

EASY TO REGISTER. EASY TO USE.

Get to know the full value of myCigna.



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



Find in-network doctors, hospitals and medical services



Manage and track claims



See cost estimates for medical procedures



Compare quality of care information for doctors and hospitals



Access a variety of health and wellness tools and resources



The myCigna website and app both have an easy, interactive health assessment to help you learn more about your health and what you can do to improve it.



Register today

You can register online or through the app.

1. Go to the **myCigna.com** website or launch the **myCigna app** and select "Register Now"
2. **Enter** your requested information
3. **Confirm** your identity
4. **Create** your security information and provide your primary email address
5. **Review** and submit



Feel better-protected

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

- › **Enhanced registration**
- › **Two-step authentication**

Together, all the way.®





Enhanced registration

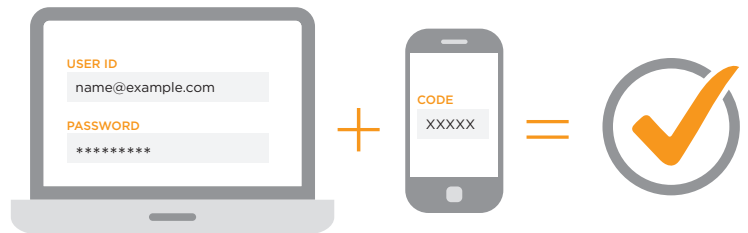
When you register for the first time on the myCigna website or app, you'll be required to provide a primary email address. Having an email address helps Cigna better protect the information in your myCigna account. We can send automatic alerts when you update your email or password. Your email address also can be used when you need help recovering your myCigna user ID or password.



Two-step authentication

With two-step authentication, you have the option of adding an extra layer of security to your myCigna account to further protect your claim, health and account information.

1. First, you'll be encouraged **to add, update and verify contact information - email addresses and mobile phone numbers.**
2. Once you enable two-step authentication and log in to your myCigna account, you'll be asked **to enter your user ID and password, as well as a six digit code that will be sent to either your email address or mobile phone number.** You'll also be offered to select "Remember this Device." If this choice is selected, you won't be prompted for a code each time you log in to your myCigna account from that device.



Questions?

If you have any questions about your myCigna account or your plan benefits, call the number on the back of your Cigna ID card. Customer service representatives are ready to speak with you 24/7/365.



Now compatible with iPhone® X devices

The Apple® Face ID® feature for iPhone X devices is a new way to unlock and authenticate your myCigna app. It's even more convenient than the Touch ID® tool, and makes authenticating fast and easy. Other iPhone users can still use Touch ID to log in to the app.*

Together, all the way.®



* Please refer to your phone's manufacturer for your phone's specific capabilities. The downloading and use of the myCigna app is subject to the terms and conditions of the app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

iPhone, Apple, Face ID and Touch ID are registered trademarks of Apple Inc.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.

832643 g 06/18 © 2018 Cigna. Some content provided under license.

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;
- Prosthesis; 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**.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., 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., and Cigna HealthCare of Texas, Inc. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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.

855050 m 11/21

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"> • 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

| 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/.

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 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 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 ages 24 and under and older women at risk |
| Cholesterol/lipid disorders screening ¹ |    | <ul style="list-style-type: none"> • 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 |
| Colon cancer screening ¹ |   | <p>The following tests will be covered for colorectal cancer screening, ages 45 and older:</p> <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually • Flexible sigmoidoscopy every 5 years • Flexible sigmoidoscopy every ten years + annual FIT • Double-contrast barium enema (DCBE) every 5 years • Colonoscopy every 10 years • 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 |

 = 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 ^{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 | ● ● ● | 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 ¹ | ● | 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) 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 |
| 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 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, 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. 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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., 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. Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, OR - HP-POL3812-13 TN - HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

FINDING A DOCTOR OR DENTIST IN OUR DIRECTORY IS EASY

Is your doctor, dentist 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 the number on the back of your ID card.



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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc., 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), Cigna HealthCare of Texas, Inc., Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., a **Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statutes**, Cigna Dental Health of Kansas, Inc., Cigna Dental Health of Kentucky, Inc., Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. Policy forms: Medical: 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). Dental (CHLIC): OK - Indemnity/DPPO: HP-POL99/HP-POL-388, DHMO: POL115; OR - Indemnity/DPPO/DEPO: HP-POL68/HP-POL352, DHMO: HP-POL121 04-10; TN - Indemnity/DPPO/DEPO: HP-POL69/HC-CER2V1/HP-POL389, et al., DHMO: HP-POL134/HC-CER17V1 et al. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

878133 g 09/19 © 2019 Cigna. Some content provided under license.

STATIC



MAKE MYCIGNA YOUR PERSONAL HEALTH PLACE

Enjoy a simple way to personalize, organize and access your important plan information.



Register on myCigna.com

Once you do, you can log in anytime, just about anywhere to:*

- › **Manage** and track claims
- › **View** ID card information
- › **Find** in-network doctors and compare cost and quality ratings
- › **Review** your coverage
- › **Track** your account balances and deductibles
- › **Order** your Cigna Home Delivery PharmacySM prescriptions online and view order history

Register today! Visit **myCigna.com** or download the myCigna[®] App.**



Go to myCigna.com to go paperless!

After you register, you can set up paperless communications. Just log in to myCigna.com and select "Go Paperless".

* Actual myCigna features may vary by plan and individual security profile.

** The downloading and use of the myCigna App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

The Apple logo is a trademark of Apple Inc., registered in the United States and other countries. App Store is a registered service mark of Apple Inc. Google Play is a trademark of Google Inc. Amazon, Kindle, Fire and all related logos are trademarks of Amazon.com, Inc. or its affiliates.

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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Tel-Drug, Inc., Tel-Drug of Pennsylvania, L.L.C., 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. "Cigna Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. 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). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.

879566 b 05/18 © 2018 Cigna





CIGNA ADVANTAGE 3-TIER PRESCRIPTION DRUG LIST

Coverage as of July 1, 2022



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

887152 y Advantage 3-Tier 05/22



What's inside?

| | |
|--|----|
| About this drug list | 3 |
| How to read this drug list | 3 |
| How to find your medication | 5 |
| Medications that aren't covered - and their covered alternatives | 19 |
| Frequently Asked Questions (FAQs) | 36 |
| Exclusions and limitations for coverage | 40 |

View the drug list online

This document was last updated on 05/01/2022.* You can go online to see the current list of medications your plan covers.



myCigna® App or myCigna.com. Click on the Find Care & Costs tab. Then select Price a Medication, and type in your medication name.



Cigna.com/druglist. Select **Advantage 3 Tier** from the dropdown menu. Then type in your medication name or view the full list.

Questions?

- › **myCigna.com:** Click to Chat - Monday-Friday, 9:00 am-8:00 pm EST.
- › **By phone:** Call the toll-free number on your Cigna ID card. We're here 24/7/365.

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Advantage 3-Tier Prescription Drug List as of July 1, 2022.^{1,2} Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels). The drug list is updated often so it isn't a complete list of the medications your plan covers. Also, your specific plan may not cover all of these medications. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see all of the medications your plan covers.

Prescription medications used to treat allergies (ex. Allegra, Clarinex, Xyzal and generics) and heartburn/stomach acid conditions (ex. Nexium, Prilosec and generics) aren't covered on this drug list. These medications are considered plan (or benefit) exclusions. You can get over-the-counter (OTC) versions at the pharmacy without a prescription.

How to read this drug list

Use the chart below to help you read this drug list. This chart is just an example. It may not show how these medications are actually covered on the Cigna Advantage 3-Tier Prescription Drug List.

| TIER 1 \$ | TIER 2 \$\$ |
|---|-----------------|
| BLOOD PRESSURE/HEART MEDICATIONS | |
| afeditab CR | BERINERT* (PA) |
| amlodipine besylate | BIDIL |
| amlodipine besylate-benazepril | BYSTOLIC |
| amlodipine-valsartan | CINRYZE* (PA) |
| amlodipine-valsartan-HCTZ | COREG CR |
| atenolol | COZAAR (ST) |
| atenolol-chlorthalidone | DIOVAN (ST) |
| benazepril | DIOVAN HCT (ST) |
| benazepril-HCTZ | EDARBI (ST) |
| candesartan cilexetil | EDARBYCLOR (ST) |
| cartia XT | EXFORGE |
| carvedilol | EXFORGE HCT |
| clonidine | FIRAZYF* (PA) |
| digitek | HEMANGEOL |
| digox | INDERAL LA |
| digoxin | INDERAL XL |
| diltiazem ER | INNOPRAN XL |
| diltiazem CD | LOTREL |
| diltiazem | MICARDIS (ST) |
| dilt-XR | MULTAQ |
| enalapril | NITRO-DUR |
| flecainide acetate | NITROLINGUAL |
| hydralazine | NITROMIST |
| irbesartan | NITRONAL |
| isosorbide mononitrat | NITROSTAT |
| | NORTHERA* (PA) |
| | NORVASC |
| | RANEXA (ST) |
| | TEKTURNA |
| | TEKTURNA HCT |

Tier (cost-share level) gives you an idea of how much you may pay for a medication

Medications are grouped by the **condition** they treat

Medications are listed in **alphabetical** order within each column

Specialty medications have an asterisk (*) listed next to them

Brand-name medications are in all **capital letters**

Generic medications are in all **lowercase letters**

Medications that have extra coverage requirements have an **abbreviation** listed next to them

This chart is just a sample. It may not show how these medications are actually covered on the Cigna Advantage 3-Tier Prescription Drug List.

Tiers

Covered medications are divided into tiers or cost-share levels. Typically, the higher the tier, the higher the price you'll pay to fill the prescription.

| | | |
|---|---------------------------|--------|
| › Tier 1 – Typically Generics | (Lowest-cost medication) | \$ |
| › Tier 2 – Typically Preferred Brands | (Medium-cost medication) | \$\$ |
| › Tier 3 – Typically Non-Preferred Brands | (Highest-cost medication) | \$\$\$ |

Abbreviations next to medications

In this drug list, medications that have limits and/or extra coverage requirements have an abbreviation listed next to them.* Here's what they mean.

| | |
|--------------|---|
| (PA) | Prior Authorization – Certain medications need approval from Cigna before your plan will cover them. These medications have a (PA) next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna. |
| (QL) | Quantity Limits – Some medications have a quantity limit - meaning, your plan will only cover up to a certain amount over a certain length of time. These medications have a (QL) next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna. |
| (ST) | Step Therapy – Certain high-cost medications aren't covered until you try one or more lower-cost alternatives first.** These medications have a (ST) next to them. You have many covered options to choose from, and they're used to treat the same condition. |
| (AGE) | Age Requirements – Certain medications will only be covered if you're within a specific age range. These medications have (AGE) next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna. |

* These coverage requirements may not apply to your specific plan. Log in to the myCigna App or myCigna.com, or check your plan materials, to find out if your plan includes prior authorization, quantity limits, Step Therapy, and/or age requirements.

** If your doctor feels an alternative isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

Brand-name medications are in all capital letters

In this drug list, generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

Specialty medications have an asterisk next to them

Specialty medications are used to treat complex medical conditions. In this drug list, specialty medications have an asterisk (*) next to them. Some plans cover specialty medications on a specialty tier, limit coverage to a 30-day supply, and/or require you to use a preferred specialty pharmacy to get coverage. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see how your plan covers these medications.

No cost-share preventive medications have a plus sign next to them

Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires plans to cover certain preventive medications and products at 100%, or no cost-share (\$0), to you. In this drug list, these medications have a plus sign (+) next to them. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see how your plan covers these medications.

Plan/benefit exclusions

Your plan doesn't cover certain medications and products because they're considered plan/benefit exclusions. This means there's no option to receive coverage through Cigna's review process by showing that you need the medication or product for your treatment. In this drug list, these medications have a caret (^) next to them. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see which medications your plan excludes.

How to find your medication

First, look for your condition in the alphabetical list below. Then, go to that page to see the covered medications available to treat the condition.

| Condition | Page | Condition | Page |
|--|--------|--------------------------------------|--------|
| AIDS/HIV | 6 | GASTROINTESTINAL/HEARTBURN | 12, 13 |
| ALLERGY/NASAL SPRAYS | 6 | HORMONAL AGENTS | 13 |
| ALZHEIMER'S DISEASE | 6 | INFECTIONS | 13, 14 |
| ANXIETY/DEPRESSION/BIPOLAR DISORDER | 6 | INFERTILITY | 14 |
| ASTHMA/COPD/RESPIRATORY | 6, 7 | MISCELLANEOUS | 14 |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | 7 | MULTIPLE SCLEROSIS | 14 |
| BLOOD MODIFIERS/BLEEDING DISORDERS | 7 | NUTRITIONAL/DIETARY | 14, 15 |
| BLOOD PRESSURE/HEART MEDICATIONS | 7, 8 | OSTEOPOROSIS PRODUCTS | 15 |
| BLOOD THINNERS/ANTI-CLOTTING | 8 | PAIN RELIEF AND INFLAMMATORY DISEASE | 15, 16 |
| CANCER | 8 | PARKINSON'S DISEASE | 16 |
| CHOLESTEROL MEDICATIONS | 8 | SCHIZOPHRENIA/ANTI-PSYCHOTICS | 16 |
| CONTRACEPTION PRODUCTS | 9, 10 | SEIZURE DISORDERS | 16, |
| COUGH/COLD MEDICATIONS | 10 | SKIN CONDITIONS | 16, 17 |
| DENTAL PRODUCTS | 10, 11 | SLEEP DISORDERS/SEDATIVES | 17 |
| DIABETES | 11 | SMOKING CESSATION | 17 |
| DIURETICS | 11 | SUBSTANCE ABUSE | 17 |
| EAR MEDICATIONS | 11 | TRANSPLANT MEDICATIONS | 17 |
| EYE CONDITIONS | 11, 12 | URINARY TRACT CONDITIONS | 17, 18 |
| FEMININE PRODUCTS | 12 | VACCINES | 18 |

Cigna Advantage 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

AIDS/HIV

| | | |
|--|---|---|
| abacavir- lamivudine* (PA) | BIKTARVY* | CABENUVA* (PA) |
| efavirenz- emtricitabine- tenofovir* | DESCOVY*+ (PA) DOVATO* GENVOYA* | CIMDUO* (PA) COMPLERA* (PA) ODEFSEY* (PA) |
| emtricitabine- tenofovir disop*+ | ISENTRESS HD* (PA) ISENTRESS* | PIFELTRO* (PA) PREZCOBIX* (PA) |
| etravirine* | JULUCA* | STRIBILD* (PA) |
| ritonavir* | PREZISTA* | TEMIXYS* (PA) |
| tenofovir* (PA) | SYMTUZA* TIVICAY PD* TIVICAY* TRIUMEQ* TRIUMEQ PD* (QL) | |

ALLERGY/NASAL SPRAYS

| | | |
|---|--|-------------------|
| azelastine | | EPINEPHRINE |
| azelastine- fluticasone | | PROFESSIONAL |
| cromolyn oral concentrate | | GASTROCROM |
| desloratadine^ (QL) | | GRASSTEK (PA, QL) |
| epinephrine (QL) | | KARBINAL ER |
| fluticasone^ | | ODACTRA (PA, QL) |
| hydroxyzine hcl solution, syrup, tablet | | ORALAIR (PA, QL) |
| hydroxyzine pamoate | | PATANASE |
| ipratropium | | RAGWITEK (PA, QL) |
| levocetirizine^ | | regonol |
| mometasone^ (QL) | | VISTARIL |
| olopatadine | | |
| promethazine solution, syrup, tablet | | |

ALZHEIMER'S DISEASE

| | | |
|-------------------------------------|--|-----------------|
| donepezil | | ARICEPT |
| donepezil odt | | EXELON |
| memantine | | MESTINON |
| memantine er (QL) | | NAMENDA |
| pyridostigmine 60 mg/5 ml, 60 mg | | NAMENDA XR (QL) |
| pyridostigmine er rivastigmine | | NAMZARIC (QL) |

ANXIETY/DEPRESSION/BIPOLAR DISORDER³

| | | |
|---------------------|--|------------------------|
| alprazolam | | CELEXA (QL, ST) |
| alprazolam er | | DESVENLAFAXINE |
| alprazolam intensol | | ER (QL, ST) |
| alprazolam odt | | EFFEXOR XR (QL, ST) |
| alprazolam xr | | FETZIMA (QL, ST) |
| amitriptyline | | PAXIL (QL, ST) |
| bupropion (QL) | | PAXIL CR (QL, ST) |
| bupropion sr (QL) | | |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

ANXIETY/DEPRESSION/BIPOLAR DISORDER³

(cont)

| | | |
|------------------------------------|--|---------------------------|
| bupropion xl 150 mg tablet (QL) | | NUPLAZID* (PA) |
| bupropion xl 300 mg tablet (QL) | | PROZAC (QL, ST) |
| bupropion | | REMERON |
| citalopram (QL) | | SPRAVATO* (PA) |
| clomipramine | | TRINTELLIX (QL, ST) |
| duloxetine (QL) | | VIIBRYD (QL, ST) |
| escitalopram (QL) | | WELLBUTRIN SR (QL, ST) |
| fluoxetine dr (QL) | | XANAX |
| fluoxetine (QL) | | XANAX XR |
| fluvoxamine (QL) | | ZOLOFT (QL, ST) |
| fluvoxamine er (QL) | | |
| lorazepam | | |
| lorazepam intensol | | |
| mirtazapine | | |
| paroxetine cr (QL) | | |
| paroxetine er (QL) | | |
| paroxetine (QL) | | |
| sertraline (QL) | | |
| trazodone | | |
| venlafaxine (QL) | | |
| venlafaxine er (QL) | | |

ASTHMA/COPD/RESPIRATORY

| | | |
|----------------------------|--|----------------------------------|
| albuterol | ADEMPAS* (PA) | ADCIRCA* (PA) |
| albuterol hfa (QL) | ANORO ELLIPTA | AIRDUO DIGIHALER (ST) |
| alyq* (PA) | ATROVENT HFA | ARALAST NP (PA) |
| ambrisentan* (PA) | BREZTRI | BRONCHITOL* (PA) |
| budesonide | AEROSPHERE | COMBIVENT |
| fluticasone- salmeterol | DULERA | RESPIMAT |
| ipratropium- albuterol | FASENRA PEN* (PA) | DALIRESQ (QL) |
| montelukast | FLOVENT DISKUS | GLASSIA* (PA) |
| tadalafil* (PA) | FLOVENT HFA | KALYDECO* (PA, QL) |
| treprostinil* (PA) | INCRUSE ELLIPTA | LETAIRIS* (PA) |
| wixela inhub | NUCALA* (PA) | LONHALA |
| | OFEV* (PA) | MAGNAIR (PA) |
| | OPSUMIT* (PA) | ORENITRAM ER* (PA) |
| | QVAR REDHALER | ORKAMBI* (PA, QL) |
| | SEREVENT DISKUS | PROLASTIN C* (PA) |
| | SPIRIVA | PULMICORT |
| | SPIRIVA RESPIMAT | RESPULE |
| | STIOLTO RESPIMAT | PULMOZYME* (PA) |
| | SYMBICORT | REVATIO 10 MG/ML, 20 MG* (PA) |
| | TRACLEER 32 MG TABLET FOR SUSPENSION* (PA) | SINGULAIR |
| | TRELEGY ELLIPTA | TRIKAFTA* (PA, QL) |
| | UPTRAVI* (PA) | |
| | XOLAIR* (PA) | |

Cigna Advantage 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

ATTENTION DEFICIT HYPERACTIVITY DISORDER³

| | | |
|--|--|---------------------------|
| amphetamine (PA) | | ADDERALL (PA,ST) |
| atomoxetine (QL) | | DAYTRANA (PA, QL) |
| dexmethylp- henidate (PA) | | FOCALIN (PA,ST) |
| dexmethylp- henidate er (PA, QL) | | INTUNIV |
| dextroamp hetamin -e -amphetamine (PA) | | METHYLIN (PA) |
| dextroamp- hetamine-amphet er (PA, QL) | | QUILLIVANT XR (PA, QL) |
| guanfacine er | | RITALIN (PA,ST) |
| methylphenidate er (la) (PA, QL) | | STRATTERA (QL) |
| methylphenidate er (PA, QL) | | ZENZEDI (PA,ST) |
| methylphenidate cd (PA, QL) | | |
| methylphenidate er (cd) (PA, QL) | | |
| methylphenidate la (PA, QL) | | |
| procentra (PA) | | |

BLOOD MODIFIERS/BLEEDING DISORDERS

| | | |
|---|-----------------|-----------------|
| aminocaproic acid 0.25 gram/ml, 500 mg, 1,000 mg* | ARANESP* (PA) | CABLIVI* (PA) |
| tranexamic acid 650 mg* | DROXIA | CYKLOKAPRON* |
| | EMPAVELI* (PA) | DOPTELET* (PA) |
| | EPOGEN* (PA) | FULPHILA* (PA) |
| | NEULASTA* (PA) | GRANIX* (PA) |
| | NIVESTYM* (PA) | HEMLIBRA* (PA) |
| | NYVEPRIA* (PA) | LYSTEDA* |
| | PROCRIT* (PA) | NEUPOGEN* (PA) |
| | RETACRIT* (PA) | PROMACTA* (PA) |
| | ZARXIO* (| SIKLOS (PA) |
| | ZIEXTENZO* (PA) | TAVALISSE* (PA) |
| | | UDENYCA* (PA) |

BLOOD PRESSURE/HEART MEDICATIONS

| | | |
|--------------------------------|---------------|---------------------------|
| amlodipine | CORLANOR (PA) | ADALAT CC |
| amlodipine- benazepril | ENTRESTO | BERINERT* (PA) |
| amlodipine- olmesartan (QL) | | BIDIL (QL) |
| amlodipine- valsartan | | CALAN SR |
| atenolol | | CARDIZEM LA 120MG (QL) |
| benazepril | | CATAPRES-TTS 1 |
| bisoprolol | | CATAPRES-TTS 2 |
| bisoprolol-hctz | | CATAPRES-TTS 3 |
| candesartan | | CINRYZE* (PA) |
| cartia xt | | COREG (ST) |
| carvedilol | | CORGARD (ST) |
| | | EPANED |
| | | HAEGARDA* (PA) |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

BLOOD PRESSURE/HEART MEDICATIONS

(cont)

| | | |
|--------------------------------|--|--|
| carvedilol er (QL) | | HEMANGEOL |
| clonidine | | INDERAL LA (ST) |
| diltiazem 12hr er | | INDERAL XL (ST) |
| diltiazem 24hr er | | INNOPRAN XL (ST) |
| diltiazem 24hr er (cd) | | ISOSORBIDE DINIT- HYDRALAZINE (QL) |
| diltiazem 24hr er (la) | | KALBITOR* (PA) |
| diltiazem 24hr er (xr) | | KAPSPARGO SPRINKLE (ST) |
| diltiazem | | KATERZIA (QL) |
| DILT-XR | | LOPRESSOR (ST) |
| dofetilide (QL) | | MINIPRESS |
| droxidopa* | | NITROSTAT |
| enalapril | | NORTHERA* (PA) |
| flecainide | | NORVASC |
| guanfacine | | ORLADEYO* (PA, QL) |
| hydralazine tablet | | PROCARDIA XL |
| icatibant* (PA) | | RANEXA (QL) |
| irbesartan | | RUCONEST* (PA) |
| labetalol tablet | | TAKHZYRO* (PA) |
| lisinopril | | TENORETIC 50 (ST) |
| lisinopril-hctz | | TENORETIC 100 (ST) |
| losartan | | TENORMIN (ST) |
| losartan-hctz | | TIAZAC |
| matzim la | | TIKOSYN (PA, QL) |
| metoprolol succinate | | TOPROL XL (ST) |
| metoprolol tablet | | VERELAN |
| nadolol | | VERELAN PM |
| nebivolol (QL) | | ZIAC (ST) |
| nifedipine | | |
| nifedipine er | | |
| olmesartan (QL) | | |
| olmesartan- amlodipine-hctz | | |
| olmesartan-hctz (QL) | | |
| prazosin | | |
| propranolol tablet | | |
| propranolol er | | |
| ramipril | | |
| ranolazine er (QL) | | |
| sajazir* (PA) | | |
| taztia xt | | |
| telmisartan (QL) | | |
| telmisartan-hctz (QL) | | |
| tiadylt er | | |
| valsartan | | |
| valsartan-hctz | | |

Cigna Advantage 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

BLOOD PRESSURE/HEART MEDICATIONS

(cont)

| | | |
|---|--|--|
| verapamil er verapamil er pm verapamil tablet verapamil sr | | |
|---|--|--|

BLOOD THINNERS/ANTI-CLOTTING

| | | |
|--|--|---|
| clopidogrel enoxaparin* (QL) jantoven prasugrel warfarin | BRILINTA ELIQUIS (PA) XARELTO (PA) | BAYER CHEWABLE ASPIRIN+ EFFIENT FRAGMIN* (QL) LOVENOX* (QL) PLAVIX PRADAXA (PA) |
|--|--|---|

CANCER

| | | |
|---|---|--|
| abiraterone* (PA) anastrozole+ bexarotene* (PA) capecitabine* (PA) everolimus* (PA) exemestane+ imatinib* (PA) letrozole methotrexate tamoxifen+ temozolomide* (PA) | ALECENSA* (PA) ERIVEDGE* (PA) ERLEADA* (PA) GLEOSTINE IBRANCE* (PA) KANJINTI* (PA) LYNPARZA* (PA) MVASI* (PA) REVLIMID* (PA) RUBRACA* (PA) RUXIENCE* (PA) SPRYCEL* (PA) TRAZIMERA* (PA) TREXALL VERZENIO* (PA) ZIRABEV* (PA) | AFINITOR DISPERZ* (PA) AFINITOR* (PA) ALUNBRIG* (PA) AYVAKIT* (PA, QL) BOSULIF* (PA) BRAFTOVI* (PA) CABOMETYX* (PA) CALQUENCE* (PA) COMETRIQ* (PA) GLEEVEC* (PA) ICLUSIG* (PA) IMBRUVICA* (PA) INLYTA* (PA) JAKAFI* (PA) KISQALI* (PA) LENVIMA* (PA) LONSURF* (PA) LUMAKRAS* (PA, QL) MEKINIST* (PA) MEKTOVI* (PA) NERLYNX* (PA) NINLARO* (PA) NUBEQA* (PA) ODOMZO* (PA) OGIVRI* (PA) ONTRUZANT* (PA) ORGOVYX* (PA) POMALYST* (PA) ROZLYTREK* (PA) STIVARGA* (PA) TAFINLAR* (PA) TAGRISSO* (PA) TARGRETIN* (PA) TASIGNA* (PA) TEMODAR CAPSULE* (PA) |
|---|---|--|

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

CANCER (cont)

| | | |
|--|--|--|
| | | TUKYSA* (PA) UKONIQ* (PA, QL) VENCLEXTA STARTING PACK* (PA) VENCLEXTA* (PA) VITRAKVI* (PA) XELODA* (PA) XOSPATA* (PA) XTANDI* (PA) ZEJULA* (PA) |
|--|--|--|

CHOLESTEROL MEDICATIONS

| | | |
|---|------------------------------|---|
| atorvastatin+ colesevelam ezetimibe fenofibrate fenofibric acid fluvastatin er+ fluvastatin+ icosapent ethyl lovastatin+ omega-3 acid ethyl esters pravastatin+ rosuvastatin+ (QL) simvastatin tablet+ (QL) | REPATHA (PA) VASCEPA (PA) | CADUET (QL) LIPOFEN (ST) ROSZET TRICOR (ST) TRILIPIX (ST) WELCHOL ZETIA |
|---|------------------------------|---|

CONTRACEPTION PRODUCTS

| | | |
|--|----------------|--|
| AFIRMELLE+ ALTAVERA+ ALYACEN+ AMETHIA+ AMETHYST+ APRI+ ARANELLE+ ASHLYNA+ AUBRA+ AUBRA EQ+ AUROVELA FE+ AUROVELA 24 FE+ AVIANE+ AYUNA+ AZURETTE+ BALZIVA+ BLISOVI FE+ BLISOVI 24 FE+ BRIELLYN+ CAMILA+ CAMRESE+ CAMRESE LO+ CAYA CONTOURED+ | LO LOESTRIN FE | ANNOVERA BEYAZ CAYA CONTOURED+ ELLA+ FEMCAP+ KYLEENA*+ LAYOLIS FE+ LILETTA*+ LOESTRIN FE MICROGESTIN 24 FE MINASTRIN 24 FE MIRENA*+ NEXPLANON*+ NEXTSTELLIS NUVARING PARAGARD T 380-A*+ SAFYRAL SKYLA*+ TWIRLA+ wide seal diaphragm+ YASMIN 28 |
|--|----------------|--|

Cigna Advantage 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

CONTRACEPTION PRODUCTS (cont)

| | | |
|--|--|-----|
| CAZIAN+ CHARLOTTE 24 FE+ CHATEAL+ CHATEAL EQ+ CRYSSELLE+ CYCLAFEM+ CYRED+ CYRED EQ+ DASETTA+ DAYSEE+ DEBLITANE+ desogestrel-ethinyl estradiol+ desogestrel-ethinyl estradiol - ethinyl estradiol+ DOLISHALE+ drospirenone- ethinyl estradiol- levomefolate+ drospirenone- ethinyl estradiol+ ELINEST+ ELURYNG+ ENPRESSE+ ENSKYCE+ ERRIN+ ESTARYLLA+ ethynodiol-ethinyl estradiol+ etonogestrel- ethinyl estradiol+ FALMINA+ FEMYNOR+ GEMMILY+ HAILEY+ HAILEY FE+ HAILEY 24 FE+ HEATHER+ ICLEVIA+ INCASSIA+ ISIBLOOM+ JAIMIESS+ JASMIEL+ JENCYCLA+ JOLESSA+ JULEBER+ JUNEL+ JUNEL FE+ JUNEL FE 24+ KAITLIB FE+ KALLIGA+ KARIVA+ KELNOR 1-35+ | | YAZ |
|--|--|-----|

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

CONTRACEPTION PRODUCTS (cont)

| | | |
|---|--|--|
| KELNOR 1-50+ KURVELO+ LARIN+ LARIN FE+ LARIN 24 FE+ LARISSIA+ LEENA+ LESSINA+ LEVONEST+ levonorgestrel- ethinyl estradiol+ levonorgestrel- ethinyl estradiol ethinyl estradiol+ LEVORA+ LILLOW+ LOJAIMIESS+ LORYNA+ LOW-OGESTREL+ LO- ZUMANDIMINE+ LUTERA+ LYLEQ+ LYZA+ MARLISSA+ medroxy- progesterone+ 125mg/ml MERZEE+ MICROGESTIN+ MICROGESTIN FE+ MILI+ MONO-LINYAH+ NECON+ NIKKI+ NORA-BE+ norethindrone+ norethindrone- ethinyl estradiol- iron+ norethindrone- ethinyl estradiol+ norethindrone- ethinyl estradiol- ferrous fumarate norgestimate- ethinyl estradiol+ NORLYDA+ NORTREL+ NYLIA+ NYMYO+ OCELLA+ ORSYTHIA+ | | |
|---|--|--|

Cigna Advantage 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

CONTRACEPTION PRODUCTS (cont)

| | | |
|-----------------------|--|--|
| PHILITH+ | | |
| PIMTREA+ | | |
| PIRMELLA+ | | |
| PORTIA+ | | |
| PREVIFEM+ | | |
| RECLIPSEN+ | | |
| RIVELSA+ | | |
| SETLAKIN+ | | |
| SHAROBEL+ | | |
| SIMLIYA+ | | |
| SIMPESSE+ | | |
| SPRINTEC+ | | |
| SRONYX+ | | |
| SYEDA+ | | |
| TARINA FE+ | | |
| TARINA FE 1-20 EQ+ | | |
| TARINA 24 FE+ | | |
| taysofy+ | | |
| TILIA FE+ | | |
| TRI FEMYNOR+ | | |
| TRI-ESTARYLLA+ | | |
| TRI-LEGEST FE+ | | |
| TRI-LINYAH+ | | |
| TRI-LO-ESTARYLLA+ | | |
| TRI-LO-MARZIA+ | | |
| TRI-LO-MILI+ | | |
| TRI-LO-SPRINTEC+ | | |
| TRI-MILI+ | | |
| TRI-NYMYO+ | | |
| TRI-SPRINTEC+ | | |
| TRIVORA+ | | |
| TRI-VYLIBRA LO+ | | |
| TRI-VYLIBRA+ | | |
| TULANA+ | | |
| TYDEMY+ | | |
| VELIVET+ | | |
| VESTURA+ | | |
| VIENVA+ | | |
| VIORELE+ | | |
| VOLNEA+ | | |
| VYFEMLA+ | | |
| VYLIBRA+ | | |
| WERA+ | | |
| WYMZYA FE+ | | |
| XULANE+ | | |
| ZAFEMY+ | | |
| ZOVIA 1-35+ | | |
| ZUMANDIMINE+ | | |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

COUGH/COLD MEDICATIONS

| | | |
|---|--|---|
| brompheniramine- pseudoephed-dm hydrocodone- homatropine (PA,QL) promethazine-dm | | HYCODAN (PA, QL) TUXARIN ER (PA, QL) TUZISTRA XR (PA, QL) |
|---|--|---|

DENTAL PRODUCTS

| | | |
|---|--|--|
| chlorhexidine DENTA 5000 PLUS DENTAGEL doxycycline hyclate FLUORIDEX DAILY DEFENSE 1.1% ORALONE PERIDEX PERIOGARD SF 1.1% GEL SF 5000 PLUS sodium fluoride sodium fluoride 5000 dry mouth sodium fluoride 5000 plus triamcinolone | | CLINPRO 5000 FLORIVA+ FLUORIDEX SENSITIVITY RELIEF PREVIDENT 5000 DRY MOUTH |
|---|--|--|

DIABETES

| | | |
|---|--|---|
| glimepiride glipizide glipizide er glipizide xl metformin metformin er | BAQSIMI (QL) BASAGLAR (QL) BD INSULIN SYRINGE BD LANCETS BD PEN NEEDLE BYDUREON BCISE (PA,QL) BYETTA (PA,QL) DEXCOM G6 (PA, QL) DROPLET DROPSAFE FARXIGA (QL, ST) FREESTYLE LIBRE 14 DAY SENSOR (PA, QL) FREESTYLE LIBRE 2 SENSOR (PA, QL) GLYXAMBI (QL, ST) HUMULIN R JANUMET (QL, ST) JANUMET XR (QL, ST) JANUVIA (QL, ST) JARDIANCE (QL, ST) HUMALOG (QL) HUMULIN (QL) HUMULIN R (QL) | ACCU-CHEK SMARTVIEW CONTRL SOLUTION ACCUTREND GLUCOSE CONTROL AUTOSHIELD DUO PEN NEEDLE CEOUR CONTOUR METER CONTOUR NEXT TEST STRIP CONTOUR TEST STRIP CYCLOSET SENSOR KIT FREESTYLE FREEDOM LITE GLUCAGON EMERGENCY KIT (QL) GLUCOCARD |
|---|--|---|

Cigna Advantage 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

DIABETES (cont)

| | | |
|--|-----------------------|-----------------|
| | INSULIN LISPRO (QL) | INPEN |
| | INSULIN SYRINGE | KORLYM* (PA) |
| | LEVEMIR (QL) | PARADIGM |
| | LYUMJEV (QL) | POGO AUTOMATIC |
| | MICROLET NEXT | BLOOD GLUCOSE |
| | LANCING DEVICE | SYSTEM |
| | MULTI-LANCET | PRECISION XTRA |
| | NANO 2ND GEN | KETONE-GLUC KIT |
| | PEN NEEDLE | RIOMET |
| | NOVOFINE | TRUE METRIX |
| | NOVOTWIST | |
| | OMNIPOD DASH | |
| | PODS (GEN 4) (PA, QL) | |
| | ONETOUCH ULTRA | |
| | TEST STRIP | |
| | ONETOUCH | |
| | ULTRAMINI | |
| | ONETOUCH VERIO | |
| | FLEX METER | |
| | ONETOUCH VERIO | |
| | IQ METER | |
| | ONETOUCH VERIO | |
| | METER | |
| | ONETOUCH VERIO | |
| | REFLECT METER | |
| | ONETOUCH VERIO | |
| | TEST STRIP | |
| | OZEMPIC (PA,QL) | |
| | RYBELSUS (PA, QL) | |
| | SOLIQUA 100-33 | |
| | SYMLINPEN | |
| | SYNJARDY (QL, ST) | |
| | SYNJARDY XR (QL, ST) | |
| | TECHLITE | |
| | TRESIBA (QL) | |
| | TRIJARDY XR (ST, QL) | |
| | TRUEPLUS PEN | |
| | NEEDLE | |
| | TRUEPLUS SYRINGE | |
| | TRULICITY (PA, QL) | |
| | ULTRA-FINE PEN | |
| | NEEDLE | |
| | V-GO 20 | |
| | V-GO 30 | |
| | V-GO 40 | |
| | VEO INSULIN | |
| | SYRINGE | |
| | VICTOZA (PA, QL) | |
| | XIGDUO XR (QL, ST) | |
| | XULTOPHY | |
| | ZEGALOGUE (QL) | |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

DIURETICS

| | | |
|-----------------------------|-------------------|----------------|
| acetazolamide tablet | KERENDIA (PA, QL) | ALDACTONE |
| acetazolamide er capsule | | CAROSPIR |
| bumetanide tablet | | DIURIL |
| chlorthalidone | | INSPIRA |
| eplerenone | | JYNARQUE* (PA) |
| furosemide solution, tablet | | LASIX |
| hydrochlorothiazide | | MAXZIDE |
| spironolactone | | |
| torsemide | | |
| triamterene-hctz | | |

EAR MEDICATIONS

| | | |
|-------------------------------------|--|---------------------------|
| ciprofloxacin-dexamethasone | | CIPRO HC |
| neomycin-polymyxin b-hydrocortisone | | CIPRODEX |
| ofloxacin | | CIPRODEX |
| | | CIPROFLOXACIN-FLUCINOLONE |
| | | DERMOTIC |
| | | OTOVEL |

EYE CONDITIONS

| | | |
|------------------------------------|--------------|-----------------------------|
| bimatoprost (QL) | COMBIGAN | ACUVAIL |
| brimonidine | EYSUVIS (QL) | ALPHAGAN P |
| brinzolamide | SIMBRINZA | ALREX |
| ciprofloxacin | XIIDRA | AZASITE |
| difluprednate | | AZOPT |
| dorzolamide-timolol | | BESIVANCE |
| erythromycin | | BETIMOL |
| fluorometholone | | BETOPTIC S |
| latanoprost | | BROMSITE |
| loteprednol | | CEQUA |
| moxifloxacin eye drops | | COSOPT |
| neomycin-polymyxin b-dexamethasone | | COSOPT PF |
| ofloxacin | | CYSTADROPS* (PA, QL) |
| polymyxin b sulfate-trimethoprim | | CYSTARAN* (PA, QL) |
| prednisolone | | DUREZOL |
| timolol | | FLAREX |
| tobramycin-dexamethasone | | FML FORTE 0.25% EYE DROPS |
| travoprost | | FML LIQUIFILM 0.1% EYE DROP |
| | | FML S.O.P. 0.1% OINTMENT |
| | | ILEVRO |
| | | INVELTYS |
| | | ISTALOL |
| | | LOTEMAX |
| | | LOTEMAX SM |

Cigna Advantage 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

EYE CONDITIONS (cont)

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|---|
| | | MAXITROL OCUFLOX OXERVATE* (PA) POLYTRIM PRED FORTE PROLENSA RHOPRESSA ROCKLATAN TIMOPTIC TIMOPTIC-XE TOBRADEX TOBRADEX ST VIGAMOX ZIRGAN ZYLET |

FEMININE PRODUCTS

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---|----------------|------------------|
| GYNAZOLE 1 miconazole 3 200 mg terconazole | | |

GASTROINTESTINAL/HEARTBURN

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--|---|---|
| alosetron* ANUCORT-HC balsalazide cinacalcet* dicyclomine capsule, solution, tablet esomeprazole (QL) famotidine 40 mg/5 ml suspension GAVILYTE-C+ GAVILYTE-G+ GAVILYTE-N+ GENTLE LAXATIVE TABLET+ glycopyrrolate tablet HEMMOREX-HC hydrocortisone lansoprazole^ (QL) mesalamine mesalamine dr mesalamine er metoclopramide solution, tablet metoclopramide odt omeprazole^ (QL) ondansetron | AMITIZA CLENPIQ+ ENTYVIO* (PA) LINZESS NEXIUM DR 2.5 MG PACKET (QL) NEXIUM DR 5 MG PACKET (QL) PANCREAZE PENTASA SUPREP+ SUTAB+ VIBERZI | APRISO BONJESTA CANASA CARAFATE CHOLBAM* (PA) DICLEGIS GATTEX* (PA) MOVANTIK (PA) OCALIVA* (PA) RAVICTI* (PA) RECTIV RELISTOR (PA) SANCUSO (PA, QL) SFROWASA SUCRAID* (PA) SYMPROIC (PA) TRANSDERM-SCOP URSO URSO FORTE VARUBI (PA, QL) VIOKACE |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

GASTROINTESTINAL/HEARTBURN (cont)

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--|----------------|------------------|
| ondansetron odt pantoprazole ^ (QL) peg 3350-electrolyte+ peg3350-sodium sulfate-sodium chloride- potassium chloride-sodium ascorbate-ascorbic acid+ PEG-PREP+ prochlorperazine tablet rabeprazole tablet^ (QL) scopolamine sucralfate | | |

HORMONAL AGENTS

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--|---|---|
| AMABELZ budesonide dr budesonide ec budesonide er (PA, QL) cabergoline (QL) desmopressin* dexamethasone intensol DOTTI (QL) estradiol (once weekly) estradiol 10mcg vaginal insert (QL) estradiol (twice weekly) (QL) estradiol- norethindrone acetat EUTHYROX LEVO-T levothyroxine tablet LEVOXYL liothyronine LYLLANA (QL) medroxyprog- esterone methylpredn- isolone MIMVEY norethindrone NP THYROID prednisone | DUAVEE FORTEO* (PA, QL) HUMATROPE* (PA) LUPRON DEPOT* (PA) LUPRON DEPOT- PED* (PA) MYFEMBREE (PA, QL) NORDITROPIN FLEXPRO* (PA) ORIAHNN (PA, QL) ORILISSA (PA, QL) PREMARIN TABLET, VAGINAL CREAM APPLICATOR PREMPHASE PREMPRO SEROSTIM* (PA) SOMATULINE DEPOT*(PA) | ACTHAR GEL* (PA) ACTIVELLA ALORA (QL) ANDRODERM (PA, QL) ANDROGEL (PA, QL) ANGELIQ AYGESTIN BIJUVA BYNFEZIA* (PA) CETROTIDE*^ (PA) CLIMARA CLIMARA PRO COMBIPATCH CRINONE 4% GEL CYTOMEL DEPO- TESTOSTERONE DIVIGEL ELESTRIN EMFLAZA* (PA) ESTRACE ESTRING (QL) ESTROGEL EVAMIST FENSOLVI* (PA) IMVEXXY (QL) INTRAROSA ISTURISA* (PA, QL) LANREOTIDE* (PA) LUPANETA PACK* (PA) |

Cigna Advantage 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

HORMONAL AGENTS (cont)

| | | |
|--|--|--|
| prednisone intensol progesterone tablet testosterone cypionate YUVAFEM | | levothyroxine capsule (PA) MEDROL MENOSTAR (QL) MINIVELLE (QL) MYFEMBREE (QL) OSPHENA PROMETRIUM RAYALDEE SANDOSTATIN LAR DEPOT* (PA) SKYTROFA* (PA) SOMAVERT* (PA) TERIPARATIDE* (PA,QL) TIROSINT-SOL (PA) TRIOSTAT TRIPTODUR* (PA) UNITHROID VAGIFEM (QL) VIVELLE-DOT (QL) |
|--|--|--|

INFECTIONS

| | | |
|--|--|---|
| acyclovir capsule, suspension, tablet albendazole amoxicillin amoxicillin- clavulanate er amoxicillin- clavulanate atovaquone atovaquone- proguanil AVIDOXY azithromycin packet, suspension, tablet cefdinir cefuroxime tablet cephalexin ciprofloxacin clindamycin COREMINO ER QL) dapson doxycycline monohydrate EMVERM entecavir* (QL) erythromycin erythromycin ethylsuccinate famciclovir fluconazole | BARACLUDE SOLUTION* EPCLUSA* (PA, QL) EURAX 10% CREAM FOLLISTIM*^ (PA) HARVONI* (PA, QL) LEDIPASVIR- SOFOSBUVIR* (PA) MAVYRET* (PA, QL) MOLNUPIRAVIR (QL) PAXLOVID (QL) PEGASYS* (PA) SOFOSBUVIR- VELPATASVIR* (PA) SOVALDI* (PA, QL) VEMLIDY* VOSEVI* (PA) XIFAXAN (QL) | AEMCOLO (QL) ALBENZA ALINIA ARIKAYCE* (PA) BACTRIM BACTRIM DS BAXDELA TABLET (PA) CAYSTON* (PA, QL) CIPRO CLEOCIN CLINDESSE CRESEMBA CAPSULE (PA) DARAPRIM* (PA) DIFICID (QL) e.e.s. 400 ELIMITE ERYPED 200 ERY-TAB DR EURAX 10% LOTION FLAGYL KITABIS PAK* (PA, QL) MACROBID MACRODANTIN MALARONE (PA) NUVESSA NUZYRA TABLET* (PA, QL) PLAQUENIL |
|--|--|---|

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

INFECTIONS (cont)

| | | |
|---|--|--|
| hydroxychloro- quine ivermectin levofloxacin solution, tablet metronidazole gel, capsule, tablet minocycline minocycline er tablet (QL) mondoxylene nl nitazoxanide nitrofurantoin nitrofurantoin monohydrate- macrocrystal nystatin suspension, tablet oseltamivir (QL) penicillin v potassium posaconazole tablet sulfamethoxazole- trimethoprim suspension, tablet terbinafine tetracycline tobramycin ampule* (PA, QL) valacyclovir valganciclovir vancomycin capsule, solution vandazole | | POSACONAZOLE SUSPENSION PREVYMIS TABLET PRIFTIN ORAVIG PLAQUENIL (PA) POSACONAZOLE SUSPENSION PREVYMIS TABLET* PRIFTIN SIVEXTRO TABLET (PA) SKLICE SOLOSEC SOMAVERT* (PA) STROMECTOL (PA) sulfatrim SUPPRELIN LA* (PA) TAMIFLU (QL) teriparatide* (PA, QL) URIBEL VALTRES XENLETA 600mg tablet (PA, QL) XOFLUZA (QL) ZEPATIER* (PA) ZITHROMAX ZITHROMAX TRI- PAK ZYVOX SUSPENSION, TABLET (PA) |
|---|--|--|

INFERTILITY

| | | |
|--------------|----------------|---|
| clomiphene ^ | GONAL-F*^ (PA) | CRINONE^ ENDOMETRIN^ FOLLISTIM AQ*^ (PA) MAKENA* (PA) MENOPUR*^ (PA) NOVAREL*^ (PA) OVIDREL*^ (PA) |
|--------------|----------------|---|

MISCELLANEOUS

| | | |
|--|--|---|
| deferiprone 500mg* (PA) disulfiram sapropterin* (PA) sodium chloride inhalation vial, irrigation solution, vial | ACCU-CHEK CERDELGA* (PA) DROPLET LANCETS ESBRIET* (PA) MICROLET NITYR* (PA) ONETOUCH PRECISION XTRA | AUSTEDO* (PA) CEREZYME* (PA) DYSPOUR* (PA) EVRYSDI* (PA) INGREZZA* (PA) INGREZZA INITIATION PACK* (PA, QL) |
|--|--|---|

Cigna Advantage 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

MISCELLANEOUS (cont)

| | | |
|--|------------------------------------|---|
| | STRENSIQ* (PA) TECHLITE LANCETS | KETONE CARE TEST STRIP KETONE TEST STRIP KETOSTIX REAGENT NUEDEXTA (QL) ORFADIN* (PA) PALYNZIQ* (PA) POGO AUTOMATIC TEST CARTRIDGE PRECISION XTR B-KETONE STRIP TEGSEDI* (PA) TIGLUTIK* (PA) TRUEPLUS KETONE TEST STRIP VYNDAMAX* (PA, QL) |
|--|------------------------------------|---|

MULTIPLE SCLEROSIS

| | | |
|--|---|---|
| dalfampridine er* (PA) dimethyl fumarate* (PA) glatiramer* (PA) glatopa* (PA) | AUBAGIO* (PA) AVENOX* (PA) BAFIERTAM* (PA) BETASERON* (PA) EXTAVIA* (PA) GILENYA* (PA) KESIMPTA PEN* (PA) MAYZENT* (PA) PLEGRIDY* (PA) PONVORY* (PA) REBIF* (PA) VUMERITY* (PA) ZEPOSIA* (PA) | MAVENCLAD* (PA) OCREVUS* (PA) PONVORY* (PA) |
|--|---|---|

NUTRITIONAL/DIETARY

| | | |
|---|--|---|
| calcitriol capsule, solution^ cyanocobalamin dodex fluoride+ folic acid^+ klor-con 8 klor-con 10 MULTI-VITAMIN W-FLUORIDE-IRON+ MULTIVITAMIN WITH FLUORIDE+ MULTIVITAMIN-IRON-FLUORIDE potassium chloride 10%, capsule, packet, tablet sevelamer carbonate sodium fluoride+ | LOKELMA PETITE OB COMPLETE VELTASSA | ACCRUFER AURYXIA (QL) CITRANATAL BLOOM CITRANATAL 90 DHA CITRANATAL ASSURE CITRANATAL B-CALM CITRANATAL DHA CITRANATAL HARMONY CITRANATAL RX DRISDOL FLORIVA+ K-TAB ER MEPHYTON NEEVO DHA OB COMPLETE |
|---|--|---|

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

NUTRITIONAL/DIETARY (cont)

| | | |
|--|--|--|
| TRI-VITE WITH FLUORIDE+ vitamin d2 1.25 mg (50,000 unit)^ VITAMINS A,C,D AND FLUORIDE+ | | PHOSLYRA POLY-VI-FLOR WITH IRON+ POLY-VI-FLOR+PRENATE PRIMACARE QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+ QUFLORA PEDIATRIC 0.25 MG/ML DROP+ QUFLORA PEDIATRIC 0.5 MG/ML DROP+ RENVELA ROCALTROL TRI-VI-FLOR+ VELPHORO |
|--|--|--|

OSTEOPOROSIS PRODUCTS

| | | |
|---|------------------|--|
| alendronate ibandronate 150 mg tablet* ibandronate 3 mg/3 ml syringe* ibandronate 3 mg/3 ml vial* raloxifene + risedronate dr | TYMLOS* (PA, QL) | ACTONEL (ST) ATELVIA (ST) BINOSTO (ST) EVISTA FOSAMAX (ST) |
|---|------------------|--|

PAIN RELIEF AND INFLAMMATORY DISEASE

| | | |
|---|---|--|
| acetaminophen-codeine (PA) allopurinol tablet baclofen tablet buprenorphine patch (QL) butalbital-acetaminophen-caffeine (QL) buprenorphine (QL) butalbital-acetaminophen-caffeine (QL) carisoprodol celecoxib (QL) colchicine cyclobenzaprine diclofenac 1% gel (QL) diclofenac dr | ACTEMRA* (PA, QL) AIMOVIG (PA) AJOVY (PA) AVSOLA* (PA) BELBUCA (QL) CIMZIA* (PA, QL) DUPIXENT* (PA) EMGALITY (PA) ENBREL* (PA, QL) HUMIRA* (PA, QL) HYSINGLA ER (PA) INFLECTRA* (PA) NURTEC ODT (PA, QL) OTEZLA* (PA, QL) RASUVO (PA) REDITREX (PA) RINVOQ* (PA, QL) SIMPONI 100MG* (PA, QL) | ARAVA ARCALYST* (PA) BENLYSTA* (PA) BUPRENEX BUTRANS (QL) CELEBREX (QL, ST) COLCRYS DEPEN* (PA) DUROLANE* (PA) EC-NAPROSYN (ST) ESGIC (QL) EUFLEXXA* (PA) FEXMID GABLOFEN GELSYN-3 (PA) HYALGAN* (PA) HYMOVIS* (PA) ILARIS* (PA) ILUMYA* (PA, QL) KEVZARA* (PA, QL) |
|---|---|--|

Cigna Advantage 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

PAIN RELIEF AND INFLAMMATORY DISEASE

(cont)

| | | |
|---------------------------------------|-------------------------|-----------------------------|
| diclofenac ec | SIMPONI ARIA* (PA) | MITIGARE |
| EC-NAPROXEN | SKYRIZI* (PA, QL) | MONOVISC* (PA) |
| ECOTRIN EC 81 MG TABLET+ | STELARA* (PA, QL) | NAPROSYN (ST) |
| eletriptan (QL) | TALTZ* (PA, QL) | NUCYNTA (PA) |
| ENDOCET (PA) | TREMFYA* (PA, QL) | NUCYNTA ER (PA) |
| febuxostat (QL) | TRUDHESA (PA, QL) | OLUMIANT* (PA, QL) |
| FIORICET (QL) | UBRELVY (PA, QL) | ORENCIA* (PA, QL) |
| GEL-ONE* (PA) | XELJANZ XR* (PA, QL) | ORTHOVISC* (PA) |
| GLYDO | XELJANZ* (PA, QL) | OTREXUP (PA) |
| hydrocodone- acetaminophen (PA) | XTAMPZA ER (PA) | OXAYDO (PA) |
| IBU | ZTLIDO | PERCOCET (PA) |
| ibuprofen | | PROCTOFOAM-HC |
| indomethacin | | SAVELLA |
| indomethacin er | | SILIQ* (PA, QL) |
| ketorolac | | SKELAXIN |
| tromethamine (QL) | | SYNVISC* (PA) |
| leflunomide | | TRILURON* (PA) |
| lidocaine 5% ointment (QL) | | ULORIC (QL) |
| meloxicam tablet | | ULTRAM 50 MG TABLET (QL) |
| metaxalone | | ZANAFLEX |
| methocarbamol | | ZEBUTAL (QL) |
| morphine (PA) | | ZOHYDRO ER (PA) |
| morphine er (PA) | | ZYLOPRIM |
| oxycodone (PA) | | |
| oxycodone er (PA) | | |
| oxycodone- acetaminophen (PA) | | |
| penicillamine* (PA) | | |
| PROLATE TABLET (PA) | | |
| rizatriptan (QL) | | |
| sumatriptan (QL) | | |
| SUPARTZ FX* (PA) | | |
| tramadol 50 mg tablet (QL) | | |
| tramadol er (QL) | | |
| VANADOM | | |
| VISCO-3* (PA) | | |

PARKINSON'S DISEASE

| | | |
|---------------------------|--------------|-----------------|
| benztropine tablet | KYNMOBI (PA) | AZILECT (QL) |
| carbidopa- levodopa | | DUOPA* |
| carbidopa- levodopa er | | INBRIJA* (PA) |
| pramipexole | | MIRAPEX ER (QL) |
| | | NEUPRO |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

PARKINSON'S DISEASE (cont)

| | | |
|---------------------|--|-----------------------|
| pramipexole er (QL) | | NOURIANZ* (PA, QL) |
| rasagiline (QL) | | OSMOLEX ER (QL) |
| ropinirole er | | RYTARY |
| ropinirole | | SINEMET 10-100 |
| | | SINEMET 25-100 |
| | | TASMAR |
| | | XADAGO (ST) |

SCHIZOPHRENIA/ANTI-PSYCHOTICS³

| | | |
|--------------------------|-------------|--------------------------|
| aripiprazole (QL) | LATUDA (QL) | ABILIFY MAINTENA (QL) |
| aripiprazole odt | | ARISTADA (QL) |
| asenapine | | FANAPT (QL, ST) |
| chlorpromazine tablet | | INVEGA (QL, ST) |
| olanzapine tablet | | PERSERIS (QL) |
| olanzapine odt | | REXULTI (QL, ST) |
| paliperidone er (QL) | | RISPERDAL (ST) |
| quetiapine | | SAPHRIS (ST) |
| quetiapine er | | SECUADO (ST) |
| risperidone | | SEROQUEL (ST) |
| risperidone odt | | SEROQUEL XR (ST) |
| ziprasidone tablet | | VRAYLAR (QL, ST) |

SEIZURE DISORDERS

| | | |
|-----------------------------------|--------------------------------|---|
| carbamazepine | DILANTIN 30 MG CAPSULE (PA) | APTIOM (PA, QL) |
| carbamazepine er | FYCOMPA (PA, QL) | BANZEL (PA, QL) |
| clonazepam | NAYZILAM (PA, QL) | BRIVIACT ORAL SOLUTION, TABLET (PA) |
| divalproex | | CARBATROL (PA) |
| divalproex er | | DEPAKOTE (PA) |
| EPITOL | | DEPAKOTE ER (PA) |
| gabapentin | | DEPAKOTE SPRINKLE (PA) |
| lamotrigine | | DIASTAT (PA) |
| lamotrigine (blue) | | DILANTIN 100 MG CAPSULE (PA) |
| lamotrigine (green) | | DILANTIN 50 MG INFATAB (PA) |
| lamotrigine | | EPIDIOLEX* (PA) |
| lamotrigine (orange) | | FINTEPLA* (PA) |
| lamotrigine er | | KLONOPIN (PA) |
| lamotrigine odt | | LYRICA ORAL SOLUTION (PA) |
| lamotrigine odt (blue) | | NEURONTIN (PA) |
| lamotrigine odt (green) | | OXTELLAR XR (PA) |
| lamotrigine odt (orange) | | PHENYTEK (PA) |
| levetiracetam solution, tablet | | SPRITAM (PA) |
| levetiracetam er | | TEGRETOL (PA) |
| oxcarbazepine | | TEGRETOL XR (PA) |
| pregabalin capsule, solution | | VALTOCO (PA, QL) |
| ROWEPPRA | | |
| rufinamide (PA, QL) | | |

Cigna Advantage 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

SEIZURE DISORDERS(cont)

| | | |
|--|--|-----------------|
| SUBVENITE SUBVENITE (BLUE) SUBVENITE (GREEN) SUBVENITE (ORANGE) topiramate topiramate er vigabatrin* vigadrone* | | XCOPRI (PA, QL) |
|--|--|-----------------|

SKIN CONDITIONS

| | | |
|--|-----------------------|---|
| AC CUTANE adapalene (PA) adapalene-benzoyl peroxide AMNESTEEM AVAR CLEANSER azelaic acid BP 10-1 CLARAVIS CLINDACIN ETZ 1% PLEDGET CLINDACIN P 1% PLEDGETS clindamycin 1% foam, gel, lotion, pledget, solution clindamycin-benzoyl peroxide clindamycin-tretinoin clobetasol CLODAN clotrimazole-betamethasone dapson gel fluocinonide fluorouracil cream, topical solution isotretinoin ketoconazole KETODAN metronidazole MYORISAN NEUAC GEL pimecrolimus ROSADAN sodium sulfacetamide-sulfur SSS 10-5 SULFACLEANSE 8-4 | EUCRISA TARGRETIN* | ANALPRAM HC 2.5%-1% LOTION AVAR 9.5-5% CLEANSING PADS BRYHALI (ST) calcipotriene foam CAPEX SHAMPOO (ST) CLEOCIN T CLINDACIN ETZ KIT CLINDACIN PAC KIT CLODERM (ST) DESOWEN DRYSOL EFUDEX ELIDEL EVOCLIN NAFTIN PICATO PRAMOSONE PROTOPIC SANTYL (QL) TEMOVATE (ST) VALCHLOR* XEPI |
|--|-----------------------|---|

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

SKIN CONDITIONS (cont)

| | | |
|---|--|--|
| tacrolimus ointment tazarotene 0.1% cream tretinoin (PA) TRIDERM ZENATANE | | |
|---|--|--|

SLEEP DISORDERS/SEDATIVES

| | | |
|---|-------------------------------------|--|
| doxepin (QL) eszopiclone modafinil (PA) zolpidem zolpidem er (QL) | DAYVIGO (QL, ST) SUNOSI (PA, QL) | HETLIOZ* (PA) HETLIOZ LQ* (PA) LUNESTA (ST) SILENOR (QL, ST) WAKIX* (PA, QL) XYREM* (PA) XYWAV* (PA) |
|---|-------------------------------------|--|

SUBSTANCE ABUSE

| | | |
|------------------------|--|--------------------------------------|
| buprenorphine-naloxone | KLOXXADO (QL) LUCEMYRA (QL) NARCAN (QL) ZUBSOLV | SUBLOCADE* SUBOXONE ZIMHI (QL) |
|------------------------|--|--------------------------------------|

TRANSPLANT MEDICATIONS

| | | |
|--|-------------------------|---|
| everolimus 0.25 mg tablet* everolimus 0.5 mg tablet* mycophenolate mofetil* mycophenolic acid* sirolimus* tacrolimus capsule* | PROGRAF 5 MG/ML AMPULE* | ASTAGRAF XL* CELLCEPT ORAL SUSPENSION, TABLET* ENVARUS XR* MYFORTIC* NEORAL* PROGRAF 0.2 MG GRANULE PACKET* PROGRAF 0.5 MG CAPSULE* PROGRAF 1 MG CAPSULE* PROGRAF 1 MG GRANULE PACKET* PROGRAF 5 MG CAPSULE* RAPAMUNE* REZUROCK* (PA) ZORTRESS* |
|--|-------------------------|---|

URINARY TRACT CONDITIONS

| | | |
|--|-----------|--|
| alfuzosin er cevimeline dutasteride finasteride oxybutynin oxybutynin er phenazopyridine potassium er | CYSTAGON* | AVODART ELMIRON EVOXAC FLOMAX K-PHOS ORIGINAL PROSCAR PYRIDIDIUM RAPAFLO (QL) |
|--|-----------|--|

Cigna Advantage 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

URINARY TRACT CONDITIONS (cont)

| | | |
|--|--|-----------------------|
| silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine er (QL) | | UROCIT-K UROXATRAL |
|--|--|-----------------------|

VACCINES

Vaccines are now covered under the Cigna pharmacy benefit. Not all plans cover vaccines in the same way. Log in to the [myCigna App](#) or [myCigna.com](#), or check your plan materials, to find out how your specific plan covers them.

| | | |
|--|--|---|
| | ENGERIX-B ADULT+ ENGERIX-B PEDIATRIC- ADOLESCENT+ | AFLURIA QUAD 2021-22 (6- 35MO)+ BEXSERO+ BOOSTRIX TDAP+ COMIRNATY+ DAPTACEL DTAP+ DENGVAXIA+ DIPHThERIA- TETANUS TOXOIDS-PED+ FLUAD QUAD 2021- 2022+ FLUARIX QUAD 2021-2022+ FLUBLOK QUAD 2021-2022+ FLUCELVAX QUAD 2021-2022+ FLULAVAL QUAD 2021-2022+ FLULAVAL QUAD 2021-2022+ FLUZONE HIGH- DOSE QUAD 2021-22+ FLUZONE QUAD 2021-2022+ GARDASIL 9+ HEPLISAV-B+ HIBERIX+ INFANRIX DTAP+ IPOL+ ANSSSEN COVID-19 VACCINE (EUA)+ KINRIX+ MENACTRA+ |
|--|--|---|

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

VACCINES

Vaccines are now covered under the Cigna pharmacy benefit. Not all plans cover vaccines in the same way. Log in to the [myCigna App](#) or [myCigna.com](#), or check your plan materials, to find out how your specific plan covers them.

| | | |
|--|--|---|
| | | MENQUADFI+ MENVEO A-C-Y-W- 135-DIP+ M-M-R II VACCINE+ MODERNA COVID-19 BOOSTER (EUA)+ MODERNA COVID-19 VACCINE (EUA)+ PEDIARIX+ PEDVAXHIB+ PENTACEL+ PFIZER COVID (12Y UP) VAC(EUA)+ PFIZER COVID (5- 11Y) VAC (EUA)+ PFIZER COVID-19 VACCINE (EUA)+ PNEUMOVAX 23+ PREHEVBRIO+ PREVNAR 13+ PREVNAR 20+ PROQUAD+ QUADRACEL DTAP- IPV VIAL+ RECOMBIVAX HB+ SHINGRIX+ (QL) TDVAX+ TENIVAC+ TRUMENBA+ TWINRIX+ VARIVAX VACCINE+ VAXELIS+ VAXNEUVANCE+ |
|--|--|---|

WEIGHT MANAGEMENT

| | | |
|-------------------------|--|--|
| megestrol suspension | | |
|-------------------------|--|--|

Medications that aren't covered - and their covered alternative(s)

These medications aren't covered on the Cigna Advantage 3-Tier Prescription Drug List.^^ **However, there are other medications available that are used to treat the same condition.** They're listed below.

| DRUG CLASS | MEDICATION NAME^^ (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|-------------------------------------|--|--|
| AIDS/HIV | ATRIPLA* | efavirenz-emtricitabine-tenofovir* |
| | COMBIVIR* | lamivudine-zidovudine* |
| | EMTRIVA* | emtricitabine* |
| | EPIVIR* | lamivudine* |
| | EPZICOM* | abacavir-lamivudine* |
| | INTELENCE 100MG, 200MG TABLET* | etravirine* |
| | KALETRA* | lopinavir-ritonavir* |
| | LEXIVA 700MG TABLET* | fosamprenavir 700mg tablet* |
| | NORVIR 100MG TABLET* | ritonavir 100mg tablet* |
| | RETROVIR CAPSULE, SYRUP* | zidovudine capsule, syrup* |
| | REYATAZ CAPSULE* | atazanavir capsules* |
| | SUSTIVA* | efavirenz* |
| | SYMFI* SYMFI LO* | efavirenz-lamivudine-tenofovir* |
| | TRIZIVIR* | abacavir-lamivudine-zidovudine tablet* |
| | TRUVADA* | emtricitabine-tenofovir* |
| | VIRAMUNE* | nevirapine* |
| | VIRAMUNE XR* | nevirapine ER* |
| | VIREAD 300MG TABLET* | tenofovir 300mg tablet* |
| ZIAGEN* | abacavir* | |
| ALLERGY/NASAL SPRAYS | AUVI-Q EPIPEN EPIPEN JR SYMJEPI | epinephrine auto-injectors |
| | carbinoxamine 6mg tablet RYVENT | carbinoxamine 4mg tablet |
| | dexchlorpheniramine RYCLORA | carbinoxamine oral solution cyproheptadine syrup hydroxyzine syrup |
| | DYMISTA | azelastine-fluticasone Generic nasal steroids (e.g. fluticasone) |
| ALZHEIMER'S DISEASE | pyridostigmine 30mg tablet (QL) | pyridostigmine 60mg tablet |
| ANXIETY/DEPRESSION/BIPOLAR DISORDER | ANAFRANIL | clomipramine |
| | APLENZIN | bupropion XL 150, 300 mg tablets |
| | ATIVAN TABLET LOREEV XR | lorazepam |
| | bupropion xl 450mg tablet FORFIVO XL | bupropion xl 150mg tablets |
| | CITALOPRAM HBR | citalopram tablet |
| | CYMBALTA | desvenlafaxine ER duloxetine escitalopram |
| | DRIZALMA SPRINKLE | duloxetine dr capsules |
| | LEXAPRO | escitalopram |

^^ This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|--|--|---|
| ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont) | PAMELOR | nortriptyline capsules |
| | PARNATE | tranylcypromine |
| | PEXEVA | paroxetine paroxetine cr |
| | PRISTIQ | desvenlafaxine succinate er bupropion sr duloxetine escitalopram sertraline venlafaxine er |
| | TOFRANIL | imipramine |
| | WELLBUTRIN XL | bupropion xl escitalopram fluoxetine |
| | ASTHMA/COPD/RESPIRATORY | ADVAIR HFA ADVAIR DISKUS AIRDUO RESPICLICK BREO ELLIPTA |
| ALVESCO ARMONAIR DIGIHALER ARNUITY ELLIPTA ASMANEX, ASMANEX HFA PULMICORT FLEXHALER | | FLOVENT DISKUS FLOVENT HFA QVAR |
| ARCAPTA NEOHALER STRIVERDI RESPIMAT | | SEREVENT DISKUS |
| BEVESPI AEROSPHERE DUAKLIR PRESSAIR | | ANORO ELLIPTA STIOLTO RESPIMAT |
| BROVANA | | arformoterol |
| budesonide-formoterol | | SYMBICORT |
| ELIXOPHYLLIN | | theophylline er theophylline oral solution |
| ALBUTEROL HFA levalbuterol hfa PROAIR DIGIHALER PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA | | Generic PROAIR or PROVENTIL (albuterol hfa) |
| PERFOROMIST | | formoterol |
| TUDORZA PRESSAIR | | INCRUSE ELLIPTA SPIRIVA RESPIMAT |
| YUPELRI | | ANORO ELLIPTA BREZTRI AEROSPHERE INCRUSE ELLIPTA SPIRIVA STIOLTO RESPIMAT TRELEGY ELLIPTA |
| ZYFLO | | montelukast zafirlukast zileuton er |

^{^^}This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|----------------------------------|---|--|
| ATTENTION DEFICIT HYPERACTIVITY | ADDERALL XR ADHANSIA XR ADZENYS ER ADZENYS XR-ODT APTENSIO XR AZSTARYS CONCERTA COTEMPLA XR-ODT DYANAVEL XR FOCALIN XR JORNAY PM MYDAYIS QUILLICHEW ER RITALIN LA VYVANSE | dexmethylphenidate er dextroamphetamine-amphetamine er methylphenidate er |
| | DESOXYN | methamphetamine |
| | DEXEDRINE | dexmethylphenidate er dextroamphetamine er dextroamphetamine-amphetamine er |
| | EVEKEO ODT | amphetamine dexmethylphenidate dextroamphetamine methamphetamine methylphenidate |
| | methylphenidate er 72mg tablet RELEXXII | methylphenidate er 36mg tablet |
| | QELBREE | atomoxetine |
| BLOOD PRESSURE/HEART MEDICATIONS | ACCUPRIL | quinapril |
| | ACCURETIC | quinapril-hctz |
| | ALTACE | ramipril |
| | ATACAND | candesartan |
| | ATACAND HCT | candesartan-hctz |
| | AVALIDE | irbesartan-hctz |
| | AVAPRO | irbesartan-hctz |
| | AZOR | amlodipine-olmesartan |
| | BENICAR | olmesartan |
| | BENICAR HCT | olmesartan-hctz |
| | BETAPACE | sotalol |
| | BYSTOLIC | generic beta blockers (e.g. metoprolol; atenolol) |
| | CARDIZEM | diltiazem |
| | CARDIZEM CD | diltiazem CD |
| | CONJUPRI | amlodipine felodipine er nicardipine nifedipine |
| | CONSENSI | amlodipine celecoxib |
| | COZAAR | losartan |
| | DIOVAN | valsartan |

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|--|--|--|
| BLOOD PRESSURE/HEART MEDICATIONS (cont) | DIOVAN HCT | valsartan-hctz |
| | EDARBI | generic ARBs (e.g. losartan; valsartan) |
| | EDARBYCLOR | generic ARBs + HCTZ (e.g. losartan-HCTZ) |
| | EXFORGE | amlodipine-valsartan |
| | EXFORGE HCT | amlodipine-valsartan hctz |
| | FIRAZYR* | icatibant |
| | GONITRO | nitroglycerin sublingual tablet or spray |
| | HYZAAR | losartan-hctz |
| | ISORDIL ISORDIL TITRADOSE | isosorbide dinitrate |
| | LANOXIN | digoxin |
| | LOTENSIN | benazepril |
| | LOTENSIN HCT | benazepril-hctz |
| | LOTREL | amlodipine-benazepril |
| | MICARDIS | telmisartan |
| | MICARDIS HCT | telmisartan-hctz |
| | MULTAQ | amiodarone disopyramide dofetilide flecainide propafenone quinidine sotalol af |
| | PRINIVIL ZESTRIL | lisinopril |
| | TEKTRUNA | aliskiren |
| | TEKTRUNA HCT | generic ACE inhibitor + HCT (e.g. benazepril-HCT) |
| | TRIBENZOR | olmesartan-amlodipine-hctz |
| | VASERETIC | enalapril-hctz |
| | VASOTEC | enalapril |
| ZESTORETIC | lisinopril-hctz | |
| BLOOD THINNERS/ANTI-CLOTTING | aspirin-omeprazole YOSPRALA | aspirin or enteric aspirin |
| CANCER | BESREMI* | hydroxyurea capsule |
| | CYCLOPHOSPHAMIDE TABLET* | cyclophosphamide capsule* |
| | NILANDRON | nilutamide |
| | TARCEVA* | erlotinib |
| | YONSA* ZYTIGA* | abiraterone |
| CHOLESTEROL MEDICATIONS | ANTARA FENOGLIDE | fenofibrate |
| | ALTOPREV | lovastatin+ atorvastatin+ simvastatin+ rosuvastatin+ |
| | CRESTOR | rosuvastatin+ |

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|--------------------------------|--|---|
| CHOLESTEROL MEDICATIONS (cont) | EZALLOR SPRINKLE FLOLIPID LIVALO SIMVASTATIN 20mg/5ml SUSPENSION NEXLIZET | generic statins (e.g. atorvastatin; simvastatin) |
| | JUXTAPID* PRALUENT | REPATHA |
| | LESCOL XL | fluvastatin er+ |
| | LIPITOR | atorvastatin+ ezetimibe-simvastatin rosuvastatin+ |
| | NEXLETOL ROSUVASTATIN-EZETIMIBE ROSZET | generic statins (e.g. atorvastatin; simvastatin) ezetimibe-simvastatin |
| | niacin 500mg tablet NIACOR | niacin er |
| | PRAVACHOL | pravastatin+ |
| | VYTORIN | ezetimibe-simvastatin |
| | ZYPITAMAG | atorvastatin+ lovastatin+ pravastatin+ rosuvastatin+ simvastatin+ |
| | CONTRACEPTION PRODUCTS | BALCOLTRA NATAZIA NEXTSTELLIS SLYND TAYTULLA TWIRLA |
| COUGH/COLD MEDICATIONS | benzonatate 150mg | benzonatate 100mg, 200mg |
| | TUSSICAPS | hydrocodone-chlorpheniramine er suspension promethazine with codeine syrup |
| DIABETES | ACCU-CHEK TEST STRIPS CVS TEST STRIPS ADVOCATE TEST STRIPS ASSURE TEST STRIPS CONTOUR TEST STRIPS EASY TALK PLUS II FREESTYLE TEST STRIPS RELION TEST STRIPS RIGHTTEST GT333 TEST STRIPS | ONE TOUCH TEST STRIPS (e.g. Ultra; Verio) |
| | ADLYXIN | BYDUREON BYETTA metformin OZEMPIC TRULICITY VICTOZA |

^{^^}This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|-----------------|--|--|
| DIABETES (cont) | ADMELOG ADMELOG SOLOSTAR APIDRA, APIDRA SOLOSTAR FIASP FIASP FLEXTOUCH FIASP PENFILL INSULIN ASPART NOVOLOG | HUMALOG LYUMJEV |
| | AFREZZA INSULIN GLARGINE | HUMALOG HUMULIN R LYUMJEV |
| | alogliptin alogliptin-metformin JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR NESINA ONGLYZA TRADJENTA | JANUMET JANUMET XR JANUVIA metformin |
| | alogliptin-pioglitazone OSENI | JANUMET JANUMET XR JANUVIA pioglitazone |
| | FORTAMET GLUMETZA metformin er gastric metformin er osmotic | metformin er (generic to GLUCOPHAGE XR) |
| | GLUCAGEN HYPOKIT GVOKE | glucagon emergency kit (generic) BAQSIMI ZEGALOGUE |
| | INSULIN ASPART PRO NOVOLOG MIX | HUMALOG MIX |
| | INVOKAMET INVOKAMET XR SEGLUROMET | SYNJARDY SYNJARDY XR XIGDUO XR |
| | INVOKANA STEGLATRO | FARXIGA JARDIANCE metformin |
| | LANTUS LANTUS SOLOSTAR SEMGLEE TOUJEO MAX SOLOSTAR TOUJEO SOLOSTAR | BASAGLAR LEVEMIR TRESIBA FLEXTOUCH |
| | NOVOLIN | HUMULIN |
| | QTERN STEGLUJAN | GLYXAMBI metformin TRIJARDY XR |

^{^^}This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|----------------------------|---|---|
| DIURETICS | EDECIN ethacrynic acid | bumetanide furosemide torsemide |
| | THALITONE | chlorthalidone |
| EYE CONDITIONS | ALOCRI ALOMIDE | cromolyn |
| | LUMIGAN TRAVATAN Z VYZULTA XALATAN XELPROS ZIOPTAN | bimatoprost latanoprost travoprost |
| | RESTASIS TYRVAYA | cyclosporine 0.05% eye emulsion XIIDRA |
| GASTROINTESTINAL/HEARTBURN | ANUSOL-HC 25MG SUPPOSITORY | hydrocortisone 25mg suppository |
| | ASACOL HD COLAZAL DELZICOL DIPENTUM | balsalazide mesalamine tablets or capsules PENTASA sulfasalazine |
| | BYLVAY* LIVMARLI* | cholestyramine powder/packet rifampin ursodiol tablet |
| | CORTIFOAM UCERIS 2MG RECTAL FOAM | COLOCORT hydrocortisone |
| | CREON PERTZYE ZENPEP | PANCREAZE |
| | GIMOTI* | metoclopramide oral solution or tablet |
| | DARTISLA glycopyrrolate 1.5mg tablet ROBINUL ROBINUL FORTE | glycopyrrolate 1mg tablet glycopyrrolate 2mg tablet |
| | GOLYTELY+ MOVIPREP+ NULYTELY WITH FLAVOR PACKS+ OSMOPREP+ PLENVU+ | CLENPIQ+ GAVILYTE-C+ GAVILYTE-G+ GAVILYTE-N+ PEG 3350 ELECTROLYTE+ SUPREP+ SUTAB+ |
| | KRISTALOSE lactulose 10gm packet | CONSTULOSE ENULOSE lactulose oral solution |
| | LIBRAX | chlordiazepoxide |
| | LOTRONEX* | alosetron* |
| | lubiprostone | AMITIZA |
| | MARINOL SYNDROS | dronabinol |
| | MOTTEGRITY TRULANCE ZELNORM | AMITIZA LINZESS |

^{^^}This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|-----------------------------------|--|---|
| GASTROINTESTINAL/HEARTBURN (cont) | NEXIUM 10MG, 20MG, 40MG PACKET, 20MG, 40MG CAPSULE | esomeprazole packets, esomeprazole magnesium |
| | OMECLAMOX-PAK PYLERA TALICIA | lansoprazole-amoxicillin-clarithromycin pak |
| | RELTONE | ursodiol |
| | ROWASA | mesalamine rectal enema suspension |
| | SENSIPAR* | cinacalcet |
| | URSODIOL 200 MG, 400 MG CAPSULE | ursodiol 300mg capsule ursodiol tablet |
| | ZOFRAN | ondansetron |
| | ZUPLENZ | ondansetron ondansetron odt |
| HORMONAL AGENTS | ALKINDI SPRINKLE | hydrocortisone 5mg tablet |
| | ARMOUR THYROID WP THYROID | np thyroid |
| | CORTROSYN | cosyntropin |
| | DDAVP NOCDURNA | desmopressin nasal spray or tablets |
| | DEXABLISS dexamethasone 6, 10, 13 Day 1.5MG tablets DXEVO HIDEX TAPERDEX ZCORT | dexamethasone 1.5mg tablet |
| | FORTESTA JATENZO NATESTO TESTIM VOGELXO XYOSTED | generic topical testosterone |
| | GENOTROPIN* NUTROPIN AQ NUSPIN* OMNITROPE* SAIZEN* SAIZEN-SAIZENPREP* ZOMACTON* | HUMATROPE* NORDITROPIN* |
| | HEMADY | dexamethasone 5mg tablet |
| | LEVOTHYROXINE CAPSULE SYNTHROID TIROSINT TIROSINT-SOL | Generic SYNTHROID (also called levothyroxine) |
| | MYCAPSSA* | BYNFEZIA* |
| | ORTIKOS | budesonide capsule |
| | RAYOS | methylprednisolone prednisone |

^{^^}This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|------------------------|--|--|
| HORMONAL AGENTS (cont) | THYQUIDITY | EUTHYROX LEVO-T levothyroxine LEVOXYL |
| | UCERIS 9MG ER TABLET | budesonide 9mg tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone |
| INFECTIONS | ACTICLATE DORYX DORYX MPC LYMEPAK MINOCIN 50MG PEL CAPSULE MINOCYCLINE ER 45, 90, 135MG CAPSULE MINOLIRA ER MONODOX SEYSARA SOLODYN soloxide TARGADOX VIBRAMYCIN 100MG CAPSULE XIMINO | Generic products (e.g. doxycycline; minocycline) |
| | ARAKODA | atovaquone-proguanil doxycycline hydroxychloroquine mefloquine quinine |
| | AUGMENTIN AUGMENTIN XR | amoxicillin/clavulanate |
| | BARACLUDGE TABLET* | entecavir tablet* |
| | BETHKIS* TOBI* | tobramycin inhalation solution* |
| | BREXAFEMME DIFLUCAN | fluconazole |
| | doxycycline hyclate dr 80mg tablet | generic products (e.g. minocycline) |
| | DOXYCYCLINE IR-DR ORACEA | doxycycline hyclate dr 50mg tablet doxycycline monohydrate 50mg tablet minocycline er 45mg |
| | E.E.S. 200 ERYPED 400 | erythromycin granules erythromycin |
| | HUMATIN | paromomycin |
| | MEPRON | atovaquone |
| | MYCOBUTIN | rifabutin |
| | nitrofurantoin 25mg/5ml suspension | nitrofurantoin capsule sulfamethoxazole-trimethoprim suspension |
| | NOXAFIL DR 100MG TABLET | posaconazole dr 100mg tablet |
| | SITAVIG | acyclovir tablet famciclovir tablet valacyclovir tablet |
| | SPORANOX | itraconazole |
| | TOLSURA | oral itraconazole |

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|--------------------------------------|---|--|
| INCETIONS (cont) | VALCYTE | valganciclovir |
| | VANCOGIN | vancomycin oral solution or capsule |
| | ZOVIRAX | acyclovir |
| MISCELLANEOUS | EXSERVAN* | riluzole* TIGLUTIK* |
| | HORIZANT | gabapentin |
| | KUVAN* | sapropterin tablet & powder packet* |
| | SYPRINE* | penicillamine* trientine* |
| | XENAZINE* | tetrabenazine* |
| MULTIPLE SCLEROSIS | AMPYRA* | dalfampridine er* |
| | COPAXONE* | AVONEX* BETASERON* EXTAVIA* glatiramer* GLATOPA* KESIMPTA* PLEGRIDY* REBIF* |
| | TECFIDERA* | AUBAGIO* BAFIERTAM* dimethyl* GILENYA* MAYZENT* PONVORY* VUMERITY* |
| NUTRITIONAL/DIETARY | AZESCHEW AZESCO DERMACINRX PRENATRIX DERMACINRX PRENATRYL PNV TABS 20-1 PREGEN DHA PREGENNA TRINAZ ZALVIT | Any generic prenatal vitamin |
| | NASCOBAL | cyanocobalamin injection |
| PAIN RELIEF AND INFLAMMATORY DISEASE | ALLZITAL BUPAP butalbital-acetaminophen 25-35mg, 50-300mg tablets | butalbital-acetaminophen 50-325mg tablet |
| | AMERGE ERGOMAR FROVA 2.5MG TABLET MAXALT MAXALT MLT RELPAX | generic triptans (e.g. sumatriptan; naratriptan) |
| | AMRIX cyclobenzaprine er | carisoprodol chlorzoxazone 500mg cyclobenzaprine tablets methocarbamol orphenadrine er metaxalone |
| | | |

^{^^}This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|---|---|--|
| PAIN RELIEF AND INFLAMMATORY DISEASE (cont) | BACLOFEN | baclofen tablet |
| | CAMBIA DUEXIS ELYXYB fenoprofen 200mg capsule fenoprofen 400mg capsule FENORTHO ibuprofen-famotidine INDOCIN indomethacin 20mg capsule ketoprofen 25mg capsule lofena meloxicam 5mg, 10mg capsule NALFON 400MG CAPSULE NAPRELAN NAPROSYN 125MG/5ML SUSPENSION naproxen naproxen sodium cr naproxen sodium er naproxen-esomeprazole mag RELAFEN RELAFEN DS TIVORBEX VIMOVO VIVLODEX ZIPSOR ZORVOLEX | Generic NSAID (e.g. celecoxib; meloxicam) |
| | chlorzoxazone 250mg | chlorzoxazone 500mg |
| | chlorzoxazone 375mg chlorzoxazone 750mg | methocarbamol 500mg |
| | CONZIP | tramadol tramadol er |
| | COSENTYX* | ENBREL* HUMIRA* OTEZLA* STELARA* TALTZ* |
| | CUPRIMINE* | penicillamine* trientine* |
| | D.H.E.45 | dihydroergotamine injection |
| | diclofenac 1.3% patch diclofenac 1.5% solution diclofenac 35mg capsule FLECTOR LICART PENNSAID VOLTAREN 1% GEL | generic nsaid (e.g. celecoxib; meloxicam) diclofenac 1% gel |
| | dihydroergotamine 4mg/ml spray IMITREX NASAL SPRAY MIGRANAL ONZETRA XSAIL ZOLMITRIPTAN NASAL SPRAY ZOMIG | sumatriptan nasal spray |

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|---|--|---|
| PAIN RELIEF AND INFLAMMATORY DISEASE (cont) | GLOPERBA | colchicine probenecid-colchicine |
| | GRALISE | gabapentin |
| | IMITREX CARTRIDGE IMITREX PEN INJECTOR | dihydroergotamine sumatriptan |
| | IMITREX TABLET | dihydroergotamine eletriptan rizatriptan sumatriptan tablets |
| | INFLIXIMAB* | AVSOLA* INFLECTRA* |
| | KETOROLAC 15.75MG NASAL SPRAY SPRIX | ketorolac tablet |
| | KINERET* | ACTEMRA* ENBREL* HUMIRA* XELJANZ/XR* |
| | levorphanol | codeine with acetaminophen hydrocodone with acetaminophen HYSINGLA ER oxycodone with acetaminophen tramadol XTAMPZA ER |
| | LIDODERM | lidocaine 5% patch |
| | LORZONE | chlorzoxazone 500mg cyclobenzaprine tablet |
| | NORGESIC FORTE orphenadrine-aspirin-caffeine ORPHENGESIC FORTE | chlorzoxazone 500mg tablet metaxalone methocarbamol orphenadrine ER |
| | OXYCONTIN | HYSINGLA ER MORPHABOND ER XTAMPZA ER |
| | OZOBAX | baclofen tablet |
| | PROLATE SOLUTION | oxycodone-acetaminophen tablet |
| | QDOLO | tramadol 50mg tablet |
| | QULIPTA | NURTEC ODT |
| | REMICADE* | AVSOLA* INFLECTRA* |
| | REYVOW | generic triptans (e.g. sumatriptan; naratriptan) NURTEC ODT UBRELVY |
| | ROXICODONE | oxycodone |
| | SIMPONI* 50MG/0.5ML | ACTEMRA* ENBREL* HUMIRA* STELARA* TALTZ* XELJANZ/XR* |

^{^^}This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|---|--|--|
| PAIN RELIEF AND INFLAMMATORY DISEASE (cont) | SORIATANE | acitretin |
| | SUBSYS | fentanyl lozenge or buccal tablet |
| | tizanidine 2 mg, 4 mg, 6 mg capsule | tizanidine 2mg, 4mg tablet |
| | TOSYMRA | sumatriptan |
| | tramadol 100mg | tramadol |
| | TREXIMET | sumatriptan-naproxen |
| | vtol lq | butalbital-acetaminophen-caffeine capsule or tablets phrenilin forte |
| | ZEMBRACE SYMTOUCH | dihydroergotamine sumatriptan |
| | ZOMIG ZMT | zolmitriptan odt |
| PARKINSON'S DISEASE | DHIVY | carbidopa/levodopa |
| | GOCOVRI | amantadine |
| | LODOSYN | carbidopa |
| | ONGENTYS | entacapone |
| | ZELAPAR | selegiline tablets or capsules |
| SCHIZOPHRENIA/ANTI-PSYCHOTICS | ABILIFY ABILIFY MYCITE | aripiprazole paliperidone er risperidone |
| | CAPLYTA LYBALVI | aripiprazole olanzapine paliperidone er quetiapine quetiapine er risperidone ziprasidone |
| | GEODON CAPSULE | aripiprazole paliperidone er ziprasidone |
| | VERSACLOZ | clozapine clozapine odt |
| | ZYPREXA | aripiprazole olanzapine tablets paliperidone er |
| | ZYPREXA ZYDIS | aripiprazole olanzapine olanzapine odt |
| | SEIZURE DISORDERS | ELEPSIA XR KEPPRA XR |
| EPRONTIA | | topiramate sprinkle capsule, tablet |
| FELBATOL | | felbamate |
| KEPPRA SOLUTION, TABLET | | levetiracetam |
| LAMICTAL | | lamotrigine |
| LAMICTAL TAB KIT (BLUE, GREEN, ORANGE) | | lamotrigine starter kit (blue, green, orange) |

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|--|--|---|
| SEIZURE DISORDERS (cont) | LAMICTAL ODT | lamotrigine odt |
| | LAMICTAL ODT KIT (BLUE, GREEN, ORANGE) | lamotrigine odt starter kit (blue, green orange) |
| | LAMICTAL XR LAMICTAL XR KIT (BLUE, GREEN, ORANGE) | lamotrigine er |
| | LYRICA LYRICA CR pregabalin er | duloxetine gabapentin lidocaine 5% topical patch pregabalin |
| | MYSOLINE | primidone |
| | QUDEXY XR TROKENDI XR | topiramate er |
| | SABRIL* | vigabatrin* |
| | SYMPAZAN | clobazam |
| | TOPAMAX | topiramate |
| | TRILEPTAL | oxcarbazepine |
| | ZONEGRAN | zonisamide |
| | SKIN CONDITIONS | ABSORICA ABSORICA LD |
| ACANYA ACZONE AKLIEF AKTIPAK ALTRENO AMZEEQ ARAZLO ATRALIN AVITA AZELEX DIFFERIN | | Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide) |
| EPIDUO FORTE FABIOR ONEXTON RETIN-A RETIN-A MICRO RETIN-A MICRO PUMP tazarotene 0.1% foam TAZORAC TRETIN-X VELTIN WINLEVI ZIANA | | Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide) |
| acyclovir cream, ointment DENA VIR ZOVIRAX | | acyclovir tablet famciclovir tablet valacyclovir tablet |
| adapalene swab | | adapalene 0.1% cream adapalene 0.1% lotion adapalene 0.3% gel tazarotene 0.1% cream tretinoin cream, gel, micro gel |

^{^^}This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|------------------------|--|--|
| SKIN CONDITIONS (cont) | ALDARA imiquimod 3.75% ZYCLARA | imiquimod 5% cream |
| | ANUSOL-HC 2.5% CREAM | hydrocortisone 2.5% rectal cream |
| | APEXICON E CORDRAN 4 MCG/SQ CM TAPE LARGE diflorasone PSORCON | betamethasone cream, ointment clobetasol halobetasol cream, ointment |
| | BENZACLIN NEUAC 1.2-5% KIT | clindamycin-benzoyl peroxide |
| | calcipotriene foam | calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream |
| | CARAC | fluorouracil 0.5% cream |
| | CLINDAGEL | clindamycin gel clindamycin topical solution |
| | CLINDAMYCIN 1% GEL | clindamycin 1% gel (generic Cleocin T) dapson 5% gel erythromycin 2% gel |
| | CLOBEX | clobetasol lotion, shampoo, spray |
| | CONDYLOX VEREGEN | imiquimod 5% cream packet podofilox 0.5% topical solution |
| | CORDRAN CREAM, LOTION, OINTMENT | betamethason fluocinolone fluticasone |
| | CUTIVATE | betamethasone lotion fluticasone topical lotion triamcinolone lotion |
| | diclofenac 3% gel KLISYRI | FLUOROPLEX fluorouracil imiquimod 5% cream |
| | DOVONEX | calcipotriene cream |
| | doxepin 5% cream PRUDOXIN ZONALON | generic topical steroid (e.g. betamethasone) topical tacrolimus |
| | DUOBRII | halobetasol plus tazarotene cream |
| | ENSTILAR TACLONEX | calcipotriene cream, ointment, solution calcipotriene-betamethasone ointment tazarotene cream topical betamethasone |
| | ERTACZO | ketoconazole cream |
| | EXELDERM oxiconazole OXISTAT SULCONAZOLE | econazole cream ketoconazole cream naftifine cream |

^{^^}This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|------------------------|---|---|
| SKIN CONDITIONS (cont) | EXTINA | ketoconazole cream ketoconazole foam |
| | FINACEA METROCREAM METROGEL SOOLANTRA ZILXI | azelaic acid topical metronidazole |
| | flurandrenolide hydrocortisone 1% lotion | betamethasone fluocinolone fluticasone |
| | halobetasol foam LEXETTE | augmented betamethasone dipropionate betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment |
| | HALOG SOLUTION | clobetasol cream, ointment halobetasol cream, ointment |
| | IMPEKLO | betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment |
| | IMPOYZ | clobetasol cream, ointment betamethasone dipropionate cream, ointment halobetasol cream, ointment |
| | JUBLIA KERYDIN tavaborole | ciclopirox topical solution itraconazole capsules terbinafine tablets |
| | KENALOG 0.147MG/GM SPRAY triamcinolone ointment triamcinolone spray | desoximetasone 0.05% cream, ointment fluocinolone 0.025% ointment flurandrenolide 0.05% ointment hydrocortisone 0.2% ointment mometasone 0.1% cream |
| | LOCOID | betamethasone lotion fluocinolone cream fluticasone cream hydrocortisone ointment prednicarbate ointment triamcinolone cream |
| | LOCOID LIPOCREAM nolix PANDEL | betamethasone cream fluocinolone cream fluticasone cream |
| | LOPROX 0.77% CREAM 1% SHAMPOO | ciclopirox cream, shampoo |
| | LUZU | econazole cream ketoconazole cream luliconazole |
| | NORITATE | azelaic acid metronidazole cream metronidazole gel |
| | OLUX OLUX-E | betamethasone dipropionate cream, ointment clobetasol cream, foam, ointment halobetasol cream, ointment |

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|------------------------|--|--|
| SKIN CONDITIONS (cont) | OPZELURA | EUCRISA pimecrolimus tacrolimus ointment |
| | QBREXZA | DRYSOL |
| | SERNIVO | betamethasone |
| | SORILUX | calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream |
| | TRIANEX | triamcinolone cream |
| | TRIDESILON | alclometasone desonide triamcinolone |
| | ULTRAVATE LOTION ULTRAVATE X | betamethasone ointment clobetasol cream, lotion, ointment halobetasol cream, ointment |
| | VANOS | clobetasol cream fluocinonide 0.1% cream halobetasol cream |
| | VECTICAL | calcitriol ointment calcipotriene ointment tazarotene cream |
| | VERDESO | desonide cream desonide ointment |
| | WYNZORA | betamethasone calcipotriene calcipotriene-betamethasone fluocinolone fluticasone mometasone triamcinolone cream |
| | XERESE | acyclovir tablet famciclovir tablet plus hydrocortisone prescription cream valacyclovir tablet |
| | XOLEGEL | ciclopirox 0.77% gel ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam selenium sulfide 2.5% lotion sodium sulfacetamide 10% shampoo |
| | SLEEP DISORDERS/SEDATIVES | AMBIEN |
| AMBIEN CR | | zolpidem er |
| ATIVAN TABLET | | lorazepam |
| BELSOMRA | | DAYVIGO |
| EDLUAR | | zolpidem or zolpidem er |
| NUVIGIL | | armodafinil |
| PROVIGIL | | modafinil |
| RESTORIL | | temazepam |

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

| DRUG CLASS | MEDICATION NAME** (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|---------------------------|---|---|
| SLEEP DISORDERS/SEDATIVES | ZOLPIMIST | doxepin eszopiclone zaleplon zolpidem zolpidem ER |
| SUBSTANCE ABUSE | EVZIO | naloxone auto-injector NARCAN |
| | AZASAN* azathioprine 75 mg, 100 mg tablet* | azathioprine 50mg tablet* |
| TRANSPLANT MEDICATIONS | LUPKYNIS* | BENLYSTA* tacrolimus* |
| URINARY TRACT CONDITIONS | DETROL | darifenacin er oxybutynin tolterodine |
| | DETROL LA | darifenacin er oxybutynin er tolterodine er |
| | DITROPAN XL | oxybutynin er |
| | GELNIQUE MYRBETRIQ OXYTROL TOVIAZ VESICARE LS | darifenacin er oxybutynin er tolterodine er trospium er |
| | GEMTESA | darifenacin er oxybutynin oxybutynin er solifenacin tolterodine tolterodine er trospium |
| | PROCYSBI* | CYSTAGON* |
| | THIOLA* THIOLA EC* | tiopronin* |
| | VESICARE | darifenacin er oxybutynin er solifenacin tolterodine er trospium er |

Frequently Asked Questions (FAQs)

Understanding your prescription medication coverage can be confusing. Here are answers to some commonly asked questions.

Q. Why do you make changes to the drug list?

A. Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. These changes may include:^{1,2}

- › Moving a medication to a lower cost tier. This can happen at any time during the year.
- › Moving a brand medication to a higher cost tier when a generic becomes available. This can happen at any time during the year.
- › Moving a medication to a higher cost tier and/or no longer covering a medication. This typically happens twice a year on January 1st and July 1st.
- › Adding extra coverage requirements to a medication.

When we make a change that affects the coverage of a medication you're taking, we let you know before it happens. This way, you have time to talk with your doctor about your options.

Q. Why doesn't my plan cover certain medications?

A. To help lower your overall health care costs, your plan doesn't cover certain high-cost brand medications because they have lower-cost, covered alternatives which are used to treat the same condition. Meaning, the alternative works the same or similar to the non-covered medication. If you're taking a medication that your plan doesn't cover and your doctor feels an alternative isn't right for you, he or she can ask Cigna to consider approving coverage.

Your plan may also exclude certain medications or products from coverage. This is known as a "plan (or benefit) exclusion." With excluded medications, there's no option to get coverage through Cigna's coverage review process. For example, your plan excludes:

- › Prescription medications used to treat heartburn/stomach acid conditions (e.g.,

Nexium, Prilosec and any generics) and allergies (e.g., Allegra, Clarinex, Xyzal and any generics). These are available over-the-counter without a prescription.

- › Medications used to treat lifestyle conditions like infertility, erectile dysfunction, smoking cessation.⁴
- › Medications that aren't approved by the U.S. Food and Drug Administration (FDA).

Q. How do you decide which medications to cover?

A. The Cigna Prescription Drug List is developed with the help of Cigna's Pharmacy and Therapeutics (P&T) Committee, which is a group of practicing doctors and pharmacists, most of whom work outside of Cigna. The group meets regularly to review medical evidence and information provided by federal agencies, drug manufacturers, medical professional associations, national organizations and peer-reviewed journals about the safety and effectiveness of medications that are newly approved by the FDA and medications already on the market. The Cigna Pharmacy Management® Business Decision Team then looks at the results of the P&T Committee's clinical review, as well as the medication's overall value and other factors before adding it to, or removing it from, the drug list.

Q. Why do certain medications need approval before my plan will cover them?

A. The review process helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation.

Q. How do I know if I'm taking a medication that needs approval?

A. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers your medications. If your medication has a (PA) or (ST) next to it, your medication needs approval before your plan will cover it. If it has a (QL) next to it, you may need approval depending on the amount

Frequently Asked Questions (FAQs) (cont)

you're filling. If it has (AGE) next to it, you may need approval depending on the covered age range for the medication.

Q. What types of medications typically need approval?

A. Medications that:

- › May be unsafe when combined with other medications
- › Have lower-cost, equally effective alternatives available
- › Should only be used for certain health conditions
- › Are often misused or abused

Q. What types of medications typically have quantity limits?

A. Medications that:

- › Are often taken in amounts larger than, or for longer than, may be appropriate
- › Are often misused or abused

Q. What types of medications require Step Therapy?

A. The Step Therapy program includes medications that are used to treat many conditions, including, but not limited to:

- › ADD/ADHD
- › Allergies
- › Bladder problems
- › Breathing problems
- › Depression
- › High blood pressure
- › High cholesterol
- › Osteoporosis
- › Pain
- › Skin Conditions
- › Sleep disorders

Q. Why does my medication have an age requirement?

A. Some medications are only considered clinically appropriate for people of a certain age.

Q. How do I get approval (prior authorization) for my medication?

A. Ask your doctor's office to contact Cigna so we can start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from Cigna's provider portal at cignaforhcp.com.

Cigna will review information your doctor provides to make sure your medication meets coverage guidelines. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 days to hear from us. You can always check with your doctor's office to find out if a decision has been made. If you meet guidelines, your medication will be approved for coverage. If you don't meet guidelines, you and your doctor can appeal the decision by sending Cigna a written request stating why the medication should be covered.

Q. What happens if I try to fill a prescription that needs approval but I don't get approval ahead of time?

A. When your pharmacist tries to fill your prescription, he or she will see that the medication needs prior approval. Because you didn't get approval ahead of time, your plan coverage won't apply. Meaning, your plan won't cover the cost of your medication. You should ask your doctor to contact Cigna to start the coverage review process. Or, you can choose to pay its full cost out-of-pocket directly to the pharmacy (the cost can't be applied to your annual deductible or out-of-pocket maximum).

Q. What happens if I try to fill a prescription that has a quantity limit?

A. Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office will need to contact Cigna to request approval for coverage.

Q. Are all of the medications on this drug list approved by the U.S. Food and Drug Administration (FDA)?

A. Yes. All medications are approved by the FDA.

Q. Are medications newly approved by the FDA covered on my drug list?

A. Newly approved medications may not be covered on your drug list for the first six months after they receive approval from the U.S. Food and Drug Administration (FDA). These include, but are not limited to, medications, medical supplies and/or devices covered under standard

Frequently Asked Questions (FAQs) (cont)

pharmacy benefit plans. We review all newly approved medications to see if they should be covered - and if so, on what tier. If your doctor feels a currently covered medication isn't right for you, he or she can ask Cigna to consider approving coverage of the newly approved medication.

Q. Which medications are covered under the health care reform law?

A. The Patient Protection and Affordable Care Act (PPACA), commonly referred to as "health care reform," was signed into law on March 23, 2010. Under this law, certain preventive medications (including some over-the-counter products) may be available to you at no cost-share (\$0), depending on your plan. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers preventive medications. You can also view the PPACA No Cost-Share Preventive Medications drug list at **Cigna.com/druglist**.

For more information about health care reform, go to **informedonreform.com** or **Cigna.com**.

Q. How can I find out how much I'll pay for a specific medication?

A. When you and your doctor are considering the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available, and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter - or, even before you leave your doctor's office.⁵

Q. How can I save money on my prescription medications?

A. You may be able to save money by switching to a medication that's on a lower tier (ex. generic or preferred brand) or by filling a 90-day supply, if your plan allows. You should talk with your doctor to find out if one of these options may work for you.

Q. Do generics work the same as brand-name medications?

A. Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.⁶ Generic and brand-name medications have the same active ingredients, strength, dosage, form, effectiveness, quality, and safety.

Q. What are the differences between generic and brand-name medications?

A. The medications may look different. For example, generics may have a different shape, size or color than the brand-name medication. They may also have a different flavor, contain different preservatives, come in different packaging and/or with different labeling and may expire at different times. Generics may look different than the brand-name, but they're just as safe and effective.

Generics typically cost much less than brand-name medications - in some cases, up to 85% less.⁶ Just because generics cost less than brands, doesn't mean they're lower-quality medications.

Q. My pharmacy isn't in my plan's network. Can I continue to fill my prescriptions there?

A. To receive in-network coverage under your plan, you'll need to switch to a pharmacy in your plan's network. If your plan offers out-of-network coverage, you'll pay out-of-network costs to fill a prescription there.

Q. Can I fill my prescriptions by mail?

A. Yes, as long as your plan offers home delivery.⁷

Home delivery with Express Scripts® Pharmacy

Express Scripts® Pharmacy, our home delivery pharmacy, is a convenient option when you're taking a medication on a regular basis to treat an ongoing health condition. It's simple and safe, and saves you trips to the pharmacy. To learn more, go to **Cigna.com/homedelivery**.

- Easily order, manage, track, and pay for your medications on your phone or online
- Standard shipping at no extra cost⁸

Frequently Asked Questions (FAQs) (cont)

- › Automatic refills or refill reminders
- › Fill up to a 90-day supply at one time
- › Helpful pharmacists available 24/7
- › Flexible payment options

Here are three easy ways to get started.

1. Log in to the myCigna App or myCigna.com to move your prescription electronically.

Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s). Or,

- 2. Call your doctor's office.** Ask them to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery. Or,
- 3. Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.

Accredo®, a Cigna specialty pharmacy

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).⁹ They'll also provide you with the personalized care and support you need to

manage your therapy – at no extra cost. To learn more, go to **Cigna.com/specialty**.

- › Easily manage and track your medications on your phone or online
- › Fast shipping, at no extra cost
- › Easy refills and free reminders
- › 24/7 access to specialty-trained pharmacists and nurses
- › Personalized care services like training on how to administer your medication
- › Help with applying for third-party copay assistance programs and other options

To get started using Accredo, call 877.826.7657, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office.

Q. Where can I find more information about my pharmacy benefits?

A. You can use the online tools and resources on the **myCigna** App or **myCigna.com** to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question and see your pharmacy claims and coverage details. You can also manage your home delivery prescription orders.

Exclusions and limitations for coverage

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 be medically necessary. If your plan provides coverage for certain preventive 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, the prescription may not be covered. Certain drugs may require prior authorization, or be subject to step therapy, quantity limits or other utilization management requirements.

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:¹⁰

- › over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- › prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative;
- › doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna;
- › implantable contraceptive devices covered under the Plan's medical benefit;
- › medications that are not medically necessary;
- › experimental or investigational medications, including FDA-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication;
- › medications that are not approved by the Food & Drug Administration (FDA);
- › prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered;
- › medications used for fertility¹¹, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation¹¹, or athletic enhancement;
- › prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
- › immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- › replacement of prescription medications and related supplies due to loss or theft;
- › medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- › prescriptions more than one year from the date of issue; or
- › coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- › more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- › prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

In addition to the plan's standard pharmacy exclusions, certain new FDA-approved medication products (including, but not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans) may not be covered for the first six months of market availability unless approved by Cigna as medically necessary.

Cigna reserves the right to make changes to the Drug List without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.



1. State laws in **Connecticut, Texas and Louisiana** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. **For insured plans that must follow Delaware's state insurance laws:** Brand-name antidepressant, smoking cessation, attention deficit hyperactivity disorder (ADHD), and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list. To find out how your specific plans covers these medications, log in to the myCigna App or myCigna.com, or call Customer Service using the number on your Cigna ID card.
4. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
5. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
6. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. <https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers>.
7. Not all plans offer home delivery and Accredo as covered pharmacy options. 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.
8. Standard shipping costs are included as part of your prescription plan.
9. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
10. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
11. Plans that must follow state insurance laws, like **Delaware's** state insurance laws, may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the myCigna App or myCigna.com, or check your plan materials.

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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Accredo Health Group, Inc., Express Scripts, Inc., ESI Mail Pharmacy Service, Inc, Express Scripts Pharmacy, Inc., 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 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. "Accredo" refers to Accredo Health Group, Inc. "Express Scripts Pharmacy" refers to ESI Mail Pharmacy, Inc. 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). The Cigna name, logo, "Together all the way," and "myCigna" are trademarks of Cigna Intellectual Property, Inc. "Accredo" and "Express Scripts Pharmacy" are trademarks of Express Scripts Strategic Development, Inc.

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LỜI Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).



CHOOSE A PLAN WITH CONFIDENCE

Cigna One Guide service can help.

We understand how confusing and overwhelming it can be to review your health plan options. And we want to help by providing the resources you need to make a decision with confidence. That's why **Cigna One Guide® service is available to you now.**

Call a Cigna One Guide representative during preenrollment to get personalized, useful guidance.

Your personal guide will help you:

- › Easily understand the basics of health coverage
- › Identify the types of health plans available to you
- › Check if your doctors are in-network to help you avoid unnecessary costs
- › Get answers to any other questions you may have about the plans or provider networks available to you

The best part is, during the enrollment period, your personal guide is just a call away.

Don't wait until the last minute to enroll.

Call **888.806.5094** to speak with a Cigna One Guide representative today.

After enrollment, the support continues for Cigna customers.

Cigna One Guide service will be there to guide you through the complexities of the health care system, and help you avoid costly missteps. Our goal is a simpler health care journey for you and your family.

Cigna One Guide service provides personalized assistance to help you:

- › Resolve health care issues
- › Save time and money
- › Get the most out of your plan
- › Find hospitals and health care providers in your plan's network
- › Get cost estimates and avoid surprise expenses
- › Understand your bills

Access Cigna One Guide – after enrollment – in the way that's most convenient for you:

myCigna.com or the myCigna® app

Live chat

Phone



Together, all the way.®



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

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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., 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. 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). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.

901994 b 06/20 © 2020 Cigna. Some content provided under license.

WHEN LEAVING THE HOUSE IS EASIER SAID THAN DONE.

Get care whenever and wherever with virtual medical and behavioral care.*



Life is demanding. It's hard to find time to take care of yourself and your family members as it is, never mind when one of you isn't feeling well. That's why your health plan through Cigna includes access to virtual medical and behavioral care.

Whether it's late at night and your doctor or therapist isn't available or you just don't have the time or energy to leave the house, you can:

- › Access care from anywhere via video or phone.
- › Get minor medical virtual care 24/7/365 - even on weekends and holidays.
- › Schedule a behavioral/mental health virtual care appointment online in minutes.
- › Connect with quality board-certified doctors and pediatricians as well as licensed counselors and psychiatrists.
- › Have a prescription sent directly to your local pharmacy, if appropriate.

**Convenient? Yes.
Costly? No.**

Medical virtual care for minor conditions costs less than ER or urgent care center visits, and maybe even less than an in-office primary care provider visit.

Together, all the way.®



Virtual medical care

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- › Acne
- › Allergies
- › Asthma
- › Bronchitis
- › Cold and flu
- › Constipation
- › Diarrhea
- › Earaches
- › Fever
- › Headaches
- › Infections
- › Insect bites
- › Joint aches
- › Nausea
- › Pink eye
- › Rashes
- › Respiratory infections
- › Shingles
- › Sinus infections
- › Skin infections
- › Sore throats
- › Urinary tract infections

Virtual behavioral care

Licensed counselors and psychiatrists can diagnose, treat and prescribe most medications for nonemergency behavioral health conditions, such as:

- › Addictions
- › Bipolar disorders
- › Child/Adolescent issues
- › Depression
- › Eating disorders
- › Grief/Loss
- › Life changes
- › Men's issues
- › Panic disorders
- › Parenting issues
- › Postpartum depression
- › Relationship and marriage issues
- › Stress
- › Trauma/PTSD
- › Women's issues

Connect with virtual care your way.

- › Contact your in-network provider or counselor
- › Talk to an MDLIVE medical provider on demand on **myCigna.com**
- › Schedule an appointment with an MDLIVE provider or licensed therapist on **myCigna.com**
- › Call MDLIVE 24/7 at 888.726.3171

To connect with an MDLIVE virtual provider, visit [myCigna.com](https://mycigna.com) and click on the “Talk to a doctor” callout.

To locate an Evernorth Behavioral Health provider, visit [myCigna.com](https://mycigna.com), go to “Find Care & Costs” and enter “Virtual counselor” under “Doctor by Type,” or call the number on the back of your Cigna ID card 24/7.



* 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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., 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. Policy forms: OK-HP-APP-1 et al. (CHLIC); OR-HP-POL38 02-13 (CHLIC); TN-HP-POL43/HC-CER1V1 et al. (CHLIC), GSA-COVER, et al. (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

THE CARE YOU NEED. THE SAVINGS YOU WANT.

Get both with the Open Access Plus In-network plan from Cigna.



Offering flexible access to thousands of providers – plus programs and services to support your whole health needs – the Open Access Plus In-network (OAPIN) 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 coverage

When you visit a health care provider who is in the Cigna OAPIN network, you receive in-network coverage and will have lower out-of-pocket costs. That's because our in-network health care providers have agreed to charge lower fees, and your plan will pay for covered services. If you choose to visit a provider outside of the network, you will not have coverage under your plan, except in emergencies.

› 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 provider. If you choose to visit a provider outside of the network, you will not have coverage under your plan.

› 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. Your Cigna OAPIN network provider will arrange for prior authorization.

› 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.

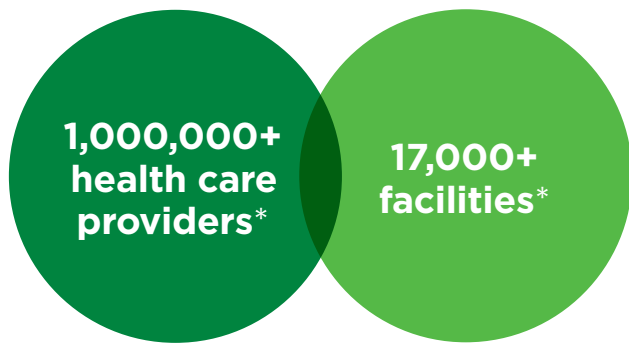
If you receive out-of-network care, out-of-network providers and facilities will bill you directly. Those additional costs do not contribute to your deductible or out-of-pocket limits (except for emergency care).

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 OAPIN 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 OAPIN 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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Cigna Behavioral Health, Inc. and Cigna Health Management, Inc. In Texas, Open Access Plus plans are considered Preferred Provider plans with certain managed care features. Policy forms: OK – HP-APP-1 et al., OR – HP-POL38 02–13, TN – HP-POL43/HC-CER1V1 et al. (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.





CHOICE. QUALITY. PEACE OF MIND.

Open Access Plus Plan

Employees may struggle to keep up with their financial, social, emotional and physical health, while you continue to face the ongoing challenges of managing health care costs. By providing choice, Open Access Plus (OAP) allows employees to get the quality, affordable, whole person care they want, while helping you get the cost savings you need.

Benefits for you

Helping you control costs

The Open Access Plus plan helps to control medical expenses and provide choices for quality, affordable care with:

- › Negotiated network-specific discounts and fee schedules
- › Flexible plan designs that can allow for an array of cost-sharing options, including copay, coinsurance and deductible
- › Robust medical management to help reduce use of nonessential procedures
- › Cost Containment Programs that help to manage costs associated with out-of-network care and lower out-of-pocket costs for your employees
- › Additional savings opportunities when you choose to combine medical, pharmacy and behavioral programs

Benefits for your employees

The choice they need

Our plans are designed to provide cost-savings without sacrificing network access and coverage for your employees, while supporting their overall well-being.

- › A nationwide network of quality health care providers and facilities
- › The right guidance to high-performing providers² that are recognized for achieving the best health outcomes and savings
- › Virtual Care services that allow employees and their families to access care without leaving home or work. They can connect 24/7 with board-certified providers and pediatricians for minor medical conditions, and schedule online appointments with licensed counselors or psychiatrists for behavioral or mental health conditions from anywhere via computer or smartphone³
- › 24/7 help, guidance and support live on the phone, online or through the myCigna[®] App
- › Care coordination for employees and their families with medical management services that provide one-on-one support



Together, all the way.[®]



Offered by Cigna Health and Life Insurance Company.

Whole health support

OAP offers employers a total benefit solution. In addition to providing access to a strong nationwide network of health care providers and encouraging the use of in-network providers, other key features and benefits to support your employees' total well-being at no additional cost include:

- › **Cigna Health Information Line** – 24/7 access to nurses who can help answer health questions
- › **myCigna.com and the myCigna App** – provides access to personalized plan information, and offers cost and quality tools that can simplify choice and help employees save money
- › **Health assessment** – confidential questionnaire that identifies a person's potential future health risk, creates a personalized report, and offers information about health and wellness programs
- › **24/7/365 service** – one number to call for health and claims information, available 24/7/365, and translation service available in more than 200 languages
- › **Healthy Rewards^{®4}** – discounts on weight management and fitness programs, along with a host of alternative wellness and preventive products and services

A variety of optional incentive programs are also available for rewarding employees who actively participate in specific healthy behaviors or activities.

More about our plans

- › OAP provider coverage for in-network and out-of-network care
- › To encourage in-network utilization and comply with our provider contracts, benefit plan coinsurance levels must have a minimum 20% differential between in-network and out-of-network
- › Benefit plan design flexibility for plan deductible, copay and/or coinsurance for certain services
- › Multiple funding arrangement types are available to suit your needs
- › Ability to integrate your medical plan with a health reimbursement account (HRA)
- › Ability to integrate a health savings account (HSA) when the plan design follows IRS guidelines for a high-deductible plan
- › A primary care provider (PCP) is recommended, but not required. No referral requirements. Individuals can self-refer to a specialist

We can help you offer a plan that serves all of your employees, with tailored solutions for multiple sites or locations.



Help your employees take control of their health – body and mind. To learn more, please call your broker or Cigna representative today.

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

2. Providers identified as having top results, based on Cigna's 2020 Quality, Cost Efficiency, and Cigna Care Designation Methodology White Paper. Some providers are included in Tier 1 due to contractual obligations and network adequacy requirements and may not meet Cigna quality and/or cost-efficiency measures.

3. 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.

4. Healthy Rewards is a discount program. If your plan includes coverage for any of these services, this program is in addition to, not instead of your plan benefits. Healthy Rewards programs are separate from your medical benefits. **A discount program is NOT insurance, and the customer must pay the entire discounted charge.** Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time.

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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Cigna Behavioral Health, Inc. and Cigna Health Management, Inc. In Texas, Open Access Plus plans are considered Preferred Provider plans with certain managed care features and Open Access Plus IN plans are considered Exclusive Provider plans with certain managed care features. Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, TN - HP-POL43/HC-CER1V1 et al. (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.



BENEFIT SUMMARY



Cigna Health and Life Insurance Co.
For - University Physicians of Brooklyn, Inc
Open Access Plus Plan
OAP
Effective - 10/01/2022

Selection of a Primary Care Provider - your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, Cigna may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card. For children, you may designate a pediatrician as the primary care provider.

Direct Access to Obstetricians and Gynecologists - You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

| Plan Highlights | In-Network | Out-of-Network |
|--|--|--|
| Lifetime Maximum | Unlimited | Unlimited |
| Plan Year Accumulation | Your Plan's Deductibles, Out-of-Pockets and benefit level limits accumulate on a calendar year basis unless otherwise stated. In addition, all plan maximums and service-specific maximums (dollar and occurrence) cross-accumulate between In- and Out-of-Network unless otherwise noted. | |
| Plan Coinsurance | Plan pays 100% | Plan pays 80% |
| Maximum Reimbursable Charge | Not Applicable | 300% |
| Plan Deductible | Individual: None Family: None | Individual: \$1,000 Family: \$2,000 |
| <ul style="list-style-type: none"> • The amount you pay for out-of-network covered expenses counts towards your out-of-network deductibles. • Benefit copays/deductibles always apply before plan deductible and coinsurance. • Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance. | | |
| Note: Services where plan deductible applies are noted with a caret (^). | | |

10/01/2022
 NY
 Open Access Plus - OAP

| Plan Highlights | In-Network | Out-of-Network |
|--|--|---|
| Plan Out-of-Pocket Maximum | Individual: \$1,000 Family: \$2,000 | Individual: \$2,000 Family: \$4,000 |
| <ul style="list-style-type: none"> Only the amount you pay for in-network covered expenses counts toward your in-network out-of-pocket maximum. Only the amount you pay for out-of-network covered expenses counts toward your out-of-network out-of-pocket maximum. Plan deductible contributes towards your out-of-pocket maximum. All benefit copays/deductibles contribute towards your out-of-pocket maximum. Covered expenses that count towards your out-of-pocket maximum include customer paid coinsurance and charges for Mental Health and Substance Use Disorder. Out-of-network non-compliance penalties or charges in excess of Maximum Reimbursable Charge do not contribute towards the out-of-pocket maximum. After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses. This plan includes a combined Medical/Pharmacy out-of-pocket maximum. | | |
| Benefit | In-Network | Out-of-Network |
| Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible. | | |
| Physician Services - Office Visits | | |
| Primary Care Physician (PCP) Services/Office Visit | \$30 copay, and plan pays 100% | Plan pays 80% ^ |
| Specialty Care Physician Services/Office Visit | \$50 copay, and plan pays 100% | Plan pays 80% ^ |
| Surgery Performed in Physician's Office | Plan pays 100% | Covered same as Physician Services - Office Visit |
| Virtual Care | | |
| Dedicated Virtual Providers | | |
| Urgent Virtual Care Services | \$30 copay, and plan pays 100% | Not Covered |
| <ul style="list-style-type: none"> Dedicated Virtual Providers may deliver services that are payable under other benefits (e.g., Preventive Care, Primary Care Physician, Behavioral; Dermatology/Specialty Care Physician). Lab services supporting a virtual visit must be obtained through dedicated labs. Includes charges for the delivery of medical and health-related services and consultations by dedicated virtual providers as medically appropriate through audio, video, and secure internet-based technologies. | | |
| Preventive Care | | |
| Preventive Care Office Visit Birth through age 18 | Plan pays 100% | Plan pays 80% ^ |
| Ages 19 and older | Plan pays 100% | Plan pays 80% ^ |

10/01/2022

NY

Open Access Plus - OAP

| Benefit | In-Network | Out-of-Network |
|---|--|-----------------|
| Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible. | | |
| Preventive Services Birth through age 18 | Plan pays 100% | Plan pays 80% ^ |
| Ages 19 and older | Plan pays 100% | Plan pays 80% ^ |
| <ul style="list-style-type: none"> Includes preventive Mammograms, Papanicolaou (Pap), Prostate Specific Antigen (PSA) tests and colorectal screenings. Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service. | | |
| Immunizations Birth through age 18 | Plan pays 100% | Plan pays 80% ^ |
| Ages 19 and older | Plan pays 100% | Plan pays 80% ^ |
| Inpatient | | |
| Inpatient Hospital Facility Services | \$500 per admission deductible, and plan pays 100% | Plan pays 80% ^ |
| Note: Includes all Lab and Radiology services, including Advanced Radiological Imaging as well as Medical Specialty Drugs | | |
| Inpatient Hospital Physician's Visit/Consultation | Plan pays 100% | Plan pays 80% ^ |
| Inpatient Professional Services | Plan pays 100% | Plan pays 80% ^ |
| <ul style="list-style-type: none"> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists | | |
| Outpatient | | |
| Outpatient Facility Services | Plan pays 100% | Plan pays 80% ^ |
| Outpatient Professional Services | Plan pays 100% | Plan pays 80% ^ |
| <ul style="list-style-type: none"> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists | | |
| Emergency Services | | |
| Emergency Room | \$150 copay, and plan pays 100% | |
| <ul style="list-style-type: none"> Includes ER Physician Charges, Lab and Radiology including Advanced Radiological Imaging (ARI) Per visit copay is waived if admitted. | | |
| Urgent Care Facility | \$60 copay, and plan pays 100% | Plan pays 80% ^ |
| <ul style="list-style-type: none"> Includes Physician Charges, Lab and Radiology | | |
| Ambulance | Plan pays 100% | |
| Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered. | | |
| Inpatient Services at Other Health Care Facilities | | |
| Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities | Plan pays 100% | Plan pays 80% ^ |
| <ul style="list-style-type: none"> Annual Limit: 100 days | | |

10/01/2022

NY

Open Access Plus - OAP

| Benefit | In-Network | Out-of-Network |
|--|---|---|
| Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible. | | |
| Laboratory Services | | |
| Physician's Services/Office Visit | Covered same as Physician Services - Office Visit | Covered same as Physician Services - Office Visit |
| Independent Lab | Plan pays 100% | Plan pays 80% ^ |
| Outpatient Facility | Plan pays 100% | Plan pays 80% ^ |
| Radiology Services | | |
| Physician's Services/Office Visit | Covered same as Physician Services - Office Visit | Covered same as Physician Services - Office Visit |
| Outpatient Facility | Plan pays 100% | Plan pays 80% ^ |
| Advanced Radiological Imaging (ARI) | Includes MRI, MRA, CAT Scan, PET Scan, etc. | |
| Outpatient Facility | Plan pays 100% | Plan pays 80% ^ |
| Physician's Services/Office Visit | Covered same as Physician Services - Office Visit | Plan pays 80% ^ |
| Outpatient Therapy Services | | |
| Outpatient Physical Therapy | \$50 copay, and plan pays 100% | Plan pays 80% ^ |
| Annual Limits: | | |
| <ul style="list-style-type: none"> Physical Therapy – 30 visits Limits are not applicable to mental health conditions. | | |
| Note: Therapy visits, provided as part of an approved Home Health Care plan, accumulate to the applicable Home Health Care maximum. | | |
| Outpatient Speech Therapy, Hearing Therapy and Occupational Therapy | \$50 copay, and plan pays 100% | Plan pays 80% ^ |
| Annual Limits: | | |
| <ul style="list-style-type: none"> Speech, Hearing and Occupational Therapies – 30 visits Limits are not applicable to mental health conditions for Speech and Occupational Therapies. | | |
| Note: Therapy visits, provided as part of an approved Home Health Care plan, accumulate to the applicable Home Health Care maximum. | | |
| Chiropractic Care | \$50 copay, and plan pays 100% | Plan pays 80% ^ |
| Annual Limit: | | |
| <ul style="list-style-type: none"> Chiropractic Care – Unlimited | | |
| Hospice | | |
| Inpatient Facilities | Plan pays 100% | Plan pays 80% ^ |
| Outpatient Services | Plan pays 100% | Plan pays 80% ^ |
| Note: Includes Bereavement counseling provided as part of a hospice program. | | |
| Medical Pharmaceutical Drugs | | |

10/01/2022

NY

Open Access Plus - OAP

| Benefit | In-Network | Out-of-Network |
|---|---|---|
| Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible. | | |
| Outpatient Facility | Plan pays 100% | Plan pays 80% ^ |
| Physician's Office | Plan pays 100% | Plan pays 80% ^ |
| Home | Plan pays 100% | Plan pays 80% |
| Note: This benefit only applies to the cost of the Infusion Therapy drugs administered. This benefit does not cover the related Facility, Office Visit or Professional charges. | | |
| Family Planning | | |
| Women's Services Includes contraceptive devices as ordered or prescribed by a physician and surgical sterilization services, such as tubal ligation (excludes reversals) | Plan pays 100% | Coverage varies based on Place of Service |
| Men's Services Includes surgical sterilization services, such as vasectomy (excludes reversals) | Coverage varies based on Place of Service | Coverage varies based on Place of Service |
| Abortion | | |
| Abortion Services Note: Elective and non-elective procedures <ul style="list-style-type: none"> In-network non-elective procedures will be paid at 100% with no plan deductible. | Coverage varies based on Place of Service | Coverage varies based on Place of Service |
| Infertility | | |
| Infertility Treatment | Coverage varies based on Place of Service | Coverage varies based on Place of Service |
| Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc. <ul style="list-style-type: none"> Lifetime Maximum: Unlimited | | |
| Other Health Care Facilities/Services | | |
| Home Health Care <ul style="list-style-type: none"> Annual Limit: 120 visits (The limit is not applicable to mental health and substance use disorder conditions.) | Plan pays 100% | Plan pays 80% |
| Organ Transplants <ul style="list-style-type: none"> Services paid at in-network level if performed at Cigna LifeSOURCE Transplant Network® Facilities. Travel Maximum - Cigna LifeSOURCE Transplant Network® Facility Only: \$10,000 maximum per Transplant per Lifetime | Covered same as Inpatient benefit | Covered same as Inpatient benefit |
| Durable Medical Equipment and External Prosthetic Appliances <ul style="list-style-type: none"> Annual Limit: Unlimited | Plan pays 100% | Plan pays 80% ^ |

10/01/2022

NY

Open Access Plus - OAP

| Benefit | In-Network | Out-of-Network |
|--|---|---|
| Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible. | | |
| Breast Feeding Equipment and Supplies <ul style="list-style-type: none"> Limited to the rental of one breast pump per birth as ordered or prescribed by a physician Includes related supplies | Plan pays 100% | Plan pays 80% ^ |
| Temporomandibular Joint Disorder (TMJ) <ul style="list-style-type: none"> Annual Limit: Unlimited for Surgical and Non-Surgical treatment | Coverage varies based on Place of Service | Coverage varies based on Place of Service |
| Note: Provided on a limited, case-by-case basis. Excludes appliances and orthodontic treatment. | | |
| Note: Services where plan deductible applies are noted with a caret (^). | | |
| Mental Health and Substance Use Disorder | | |
| Inpatient Mental Health | \$500 per admission deductible, and plan pays 100% | Plan pays 80% ^ |
| Outpatient Mental Health – Physician’s Office | \$30 copay, and plan pays 100% | Plan pays 80% ^ |
| Outpatient Mental Health – All Other Services | Plan pays 100% | Plan pays 80% ^ |
| Inpatient Substance Use Disorder | \$500 per admission deductible, and plan pays 100% | Plan pays 80% ^ |
| Outpatient Substance Use Disorder – Physician’s Office | \$30 copay, and plan pays 100% | Plan pays 80% ^ |
| Outpatient Substance Use Disorder – All Other Services | Plan pays 100% | Plan pays 80% ^ |
| Annual Limits: <ul style="list-style-type: none"> Unlimited maximum | | |
| Notes: <ul style="list-style-type: none"> Inpatient includes Acute Inpatient and Residential Treatment. Outpatient - Physician's Office - may include Individual, family and group therapy, psychotherapy, medication management, etc. Outpatient - All Other Services - may include Partial Hospitalization, Intensive Outpatient Services, Applied Behavior Analysis (ABA Therapy), etc. | | |
| Pharmacy | In-Network | Out-of-Network |
| Cost Share and Supply | | |
| Pharmacy Cost Share <ul style="list-style-type: none"> Retail – up to 90-day supply Home Delivery – up to 90-day supply | Retail (per 30-day supply): Generic: You pay \$5 Preferred Brand: You pay \$10 Non-Preferred Brand: You pay \$25 Retail and Home Delivery (per 90-day supply): Generic: You pay \$15 Preferred Brand: You pay \$30 Non-Preferred Brand: You pay \$75 | Retail: You pay 20% Your plan pays 80% Home Delivery: Not Covered |

10/01/2022

NY

Open Access Plus - OAP

Pharmacy

In-Network

Out-of-Network

- Retail drugs may be obtained In-Network at a wide range of pharmacies across the nation.
- You can choose to fill your medications in a 30- or 90-day supply at any network pharmacy.
- Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered.
- When you request a brand drug, you pay the lower tier cost share plus the cost difference between the brand and generic drugs up to the cost of the brand drug (unless the physician indicates "Dispense As Written" DAW) (MAC B).
- Your pharmacy benefits share an out-of-pocket maximum with the medical/behavioral benefits.

Drugs Covered

Prescription Drug List:

Your Cigna Advantage Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. Some of the more expensive drugs are excluded when there are less expensive alternatives. To check which drugs are included in your plan, please log on to myCigna.com.

Some highlights:

- Coverage includes Self Administered injectable drugs, but excludes infertility drugs.
- Contraceptive devices and drugs are covered with federally required products covered at 100%.
- Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges are covered.
- Oral Fertility drugs are covered.

Pharmacy Program Information

Pharmacy Clinical Management: Essential

Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for the medical condition, including:

- Prior authorization requirements
- Step Therapy on select classes of medications and drugs new to the market
- Quantity limits, including maximum daily dose edits, quantity over time edits, duration of therapy edits, and dose optimization edits
- Age edits, and refill-too-soon edits
- Plan exclusion edits
- Current users of Step Therapy medications will be allowed one 30-day fill during the first three months of coverage before Step Therapy program applies.
- Your plan includes Specialty Drug Management features, such as prior authorization and quantity limits, to ensure the safe prescribing and access to specialty medications.
- For customers with complex conditions taking a specialty medication, we will offer Accredo Therapeutic Resource Centers (TRCs) to provide specialty medication and condition counseling. For customers taking a specialty medication not dispensed by Accredo, Cigna experts will offer this important specialty medication and condition counseling.

Additional Information

Cigna Diabetes Prevention Program in collaboration with Omada

Cigna Diabetes Prevention Program in collaboration with Omada is a program to help you avoid the onset of diabetes, as well as health risks that might lead to heart disease or a stroke. The program is covered by your health plan at the preventive level, just like for your wellness visit. Program participants have access to a professional virtual health coach, an online support group, interactive lessons, and a smart-technology scale. The program will help you make small changes in your eating, activity, sleep, and stress to achieve healthy weight loss through a series of 16 weekly lessons and tools to help you maintain weight loss over time. You will also be offered the opportunity to join a gym for a low monthly fee and no enrollment fee.

Maximum Reimbursable Charge

The allowable covered expense for non-network services is based on the lesser of the health care professional's normal charge for a similar service or a percentage of a fee schedule (300%) developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is based on the lesser of the health care professional's normal charge for a similar service or a percentile (80th) of charges made by health care professionals of such service or supply in the geographic area where it is received. If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used. Out-of-network services are subject to a Calendar Year deductible and maximum reimbursable charge limitations.

Out-of-Network Emergency Services Charges

1. Emergency Services are covered at the In-Network cost-sharing level as required by applicable state or federal law if services are received from a non-participating (Out-of-Network) provider.
2. The allowable amount used to determine the Plan's benefit payment for covered Emergency Services rendered in an Out-of-Network Hospital, or by an Out-of-Network provider in an In-Network Hospital, is the amount agreed to by the Out-of-Network provider and Cigna, or as required by applicable state or federal law.

The member is responsible for applicable In-Network cost-sharing amounts (any deductible, copay or coinsurance). The member is not responsible for any charges that may be made in excess of the allowable amount. If the Out-of-Network provider bills you for an amount higher than the amount you owe as indicated on the Explanation of Benefits (EOB), contact Cigna Customer Service at the phone number on your ID card.

Medicare Coordination

In accordance with the Social Security Act of 1965, this plan will pay as the Secondary plan to Medicare Part A and B as follows:

- (a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent, or an Employee's Domestic Partner who is also eligible for Medicare and whose insurance is continued for any reason as provided in this plan (including COBRA continuation);
- (b) an Employee, a former Employee, an Employee's Dependent, or former Employee's Dependent, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

When a person is eligible for Medicare A and B as described above, this plan will pay as the Secondary Plan to Medicare Part A and B **regardless if the person is actually enrolled in Medicare Part A and/or Part B and regardless if the person seeks care at a Medicare Provider or not for Medicare covered services.**

One Guide

Available by phone or through myCigna mobile application. One Guide helps you navigate the health care system and make the most of your health benefits and programs.

Complete Care Management

Pre-authorization is required on all inpatient admissions and selected outpatient procedures, diagnostic testing, and outpatient surgery. Network providers are contractually obligated to perform pre-authorization on behalf of their customers. For an out-of-network provider, the customer is responsible for following the pre-authorization procedures. If a customer does not follow requirements for obtaining pre-treatment authorization, the lesser of 50% of covered expenses or a \$250 penalty will be applied.

10/01/2022

NY

Open Access Plus - OAP

Additional Information

Pre-Existing Condition Limitation (PCL) does not apply.

Definitions

Coinsurance - After you've reached your out-of-network deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called Coinsurance.

Copay - A flat fee you pay for certain covered services such as doctor's visits or prescriptions.

Deductible - A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.

Out-of-Pocket Maximum - Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "Maximum Reimbursable Charges" or negotiated fees for covered services.

Place of service - Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.

Prescription Drug List - The list of prescription brand and generic drugs covered by your pharmacy plan.

Professional Services - Services performed by Surgeons, Assistant Surgeons, Hospital Based Physicians, Radiologists, Pathologists and Anesthesiologists

Transition of Care - Provides in-network health coverage to new customers when the customer's doctor is not part of the Cigna network and there are approved clinical reasons why the customer should continue to see the same doctor.

Exclusions

What's Not Covered (This Is Not All Inclusive; check your plan documents for a complete list)

- Services that aren't medically necessary
- Experimental or investigational treatments, except for routine patient care costs related to qualified clinical trials as described in your plan document
- Accidental injury that occurs while working for pay or profit
- Sickness for which benefits are paid or payable under any workers' compensation or similar law
- Services provided by government health plans
- Cosmetic surgery, unless it corrects deformities resulting from illness, breast reconstruction surgery after a mastectomy, or congenital defects of a newborn or adopted child or child placed for adoption
- Dental treatments and implants
- Custodial care
- Surgical procedures for the improvement of vision that can be corrected through the use of glasses or contact lenses
- Vision therapy or orthoptic treatment
- Hearing aids
- Reversal of sterilization procedures
- Nonprescription drugs or anti-obesity drugs
- Gene manipulation therapy
- Smoking cessation programs
- Non-emergency services incurred outside the United States

These are only the highlights

This summary outlines the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's insurance certificate, service agreement or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

10/01/2022

NY

Open Access Plus - OAP

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

EHB State: NY

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file

a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시고. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시고.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項:日本語を話される場合、無料の言語支援サービスをご利用いただけません。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).

BENEFIT SUMMARY



Cigna Health and Life Insurance Co.
For - University Physicians of Brooklyn, Inc
Open Access Plus Plan
OAPIN
Effective - 10/01/2022

Selection of a Primary Care Provider - your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, Cigna may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card. For children, you may designate a pediatrician as the primary care provider.

Direct Access to Obstetricians and Gynecologists - You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

| Plan Highlights | In-Network |
|--|---|
| Lifetime Maximum | Unlimited |
| Plan Year Accumulation | Your Plan's Deductibles, Out-of-Pockets and benefit level limits accumulate on a calendar year basis unless otherwise stated. |
| Plan Coinsurance | Plan pays 90% |
| Plan Deductible | Individual: \$1,000 Family: \$2,000 |
| <ul style="list-style-type: none"> Benefit copays/deductibles always apply before plan deductible and coinsurance. Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance. <p>Note: Services where plan deductible applies are noted with a caret (^).</p> | |
| Plan Out-of-Pocket Maximum | Individual: \$4,000 Family: \$8,000 |
| <ul style="list-style-type: none"> Plan deductible contributes towards your out-of-pocket maximum. All benefit copays/deductibles contribute towards your out-of-pocket maximum. Covered expenses that count towards your out-of-pocket maximum include customer paid coinsurance and charges for Mental Health and Substance Use Disorder. After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses. This plan includes a combined Medical/Pharmacy out-of-pocket maximum. | |

10/01/2022
 NY
 Open Access Plus - OAPIN

Benefit**In-Network**

Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.

Physician Services - Office Visits

| | |
|---|--------------------------------|
| Primary Care Physician (PCP) Services/Office Visit | \$30 copay, and plan pays 100% |
| Specialty Care Physician Services/Office Visit | \$50 copay, and plan pays 100% |
| Surgery Performed in Physician's Office | Plan pays 90% ^ |

Virtual Care**Dedicated Virtual Providers**

| | |
|---|--------------------------------|
| Urgent Virtual Care Services | \$30 copay, and plan pays 100% |
| <ul style="list-style-type: none"> Dedicated Virtual Providers may deliver services that are payable under other benefits (e.g., Preventive Care, Primary Care Physician, Behavioral; Dermatology/Specialty Care Physician). Lab services supporting a virtual visit must be obtained through dedicated labs. Includes charges for the delivery of medical and health-related services and consultations by dedicated virtual providers as medically appropriate through audio, video, and secure internet-based technologies. | |

Preventive Care

| | |
|---|----------------|
| Preventive Care Office Visit Birth through age 18 | Plan pays 100% |
| Ages 19 and older | Plan pays 100% |

| | |
|---|----------------|
| Preventive Services Birth through age 18 | Plan pays 100% |
| Ages 19 and older | Plan pays 100% |
| <ul style="list-style-type: none"> Includes preventive Mammograms, Papanicolaou (Pap), Prostate Specific Antigen (PSA) tests and colorectal screenings. Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service. | |

| | |
|--|----------------|
| Immunizations Birth through age 18 | Plan pays 100% |
| Ages 19 and older | Plan pays 100% |

Inpatient

| | |
|---|--|
| Inpatient Hospital Facility Services | \$500 per admission deductible, and plan pays 100% |
|---|--|

Note: Includes all Lab and Radiology services, including Advanced Radiological Imaging as well as Medical Specialty Drugs

| | |
|--|-----------------|
| Inpatient Hospital Physician's Visit/Consultation | Plan pays 90% ^ |
| Inpatient Professional Services | Plan pays 90% ^ |
| <ul style="list-style-type: none"> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists | |

Outpatient

| | |
|---|-----------------|
| Outpatient Facility Services | Plan pays 90% ^ |
| Outpatient Professional Services | Plan pays 90% ^ |

10/01/2022

NY

Open Access Plus - OAPIN

Benefit**In-Network**

Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.

- For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists

Emergency Services**Emergency Room**

- Includes ER Physician Charges, Lab and Radiology including Advanced Radiological Imaging (ARI)
- Per visit copay is waived if admitted.

\$150 copay, and plan pays 100%

Urgent Care Facility

- Includes Physician Charges, Lab and Radiology

\$60 copay, and plan pays 100%

Ambulance

Plan pays 90% ^

Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.

Inpatient Services at Other Health Care Facilities**Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities**

- Annual Limit: 100 days

Plan pays 90% ^

Laboratory Services**Physician's Services/Office Visit**

Plan pays 90% ^

Independent Lab

Plan pays 90% ^

Outpatient Facility

Plan pays 90% ^

Radiology Services**Physician's Services/Office Visit**

Plan pays 90% ^

Outpatient Facility

Plan pays 90% ^

Advanced Radiological Imaging (ARI)

Includes MRI, MRA, CAT Scan, PET Scan, etc.

Outpatient Facility

Plan pays 90% ^

Physician's Services/Office Visit

Plan pays 90% ^

Outpatient Therapy Services**Outpatient Physical Therapy**

\$50 copay, and plan pays 100%

Annual Limits:

- Physical Therapy – 30 visits
- Limits are not applicable to mental health conditions.

Note: Therapy visits, provided as part of an approved Home Health Care plan, accumulate to the applicable Home Health Care maximum.

Benefit

In-Network

Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.

Outpatient Speech Therapy, Hearing Therapy and Occupational Therapy

\$50 copay, and plan pays 100%

Annual Limits:

- Speech, Hearing and Occupational Therapies – 30 visits
- Limits are not applicable to mental health conditions for Speech and Occupational Therapies.

Note: Therapy visits, provided as part of an approved Home Health Care plan, accumulate to the applicable Home Health Care maximum.

Chiropractic Care

\$50 copay, and plan pays 100%

Annual Limit:

- Chiropractic Care – Unlimited

Hospice

Inpatient Facilities

Plan pays 90% ^

Outpatient Services

Plan pays 90% ^

Note: Includes Bereavement counseling provided as part of a hospice program.

Medical Pharmaceutical Drugs

Outpatient Facility

Plan pays 90% ^

Physician's Office

Plan pays 100%

Home

Plan pays 90%

Note: This benefit only applies to the cost of the Infusion Therapy drugs administered. This benefit does not cover the related Facility, Office Visit or Professional charges.

Family Planning

Women's Services

Plan pays 100%

Includes contraceptive devices as ordered or prescribed by a physician and surgical sterilization services, such as tubal ligation (excludes reversals)

Men's Services

Coverage varies based on Place of Service

Includes surgical sterilization services, such as vasectomy (excludes reversals)

Abortion

Abortion Services

Coverage varies based on Place of Service

Note: Elective and non-elective procedures

- Non-elective procedures will be paid at 100% with no plan deductible.

10/01/2022

NY

Open Access Plus - OAPIN

Benefit**In-Network**

Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.

Infertility**Infertility Treatment**

Coverage varies based on Place of Service

Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.

- Lifetime Maximum: Unlimited

Other Health Care Facilities/Services**Home Health Care**

Plan pays 90%

- Annual Limit: 120 visits (The limit is not applicable to mental health and substance use disorder conditions.)

Organ Transplants

Covered same as Inpatient benefit

- Services paid at in-network level if performed at Cigna LifeSOURCE Transplant Network® Facilities.
- Travel Maximum - Cigna LifeSOURCE Transplant Network® Facility Only: \$10,000 maximum per Transplant per Lifetime

Durable Medical Equipment and External Prosthetic Appliances

Plan pays 90% ^

- Annual Limit: Unlimited

Breast Feeding Equipment and Supplies

Plan pays 100%

- Limited to the rental of one breast pump per birth as ordered or prescribed by a physician
- Includes related supplies

Temporomandibular Joint Disorder (TMJ)

Coverage varies based on Place of Service

- Annual Limit: Unlimited for Surgical and Non-Surgical treatment

Note: Provided on a limited, case-by-case basis. Excludes appliances and orthodontic treatment.

Note: Services where plan deductible applies are noted with a caret (^).

Mental Health and Substance Use Disorder**Inpatient Mental Health**

\$500 per admission deductible, and plan pays 100%

Outpatient Mental Health – Physician’s Office

\$30 copay, and plan pays 100%

Outpatient Mental Health – All Other Services

Plan pays 100% ^

Inpatient Substance Use Disorder

\$500 per admission deductible, and plan pays 100%

Outpatient Substance Use Disorder – Physician’s Office

\$30 copay, and plan pays 100%

Outpatient Substance Use Disorder – All Other Services

Plan pays 100% ^

Annual Limits:

- Unlimited maximum

Notes:

- Inpatient includes Acute Inpatient and Residential Treatment.
- Outpatient - Physician's Office - may include Individual, family and group therapy, psychotherapy, medication management, etc.
- Outpatient - All Other Services - may include Partial Hospitalization, Intensive Outpatient Services, Applied Behavior Analysis (ABA Therapy), etc.

10/01/2022

NY

Open Access Plus - OAPIN

Pharmacy

In-Network

Cost Share and Supply

Pharmacy Cost Share

- Retail – up to 90-day supply
- Home Delivery – up to 90-day supply

Retail (per 30-day supply):

Generic: You pay \$10
Preferred Brand: You pay \$20
Non-Preferred Brand: You pay \$35

Retail and Home Delivery (per 90-day supply):

Generic: You pay \$30
Preferred Brand: You pay \$60
Non-Preferred Brand: You pay \$105

- Retail drugs may be obtained In-Network at a wide range of pharmacies across the nation.
- This plan will not cover out-of-network pharmacy benefits.
- You can choose to fill your medications in a 30- or 90-day supply at any network pharmacy.
- Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered.
- When you request a brand drug, you pay the lower tier cost share plus the cost difference between the brand and generic drugs up to the cost of the brand drug (unless the physician indicates "Dispense As Written" DAW) (MAC B).
- Your pharmacy benefits share an out-of-pocket maximum with the medical/behavioral benefits.

Drugs Covered

Prescription Drug List:

Your Cigna Advantage Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. Some of the more expensive drugs are excluded when there are less expensive alternatives. To check which drugs are included in your plan, please log on to myCigna.com.

Some highlights:

- Coverage includes Self Administered injectable drugs, but excludes infertility drugs.
- Contraceptive devices and drugs are covered with federally required products covered at 100%.
- Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges are covered.
- Oral Fertility drugs are covered.

Pharmacy Program Information

Pharmacy Clinical Management: Essential

Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for the medical condition, including:

- Prior authorization requirements
- Step Therapy on select classes of medications and drugs new to the market
- Quantity limits, including maximum daily dose edits, quantity over time edits, duration of therapy edits, and dose optimization edits
- Age edits, and refill-too-soon edits
- Plan exclusion edits
- Current users of Step Therapy medications will be allowed one 30-day fill during the first three months of coverage before Step Therapy program applies.
- Your plan includes Specialty Drug Management features, such as prior authorization and quantity limits, to ensure the safe prescribing and access to specialty medications.
- For customers with complex conditions taking a specialty medication, we will offer Accredo Therapeutic Resource Centers (TRCs) to provide specialty medication and condition counseling. For customers taking a specialty medication not dispensed by Accredo, Cigna experts will offer this important specialty medication and condition counseling.

Additional Information

Cigna Diabetes Prevention Program in collaboration with Omada

Cigna Diabetes Prevention Program in collaboration with Omada is a program to help you avoid the onset of diabetes, as well as health risks that might lead to heart disease or a stroke. The program is covered by your health plan at the preventive level, just like for your wellness visit. Program participants have access to a professional virtual health coach, an online support group, interactive lessons, and a smart-technology scale. The program will help you make small changes in your eating, activity, sleep, and stress to achieve healthy weight loss through a series of 16 weekly lessons and tools to help you maintain weight loss over time. You will also be offered the opportunity to join a gym for a low monthly fee and no enrollment fee.

Out-of-Network Emergency Services Charges

1. Emergency Services are covered at the In-Network cost-sharing level as required by applicable state or federal law if services are received from a non-participating (Out-of-Network) provider.
2. The allowable amount used to determine the Plan's benefit payment for covered Emergency Services rendered in an Out-of-Network Hospital, or by an Out-of-Network provider in an In-Network Hospital, is the amount agreed to by the Out-of-Network provider and Cigna, or as required by applicable state or federal law.

The member is responsible for applicable In-Network cost-sharing amounts (any deductible, copay or coinsurance). The member is not responsible for any charges that may be made in excess of the allowable amount. If the Out-of-Network provider bills you for an amount higher than the amount you owe as indicated on the Explanation of Benefits (EOB), contact Cigna Customer Service at the phone number on your ID card.

Medicare Coordination

In accordance with the Social Security Act of 1965, this plan will pay as the Secondary plan to Medicare Part A and B as follows:

- (a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent, or an Employee's Domestic Partner who is also eligible for Medicare and whose insurance is continued for any reason as provided in this plan (including COBRA continuation);
- (b) an Employee, a former Employee, an Employee's Dependent, or former Employee's Dependent, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

When a person is eligible for Medicare A and B as described above, this plan will pay as the Secondary Plan to Medicare Part A and B **regardless if the person is actually enrolled in Medicare Part A and/or Part B and regardless if the person seeks care at a Medicare Provider or not for Medicare covered services.**

10/01/2022

NY

Open Access Plus - OAPIN

Additional Information

One Guide

Available by phone or through myCigna mobile application. One Guide helps you navigate the health care system and make the most of your health benefits and programs.

Complete Care Management

Pre-authorization is required on all inpatient admissions and selected outpatient procedures, diagnostic testing, and outpatient surgery. Network providers are contractually obligated to perform pre-authorization on behalf of their customers.

Pre-Existing Condition Limitation (PCL) does not apply.

Definitions

Coinsurance - After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called Coinsurance.

Copay - A flat fee you pay for certain covered services such as doctor's visits or prescriptions.

Deductible - A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.

Out-of-Pocket Maximum - Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "Maximum Reimbursable Charges" or negotiated fees for covered services.

Place of Service - Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.

Prescription Drug List - The list of prescription brand and generic drugs covered by your pharmacy plan.

Professional Services - Services performed by Surgeons, Assistant Surgeons, Hospital Based Physicians, Radiologists, Pathologists and Anesthesiologists

Transition of Care - Provides in-network health coverage to new customers when the customer's doctor is not part of the Cigna network and there are approved clinical reasons why the customer should continue to see the same doctor.

Exclusions

What's Not Covered (This Is Not All Inclusive; check your plan documents for a complete list)

- Services that aren't medically necessary
- Experimental or investigational treatments, except for routine patient care costs related to qualified clinical trials as described in your plan document
- Accidental injury that occurs while working for pay or profit
- Sickness for which benefits are paid or payable under any workers' compensation or similar law
- Services provided by government health plans
- Cosmetic surgery, unless it corrects deformities resulting from illness, breast reconstruction surgery after a mastectomy, or congenital defects of a newborn or adopted child or child placed for adoption
- Dental treatments and implants
- Custodial care
- Surgical procedures for the improvement of vision that can be corrected through the use of glasses or contact lenses
- Vision therapy or orthoptic treatment
- Hearing aids
- Reversal of sterilization procedures
- Nonprescription drugs or anti-obesity drugs
- Gene manipulation therapy
- Smoking cessation programs
- Non-emergency services incurred outside the United States

10/01/2022

NY

Open Access Plus - OAPIN

These are only the highlights

This summary outlines the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's insurance certificate, service agreement or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

EHB State: NY

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file

a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시고. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시고.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項:日本語を話される場合、無料の言語支援サービスをご利用いただけません。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).



HEALTHY CHOICES DESERVE HEALTHY DISCOUNTS

Start saving today with Cigna Healthy Rewards®*

Just use your Cigna ID wallet card when you pay and let the savings begin.

Get discounts on the health products and programs you use every day for:

- › Nutritional Meal Delivery Service
- › Fitness Memberships and Devices**
- › Vision Care, Lasik Surgery, Hearing Aids
- › Alternative medicine
- › Yoga Products and Virtual Workouts**

Real brands. Real discounts. Real easy.

Log into **myCigna.com** and navigate to Healthy Rewards Discount Program or call **800.870.3470**.

* Healthy Rewards is a discount program. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. If your health plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge. All goods, services and discounts offered through Healthy Rewards are provided by third parties who are solely responsible for their products, services and discounts.

** Fitness Membership and Devices along with Yoga Products and Virtual Workouts can only be accessed by login into **myCigna.com** and navigating to Healthy Rewards Discount Program.



For Cigna customers who don't have access to **myCigna.com** and want an Active&Fit Direct™ gym membership:

- › Call **800.870.3470**; and
- › Press 3 to be transferred to a customer service agent.

Together, all the way.®



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

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., and Cigna Health Management, Inc. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All models are used for illustrative purposes only.

HEALTHY HABITS, BUILT OVER TIME



Introducing Omada[®]—a personalized program that helps you reach your health goals through sustainable lifestyle change. Get the support and technology you need to lose weight and take control of your health, one step at a time.¹

• EAT HEALTHIER

Learn the fundamentals of making smart food choices.

• INCREASE ACTIVITY

Discover easy ways to move more and boost your energy.

• OVERCOME CHALLENGES

Gain skills that allow you to break barriers to change.

• STAY HEALTHY FOR LIFE

Set and reach your evolving goals with strategies and support.

MORE GREAT NEWS: Beginning 2020, you'll receive the program at **no additional cost** if you or your adult dependents are enrolled in the company medical plan offered through Cigna, are at risk for diabetes or heart disease, and are accepted into the program.

YOU'LL GET YOUR OWN:



Interactive program



Wireless smart scale



Weekly online lessons



Professional Omada health coach



Small online group of participants

Register on the **myCigna[®]** website or app to receive additional information when Omada is open for applications

If you've already registered on the myCigna website or app, there is no need to re-register

¹ References available; contact the Omada Medical Affairs team

The Omada[®] program is administered by Omada Health, Inc. While Omada Health is an independent company and not an affiliate of Cigna, Cigna has an investment interest in the company. Cigna does not endorse or guarantee the products or services of any third parties and assumes no liability with respect to any such products or services.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company 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., and Cigna HealthCare of Texas, Inc. “Cigna” and “myCigna” are registered service marks of Cigna Intellectual Property, Inc.