



Adelphi University

YOUR MEDICAL PLAN OPTIONS

Plan year: January 1, 2022



WORDS TO KNOW



UNDERSTANDING TERMS IN YOUR HEALTH PLAN

Deductible:

An amount you'll pay each year for out-of-pocket before your plan begins to pay for covered health care costs.

Copay:

A preset amount you pay for your covered health care services. The health plan pays the rest.

Co-insurance:

Your share of the cost of your covered services. The health plan pays the rest.

Out-of-pocket maximum:

The most you pay before the health plan begins to pay 100% of covered charges.

In-network:

Health care providers and facilities that have contracts with Cigna to deliver services at a discount. You pay a lower amount for those services.

Out-of-network:

A health care provider or facility that doesn't participate in your plan's network and doesn't provide services at a discounted rate. Using an out-of-network health care provider or facility will cost you more.





YOUR PLAN OPTIONS





Open Access Plus (OAP)



Primary Care Provider: A primary care provider (PCP) is recommended but not required



Specialist: You can see a specialist without a referral



Cigna's network: Lower costs by using providers and health care facilities in the Cigna OAP network

- Access Cigna's network of providers, health care facilities, labs, x-ray and radiology centers, as well as emergency care
- [Your plan also offers a benefit that could save you more money by seeing a Tier 1 health care provider]



Deductible: You may pay an annual amount — a deductible — before your health plan begins to pay for covered health care costs.¹ Only services covered by the health plan count toward the deductible



Copay and co-insurance: Once you meet your deductible, you will pay a portion of covered health care costs and the plan pays the rest²



Out-of-pocket maximum: Once you meet an annual limit on your payments — out-of-pocket maximum — your plan pays 100% of covered costs

1. Plans may vary; see your employer's plan documents for details related to your specific medical plan.

2. Coinsurance is what you pay for covered services after you've met your deductibles. It does not include charges for services not covered by your plan. If you use an out-of-network provider, your expenses may be more than the coinsurance amount shown because the out-of-network provider can bill you for charges that are more than what your benefit plan will pay.



Planning for your medical costs



	Open Access Plus – Standard Plan		Open Access Plus – High Plan	
	Single	Family	Single	Family
Deductible	\$500 In-network	\$1000 In-network	\$650 In-network	\$1,300 In-network
	\$1,500 Out-of-network	\$3,000 Out-of-network	\$2,250 Out-of-network	\$4,500 Out-of-network
Out-of-pocket maximum*	\$2,800 In-network	\$6,000 In-network	\$2,800 In-network	\$6,000 In-network
	\$7,500 Out-of-network	\$18,750 Out-of-network	\$3,000 Out-of-network	\$7,500 Out-of-network
Lifetime maximum	Unlimited	Unlimited	Unlimited	Unlimited



Planning for your medical costs



	Open Access Plus – Standard Plan		Open Access Plus – High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Physician Office Visit	\$25 PCP Co-pay	Your Plan pays 70% after deductible	\$25 PCP Co-pay	Your Plan pays 70% after deductible
Specialty Care Physician Office Visit	\$35 Specialist Co-pay	Your Plan pays 70% after deductible	\$35 Specialist Co-pay	Your Plan pays 70% after deductible
Hospitalization	Your Plan pays 80% after deductible	Your Plan pays 70% after deductible	Your Plan pays 80% after deductible	Your Plan pays 70% after deductible
Outpatient Surgery	Your Plan pays 80% after deductible	Your Plan pays 70% after deductible	Your Plan pays 80% after deductible	Your Plan pays 70% after deductible
Advanced Radiology (MRI)	Your Plan pays 80% after deductible	Your Plan pays 70% after deductible	Your Plan pays 80% after deductible	Your Plan pays 70% after deductible
Emergency	\$100 per visit (copay waived if admitted)		\$100 per visit (copay waived if admitted)	
Urgent Care	\$35 per visit (copay waived if admitted)		\$35 per visit (copay waived if admitted)	
Preventive Care (Well Visits)	Plan pays 100%; Not Subject to Deductible	Your Plan pays 70% after deductible	Plan pays 100%, Not Subject to Deductible	Your Plan pays 70% after deductible

If you choose to receive care outside of your plan's network, only covered expenses will be applied to your deductible – subject to your plan's Maximum Reimbursable Charge provisions. See your enrollment materials for more information about costs and details about covered and non-covered services, including plan exclusions and limitations.

* This is the most a family (employees plus covered family members) will pay for in-network out-of-pocket expenses. It's important to note that each individual family member's out-of-pocket costs are capped at \$7,150 for 2017 health plans. To see examples of how this works, please visit: www.InformedOnReform.com > Reform Topics Overview > Cost Sharing Limits, or Cigna.com/health-care-reform/embedded-oop-customer-impacts



VIRTUAL CARE¹

Get the care you need — including prescriptions, when appropriate — for a wide range of minor medical conditions.

Who: Board-certified doctors, pediatricians, licensed counselors and psychiatrists

When: For medical conditions: 24/7/365, including weekends and holidays
For behavioral health: By appointment

How: Phone or video chat

1. 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.



VIRTUAL MEDICAL HEALTH¹



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

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

1. This is not a full list and is subject to change. 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.



THE CLAIM PROCESS



**Visit an in-network
doctor/hospital/facility**

**Show your
Cigna ID card**

**Pay copay or
co-insurance¹
as required**

**Your doctor
will send Cigna
the claim**

**Cigna will send you
an explanation of
benefits (EOB)
as your receipt**

1. Your plan may apply a deductible. Copays are paid at the time of service. If a coinsurance applies, it is not paid at the time of service and is billed to you or charged to an HSA/HRA after the claim is processed and the EOB is issued.



Behavioral Health Support



VIRTUAL BEHAVIORAL CARE¹



Licensed counselors and psychiatrists can diagnose, treat and prescribe medications for non-emergency behavioral/mental health conditions, including:

- Addiction
- Bipolar disorder
- Child/adolescent issues
- Depression
- Eating issues
- Grief/loss
- Life changes
- Men's issues
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Stress
- Trauma/PTSD
- Women's issues

1. This is not a full list and is subject to change. 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.

YOUR PHARMACY PLAN OPTIONS



Planning for prescription costs



	Open Access Plus – Standard Plan			Open Access Plus – High Plan		
In-network	Retail (30-day supply) (except Specialty up to 30-day supply)	Retail (90-day supply) (except Specialty up to 30-day supply)	Home delivery (90-day supply) (except Specialty up to 30-day supply)	Retail (30-day supply) (except Specialty up to 30-day supply)	Retail (90-day supply) (except Specialty up to 30-day supply)	Home delivery (90-day supply) (except Specialty up to 30-day supply)
Tier 1 (Generic)	You pay \$10	You pay \$20	You pay \$20	You pay \$10	You pay \$20	You pay \$20
Tier 2 (Cigna-preferred brand)	You pay \$30	You pay \$60	You pay \$60	You pay \$30	You pay \$60	You pay \$60
Tier 3 (Non-preferred brand)	You pay \$50	You pay \$100	You pay \$100	You pay \$50	You pay \$100	You pay \$100
Out-of-network	Not Covered					

This chart shows the amounts you'll pay for covered services after your plan deductible has been met. Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.



UNDERSTANDING TERMS IN YOUR PHARMACY PLAN



Generics:

Generic medications have the same active ingredients, strength and dosage as the brand-name but often cost less



Preferred brands:

You'll often pay more for a preferred brand-name medication than for a generic. Preferred brands may also have a lower-cost generic alternative available



Non-preferred brands:

These high-cost medications have lower-cost generic or preferred brand alternatives that are used to treat the same condition(s)

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.



CONSIDER A 90-DAY SUPPLY FOR MAINTENANCE MEDICATIONS

90-day supplies are more convenient and help make your life easier.¹

90-day (or 3-month) supply²

- Use Express Scripts® Pharmacy (our home delivery pharmacy)³ **OR** an approved in-network retail pharmacy

30-day supply

- Use any retail pharmacy in your plan's network
- Option to switch to 90-day supply at any time

1. Internal Cigna analysis performed Jan 2019, utilizing 2018 Cigna national book of business average medication adherence (customer adherent > 80% PDC), 90-day supply vs. those who received a 30-day supply taking antidiabetics, RAS antagonist and statins.

2. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.

3. Not all plans offer home delivery as a covered pharmacy option. Log in to the myCigna app or website, or check your plan materials, to learn more about the pharmacies in your plan's network.



3 EASY STEPS TO FILLING PRESCRIPTIONS

For 90-day fills of **maintenance medications** through home delivery or select retail pharmacies

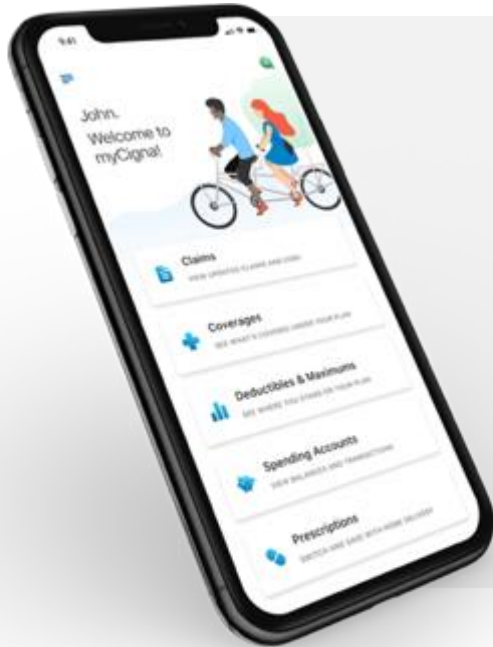
1. Ask your doctor for a 90-day prescription with refills
2. Have the office send your prescription electronically to Express Scripts Home Delivery¹ or an approved in-network retail pharmacy
3. Get a convenient 90-day (or 3-month) supply of your medication

For 30-day fills of **maintenance medications** at in-network retail pharmacies

1. Ask your doctor for a 30-day prescription
2. Have the office send your prescription electronically to an in-network retail pharmacy
3. Get a 30-day supply of your medication

1. Not all plans offer home delivery 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.

USE THE MYCIGNA® APP OR WEBSITE – 24/7



Manage all your prescriptions on the My Medications page

- See which medications your plan covers
- Price a medication¹
- Search for lower-cost alternatives, if available
- View all the prescriptions you've filled in the last 18 months
- Find an in-network retail pharmacy
- Ask a pharmacist a question
- Switch a prescription from a retail pharmacy to home delivery

For home delivery prescriptions:

- Refill and track your orders
- Pay your bill online
- Sign up for automatic refills
- Request a payment plan
- For specialty medications, connect to your online Accredo® account

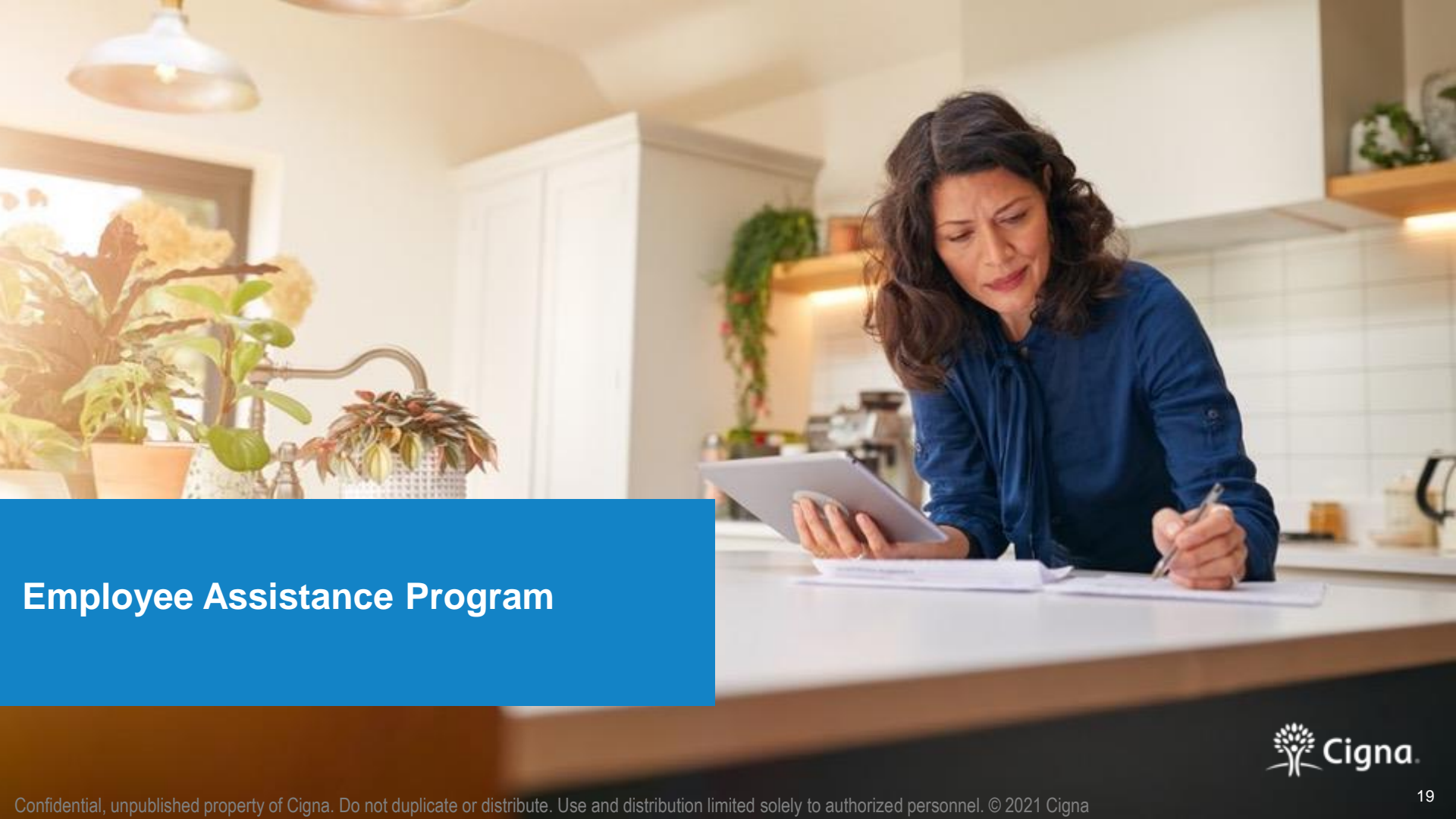
For illustrative purposes only.

1. Prices shown on myCigna are not a guarantee. Coverage falls under your plan terms and conditions.

Visit myCigna for more information.

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Employee Assistance Program

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Cigna's EAP can connect you with a range of services, including emotional support, financial assistance, home/life support, and legal assistance.¹

- Connect over the phone or through live chat, and receive a referral to licensed clinicians and consultants
- Provides 6 sessions to connect with licensed clinicians in our EAP network
- Meet with counselors virtually on your phone, tablet or home computer
- Live, on-demand EAP webcasts
- 100% confidential
- Available to anyone in your household
- No additional cost to you

1. Employee assistance program services are in addition to, not instead of, your health plan benefits. These services are separate from your health plan benefits and do not provide reimbursement for financial losses. Customers are required to pay the entire discounted charge for any discounted legal and/or financial services. Legal consultations related to employment matters are excluded. Additional restrictions may apply. Program availability may vary by plan type and location, and are not available where prohibited by law.



CIGNA TOTAL BEHAVIORAL HEALTH[®] (CTBH) WITH EAP

Employee Assistance Program (EAP)

- Up to [X] sessions per issue with a licensed clinician in Cigna's EAP Network
- Virtual behavioral care options that let you speak with a counselor on your phone, tablet or home computer
- Online, on-demand seminars, referrals and community resources to encourage work/life balance

Happify[™] offered through Cigna

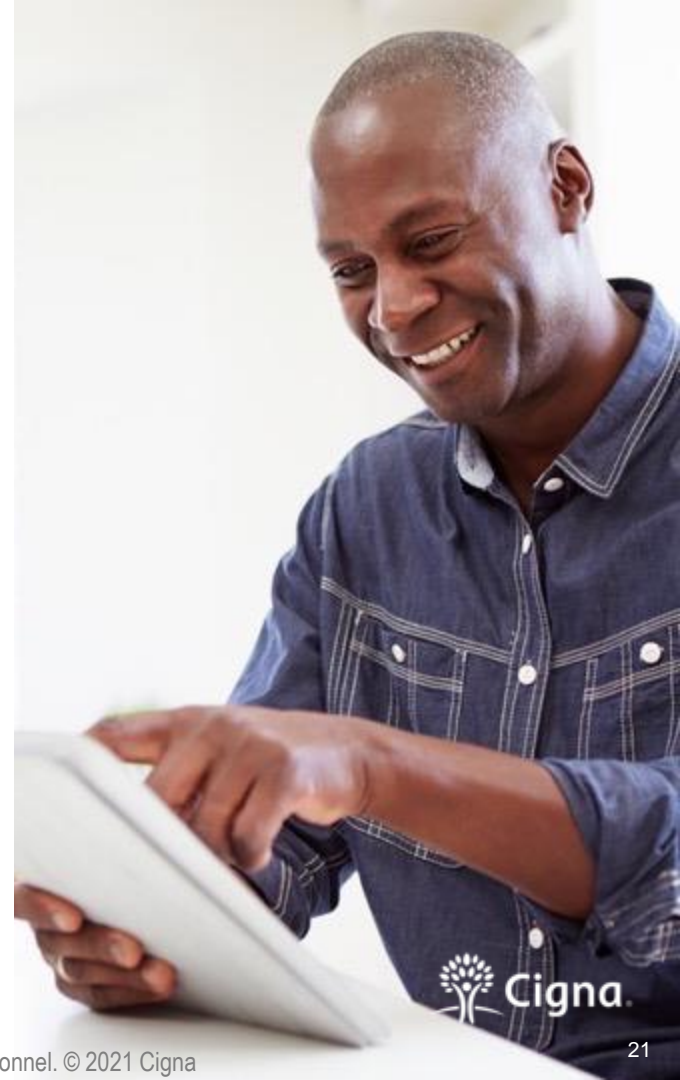
Digital self-guidance tool to help increase resilience through activities, games and guided meditations. Designed to help reduce stress and anxiety while encouraging confidence¹

iPrevail offered through Cigna

On-demand peer coaching and personalized learning to help boost your mood and improve mental health care²

1. [X] visits per issue per year. Restrictions apply to fully insured business sites in New York.

2. Program services are provided by independent companies/entities and not by Cigna. Programs and services are subject to all applicable program terms and conditions. Program availability is subject to change.





DENTAL PLAN OPTIONS

PLAN YEAR: January 1, 2022



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

963676 07/21



Cigna Dental Care[®] (DHMO)¹



Primary care dentist: Choose a primary care dentist in the Cigna Dental Care[®] network who can provide all your care

- Change your network dentist at any time
- Receive care from a pediatric dentist up to age 13



Network: Use dentists in the Cigna Dental Care[®] network and you may pay less than you would with other types of dental plans

- No out-of-network coverage (except in emergencies)²



Predictable costs: Estimate costs in advance based on your Patient Charge Schedule, then pay an office visit fee and the charge for each service listed

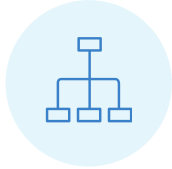


Deductible and maximums: No deductible or calendar year maximums

1. The term “DHMO” is used to refer to product designs that may differ by state of residence of enrollee, including, but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna Dental Care[®] (DHMO) product availability varies by state and is subject to change.
2. There are no out-of-network benefits with a Cigna Dental Care[®] plan except in the case of emergencies. For residents of MN and OK coverage is available out-of-network. See Appendix A for details.



YOUR ACCESS: THOUSANDS OF DENTISTS, ONE DIRECTORY



The Cigna Dental Care DHMO gives you access to a **network of quality dentists** and covers hundreds of procedures — for greater convenience and bigger savings.



All participating dentists are consolidated into **one directory**, which you can easily search online at **Cigna.com**® as well as on the **myCigna**® website or app.



Search for providers in the **Access Plus Network**.





Dental Preferred Provider Organization (DPPO)



Network: Select any licensed dentist but see bigger savings if you use a dentist in the Cigna Dental network. You don't need an ID card to receive care with network dentists because they are able to verify your coverage directly with Cigna



Specialist: See a specialist without a referral



Deductible: Pay an annual amount — a deductible — before your plan begins to pay for covered costs



Coinsurance: Once you meet your deductible and satisfy any waiting period, you'll pay a portion of your covered dental care costs — i.e., coinsurance. The plan pays the rest



Coverage: The amount paid by your plan depends on:

- The coinsurance level for the service you receive
- The dentist you visit
- Whether you've paid your deductible and/or reached your calendar year maximum



Maximums: Once you reach the plan's calendar year dollar maximum, your plan will no longer pay a portion of your costs during that plan year



Your coverage



DENTAL:
DPPO

	Cigna DPPO			Cigna DPPO + Ortho		
	Cigna DPPO Advantage In-network	Cigna DPPO In-network	Cigna DPPO Out-of-network*	Cigna DPPO Advantage In-network	Cigna DPPO In-network	Cigna DPPO Out-of-network*
Class I – Preventive care	100%	80% No deductible	80% No deductible	100%	80% No deductible	80% No deductible
Class II – Basic restorative	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Class III – Major restorative	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Class IV – Orthodontia	N/A	N/A	N/A	50% after deductible	50% after deductible	50% after deductible
Annual deductible	Individual \$50 Family \$150	Individual \$50 Family \$150	Individual \$50 Family \$150	Individual \$50 Family \$150	Individual \$50 Family \$150	Individual \$50 Family \$150
Calendar-year maximum	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$1,500
Orthodontia Lifetime Maximum: \$1,500 Dependent Children to age 19	N/A	N/A	N/A	\$1,500	\$1,500	\$1,500





PROGRAMS AND SERVICES FOR BETTER ORAL HEALTH



CIGNA DENTAL ORAL HEALTH INTEGRATION PROGRAM[®]

Save money and help manage medical conditions with better oral care

- Oral health and overall health are connected in ways you may not even realize¹
- If you are pregnant or have been diagnosed with certain chronic medical conditions, you can enroll in the Cigna Dental Oral Health Integration Program. Then, you'll be eligible to be reimbursed for out-of-pocket costs for certain dental procedures²
- We also work with dental providers to help protect you and your family from medication misuse, addiction and overdose

1. Mayo Clinic, "Oral health: A window to your overall health." <https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475>. Last updated June 4, 2019.
2. This program provides reimbursement for certain eligible dental procedures for customers with qualifying medical conditions. Customers must enroll in the program prior to receiving dental services to be eligible for reimbursement. Reimbursement is applied to and subject to any applicable calendar year maximum. See your plan documents for program details.



CIGNA DENTAL ORAL HEALTH INTEGRATION PROGRAM®



More programs

Available to ALL Cigna Dental customers with qualifying condition(s) who enroll in the program



More wellness

Articles on behavioral issues linked to oral health

Procedure	Heart disease	Stroke	Diabetes	Pregnancy	Chronic kidney disease	Organ transplants	Radiation-head/neck cancers	Rheumatoid arthritis	Sjogren's syndrome	Lupus	Parkinson's disease	ALS	Huntington's Disease	Opioid misuse or addiction
Periodontal treatment and maintenance	●	●	●	●	●	●	●							●
Periodontal evaluation				●										
Oral evaluation				●										●
Cleaning				●										
Scaling in the presence of inflammation — full mouth				●										
Emergency palliative treatment				●										
Topical application of fluoride varnish					●	●	●	●	●	●	●	●	●	●
Topical application of fluoride excluding varnish					●	●	●	●	●	●	●	●	●	●
Sealants					●	●	●	●	●	●	●	●	●	●
Sealant repair — per tooth					●	●	●	●	●	●	●	●	●	●





SUPPORT TO IMPROVE YOUR HEALTH AND WELL-BEING

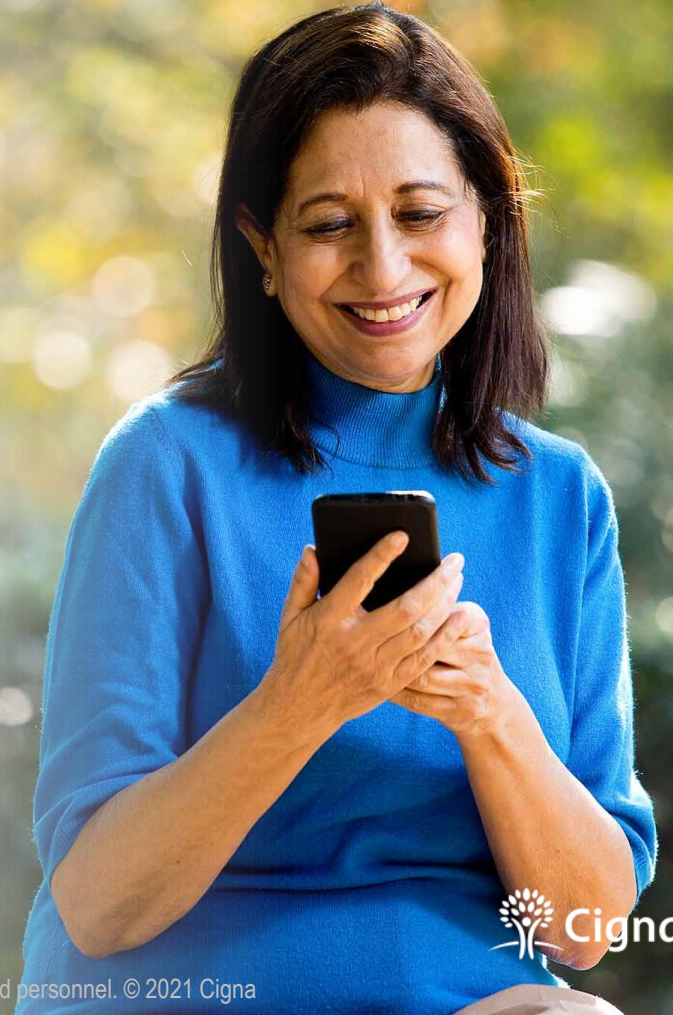


CIGNA ONE GUIDE[®]

Cigna One Guide helps you make informed choices and get the most from your plan, offering personalized support to help you stay healthy and save money.

During enrollment, we're just a call away to help:

- Answer questions about the basics of coverage for Cigna medical plans and products as well as Cigna pharmacy
- Identify the types of Cigna health plans available to you to help you choose the one that best meets your needs
- Find out 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



HEALTH INFORMATION LINE



**Call the number on your
Cigna ID card, 24/7/365**

- Offers access to a trained clinician¹ to help you determine when and where to get treatment for immediate health care needs
- Provides guidance and education about both specific health concerns and general health topics



**Chat via myCigna.com[®] website or app
Mon-Fri 9:00 am – 8:00 pm EST²**

- Provides suggestions for online tools or local resources to help support your physical and mental health needs
- Delivers access to audio health library (both in English and Spanish), as well as podcasts

1. These health advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice in any capacity as a health advocate.

2. Excluding holidays.

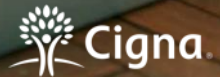
CIGNA LIFESTYLE MANAGEMENT PROGRAMS

Our health advocates provide personalized support to help you make lasting changes.

- **Weight management:** Learn to manage your weight using a non-diet approach that helps you change habits, eat healthier and become more active
- **Quit tobacco:** Develop a personal quit plan to become — and stay — tobacco-free
- **Reduce stress:** Understand the sources of your stress and learn coping techniques to better manage it in all areas of your life



Use an online or telephone coaching program (or both) for the support you need.



CIGNA HEALTHY REWARDS® PROGRAM¹

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



Weight management and nutrition



Alternative medicine



Vision and hearing care



Fitness memberships and devices



Yoga products and virtual workouts

1. **Healthy Rewards programs are NOT insurance.** Rather, these programs give a discount on the cost of certain goods and services. The customer must pay the entire discounted cost. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services.





Flu vaccinations¹

One of the best ways to avoid catching the flu is to get vaccinated. Help protect yourself and others against the flu by getting a flu shot.

1. Flu shot clinics are independently administered by third-party providers and not by Cigna. Always speak to your doctor about appropriate treatment, testing and care recommendations.



CORONAVIRUS (COVID-19) RESOURCE CENTER

Find the latest resources, guidelines and vaccine information to help keep you informed and up to date.

Go to Cigna.com/coronavirus for:

- The latest COVID-19 vaccine information state by state
- Facts about vaccine safety and effectiveness
- Information about how Cigna covers the cost of testing, treatment and the vaccine
- Solutions to help you stay healthy while managing stress and anxiety
- Virtual care (telehealth) and 24/7 connection to a doctor or nurse using your phone, tablet or computer



Pre-Enrollment Line

If you have questions on the medical program under Cigna before January 1, 2022 effective date, please call the Pre-Enrollment hotline at 1-888-806-5042



QUESTIONS AND ANSWERS



You cannot open an HSA if, in addition to coverage under an HSA-qualified High Deductible Health Plan ("HDHP"), you are also covered under a Health Flexible Spending Account (FSA) or an HRA or any other health coverage that is not a HDHP. The HSA provider and/or trustee/custodian will be solely responsible for all HSA services, transactions and activities related thereto. Neither your employer nor Cigna is responsible for any aspects of the HSA services, administration and operation.

Rates will vary by plan design. Coverage is subject to any applicable plan deductibles, copay and/or coinsurance requirements. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans have exclusions and limitations. For costs and details of coverage, see your enrollment materials. The information in this presentation summarizes 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 group insurance certificate, summary plan description or group service agreement – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

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