WELCOME TO CIGNA

Make the most of your plan with this quick guide

Your life is busy, but that doesn't mean it has to be complicated. 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.

Get to know your plan. The more you learn, the better prepared you can be to make choices about your health and health spending.

myCigna
With the **myCigna**® website and app, you can find providers, access wellness resources, review claims and more.

Online doctor visits
Connect with board-certified doctors and behavioral specialists via video chat or phone.[1]

24/7/365 support
Live customer service is always available.

Care management programs
Get help with a condition from a case manager or learn how to reach your health goals with online coaching.

WE CAN HELP YOU TO BE YOUR HEALTHIEST – BODY AND MIND.

Whole person health
Your emotional health is just as important as your physical health. It's easy to get support with in-network behavioral specialists available for care in person and online.

Preventive care
Receive eligible preventive care services from an in-network doctor at no additional cost to you.[2]

Specialty medications
We can help you understand, manage and treat complex conditions that require a specialty medication.

Health Information Line
Know before you go. Talk with a clinician who can help you choose the right care.

In-network care
Using doctors, hospitals and health facilities in your plan's network can help save you money.

Together, all the way.®

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myCigna

On **myCigna.com** and through the myCigna app, you can:

- Find in-network doctors and medical services
- Review coverage
- Manage and track claims
- View, print, fax ID card
- See cost estimates for medical procedures and prescription drugs
- Compare quality-of-care information for doctors and hospitals
- Compare prescription costs for 30-and 90-day medications and see if a lower-cost drug alternative is available
- Find retail pharmacies that offer a 90-day supply
- Access a variety of health and wellness tools and resources
  - Health assessment
  - Apps & Activities. Set and track your health goals
  - My Health Assistant digital lifestyle coaching
- Sign up to receive alerts when new plan documents are available

24/7/365 service

We're here when you need us. Just call the toll-free number on the back of your Cigna ID card, for live customer assistance anytime, day or night.

- Get answers to health, claims and benefit questions
- Order an ID card, update plan information and check claim status
- Talk with a licensed pharmacist anytime, day or night
- Talk with a clinician for help deciding where and when you should get treatment
- Find a health advocate for help improving specific health issues

Specialty medications

We can help you understand, manage and treat complex conditions that require a specialty medication. Our therapy management teams, made up of health advocates with nursing backgrounds, and pharmacists, are specially trained to help with your specific needs.

- Personalized, 24/7 support
- Condition-specific education on medication therapy and side effects
- Help with medication approval process
- Financial assistance programs, if needed

For more information call **800.351.3606**.

Preventive care

Getting and staying healthy is important. That's why eligible preventive care services are covered at no additional cost to you when you receive them from a doctor who participates in your plan's network. Covered preventive care services include, but are not limited to[3]:

- Screenings for blood pressure, cholesterol and diabetes
- Testing for colon cancer
- Clinical breast exams and mammograms
- Pap tests

Your physical and emotional health are connected. So, when you go for your annual check-up, be sure to talk with your doctor about what you're feeling both physically and emotionally.

Go to **myCigna.com** to see a full list of services covered under preventive care.

Health Information Line

Speak with a clinician who can help you understand and make informed decisions about health issues you are experiencing, at no extra cost.

Get help to choose the right care in the right setting at the right time, whether it's reviewing home treatment options, following up on a doctor's appointment or finding the nearest urgent care center in your plan's network. Just call the number on your Cigna ID card anytime day or night.

Online doctor visits

Amwell and MDLIVE

Connect with a board-certified doctor via video chat or phone, from your home, office or on the go, 24/7/365, including weekends and holidays.[1] You can get the care you need – including most prescriptions (when appropriate) – for many minor conditions. Your out-of-pocket cost is typically the same or less than a visit with your primary care provider.[1]

Use an Amwell or MDLIVE doctor for minor conditions.

- Allergies
- Asthma
- Bronchitis
- Colds and flu
- Ear infections
- Headaches
- Insect bites
- Joint aches and pains
- Nausea and vomiting
- Pink eye
- Poison ivy
- Rashes
- Respiratory infections
- Sinus infections
- Sore throats

Register today.

Once you do you'll be ready to get care – when and where you need it.

Download the vendor apps,[3] or register online or by phone.

AmwellforCigna.com | 855.667.9722

MDLIVEforCigna.com | 888.726.3171

Behavioral health – online and in person

For behavioral health and substance use care, get access to quality care that's convenient too. You have access to the Cigna Behavioral Health network of providers. To find online care:

- Go to **myCigna.com** > Find Care & Cost. Search for "Virtual Counselor" under "Doctor by Type"
- Call to make an appointment with your selected provider

Online visits with Cigna Behavioral Health network providers cost the same as an in-office visit. Costs vary by plan.[4]

In-network care

Save money when you use doctors, hospitals and health facilities that are part of your plan's network. Chances are there's a network doctor or facility right in your neighborhood. It's easy to find quality, cost-effective care at **myCigna.com**.

Care management programs

Personal services to help you with your personal health needs. A Cigna case manager, trained as a nurse, can work closely with you and your doctor to check on your progress. You can get help with conditions and illnesses such as cancer, end-stage renal disease, neonatal care and pain management.

You also have access to My Health Assistant on **myCigna.com** to help you:

- Control stress
- Lose weight and eat better
- Enjoy exercise
- Quit tobacco
- Manage diabetes, COPD, asthma and other conditions

Enroll online today. Go to **myCigna.com** > Wellness > My Health Assistant – Online Coaching Program

TIPS TO HELP YOU SAVE MONEY

1

Prescription drugs

- Find the complete list of covered medications on **myCigna.com**
- Generics offer the best value
- Know what brand-name drugs are covered in your plan
- Consider a 90-day supply of prescription drugs you take on a regular basis so you're less likely to miss a dose

2

Know where to go for care

- Use an emergency room for true emergencies
- Don't wait: Locate an in-network convenience care clinic or urgent care center near you, before you need it
- Don't be fooled: Some emergency rooms look like urgent care centers, so know what type of facilities are in your area

3

Health care provider choice

- Know which providers are in your network. Go to **myCigna** > Find Care & Costs
- You can also connect with a board-certified doctor via video chat or phone, 24/7/365[1]
- Use in-network national labs to help save money

4

Be proactive in your health

- Use the health improvement tools available to you
- Get information on the cost of medications and treatments to avoid surprises
- Use your preventive care benefits, learn your core health numbers and get more information at **Cigna.com/TakeControl**

Find your way to better health.

Get more information on all the programs that are available to you.

Visit **myCigna.com**.

Call the 24/7 customer service number on the back of your ID card.

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1. Amwell and MDLIVE are independent companies/entities and are not affiliated with Cigna. The services, websites and mobile apps are provided exclusively by Amwell and MDLIVE and not by Cigna. Providers are solely responsible for any treatment provided. Video chat may not be available in all areas or with all providers. Amwell/MDLIVE services are separate from your health plan's provider network and may not be available in all areas. A primary care provider referral is not required for Amwell/MDLIVE services.
2. Coverage for preventive care may vary, depending on the terms of your specific medical plan. Actual covered services may vary, depending on your age, gender and medical history. Not all preventive care services are covered. For example, immunizations for travel are generally not covered. For a complete list of covered preventive care services, contact your Cigna representative.
3. The downloading and use of any mobile app is subject to the terms and conditions of the app and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.
4. Plans vary, please check your plan materials for more information on what is covered under your plan.

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 complete details of coverage, see your plan documents. Providers that participate in the Cigna network are not agents of Cigna and are solely responsible for any treatment provided.

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THE CARE YOU NEED. THE SAVINGS YOU WANT.

Get both with Open Access Plus from Cigna.

Offering flexible access to thousands of providers – plus programs and services to support your whole health needs – the Open Access Plus (OAP) plan is designed to make it easier for you to get the quality care you need and the savings you want. So you can take control of your health: Body and mind.

Here's how it works.

- **Care coordination**
  Although it's not required, you can choose to select a primary care provider (PCP) as your personal health advocate. This will give you and your family a valuable resource to help coordinate care with other providers. Cigna is also here to help, anytime you need us.
- **In-network savings**
  You have the freedom to use any provider or facility of your choice, whether they are in the Cigna OAP network or out of the network. Just know that staying in-network will help keep your costs down and avoid any additional paperwork.
- **No-referral specialist care**
  If you need to see a specialist for any reason, you don't need a referral to see an in-network doctor. If you choose an out-of-network specialist, your care will be covered at the out-of-network level and you may be responsible for any preauthorizations needed.
- **Hospital stays**
  In an emergency, you have coverage. However, requests for nonemergency hospital stays (other than maternity stays) and some types of outpatient care must have prior authorization or be "precertified." This lets Cigna determine if the services are covered by your plan.

  If your doctor is in the Cigna Open Access Plus network, he or she will arrange for prior authorization. If you use an out-of-network doctor, you must make the arrangements.
- **Out-of-pocket costs**
  Depending on your plan, you may have to pay an annual amount (deductible) before your plan begins to pay for covered health care costs. You may also need to pay a copay and/or coinsurance (a portion of the covered charge) for covered services. Then, your plan pays the rest. Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100% for the rest of your plan year.

  If you receive out-of-network care, your costs will be higher. Out-of-network doctors and facilities may also bill you for charges that are not covered by the plan. Charges not covered by the plan do not contribute to your deductible or out-of-pocket limits.

Together, all the way.®

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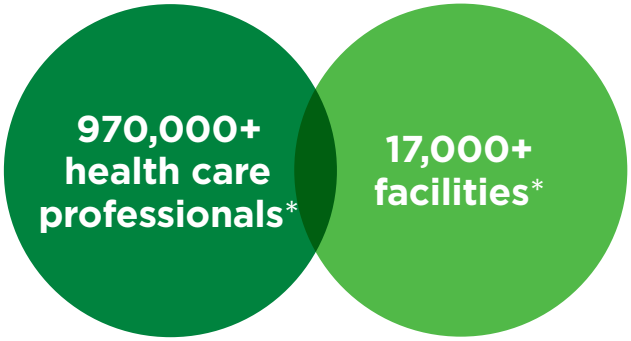
Large national network



Added convenience and support

- **Online doctor visits**
  Through Cigna Telehealth Connection, you can connect with doctors and behavioral health professionals by phone or video chat without leaving home or work. This nonemergency care is available 24/7 and costs the same or less than a regular doctor visit.**
- **Cigna Health Information Line**
  With the Cigna Health Information Line, clinicians are just a phone call away – 24/7, and at no extra cost. They can help you understand health issues you might be experiencing, and help you to make informed decisions – whether it's reviewing home treatment options, following up on a doctor's appointment, or choosing and finding the right care in the right setting.
- **Live, 24/7 customer service**
  Customer service representatives are here for you where and when you need us – over the phone, via chat at **myCigna.com** or on the myCigna® App.
- **The myCigna website and app**
  On **myCigna.com** and the myCigna App, you have easy access to personalized tools to help you take control of your health and your health care spending. From your computer or mobile device, you can:
  - Manage and track claims
  - See cost estimates for medical procedures
  - Compare quality information for doctors and hospitals
  - Track your account balances and deductibles
  - Use the easy health and wellness tools
  - Print a temporary ID card

Want to check if your doctor is in the Cigna OAP network before you enroll?

Just go to Cigna.com and click on "Find a Doctor, Dentist or Facility" and then click on "Plans through your employer or school" to search the provider directory.

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* Cigna's internal Central Provider File (CPF) as of March, 2019. Subject to change.

** Telehealth services are provided by third party companies/entities and not by Cigna. Providers are solely responsible for any treatment provided. Not all providers have video chat capabilities. Video chat is not available in all areas. A PCP referral is not required. Medical telehealth services are separate from your health plan's provider network. Telehealth services may not be available under all plan types. In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all services are eligible or may be covered under your specific medical plan. The following services are generally not covered: services that aren't medically necessary; experimental, investigational or unproven services; services for an injury or illness that occurs while working for pay or profit, including services covered by Worker's Compensation benefits; treatment of sexual dysfunction. This is a summary only and the terms of your specific medical plan may vary. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents.

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

FINDING A DOCTOR IN OUR DIRECTORY IS EASY

Is your doctor or hospital in your plan's Cigna network? Cigna's online directory makes it easy to find who (or what) you're looking for.

SEARCH YOUR PLAN'S NETWORK IN FOUR SIMPLE STEPS

Step 1

Go to **Cigna.com**, and click on "Find a Doctor" at the top of the screen. Then, under "How are you Covered?" select "Employer or School."

(If you're already a Cigna customer, log in to **myCigna.com** or the myCigna® app to search your current plan's network. To search other networks, use the **Cigna.com** directory.)

Step 2

Change the geographic location to the city/state or zip code you want to search. Select the search type and enter a name, specialty or other search term. Click on one of our suggestions or the magnifying glass icon to see your results.

Step 3

Answer any clarifying questions, and then verify where you live (as that will determine the networks available).

Step 4

Optional: Select one of the plans offered by your employer during open enrollment.

That's it! You can also refine your search results by distance, years in practice, specialty, languages spoken and more.

Search first. Then choose Cigna.

There are so many things to love about Cigna. Our directory search is just the beginning.

After you enroll, you'll have access to **myCigna.com** – your one-stop source for managing your health plan, anytime, just about anyplace. On **myCigna.com**, you can estimate your health care costs, manage and track claims, learn how to live a healthier life and more.

Questions? Call<phone number>

Together, all the way.®

Cigna®

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

WHEN LEAVING THE HOUSE IS EASIER SAID THAN DONE.

Get care whenever and wherever with medical and behavioral/mental health virtual care.

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

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

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

Convenient? Yes. Costly? No.

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

Behavioral/mental health virtual care costs the same as an in-office behavioral/mental health visit.

Together, all the way.®

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Medical virtual care

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

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

Behavioral/mental health virtual care

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

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

You have options.

Cigna partners with two national virtual care providers: Amwell™ and MDLIVE®.* Both are quality options, so no matter which one you choose, you can feel confident in your care.

Amwell – medical virtual care only.
855.667.9722

MDLIVE – medical and behavioral/mental health virtual care.
888.726.3171

Cigna Behavioral Health also provides access to video-based counseling through Cigna's network of providers. To find a provider:

- Visit **myCigna.com**, go to "Find Care & Costs" and enter "Virtual counselor" under "Doctor by Type"
- Call the number on the back of your Cigna ID card 24/7

To talk to a doctor, or schedule an appointment online, go to myCigna.com.

Medical virtual care is available from both Amwell and MDLIVE. Behavioral/mental health virtual care is available from MDLIVE.

* Availability may vary by location and plan type and is subject to change. See vendor sites for details.

Cigna provides access to virtual care through national telehealth providers as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan's network and may not be available in all areas or under all plan types. A Primary Care Provider referral is not required for this service.

In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all prescription drugs are covered. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.

SEE THE DIFFERENCE

with Cigna Vision.

A regular eye exam is important for keeping your eyes healthy. Eye diseases like glaucoma, cataracts and macular degeneration can affect the way you see. Schedule some time with an eye doctor for a vision and eye-health exam.

Eye-opening information

A routine eye and vision exam can help your doctor test your vision and spot the early stages of eye disease. It's important to get your eyes dilated during the exam. This can help spot certain eye diseases, including the early stages of diabetes.

Keep an eye on your kids

Eye exams aren't just for adults. They're also important for children. According to the American Optometric Association, one in four children has a vision problem that can affect their learning.**

Your kids may get a vision test at school or at their pediatrician's office. But these exams might not catch a serious eye disorder. That's why it's important to have your child visit an eye doctor, such as an optometrist or ophthalmologist. These specialists can help check your child's vision and eye health.

Make the most of your vision coverage

With your vision plan through Cigna, you and your covered family members have access to quality vision care. Your plan provides coverage for routine eye exams and may include glasses and/or contact lenses. Check your plan materials for details.

Also, make sure you know the difference between in-network and out-of-network coverage.

The inability of the eye to clearly focus on objects, known as a refractive error, is one of the most common and correctable causes of visual impairment in the United States.*

In-network: You'll save the most money if you pick an eye doctor from Cigna Vision's large network. And you'll have lots of choices. We offer one of the largest specialty networks of optometrists, ophthalmologists and nationally recognized eye care retailers.***

Out-of-network: If you choose a doctor who's not in the network, you'll have to pay the total amount due at your appointment. To get reimbursed, you'll need to submit a Cigna Vision claim form with an itemized receipt. You can find the claim form on **myCigna.com** on the "Forms" page. The whole amount may not be covered. You're responsible for paying any charges not covered under your plan.

Together, all the way.®

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Offered by: Cigna Health and Life Insurance Company.

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Finding an eye doctor

Please be aware that the Cigna Vision network is different from the networks supporting our health/ medical plans.

Choosing an eye doctor is easy with Cigna. There are three ways to find a quality in-network eye doctor in your area:

1. Log into **myCigna.com**, click "Coverage", and select "Vision page". Click on "Visit Cigna Vision". Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision Directory.
2. Don't have access to **myCigna.com**? Go to **Cigna.com**, At the top of the page select "Find A Doctor, Dentist or Facility", then click "Cigna Vision Directory", under Additional Directories.
3. Call the toll-free number found on your Cigna Vision ID card and talk with a Cigna customer service representative.

Looking for help?

If you have questions, we've got answers. Our customer service representatives can help you find a doctor and answer questions about coverage and claims.

Call the toll-free number found on your Cigna Vision ID card to talk with a Cigna customer service representative.

Or visit **myCigna.com** for personalized plan information.

What's Not Covered

Plan deductibles, coinsurance, copays, frequency limitations, allowances, and options may apply. In general, Cigna Vision plans do not cover the following: (a) Orthoptic or vision training and any associated supplemental testing; (b) Medical or surgical treatment of the eyes; (c) Any eye examination, or any corrective eyewear, required by an employer as a condition of employment; (d) Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related; (e) Charges in excess of the usual and customary charge for the Service or Materials; (e) Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy; (f) Experimental or non-conventional treatment or device (g) Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage; (h) VDT (video display terminal)/computer eyeglass benefit; and (i) Claims submitted and received in excess of twelve (12) months from the original Date of Service. Depending on the terms of your specific plan, the following also may not be covered: (a) Any non-prescription eyeglasses, lenses, or contact lenses; (b) Spectacle lens treatments, "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage; (c) Prescription sunglasses; (d) Two pair of glasses, in lieu of bifocals or trifocals; and (e) Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage. Your vision plan's actual terms may vary. Refer to your plan documents for the coverage details of your specific vision plan.

* CDC Vision Health Initiative: Common Eye Disorders, Web. Page last reviewed/updated September 29, 2015.
** Heiting OD, Gary. "Vision Problems of Schoolchildren" All About Vision. April 2017.
*** NetMinder 9/2018. The Ignition Group makes no warranty regarding the performance of the data and the results that will be obtained by using.

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CALL OR CLICK TO FIND A NETWORK DENTIST

It's easy with Cigna Dental Care (DHMO)*

Finding a Cigna Dental Care® network dentist or specialist is quick and easy. And how you do it is up to you. You can search online or call to speak with a customer service representative. **Remember to always pick a network general dentist who's within 25 miles of your location to ensure adequate access.**

Here's how

From myCigna.com – the easiest way

Once you enroll in a Cigna Dental Care plan, register at **myCigna.com**. Then the site will give you information for your specific dental plan. You can search for a dentist using your location, dentist name or procedure. Results can be further narrowed down using the prompts on the results page.

On the go? Not a problem. This information is also on the **myCigna® App**.**

We're with you every step of the way. To help you find better savings, better health and a better experience. From full-service to self-service, Cigna has your dentist search covered.

From Cigna.com

- To search for a dentist on **Cigna.com**, visit the site and click **"Find a Doctor, Dentist or Facility."**
- Follow the prompts on screen and when asked to choose your plan, select "CIGNA DENTAL CARE DHMO > Cigna Dental Care Access Plus.
- Review the lists given by specialty. Or narrow your search by typing in provider name, specialty or office name.
- Once you get your search results, you can further refine your search by:
  - Distance
  - Specialty
  - Years in practice
  - Additional languages
- Click on a dentist's name for more details. Such as office hours and location listings with map view.

Call us at 800.Cigna24 (800.244.6224)

Need help finding a Cigna Dental Care network dentist or specialist? Just give us a call. You can use the automated Dental Office Locator. Or, you can speak directly with a customer service representative. You can also ask for a directory customized by dentist type and location.

Call your current dentist

Your current dentist could be in-network. Call the office and ask if they participate in the Cigna Dental Care Access Plus network.

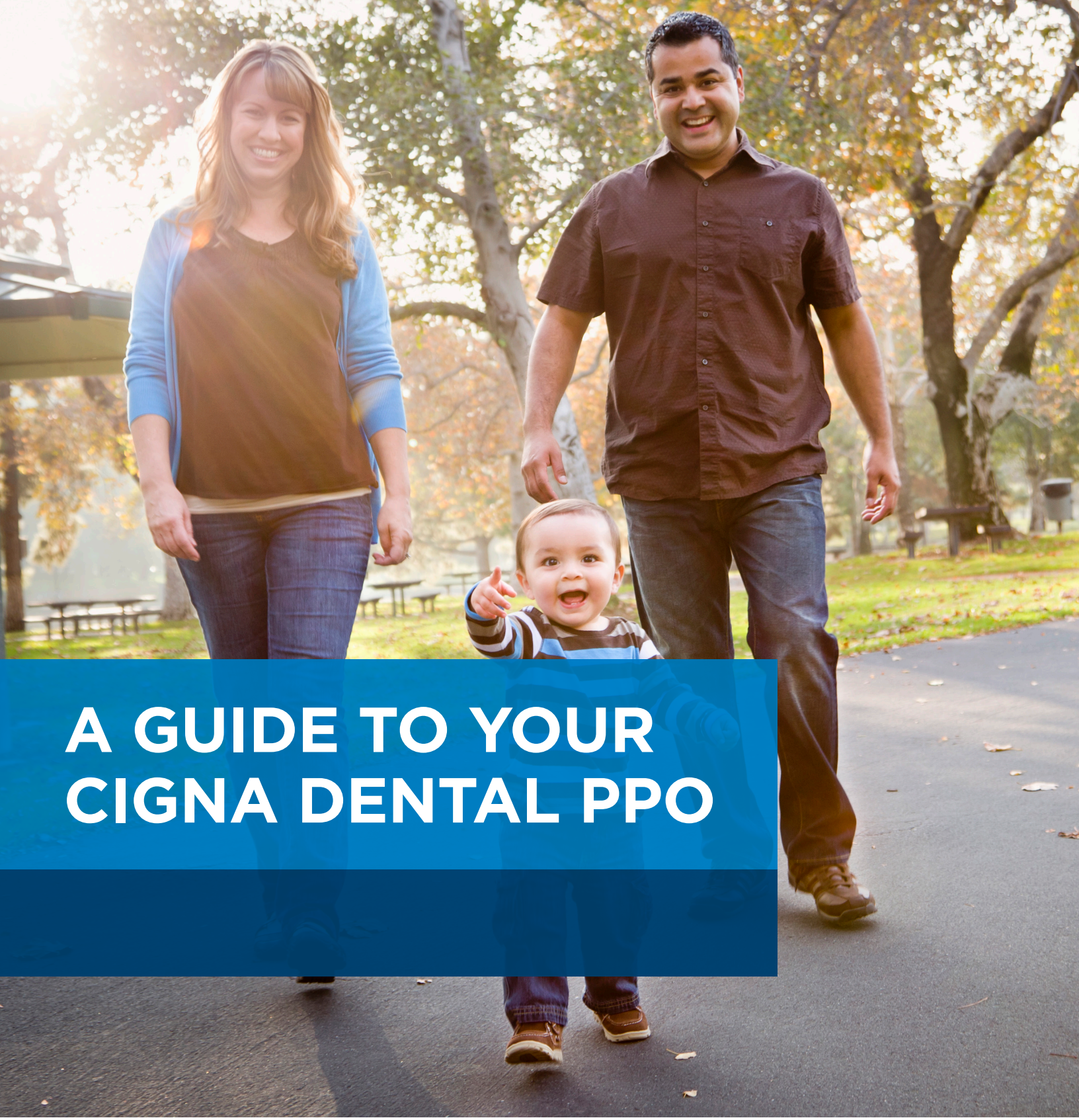
* The term DHMO ("Dental HMO") is used to refer to product designs that may differ by state of residence of enrollee, including but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna Dental Care (DHMO) product availability varies by state and is subject to change.

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

Together, all the way.®

Cigna®

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



A GUIDE TO YOUR CIGNA DENTAL PPO

Together, all the way.®

Cigna®

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

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Routine dental care does more than just brighten your smile.

Research shows that receiving regular dental care can help detect minor problems before they become major and expensive to treat.[1] Also, routine dental exams can help catch serious health problems, such as diabetes, leukemia, heart disease and kidney disease.[1] In fact, some diseases produce oral signs and symptoms.[1] So a healthier mouth may help you have a healthier life.

The Total Cigna Dental PPO (DPPO) network makes it easy to protect your health – and your smile – with the right dental care at the right price. You can choose a dentist from one large network directory that is easily accessible and searchable online. In addition, we offer online tools that allow you to make more informed decisions about your dentist and your dental care.

Understand how your plan works

When you choose a network dentist, your coverage includes a wide range of eligible services after you satisfy any waiting period and meet your deductible.

Your plan includes coverage for preventive dental care services, including cleanings, x-rays and more, at no additional cost or at a reduced cost to you.*

*Most plans limit cleanings and bitewing x-rays to two per calendar year, and full mouth/panorex x-rays to one every three calendar years. See your plan documents for a list of covered and non-covered services under your specific plan.

Additional considerations:

- Many diagnostic and preventive care procedures are covered at no additional cost or a reduced cost to you.
- For other services, you will usually pay a percentage of the cost – or coinsurance amount – to the dentist at the time of service.
- Your plan has an annual benefits maximum that limits what the plan will pay in covered charges for the plan year.**
- You don't need an ID card to receive dental care.
- You don't need to select a primary care dentist.
- You don't need a referral to receive care from a specialist.

**Depending on your plan, certain services such as covered preventive care services may not be subject to the plan's deductible, coinsurance and/or annual benefits maximum. See your plan materials for the details of your specific dental plan.

Your access – thousands of dentists, one directory

The Total Cigna DPPO network provides access to the largest network of dentists contracted to discounted fee arrangements.[2] We expect to have a total of 148,000[3] unique dentists available at 384,000[4] office locations. This means more convenience and greater savings for you.

Within Total Cigna DPPO, we offer two levels:

Cigna DPPO Advantage	Cigna DPPO
95,000 dentists **235,000** locations	**50,000** dentists **127,500** locations

All participating dentists are consolidated into one directory, which you can easily search online at **Cigna.com** and **myCigna.com**.

Additional programs for our DPPO customers

- Enjoy discounts on health-related products and services through Cigna Healthy Rewards®.[6]
- The Cigna Dental Oral Health Integration Program® offers enhanced dental coverage and more for dental customers with any of the following medical conditions: Diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program – those who qualify get reimbursed 100% of coinsurance for certain related dental procedures*** and are eligible for other perks!

*** Deductible does not apply. Reimbursement counts toward and is subject to annual benefits maximum for DPPO plans. Review your enrollment materials for complete details and a list of covered services.

The benefits of network care

You use your plan to receive dental care

network

Select a dentist or specialist from the network Total Cigna DPPO list

- Pay less for covered services because network dentists have agreed to offer services at lower negotiated rates.
- You may save on out-of-pocket costs for many services not covered under your plan. Network dentists have agreed to offer our customers discounted fees for all procedures on their fee schedules. (Not available in all states.)
- Network dentists will submit claims for you.
- All network dentists have met Cigna credentialing requirements based on national standards, and we repeat the process every three years.

out-of-network

Select any dentist or specialist

- Your out-of-pocket expenses will generally be higher because out-of-network dentists have not agreed to offer Cigna plan customers negotiated rates.
- Depending on your plan design, out-of-network dentists may bill you for the difference between the payment they receive from Cigna and their usual fees.
- You may have to file your own claims.

Please refer to your Summary of Benefits for:

- Specific plan details
- Any age and frequency limitations
- A complete list of exclusions and limitations

Enroll today

Make sure that you don't miss your opportunity to enroll for this important benefit. All you need to do is:

1. Review your plan materials and consider your family's needs.
2. Complete and sign the enrollment form and return it to your employer.

If your employer has a different process, follow those instructions.

Customer service

866.494.2111

We offer live customer service 24/7/365 with translation services in 150 languages and dialects

myCigna.com

- Information about dental coverage
- Claim status
- Dental office locations
- Eligibility and plan verification, and much more

Convenience at your fingertips

At Cigna, we think that dental care should be easy. It should offer the same experience that you expect in other parts of life.

That's why we have online tools to make this possible. These tools are easy and intuitive, built with best practices from the online shopping world. They include:

- **Brighter Score™.*** Use this scoring method to compare dentists. The score is based on things like affordability, patient experience and professional history.
- **Dental office reviews and comparisons.*** Find information to compare dental offices. View dentist profiles with photos and videos. Read verified patient reviews.
- **Enhanced search.** Search for a dentist by service. Information is personalized for your specific plan.
- **Easy access.** Use these features anytime, anywhere. 24/7 access on the go – on mobile phones or tablets. Use **myCigna.com** or our mobile app.[5]

These tools can help you make better choices for your family.

After you enroll

Visit **myCigna.com** for more information such as:

- Plan information
- Oral Health assessments and quizzes
- ID Card info
- Claim information
- Discounts on a variety of health and wellness products and services[6]

We are dedicated to providing better savings, better health, and a better experience

Our goal is to support you and your health. With Cigna, you benefit from a large network of dentists, discounted prices on quality dental care, and the tools you need to help you make informed decisions about your dental health. Enroll today and say yes to plans designed to provide better savings, better health and a better customer experience.

* Actual features may vary by dentist. Experience, rating and review features are provided through Brighter, Inc., an independent company. These and other dentist directory features are for educational purposes only and should not be the sole basis for decision-making. They are not a guarantee of the quality of care that will be delivered to individual customers. Customers are encouraged to consider all relevant factors and to speak with their treating dentist when choosing where to receive dental care.

1. Urse, Geraldine N. "Systemic Disease Manifestations in the Oral Cavity" Osteopathic Family Physician. Vol. 6, No. 3, June 2014.
2. NetMinder. DPPO data as of September 2015, reflecting Total Cigna DPPO counts of unique dentists. Data is subject to change. The Ignition Group makes no warranty regarding the performance of the data and the results that will be obtained by using.
3. Projected unique dentists for 2016. Year End. 139,962 total DPPO unique dentists as of 09/21/15.
4. Projected 2016 Year End access points. 359,671 total DPPO access points as of 09/21/15.
5. The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.
6. Healthy Rewards is a discount program. If your plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your plan benefits. **A discount program is NOT insurance, and you must pay the entire discounted charge.** Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time.

The dentists who participate in the Cigna network are independent contractors solely responsible for the treatment provided to their patients. They are not agents of Cigna.

All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan materials.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. Cigna Dental PPO plans are insured or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company (CGLIC), with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network. Policy forms: OK - HP-POL99 (CHLIC), GM6000 ELI288 et al (CGLIC); TN – HP-POL69/HC-CER2V1 et al (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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IMPORTANT NOTICE

Special Enrollment Requirements from Cigna

This flyer contains important information you should read before you enroll. If you have any questions about this information, please contact your benefits manager.

If You Are Declining Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if:

- You or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If the other coverage is COBRA continuation coverage, you and your dependents must complete your entire COBRA coverage period before you can enroll in this plan, even if your former employer ceases contributions toward the COBRA coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009 or later, if you or your dependents lose eligibility for state Medicaid or Children's Health Insurance Program (CHIP) coverage or become eligible for assistance with group health plan premium payment under a state Medicaid or CHIP plan, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the state Medicaid or CHIP coverage ends or you are determined eligible for premium assistance.

To request special enrollment or obtain more information, contact our Customer Service Team at 866.494.2111

Other Late Entrants

If you decide not to enroll in this plan now, then want to enroll later, you must qualify for special enrollment. If you do not qualify for special enrollment, you may have to wait until an open enrollment period, or you may not be able to enroll, depending on the terms and conditions of your health plan. Please contact your plan administrator for more information.

Together, all the way.®

Cigna®

837151 d PCL 08/16

Women's Health and Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance or copays applicable to other medical and surgical benefits provided under this plan as shown in the Summary of Benefits.

If you would like more information on WHCRA benefits, call our Customer Service Team at 866.494.2111.

837151 d PCL 08/16

NO PCL

K1-09 AZ

CIGNA DENTAL CARE® (*DHMO) PATIENT CHARGE SCHEDULE

This Patient Charge Schedule lists the benefits of the Dental Plan including covered procedures and patient charges.

Important Highlights

- This Patient Charge Schedule applies only when covered dental services are performed by your Network Dentist, unless otherwise authorized by Cigna Dental as described in your plan documents. Not all Network Dentists perform all listed services and it is suggested to check with your Network Dentist in advance of receiving services.
- This Patient Charge Schedule applies to Specialty Care when an appropriate referral is made to a Network Specialty Periodontist or Oral Surgeon. You should verify with the Network Specialty Dentist that your treatment plan has been authorized for payment by Cigna Dental. Prior authorization is not required for specialty referrals for Pediatric, Orthodontic and Endodontic services. You may select a Network Pediatric Dentist for your child under the age of 13 by calling Customer Service at 1.800.Cigna24 to get a list of Network Pediatric Dentists in your area. Coverage for treatment by a Pediatric Dentist ends on your child's 13th birthday; however, exceptions for medical reasons may be considered on an individual basis. Your Network General Dentist will provide care upon your child's 13th birthday.
- Procedures not listed on this Patient Charge Schedule are not covered and are the patient's responsibility at the dentist's usual fees.
- The administration of IV sedation, general anesthesia, and/or nitrous oxide is not covered except as specifically listed on this Patient Charge Schedule. The application of local anesthetic is covered as part of your dental treatment.
- Cigna Dental considers infection control and/or sterilization to be incidental to and part of the charges for services provided and not separately chargeable.

Important Highlights (Continued)

- This Patient Charge Schedule is subject to annual change in accordance with the terms of the group agreement.
- Procedures listed on the Patient Charge Schedule are subject to the plan limitations and exclusions described in your plan book/certificate of coverage and/or group contract.
- All patient charges must correspond to the Patient Charge Schedule in effect on the date the procedure is initiated.
- The American Dental Association may periodically change CDT Codes or definitions. Different codes may be used to describe these covered procedures.

CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (K1-09 AZ)

Code	Procedure Description	Patient Charge
Office visit fee (Per patient, per office visit in addition to any other applicable patient charges)		
	Office visit fee	$0.00
Diagnostic/preventive – Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: Periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), comprehensive periodontal evaluations (D0180), and oral evaluations for patients under 3 years of age (D0145). If your Network Dentist certifies to Cigna Dental that, due to medical necessity, you require certain Covered Services more frequently than the limitation allows, Cigna Dental will waive the applicable limitation. The relevant Covered Services are identified with a Δ.		
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	$0.00
D9430	Office visit for observation – No other services performed	$0.00
D9450	Case presentation – Detailed and extensive treatment planning	$0.00
D0120	Periodic oral evaluation – Established patient Δ	$0.00
D0140	Limited oral evaluation – Problem focused	$0.00
D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver Δ	$0.00
D0150	Comprehensive oral evaluation – New or established patient Δ	$0.00
D0160	Detailed and extensive oral evaluation - Problem focused, by report *(limit 2 per calendar year)* Δ	$0.00
D0170	Re-evaluation – Limited, problem focused (established patient; not post-operative visit)	$0.00
D0171	Re-evaluation – Post-operative office visit	$0.00
D0180	Comprehensive periodontal evaluation – New or established patient Δ	$33.00
D0210	X-rays intraoral – Complete series of radiographic images *(limit 1 every 3 years)* Δ	$0.00
D0220	X-rays intraoral – Periapical – First radiographic image	$0.00

CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (K1-09 AZ)

Code	Procedure Description	Patient Charge
D0230	X-rays intraoral – Periapical – Each additional radiographic image	$0.00
D0240	X-rays intraoral – Occlusal radiographic image	$0.00
D0250	X-rays extraoral – 2D projection radiographic image created using a stationary radiation source, and detector	$0.00
D0251	Extra-oral posterior dental radiographic image *(limit 1 per calendar year)* Δ	$0.00
D0270	X-rays (bitewing) – Single radiographic image	$0.00
D0272	X-rays (bitewings) – 2 radiographic images	$0.00
D0273	X-rays (bitewings) – 3 radiographic images	$0.00
D0274	X-rays (bitewings) – 4 radiographic images	$0.00
D0277	X-rays (bitewings, vertical) – 7 to 8 radiographic images	$0.00
D0330	X-rays (panoramic radiographic image) – *(limit 1 every 3 years)* Δ	$0.00
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures *(limit 1 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation)* Δ	$240.00
D0431	Oral cancer screening using a special light source	$50.00
D0460	Pulp vitality tests	$14.00
D0470	Diagnostic casts	$0.00
D0472	Pathology report – Gross examination of lesion (only when tooth related)	$0.00
D0473	Pathology report – Microscopic examination of lesion (only when tooth related)	$0.00
D0474	Pathology report – Microscopic examination of lesion and area (only when tooth related)	$0.00
D1110	Prophylaxis (cleaning) – Adult *(limit 2 per calendar year)* Δ	$0.00

CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (K1-09 AZ)

Code	Procedure Description	Patient Charge
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	$45.00
D1120	Prophylaxis (cleaning) – Child *(limit 2 per calendar year)* Δ	$0.00
	Additional prophylaxis (cleaning) – In addition to the 2 prophylaxes (cleanings) allowed per calendar year	$30.00
D1206	Topical application of fluoride varnish *(limit 2 per calendar year). There is a combined limit of a total of 2 D1206s and/or D1208s per calendar year.* Δ	$0.00
	Additional topical application of fluoride varnish in addition to any combination of two (2) D1206s (topical application of fluoride varnish) and/or D1208s (topical application of fluoride - excluding varnish) per calendar year	$15.00
D1208	Topical application of fluoride - Excluding varnish (*limit 2 per calendar year*) *There is a combined limit of a total of 2 D1208s and/or D1206s per calendar year.* Δ	$0.00
	Additional topical application of fluoride - Excluding varnish - In addition to any combination of two (2) D1206s (topical applications of fluoride varnish) and/or D1208s (topical application of fluoride - excluding varnish) per calendar year	$15.00
D1310	Nutritional counseling for control of dental disease	$0.00
D1330	Oral hygiene instructions	$0.00
D1351	Sealant – Per tooth	$12.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – Permanent tooth	$12.00
D1353	Sealant repair – Per tooth	$8.00
D1354	Interim caries arresting medicament application	$0.00
D1510	Space maintainer – Fixed – Unilateral	$110.00
D1515	Space maintainer – Fixed – Bilateral	$170.00
D1520	Space maintainer – Removable – Unilateral	$110.00

CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (K1-09 AZ)

Code	Procedure Description	Patient Charge
D1525	Space maintainer – Removable – Bilateral	$170.00
D1550	Re-cement or re-bond space maintainer	$0.00
D1555	Removal of fixed space maintainer	$0.00
D1575	Distal shoe space maintainer – Fixed – Unilateral	$121.00
Restorative (fillings, including polishing)		
D2140	Amalgam – 1 surface, primary or permanent	$0.00
D2150	Amalgam – 2 surfaces, primary or permanent	$0.00
D2160	Amalgam – 3 surfaces, primary or permanent	$0.00
D2161	Amalgam – 4 or more surfaces, primary or permanent	$0.00
D2330	Resin-based composite – 1 surface, anterior	$0.00
D2331	Resin-based composite – 2 surfaces, anterior	$0.00
D2332	Resin-based composite – 3 surfaces, anterior	$0.00
D2335	Resin-based composite – 4 or more surfaces or involving incisal angle, anterior	$88.00
D2390	Resin-based composite crown, anterior	$88.00
D2391	Resin-based composite – 1 surface, posterior	$47.00
D2392	Resin-based composite – 2 surfaces, posterior	$59.00
D2393	Resin-based composite – 3 surfaces, posterior	$82.00
D2394	Resin-based composite – 4 or more surfaces, posterior	$115.00
Crown and bridge – All charges for crown and bridge (fixed partial denture) are per unit (each replacement or supporting tooth equals 1 unit).Coverage for replacement of crowns and bridges is limited to 1 every 5 years. If your Network Dentist certifies to Cigna Dental that, due to medical necessity, you require certain Covered Services more frequently than the limitation allows, Cigna Dental will waive the applicable limitation.		
	Additional charge per tooth/unit for crowns, inlays, onlays, post and cores, and veneers if your dentist uses same day in-office CAD/CAM (ceramic) services. Same day in-office CAD/CAM	$150.00

Code	Procedure Description	Patient Charge
	(ceramic) services refer to dental restorations that are created in the dental office by the use of a digital impression and an in-office CAD/CAM milling machine.	
D2510	Inlay – Metallic – 1 surface	$410.00
D2520	Inlay – Metallic – 2 surfaces	$410.00
D2530	Inlay – Metallic – 3 or more surfaces	$410.00
D2542	Onlay – Metallic – 2 surfaces	$470.00
D2543	Onlay – Metallic – 3 surfaces	$470.00
D2544	Onlay – Metallic – 4 or more surfaces	$470.00
D2710	Crown - Resin-based composite (Indirect)	$245.00
D2712	Crown - 3/4 resin-based composite (indirect)	$355.00
D2720	Crown - Resin with high noble metal	$365.00
D2721	Crown - Resin Based with Predominantly Base Metal	$325.00
D2722	Crown - Resin with noble metal	$345.00
D2740	Crown – Porcelain/ceramic substrate	$490.00
D2750	Crown – Porcelain fused to high noble metal	$450.00
D2751	Crown – Porcelain fused to predominantly base metal	$400.00
D2752	Crown – Porcelain fused to noble metal	$425.00
D2780	Crown – 3/4 cast high noble metal	$460.00
D2781	Crown – 3/4 cast predominantly base metal	$410.00
D2782	Crown – 3/4 cast noble metal	$435.00
D2783	Crown - 3/4 Porcelain/Ceramic	$490.00
D2790	Crown – Full cast high noble metal	$460.00
D2791	Crown – Full cast predominantly base metal	$410.00
D2792	Crown – Full cast noble metal	$435.00

CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (K1-09 AZ)

Code	Procedure Description	Patient Charge
D2794	Crown – Titanium	$460.00
D2799	Provisional Crown	$130.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$43.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	$43.00
D2920	Re-cement or re-bond crown	$43.00
D2929	Prefabricated porcelain/ceramic crown - Primary tooth	$165.00
D2930	Prefabricated stainless steel crown – Primary tooth	$105.00
D2931	Prefabricated stainless steel crown – Permanent tooth	$105.00
D2932	Prefabricated resin crown	$135.00
D2933	Prefabricated stainless steel crown with resin window	$165.00
D2934	Prefabricated esthetic coated stainless steel crown – Primary tooth	$165.00
D2940	Protective restoration	$13.00
D2941	Interim therapeutic restoration - Primary dentition	$13.00
D2950	Core buildup – Including any pins	$135.00
D2951	Pin retention – Per tooth – In addition to restoration	$13.00
D2952	Post and core – In addition to crown, indirectly fabricated	$165.00
D2954	Prefabricated post and core – In addition to crown	$135.00
D2960	Labial veneer (resin laminate) – Chairside	$94.00
D6210	Pontic – Cast high noble metal	$450.00
D6211	Pontic – Cast predominantly base metal	$410.00
D6212	Pontic – Cast noble metal	$435.00
D6214	Pontic – Titanium	$460.00

CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (K1-09 AZ)

Code	Procedure Description	Patient Charge
D6240	Pontic – Porcelain fused to high noble metal	$450.00
D6241	Pontic – Porcelain fused to predominantly base metal	$410.00
D6242	Pontic – Porcelain fused to noble metal	$435.00
D6245	Pontic – Porcelain/ceramic	$455.00
D6602	Retainer inlay – Cast high noble metal, 2 surfaces	$450.00
D6603	Retainer inlay – Cast high noble metal, 3 or more surfaces	$460.00
D6604	Retainer inlay – Cast predominantly base metal, 2 surfaces	$390.00
D6605	Retainer inlay – Cast predominantly base metal, 3 or more surfaces	$400.00
D6606	Retainer inlay – Cast noble metal, 2 surfaces	$415.00
D6607	Retainer inlay – Cast noble metal, 3 or more surfaces	$425.00
D6610	Retainer onlay – Cast high noble metal, 2 surfaces	$440.00
D6611	Retainer onlay – Cast high noble metal, 3 or more surfaces	$460.00
D6612	Retainer onlay – Cast predominantly base metal, 2 surfaces	$390.00
D6613	Retainer onlay – Cast predominantly base metal, 3 or more surfaces	$400.00
D6614	Retainer onlay – Cast noble metal, 2 surfaces	$415.00
D6615	Retainer onlay – Cast noble metal, 3 or more surfaces	$435.00
D6624	Retainer inlay – Titanium	$450.00
D6634	Retainer onlay – Titanium	$450.00
D6740	Retainer crown – Porcelain/ceramic	$500.00
D6750	Retainer crown – Porcelain fused to high noble metal	$460.00
D6751	Retainer crown – Porcelain fused to predominantly base metal	$410.00
D6752	Retainer crown – Porcelain fused to noble metal	$435.00
D6780	Retainer crown – 3/4 cast high noble metal	$460.00

CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (K1-09 AZ)

Code	Procedure Description	Patient Charge
D6781	Retainer crown – 3/4 cast predominantly base metal	$410.00
D6782	Retainer crown – 3/4 cast noble metal	$435.00
D6790	Retainer crown – Full cast high noble metal	$460.00
D6791	Retainer crown – Full cast predominantly base metal	$410.00
D6792	Retainer crown – Full cast noble metal	$435.00
D6794	Retainer crown – Titanium	$460.00
D6930	Re-cement or re-bond fixed partial denture	$61.00
	Complex rehabilitation – Additional charge per unit for multiple crown units/complex rehabilitation *(6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit – ask your dentist for the guidelines)*	$135.00
Endodontics (root canal treatment, excluding final restorations)		
D3110	Pulp cap – Direct (excluding final restoration)	$14.00
D3120	Pulp cap – Indirect (excluding final restoration)	$14.00
D3220	Pulpotomy – Removal of pulp, not part of a root canal	$72.00
D3221	Pulpal debridement (not to be used when root canal is done on the same day)	$72.00
D3222	Partial pulpotomy for apexogenesis – Permanent tooth with incomplete root development	$72.00
D3310	Anterior root canal – Permanent tooth (excluding final restoration)	$210.00
D3320	Bicuspid root canal – Permanent tooth (excluding final restoration)	$245.00
D3330	Molar root canal – Permanent tooth (excluding final restoration)	$335.00
D3331	Treatment of root canal obstruction – Nonsurgical access	$97.00
D3332	Incomplete endodontic therapy – Inoperable, unrestorable or fractured tooth	$97.00

CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (K1-09 AZ)

Code	Procedure Description	Patient Charge
D3333	Internal root repair of perforation defects	$97.00
D3346	Retreatment of previous root canal therapy – Anterior	$300.00
D3347	Retreatment of previous root canal therapy – Bicuspid	$345.00
D3348	Retreatment of previous root canal therapy – Molar	$430.00
D3410	Apicoectomy/periradicular surgery – Anterior	$275.00
D3421	Apicoectomy/periradicular surgery – Bicuspid (first root)	$305.00
D3425	Apicoectomy/periradicular surgery – Molar (first root)	$340.00
D3426	Apicoectomy/periradicular surgery (each additional root)	$110.00
D3427	Periradicular surgery without apicoectomy	$275.00
D3430	Retrograde filling per root	$72.00
Periodontics (treatment of supporting tissues (gum and bone) of the teeth) - Periodontal regenerative procedures are limited to 1 regenerative procedure per site (or per tooth, if applicable), when covered on the Patient Charge Schedule. The relevant procedure codes are D4263, D4264, D4266 and D4267. Localized delivery of antimicrobial agents is limited to 8 teeth (or 8 sites, if applicable) per 12 consecutive months, when covered on the Patient Charge Schedule.		
D4210	Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	$180.00
D4211	Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	$91.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$91.00
D4240	Gingival flap (including root planing) – 4 or more teeth per quadrant	$235.00
D4241	Gingival flap (including root planing) – 1 to 3 teeth per quadrant	$125.00
D4245	Apically positioned flap	$235.00
D4249	Clinical crown lengthening – Hard tissue	$255.00
D4260	Osseous surgery – 4 or more teeth per quadrant	$400.00
D4261	Osseous surgery – 1 to 3 teeth per quadrant	$240.00

CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (K1-09 AZ)

Code	Procedure Description	Patient Charge
D4263	Bone replacement graft – Retained natural tooth - First site in quadrant	$290.00
D4264	Bone replacement graft – Retained natural tooth - Each additional site in quadrant	$225.00
D4266	Guided tissue regeneration – Resorbable barrier per site	$380.00
D4267	Guided tissue regeneration – Nonresorbable barrier per site (includes membrane removal)	$430.00
D4270	Pedicle soft tissue graft procedure	$300.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	$310.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous *(missing)* tooth position in graft	$310.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous *(missing)* tooth position in same graft site	$155.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor materials) – Each additional contiguous tooth, implant or edentulous tooth position in same graft site	$155.00
D4341	Periodontal scaling and root planing – 4 or more teeth per quadrant *(limit 4 quadrants per consecutive 12 months)*	$83.00
D4342	Periodontal scaling and root planing – 1 to 3 teeth per quadrant *(limit 4 quadrants per consecutive 12 months)*	$42.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation *(limit 1 per calendar year)*	$0.00
	Additional scaling in presence of generalized moderate or severe gingival inflammation – Full mouth, after oral evaluation (*limit 2 per calendar year)*	$45.00

CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (K1-09 AZ)

Code	Procedure Description	Patient Charge
D4355	Full mouth debridement to allow evaluation and diagnosis *(1 per lifetime)*	$65.00
D4381	Localized delivery of antimicrobial agents per tooth	$45.00
D4910	Periodontal maintenance *(limit 4 per calendar year) (only covered after active periodontal therapy)*	$53.00
Prosthetics (removable tooth replacement – dentures) - Includes up to 4 adjustments within first 6 months after insertion – Replacement limit 1 every 5 years.		
D5110	Full upper denture	$625.00
D5120	Full lower denture	$625.00
D5130	Immediate full upper denture	$680.00
D5140	Immediate full lower denture	$680.00
D5211	Upper partial denture – Resin base (including clasps, rests and teeth)	$525.00
D5212	Lower partial denture – Resin base (including clasps, rests and teeth)	$525.00
D5213	Upper partial denture – Cast metal framework (including clasps, rests and teeth)	$715.00
D5214	Lower partial denture – Cast metal framework (including clasps, rests and teeth)	$715.00
D5221	Immediate maxillary partial denture – Resin base (including any conventional clasps, rests and teeth)	$525.00
D5222	Immediate mandibular partial denture – Resin base (including conventional clasps, rests and teeth)	$525.00
D5223	Immediate maxillary partial denture – Cast metal framework with resin denture base (including any conventional clasps, rests and teeth	$715.00
D5224	Immediate mandibular partial denture – Cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$715.00

CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (K1-09 AZ)

Code	Procedure Description	Patient Charge
D5225	Upper partial denture – Flexible base (including clasps, rests and teeth)	$605.00
D5226	Lower partial denture – Flexible base (including clasps, rests and teeth)	$605.00
D5410	Adjust complete denture – Upper	$43.00
D5411	Adjust complete denture – Lower	$43.00
D5421	Adjust partial denture – Upper	$46.00
D5422	Adjust partial denture – Lower	$46.00
Repairs to prosthetics		
D5510	Repair broken complete denture base	$88.00
D5520	Replace missing or broken teeth – Complete denture (each tooth)	$76.00
D5610	Repair resin denture base	$88.00
D5630	Repair or replace broken clasp - Per tooth	$110.00
D5640	Replace broken teeth – Per tooth	$81.00
D5650	Add tooth to existing partial denture	$88.00
D5660	Add clasp to existing partial denture - Per tooth	$110.00
Denture relining (limit 1 every 36 months)		
D5710	Rebase complete upper denture	$250.00
D5711	Rebase complete lower denture	$250.00
D5720	Rebase upper partial denture	$250.00
D5721	Rebase lower partial denture	$250.00
D5730	Reline complete upper denture – Chairside	$145.00
D5731	Reline complete lower denture – Chairside	$145.00
D5740	Reline upper partial denture – Chairside	$145.00

CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (K1-09 AZ)

Code	Procedure Description	Patient Charge
D5741	Reline lower partial denture – Chairside	$145.00
D5750	Reline complete upper denture – Laboratory	$210.00
D5751	Reline complete lower denture – Laboratory	$210.00
D5760	Reline upper partial denture – Laboratory	$210.00
D5761	Reline lower partial denture – Laboratory	$210.00
Interim dentures (limit 1 every 5 years)		
D5810	Interim complete denture – Upper	$315.00
D5811	Interim complete denture – Lower	$315.00
D5820	Interim partial denture – Upper	$280.00
D5821	Interim partial denture – Lower	$280.00
Implant/abutment supported prosthetics – All charges for crown and bridge (fixed partial denture) are per unit (each replacement on a supporting implant(s) equals 1 unit). Coverage for replacement of crowns and bridges and implant supported dentures is limited to 1 every 5 years.		
	Additional charge per tooth/unit for crowns, inlays, onlays, post and cores, and veneers if your dentist uses same day in-office CAD/CAM (ceramic) services. Same day in-office CAD/CAM (ceramic) services refer to dental restorations that are created in the dental office by the use of a digital impression and an in-office CAD/CAM milling machine.	$150.00
D6058	Abutment supported porcelain/ceramic crown	$790.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	$750.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	$700.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	$725.00
D6062	Abutment supported cast metal crown (high noble metal)	$750.00

CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (K1-09 AZ)

Code	Procedure Description	Patient Charge
D6063	Abutment supported cast metal crown (predominantly base metal)	$700.00
D6064	Abutment supported cast metal crown (noble metal)	$725.00
D6065	Implant supported porcelain/ceramic crown	$790.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	$750.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	$750.00
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture	$790.00
D6069	Abutment supported retainer for porcelain fused to metal fixed partial denture (high noble metal)	$750.00
D6070	Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal)	$700.00
D6071	Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal)	$725.00
D6072	Abutment supported retainer for cast metal fixed partial denture (high noble metal)	$750.00
D6073	Abutment supported retainer for cast metal fixed partial denture (predominantly base metal)	$700.00
D6074	Abutment supported retainer for cast metal fixed partial denture (noble metal)	$725.00
D6075	Implant supported retainer for ceramic fixed partial denture	$790.00
D6076	Implant supported retainer for porcelain fused to metal fixed partial denture (titanium, titanium alloy, high noble metal)	$750.00
D6077	Implant supported retainer for cast metal fixed partial denture (titanium, titanium alloy, high noble metal)	$750.00
D6085	Provisional implant crown	$130.00
D6092	Re-cement implant/abutment supported crown	$82.00

CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (K1-09 AZ)

Code	Procedure Description	Patient Charge
D6093	Re-cement implant/abutment supported fixed partial denture	$99.00
D6094	Abutment supported crown (titanium)	$750.00
D6110	Implant /abutment supported removable denture for edentulous arch – Maxillary	$925.00
D6111	Implant /abutment supported removable denture for edentulous arch – Mandibular	$925.00
D6112	Implant /abutment supported removable denture for partially edentulous arch – Maxillary	$1,015.00
D6113	Implant /abutment supported removable denture for partially edentulous arch – Mandibular	$1,015.00
D6114	Implant /abutment supported fixed denture for edentulous arch – Maxillary	$925.00
D6115	Implant /abutment supported fixed denture for edentulous arch – Mandibular	$925.00
D6116	Implant /abutment supported fixed denture for partially edentulous arch – Maxillary	$1,015.00
D6117	Implant /abutment supported fixed denture for partially edentulous arch – Mandibular	$1,015.00
D6194	Abutment supported retainer crown for fixed partial denture (titanium)	$750.00
	Complex rehabilitation on implant/abutment supported prosthetic procedures – Additional charge per unit for multiple crown units/complex rehabilitation *(6 or more units of crown and/or bridge in same treatment plan requires complex rehabilitation for each unit – ask your dentist for the guidelines)*	$135.00
Oral surgery (includes routine postoperative treatment) - Surgical removal of impacted tooth – Not covered for ages below 15 unless pathology (disease) exists.		
D7111	Extraction of coronal remnants – Deciduous tooth	$12.00
D7140	Extraction, erupted tooth or exposed root – Elevation and/or forceps removal	$12.00

CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (K1-09 AZ)

Code	Procedure Description	Patient Charge
D7210	Extraction, erupted tooth – Removal of bone and/or section of tooth	$53.00
D7220	Removal of impacted tooth – Soft tissue	$46.00
D7230	Removal of impacted tooth – Partially bony	$91.00
D7240	Removal of impacted tooth – Completely bony	$115.00
D7241	Removal of impacted tooth – Completely bony, unusual complications (narrative required)	$125.00
D7250	Removal of residual tooth roots – Cutting procedure	$53.00
D7251	Coronectomy – Intentional partial tooth removal	$91.00
D7260	Oroantral fistula closure	$125.00
D7261	Primary closure of a sinus perforation	$125.00
D7270	Tooth stabilization of accidentally evulsed or displaced tooth	$14.00
D7280	Exposure of an unerupted tooth *(excluding wisdom teeth)*	$14.00
D7283	Placement of device to facilitate eruption of impacted tooth	$8.00
D7285	Incisional biopsy of oral tissue – Hard (bone, tooth) *(tooth related – not allowed when in conjunction with another surgical procedure)*	$78.00
D7286	Incisional biopsy of oral tissue – Soft (all others) *(tooth related – not allowed when in conjunction with another surgical procedure)*	$65.00
D7287	Exfoliative cytological sample collection	$78.00
D7288	Brush biopsy – Transepithelial sample collection	$78.00
D7310	Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	$58.00
D7311	Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	$33.00
D7320	Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant	$78.00

CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (K1-09 AZ)

Code	Procedure Description	Patient Charge
D7321	Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant	$40.00
D7450	Removal of benign odontogenic cyst or tumor – Up to 1.25 cm	$14.00
D7451	Removal of benign odontogenic cyst or tumor – Greater than 1.25 cm	$14.00
D7471	Removal of lateral exostosis – Maxilla or mandible	$14.00
D7472	Removal of torus palatinus	$14.00
D7473	Removal of torus mandibularis	$14.00
D7485	Reduction of osseous tuberosity	$78.00
D7510	Incision and drainage of abscess – Intraoral soft tissue	$14.00
D7511	Incision and drainage of abscess – Intraoral soft tissue – Complicated	$20.00
D7880	Occlusal orthotic device, by report - *(limit 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment)*	$330.00
D7881	Occlusal orthotic device adjustment	$43.00
D7960	Frenulectomy – Also known as frenectomy or frenotomy – Separate procedure not incidental to another procedure	$14.00
D7963	Frenuloplasty	$20.00
Orthodontics (tooth movement) - Orthodontic treatment (Maximum benefit of 24 months of interceptive and/or comprehensive treatment. Atypical cases or cases beyond 24 months require an additional payment by the patient.)		
D8050	Interceptive orthodontic treatment of the primary dentition – Banding	$480.00
D8060	Interceptive orthodontic treatment of the transitional dentition – Banding	$480.00
D8070	Comprehensive orthodontic treatment of the transitional dentition – Banding	$500.00

CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (K1-09 AZ)

Code	Procedure Description	Patient Charge
D8080	Comprehensive orthodontic treatment of the adolescent dentition – Banding	$515.00
D8090	Comprehensive orthodontic treatment of the adult dentition – Banding	$515.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	$67.00
D8670	Periodic orthodontic treatment visit Children – Up to 19th birthday:	
	24-month treatment fee	$2,040.00
	Charge per month for 24 months	$85.00
	Adults:	
	24-month treatment fee	$2,376.00
	Charge per month for 24 months	$99.00
D8680	Orthodontic retention – Removal of appliances, construction and placement of retainer(s)	$345.00
D8681	Removable orthodontic retainer adjustment	$0.00
D8999	Unspecified orthodontic procedure – By report *(orthodontic treatment plan and records)*	$195.00
General anesthesia/IV sedation – General anesthesia is covered when performed by an oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. IV sedation is covered when performed by a periodontist or oral surgeon when medically necessary for covered procedures listed on the Patient Charge Schedule. Plan limitation for this benefit is 1 hour per appointment. There is no coverage for general anesthesia or IV sedation when used for the purpose of anxiety control or patient management.		
D9223	Deep sedation/general anesthesia – Each 15 minute increment	$95.00
D9243	Intravenous moderate (conscious) sedation/analgesia – Each 15 minute increment	$95.00

CIGNA DENTAL CARE
PATIENT CHARGE SCHEDULE (K1-09 AZ)

Code	Procedure Description	Patient Charge
Emergency services		
D9110	Palliative (emergency) treatment of dental pain – Minor procedure	$0.00
D9440	Office visit – After regularly scheduled hours	$55.00
Miscellaneous services		
D9940	Occlusal guard – By report *(limit 1 per 24 months)*	$205.00
D9941	Fabrication of athletic mouthguard *(limit 1 per 12 months)*	$110.00
D9943	Occlusal guard adjustment	$0.00
D9951	Occlusal adjustment – Limited	$40.00
D9952	Occlusal adjustment – Complete	$210.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays *(all other methods of bleaching are not covered)*	$165.00

After your enrollment is effective:

Call the dental office identified in your Welcome Kit. If you wish to change dental offices, a transfer can be arranged at no charge by calling Cigna Dental at the toll free number listed on your ID card or plan materials. Multiple ways to locate a (*DHMO) Network General Dentist:

- Online provider directory at **Cigna.com**
- Online provider directory on **myCigna.com**
- Call the number located on your ID card to:
  - Use the Dental Office Locator via Speech Recognition
  - Speak to a Customer Service Representative

EMERGENCY: If you have a dental emergency as defined in your group's plan documents, contact your Network General Dentist as soon as possible. If you are out of your service area or unable to contact your Network Office, emergency care can be rendered by any licensed dentist. Definitive treatment (e.g., root canal) is not considered emergency care and should be performed or referred by your Network General Dentist. Consult your group's plan documents for a complete definition of dental emergency, your emergency benefit and a listing of Exclusions and Limitations.

* 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.

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Cigna Healthcare Financial Exhibit for:

AIRES, LLC

Effective Date: July 01, 2022

This is a summary of benefits for your dental plan.
All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.
Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

Plan Design	Total Cigna DPPO	Out-of-Network
Calendar Year Maximum		
(Class I, II, III Expenses)	$1500, Class I Applies	$1000, Class I Applies
Calendar Year Deductible		
Per Individual	$50	$50
Per Family	$150	$150
Class I Expenses - Preventive & Diagnostic Care		
Oral Exams Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-rays	100%, No Deductible	100%, No Deductible
Class II Expenses - Basic Restorative Care		
Emergency Care to Relieve Pain Fillings Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth	80%, After Deductible	80%, After Deductible
Class III Expenses - Major Restorative Care		
Anesthetics Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Repairs - Dentures Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges Brush Biopsy	50%, After Deductible	50%, After Deductible
Class IV Expenses - Orthodontia		
Coverage for Eligible Children Only	50%, No Ortho Deductible	50%, No Ortho Deductible
Lifetime Maximum	$1000	$1000
Dental Plan Reimbursement Levels	Based on Contracted Fees	90th Percentile of Allowed Charges***
Additional Member Responsibility in excess of Coinsurance	None	Yes, the difference between the member's dentist's billed charges and the dental plan reimbursement level***
Student/Dependent Age	26/26	

Cigna Healthcare Financial Exhibit for:

AIRES, LLC

Effective Date: July 01, 2022

Cigna Dental PPO / Indemnity Exclusions and Limitations:

Procedure	Exclusions & Limitations
Exams	1 per 6-month consecutive period
Prophylaxis (cleanings)	1 routine prophy or perio maintenance procedure per 6-month consecutive period
Fluoride Treatments	1 per consecutive 12 months for participants younger than age 14
X-Rays (routine)	Bitewings: 1 set in any consecutive 12 month period. Limited to a maximum of 4 films per set.
X-Rays (non-routine)	Full mouth or Panorex: 1 per 60 consecutive months
Periapical X-rays:	4 in 12 consecutive months if not performed in conjunction with an operative procedure
Intraoral Occlusal X-rays:	2 in 12 consecutive months
Models	Not covered
Space Maintainers	No frequency limit for participants under age 14.
Fillings	1 per tooth per 12 consecutive months (applies to replacement of identical surface fillings only). No white-colored fillings on bicuspid or molar teeth.
Sealants	1 treatment per tooth per lifetime up to age 14. Payable on unrestored permanent bicuspid or molar teeth only
Minor Perio (non-surgical)	Root planing-1 per quadrant per 36 consecutive months
Perio Surgery	1 per 36 consecutive months per area of the mouth (same service)
Crowns and Inlays	Replacement limited to 1 per 84 consecutive months. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. Replacement must be indicated by major decay. For participants younger than age 16, benefits are limited to resin or stainless steel.
Stainless Steel & Resin Crowns	1 per 36 consecutive months for participants younger than age 16, primary teeth will be treated with Stainless Steel Crowns.
Prosthesis over Implants	1 per 84 consecutive months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.
Bridges	Replacement limited to 1 per 84 consecutive months, if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Dentures and Partials	Replacement limited to 1 per 84 consecutive months, if unserviceable and cannot be repaired.
Relines, Rebases	Covered if more than 12 months after installation; 1 per 36 consecutive months
Adjustments	Covered if more than 12 months after installation; 1 per 12 consecutive months
Repairs - Bridges	Covered if more than 12 months after installation
Repairs - Dentures	Covered if more than 12 months after installation
Endodontics	Root canal re-treatment 1 per 24 consecutive months, if necessity demonstrated
Alternate Benefits	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
Orthodontia	For dependent children, up to age 19
Missing Tooth Provision	The amount payable is 50% of the amount otherwise payable until insured for a 12 month period; thereafter, considered a Class III expense
Late Entrant Limit	No coverage except for Class I (as defined in these plans) for 12 months
Pre-Treatment Review	Available on a voluntary basis when extensive work in excess of $500 is proposed

Benefit Exclusions:

* Services performed primarily for cosmetic reasons; Replacement of a lost or stolen appliance;
* Initial placement of a full or partial denture unless it includes the replacement of a functioning natural tooth extracted while the person is covered under this plan; removal of only a permanent third molar will not quality for an initial or replacement denture or bridge;
* Overdentures, personalization, precision or semi-precision attachments;
* Replacement of a bridge, denture or crown within 84 months following its initial date of insertion;
* Replacement of a bridge, denture or crown which can be made useable according to dental standards;
* Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion, the restoration of teeth which have been damaged by erosion, attrition or abrasion; bite registration; or bite analysis;
* Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars;
* Core buildup, labial veneers; Precious or semi-precious metals for crowns, bridges, pontics and abutments; crowns and bridges other than stainless steel or resin for participants under 16 years old;
* Bite registrations; precision or semi-precision attachments; splinting; Surgical implant of any type
* Instruction for plaque control, oral hygiene and diet;
* Dental services that do not meet common dental standards; Services that are deemed to be medical services;
* Services and supplies received from a hospital;
* Procedures for which a charge would not have been made in the absence of coverage, for which the person is not legally required to pay;
* Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service;
* Experimental or investigational procedures and treatments; Procedures which are not necessary and which do not have uniform professional endorsement;
* Any injury resulting from, or in the course of, any employment for wage or profit; Any sickness covered under any workers' compensation or similar law;
* Charges in excess of reasonable and customary allowances;
* IV sedation or general anesthesia, except when medically or dentally necessary and when in conjunction with covered complex oral surgery;
* Fees charged for broken appointments, claim form submission or sterilization;
* Services not included in the list of covered dental expenses, unless Cigna HealthCare agrees to accept such expense as a covered dental expense, in which case payment will be made consistent with similar services which would provide the least expensive professionally satisfactory result;
* Crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth unless the tooth cannot be restored with an amalgam or composite resin filling due to major decay or fracture; Replacement of teeth beyond the normal complement of 32;
* Prescription drugs; Athletic mouth guards; Myofunctional therapy;
* Charges for travel time; transportation costs; or professional advice given on the phone;
* Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
* Any procedure, service, or supply which may not reasonably be expected to successfully correct the covered person's dental condition for a period of at least three years, as determined by Cigna HealthCare; Temporary, transitional or interim dental services; Diagnostic casts, diagnostic models, or study models;
* Any charge for any treatment performed outside of the United States other than for Emergency Treatment (any benefits for Emergency Treatment which is performed outside of the United States will be limited to a maximum of ($100.00-$200.00) per 12 consecutive month period);
* Procedures that are a covered expense under any other medical plan which provides group hospital, surgical, or medical benefits whether or not on an insured basis;
* Any charges, including ancillary charges, made by hospital, ambulatory surgical center or similar facility;
* To the extent that payment is unlawful where the person resides when the expenses are incurred;
* For charges which would not have been made if the person had no insurance; For charges for unnecessary care, treatment or surgery;
* To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
* To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Cigna HealthCare will take into account any adjustment option chosen under such part by you or any one of your Dependents.
* Services or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared;

*** In Texas, the insured dental product offered by CGLIC and CHLIC is referred to as the Cigna Dental Choice Plan, and this plan utilizes the national Cigna Dental PPO network.*

****Charges are based upon an independent third party organization that is the industry standard. Percentile data is based upon the third party organization's aggregated industry-wide claims data*

Did you know that most of Cigna's dental plans include the Cigna Dental Oral Health Integration Program? This program was designed to address research that supports the association of oral health to overall health and provides reimbursement of copays or coinsurance for customers with qualifying medical conditions for program eligible procedures. Additionally, registered program members can access articles on behavioral conditions that impact oral health.

Prepared by Underwriting.

DISCRIMINATION IS AGAINST THE LAW

Dental coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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

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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Summary of Benefits Cigna Health and Life Insurance Company

Cigna Vision
AIRES, LLC
C1 - Standard PPO Comprehensive Plan

Welcome to Cigna Vision Schedule of Vision Coverage			
Coverage	**In-Network Benefit*** **	**Out-of-Network Benefit**	**Frequency Period ****
Exam Copay	$10	N/A	12 months
Exam Allowance (once per frequency period)	Covered 100% after Copay	Up to $45	12 months
Materials Copay	$10	N/A	12 months
Eyeglass Lenses Allowances: (one pair per frequency period) Single Vision Lined Bifocal Lined Trifocal Lenticular	 Covered 100% after Copay Covered 100% after Copay Covered 100% after Copay Covered 100% after Copay	 Up to $32 Up to $55 Up to $65 Up to $80	 12 months 12 months 12 months 12 months
Contact Lenses Allowances: (one pair or single purchase per frequency period) Elective Therapeutic	 Up to $130 Covered 100%	 Up to $105 Up to $210	 12 months 12 months
Frame Retail Allowance (one per frequency period)	Up to $130	Up to $71	12 months
** Your Frequency Period begins on January 1 (Calendar year basis)			

Definitions:
Copay: the amount you pay towards your exam and/or materials, lenses and/or frames. (Note: copays do not apply to contact lenses).
Coinsurance: the percentage of charges Cigna will pay. Customer is financially responsible for the balance.
Allowance: the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance.
Materials: eyeglass lenses, frames, and/or contact lenses.

- To receive in-network benefits, you cannot use this coverage with any other discounts, promotions, or prior orders.
- If you use other discounts and/or promotions instead of this vision coverage, or go to an out-of-network eye care professional, you may file an out-of-network claim to be reimbursed for allowable expenses.

In-Network Coverage Includes***:
- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses;
- One pair of standard prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)
  - Polycarbonate lenses for children under 19 years of age
  - Oversize lenses
  - Rose #1 and #2 solid tints
  - Minimum 20% savings* on all additional lens enhancements you choose for your lenses, including but not limited to: scratch/ultraviolet/anti-reflective coatings; polycarbonate (adults); all tints/photochromic (glass or plastic); and lens styles.
  - Progressive lenses covered up to bifocal lens amount with 20% savings on the difference;

- One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;
- One pair of contact lenses or a single purchase of a supply of contact lenses – in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation) and contact lens materials

* Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.
*** Coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.

Coverage for **Therapeutic** contact lenses will be provided when visual acuity cannot be corrected to 20/70 in the better eye with eyeglasses and the fitting of the contact lenses would obtain this level of visual acuity; and in certain cases of anisometropia, keratoconus, or aphakis; as determined and documented by your Vision eye care professional. Contact lenses fitted for other therapeutic purposes or the narrowing of visual fields due to high minus or plus correction will be covered in accordance with the Elective contact lens coverage shown on the Schedule of Benefits.

Healthy Rewards® - Vision Network Savings Program:

- When you see a Cigna Vision Network Eye Care Professional*, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.

What's Not Covered:

- Orthoptic or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related
- Charges in excess of the usual and customary charge for the Service or Materials
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy
- Experimental or non-conventional treatment or device
- Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage
- Any non-prescription (minimum Rx required) eyeglasses, includes frame, lenses, or contact lenses
- Spectacle lens treatments, "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- Prescription sunglasses
- Two pair of glasses, in lieu of bifocals or trifocals
- Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage
- VDT (video display terminal)/computer eyeglass benefit
- Claims submitted and received in excess of twelve (12) months from the original Date of Service

How to use your Cigna Vision Benefits

(Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans).

1. Finding a doctor
There are three ways to find a quality eye doctor in your area:

1. Log into myCigna.com,"Coverage", select Vision page. Click on Visit Cigna Vision. Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision Directory.
2. Don't have access to myCigna.com? Go to Cigna.com, top of the page select "Find A Doctor, Dentist or Facility", click on Cigna Vision Directory, under Additional Resources.
3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision customer service representative.

2. Schedule an appointment
Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna or Cigna Vision ID card at the time of your appointment, which will quickly assist the doctor's office with accessing your plan details and verifying your eligibility.

3. Out-of-network plan reimbursement

How to use your Cigna Vision Benefits

Send a completed Cigna Vision claim form and itemized receipt to: Cigna Vision, Claims Department: PO Box 385018, Birmingham, AL 35238-5018.

To get a Cigna Vision claim form:
• Go to **Cigna.com** and go to Forms, Vision Forms
• Go to **myCigna.com** and go to your vision coverage page

Cigna Vision will pay for covered expenses within ten business days of receiving the completed claim form and itemized receipt.

DISCRIMINATION IS AGAINST THE LAW

Vision coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. Call 1.877.478.7557 (TTY: 800.428.4833).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1.877.478.7557 (TTY: 800.428.4833).

Chinese – 注意：我們可為您免費提供語言協助服務。請致電 1.877.478.7557 （聽障專線：800.428.4833）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1.877.478.7557 (TTY: 800.428.4833).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.877.478.7557 (TTY: 800.428.4833)번으로 전화해주십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Tumawag sa 1.877.478.7557 (TTY: 800.428.4833).

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.877.478.7557 (линия TTY телетайп: 800.428.4833).

Arabic – ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.877.478.7557 (رقم هاتف الصم والبكم: 800.428.4833).

French Creole – ATANSYON: Gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.877.478.7557 (TTY: 800.428.4833).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1.877.478.7557 (ATS: 800.428.4833).

Portuguese – ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue 1.877.478.7557 (TTY: 800.428.4833).

Polish – UWAGA: Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1 877 478 7557 (TTY: 800.428.4833).

Japanese – 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1.877.478.7557（TTY: 800.428.4833）まで、お電話にてご連絡ください。

Italian – ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.877.478.7557 (TTY: 800.428.4833).

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.877.478.7557 (TTY: 800.428.4833).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. با شماره 1.877.478.7557 تماس بگیرید (شماره تلفن ویژه ناشنوایان: 800.428.4833).

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BENEFIT SUMMARY

Administered by - Cigna Health and Life Insurance Co.
For - AIRES, LLC
Open Access Plus Plan
OAP
Effective - 10/01/2023

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

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

Plan Highlights	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited
Plan Year Accumulation	Your Plan's Deductibles, Out-of-Pockets and benefit level limits accumulate on a calendar year basis unless otherwise stated. In addition, all plan maximums and service-specific maximums (dollar and occurrence) cross-accumulate between In- and Out-of-Network unless otherwise noted.	
Plan Coinsurance	Plan pays 70%	Plan pays 50%
Maximum Reimbursable Charge	Not Applicable	110%
Plan Deductible	Individual: $3,000 Family: $6,000	Individual: $6,000 Family: $12,000

- Only the amount you pay for in-network covered expenses counts towards your in-network deductible. Only the amount you pay for out-of-network covered expenses counts towards your out-of-network deductible.
- Benefit copays/deductibles always apply before plan deductible and coinsurance.
- Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance.

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

Plan Highlights	In-Network	Out-of-Network
Plan Out-of-Pocket Maximum	Individual: $6,250 Family: $12,500	Individual: $12,500 Family: $25,000

- Only the amount you pay for in-network covered expenses counts toward your in-network out-of-pocket maximum. Only the amount you pay for out-of-network covered expenses counts toward your out-of-network out-of-pocket maximum.
- Plan deductible contributes towards your out-of-pocket maximum.
- All benefit copays/deductibles contribute towards your out-of-pocket maximum.
- Covered expenses that count towards your out-of-pocket maximum include customer paid coinsurance and charges for Mental Health and Substance Use Disorder. Out-of-network non-compliance penalties or charges in excess of Maximum Reimbursable Charge do not contribute towards the out-of-pocket maximum.
- After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses.
- This plan includes a combined Medical/Pharmacy out-of-pocket maximum.

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Physician Services - Office Visits		
Primary Care Physician (PCP) Services/Office Visit	$30 copay, and plan pays 100%	Plan pays 50% ^
Specialty Care Physician Services/Office Visit	$60 copay, and plan pays 100%	Plan pays 50% ^
Surgery Performed in Physician's Office	Plan pays 70% ^	Plan pays 50% ^
Virtual Care		
Dedicated Virtual Providers - MDLIVE		
MDLIVE Urgent Virtual Care Services	Plan pays 100%	Not Covered
MDLIVE Primary Care Services	$30 copay, and plan pays 100%	Not Covered
MDLIVE Specialty Care Services	$60 copay, and plan pays 100%	Not Covered

- Primary Care cost share applies to routine care. Virtual wellness screenings are payable under Preventive Care.
- For MDLIVE Behavioral Services, please refer to the Mental Health and Substance Use Disorder section (below).
- Lab services supporting a virtual visit must be obtained through dedicated labs.
- Includes charges for the delivery of medical and health-related services and consultations by dedicated virtual providers as medically appropriate through audio, video, and secure internet-based technologies.

Virtual Physician Services - Office Visits		
Primary Care Physician (PCP) Services/Office Visit	$30 copay, and plan pays 100%	Plan pays 50% ^
Specialty Care Physician Services/Office Visit	$60 copay, and plan pays 100%	Plan pays 50% ^

- Physicians may deliver services virtually that are payable under other benefits (e.g., Preventive Care, Outpatient Therapy Services).
- Includes charges for the delivery of medical and health-related services and consultations as medically appropriate through audio, video, and secure internet-based technologies that are similar to office visit services provided in a face-to-face setting.

Convenience Care Clinic		
Convenience Care Clinic	$30 copay, and plan pays 100%	Plan pays 50% ^

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Preventive Care		
Preventive Care Office Visit	Plan pays 100%	Not Covered
Preventive Services • Includes preventive Mammograms, Papanicolaou (Pap), Prostate Specific Antigen (PSA) tests and colorectal screenings. • Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service.	Plan pays 100%	Not Covered
Immunizations	Plan pays 100%	Not Covered
Inpatient		
Inpatient Hospital Facility Services	Plan pays 70% ^	Plan pays 50% ^
Note: Includes all Lab and Radiology services, including Advanced Radiological Imaging as well as Medical Specialty Drugs		
Inpatient Hospital Physician's Visit/Consultation	Plan pays 70% ^	Plan pays 50% ^
Inpatient Professional Services • For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists	Plan pays 70% ^	Plan pays 50% ^
Outpatient		
Outpatient Facility Services	Plan pays 70% ^	Plan pays 50% ^
Outpatient Professional Services • For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists	Plan pays 70% ^	Plan pays 50% ^
Emergency Services		
Emergency Room • Includes ER Physician Charges, Lab and Radiology including Advanced Radiological Imaging (ARI) • Per visit copay is waived if admitted.	$300 copay, and plan pays 100%	
Urgent Care Facility • Includes Physician Charges, Lab and Radiology	$50 copay, and plan pays 100%	Plan pays 50% ^
Ambulance	Plan pays 70% ^	
Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.		
Inpatient Services at Other Health Care Facilities		
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities • Annual Limit: 60 days	Plan pays 70% ^	Plan pays 50% ^
Laboratory Services		
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Independent Lab	Plan pays 100%	Plan pays 50% ^
Outpatient Facility	Plan pays 100%	Plan pays 50% ^

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Radiology Services		
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Outpatient Facility	Plan pays 100%	Plan pays 50% ^
Advanced Radiological Imaging (ARI)	Includes MRI, MRA, CAT Scan, PET Scan, etc.	
Outpatient Facility	Plan pays 70% ^	Plan pays 50% ^
Physician's Services/Office Visit	Plan pays 70% ^	Plan pays 50% ^
Outpatient Therapy Services		
Outpatient Physical Therapy	$60 copay, and plan pays 100%	Plan pays 50% ^
Annual Limits: • Physical Therapy – 40 visits • Limits are not applicable to mental health conditions. **Note:** Therapy visits, provided as part of an approved Home Health Care plan, accumulate to the applicable Home Health Care maximum.		
Outpatient Speech Therapy, Hearing Therapy and Occupational Therapy	$60 copay, and plan pays 100%	Plan pays 50% ^
Annual Limits: • Speech, Hearing and Occupational Therapies – 20 visits • Limits are not applicable to mental health conditions for Speech and Occupational Therapies. **Note:** Therapy visits, provided as part of an approved Home Health Care plan, accumulate to the applicable Home Health Care maximum.		
Chiropractic Care	$60 copay, and plan pays 100%	Plan pays 50% ^
Annual Limit: • Chiropractic Care – 20 visits		
Hospice		
Inpatient Facilities	Plan pays 70% ^	Plan pays 50% ^
Outpatient Services	Plan pays 70% ^	Plan pays 50% ^
Note: Includes Bereavement counseling provided as part of a hospice program.		
Medical Pharmaceutical Drugs		
Cigna Pathwell Specialty℠ Medical Pharmaceuticals	**Cigna Pathwell Specialty℠ Network:** Plan pays 70% ^ **All other medical network providers:** Not Covered	Not Covered

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Other Medical Pharmaceuticals	Plan pays 70% ^	Plan pays 50% ^
Note: This benefit only applies to the cost of Medical Pharmaceutical drugs administered. Related Facility, Office Visit or Professional charges are covered according to the plan design.		
Family Planning		
Women's Services	Plan pays 100%	Not Covered
In-Network includes contraceptive devices as ordered or prescribed by a physician and surgical sterilization services, such as tubal ligation (excludes reversals). Out-of-Network coverage is provided for contraceptive devices as ordered or prescribed by a physician.		
Men's Services	Coverage varies based on Place of Service	Not Covered
Includes surgical sterilization services, such as vasectomy (excludes reversals)		
Abortion		
Abortion Services	Coverage varies based on Place of Service	Coverage varies based on Place of Service
Note: • Includes non-elective procedures • Elective abortions covered INN, OON, and OOA		
Infertility		
Infertility Treatment **Note:** Coverage will be provided for the treatment of an underlying medical condition up to the point an infertility condition is diagnosed. Services will be covered as any other illness.		
Outpatient Dialysis Services		
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Not Covered
Home Dialysis **Note:** Dialysis visits will not accumulate to Home Health Care maximum	Covered same as plan's Home Health Care benefit	Not Covered
Outpatient Facility Services	Covered same as plan's Outpatient Facility Services benefit	Not Covered
Outpatient Professional Services	Covered same as plan's Outpatient Professional Services benefit	Not Covered
Other Health Care Facilities/Services		
Home Health Care	Plan pays 70% ^	Plan pays 50% ^
• Annual Limit: 60 visits (The limit is not applicable to mental health and substance use disorder conditions.)		
Organ Transplants	Covered same as Inpatient benefit	Not Covered
• Services paid at in-network level if performed at Cigna LifeSOURCE Transplant Network® Facilities. • Travel Maximum - Cigna LifeSOURCE Transplant Network® Facility Only: $10,000 maximum per Transplant		

Benefit	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.		
Condition-Specific Care	Plan pays 100%	Not Applicable
• Must be enrolled in the Condition-Specific Care program for orthopedic treatment prior to surgery and receive care from a specifically designated provider in order to qualify. • Includes specific services for surgery, including Facility and Professional charges from admission through discharge. Some limitations may apply. • Travel Maximum - $600 per procedure		
Durable Medical Equipment and External Prosthetic Appliances • Annual Limit: Unlimited	Plan pays 100%	Not Covered
Breast Feeding Equipment and Supplies • Limited to the rental of one breast pump per birth as ordered or prescribed by a physician • Includes related supplies	Plan pays 100%	Not Covered
Note: Services where plan deductible applies are noted with a caret (^).		
Mental Health and Substance Use Disorder		
Inpatient Mental Health	Plan pays 70% ^	Plan pays 50% ^
Outpatient Mental Health – Physician's Office	$60 copay, and plan pays 100%	Plan pays 50% ^
Outpatient Mental Health - MDLIVE Behavioral Services	$60 copay, and plan pays 100%	Not Covered
Outpatient Mental Health – All Other Services	Plan pays 70% ^	Plan pays 50% ^
Inpatient Substance Use Disorder	Plan pays 70% ^	Plan pays 50% ^
Outpatient Substance Use Disorder – Physician's Office	$60 copay, and plan pays 100%	Plan pays 50% ^
Outpatient Substance Use Disorder - MDLIVE Behavioral Services	$60 copay, and plan pays 100%	Not Covered
Outpatient Substance Use Disorder – All Other Services	Plan pays 70% ^	Plan pays 50% ^
Annual Limits: • Unlimited maximum Notes: • Inpatient includes Acute Inpatient and Residential Treatment. • Outpatient - Physician's Office and MDLIVE Behavioral Services - may include Individual, family and group therapy, psychotherapy, medication management, etc. • Outpatient - All Other Services - may include Partial Hospitalization, Intensive Outpatient Services, Applied Behavior Analysis (ABA Therapy), etc.		
Pharmacy		**In-Network**
Cost Share and Supply		

Pharmacy	In-Network
Pharmacy Cost Share • Retail – up to 90-day supply (except Specialty up to 30-day supply) • Home Delivery – up to 90-day supply • If you receive a supply of 34 days or less at home delivery of a Specialty Prescription Drug, the Specialty home delivery cost share will be adjusted to reflect a Retail (per 30-day supply) cost share.	**Retail (per 30-day supply):** Generic: You pay $10 Preferred Brand: You pay $35 Non-Preferred Brand: You pay $70 **Retail (per 90-day supply):** Generic: You pay $25 Preferred Brand: You pay $88 Non-Preferred Brand: You pay $175 **Home Delivery (per 90-day supply):** Generic: You pay $25 Preferred Brand: You pay $88 Non-Preferred Brand: You pay $175

- Retail drugs for a 30 day supply may be obtained In-Network at a wide range of pharmacies across the nation although prescriptions for a 90 day supply (such as maintenance drugs) will be available at select network pharmacies.
- This plan will not cover out-of-network pharmacy benefits.
- Cigna 90 Now Program: You can choose to fill your medications in a 30- or 90-day supply. If you choose to fill a 30-day prescription, it can be filled at any network retail pharmacy or network home delivery pharmacy. If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or network home delivery pharmacy to be covered by the plan.
- Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered.
- When you request a brand drug, you pay the brand cost share plus the cost difference between the brand and generic drugs up to the cost of the brand drug (unless the physician indicates "Dispense As Written" DAW) (MAC B).
- Exclusive specialty home delivery: Specialty medications must be filled through home delivery; otherwise you pay the entire cost of the prescription upon your first fill. Some exceptions may apply.
- If you use a manufacturer coupon to pay for some or all of the cost of a medication, the value of the coupon may not apply towards meeting your plan deductible or out-of-pocket maximum, if any.
- Your pharmacy benefits share an out-of-pocket maximum with the medical/behavioral benefits.

Preventive Drugs:
Federally required preventive drugs will not be subject to deductible and will be provided at no charge. In addition, In-Network Generic and Preferred Brand preventive drugs and products included in the Preventive Plus Package will be provided at no charge. This may apply to drugs for:

Asthma, Cholesterol Lowering, Depression, Diabetes (including diabetic supplies and continuous glucose monitor supplies), Heart Disease and Stroke, High Blood Pressure, Osteoporosis, Prenatal Vitamins, Prescription Vitamins

Drugs Covered

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

- Coverage includes Self Administered injectable drugs, but excludes infertility drugs.
- Contraceptive devices and drugs are covered with federally required products covered at 100%.

Pharmacy Program Information

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

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

Clinical Day Supply Program
Your plan includes the Clinical Day Supply Program for specialty drugs which provides a balance between specialty drug waste control and improved therapy adherence. During a stabilization period, certain specialty drugs, dispensed by a Cigna designated specialty pharmacy, may be limited to less than a consecutive 90 day supply. Further, for some drugs with a very high risk for early discontinuation, a split-fill (either 14 or 15 days), may be dispensed. Your cost share will be prorated to reflect the actual days' supply dispensed.

Patient Assurance Program
Your plan includes the Patient Assurance Program, which waives the deductible and reduces the amount you owe for certain medications used to treat chronic conditions included in the program. Additionally:

- Any amount you pay for these medications only count toward meeting your out-of-pocket maximum.
- Any discount provided by a pharmaceutical manufacturer for these medications only count toward meeting your out-of-pocket maximum.

Additional Information

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

Additional Information

Maximum Reimbursable Charge
The allowable covered expense for non-network services is based on the lesser of the health care professional's normal charge for a similar service or a percentage of a fee schedule (110%) developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is based on the lesser of the health care professional's normal charge for a similar service or a percentile (80th) of charges made by health care professionals of such service or supply in the geographic area where it is received. If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used. Out-of-network services are subject to a Calendar Year deductible and maximum reimbursable charge limitations.

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

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

Medicare Coordination
In accordance with the Social Security Act of 1965, this plan will pay as the Secondary plan to Medicare Part A and B as follows:
(a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent, or an Employee's Domestic Partner who is also eligible for Medicare and whose insurance is continued for any reason as provided in this plan (including COBRA continuation);
(b) an Employee, a former Employee, an Employee's Dependent, or former Employee's Dependent, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

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

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

Out-of-Area Services • Coverage for services rendered outside a network area • ER and Ambulance paid the same as network services • Preventive care services covered at 100% for Out-of-Area • Out-of-Network Deductible and Out-of-Pocket maximums apply	For all other services, plan pays 60% after the out-of-network deductible is met

Complete Care Management
Pre-authorization is required on all inpatient admissions and selected outpatient procedures, diagnostic testing, and outpatient surgery. Network providers are contractually obligated to perform pre-authorization on behalf of their customers. For an out-of-network provider, the customer is responsible for following the pre-authorization procedures. If a customer does not follow requirements for obtaining pre-treatment authorization, a $750 penalty will be applied.

Additional Information

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

Definitions

Coinsurance - After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called Coinsurance.
Copay - A flat fee you pay for certain covered services such as doctor's visits or prescriptions.
Deductible - A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.
Out-of-Pocket Maximum - Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "Maximum Reimbursable Charges" or negotiated fees for covered services.
Place of Service - Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.
Prescription Drug List - The list of prescription brand and generic drugs covered by your pharmacy plan.
Professional Services - Services performed by Surgeons, Assistant Surgeons, Hospital Based Physicians, Radiologists, Pathologists and Anesthesiologists
Transition of Care - Provides in-network health coverage to new customers when the customer's doctor is not part of the Cigna network and there are approved clinical reasons why the customer should continue to see the same doctor.

Exclusions

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

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

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

EHB State: AZ

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna

Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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

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

896375b 05/21

Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

896375a 05/17