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

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network</strong></td>
<td>Individual: $750 Family: $1,500</td>
<td>Individual: $500 Family: $1,000</td>
<td>Individual: $1,500 Family: $3,000</td>
</tr>
<tr>
<td><strong>Out-of-Network</strong></td>
<td>Individual: $1,500 Family: $3,000</td>
<td>Individual: $1,500 Family: $3,000</td>
<td>Individual: $1,500 Family: $3,000</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>Individual: $1,500 Family: $3,000</td>
<td>Individual: $500 Family: $1,000</td>
<td>Individual: $1,500 Family: $3,000</td>
</tr>
<tr>
<td><strong>Out-of-pocket maximum</strong>*</td>
<td>Individual: $3,000 Family: $6,000</td>
<td>Individual: $2,800 Family: $6,000</td>
<td>Individual - Employee Only: $3,000 Individual - within a Family: $3,000 Family Maximum: $6,000</td>
</tr>
<tr>
<td><strong>Lifetime maximum</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

*Family Maximum:
Individual: $3,000
Family: $6,000
### Planning for your medical costs

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Care Physician Office Visit</strong></td>
<td>In-Network: $30 PCP Co-pay</td>
<td>Out-of-Network: Your Plan pays 60% after deductible</td>
<td>In-Network: $25 PCP Co-pay</td>
</tr>
<tr>
<td><strong>Specialty Care Physician Office Visit</strong></td>
<td>In-Network: $50 Specialist Co-pay</td>
<td>Out-of-Network: Your Plan pays 60% after deductible</td>
<td>In-Network: $35 Specialist Co-pay</td>
</tr>
<tr>
<td><strong>Hospitalization</strong></td>
<td>In-Network: Your Plan pays 80% after deductible</td>
<td>Out-of-Network: Your Plan pays 60% after deductible</td>
<td>In-Network: Your Plan pays 80% after deductible</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>In-Network: Your Plan pays 80% after deductible</td>
<td>Out-of-Network: Your Plan pays 60% after deductible</td>
<td>In-Network: Your Plan pays 80% after deductible</td>
</tr>
<tr>
<td><strong>Advanced Radiology (MRI)</strong></td>
<td>In-Network: Your Plan pays 80% after deductible</td>
<td>Out-of-Network: Your Plan pays 60% after deductible</td>
<td>In-Network: Your Plan pays 80% after deductible</td>
</tr>
<tr>
<td><strong>Emergency</strong></td>
<td>$250 per visit (copay waived if admitted)</td>
<td>$100 per visit (copay waived if admitted)</td>
<td>Your Plan pays 80% after deductible</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$40 per visit (copay waived if admitted)</td>
<td>$35 per visit (copay waived if admitted)</td>
<td>Your Plan pays 80% after deductible</td>
</tr>
<tr>
<td><strong>Preventive Care (Well Visits)</strong></td>
<td>Plan pays 100%; Not Subject to Deductible</td>
<td>Plan pays 60% after deductible</td>
<td>Plan pays 100%, Not Subject to Deductible</td>
</tr>
</tbody>
</table>
CIGNA CHOICE FUND® HEALTH SAVINGS ACCOUNT

Offered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates
THE BENEFITS OF YOUR HEALTH PLAN PLUS A HEALTH SAVINGS ACCOUNT

Cigna Choice Fund® Health Savings Account (HSA)

- Combines a medical plan with a health savings account
- Provides coverage for current health care expenses with the option to save for future expenses
- Offers in-network preventive care covered by the plan at 100%

- Provides flexibility as you own the account; contributions can come from you, your employer or both
- Encourages greater savings; contributions are generally not taxable
- Provides investment options
Because HSA plans have certain tax advantages, the IRS defines specific rules for participation.

To be eligible:

- You must be enrolled in an IRS-qualified high-deductible medical plan by the first of the month
- High-deductible medical plans offered with Cigna Choice Fund® HSA meet IRS requirements
- If your health plan effective date is after the first of the month, your HSA will be established on the first of the following month
- You cannot have any other health coverage that is not also a qualified high-deductible plan
- You cannot be claimed as a dependent on another person’s tax return
- You may not be enrolled in Medicare (A, B or D), TRICARE, or a Full Purpose FSA (including a spouse’s Full Purpose FSA)
The IRS has set the following limits for 2023:

Under age 55 and not enrolled in Medicare (based on a 12-month period):
- Up to $3,850 individual coverage¹
- Up to $7,750 family coverage¹

Age 55 or older:
- Maximum contribution increases by $1,000 (considered a “catch-up” contribution)
- Up to $4,850 individual coverage¹
- Up to $8,750 family coverage¹

To make the maximum contribution in a calendar year, you must:
- Meet all requirements to be eligible for HSA contributions on January 1st
- Remain qualified through December

Adelphi University will contribute money to your HSA. The contributions are $875 for individuals and $1,750 for ee+1 and family level coverage. The Adelphi contributions will be funded in two parts, the first on 1/2/23 and second half on 7/1/23.
OPENING YOUR ACCOUNT AT HSA BANK

If you elect to enroll in the HSA plan offered by your employer, a bank account will automatically be opened for you.

Your employer will prepare an eligibility file and submit it to Cigna.

We'll forward your eligibility information to HSA Bank.

HSA Bank assigns you an account number and performs a Customer Identification Program (CIP). Once your account is opened, you will be sent a welcome brochure and debit card(s).

Reminders about the enrollment process

Your eligibility record must contain:
• Your name
• Social Security number
• Date of birth
• Residential address (no P.O. boxes accepted)

Eligibility records that are incomplete will not be processed

HSA Bank places accounts in open status and will post contributions, even if you have not passed CIP. If you do not provide required information within 60 days, HSA Bank will close your account and returns the funds to you.
THE MEDICAL CLAIMS PROCESS

You visit an in-network doctor/hospital/facility

Cigna receives and processes the claim

If you opt to have your claims displayed on the HSA Bank site, you can elect to have all or some of your claims paid directly from your HSA

If not, you have the option to pay the doctor bill using your HSA or pay out of pocket

Cigna sends an explanation of benefits (EOB) as your receipt

Manage your communication settings (i.e., mail or email) on the myCigna.com® website or app

Build an on-demand health statement at myCigna.com®
YOUR HSA SAVING AND INVESTMENT FEATURES

- HSA Bank: $1,000 minimum in HSA to invest
- Mutual fund selection option managed by Devenir
- Self-directed brokerage option powered by TD Ameritrade (trading fees may apply)
- Tax-free growth of interest or investment earnings¹
- Investment options, balance information and more are available on the bank website via myCigna®
UNDERSTANDING AND TRACKING HSA EXPENSES

Explanation of benefits (EOB)
- Clearly shows how and when claims were paid
- Receive them in the mail or electronically
- Manage your communication settings on the myCigna® website or app

24/7/365 phone assistance
- One toll-free number
- Benefits and claim details
- IRS requirements
- Transaction activity and balance
- Live transfer to HSA Bank for investment questions
- Help with myCigna.com® resources

Online health statement
- An exact snapshot of the information that you want
- Customize your statement view by date range, claim type and more
- Easy to print and save

24/7 online health account management
- Details on plan coverage, balances, claims and payments
- HSA bank account information
- Link to HSA Bank to manage investment accounts

Explanation of benefits (EOB)
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Planning for prescription costs

<table>
<thead>
<tr>
<th>Tier 1 (Generic)</th>
<th>Retail (30-day supply)</th>
<th>Retail/ Home delivery (90-day supply)</th>
<th>Retail (30-day supply)</th>
<th>Retail/ Home delivery (90-day supply)</th>
<th>Retail (30-day supply)</th>
<th>Retail/ Home delivery (90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-network</td>
<td>You pay $10</td>
<td>You pay $20</td>
<td>You pay $10</td>
<td>You pay $20</td>
<td>You pay $10</td>
<td>You pay $20</td>
</tr>
<tr>
<td>Tier 2 (Cigna-preferred brand)</td>
<td>You pay $30</td>
<td>You pay $60</td>
<td>You pay $30</td>
<td>You pay $60</td>
<td>You pay $30</td>
<td>You pay $60</td>
</tr>
<tr>
<td>Tier 3 (Non-preferred brand)</td>
<td>You pay $50</td>
<td>You pay $100</td>
<td>You pay $50</td>
<td>You pay $100</td>
<td>You pay $50</td>
<td>You pay $100</td>
</tr>
</tbody>
</table>

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.

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Help with your medications

Talk with a pharmacist from the privacy – and comfort – of your own home.

As part of your Cigna pharmacy plan, you can talk with a licensed, specially trained pharmacist from our home delivery pharmacy. They’ll help you stay on track with your medication routine.

- Find ways to save on your medication
- Better understand how your medication works and how it helps keep you healthy
- Learn how to work through side effects
- Get tips to help you remember to take your medication
- See how you can make refills easier
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.

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Manage all your prescriptions on the My Medications page

- See which medications your plan covers
- Price a medication\(^1\)
- 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\(^\circ\) account

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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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VIRTUAL CARE
Cigna provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs.

Virtual primary care through MDLIVE is only available for Cigna medical members aged 18 and older.

For customers who have a non-zero preventive care benefit, MDLIVE virtual wellness screenings will not cost $0 and will follow their preventive benefit.

Limited to labs contracted with MDLIVE for virtual wellness screenings.

Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours.
Cigna has partnered with MDLIVE® to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you. Conditions treated include:

- 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. Cigna provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan’s network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna medical members aged 18 and older.

2. This is not an all inclusive list. See your plan documents or contact Cigna for complete program details.
VIRTUAL BEHAVIORAL CARE

Now you don't have to wait — or travel — for behavioral care. Cigna has partnered with MDLIVE® so you can connect by video or phone to licensed therapists and psychiatrists, all from the privacy of home. Non-emergency behavioral/mental health conditions treated include:

- 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.

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Behavioral Health Support
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.
BEHAVIORAL HEALTH: SUPPORTING YOUR NEEDS

Network includes licensed therapists, psychiatrists and psychiatric nurse practitioners, behavioral facilities or programs and more

Fast access
- First-time therapy within 5 business days
- Prescriber appointments (psychiatrist or psychiatric nurse practitioner) within 15 business days

Virtual care via online appointments with licensed counselors or psychiatrists
DENTAL PLAN OPTIONS

PLAN YEAR: January 1, 2023

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

**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
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.
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

<table>
<thead>
<tr>
<th>Class</th>
<th>Preventive care</th>
<th>Basic restorative</th>
<th>Major restorative</th>
<th>Orthodontia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I - Preventive care</td>
<td>100%</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
<td>N/A</td>
</tr>
<tr>
<td>Class II - Basic restorative</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
<td>50% after deductible</td>
<td>N/A</td>
</tr>
<tr>
<td>Class III - Major restorative</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
<td>N/A</td>
</tr>
<tr>
<td>Class IV - Orthodontia</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>50% after deductible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual deductible</th>
<th>Individual $50 Family $150</th>
<th>Individual $50 Family $150</th>
<th>Individual $50 Family $150</th>
<th>Individual $50 Family $150</th>
<th>Individual $50 Family $150</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar-year maximum</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Orthodontia Lifetime Maximum: $1,500 Dependent Children to age 19</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
</tbody>
</table>
PROGRAMS AND SERVICES FOR BETTER ORAL HEALTH
Save money and help manage medical conditions with better oral care

- Oral health and overall health are connected in ways you may not even realize\(^1\)

- 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 procedures\(^2\)

- We also work with dental providers to help protect you and your family from medication misuse, addiction and overdose

---


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.
## More programs

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

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Heart disease</th>
<th>Stroke</th>
<th>Diabetes</th>
<th>Pregnancy</th>
<th>Chronic kidney disease</th>
<th>Organ transplants</th>
<th>Radiation-head/neck cancers</th>
<th>Rheumatoid arthritis</th>
<th>Sjögren’s syndrome</th>
<th>Lupus</th>
<th>Parkinson’s disease</th>
<th>ALS</th>
<th>Huntington’s Disease</th>
<th>Opioid misuse or addiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodontal treatment and maintenance</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontal evaluation</td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
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<tr>
<td>Oral evaluation</td>
<td></td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning</td>
<td></td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
<td>●</td>
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</tr>
<tr>
<td>Scaling in the presence of inflammation — full mouth</td>
<td></td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Emergency palliative treatment</td>
<td></td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topical application of fluoride varnish</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
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## More wellness

Articles on behavioral issues linked to oral health
SUPPORT TO IMPROVE YOUR HEALTH AND WELL-BEING

Offered by Cigna Health and Life Insurance Company or its affiliates
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 clinician\(^1\) 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\(^\text{®}\) website or app
Mon-Fri 9:00 am – 8:00 pm EST\(^2\)

- 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

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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.
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.

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

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Pre-Enrollment Line

If you have questions on the medical program under Cigna before January 1, 2023 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.