomal abnormalities.
- **Hemoglobinopathy screening:** if at risk for passing on certain blood disorders, such as sickle-cell disease

**FOR ADULTS:** Physical exams are an important part of preventive care. Be sure to schedule regular exams with your PCP and consult with him or her about additional screenings, examinations and immunizations that may be appropriate.

**FOR CHILDREN:** Your children will likely need additional preventive care services, such as laboratory screenings or additional immunizations. Consult with your child's PCP about specific recommendations for your child.

Please refer to your benefits materials for specific coverage information.



CIGNA HealthCare

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## GET FIT AND SAVE WITH GLOBALFIT

CIGNA HealthCare has teamed up with GlobalFit, the nation's largest fitness club network, to offer discounted memberships to CIGNA HealthCare members. Through this Healthy Rewards® program, CIGNA HealthCare members can save on memberships to more than 1,500 participating fitness clubs nationwide.

### Choosing a Fitness Club

When choosing a fitness club, consider the following:

- Is the location convenient?
- Do the hours of operation fit your schedule?
- Does the club offer child care?
- Does it offer the equipment and programs you want most?
- Does it offer a variety of programs to keep your interest?

- Does the club provide an orientation to its equipment and classes?

Learn More at [myCIGNA.com](http://myCIGNA.com)  
Visit Healthy Rewards® at [myCIGNA.com](http://myCIGNA.com) to take advantage of these savings while you take care of your health.

Please note: Not all Healthy Rewards® programs are available in all states. If your CIGNA HealthCare plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards® programs are separate from your medical benefits. **A discount program is NOT insurance and the member must pay the entire discounted charge.**



## HEALTH ANSWERS BY PHONE

When you want answers to your health questions, don't wait. Call the CIGNA HealthCare 24-Hour Health Information Line<sup>SM</sup> to:

- get helpful, everyday health information on all sorts of subjects, from sleeplessness to sunburn
- speak one-on-one with a CIGNA HealthCare health information nurse
- find directions to the nearest medical facility or pharmacy

Call the toll-free number on your CIGNA HealthCare ID card any hour of the day or night.

In an emergency, go to the nearest emergency facility or call 911 or your local emergency services number.