Preventive health care.

Understanding what's covered.



What is preventive care?

Preventive care is a specific group of services recommended when you don't have any symptoms and haven't been diagnosed with a related health issue. It includes your periodic wellness exam (check-up) and specific tests, certain health screenings, and most immunizations. Most of these services typically can take place during the same visit. You and your health care provider will decide what preventive services are right for you, based on your:

- Age
- Gender
- Personal health history
- Current health

Why do I need preventive care?

Preventive care can help you detect problems at early stages, when they may be easier to treat. It can also help you prevent certain illnesses and health conditions from happening. Even though you may feel fine, getting your preventive care at the right time can help you take control of your health.

Make a plan for preventive care.

Use this space to write down the details for your next periodic wellness exam.

Date: _____

Time: _____

Questions for my provider: _____

_____

What's not considered preventive care?

Once you have a symptom or your health care provider diagnoses a health issue, additional tests are not considered preventive care. Also, you may receive other medically appropriate services during a periodic wellness exam that are not considered preventive. These services may be covered under your plan's medical benefits, not your preventive care benefits. This means you may be responsible for paying a share or all of the cost depending on your plan, including deductible, copay or coinsurance amounts.

Which preventive services are covered?

Many plans cover preventive care at no additional cost to you when you use a health care provider in your plan's network. Use the provider directory on **myCigna.com®** for a list of in-network health care providers and facilities.

See the following pages for the services and supplies considered preventive care under most health plans. Coverage for services recommended specifically for "men" or "women" is provided based on the anatomical characteristics of the individual and not necessarily the gender of the individual as indicated on the claim and/or an enrollment form.

Questions?

Check your plan materials, talk with your health care provider or call the number on the back of your ID card.

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Wellness exams

SERVICE	GROUP	CRITERIA AND FREQUENCY
Well-baby/well-child/well-person exams, including annual well-woman exam (includes height, weight, head circumference, BMI, blood pressure, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment)	● ● ●	• Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months • Additional visit at 2–4 days for infants discharged less than 48 hours after delivery • Ages 3 to 21, once a year • Ages 22 and older, periodic visits as doctor advises

Routine immunizations covered under preventive care

- COVID-19
- Diphtheria, Tetanus Toxoids and Acellular Pertussis (DTaP, Tdap, Td)
- Haemophilus influenzae type b conjugate (Hib)
- Hepatitis A (Hep A)
- Hepatitis B (Hep B)
- Human papillomavirus (HPV)
- Influenza vaccine
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Poliovirus (IPV)
- Respiratory Syncytial Virus (RSV)
- Rotavirus (RV)
- Varicella (chickenpox)
- Zoster (shingles)

You may view the immunization schedules on the CDC website: **cdc.gov/vaccines/schedules/**.

Health screenings and interventions

SERVICE	GROUP	CRITERIA AND FREQUENCY
Abnormal blood glucose and type 2 diabetes screening/counseling	● ●	Adults ages 40–70 who are overweight or obese; women with a history of gestational diabetes mellitus
Anxiety screening	● ● ●	Adults; children and adolescents, ages 8–18, includes pregnant and postpartum persons
Aspirin to reduce risk for preeclampsia[1]	● ●	Adults ages 50–59 with risk factors; pregnant women at risk for preeclampsia
Autism screening	●	18, 24 months
Bacteriuria screening	●	Pregnant women
Bilirubin screening	●	Newborns before discharge from hospital
Breast cancer screening (mammogram)	●	Women ages 40 and older, every 1–2 years
Breast cancer-discussion of benefits/risks of preventive medication	●	Women ages 35 and older at risk
Breast-feeding support/counseling, supplies[2]	●	During pregnancy and after birth
Cervical cancer screening (Pap test) HPV DNA test alone or with Pap test	●	Women ages 21–65, every 3 years Women ages 30–65, every 3 years
Chlamydia screening	●	Sexually active women at risk
Cholesterol/lipid disorders screening[1]	● ● ●	• Screening of children and adolescents ages 9–11 years and 17–21 years; children and adolescents with risk factors ages 2–8 and 12–16 years • All adults ages 40–75

● = Men ● = Women ● = Children/adolescents

Health screenings and interventions (continued)

SERVICE	GROUP	CRITERIA AND FREQUENCY
Colon cancer screening[1]	🔵🟠	The following tests will be covered for colorectal cancer screening, ages 45–75: • Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually • Flexible sigmoidoscopy every 5 years • Flexible sigmoidoscopy every 10 years + annual FIT • Double-contrast barium enema (DCBE) every 5 years • Colonoscopy every 10 years, including a follow-up colonoscopy, for when stool-based tests reveal abnormal results • Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years – Requires prior authorization • Stool-based deoxyribonucleic acid (DNA) test (i.e., Cologuard) every 1–3 years
Congenital hypothyroidism screening	🟢	Newborns
Critical congenital heart disease screening	🟢	Newborns before discharge from hospital
Contraception counseling/education (including fertility awareness-based methods); contraceptive products and services[1, 3, 4]	🟠	Women with reproductive capacity
Dental application of fluoride varnish to primary teeth at time of eruption (in primary care setting)	🟢	Children to age 6 years
Dental caries prevention Evaluate water source for sufficient fluoride; if deficient prescribe oral fluoride[1]	🟢	Children older than 6 months
Depression screening/Maternal depression screening	🔵🟠🟢	Adults; Adolescents ages 12–18, including pregnant and postpartum women
Developmental screening	🟢	9, 18, 30 months
Developmental surveillance	🟢	Newborn, 1, 2, 4, 6, 12, 15, 24 months. At each visit ages 3–21
Fall prevention in older adults (including assessment of risk, individual and group exercise, and physical therapy)	🔵🟠	Community-dwelling adults ages 65 and older with risk factors
Folic acid supplementation[1]	🟠	Women planning or capable of pregnancy
Genetic counseling/evaluation and BRCA1/BRCA2 testing	🟠	Women at risk, including those with a personal or family history of breast cancer, ovarian cancer, tubal cancer or peritoneal cancer, or an ancestry associated with BRCA 1/2 gene mutation • Genetic counseling must be provided by an independent board-certified genetic specialist prior to BRCA1/BRCA2 genetic testing • BRCA1/BRCA2 testing requires precertification
Gestational diabetes screening	🟠	Pregnant women with no symptoms of diabetes, at 24 weeks of pregnancy or after
Gonorrhea screening	🟠	Sexually active women age 24 years and younger and older women at risk
Healthy diet and physical activity counseling	🔵🟠🟢	Ages 6 and older, including pregnant persons – to promote healthy weight status; individuals with risk factors for cardiovascular disease; behavioral health counseling while pregnant
Hearing screening (not complete hearing examination)	🟢	All newborns by 2 months. Ages 4, 5, 6, 8, 10. Adolescents once between ages 11–14, 15–17 and 18–21
Hemoglobin or hematocrit	🟢	12 months
Hepatitis B screening	🔵🟠🟢	Pregnant women; adolescents and adults at risk
Hepatitis C screening	🔵🟠	Adults ages 18–79
High blood pressure screening (outside clinical setting)[2]	🔵🟠	Adults ages 18 and older without known high blood pressure
HIV Preexposure Prophylaxis (PrEP) for prevention of HIV infection[1] HIV PrEP related services (HIV screening, kidney function testing, hepatitis B & C screening, pregnancy testing, sexually transmitted infection screening/behavioral counseling, adherence counseling)	🔵🟠🟢	Individuals at risk

🔵 = Men 🟠 = Women 🟢 = Children/adolescents

Health screenings and interventions (continued)

SERVICE	GROUP	CRITERIA AND FREQUENCY
HIV screening and counseling	● ● ●	Pregnant women; adolescents and adults 15 to 65 years; younger adolescents and older adults at risk; sexually active women (adolescent/adult), annually
Intimate partner/interpersonal violence screening	●	All women (adolescent/adult)
Lead screening	●	12, 24 months
Lung cancer screening (low-dose computed tomography)	● ●	Adults ages 50–80 with 20 pack year smoking history, and currently smoke, or have quit within the past 15 years. Computed tomography requires precertification
Metabolic/hemoglobinopathies (according to state law)	●	Newborns
Obesity screening/counseling	● ● ●	Ages 6 and older, all adults
Ocular (eye) medication to prevent blindness	●	Newborns
Oral health evaluation/assess for dental referral	●	6, 9 months. Ages 12 months, 18 months–6 years for children at risk
Osteoporosis screening	●	Age 65 or older (or under age 65 for women with fracture risk as determined by a Clinical Risk Assessment Tool). Computed tomographic bone density study requires precertification
PKU screening	●	Newborns
Perinatal depression preventive counseling	●	Pregnant and postpartum women with risk factors
Hypertensive disorders of pregnancy screening (blood pressure measurement)	●	Pregnant women
Prostate cancer screening (PSA)	●	Men ages 45 and older or age 40 with risk factors
Rh incompatibility test	●	Pregnant women
Sexually transmitted infections (STI) counseling	● ● ●	Sexually active women, annually; sexually active adolescents; and men at increased risk
Sexually transmitted infections (STI) screening	●	Adolescents ages 11–21
Sickle cell disease screening	●	Newborns
Skin cancer prevention counseling to minimize exposure to ultraviolet radiation	● ● ●	Ages 6 months–24 years
Statin use for the primary prevention of cardiovascular disease	● ●	Adults ages 40–75 who have cardiovascular disease risk factors
Syphilis screening	● ● ●	Individuals at risk; pregnant women
Tobacco use cessation: counseling/interventions[1]	● ●	All adults[1]; pregnant women
Tobacco use prevention (counseling to prevent initiation)	●	School-age children and adolescents
Tuberculosis screening	● ● ●	Children, adolescents and adults at risk
Ultrasound aortic abdominal aneurysm screening	●	Men ages 65–75 who have ever smoked
Unhealthy alcohol use and substance abuse screening	● ● ●	All adults; adolescents age 11–21
Unhealthy drug use screening	● ●	All adults
Urinary incontinence screening	●	Women
Vision screening (not complete eye examination)	●	Ages 3, 4, 5, 6, 8, 10, 12, and 15 or as doctor advises

● = Men ● = Women ● = Children/adolescents



1. Subject to the terms of your plan's pharmacy coverage, certain drugs and products may be covered at 100%. Your doctor is required to give you a prescription, including for those that are available over the counter (unless your state does not require a prescription for OTC products), for them to be covered under your Pharmacy benefit. Cost sharing may be applied for brand-name products where generic alternatives are available. Please refer to Cigna's "No Cost Preventive Medications by Drug Category" Guide for information on drugs and products with no out-of-pocket cost.
2. Subject to the terms of your plan's medical coverage, home blood pressure monitoring supplies, breast-feeding equipment rental and supplies may be covered at the preventive level. Your doctor is required to provide a prescription for home blood pressure monitoring equipment and some breast pump equipment.
3. Examples include oral contraceptives; diaphragms; hormonal injections and contraceptive supplies (spermicide, condoms); emergency contraception.
4. Subject to the terms of your plan's medical coverage, contraceptive products and services such as some types of IUD's, implants and sterilization procedures may be covered at the preventive level. Check your plan materials for details about your specific medical plan.

These preventive health services are based on recommendations from the U.S. Preventive Services Task Force (A and B recommendations), the Advisory Committee on Immunization Practices (ACIP) for immunizations, the American Academy of Pediatrics' Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care, the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children and, with respect to women, evidence-informed preventive care and screening guidelines supported by the Health Resources and Services Administration. For additional information on immunizations, visit the immunization schedule section of **www.cdc.gov**. This document is a general guide. Always discuss your particular preventive care needs with your doctor.

Some plans choose to supplement the preventive care services listed above with a few additional services, such as other common laboratory panel tests. When delivered during a preventive care visit, these services also may be covered at the preventive level.

Exclusions

This document provides highlights of preventive care coverage generally. Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). For the specific coverage terms of your plan, refer to the Evidence of Coverage, Summary Plan Description or Insurance Certificate.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

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A health plan that allows you to open a health savings account.

High-deductible health plan



Your employer offers a high-deductible health plan (HDHP) through Cigna Healthcare℠ that allows you eligibility to open a health savings account (HSA) with a financial institution.[1]

The HSA lets you save and accumulate money and use the savings to pay for qualified medical expenses now or in the future. If you change health plans or employers, that money goes with you.

Features of the HDHP

- Preventive care covered at 100% when you visit a network health care provider.[2] Not all plans cover out-of-network preventive care so check your plan materials for details
- Pay coinsurance/copay for all other covered services after you meet the self-only or family deductible
- Pay deductible and coinsurance/copay using your personal funds or from your HSA
- Out-of-pocket (OOP) expenses are limited to a maximum amount, which is outlined in your plan's benefit summary

Features of an HSA

- You and your employer can contribute tax-free money to your account[3]
- Savings can be used, tax free, to pay for qualified medical expenses, as identified by the IRS. Use of the savings toward other expenditures will result in penalties and/or taxes
- Your HSA administrator may offer investment options to help your account grow
- You may continue to deposit money in the HSA as long as you remain HSA eligible
- There's no "use it or lose it" rule – the money you save and earnings on your investments are yours to keep, and they remain in the account year to year

How your HDHP works

With an HDHP through Cigna Healthcare, you can visit the doctor or hospital that's right for you.[4] And you don't need a referral to see a specialist. However, you'll pay less when you go to an in-network provider.

Q. What is a qualified HDHP?

A. A qualified HDHP has an annual network deductible of at least:

	2023	2024
Self-only	$1,500	$1,600
Family	$3,000	$3,200

The annual network OOP expenses can't exceed:

OOP maximums

	2023	2024
Self-only	$7,500	$8,050
Family	$15,000	$16,100

OOP maximums must include deductibles, coinsurance/copays and other amounts you may pay for covered benefits, but don't include premiums/plan contributions. Preventive care is covered at 100% when you visit an in-network provider.[2]

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Offered by: Cigna Health and Life Insurance Company or Connecticut General Life Insurance Company.

Q. How are medical claims paid?
A. When you receive health care services, your provider submits a claim to Cigna Healthcare. After we process the claim, the provider sends you a bill for the remaining amount. You can use your HSA funds to pay for the expenses, or you can pay the bill using personal funds and let the HSA grow.

Q. How do I pay for prescriptions?
A. It's simple; when you pick up your prescription from the pharmacy, you can pay using your HSA checks or debit card. At most network pharmacies, you'll pay the discounted cost of the drug, subject to your medical deductible. Your pharmacy will advise you on what you will need to pay.

Q. What if my provider wants me to pay at the time of service?
A. Ask your provider to first submit the claim to Cigna Healthcare to ensure proper discounts are applied. If you must pay at the time of service, you can pay using HSA funds and then submit a claim to Cigna Healthcare. If you happen to overpay, your provider will reimburse you. You must deposit any reimbursed money back into your HSA, otherwise you're subject to penalties and/or income taxes.

Q. How do I manage my health plan?
A. At **myCigna.com**®, you'll find all the tools and resources you need to manage your plan. You can:

- Find an in-network provider
- View claims status
- Research online health and wellness information
- Compare hospital quality information and use the prescription drug price comparison tool
- Check costs for various treatments and procedures

How an HSA works

With an HSA, you contribute tax-free money to an account.[3] You can start using the money right away to pay for current qualified expenses or let the account grow over time to help cover future expenses.

Q. What can I use my HSA funds for?
A. You can use your HSA funds for qualified medical expenses, as determined by the IRS, that aren't covered by your health plan. Some examples include:

- Deductibles and coinsurance for medical and dental care
- Prescriptions
- Vision care, including eyeglasses and LASIK eye surgery
- Smoking cessation treatment and prescriptions
- Some insurance premiums, such as for long-term care, COBRA and health care coverage premiums while you receive unemployment compensation

Q. How do I pay for qualified medical expenses?
A. Contact your HSA administrator about how funds can be withdrawn to pay for certain medical expenses. Generally, a debit card and/or checkbook will be available.

Q. What if I change health plans?
A. All the money in your HSA is yours to keep. If you are no longer enrolled in a qualified HDHP you will not be able to make any more contributions to the account, but can use the money that has accumulated to pay for medical expenses. If you enrolled in an HSA midyear, and contributed the maximum annual amount, you may be subject to additional taxes and penalties if you don't maintain your HSA eligibility through the following tax year.



Components of coverage

HDHP

- Lower premiums/plan contributions compared with traditional health plans
- Coverage for preventive care[2]
- Choice of a provider or hospital within your Cigna Healthcare network[4]

HSA[5]

- Tax-deductible deposits and tax free growth[3]
- Use savings to pay for qualified medical expenses, tax free[3]
- Money is yours to keep, even if you switch employers or health plans
- Investment options (if offered by your HSA administrator)
- Withdrawals after age 65 without penalty (taxes will apply)

Q. Am I eligible to open and contribute to an HSA?

A. Yes, as long as you:

- Are enrolled in a qualified HDHP
- Are not covered by any other medical plan, except what is permitted by the IRS – examples of permitted coverage include dental, vision and long-term care
- Are not enrolled in Medicare
- Cannot be claimed as a dependent on another individual's tax return
- Are not enrolled in a general-purpose health flexible spending account (FSA) (and neither is your spouse)

Q. How much can I contribute?

A. Your total annual contribution, plus contributions from any other sources, including any employer contributions, can't exceed:

	2023	2024
Self-only	$3,850	$4,150
Family	$7,750	$8,300

If you're age 55 or older, you can make an additional catch-up contribution of up to $1,000. If you enroll in an HSA midyear, you can contribute the maximum annual amount; however, you may be subject to additional taxes and penalties if you don't maintain HSA eligibility through the following tax year.

Q. When can I make contributions?

A. Contact your HSA administrator for the options available to you. Typically, contributions may be made any time of the year in one lump sum or in payments throughout the year. If you do make your contribution in one lump sum and are no longer enrolled in an HDHP, you need to withdraw any excess to avoid penalties.

Q. What if I exceed the maximum contribution amount?

A. Excess contributions are subject to income taxes and an additional penalty tax. Regardless of the contribution source, you're responsible for making sure you don't exceed the maximum amount allowed by the IRS.

Q. Are rollover contributions allowed?

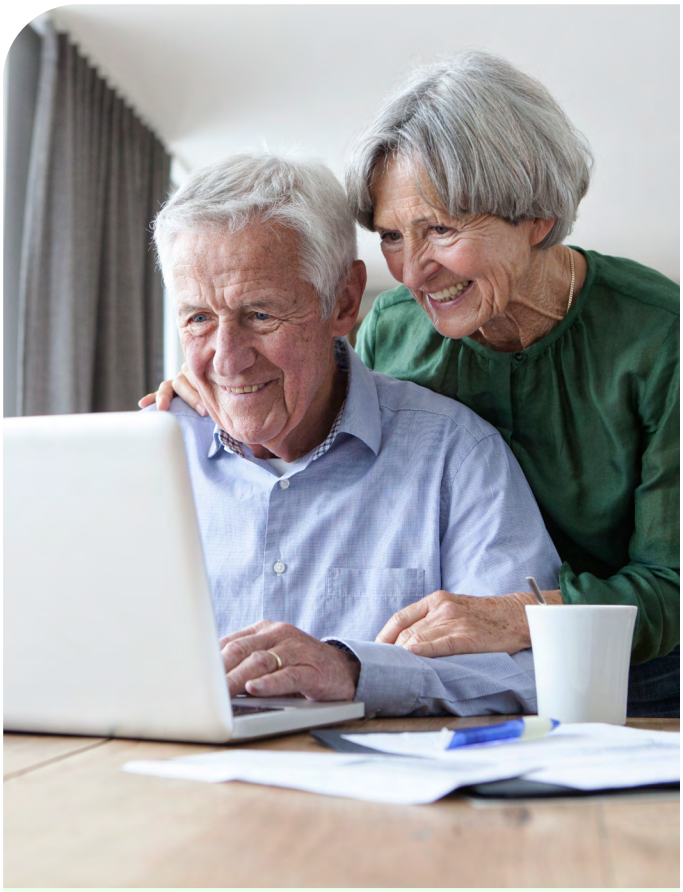
A. Yes, in some cases. Rollover contributions from medical savings accounts and other HSAs are allowed and don't count toward the yearly maximum contribution. Rollovers from an IRA, a health reimbursement account (HRA) or a health FSA may be permitted in certain circumstances. Check with your HSA administrator on options available.

Q. Can my employer contribute to my HSA? If so, how much?

A. Yes – that's what's great about an HSA. Typically, at open enrollment your employer will let you know if and how much they'll contribute. You can then decide how much you want to contribute, as long as you don't exceed the maximum amount allowed by the IRS. What your employer contributes will be reported on your W-2 form, but it's not considered taxable income.[3]

Q. What happens to my HSA when I die? Does my employer keep the funds?

A. No, your employer doesn't keep the funds. The HSA will automatically transfer to the beneficiary you elect. If that person is your surviving spouse, they will not be subject to applicable taxes. If the HSA is transferred to a designated beneficiary other than your spouse, the funds are considered taxable income.



See irs.gov, IRS Publications 502 and 969, for additional information about qualified medical expense and helpful information about HSAs.

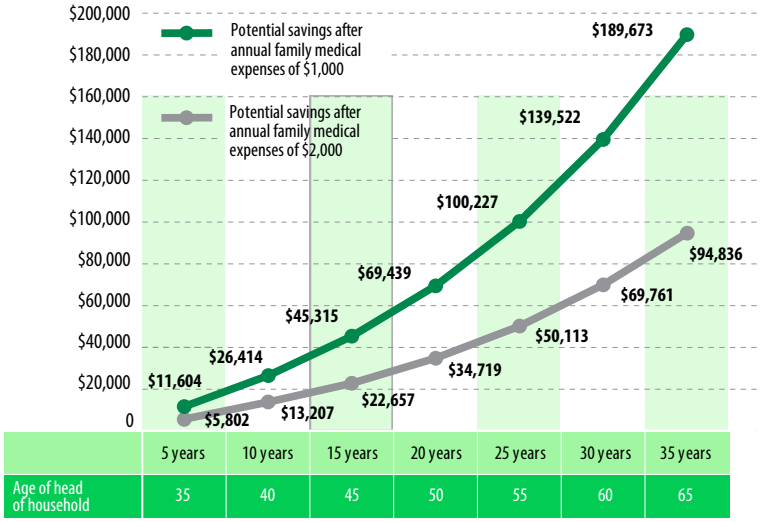
Consider the savings of an HSA

An HSA lets you take advantage of tax savings, helps you build a cash reserve for medical expenses and allows you to take an active role in your health care decisions. The more involved you are, the more dollars remain in your HSA.

With an HSA comes the opportunity to build savings over time, tax free.[3] The following example illustrates how a family eventually can save more than $189,000.

This example assumes:

- An HSA for family coverage
- Head of household begins contributing at age 30
- A $3,000 annual deductible
- A $3,000 annual contribution
- A 5% rate of return



Over 35 years, a family with average annual medical expenses of $1,000 can potentially save up to $189,673. For illustrative purposes only. Individual results will vary and are not guaranteed.

To get started with an HSA, follow these simple steps

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Enroll in a qualified HDHP	**Establish your HSA**	**Contribute to your HSA**	**Start paying for qualified expenses**	**Watch your account grow**
First, complete the medical enrollment form, online or on paper, for the HDHP through Cigna Healthcare (this is a qualified HDHP that makes you eligible to open an HSA).	If your employer hasn't arranged for an HSA administrator, you can open an account with any HSA administrator of your choice.	Money can be contributed through payroll deductions (if available through your employer) or by sending deposits directly to your HSA administrator.	Pay for expenses using your HSA funds (payment options will vary by HSA administrator) or pay using your personal funds and let your HSA funds grow!	Your account earns interest and you may have investment options available through your HSA administrator.[6]

Contact your HSA administrator for specific rules regarding establishment of your HSA.

Visit **Cigna.com/expenses** for a full list of eligible expenses.

Our Customer Service Advocates are available 24/7/365. Call the number on the back of your ID card.

1. A financial institution that you choose must be a qualified HSA trustee or custodian.
2. Not all preventive care services are covered. For example, immunizations for travel are generally not covered. Review your plan materials for more information, including a list of covered and non-covered services.
3. HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. A few states do not allow pretax treatment of contributions or earnings. Contact your personal tax advisor for details.
4. Some plans may not include coverage outside of the plan network. Review your plan documents for details.
5. Either your employer may arrange an HSA administrator or you may open an account with an HSA administrator of your choice. The HSA provider and/or trustee/custodian is responsible for its HSA services, transactions and related activities. Cigna Healthcare and your employer are not responsible for HSA services, administration or operation.
6. Investments are subject to market fluctuation, investment risk, and possible loss of principal. You are encouraged to discuss these strategies with a professional financial planner and tax advisor.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your plan documents.

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Take control of your medication fills.

Choose how often and where you want to fill your prescriptions.

Having options can help make the things you do on a regular basis a little easier – such as refilling your prescriptions. With the Cigna 90 Now℠ program, you decide how and where you fill your maintenance medications.

Choose how much you want to fill.

- **30-day supply.** You have the option of switching to a 90-day (or 3-month) supply at any time.
- **90-day (or 3-month) supply**.[1] You'll make fewer trips to the pharmacy for refills (four times a year instead of every month). And you're more likely to stay healthy – with a 90-day supply on hand, you're less likely to miss a dose.[2]

Choose where you want to fill.

Retail pharmacies

There are thousands of pharmacies in your network – including local independent pharmacies, grocery stores, retail chains and wholesale warehouse stores. To find an in-network pharmacy near you, log in to the **myCigna® App**[3] or **myCigna.com®**.

- Every pharmacy in your network can fill **30-day** prescriptions.
- Select retail pharmacies can fill **90-day** prescriptions. For example, **CVS Pharmacy®** is approved to fill 90-day supplies. If you choose to fill this amount, make sure you use an approved pharmacy.

Home delivery with Express Scripts® Pharmacy[4]

Home delivery is a convenient option when you're taking a medication on a regular basis. It's simple, safe – and saves you trips to the pharmacy.

What are maintenance medications?

They're the medications you take on a regular basis to treat an ongoing health condition, such as asthma, diabetes, high blood pressure or high cholesterol.

By choosing home delivery, you can:

- **Easily manage** your medications from your phone or online
- Get standard shipping **at no extra cost**[5]
- Fill up to a **90-day supply** at one time
- Talk to **helpful pharmacists**, 24/7
- Sign up for **free automatic refills** or refill reminders so you don't miss a dose
- Use a **flexible payment plan** to make it easier to pay for your medication

To learn more, go to **Cigna.com/homedelivery**.

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All sources and disclosures appear at the end of this document.

967142 C90N Vol CVS 01/24

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How to fill a 90-day supply.



Ask your doctor for a 90-day prescription (with refills).

Ask their office to send it electronically to an approved in-network retail pharmacy or to Express Scripts® Home Delivery.

Get your 90-day supply of medication. You'll fill again in 3 months.

How to fill a 30-day supply.



Ask your doctor for a 30-day prescription.

Ask their office to send it electronically to any in-network retail pharmacy.

Get your 30-day supply of medication. You'll fill again in a month.

1. Certain medications may only be packaged in less than a 90-day supply. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
2. Internal Cigna Healthcare analysis performed Jan 2019, utilizing 2018 Cigna Healthcare national book of business average medication adherence (customer adherent > 80% Proportion Days Covered), 90-day supply vs. those who received a 30-day supply taking antidiabetics, blood pressure medications and statins.
3. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
4. Not all plans offer Express Scripts® Pharmacy as a covered pharmacy option. Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network. Cigna Healthcare maintains an ownership interest in Express Scripts® Pharmacy's home delivery services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.
5. Standard shipping costs are included as part of your prescription plan.

Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.

Health benefit plans vary, but in general to be eligible for coverage, a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (Bloomfield, CT) (CHLIC), Connecticut General Life Insurance Company, Express Scripts, Inc., or their affiliates, and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna Healthcare of Arizona, Inc., Cigna Healthcare of California, Inc., Cigna Healthcare of Colorado, Inc., Cigna Healthcare of Connecticut, Inc., Cigna Healthcare of Florida, Inc., Cigna Healthcare of Georgia, Inc., Cigna Healthcare of Illinois, Inc., Cigna Healthcare of Indiana, Inc., Cigna Healthcare of St. Louis, Inc., Cigna Healthcare of North Carolina, Inc., Cigna Healthcare of New Jersey, Inc., Cigna Healthcare of South Carolina, Inc., Cigna Healthcare of Tennessee, Inc. (CHC-TN), and Cigna Healthcare of Texas, Inc. In Utah, all products and services are provided by Cigna Health and Life Insurance Company (Bloomfield, CT). Policy forms: OK – HP-APP-1 et al., OR – HP-POL38 02-13, TN – HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN).

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FINDING A DOCTOR IN OUR DIRECTORY IS EASY

Is your doctor or hospital in your plan's Cigna network? Cigna's online directory makes it easy to find who (or what) you're looking for.

SEARCH YOUR PLAN'S NETWORK IN FOUR SIMPLE STEPS

Step 1

Go to **Cigna.com**, and click on "Find a Doctor" at the top of the screen. Then, under "How are you Covered?" select "Employer or School."

(If you're already a Cigna customer, log in to **myCigna.com** or the myCigna® app to search your current plan's network. To search other networks, use the **Cigna.com** directory.)

Step 2

Change the geographic location to the city/state or zip code you want to search. Select the search type and enter a name, specialty or other search term. Click on one of our suggestions or the magnifying glass icon to see your results.

Step 3

Answer any clarifying questions, and then verify where you live (as that will determine the networks available).

Step 4

Optional: Select one of the plans offered by your employer during open enrollment.

That's it! You can also refine your search results by distance, years in practice, specialty, languages spoken and more.

Search first. Then choose Cigna.

There are so many things to love about Cigna. Our directory search is just the beginning.

After you enroll, you'll have access to **myCigna.com** – your one-stop source for managing your health plan, anytime, just about anyplace. On **myCigna.com**, you can estimate your health care costs, manage and track claims, learn how to live a healthier life and more.

Questions? Call **1.866.494.2111**

Together, all the way.®

Cigna®

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

Providers and facilities that participate in the Cigna network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, see your plan documents.

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Emotional health matters.

We're here to help you take care of it.



Life is full of ups and downs. But if feelings of sadness, worry or anxiety are becoming more frequent and making daily life hard, it might be time to get extra help. Your plan offers support for whatever challenge you're facing – 24/7/365.

Providers ready to help

- National network of clinicians, counselors, psychologists and psychiatrists
- Guaranteed first-time appointments in five business days through our Fast Access network[1]
- Live chat on **myCigna.com**®
- Virtual counseling sessions available with over 173,000 clinicians[2]
- Online therapy with a licensed therapist through Talkspace
- Behavioral health coaching through Ginger via text-based chat and self-guided learning activities[3,4]
- Two-day appointments available through some virtual in-network provider partners[5]
- Coaching and support services provide dedicated support for a broad range of conditions, including autism, eating disorders, intensive behavioral case management, substance use, and opioid and pain management; also, coaching and support for parents and families empower individuals to be effective advocates for their child, spouse or family member – or their own mental health needs
- Centers of Excellence for Adult Mental Health, Child & Adolescent Mental Health, Eating Disorders and Substance Use[6]

Programs that provide support[7]

- Three face-to-face visits with a licensed behavioral health provider in our employee assistance program (EAP) network at no additonal cost. To get an EAP code, visit **myCigna.com** and chat with us online or select the link that displays with your online provider search.
- Live chat with an EAP advocate
- Unlimited telephone support and access to work-life resources
- Access to legal services, including a 30-minute consultation with a program attorney for legal issues, with 25% off select fees if the program attorney is retained
- Access to financial services, such as 25% off tax preparation and a 30-minute complimentary phone consultation with a financial specialist
- Access to IdentityForce, a comprehensive identity theft protection program at no additional cost.[8]

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Resources ready whenever you are

iPrevail

This digital therapeutics program was designed by experienced health care professionals to help you take control of stress. Interactive video lessons and one-on-one coaching can help with challenges including post-traumatic stress disorder (PTSD), caregiving, depression and anxiety.[8]

Happify™

A self-directed program with science-based games and guided meditations, Happify was designed to help reduce stress and anxiety, increase confidence, and boost overall health.[8]

Behavioral awareness webinars

Taught by industry experts, these free monthly educational webinars offer tips and tools for children and families on topics such as autism, eating disorders, substance use and behavioral health awareness. Sign up at **Cigna.com**®.

Get started or register at myCigna.com today.

1. Per our agreement with contracted providers. Within five business days for first-time appointment with non-prescriber; 15 business days for prescriber.
2. Cigna Healthcare virtual behavioral care network as of May 2023. Subject to change. Not all providers have video chat capabilities, and video chat may not be available in all areas. A primary care provider referral is not required. See your plan materials for costs and details of coverage, including other virtual care benefits that may be available under your specific health plan.
3. Program services are provided by independent companies/entities and not by Cigna Healthcare. Programs and services are subject to all applicable program terms and conditions. Program availability is subject to change.
4. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
5. Two-day appointments available through some virtual in-network provider partners. Timeframe is average first-time availability and may vary by provider and region.
6. The Cigna Healthcare Center of Excellence designation is a partial assessment of quality and cost-efficiency and should not be the only basis for decision-making (as such measures have a risk of error). Individuals are encouraged to consider all relevant factors and talk with their physician about selecting a health care facility. Quality designations and ratings found in Cigna Healthcare online provider directories are not a guarantee of the quality of care that will be provided to individual patients.
7. Employee assistance program services are in addition to, not instead of, your health plan benefits. These services are separate from your health plan benefits and do not provide reimbursement for financial losses. Customers are required to pay the entire discounted charge for any discounted legal and/or financial services. Legal consultations related to employment matters are excluded. Additional restrictions may apply. Program availability may vary by plan type and location, and programs are not available where prohibited by law.
8. Program services are provided by independent companies/entities and not by Cigna Healthcare. Programs and services are subject to all applicable program terms and conditions. Program availability is subject to change.

All health care providers and service providers are solely responsible for their care and/or services.

Providers are not agents of Cigna Healthcare. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, contact a Cigna Healthcare representative.

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Find emotional support here at Cigna Healthcare.

This guide can help you know where to turn for help.

It's more important than ever to protect your mental health. Mental health includes your emotional, psychological, and social well-being. It affects how we think, feel, and act. Behavioral health support is included as part of your Cigna Healthcare℠ medical insurance plan.[1] Use this guide to connect with the right resources for your mental, physical, and emotional well-being.

Crisis conditions

Emergencies happen. Here's where to turn for help.

You can always call the number on your ID card. Our behavioral support staff, made up of licensed, experienced mental health professionals with a master's degree or higher, **is available 24/7** to offer:

- Real-time response to crisis situations.
- Help managing your care after regular business hours.
- Information on how to access valuable community resources.



Other important phone numbers for crisis support.

National Suicide Prevention Lifeline:
Call or Text 988

National Domestic Violence Hotline:
Call 1.800.799.7233
Text LOVEIS to 1.866.331.9474

Crisis Text Line:
Text HOME to 741741 (anywhere in the U.S.)

Cigna Healthcare Veterans Support Line:
Call 1.855.244.6211

cigna healthcare

Connecting to care.

A large network of quality behavioral specialists – including virtual providers.

When you need behavioral support, myCigna® makes it easy to connect with the right care – in person or virtually.[3]

- **Visit myCigna.com®**
- **Use the myCigna App[4]**

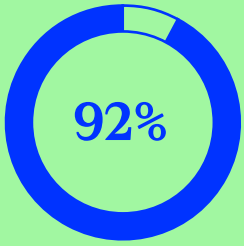
Once you log in, select "Therapist" or "Virtual" for a list of virtual behavioral health providers. You can also click on "Find Care & Costs." From there, search "Doctor by Type" and select a behavioral health provider in your network.



Why behavioral support matters.

1 in 5

U.S. adults experiences mental illness in a year.[5]



of adults with mental disorders also have medical conditions.[6]

You have access to **three in-person or virtual visits** with a licensed mental health provider in our Employee Assistance Program[7] (EAP) network – **at no additional cost**.

Simply call Cigna Healthcare or click to chat from myCigna to obtain an authorization code to give to your provider.[8]

We make it easy to access support.

- Over **206,000 providers** are in Cigna Healthcare's virtual care network – it's the largest in the country.[9]
- A Fast Access Network guarantees you can lock in a first-time behavioral support appointment within five days.[10]
- First-time appointment in **two days or less**; 2-day appointments available through provider partners: Alma, Bicycle Health, Brightside, Meru Health, and Path.

Billing information: Virtual care: The cost of an appointment is the same as an outpatient office visit to an in-network provider. Your cost-share is administered according to your company's plan design.

In-person office visits: Copay/coinsurance and deductibles apply.

Digital Resources.

Help for you, whenever and wherever.

It starts at myCigna.

Using the myCigna website or app, you can access a range of dedicated resources that help support behavioral health. Here's how to get started:

1. Log in to myCigna.
2. Click "Find Care & Costs."
3. Click and then select "Doctor By Type."
4. Select "Behavioral Health Counselor."
5. Answer the questions, then select "Go Virtual."
6. Choose your options.

Digital resources get results.

- **Over 70%** of Ginger members saw an improvement in their depression and anxiety symptoms within 10–14 weeks.[11]
- **78%** of Talkspace members reported improvement within weeks.[12]

Billing information:

In-network: Your cost-share is administered according to your plan design.

Ginger Coaching: You pay the same cost-share as you would for an office visit. This applies to one session per 30 days. Rate includes unlimited access to a coach and Ginger classes and content.

Therapy and Psychiatry: Your cost-share is the same as an office visit based on your company's plan design.

MDLIVE and Meru: Copay/coinsurance and deductible apply.

Talkspace: Talkspace is able to calculate the amount of time spent in texting. Once the minutes add up to a billable amount (usually the equivalent of a 60-minute session), the provider issues a claim.

These services provide real-time support via live video or texting.

Explore the following services to determine which one best fits your needs and lifestyle.

ginger

Ginger[13] provides in-the-moment emotional care – including coaching, therapy, psychiatry and self-care resources – all from the privacy of a smartphone. It helps you manage anxiety, depression and daily stressors.

MDLIVE®

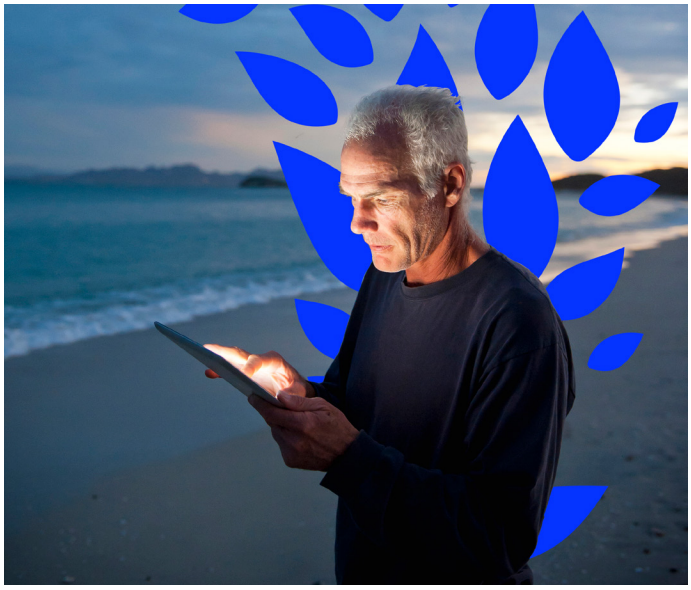
MDLIVE licensed therapists and board-certified psychiatrists can get you back to being your best if you're feeling overwhelmed, stuck or just not like yourself. It offers talk therapy and coping strategies, plus psychiatric services to assist in assessments and medication management.

meru health

Meru[13] combines the best of science, technology and human support to help you overcome mental health challenges. You can schedule a free screening session right now.

talkspace

Talkspace[13] provides personalized care for all – by making mental health access safe, quick and easy. You can expect immediate, responsive care to support your diverse needs.



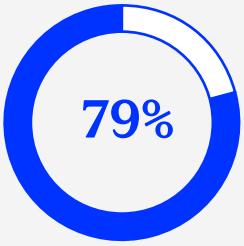
Therapeutic apps

Here are apps to help you stay happy and healthy – at no additional cost.

iPrevail

iPrevail[14] is designed by experienced clinicians to help you employees take control of the stresses of everyday challenges associated with life's difficult transitions.
Features:

- Interactive video lessons
- One-to-one peer coaching
- Support communities
- Wellness activities



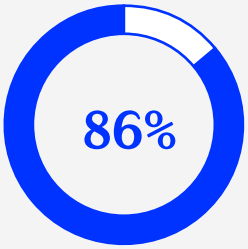
Proven results:

of participants experience improvement after engaging in their personalized program.[15]

happify™

Happify's[14] science-based activities and games can help you overcome negative thoughts, stress and life's challenges.
Helps you:

- Build resilience
- Reduce stress
- Improve coping mechanisms
- Increase focus
- Reduce symptoms associated with anxiety and depression



Proven results:

of frequent users get happier in two months.[16]



Seminars

Knowledge is power against behavioral health issues.

You can get expert advice and information about mental health in this behavioral awareness seminar series. - **available at no additional cost**.

Topics include:

- Children and Families
- Autism Awareness
- Eating Disorders
- Substance Use Disorders



Consultations

Guidance to help with financial and legal concerns.

You are entitled to the following 30-minute consultations – at no additional cost.

- **Legal guidance:** Meet with an attorney for legal issues, such as civil suits, personal/family matters or issues with the Internal Revenue Service.[17]
- **Financial guidance:** Connect with a financial specialist for debt counseling, budgeting advice and more.

You can call Cigna Healthcare to schedule these complimentary consultations.

Identity theft protection

One less thing for you to worry about.

Offered through Cigna Healthcare at no additional cost, you can get peace of mind from award-winning IdentityForce protection.[18] It provides proactive identity and credit monitoring, sends fraud alerts, and helps fix any identity compromises.

- **Legal guidance:** call 1.833.580.2523 or visit cigna.identityforce.com/starthere to enroll.

The cost of identity theft adds up.

- Consumers filed **2.2 million** fraud reports in 2020, accounting for **$3.3 billion** in losses.[19]

If you need further assistance navigating to the right behavioral health resource, please call the number on the back of your ID card.

1. This applies to all groups on Facets except Guaranteed Cost (GC) cases sitused in NY, NJ, MD, PR or USVI.
2. 2020 Cigna Behavioral Operations report.
3. Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs.
4. The downloading and use of any mobile App is subject to the terms and conditions of the App and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.
5. John Hopkins Medicine. "Mental Health Disorder Statistics." January 24, 2022. https://www.nami.org/NAMI/media/NAMI-Media/Infographics/GeneralMHFacts.pdf.
6. Behavioral Health Insights, Cigna Healthcare Book of Business claims data January 1, 2020, through December 31, 2020. Adults only. Results may vary.
7. Employee assistance program services are in addition to, not instead of, health plan benefits. These services are separate from health plan benefits and do not provide reimbursement for financial losses. Customers are required to pay the entire discounted charge for any discounted legal and/or financial services. Legal consultations related to employment matters are excluded. Additional restrictions may apply. Program availability may vary by plan type and location, and program are not available where prohibited by law.
8. Customers under age 13 (and their parent/guardian who is not already eligible for the EAP) will not be able to register at myCigna.com or the mobile app. Parents who are covered under the EAP can register and initiate service requests for their covered children. App/online store terms and mobile phone carrier/data charges apply.
9. Internal unique provider data as of June 2022. Subject to change.
10. Five days for routine therapy and 15 days for prescriber.
11. Cigna Healthcare Book of Business with Ginger April 2021–December 2021. Results may vary.
12. Evernorth Book of Business data, 2021. Results may vary.
13. Program services are provided by independent companies/entities and not by Cigna Healthcare. Programs and services are subject to all applicable program terms and conditions. Program availability is subject to change. Program not available in all states.
14. iPrevail and Happify program services are provided by independent companies/entities and not by Cigna Healthcare. The downloading and use of mobile apps are subject to terms and conditions, and standard mobile phone and data usage charges apply. Programs and services are subject to all applicable program terms and conditions. Program availability is subject to change. These programs do not provide medical advice and are not a substitute for proper medical care provided by a health care provider. Information provided should not be used for self-diagnosis. Always consult with a provider for appropriate medical advice.
15. Based on a clinical trial, Prevail Health Solutions, 2018. Results may vary.
16. Happify. Sept. 2023. https://www.happify.com/
17. Our legal services provide access to a nationwide network of participating law firms and attorneys, all in good standing with their local bar associations. Get an initial, no-cost consultation and a discount on legal fees for help with family law, real estate concerns, estate planning and more. Identity theft consultation services are also available. Legal consultations related to employment-related matters are not available under this program.
18. Identity Force program and services are provided by independent companies/entities and not by The Cigna Group or its operating subsidiaries. Program and services are subject to all applicable program terms and conditions. Program availability is subject to change. References to third-party organizations or companies, and/ or their products, processes or services, does not constitute an endorsement or warranty thereof. Your use of such products, processes or services are at your sole risk. Product may be updated or modified prior to availability. Product availability may vary by location and plan type and is subject to change.
19. Federal Trade Commission. "New Data Shows FTC Received 2.2 Million Fraud Reports from Consumers in 2020." [Press release]. February 4, 2021. https://www.ftc.gov/news-events/news/press-releases/2021/02/new-data-shows-ftc-received-22-million-fraud-reports-consumers-2020.

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