



# COMMITMENT TO QUALITY

Convenient, supportive, responsive and satisfying health services

## Commitment to Quality\*

### Focusing on quality to improve health

We believe quality is critical to protecting and improving your health and well-being, which is why we are committed to:

- › Offering **convenient** access to quality health care providers.
- › **Supporting** you and your provider to help you stay healthy, or return to health if you become **physically or emotionally** ill.
- › Making sure you are **satisfied** with our services.
- › Providing **responsive** customer service.

With the help of our **quality management committees**, we maintain standards for service and quality medical and behavioral care from network health care providers. The committees include health care providers in our network. They meet regularly to discuss health care trends and how they affect the network health care provider services. They then recommend ways we can improve those services. Here are some of the systems that we have in place to help provide you with access to quality services.

### Access to quality health care providers

#### We monitor the quality of independent providers in our network.

We review each candidate's credentials and practice history before considering him or her for inclusion in our network. Each provider's credentials are reevaluated every three years to be sure **he or she still qualifies for participation**.

\*"Commitment to Quality" addresses Cigna-administered medical plan customers who have behavioral health benefits through Evernorth Behavioral Health (EBH). Medical plan customers who have behavioral health benefits from other companies should disregard the behavioral references outlined herein.

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Together, all the way.®



## Finding health care solutions

At Cigna, we want to help. That's why we offer programs and services to help make it easier to be your healthiest – both body and mind. With the **myCigna®** website and app, you can access our provider directories and useful tools to help you get the most from your health plan. Our provider directories include information on in-network medical and behavioral providers such as name, addresses, telephone numbers, professional qualifications and specialties. Know which providers are in your network and how to access medical or behavioral services before you need them.

### Need emergency care

**immediately?** Go directly to any emergency facility or call 911. Emergencies exist when you or your health care provider reasonably feel that medical or behavioral treatment is needed to prevent serious harm to yourself or others. They may include major accidents or illnesses, uncontrolled bleeding, seizure, loss of consciousness, chest pain or shortness of breath, among other things.

### Need after-hours care and not sure

**what to do?** Call your provider or an on-call health care provider to provide advice or urgent treatment. You can also call our 24-hour Health Information Line (HIL) or the number on your benefit card to speak with one of our clinicians or a behavioral health coach.

### Need urgent care that requires

**prompt attention?** Call your personal provider and request to be seen within 24 to 48 hours, or visit an urgent care center or convenience care clinic for symptomatic illnesses and infections.

**Need symptomatic regular and routine care?** Schedule a visit so that you're seen within seven to 14 days, or within the time frame specified by your treating provider.

**Need preventive screenings and a physical?** Schedule a visit so that you're seen within 30 days.

**Need help with a specific condition?** Enroll in one of our health management programs to get help managing your condition from a case manager or learn how to reach your health goals with online coaching.

**Need a virtual appointment?** With medical and behavioral virtual care, you and your eligible family members can easily connect with board-certified doctors, pediatricians, nurse practitioners, and licensed therapists or psychiatrists without leaving your home, work, or wherever you may be. Depending on your plan and location, eligible Cigna customers can connect 24/7 with board-certified medical providers and licensed therapists online using a phone, tablet, or computer.

## Helping you stay healthy

We pay attention to how well health care providers in our network meet your preventive care needs. We regularly collect data from network providers to find out if customers are taking advantage of covered preventive care services. We regularly provide information to you about our wellness screenings and preventive care programs.

For those individuals with a medical problem that may benefit from behavioral care, we provide integration of services with continuity and coordination of care between health care providers and settings.

## Making sure you are satisfied

One way to offer quality customer service is to make sure you have the chance to give us feedback. Here are two ways we ask for your views.

- › Several times a year we randomly survey our customers and providers to ask how we are doing. We use this information to help us improve our services.
- › Our customer service representatives are available to answer your questions and address your concerns, complaints or suggestions. Just call us at the toll-free number on your health care ID card.

## Responsive customer service

We need to hear from you, but you also need to hear from us. Here are just a few of the ways we provide you with information about your health plan and how it works.

- › Our **websites** have resources such as online provider directories, and useful tools to help you get the most from your health plan.
- › We offer an interactive voice response system available 24/7, and for more complex issues, there are call center staff available to assist.
- › Clinical calls can be transferred to a clinician on the HIL for medical, or to a behavioral health advocate for customers needing behavioral health assistance.
- › You can ask customer service for help getting or giving written or spoken information in your preferred language. In addition, Cigna uses TDD/TTY-type services to communicate with hearing-impaired customers.

## Patient safety resources

Cigna encourages practices that can help ensure your safety as a patient, and we offer a variety of tools and services to help you make smart, safe decisions about your health.

- › Our **Well Informed** program alerts you and your provider to possible dangerous gaps in care, such as missing preventive care screenings or delays in filling your prescriptions.
- › You can find **quality information and cost-efficiency ratings** on hospital care, and find in-network health care providers through our online provider directory. In addition, **myCigna.com** compares quality information and cost-efficiency ratings of health care providers in our network and indicates which hospitals are deemed “Centers of Excellence.”
- › As we continue to improve and align with new technology, our online options for your **health assessment** continue to expand. The health assessment offers the ability to learn about the top risk factors that could hurt your health, and it can direct you to resources and support to help you reduce these risks. Online options are available in English or Spanish.
- › Our behavioral website offers an online assessment that can help you to determine when behavioral care may be needed.

We also support and encourage you to follow these **“SPEAK UP”** guidelines and reminders, offered by the Joint Commission to help ensure you are an active participant in your health care.

- S** Speak up if you have questions or concerns – don’t hesitate to talk with your health care provider.
- P** Pay attention to the care you are receiving.
- E** Educate yourself about your diagnosis, medical tests and treatment plan.
- A** Ask a trusted family member or friend to be your health care advocate.
- K** Know the medications you take and why you take them.
- U** Use a health care organization that has undergone a rigorous onsite evaluation by an independent accrediting agency.
- P** Participate in all decisions about your treatment.

## Quality Outcomes Measurement

Cigna measures the effectiveness of our program activities in a variety of ways.

- › External approval of our medical and behavioral quality programs through ongoing accreditation by the **National Committee for Quality Assurance (NCQA)**, a not-for-profit organization dedicated to measuring the quality of America’s health care. Cigna has a strong history with the NCQA process.
- › Cigna’s chronic condition management, wellness and health promotion programs, medical and behavioral screening, and care coordination services are included in the NCQA accreditation process.
- › Accreditation by URAC, an independent, not-for-profit organization whose mission is to ensure consistent quality of care for customers of Cigna’s Medical Case Management, Utilization Management and Pharmacy Benefit Management programs.
- › Utilization of the NCQA **Healthcare Effectiveness Data and Information Set (HEDIS®)**,\* a tool used by more than 90% of America’s health plans to measure performance on important levels of care and service. The tool is designed to compare our health improvement outcomes with industry standards established by the NCQA. In addition to gauging performance, we are also able to look for opportunities for quality improvement. *(See additional information on the next page.)*
- › Engagement in the Centers of Medicare & Medicaid Service (CMS) Quality Rating System (QRS) process for our Exchange customers through measurement of QRS clinical measure data, and through the facilitation of a Qualified Health Plan enrollee survey.

\*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

- › Measurement of the satisfaction of our medical customers annually by utilizing the **Consumer Assessment of Healthcare Providers and Systems (CAHPS®)\*\*** survey, a public/private initiative that develops standardized surveys of customers' experiences with outpatient and facility-level care, and implementation of appropriate actions to improve customer experience. *(See additional information on the next page.)*
- › **Annual evaluation of behavioral customer experience** with the care and services received. This annual survey helps us identify opportunities for improvement based on your feedback.

**HEDIS/QRS - measurements of clinical success**

Cigna uses HEDIS/QRS clinical metrics to measure the results of many clinical interventions. Annually, we measure and report clinical effectiveness results for our medical plans, and submit these results to NCQA/CMS to be included in developing national benchmark data. Our strong results demonstrate our success in supporting quality care for our customers.

**With your help over the last several years, we have seen an increase in the number of customers having important preventive care screenings and provider follow-ups.**

Initiatives by Quality program staff are actively pursued to promote improved health, well-being and a sense of security. These initiatives include, but are not limited to, diabetes, asthma and hypertension management, breast, cervical and colon cancer screenings, childhood immunizations, depression, and alcohol and other drug use. We promote preventive care through telephone and digital outreach, web and social media campaigns, and mailings to people who are identified as potentially not having had recommended screenings, vaccines or physician follow-ups. We partner with your provider, community organizations and select employers to offer educational opportunities.

**CAHPS - medical customer satisfaction measurements of success**

Cigna is committed to promoting quality service. We participate in the *Member Satisfaction Survey* to obtain your feedback on how we are doing. This annual survey measures performance in key areas of care and service delivery.

Cigna attempts to maintain and improve results each year by taking action on opportunities identified from your feedback. For example, we made information easier to obtain, more helpful and understandable on **myCigna.com**. The Real-time Benefit Check program provides transparency on customer cost through customer's preferred retail or mail order pharmacy. The program allows the opportunity to improve medication adherence and decrease obstacles that delay medication treatment.

Cigna is able to offer annual wellness screenings as part of its virtual care options through MDLive.

During virtual visits you can discuss health concerns, review family history and lab results and develop and action plan for medical and behavioral care.

We also offer Cigna One Guide®, a personalized and proactive digital and telephone service experience designed to help you achieve your most important goals. The One Guide service can help you save money and stay healthy by removing barriers, and increasing your confidence through active education and guidance.

You told us you want increased access to care and service. We improved access to customer service by opening call centers 24 hours a day, seven days a week. You can now use web-enabled mobile phones to get immediate answers in both English and Spanish that are customized to your health plan benefits through the **myCigna® App** or on **myCigna.com**. We also actively work to increase our network of qualified health care providers and convenience care clinics to make sure you can get needed care quickly.

**Rating questions**

- Rating of personal doctor (Q18)
- Rating of specialist seen most often (Q22)
- Rating of all health care (Q8)
- Rating of health plan (Q31)

**Composite measures**

- Getting needed care
- Getting care quickly
- How well doctors communicate
- Customer service
- Claims processing

\*\* CAHPS (Consumer Assessment of Healthcare Providers and Systems) is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).



To learn more about our Quality Management Program or to request a report on our progress in meeting our goals, call customer service at the toll-free number on your ID card.



## Health Management Programs

Our Health Management programs, which include Medical and Behavioral Case Management as well as Chronic Condition Support and Lifestyle Management, offer valuable, confidential support for you and your covered family members in relation to managing specific medical, behavioral or wellness conditions. Educational materials help you learn more about your health condition, to make educated decisions about treatment options and ways to reach your goals. In addition, we share information with your provider when appropriate.

### How it works

Our Health Management programs include a number of services designed to help you better understand and manage your condition. We work with you to create a plan that helps you successfully reach your health goals. We do this through one-on-one coaching and online self-guided support tools. You choose a path that is right for you.

### Personal interventions and coaching

You have access to the Personal Health Team, who specializes in your condition, to help you:

- › Recognize worsening symptoms and when to see your provider.

- › Establish questions to ask your provider.
- › Understand the importance of following your provider's orders.
- › Develop health habits related to nutrition, sleep, exercise, weight, tobacco and stress, as well as preventive and emotional health.
- › Make educated decisions about treatment options.

Throughout the program, you follow your provider's direction and treatment plan.

**You can take charge of your health using online tools.** Self-service tools help you understand your condition, make more informed treatment decisions and work

toward personal goals. For more information regarding these online tools, visit [myCigna.com](https://myCigna.com) and select the "Wellness" tab.

### Fast and accurate identification

To see if you are eligible for participation in one of the Health Management programs, Cigna uses a broad range of information such as medical and pharmacy claims, and health assessment results. We perform this review regularly in case your health status changes. If you are identified with a health condition, you will receive information from us through a phone call, letter, or flyer on benefits of the program,



and you may be invited to use a personalized online program or to connect with a coach or case manager one-on-one. You may also call us to self-enroll or your provider may refer you to the program. Of course, you can always choose not to accept our assistance. If you do not want to get any more phone calls from Cigna, ask the Cigna caller to remove you from the contact list, or call the number on the back of your ID card and ask for customer service.

To ensure you have the confidential support you need, **you have toll-free access to clinical coaches** Monday through Friday (available at least 12 hours a day) to speak with you one-on-one. Please note that hours of operation may vary based on your individual program. For additional information on programs and resources, visit **myCigna.com** and select the “Wellness” tab.

In the event you need **assistance after hours**, our 24-hour HIL

is a support program in which clinicians can empower you to better manage your health. You can get this support 24 hours a day, seven days a week.



**For emergency care, immediately dial 911.**

**For a nonemergency, call the toll-free customer service number listed on your ID card. For additional or self-service resources, go to your personalized customer website.**

## How Your Health Care Provider Gets Paid

### **The Cigna network of health care providers includes physicians/practitioners, hospitals and ancillary service providers**

(ambulatory surgical centers, physical therapy or urgent care centers, etc.). Cigna **compensates** its network of health care providers in ways that are intended to motivate them to practice **preventive care, promote quality care, provide medically necessary care, and ensure the appropriate and cost-effective use of covered medical services and supplies**. Compensation may also include additional payments to health care providers based on their performance in these same areas. In addition, Cigna may promote the use of certain health care providers in our network based on their quality of care and cost-effective measures.

Cigna does not offer incentives to encourage health care providers to limit the use of health care services, nor do we reward our medical directors for issuing denials of coverage for care. Cigna considers the provider’s quality of care, quality of service and

appropriate use of medical services before awarding any bonuses and incentives.

Cigna reinforces this philosophy through decisions made by our medical directors and clinical staff, which encourages and promotes the appropriate use of covered health care services.

The methods by which health care providers in our network agree to be compensated are described in general below, and vary, based on the provider type (physician/practitioner, hospital or ancillary service provider). The amount and type of compensation may also vary, based on the type of coverage plan (HMO, PPO, etc.).

#### ➤ **Discounted fee-for-service:**

This payment method applies to all health care provider types: Physicians/practitioners; hospitals; ancillary service providers (ambulatory surgical centers, physical therapy or urgent care centers, etc.).

Payment for services is based on a discounted fee schedule as compared with the usual amount billed by the provider for health care services.

➤ **Capitation:** This payment method generally applies to physicians or various types of practitioner groups.

The physician or practitioner group is paid a fixed amount (capitation) at regular intervals for each Cigna customer who selects them as their primary care provider. These fixed payments generally cover all services provided by that provider, with no additional payments being made. Capitation offers predictable income, encourages health care practitioners to keep people well through preventive care and eliminates the financial incentive to provide services that will not benefit the patient.

Health care providers paid on a capitation basis may also participate in a risk-sharing arrangement with Cigna; that is, they agree on a target amount for the cost of certain services and may receive a bonus or penalty if actual costs are under or over the target. All capitated services are monitored using criteria that may include patient

access to care, quality of care, satisfaction, and appropriate and cost-effective use of medical services and supplies.

Cigna also works with separate, third-party administrative entities to administer payments to health care providers in our networks. Under these arrangements, Cigna may pay the third party a fixed monthly amount per customer for these services, and health care providers are then compensated by the third party for services from that fixed amount.

- **Salary:** This payment method applies to “employed” health care providers of all types.

In some very limited areas, Cigna-owned medical groups or affiliates employ providers who are paid a salary for their services. These health care providers may be eligible for year-end bonuses, based on performance in areas such as quality of care, quality of service, and appropriate and cost-effective use of medical services and supplies.

- **Per diem:** This payment method applies to hospitals and similar facilities.

A specific amount is paid to the hospital each day (“per diem”) for all health care received on that day. The per diem payment varies based on a number of factors, which may include type of service or length of stay, and the resulting payment, in some cases, could be greater than the hospital’s actual billed charges.

- **Case rate:** This payment applies to hospitals and certain ancillary services (e.g., ambulatory surgical centers).

A specific amount is paid for all health care received based on a given period of time (length of stay), or based on the procedure/service provided (e.g., an appendectomy or a maternity delivery).

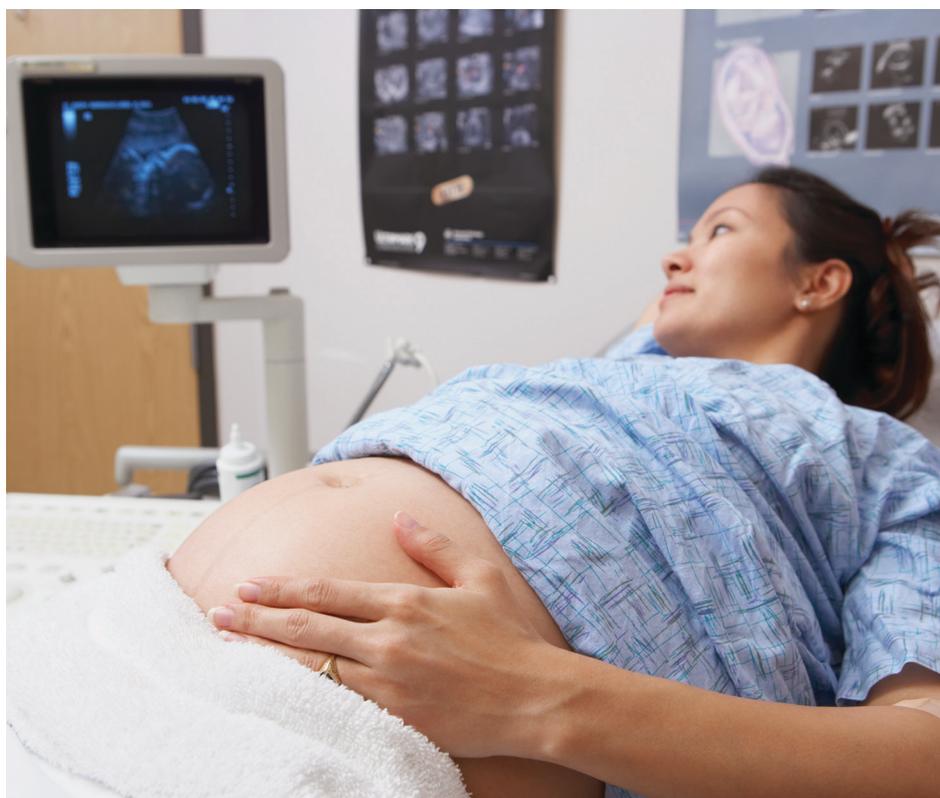
- **Bonuses and incentives:** This method can apply to all health care provider types: Physicians/practitioners; hospitals; ancillary services (ambulatory surgical centers, physical therapy or urgent care centers, etc.).

Some providers may receive additional payments based on their performance in areas such as practicing preventive care, promoting quality care, providing medically necessary care, and ensuring the appropriate and cost-effective use of covered medical services and supplies. They may also receive financial and/or nonfinancial incentives to promote their use of referrals to other high-quality, cost-effective providers in our network (such

as certain hospitals, labs, specialists and vendors).

This is a general overview of the most common forms of compensation to our health care providers; it is not meant to be all-inclusive. As health care evolves, compensation methods may be modified to drive further improvement in quality, affordability and patient satisfaction.

If you have questions about which compensation method applies to services you receive from a practitioner, hospital or ancillary health care provider, please discuss this with the health care provider or their staff, as Cigna cannot discuss specific health care provider contract details. However, if you have questions about your coverage, including your copays and/or coinsurance obligations, please contact Cigna customer service at the toll-free number listed on your ID card.



## Utilization Management – How Cigna Makes Coverage Decisions

Utilization Management includes the evaluation of potential coverage of health care services based on the terms of your benefit plan, medical appropriateness of health care services, procedures and the places where care is received, according to established evidence-based criteria and/or standard guidelines.

Cigna requires prior authorization (prior approval) for a limited number of health care services, drugs or procedures before the services are delivered. Services that require a health care provider to obtain prior authorization of coverage include:

- Nonemergency hospital and other facility admissions.
- Services for which coverage is limited or may be excluded by the health plan. This is done to ensure you know your potential out-of-pocket costs (costs that your plan doesn't cover, and that you're responsible for) in advance.
- A limited number of outpatient services and drugs.

The services that require prior authorization vary, based on your benefit plan. Check your coverage materials, ask your provider or call Cigna customer service for information about your plan's particular prior authorization requirements.

Your health care provider can request prior authorization of coverage by telephone, fax, online submission or email. When we receive the request, we may ask for additional information about your condition and the treatment planned to determine if the services are covered by your health plan, or to identify coverage that your treatment provider may not be aware of. Check with your treatment provider before receiving services to see if prior authorization is required and if it is in place.

When making a coverage decision, Cigna's medical or behavioral providers will consider not only evidence-based guidelines, but also your unique clinical circumstances and the terms of your health plan.

In the process, they will use Cigna's publicly posted medical, behavioral and pharmacy coverage policies, as well as additional resources, such as independent Utilization Management guidelines.

Some services may not be covered by your health plan, according to your specific medical benefit plan requirements and exclusions. If you obtain non-covered services, you may be billed directly for the full cost. Check your coverage materials for more information.

Utilization Management decisions are based on the existence of an available benefit, and then, if the benefit is available, on the medical necessity for that service. Cigna uses a medical physician – or a behavioral health care practitioner or pharmacist as appropriate – to review any health care denial involving medical judgment. Cigna does not reward health care providers or other individuals involved in coverage determinations for denials. In addition, there are no financial incentives for Utilization Management decision makers to make decisions that result in coverage for inappropriate care or underutilization.



**If you have questions, call customer service at the toll-free number on your ID card.**

## Cigna Customers' Rights and Responsibilities Statement

### Rights

#### You have the right to:

- › **Receive coverage for the benefits and treatments** available under your health benefit plan when you need it, and in a way that respects your privacy and dignity.
- › **Receive information** on how to access websites or customer service via toll free telephone and fax numbers.
- › **Receive language interpretation** and TTY services upon request.
- › **Receive the understandable information you need** about your health benefit plan, including information about services that are covered and not covered, and any costs that you will be responsible for paying.
- › **Obtain understandable information** about Cigna's programs and services, including the qualifications of staff that support Cigna wellness and similar programs, and any contractual relationships related to such programs.
- › **Access current information** on in-network health care providers, places you can receive care, and information about a particular health care provider's education, training and practice.
- › **Select a primary care provider** for yourself and each covered member of your family, and change your primary care provider for any reason. However, many benefit plans do not require that you select a primary care provider.
- › **Keep your personal identifiable data and medical information confidential** by Cigna and your



health care provider, know who has access to your information, and know the procedures used to ensure security, privacy and confidentiality. Cigna honors the confidentiality of its customers' information and adheres to all federal and state regulations regarding confidentiality and the release of personal health information.

- › **Participate** with your health care provider in health decisions, and have your health care provider give you information about your condition and your treatment options, regardless of coverage or cost. You have the right to receive this information in terms and language you understand.
- › **Learn** about any care you receive. You should be asked for your consent for all care, unless there is an emergency and your life and health are in serious danger.
- › **Refuse medical or behavioral care.** If you refuse care, your health care provider should tell you what might happen. We urge you to discuss your concerns about care with your health care provider. Your health care provider will give you advice, but you will have the final decision.
- › **Be advised** of who is available to assist you with any special Cigna programs or services you may receive, and who can assist you with any requests to change or disenroll from programs or services offered by or through Cigna.
- › **Be heard.** Our complaint-handling process is designed to hear and act on your complaint or concern about Cigna and/or the quality of care you receive from health care providers and the various places you receive care in our network; provide a courteous, prompt response; and guide you through our grievance process if you do not agree with our decision. Cigna strives to resolve your complaint on initial contact and in a manner that is consistent with your applicable benefit plan. Language interpretation and TTY services are available for complaint and appeal processes.
- › **Know and make recommendations** regarding our policies that affect your rights and responsibilities. If you have recommendations or concerns, please call customer service at the toll-free number on your ID card. Request and receive information regarding how to appeal a utilization management decision.
- › Receive utilization management determinations from quality professionals who do not receive financial incentives based on utilization management decisions.

## Responsibilities

### You have the responsibility to:

- › **Review and understand** the information you receive about your health benefit plan. Please call customer service when you have questions or concerns.
- › **Understand** how to obtain services and supplies that are covered under your plan – including any emergency services needed outside of normal business hours or when you are away from your usual place of residence or work, by using the indicated number on your Cigna ID card or by accessing Cigna online resources.
- › **Show** your ID card before you receive care.
- › **Schedule** a new patient appointment with any in-network health care provider; build a comfortable relationship with your health care provider; ask questions about things you don't understand; and follow your health care provider's advice.  
  
You should understand that your condition may not improve and may even get worse if you don't follow your health care provider's advice.
- › **Understand** your health condition and work with your health care provider to develop treatment goals that you both agree on, and to follow the treatment plan and instructions.
- › **Provide** honest, complete information to us and the health care providers caring for you.
- › **Participate** in programs offered to you.
- › **Know** what medicine you take, why and how to take it.
- › **Pay** all copays, deductibles and coinsurance for which you are responsible, at the time service is rendered or when they are due.
- › **Keep** scheduled appointments, or notify the health care provider's office ahead of time if you are going to be late or miss an appointment.
- › **Pay** all charges for missed appointments and for services that are not covered by your plan.
- › **Voice** your opinions, concerns or complaints to Cigna customer service and/or your health care provider.
- › **Notify** your plan administrator and treating health care provider as soon as possible about any changes in family size, address, phone number or status with your health benefit plan, or if you decide to disenroll from Cigna's programs and services.



## Know How to Voice Your Concerns or Complaints

Cigna wants you to be satisfied with your health benefit plan and the many services and programs we provide to you. That's why we have a process\* to address your concerns and complaints.

- › You can submit your complaint by letter, fax or telephone at the toll-free numbers provided on your ID card.
- › Your complaint will be acknowledged and handled on initial contact or investigated in accordance with the type of issue reported.
- › In most situations involving quality of care concerns, we will be unable to disclose the final resolution because of confidentiality issues.

### Customer service can help with complaints or appeals

If you have questions or concerns about coverage or claim payments, call customer service at the toll-free number on your ID card. If customer service cannot resolve your concern, ask for more information about how to have your concerns addressed.

Following are some steps you can take to help ensure you receive maximum coverage under your plan and possibly avoid the need to appeal.

1. **Confirm** that your health care providers are in-network by visiting your personalized website or calling customer service (check your ID card for the website address and the toll-free number to call). If your plan covers out-of-network services, know that your costs will likely be higher than if you choose in-network services.
2. **Read the exclusions and limitations** in your plan materials to confirm services are covered before receiving treatment.
3. **Review the Schedule of Coverage** in your plan materials for details on copays, coinsurance, deductibles, etc.

### How to request an appeal of a coverage decision

The specific appeal process that applies to you is determined by the health plan you or your employer have chosen, and follows state and/or federal rules that apply to that type of plan. To better understand the appeal process available to you, refer to your coverage materials or call customer service.

To begin the appeal process, send your request to the address shown in the notice of adverse determination, coverage materials or provided by customer service. Indicate why you believe the decision should be reviewed again and include any supporting documentation.

Your request will be reviewed by someone who was not involved in the initial decision and who can take corrective action according to the terms of your plan. A psychiatrist reviews behavioral appeals, and a medical director reviews medical and pharmacy appeals. If your situation requires urgent care, the review and response will be expedited.

You will be notified in writing of the appeal decision. If you are not satisfied with the appeal decision, depending on the type of plan that you or your employer have chosen and the state and/or federal rules that apply to that type of health plan, you may have the right to request another internal appeal review. The appeal reviewer will not have been involved in any prior decision related to your appeal nor be a subordinate of a previous decision maker.

### An independent external review may be available

You will be notified in writing of the final internal appeal decision. If you are not satisfied with the decision, additional options may be available to you, depending on the type of plan that you or your employer have chosen and the state and/or federal rules that apply to that type of health plan. If the appeal involves a coverage decision concerning medical judgment, you may be able to request an external review by an independent review organization after your final internal appeal. If external review is available to you, your final appeal decision letter will include instructions on how to request this review.

\* If you are covered under an insurance policy or by an HMO, we address your concerns, complaints and appeals according to applicable state and federal rules. Those rules may vary from our national process described here. Please check your coverage materials for more information.

## Your Privacy Is Our Priority

We know how important it is to keep your Protected Health Information (PHI) safe. In the normal course of doing business we may create, obtain and/or maintain PHI about you. Federal law says that we must tell you how we may use and disclose your PHI and how you can access this information. We do this as part of our Privacy Notice.

The Privacy Notice is available online at **Cigna.com**. You can read it in English, Spanish and Traditional Chinese. If you want a paper copy, you can print one online or please call the number on your Cigna ID card and we'll be happy to mail you one. We also have copies ready in other languages if you need it.



**The Notice is available in English, Spanish and Traditional Chinese. If you prefer, you can get a copy of our Notice, or you can ask to receive the information in other languages, by calling customer service at the toll-free number on your ID card.**

## How We Assess Medical Technology

Cigna has a specific process to review new and emerging medical products, procedures, devices, therapies, pharmaceuticals, biologicals and behavioral health procedures. The Cigna Medical Technology Assessment Committee is made up of physicians of different types, including multiple medical, surgical and behavioral health specialties. It reviews literature, policies, technology assessments and evidence-based medicine summaries from external experts in the field to ensure that new products and procedures recommended for coverage are proven to be safe and effective for our customers. Cigna also consults with its internal professional subject matter experts as part of the review process. Generally, the Committee will not consider a new technology for coverage until U.S. Food and Drug Administration (FDA) regulatory approval is obtained.

In making its recommendations, the Cigna Medical Technology Assessment Committee looks to authoritative sources, including published peer-reviewed medical articles and clinical studies, approval from governmental bodies such as the U.S. FDA, medical professional specialty society positions and independent reviews from experts in the field.

After a new technology receives final approval from the appropriate governmental regulatory body (if needed), the Committee reviews the technology by looking at a number of questions, including:

- › Is the technology safe and effective?
- › Are the studies, if any, well conducted with sound study methodology?
- › Are health outcomes positive and/or do they have a beneficial effect?
- › Do positive outcomes outweigh any harmful effects?
- › Is the technology available outside of the investigational/research setting?

The coverage of a product or procedure also depends on the terms of your health plan.

## Prescription Coverage

*The information below is for customers who have Cigna-administered pharmacy benefits. Please check your plan materials for more information.*

The Cigna Prescription Drug List is a list of generic and brand-name medications your plan covers. 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.

### How can I see which medications are covered on my plan's drug list?

You can log in to the **myCigna**® App or **myCigna.com** to see if your plan covers your medication. You can also use the Price a Medication tool to see how much your medication may cost you at the different pharmacies in your plan's network, and look for lower cost alternatives (if available).

### Who decides which medications are covered?

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 prescribing health care professionals 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.

### Does my provider know which medications are covered on my plan's drug list?

Yes. Providers have many resources available to them that can help them find out which medications are covered on Cigna's drug lists.

### What if I need to take a medication that isn't covered on my plan's drug list?

Your plan may not cover certain 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 your plan doesn't cover and your prescribing health care professional feels an alternative isn't right for you, he or she can ask Cigna to consider approving coverage of your medication. If you don't get approval from Cigna and you continue to fill the non-covered medication, you'll pay its full cost out of pocket directly to the pharmacy. Also, the cost won't be applied to your annual deductible or out-of-pocket maximum.

If your medication is excluded from coverage (known as a "plan or benefit exclusion"), there's no option to receive coverage by showing that you need the medication for your treatment. Your plan simply doesn't cover the medication. In that case, you should talk with your prescribing health care professional to find out if there's another medication or treatment option that will work for you. For example, you may be able to use an over-the-counter (OTC) product, which is available without a prescription. It's important to know



that OTC medications aren't typically covered. If you choose to buy an OTC medication, you may have to pay the pharmacy's retail cash price out of pocket. Also, the cost won't be applied to your annual deductible or out-of-pocket maximum.

### Can I fill a prescription for any medication on my plan's drug list?

No. Certain medications need approval from Cigna before your plan will cover them. This is called "prior authorization." If your medication needs approval, ask your prescribing health care professional's office to contact Cigna to 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 the information your prescribing health care professional provides to make sure your medication meets coverage guidelines. We'll send you and your doctor a letter with next steps. It can take between 1-5 days to hear from us. You can always check with your doctor's office to find out if a decision's been made. If you don't get approval continue to fill your medication, you'll pay its full cost out-of-pocket directly to the pharmacy. Also, the cost won't be applied to your annual deductible or out-of-pocket maximum.

## Preventive Health Coverage

Your plan through Cigna covers designated preventive care services to help keep you well, not just services needed to treat an illness or injury. Your plan includes coverage for wellness services for women, men and children.

During a wellness exam, you and your health care provider will determine what tests and health screenings are right for you, based on your age, gender, personal health history and current health. Cigna's preventive care coverage complies with the Affordable Care Act (ACA). Services designated as preventive care include periodic well visits, routine immunizations and certain designated medical or behavioral screenings for symptom-free or disease-free individuals. They also include designated services for individuals at increased risk for a particular disease. Cigna provides a reference guide for services considered preventive care under your plan. For more information regarding preventive services, visit [myCigna.com](https://mycigna.com) and select "Coverage" then select "Medical." The Preventive Care Reference Guide is posted on this page under Preventive Care. Click on "View All Preventative Services." You may also call the toll-free number on your ID card to request a copy.

## Behavioral Case Management and Screenings

Cigna has Behavioral Case Management programs to help you make the most of your treatment and prescribed medicines. We can provide information and ideas to help you better understand your treatment and medicines. A case manager can help you create a personal plan for you or your family. Included in several programs are behavioral screenings to assess depression, alcohol use and substance use. For more information regarding Behavioral Case Management, call the toll-free number on your ID card.

## Health Assessment – 15 Minutes Can Change Your Health

Your health is your most important asset. Now there's a tool accessible from your personalized website that can help you take care of it. Use your health assessment as a quick, confidential survey that examines your health status so you can get answers to pressing health questions. Want to know which preventive screenings to consider? Need to lower your cholesterol, stop smoking or manage your emotional health more effectively? Interested in losing weight or improving your physical activity and healthy eating habits? Here's how your individual survey results can help.



- When you answer questions about your lifestyle, stress levels, habits, health history, weight, cholesterol, blood pressure, etc., you will get customized feedback that explains your risks for certain health conditions, and how to maintain or improve your health.
- Based on your answers, you may be able to participate in an online health coaching program that shows you how to make lifestyle changes over the course of a few weeks, or you may be referred to other online tools to help you manage health concerns.
- You can review your health benefit plan to see if you are eligible for personalized health coaching to help you manage any health risks.
- You can discuss your risks with your health care provider and develop steps for lowering your risk factors.



Quality designations, cost-efficiency and other ratings reflect a partial assessment of quality and cost-efficiency and should not be the sole basis for decision-making. They are not a guarantee of the quality of care that will be provided to individual patients. You are encouraged to consider all relevant factors and consult with your physician when selecting a provider. Providers are independent contractors solely responsible for care delivered. They are not agents of Cigna.

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