

# WELCOME TO CIGNA

Simple ways to make the most of your plan



Cigna resources are designed to help you make smarter choices to improve your whole health and health plan spending.



## First, register on myCigna.com<sup>®1</sup> to access your digital ID cards and activate all available programs

When your plan year begins, register on **myCigna.com**. That way you're ready to go whenever you need to find in-network health care providers, estimate costs or use My Health Assistant.



Register now



## Access virtual care

Conveniently connect with board-certified doctors, therapists, psychiatrists and dermatologists via video or phone.<sup>2</sup>



## Connect with Cigna One Guide<sup>®</sup>

Our friendly guides have forward-thinking technology to answer questions on your plan, offer personalized advice and connect you to the right care. They can also proactively reach out.<sup>3</sup>



## Ensure in-network care

myCigna and Cigna One Guide can help you stay in-network, maximize savings and avoid any surprises.



## Get preventive care

Preventive care, such as check-ups, biometric screenings and wellness screenings, is available at no additional cost to you.<sup>4</sup> It's even available virtually for maximum convenience.



## Prioritize behavioral support

229K+ behavioral health and substance use providers<sup>5</sup> can help, either in person or virtually. We also have 24/7 therapy, including Talkspace and Ginger for Cigna, and digital tools, such as iPrevail and Happify<sup>™,6</sup>



## Call our 24/7 Health Information Line

Talk with a clinician who can help you choose the right care, whenever you need it - late nights, holidays and more.



## Simplify with mail-order medications

Express Scripts<sup>®</sup> is one of the largest pharmacies in the United States and offers convenience, savings and stress-free prescription management.



## Identity Theft protection

At no additional cost.



## Bounce back with RecoveryOne<sup>™</sup> for Cigna<sup>®</sup>

Virtual physical therapy from the comfort of home is convenient and available at no additional cost to you.



## Utilize case management programs

Complex medical conditions can be overwhelming. Our trained teams can help you coordinate care, understand benefits and reach goals through online coaching.





Make sure to get approval from your plan before getting care (known as prior authorization) for routine hospital stays or outpatient procedures.

Learn more at [myCigna.com](https://myCigna.com) or by calling the number on your ID card.



### First, register on [myCigna.com](https://myCigna.com) or the [myCigna® App](#)<sup>7</sup>

Once you've registered, you can:

- › Access your digital ID cards for yourself and any dependents. You can download the card images to save, share, print or email directly to your dependents and to your providers.
- › Understand what's covered in your plan
- › Find in-network doctors, hospitals and facilities and sort them by location, reviews and Cigna's quality rating
- › Get cost estimates for appointments, procedures and medications
- › Compare costs for 30- and 90-day medications and see if lower-cost alternatives are available
- › Find retail pharmacies that offer a 90-day supply
- › Manage and track claims
- › Get alerts when new plan documents are available
- › Access a variety of health and wellness resources, including an online health assessment, health tracking tools and My Health Assistant digital coaching



### Virtual care<sup>2</sup>

Virtual care can be a convenient and affordable option for a wide range of care. For appointments, you can work with an in-network provider or connect with an MDLIVE<sup>®2</sup> provider at [myCigna.com](https://myCigna.com).

Right from your phone, tablet or computer, you can:

- › Access board-certified doctors, psychiatrists, dermatologists and licensed therapists
- › Get virtual urgent care 24/7/365 – even on weekends and holidays with MDLIVE
- › Access virtual primary care for preventive care, routine care and specialist referrals
- › Access dermatologists<sup>8</sup> for fast, customized care for skin, hair and nail conditions – no appointment required
- › Schedule an online virtual behavioral health appointment in minutes through MDLIVE
- › Have a prescription sent directly to your local pharmacy if appropriate

### Virtual primary care

- › Preventive care check-ups/wellness screenings are available at no additional cost<sup>9</sup> and can help identify conditions early
- › Routine care visits allow you to build a relationship with the same primary care provider (PCP) to help manage conditions

- › Access MDLIVE by logging in to [myCigna.com](https://myCigna.com) and clicking on “Talk to a doctor.” You can also call MDLIVE at **888.726.3171**.
- › Select the type of care you need: Medical care or counseling. The cost will be displayed on both [myCigna.com](https://myCigna.com) and MDLIVE.
- › Appointments are available via video or phone, whenever it's most convenient for you. No appointments are required for dermatology care.



### Cigna One Guide

Combining digital technology with our personalized customer service, over the phone or on the [myCigna App](#),<sup>7</sup> the Cigna One Guide support tool can help you:

- › Resolve health care issues
- › Save time and money
- › Get the most out of your plan
- › Find the right hospitals, dentists and other health care providers in your plan's network
- › Get cost estimates
- › Understand your bills
- › Navigate the health care system



### In-network care

Save money when you use doctors, hospitals and health facilities that are part of your plan's network. Chances are there's a network doctor or facility right in your neighborhood. It's easy to find quality, cost-effective care at [myCigna.com](https://myCigna.com).



### Preventive care

It's important to catch any issues while they're still small. That's why we cover eligible preventive care services at no extra cost, including:<sup>4</sup>

- › Screenings for blood pressure, cholesterol and diabetes
  - › Testing for colon cancer
  - › Clinical breast exams and mammograms
  - › Pap tests
  - › Additional covered procedures listed on [myCigna.com](https://myCigna.com)
- Since your physical and emotional health are connected, make sure to talk about how you're feeling at your annual check-up.



## Behavioral care

You have access to 229K+ behavioral health and substance use providers,<sup>5</sup> and 75K+ of those are virtual.<sup>5</sup> Whether you're dealing with a behavioral health condition, going through a rough time or looking for substance use support, you can find the one that fits your needs, either in person or virtually. To find a virtual provider:

- › Go to **myCigna.com** > Find Care & Cost
- › Search for "Behavioral Health Counselor" under "Doctor by Type"
- › Call to make an appointment with your selected provider

Online visits with our behavioral health network providers cost the same as in-office visits. Costs vary by plan.



## 24/7 Health Information Line

At no extra cost, you can speak to a clinician to make more-informed decisions about your care. Whether it's reviewing home treatment options, following up on a doctor's appointment or finding the nearest urgent care center in your plan's network, you can call the number on your Cigna ID card, day or night.



## Specialty medications

We can help you understand, manage and treat complex conditions that require a specialty medication. Our therapy management teams, made up of health advocates with nursing backgrounds as well as pharmacists, are specially trained to help with your specific needs.<sup>10</sup>

- › Personalized, 24/7 support
- › Condition-specific education on medication therapy and side effects
- › Help with the medication approval process
- › Financial assistance programs if needed

For more information, call **800.351.3606**.



## Identity Theft Protection

- › We're committed to the physical, emotional and financial well-being of those we serve. That's why Cigna teamed up with IdentityForce, a top-rated provider of identity theft protection.<sup>11</sup>

- › We'll help protect you and your children against identity theft and help fix any identity theft compromises – at no additional cost for all medical subscribers.
- › Three ways to register:
  - Visit <https://cigna.identityforce.com/starthere>
  - Call 833.580.2523
  - If you are new to a Cigna Medical plan and you provide your email address on **myCigna.com**, you may also receive emails from IdentityForce that will provide you links to register for services.

Once registered, you and your children can access IdentityForce directly through the IdentityForce app or website.



## RecoveryOne for Cigna includes:<sup>6</sup>

- › Virtual physical therapy at no additional cost<sup>12</sup>
- › A private video consult with a virtual physical therapist
- › Customized plans to meet your needs – from the comfort and convenience of wherever you are
- › A multimedia app that guides you through your personalized exercises
- › Video, voice and chat conversations with your support team
- › Motion-tracking technology



## Case management programs

Take advantage of our personal services to help you with your personal health needs. A Cigna case manager, trained as a nurse, can work closely with you and your doctor to check on your progress. You can get help with conditions and illnesses, such as cancer and end-stage renal disease, as well as with neonatal care and pain management.

You also have access to My Health Assistant on **myCigna.com** to help you:

- › Control stress
- › Lose weight and eat better
- › Enjoy exercise
- › Quit tobacco
- › Manage diabetes, chronic obstructive pulmonary disease, asthma and other conditions

Enroll online today. Go to **myCigna.com** > Wellness > Health Assistant.

## TIPS TO HELP YOU SAVE MONEY



### Find where to get prescription drugs

- Find the complete list of covered medications on **myCigna.com**
- Use cost-comparison tools on myCigna to compare prices and purchase mail-order prescriptions<sup>13</sup>
- Use generics when possible
- Know what brand-name drugs are covered in your plan
- Ask your doctor about a 90-day supply for your maintenance medication(s) through our home delivery pharmacy service



### Know where to go for care

- Use an emergency room for true emergencies
- Don't wait: Locate an in-network convenience care clinic, sometimes found within a grocery store, or urgent care center near you, before you need it
- For minor medical conditions, connect with a board-certified doctor via video or phone when, where and how it works best for you. Visit **myCigna.com**, or call MDLIVE at 888.726.3171 to talk with a doctor 24/7<sup>2</sup>
- Don't be fooled: Some emergency rooms look like urgent care centers, so know what type of facilities are in your area



### Choose the right provider

- Know which providers are in your network by going to **myCigna.com** > Find Care & Costs
- Choose providers who have received the Cigna Care Designation – high-performance recognition given to physicians in certain specialties who meet Cigna quality and medical cost-efficiency standards<sup>14</sup>
- Opt to connect with a board-certified doctor, therapist or psychiatrist via video or phone<sup>2</sup>
- Use in-network national labs to help save money



### Be proactive about your health

- Get information on the cost of medications and treatments to avoid surprises
- Use your preventive care benefits, learn your core health numbers (blood pressure, cholesterol and blood glucose), and make use of the health improvement tools at **myCigna.com**

### Find your way to better health.

Get more information on all the programs that are available to you.



When your plan year begins, register on myCigna.com.



Call the 24/7 customer service number on your ID card.



Download the myCigna App.<sup>7</sup>



1. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com. 2. Cigna provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna also 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. All health care providers are solely responsible for the treatment provided to their patients; providers are not agents of Cigna. Refer to plan documents for complete description of virtual care services and costs. 3. Not available with all plans. 4. Not all preventive care services are covered, and different plans may cover different things. For example, immunizations for travel are usually not covered. See your plan materials for a complete list of covered preventive care services. 5. Internal unique provider data as of December 2021. Subject to change. 6. The program and services are provided by an independent company and not by Cigna. Program and services are subject to all applicable program terms and conditions. Program availability is subject to change. 7. 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. 8. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days but usually within 24 hours. 9. For legacy clients that have a non-zero preventive care benefit, customers' preventive benefit will be applied when receiving a virtual wellness screening. 10. Not all plans offer all of these programs and services. Please log in to the myCigna App or website, or check your plan materials, to learn more about what your plan offers. The providers in Cigna's pharmacy network don't work for Cigna and are solely responsible for any treatment they provide. 11. White, A. "Best identity theft protection services of September 2021." CNBC.com. August 27, 2021. <https://www.cnbc.com/select/best-identity-theft-protection-services/>. Frankel, RS. "Best Identity Theft Protection Services Of 2021." Forbes Advisor. June 10, 2021. <https://www.forbes.com/advisor/personal-finance/best-identity-theft-protection-services/>. The program and services are provided by Sontiq, Inc. and not by Cigna Corporation 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, do not constitute an endorsement or warranty thereof. Your use of such products, processes or services is at your sole risk. Product may be updated or modified prior to availability. 12. Cost and usage of this program is covered by your plan administrator; no additional out-of-pocket expense applies for you or your covered dependents (ages 18+). 13. Prices shown on myCigna are not a guarantee. Coverage falls under your plan terms and conditions. Visit myCigna for more information. 14. Patient experience, quality designations, cost-efficiency and other ratings found in Cigna's online provider directories are a partial assessment of quality and should not be the only basis for decision-making (as such measures have a risk of error). They are not a guarantee of the quality of care that will be provided to individual patients. Individuals are encouraged to consider all relevant factors and talk with their physician about selecting a health care facility. Providers are solely responsible for any treatment provided and 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, contact a Cigna representative.

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# Have your ID card handy?

With myCigna, the answer is always “yes.”



**Big news:** You never have to worry about misplacing your ID card. It's always right there on myCigna®, whenever and wherever you need it.\*

Accessing your digital ID cards is easy.



Log in to [myCigna.com](https://myCigna.com) or the [myCigna® App](#)



Click or tap “ID Cards”



View your card(s), as well as any dependents' card(s)\*\*



Email cards directly to doctors



Save your digital ID cards in your Apple Wallet



**Not registered on myCigna yet?**  
It's quick and easy.

Visit [myCigna.com](https://myCigna.com)® or scan the QR code to download the [myCigna® App](#) and register now.



## Unlock the full value of your health plan with myCigna.

From programs that help improve your health to tools that help you manage your health spending, there's so much you can do on **myCigna.com** and the **myCigna® App**\*\*\*



Find in-network doctors, hospitals and medical services



Manage and track claims



See cost estimates for medical procedures



Use the click-to-chat feature to connect with a live Cigna Healthcare<sup>SM</sup> representative



Compare quality-of-care information, including patient reviews



Access a variety of health and wellness tools and resources, including an interactive health assessment

### Feel better protected

Cigna Healthcare is as committed to protecting your health information as we are to your health and well-being. That's why we take certain steps to enhance the security of your personal health information on myCigna.

\*The transition to digital ID cards does not apply to the following: all insured medical clients situated in Texas, New York, Florida and Colorado (ASO will be included); all medical clients situated in Minnesota regardless of funding type; all D-HMO plans situated in Texas; all D-HMO and D-PPO plans situated in Georgia and Minnesota; all vision plans situated in Georgia, Minnesota, and Texas. Clients with situs in Texas, North Carolina, New York, Tennessee, Colorado, Georgia and Florida will transition beginning with 7/1/2023 new and renewal effective dates unless prohibited by a state mandate.

\*\* Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.

\*\*\* Actual myCigna features may vary depending on your plan and customer profile.

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# 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: \_\_\_\_\_

\_\_\_\_\_

**Together, all the way.®**

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

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## 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 Cigna ID card.



## Wellness exams














SERVICE	GROUP	AGE, 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)		<ul style="list-style-type: none"> <li>• Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months</li> <li>• Additional visit at 2–4 days for infants discharged less than 48 hours after delivery</li> <li>• Ages 3 to 21, once a year</li> <li>• Ages 22 and older, periodic visits as doctor advises</li> </ul>

## Routine immunizations covered under preventive care

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

You may view the immunization schedules on the CDC website: [cdc.gov/vaccines/schedules/](https://www.cdc.gov/vaccines/schedules/).

## Health screenings and interventions

SERVICE	GROUP	AGE, 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		Adult and adolescent women including pregnant and postpartum women
Aspirin to prevent cardiovascular disease and colorectal cancer; or to reduce risk for preeclampsia <sup>1</sup>		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 at risk
Breast-feeding support/counseling, supplies <sup>2</sup>		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 ages 24 and under and older women at risk
Cholesterol/lipid disorders screening <sup>1</sup>		<ul style="list-style-type: none"> <li>• Screening of children and adolescents ages 9–11 years and 17–21 years;</li> <li>• children and adolescents with risk factors ages 2–8 and 12–16 years</li> <li>• All adults ages 40–75</li> </ul>
Colon cancer screening <sup>1</sup>		<p>The following tests will be covered for colorectal cancer screening, ages 45 and older:</p> <ul style="list-style-type: none"> <li>• Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually</li> <li>• Flexible sigmoidoscopy every 5 years</li> <li>• Flexible sigmoidoscopy every ten years + annual FIT</li> <li>• Double-contrast barium enema (DCBE) every 5 years</li> <li>• Colonoscopy every 10 years</li> <li>• Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years - Requires prior authorization</li> <li>• Stool-based deoxyribonucleic acid (DNA) test (i.e., Cologuard) every 1–3 years</li> </ul>

 = Men  = Women  = Children/adolescents



## Health screenings and interventions *(continued)*

SERVICE	GROUP	AGE, FREQUENCY
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 <sup>1,3,4</sup>	●	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 <sup>1</sup>	●	Children older than 6 months
Depression screening/Maternal depression screening	● ● ●	Ages 12–21, All adults, 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 to 21
Fall prevention in older adults (physical therapy)	● ●	Community-dwelling adults ages 65 and older with risk factors
Folic acid supplementation <sup>1</sup>	●	Women planning or capable of pregnancy
Genetic counseling/evaluation and BRCA1/BRCA2 testing	●	Women at risk • 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
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 - to promote improvement in weight status; Overweight or obese adults with risk factors for cardiovascular disease
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) <sup>2</sup>	● ●	Adults ages 18 and older without known high blood pressure
HIV Preexposure Prophylaxis (PrEP) for prevention of HIV infection <sup>1</sup> 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
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 to 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

● = Men ● = Women ● = Children/adolescents

## Health screenings and interventions *(continued)*

SERVICE	GROUP	AGE, FREQUENCY
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
Preeclampsia 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
Syphilis screening	● ● ●	Individuals at risk; pregnant women
Tobacco use cessation: counseling/interventions <sup>1</sup>	● ●	All adults <sup>1</sup> ; 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, female 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](http://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 representative.

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# HEALTH CARE THAT'S THERE FOR YOU WHEN AND WHERE YOU NEED IT

Head-to-toe virtual care<sup>1</sup> from MDLIVE.<sup>®</sup>



It's not always easy to find time for the health care you need. After all, doctors' appointments traditionally involve time and travel. That can lead to putting off care until problems become more serious, and potentially more expensive.

**That's why Cigna has partnered with MDLIVE to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you.** MDLIVE board-certified doctors, dermatologists, psychiatrists and licensed therapists have an average of over 10 years of experience, and provide personalized care for hundreds of medical and behavioral health needs.

## Now you don't have to wait — or travel — for the care you need.

Connect with video or phone, whenever it's convenient for you. Best of all, virtual care from MDLIVE board-certified doctors is available to you and your eligible dependents as part of your health benefits.

## MDLIVE<sup>®</sup>

### Primary Care

#### Preventive care, routine care, and specialist referrals

- Preventive care checkups/wellness screenings available at no additional cost<sup>2</sup> to identify conditions early
- Routine care visits allow you to build a relationship with the same primary care provider (PCP) to help manage conditions
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities<sup>3</sup>

### Urgent Care

#### On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the emergency room
- Prescriptions available, if appropriate

### Behavioral Care

#### Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists
- Schedule an appointment that works for you
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, life changes, grief and depression

### Dermatology<sup>4</sup>

#### Fast, customized care for skin, hair and nail conditions — no appointment required

- Board-certified dermatologists review pictures and symptoms; prescriptions available, if appropriate
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Diagnosis and customized treatment plan, usually within 24 hours





## 3 easy steps to connect to care

Virtual care visits are convenient and easy.  
To schedule an appointment:



Access MDLIVE by logging into [myCigna.com](https://myCigna.com) and clicking on “Talk to a doctor.” You can also call MDLIVE at 888.726.3171. (No phone calls for virtual dermatology.)



Select the type of care you need: medical care or counseling; cost will be displayed on both [myCigna.com](https://myCigna.com) and MDLIVE



Follow the prompts for an on-demand urgent care visit, to make an appointment for primary or behavioral care, or to upload photos for dermatology care

Appointments are available via video or phone, whenever it's most convenient for you. Virtual dermatology does not require an appointment.



Visit [myCigna.com](https://myCigna.com) to make an appointment for virtual care today.

## Together, all the way.®



1. Cigna 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. Virtual primary care through MDLIVE is only available for Cigna medical members aged 18 and older.
2. For customers who have a non-zero preventive care benefit, MDLIVE virtual wellness screenings will not cost \$0 and will follow their preventive benefit.
3. Limited to labs contracted with MDLIVE for virtual wellness screenings.
4. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours.

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# THE CARE YOU NEED. THE SAVINGS YOU WANT.

Get both with the Open Access Plus plan  
from Cigna.



Offering flexible access to thousands of providers – plus programs and services to support your whole health needs – the Open Access Plus (OAP) plan is designed to make it easier for you to get the quality care you need and the savings you want.

## Here's how it works.

### › In-network savings

You have the freedom to use any provider or facility of your choice, whether they are in the Cigna OAP network or out of the network. Just know that staying in-network will help keep your costs down and avoid any additional paperwork.

### › No-referral specialist care

A primary care provider (PCP) is recommended, but not required. If you need to see a specialist for any reason, you don't need a referral to see an in-network health care provider. If you choose an out-of-network specialist, your care will be covered at the out-of-network level and you may be responsible for any preauthorizations needed.

### › Care coordination

Our robust medical management program provides you and your family a valuable resource for one-on-one support and guidance to the right programs and services.

### › Hospital stays

In an emergency, you have coverage. However, requests for nonemergency hospital stays (other than maternity stays) and some types of outpatient care must have prior authorization or be preauthorized. This lets Cigna determine if the services are covered by your plan.

If your provider is in the Cigna OAP network, he or she will arrange for prior authorization. If you use an out-of-network provider, you must make the arrangements.

### › Out-of-pocket costs

Depending on your plan, you may have to pay an annual amount (deductible) before your plan begins to pay for covered health care costs. You may also need to pay a copay and/or coinsurance (a portion of the covered charge) for covered services. Then, your plan pays the rest. Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100% for the rest of your plan year.

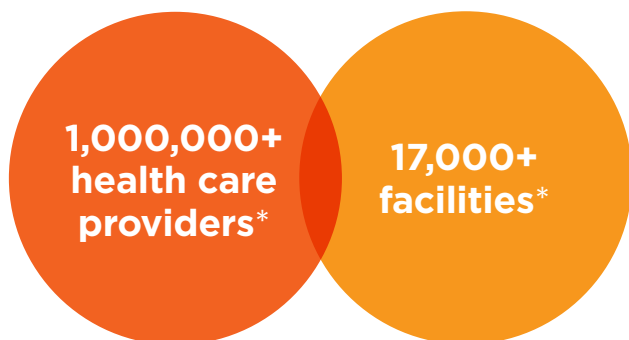
If you receive out-of-network care, your costs will be higher. Out-of-network providers and facilities may also bill you for charges that are not covered by the plan. Charges not covered by the plan do not contribute to your deductible or out-of-pocket limits.

Together, all the way.®



Offered by Cigna Health and Life Insurance Company.

**Great care anywhere.  
Where you live, work or travel**



**Added convenience and support**

› **Virtual Care**

Connect 24/7 with board-certified providers and pediatricians for minor medical conditions. You can also schedule online appointments for licensed counselors or psychiatrists for behavioral or mental health conditions. You and your covered family members can get care from anywhere via video or phone.\*\*

› **Cigna Health Information Line**

With the Cigna Health Information Line, clinicians are just a phone call away – 24/7, and at no extra cost. They can help you understand health issues you might be experiencing, and help you to make informed decisions – whether it’s reviewing home treatment options, following up on a provider’s appointment, or choosing and finding the right care in the right setting.

› **Live, 24/7/365 customer service**

Customer service representatives are here for you where and when you need us – over the phone, via chat at **myCigna.com** or on the myCigna® App.

› **The myCigna website and app**

On **myCigna.com** and the myCigna App, you have easy access to personalized tools to help you take control of your health and your health care spending. From your computer or mobile device, you can:

- Manage and track claims
- See cost estimates for medical procedures
- Compare quality information for providers and hospitals
- Track your account balances and deductibles
- Use the easy health and wellness tools
- Print a temporary ID card



**Want to check if your provider is in the Cigna OAP network before you enroll?**

**Just go to [Cigna.com](https://www.cigna.com) and click on “Find a Provider, Dentist or Facility” and then click on “Plans through your employer or school” to search the provider directory.**



\* Based on Cigna internal provider data for OAP service area as of 2/2020. Subject to change.

\*\* Not all plans include coverage for behavioral services. Check your plan documents for details. Cigna provides access to virtual care through national telehealth providers as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan’s network and may not be available in all areas. A primary care provider referral is not required for this service. In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all prescription drugs are covered. 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. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.

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.

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# TRANSITION OF CARE

# CONTINUITY OF CARE

## See how they work

### What is Transition of Care?

With Transition of Care, you may be able to continue to receive services for specified medical and behavioral conditions with health care providers who are not in our network at in-network coverage levels. This care is for a defined period of time until the safe transfer of care to an in-network provider or facility can be arranged. You must apply for Transition of Care at enrollment. You must apply no later than 30 days after the effective date of your coverage.

### What is Continuity of Care?

With Continuity of Care, you may be able to receive services at in-network coverage levels for specified medical and behavioral conditions in certain circumstances. These include when your health care provider leaves your plan's network or if/when you have been notified by your employer that you may qualify for Continuity of Care or your employer changes health care plans and the immediate transfer of your care to another provider would be inappropriate and/or unsafe. This care is for a defined period of time. You must apply for Continuity of Care within 30 days of your health care provider's termination date. This is the date that he or she is leaving your plan's network.

### How they both work

- ▶ You must already be under treatment for the condition identified on the Transition of Care/Continuity of Care request form.
- ▶ If the request is approved for medical or behavioral conditions:
  - You will receive the in-network level of coverage for treatment of the specific condition by the health care provider for a defined period of time, as determined by us.
  - If your plan includes out-of-network coverage and you choose to continue care out-of-network beyond the time frame approved by us, you must follow your plan's out-of-network provisions. This includes any precertification requirements.
  - Transition of Care/Continuity of Care applies only to the treatment of the medical or behavioral condition specified and the health care provider identified on the request form. All other conditions must be cared for by an in-network health care provider for you to receive in-network coverage.
- ▶ The availability of Transition of Care/Continuity of Care:
  - Does not guarantee that a treatment is medically necessary.
  - Does not constitute precertification of medical services to be provided.
- ▶ Depending on the actual request, a medical necessity determination and formal precertification may still be required for a service to be covered.



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



**Examples of acute medical conditions that may qualify for Transition of Care/Continuity of Care include, but are not limited to:**

- Pregnancy in the second or third trimester at the time of the plan **effective date** or of the health care provider termination.
- Pregnancy is considered *high risk* if mother's age is 35 years or older, or patient has/had:
  - Early delivery (three weeks) in previous pregnancy.
  - Gestational diabetes.
  - Pregnancy induced hypertension.
  - Multiple inpatient admissions during this pregnancy.
- Newly diagnosed or relapsed cancer in the midst of chemotherapy, radiation therapy or reconstruction.
- Trauma.
- Transplant candidates, unstable recipients or recipients in need of ongoing care due to complications associated with a transplant.
- Recent major surgeries still in the follow-up period, that is generally six to eight weeks.
- Acute conditions in **active treatment** such as heart attacks, strokes or unstable chronic conditions.
  - "**Active treatment**" is defined as a provider visit or hospital stay with documented changes in a therapeutic regimen. This is within 21 days prior to your plan effective date or your health care provider's termination date.
- Hospital confinement on the plan effective date (only for those plans that do not have extension of coverage provisions).
- Behavioral health conditions during active treatment.

**Examples of conditions that do not qualify for Transition of Care/Continuity of Care include, but are not limited to:**

- Routine exams, vaccinations and health assessments.
- Stable chronic conditions such as diabetes, arthritis, allergies, asthma, hypertension and glaucoma.
- Acute minor illnesses such as colds, sore throats and ear infections.
- Elective scheduled surgeries such as removal of lesions, bunionectomy, hernia repair and hysterectomy.

**What time frame is allowed for transitioning to a new in-network health care provider?**

If we determine that transitioning to an in-network health care provider is inappropriate or unsafe for the conditions that qualify, services by the approved out-of-network health care provider will be authorized for a specified period of time (usually 90 days). Or, services will be approved until care has been completed or transitioned to an in-network health care provider, whichever comes first.

**If I am approved for Transition of Care/Continuity of Care for one illness, can I receive in-network coverage for a non-related condition?**

In-network coverage levels provided as part of Transition of Care/Continuity of Care are for the specific illness or condition only and cannot be applied to another illness or condition. You need to complete a Transition of Care/Continuity of Care request form for each unrelated illness or condition. You need to complete this form no later than 30 days after your plan becomes effective, your health care provider leaves your plan's network or you have been notified by employer that you may qualify for Continuity of Care.

**Can I apply for Transition of Care/Continuity of Care if I am not currently in treatment or seeing a health care provider?**

You must already be in treatment for the condition that is noted on the Transition of Care/Continuity of Care request form.

**How do I apply for Transition of Care/Continuity of Care coverage?**

Requests must be submitted in writing, using the Transition of Care/Continuity of Care request form. This form must be submitted at the time of enrollment, change in medical plan, or when your health care provider leaves the our network. It cannot be submitted more than 30 days after the effective date of your plan, your health care provider's termination or after you have been notified by your employer that you may qualify for Continuity of Care. After receiving your request, we will review and evaluate the information provided. Then, we will send you a letter informing you whether your request was approved or denied. A denial will include information about how to appeal the determination.

# Transition of Care/Continuity of Care request form

See instructions for completing this form on the reverse side.



- New enrollee (Transition of Care applicant)
- Existing customer whose health care provider terminated (Continuity of Care applicant)
- You have been notified by employer that you may qualify for Continuity of Care (Continuity of Care applicant)

For behavioral health related services please contact Evernorth Behavioral Health by calling the customer service phone number on the back of your ID card. Use a separate form for each condition. Photocopies are acceptable. Attach additional information if needed.

Employer	Policy #	Employee Date of Enrollment in Plan (mm/dd/yyyy)	
Employee Name		Employee Member ID	Work Phone
Home Address Street	City State	ZIP	Home Phone/Mobile
Patient's Name	Patient's Social Security# or Alternate ID	Patient's Birth Date (mm/dd/yyyy)	Relationship to Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Self

1. Is the patient pregnant and in the second or third trimester of pregnancy? Due Date \_\_\_\_\_ (mm/dd/yyyy)  Yes  No
2. If yes, is the pregnancy considered high risk? e.g., multiple births, gestational diabetes.  Yes  No
3. Is the request for an infusion or injection medication?  Yes  No  
If yes, list the name of the infusion or injection drug \_\_\_\_\_
4. Is the patient currently receiving treatment for an acute condition or trauma?  Yes  No
5. Is the patient scheduled for surgery or hospitalization after your effective date with us?  Yes  No
6. Is the patient involved in a course of chemotherapy, radiation therapy, cancer therapy or terminal care?  Yes  No
7. Is the patient receiving treatment as a result of a recent major surgery?  Yes  No
8. Is the patient receiving dialysis treatment?  Yes  No
9. Is the patient a candidate for organ transplant?  Yes  No
10. If you did not answer "Yes" to any of the above questions, please describe the condition for which the patient requests Transition of Care/Continuity of Care.

11. Please complete the health care provider information requested below.

Group Practice Name		
Health Care Provider Name		Health Care Provider Phone #
Health Care Provider Specialty		
Health Care Provider Address		
Hospital Where Health Care Provider Practices		Hospital Phone #
Hospital Address		
Reason/Diagnosis		
Date(s) of Admission (mm/dd/yyyy)	Date of Surgery (mm/dd/yyyy)	Type of Surgery
Treatment Being Received and Expected Duration		

12. Is this patient expected to be in the hospital when coverage through us begins or during the next 90 days?  Yes  No
13. Please list any other continuing care needs that may qualify for Transition of Care/Continuity of Care. If these care needs are not associated with the condition for which you are applying for Transition of Care/Continuity of Care, you need to complete a separate Transition of Care/Continuity of Care request form.

I hereby authorize the above health care provider to give Cigna Health and Life Insurance Company or its affiliates and contracted parties any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care/Continuity of Care. I understand I am entitled to a copy of this authorization request form.

Signature of Patient, Parent or Guardian	Date (mm/dd/yyyy)
--	-------------------

For medically related services, submit this request form to:

Cigna Health Facilitation Center; Attention: Transition of Care/Continuity of Care Unit; 3200 Park Lane Drive, Pittsburgh, PA 15275; Fax 866.729.0432

**Transition of Care/Continuity of Care requests will be reviewed within 10 days of receipt. For new customers, review will occur within 10 days of participant's effective date. Review for organ transplant requests may take longer than 10 days.**

## Instructions for completing the Transition of Care/Continuity of Care request form

**Note:** Do not use this form if you are enrolled in a Cigna HealthCare of California, Inc. plan and are seeking Transition of Care. Contact Cigna for a Cigna HealthCare of California, Inc. Transition of Care brochure.

A separate Transition of Care/Continuity of Care request form must be completed for each condition for which you and/or your covered dependents are seeking Transition of Care/Continuity of Care. Please make certain that all questions are completely answered. When the form is completed, it must be signed by the patient for whom the Transition of Care/Continuity of Care is being requested. If the patient is a minor, a guardian's signature is required.

To help ensure a timely review of your request, please return the form as soon as possible. You must apply for Transition of Care/Continuity of Care within 30 days of the effective date of your plan or within 30 days of your provider's termination date or after you have been notified by employer that you may qualify for Continuity of Care.

The first few sections of the form apply to the employee. When the form asks for the patient's name, enter the name of the person who is receiving care and is requesting Transition of Care/Continuity of Care.

If you answered yes to questions #1, #2, #3, #4, #5, #6, #7, #8, #9, or #10 or if you are submitting this form for Transition of Care/Continuity of Care for any other non-mental-health-care services, please submit this request form to:

Cigna Health Facilitation Center  
Attention: Transition of Care/Continuity  
of Care Unit  
3200 Park Lane Drive  
Pittsburgh, PA 15275  
Fax: 866.729.0432

In #10, if you answered yes, and you:

1. Have an HMO, POS or Network plan, please contact Evernorth Behavioral Health for Transition of Care/Continuity of Care information by calling the customer service phone number on the back of your ID card.
2. Have any other plan type and are receiving outpatient mental health services, you should do one of the following.
  - If your employer introduced a Cigna-administered plan as a new option during your group's open enrollment period, you are not required to submit a Transition of Care/Continuity of Care request form.
  - If you are a new hire or you have recently selected a Cigna-administered plan option already offered by your employer, you will need to complete the Transition of Care/Continuity of Care request form and submit this form to your Cigna claim office. The address is PO Box 18223, Chattanooga, TN 37422-7223
3. Are receiving inpatient, residential, partial hospitalization or intensive outpatient services, regardless of your plan type, call (or have your health care provider call) the customer service number on the back of your ID card or call **800.244.6224** if you have not received your ID card.

In #10, include information about your current or proposed treatment plan and the length of time your treatment is expected to continue. If surgery has been planned, state the type and the proposed date of the surgery.

In #13, briefly state the health condition, when it began, what health care provider is currently involved, and how often you see this health care provider. Please be as specific as possible.

**Transition of Care/Continuity of Care requests will be reviewed within 10 days of receipt. For new customers, review will occur within 10 days of the plan's effective date. Review for organ transplant requests may take longer than 10 days.**

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# Help employees get the emotional support they may need.

## **This guide can point them in the right direction.**

As the stigma surrounding mental health issues continues to fade, employers are recognizing that improved behavioral health can help lead to a more productive workforce.

## **Feeling good is good for everyone.**

Behavioral health support is included as part of your Cigna medical plan.<sup>1</sup> Use this guide to connect your employees to the right resources for their emotional well-being.







# CRISIS CONDITIONS

## It's an emergency! Where to turn?

Your employees can call the number on their 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 calls.
- › Help managing patient care after regular business hours.
- › Assistance with social and economic concerns, steering distressed employees to valuable community resources.

### Important phone numbers for crisis support.

- › National Suicide Prevention Lifeline: Call or text **988**
- › National Domestic Violence Hotline: Call **1.800.799.7233** or text LOVEIS to **1.866.331.9474**
- › Crisis Text Line: Text HOME to **741741** from anywhere in the U.S.
- › Cigna Veteran Support Line: **1.855.244.6211**

### Always here for your employees.

- › **39%** of crisis calls to Cigna came in after regular business hours.<sup>2</sup>



# CONNECTING TO CARE

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

When your employees need behavioral support, **myCigna®** makes it easy for them to connect with the right care – in person or virtually.<sup>3</sup>



**Visit [myCigna.com](https://mycigna.com)**



**Use the [myCigna App](#)<sup>4</sup>**

Once your employees log in, they can simply select “Therapist” – or they can choose “Virtual” for a list of virtual behavioral health providers.

Your employees can also click on “Find Care & Costs.” From there, they can 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.<sup>5</sup>
- ▶ **92%** of adults with mental disorders also have medical conditions.<sup>6</sup>

### **Billing information:**

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

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



Your employees are entitled to **three in-person or virtual visits** with a licensed mental health provider in our Employee Assistance Program<sup>7</sup> (EAP) network – **at no additional cost.**

Your employees simply call Cigna or click to chat from myCigna to obtain an authorization code to give to their provider.<sup>8</sup>

## **We make it easy to access support.**

- ▶ **Over 100,000** providers are in Cigna’s virtual care network – it’s the largest in the country.<sup>9</sup>
- ▶ Cigna’s Fast Access Network guarantees your employees can lock in a first-time behavioral support appointment **within five days.**<sup>10</sup>



# DIGITAL RESOURCES

## Help for your employees on their terms.

### It starts at myCigna.

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

1. Log in to myCigna.
2. Click "Find Care & Costs."
3. Choose "Doctor by Type."
4. Select "Telehealth/Virtual Health Counselor."
5. Go to "View Results" under "Digital App-based Care."

### Digital resources get results.

- **Over 70%** of Ginger members saw an improvement in their depression and anxiety symptoms within 10-14 weeks.<sup>11</sup>
- **78%** of Talkspace members reported improvement within weeks.<sup>12</sup>

#### Billing information:

**In-network:** The employee cost-share is administered according to your plan design.

#### Ginger

- **Coaching:** Employees pay the same cost-share as they 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:** Employee cost-share is the same as an office visit based on your company's plan design. (If an employee is engaged in therapy or psychiatry services, they can utilize coaching services simultaneously for no additional charge during that time.)

**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 CPT code (usually the equivalent of a 60-minute session), the provider issues a claim for that CPT code; that's also how the employee's out-of-pocket (OOP) is applied.

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

Employees are encouraged to explore the following services to determine which one best fits their needs and lifestyle.



**Ginger**<sup>13</sup> provides in-the-moment emotional care – including coaching, therapy, psychiatry and self-care resources – all from the privacy of a smartphone. It helps employees manage anxiety, depression and daily stressors.



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



**Meru**<sup>13</sup> combines the best of science, technology and human support to help your employees overcome mental health challenges. Employees can schedule a free screening session right now.



**Talkspace**<sup>13</sup> provides personalized care for all – by making mental health access safe, quick and easy. Employees can expect immediate, responsive care to support their diverse needs.





# THERAPEUTIC APPS

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



**iPrevail**<sup>14</sup> is designed by experienced clinicians to help your 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:** 79% of participants experience improvement after engaging in their personalized program.<sup>15</sup>



**Happify's**<sup>14</sup> science-based activities and games can help your employees overcome negative thoughts, stress and life's challenges.

**Helps your employees:**

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

**Proven results:** 86% of frequent users get happier in two months.<sup>16</sup>





# SEMINARS

## Knowledge is power against behavioral health issues.

Your employees can get expert advice and information about mental health in this behavioral awareness seminar series. Topics include:

- › [Children and Families](#)
- › [Autism Awareness](#)
- › [Eating Disorders](#)
- › [Substance Use Disorders](#)

These informative seminars are free. **Please contact your Health Engagement Consultant to explore other educational seminars for your employees.**

# CONSULTATIONS

## Guidance to help with financial and legal concerns.

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

- › **Legal guidance:** Employees can meet with an attorney for legal issues, such as civil suits, personal/family matters and issues with the Internal Revenue Service.<sup>17</sup>
- › **Financial guidance:** Employees will have access to a financial specialist for debt counseling, budgeting advice and more.

Your employees can call Cigna to schedule these complimentary consultations.





# IDENTITY THEFT PROTECTION

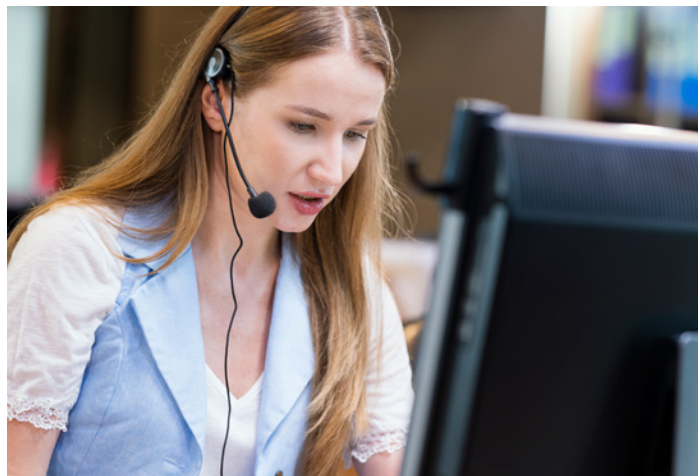
**One less thing for employees to worry about.**

Offered through Cigna at no additional cost, your employees can get peace of mind from award-winning IdentityForce protection.<sup>18</sup> It provides proactive identity and credit monitoring, sends fraud alerts, and helps fix any identity compromises.

- › You can find out more by accessing our toolkit: [cignaclient.com/1/identityforce-client](https://cignaclient.com/1/identityforce-client)
- › Your employees can call **1.833.580.2523** or visit [cigna.identityforce.com/starthere](https://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.<sup>19</sup>



**If you need further assistance navigating employees to the right behavioral health resource, please call your Cigna representative.**



1. This applies to all groups on Facets except Guaranteed Cost (GC) cases situated in NY, NJ, MD, PR or USVI. 2. 2020 Cigna Behavioral Operations report. 3. Cigna 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. National Alliance on Mental Illness (NAMI). "Mental Health Facts in America." [PDF]. Accessed October 2022. <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/GeneralMHFacts.pdf>. 6. Behavioral Health Insights, Cigna Book of Business claims data January 1, 2020, through December 31, 2020. Adults only. 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. 10. Five days for routine therapy and 15 days for prescriber. 11. Cigna Book of Business with Ginger April 2021–December 2021. 12. Evernorth Book of Business data, 2021. 13. Program services are provided by independent companies/entities and not by Cigna. 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. 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 Science-based Activities and Games – source online. 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 Cigna Corporation 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>.

This document is for informational purposes only. It is not medical advice. Always consult a doctor for appropriate examinations, treatment, testing and care recommendations, including prior to choosing another provider for care. In an emergency, dial 911 or visit the nearest emergency room.

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# IMPORTANT NOTICE



## Special Enrollment Requirements from Cigna

This flyer contains important information you should read before you enroll. If you have any questions about this information, please contact your benefits manager.

### If You Are Declining Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if:

- ▶ You or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If the other coverage is COBRA continuation coverage, you and your dependents must complete your entire COBRA coverage period before you can enroll in this plan, even if your former employer ceases contributions toward the COBRA coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009 or later, if you or your dependents lose eligibility for state Medicaid or Children's Health Insurance Program (CHIP) coverage or become eligible for assistance with group health plan premium payment under a state Medicaid or CHIP plan, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the state Medicaid or CHIP coverage ends or you are determined eligible for premium assistance.

**To request special enrollment or obtain more information, contact our Customer Service Team at 866.494.2111**

### Other Late Entrants

If you decide not to enroll in this plan now, then want to enroll later, you must qualify for special enrollment. If you do not qualify for special enrollment, you may have to wait until an open enrollment period, or you may not be able to enroll, depending on the terms and conditions of your health plan. Please contact your plan administrator for more information.

Together, all the way.®





## Women's Health and Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance or copays applicable to other medical and surgical benefits provided under this plan as shown in the Summary of Benefits.



If you would like more information on WHCRA benefits, call our Customer Service Team at **866.494.2111**.



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