Cigna Healthcare Benefit Summary

Cigna HealthCare of Arizona, Inc.
HMO Hospital & Physician Copay/Coinsurance Plan
Effective - 01/01/2027 and later

Selection of a Primary Care Provider - This Plan requires 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. Until you make this designation, Cigna designates one for you. For information on how to select a primary care provider, and for a list of 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.

Referrals are required for a specialist visit - Your PCP must submit a referral for you to see a specialist, with only some exceptions. Exceptions include OB/GYN, Behavioral Providers and State Required Direct Access Providers.

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
Lifetime Maximum	Unlimited
Plan Year Accumulation	Your plan's deductibles, out-of-pockets and benefit level limits accumulate on a contract year basis unless otherwise stated.
Plan Coinsurance	Plan pays 60%
Maximum Reimbursable Charge	Not Applicable
Plan Deductible	Individual: $6,500 Family: $13,000

- 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 Out-of-Pocket Maximum	Individual: $12,000 Family: $24,000

- 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.
- 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.

©Cigna 2027

Benefit	In-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	$50 copay, and plan pays 100%
Specialty Care Physician Services/Office Visit • Referrals from your PCP are required.	$65 copay, and plan pays 100%
Surgery Performed in Physician's Office	Covered same as Physician Services - Office Visit
Allergy Treatment/Injections and Allergy Serum Allergy serum dispensed by the physician in the office **Note:** Office copay does not apply if only the allergy serum is provided.	Covered same as Physician Services - Office Visit
Virtual Care	
Dedicated Virtual Providers - MDLIVE	
MDLIVE Urgent Virtual Care Services	$50 copay, and plan pays 100%
• Dedicated Virtual Providers may deliver services that are payable under other benefits (e.g., Preventive Care, Primary Care Physician, Behavioral; Dermatology/Specialty Care Physician). • 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	$50 copay, and plan pays 100%
Specialty Care Physician Services/Office Visit	$65 copay, and plan pays 100%
• 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.	
Preventive Care	
Preventive Care	Plan pays 100%
• Includes Well-Baby, Well-Child, Well-Woman and Adult Preventive Care • Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit when billed as part of office visit.	
Immunizations	Plan pays 100%
Mammogram, PAP, and PSA Tests	Plan pays 100%
• Includes preventive Mammograms; preventative breast cancer screening, • Coverage includes the associated Preventive Outpatient Professional Services. • Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on Place of Service.	

©Cigna 2027

Benefit	In-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.	
Breast Health Imaging	
Routine	Plan pays 100%
Diagnostic/Supplemental breast examinations	Plan pays 100%
(including but not limited to Mammograms, molecular breast imaging (MBI), breast ultrasound screening and MRIs)	
Inpatient	
Inpatient Hospital Facility Services	Plan pays 60% ^
Note: Includes all Lab and Radiology services, including Advanced Radiological Imaging	
Inpatient Hospital Physician's Visit/Consultation	Plan pays 60% ^
Inpatient Professional Services	Plan pays 60% ^
• For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists	
Outpatient	
Outpatient Facility Services	Plan pays 60% ^
Outpatient Professional Services	Plan pays 60% ^
• For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists	
Emergency Services	
Emergency Room • Includes Professional, X-ray and/or Lab services performed at the Emergency Room and billed by the facility as part of the ER visit.	Plan pays 60% ^
Urgent Care Facility • Includes Professional, X-ray and/or Lab services performed at the Urgent Care Facility and billed by the facility as part of the urgent care visit.	$75 copay, and plan pays 100%
Ambulance - Medical	Plan pays 60% ^
Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.	
Ambulance - Mental Health and Substance Use Disorder	Plan pays 60% ^
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 60% ^
Laboratory Services	
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit
Independent Lab	Plan pays 100%
Outpatient Facility	Plan pays 60% ^

©Cigna 2027

Benefit	In-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
Outpatient Facility	Plan pays 60% ^
Advanced Radiological Imaging (ARI)	Includes MRI, MRA, CAT Scan, PET Scan, etc.
Outpatient Facility	Plan pays 60% ^
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit
Outpatient Therapy Services	
Outpatient Therapy Services	Covered same as Physician Services - Office Visit
Annual Limits: • All Therapies Combined - Includes Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary Rehabilitation, and Speech Therapy - 60 days • Limits are not applicable to mental health conditions for Physical, Speech and Occupational Therapies. **Note:** Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient therapy services maximum.	
Chiropractic Services	Covered same as Physician Services - Office Visit
Annual Limit: • Chiropractic Care - Unlimited days	
Hospice	
Inpatient Facilities	Plan pays 60% ^
Outpatient Services	Plan pays 100%
Note: Includes Bereavement counseling provided as part of a hospice program.	
Bereavement Counseling (for services not provided as part of a hospice program)	
Services Provided by a Mental Health Professional	Covered under Mental Health benefit
Maternity	
Initial Visit to Confirm Pregnancy	Covered same as Physician Services - Office Visit
All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges	Plan pays 60% ^
Office Visits (Performed by OB/GYN or Specialist)	Covered same as Physician Services - Office Visit
Delivery - Facility (Inpatient Hospital, Birthing Center)	Covered same as plan's Inpatient Hospital benefit
Abortion	
Abortion Services	Coverage varies based on Place of Service
Note: Elective and non-elective procedures	

©Cigna 2027

Benefit	In-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.	
Family Planning	
Women's Services	Plan pays 100%
Includes contraceptive devices as ordered or prescribed by a physician and surgical sterilization services, such as tubal ligation (excludes reversals)	
Men's Services	Coverage varies based on Place of Service
Includes surgical sterilization services, such as vasectomy (excludes reversals)	
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.	
Other Health Care Facilities/Services	
Home Health Care • Annual Limit: 42 visits **Note:** Includes outpatient private duty nursing when approved as medically necessary	Plan pays 100%
Organ Transplants • Services paid at in-network level if performed at Cigna LifeSOURCE Transplant Network® facilities. • Travel Benefit (Only available through Cigna LifeSOURCE Transplant Network® Facility) Includes a $10,000 Travel maximum/per transplant	Coverage varies based on Place of Service
Durable Medical Equipment • Annual Limit: Unlimited	Plan pays 100%
Wigs • Maximum of one wig per year	Plan pays 60% ^
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%
External Prosthetic Appliances (EPA) • Annual Limit: Unlimited	Plan pays 100%
Routine Foot Care **Note:** Services associated with foot care for diabetes and peripheral vascular disease are covered when approved as medically necessary.	Not Covered

©Cigna 2027

Benefit	In-Network
Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.	
Mental Health and Substance Use Disorder	
Inpatient Mental Health	Plan pays 60% ^
Outpatient Mental Health – Physician's Office	$65 copay, and plan pays 100%
Outpatient Mental Health – All Other Services	Plan pays 60% ^
Inpatient Substance Use Disorder	Plan pays 60% ^
Outpatient Substance Use Disorder – Physician's Office	$65 copay, and plan pays 100%
Outpatient Substance Use Disorder – All Other Services	Plan pays 60% ^
Annual Limits: • Unlimited maximum Notes: • Inpatient includes Acute Inpatient and Residential Treatment. • Outpatient - Physician's Office - 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. • Services are paid at 100% after you reach your out-of-pocket maximum. **Important Note on Mental Health and Substance Use Disorder Coverage:** Covered medical services listed above, which are received to diagnose or treat a Mental Health or Substance Use Disorder condition will be payable according to this section titled "Mental Health and Substance Use Disorder."	
Mental Health/Substance Use Disorder Utilization Review, Case Management and Programs **Cigna Total Behavioral Health - Inpatient and Outpatient Management** • Inpatient utilization review and case management • Outpatient utilization review and case management • Partial Hospitalization • Intensive outpatient programs • Changing Lives by Integrating Mind and Body Program • Lifestyle Management Programs: Stress Management, Tobacco Cessation and Weight Management. • Narcotic Therapy Management • inMynd℠ program - a comprehensive, holistic solution to help recognize and find resources to treat behavioral health conditions.	

©Cigna 2027

Pharmacy	In-Network
Cost Share and Supply	
Cigna Pharmacy Plus Cost Share • Retail – up to 90-day supply (except Specialty up to 30-day supply) • Home Delivery – up to 90-day supply (except Specialty up to 30-day supply)	**Retail (per 30-day supply):** Generic: You pay $25 Preferred Brand: You pay $40 Non-Preferred Brand: You pay $60 **Retail and Home Delivery (per 90-day supply):** Generic: You pay $75 Preferred Brand: You pay $120 Non-Preferred Brand: You pay $180

- Retail drugs may be obtained in-network at a wide range of pharmacies across the nation.
- You can choose to fill your medications in a 30- or 90-day supply at any network pharmacy.
- 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 patient requests brand drug, patient pays 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).
- Specialty Drugs provided at Home Delivery at the Retail (per 30-day supply) cost share.

Drugs Covered

Prescription Drug List:
Your Cigna Value 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 injectables and optional injectable drugs – but excludes infertility drugs.
- Federally required contraceptive devices and drugs are covered at 100%.
- Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges are covered.

©Cigna 2027

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.

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

Case Management

Coordinated by Cigna HealthCare. This is a service designated to provide assistance to a patient who is at risk of developing medical complexities or for whom a health incident has precipitated a need for rehabilitation or additional health care support. The program strives to attain a balance between quality and cost effective care while maximizing the patient's quality of life.

Comprehensive Oncology Program • Care Management outreach • Case Management	Included
Healthy Pregnancies/Healthy Babies • Care Management outreach • Maternity Case Management • Neo-natal Case Management	$150 (1st trimester) / $75 (2nd trimester) - Option 3

©Cigna 2027

Additional Information

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 Secondary 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 Spouse and/or Dependent Child(ren), including a former Employee's Domestic Partner, or a COBRA continuant (whose insurance is continued for any reason), and who is also eligible for Medicare due to age or disability;
(b) an Employee's Domestic Partner who is also eligible for Medicare due to age;
(c) an Employee, a former Employee, an Employee's or former Employee's Dependent Spouse and/or Dependent Child(ren), an Employee's Dependent, including a Domestic Partner, 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.**

Multiple Surgical Reduction

Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery.

Pre-Certification - Continued Stay Review - PHS+ Inpatient - required for all inpatient admissions
In-Network: Coordinated by your physician

- Benefits are denied for any admission reviewed by Cigna Healthcare and not certified.
- Benefits are denied for any additional days not certified by Cigna Healthcare.

Pre-Certification - PHS+ Outpatient Prior Authorization - required for selected outpatient procedures and diagnostic testing
In-Network: Coordinated by your physician

- Benefits are denied for any outpatient procedures/diagnostic testing reviewed by Cigna Healthcare and not certified.

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

Well-Being Solution: Core Plus

- Health assessment
- Device/app integration
- Personalized online content and data-driven actions
- Social connections/challenges

©Cigna 2027

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.
Plan Year - the 12-month period in which Your Plan begins and ends.

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.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc.

EHB State: AZ

©Cigna 2027

Discrimination is against the law.

Medical coverage

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

Cigna Healthcare:

- 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 Healthcare 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 Healthcare
Nondiscrimination Complaint Coordinator
P.O. 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

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., and Cigna HealthCare of Texas, Inc. ATTENTION: If you speak languages other than English, 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). ATENCION: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. 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).

896375f 3/24 © 2024 Cigna Healthcare

Proficiency of Language Assistance Services

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

Spanish - ATENCION: Hay servicios de asistencia de idiomas, sin cargo, a su disposici6n. Si es un cliente actual de Cigna Healthcare, !lame al numero que figura en el reverso de su tarjeta de identificaci6n. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese - i±: ft{rraJf,Sf:9e.JftJHJ:t!t ia.l=l}Jij f£ ◦ It Cigna Healthcare EfJJJi P , rlfi&fflf Efl ID - t1r®Ef1 ◦ {- 1.800.244.6224 C r!H!H,i : ffti 711) ◦

Vietnamese - XIN LU'U Y: Quy vi dU'Q'C c p djch v1,1 trQ' giup v ng6n ngQ> mien phi. Danh cha khach hang hi(m tc;1i cua Cigna Healthcare, vui long goi s6 mc;it sau the Hoi vien. Cac tmcmg hQ'p khac xin goi s6 1.800.244.6224 (TTY: Quay s6 711).

Korean - -? l: J Oj J..§-o J..l:= . <2! Oj 7'1 J..i 1:11 A 1f-E£ Ol-§-o "? LIq_ XH Cigna Healthcare 7 fl 7' a 7JllJ..i := ID 7' 121011 := 2 te:!.2.£ '2:! oH-? J..12.. 7IE q 011:= 1.800.244.6224 (TTY: qo1 711)te:! O £ 2 0H-? J..l2..

Tagalog - PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna Healthcare, tawagan ang numero sa likuran ng iyong ID card. 0 kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian - BHv1MAHv1E: BaM MoryT npeAOCTaBt,1Tb 6ecnnaTHble ycnyrn nepeBOAa. Ecm1 Bbl y)f{e y4acTByeTe B nnaHe Cigna Healthcare, no3BOHll1Te no HOMepy, yKa3aHHOMY Ha o6paTHO CTOpOHe Bawe 111A8HTll1q:>111Kal...\1110HHO KapTO4Kll1 y4aCTHll1Ka nnaHa. Ecn111 Bbl He f!BmleTeCb y4aCTHIIIKOM OAHOro 1113 HaWIIIX nnaHOB, no3BOHll1Te no HOMepy 1.800.244.6224 (TTY: 711).

l hi _)c- u.J.l.Jl)4 J';/1 Y. WI Cigna Healthcare)l-.I .rs,] \:i..o l 4 _..,;ill -::.it....;.. cl.,w';/1 Y. - **Arabic** .(711 '-,-l l :TTY) 1.800.244.6224 '-:-l l .Jl

French Creole - ATANSYON: Gen sevis ed nan lang ki disponib gratis pou ou. Pou kliyan Cigna Healthcare yo, rele nimewo ki deye kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French - ATTENTION: Des services d'aide linguistique vous sont proposes gratuitement. Si vous etes un client actuel de Cigna Healthcare, veuillez appeler le numero indique au verso de votre carte d'identite. Sinon, veuillez appeler le numero 1.800.244.6224 (ATS : composez le numero 711).

Portuguese - ATENCAO: Tern ao seu dispor servi<;:os de assistencia lingufstica, totalmente gratuitos. Para clientes Cigna Healthcare atuais, ligue para o numero que se encontra no verso do seu cartao de identifica<;:ao. Caso contrario, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish - UWAGA: w celu skorzystania z dost pnej, bezpfatnej pomocy j zykowej, obecni klienci firmy Cigna Healthcare mog9 dzwonic pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese - 51$:I:.W : 87$:iR7;£-it n g-, *{O) iRsz::titt-!::'A7;£-c'f1JffII,'tctdt*9 IJH'IO)Cigna HealthcareO)S J;;t:_ ID:b- t- :' jijO) it:ffl: *c\ s it,LZc'Ji (tc. l,' f- O){{Q0)7J i, 1.800.244.6224 (TTY: 711) *c\ s it,LZc'Ji (tc. l,'

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

German - ACHTUNG: Die Leistungen der Sprachunterstotzung stehen Ihnen kostenlos zur Verfugung. Wenn Sie gegenwartiger Cigna Healthcare-Kunde sind, rufen Sie bitte die Nummer auf der Ruckseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wahlen Sie 711).

c..J"w ...:..w,w <.s:iL....W w).S ,-,•·J .J.l c.S'•.Jw 4 i.il:.J ,Cigna Healthcare ui...y:;,,. c.Sl..>i ..l_,.!, <S'°) w uK;I.J -:.....J_,....,, •u-i4j wl.. :)i-

Persian (Farsi)

.(.l:¢ c.S..>P-• .Jw 1.J 711 •.Jw :u\.ol w •y,_, •.JW) c..J"w 1.800.244.6224 •.Jw 4 W.J 1 Y.F .J.l -