

MOST FREQUENTLY ASKED QUESTIONS AT OPEN ENROLLMENT MEETINGS

Q. When will I get my ID card?

- A. Unless your employer or Cigna communicates otherwise, ID cards should be sent to you by mail within a week of your plan's start date.

Q. What is a deductible?

- A. A deductible is a set amount of money that a customer pays out of his or her pocket for covered services, before a health plan will start covering part or all of the cost.

Q. What is an out-of-pocket maximum?

- A. An out-of-pocket maximum is the total dollar amount a customer could pay for covered services within a calendar or contract year.

Q. What is coinsurance?

- A. Coinsurance is a shared cost between the customer and the health plan that equals what a health care provider has billed for a covered service. This shared cost starts once the customer has met his or her deductible. For example, Jana has a start date of January 1, 2020 and a plan with 80/20 coinsurance. She meets her deductible on March 1, 2020. For the rest of the year in her plan, she will pay an 80/20 coinsurance for all covered services. This means that Jana pays 20% of the billed amount, and her plan pays 80%. This will be in effect until the out-of-pocket maximum is met.

Q. What is a copay?

- A. A copay is a dollar amount that a customer pays for an eligible health care or related service, typically due at the time the service is provided. It is usually applied on a per admission, per day, or annual basis.

Q. What is a preventive care service?

- A. Preventive care services are provided during a wellness exam. You and your health care provider will determine what tests and health screenings are right for you. The screenings are based on your age, gender, personal health history and current health status.

Q. How do I transfer a prescription?

- A. Cigna Home Delivery Pharmacy* is designed for individuals who take prescription medications on a regular basis, for specific conditions such as diabetes, asthma, hearing symptoms, high blood pressure and others. When you use the Cigna Home Delivery Pharmacy, you'll enjoy benefits such as convenient delivery to the location you choose, up to a 90-day supply and reliable support from Cigna pharmacists, 24/7. The QuickSwitch® program makes filling a prescription simple. Be sure to have this information nearby when you call for pharmacy support.
 - › Name and Cigna ID number
 - › Prescription-medication names and the dosage (for yourself and all covered family members)
 - › The name and phone number of your health care professional
 - › Payment information

Q. How do I determine what medications are covered?

- A. You can consult your health plan's prescription drug list (also known as a formulary) to determine if your medication is covered. When you have your ID card, log in to the myCigna® App or website, or call customer service to find out more information on your health plan's prescription drug list.

Together, all the way.®



Offered by Cigna Health and Life Insurance Company or its affiliates.

Q. What is Cigna 90 Now?

- A. The Cigna 90 NowSM network is specifically designed for 90-day prescriptions and it offers customers the choice to fill 90-day maintenance medications at participating retail pharmacies or through Cigna Home Delivery Pharmacy.*

Q. Why aren't some pharmacies in my plan's network available for 90-day refills?

- A. Not all pharmacies participate in the Cigna 90 Now network. Log in to the myCigna App or website with your ID card, or call customer service to find a participating pharmacy.

Q. Can I keep seeing my current doctor?

- A. Log in to the myCigna App or website when you have your ID card or, call customer service to determine if your doctor is in the Cigna network. If your doctor is in the Cigna network, then your in-network benefits should apply when you see your current doctor. If your doctor is not in the network, you may still be covered if your plan offers out-of-network benefits. However, depending on your specific health plan, you might be required to pay higher out-of-pocket costs.

Q. What is transition of care?

- A. With transition of care, you may be able to continue receiving services for certain medical conditions from health care providers who are not in the Cigna network. It is possible these services can be at in-network coverage levels. This care is for a specific period of time until the safe transfer of care to an in-network provider or facility can be arranged. You must apply for transition of care at enrollment or when there is a change in your medical plan. You must apply no later than 60 days after the effective date of your coverage.

Requests must be submitted in writing, using the Transition of Care/Continuity of Care request form. This form must be submitted at the time of enrollment, a change in medical plan or when your health care provider leaves the Cigna network.

Q. How do I tell if my doctor is in-network?

- A. Log in to the myCigna App or website when you have your ID card, or call customer service to determine if your doctor is in the Cigna network.

Q. What is prior authorization?

- A. A prior authorization is a request submitted to Cigna by a health care provider or customer, for a service or treatment which requires a clinical review for that service or treatment to be covered.

Q. What is a referral?

- A. In health care, a referral refers to a provider making a recommendation for you to see another provider. Your provider might refer you to another provider for a variety of reasons, including a second opinion, further testing, another evaluation or for more specialized treatment.

Dental only

Q. Can I keep seeing my current dentist?

- A. Log in to the myCigna App or website when you have your ID card, or call customer service to determine if your dentist is in the Cigna network. If your dentist is in the Cigna network, then your in-network benefits should apply when you see your dentist. If your dentist is not in-network, you may still be covered if your plan offers out-of-network benefits. However, depending on your plan, you might be required to pay higher out-of-pocket costs.

Q. What does "calendar year or contract year maximum" mean?

- A. The calendar year or contract year maximum is the total amount your plan will pay within one calendar year or contract year. Once the maximum is reached, the plan will no longer provide coverage.



* Not all plans offer Cigna Home Delivery Pharmacy and Accredo as a covered pharmacy option. Please log in to the myCigna app or website, or check your plan materials, to learn more about the pharmacies in your plan's network.

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