Mental Health Parity and Addiction Equity Act (MHPAEA)

<table>
<thead>
<tr>
<th>Cigna Health and Life Insurance Company</th>
<th>Date: January 1, 2018</th>
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<td><strong>Health Plan Product Offerings</strong>: Open Access Plus, Preferred Provider Organization, Network Point of Service, Point of Service Open Access, Point of Service, HMO Point of Service, Open Access Plus In-Network, Network Open Access, Network, Exclusive Provider Organization, HMO, Indemnity</td>
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<tr>
<td>Funding Arrangement Types(s): Fully Insured and Self-Insured</td>
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<td>This document provides information regarding Cigna’s methodologies and processes for ensuring non-quantitative treatment limitations administered by Cigna comply with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).</td>
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| **Prescription Drug Formularies:** Cigna offers a variety of prescription drug formularies comprised of generic, preferred, and non-preferred brand name drugs and specialty drugs. Cigna’s Pharmacy and Therapeutics committee (comprised of pharmacists and physicians in medical and behavioral health specialty areas employed by Cigna and from the external medical community) develop Cigna’s formularies a/k/a prescription drug lists. Cigna’s P&T committee makes formulary inclusion and placement determinations of medications on the following drug tiers based upon the same evidentiary standards including review and evaluation of primary medical literature; published data from clinical trials; clinical practice guidelines and FDA product information (Label) without regard as to whether the drug is used to treat a medical condition or a MH/SUD condition:  
  • Tier 1 – Generic drugs which have the same active ingredients, safety, dosage, quality, and strength as their brand name counterparts.  
  • Tier 2 – Preferred brand-name drugs (with no generic equivalent)  
  • Tier 3 – Non-preferred brand-name drugs that have a generic equivalent and/or that have one or more preferred brand options within the same drug class.  
  • Specialty drugs including, but not limited to, self-administered injectable drugs use dot treat rheumatoid arthritis, hepatitis C, multiple sclerosis, and asthma). |

| **Pharmacy Step Therapy Program:** Cigna offers a Step Therapy Program designed to encourage cost-effective, clinically appropriate drug utilization at the lowest necessary cost by requiring the use of less expensive therapeutically equivalent medications (typically generics and preferred brands) before moving to more costly alternatives unless prior authorization for coverage is obtained. Criteria for authorization include failure and/or intolerance or contradiction of the prerequisite agents.  
  Step Therapy medications are grouped into three “steps.” Though the Step Therapy requirements vary by condition, in general, customers are required to try at least one Step 1 medication before a Step 2 medication is eligible for coverage without prior authorization. Similarly, a customer is required to try a Step 2 medication before a Step 3 medication is eligible for coverage without prior authorization.  
  • Customer tries a Step 1 medication, typically a generic. Prior authorization is not required for Step 1 medications.  
  • If a customer tries a Step 1 medication and it is not successful, then the Step 2 medications (typically Preferred Brands) would be eligible for coverage without the need for prior authorization.  
  • If a customer tries a Step 1 and a Step 2 medication and it is not successful, then the Step 3 medications (typically Non Preferred Brands) would be eligible for coverage without the need for prior authorization. |

| **Pharmacy Prior Authorization:** Cigna requires prior authorization for certain prescription drugs to ensure the prescribed drugs are being used safely and effectively to ensure optimal patient outcomes and to minimize waste and error. Cigna covers drugs and biologics as medically necessary when the following criteria are met:  
  • One of the following: |
### Pharmacy Management

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<tr>
<th>Pharmacy Prior Authorization (Continued):</th>
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<tr>
<td>o  indication for use is approved and listed in the FDA product information (Label) and the dosage, frequency, site of administration, and duration of therapy is not contraindicated or otherwise not recommended in the Label, OR</td>
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<tr>
<td>o  indication is an accepted off-label use, according to the American Hospital Formulary Service (AHFS) compendium and is not contraindicated in the Label.</td>
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<tr>
<td>• Dosage, frequency, site of administration, and duration of therapy is reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy as applicable.</td>
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Cigna's prior authorization requirements were developed without regard to whether the prescription drugs are prescribed to treat a medical condition or a MH/SUD condition.
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

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, 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). ATENCIÓN: 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).

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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 LUU Y: Quy vi duoc cap dich vu tro giup ve ngon ngu miem phi. Dang cho khoach hang hien tai cua Cigna, vui long goi so o mat sau the Hoi vien. cac truong hop khac xin goi so 1.800.244.6224 (TTY: Quay so 711)。

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


**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).

**French Creole** – ATANSYON: Gen sèvis ed 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)** – مسکن‌های اینترنتی خدمات زبان‌بیانی به‌صورت رایگان به شما ارائه می‌شود. برای مشتریان علی‌الامام، لطفاً با شماره‌ای که در پنجم کارت مشتری‌سازی شده‌اید تماس بگیرید. در غیر اینصورت با شماره‌ی 1.800.244.6224 تماس بگیرید (شماره‌ی شماره‌ی نخست و دوم نامه‌ینابان: شماره‌ی 711 یا شماره‌ی 711).