

Cigna Healthcare National Preferred Prescription Drug List

Coverage as of January 1, 2024

About this drug list

This is a list of some of the most commonly prescribed medications covered on the Cigna HealthcareSM National Preferred Prescription Drug List as of January 1, 2024.

Here's some helpful information about this drug list:

- Medications are **listed alphabetically** by condition.
- **Generic medications are listed in all lowercase letters** and brand-name medications are listed in all capital letters.
- This **isn't a full list** of medications covered on the Cigna Healthcare National Preferred Prescription Drug List. Log in to the **myCigna**[®] App¹ or **myCigna.com**[®], or check your plan materials, to see all of the medications your plan covers.

Abbreviations next to medications

In this drug list, medications that have limits and/or extra coverage requirements have an abbreviation listed next to them.* Here's what they mean.

- **Prior Authorization:** Certain medications need approval from Cigna Healthcare before your plan will cover them. These medications have a **(PA)** next to them.

Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna Healthcare.

- **Quantity Limits:** Some medications have a quantity limit. This means your plan will only cover up to a certain amount over a certain length of time. These medications have a **(QL)** next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna Healthcare.
- **Step Therapy:** Certain high-cost medications aren't covered until you try one or more lower-cost alternatives first.** These medications have a **(ST)** next to them. You have many covered options to choose from, and they're used to treat the same condition.
- **Age Requirements:** Certain medications will only be covered if you're within a specific age range. These medications have **(AGE)** next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna Healthcare.

* These coverage requirements may not apply to your specific plan. Log in to the myCigna App or myCigna.com, or check your plan materials, to find out if your plan includes prior authorization, quantity limits, Step Therapy and/or age requirements.

** If your doctor feels an alternative isn't right for you, he or she can ask Cigna Healthcare to consider approving coverage of your medication.

View the drug list online

This document was last updated on 10/01/2023.* You can go online to see the most up-to-date list of medications your plan covers.



myCigna® App or myCigna.com®. Click on the Find Care & Costs tab. Then select Price a Medication, and type in your medication name.



Cigna.com/druglist. Select your drug list name – **National Preferred** – and tier (for example: 3 Tier, 4 Tier, 5 Tier, 6 Tier) from the dropdown menu. Then type in your medication name or view the full list.

Questions?

- **myCigna.com:** Click to Chat - Monday-Friday, 9:00 am-8:00 pm EST.
- **By phone:** Call the toll-free number on your Cigna Healthcare ID card. We're here 24/7/365.

Cigna Healthcare National Preferred Prescription Drug List

AIDS/HIV

BIKTARVY
CIMDUO
DESCOVY
DOVATO
GENVOYA
JULUCA
ODEFSEY
PREZISTA
SYMFI
SYMFI LO
SYMTUZA
TEMIXYS
TRIUMEQ
TRIUMEQ PD

Allergy/Nasal Sprays

AUVI-Q (PA, QL)
azelastine (QL)
epinephrine auto-injector (QL) (by MYLAN, TEVA)
EPIPEN, EPIPEN JR (PA, QL)
fluticasone nasal spray (QL)
GRASTEK (PA)
hydroxyzine
hydroxyzine pamoate
ipratropium (QL)

mometasone (QL, ST)
ODACTRA (PA)
ORALAIR (PA)
promethazine
RAGWITEK (PA)
SYMJEPI (QL)

Alzheimer's Disease

NAMZARIC (ST)

Anxiety/Depression/ Bipolar Disorder

alprazolam
amitriptyline
bupropion
bupropion sr (QL)
bupropion xl (QL, ST)
buspirone
citalopram tablet (QL)
citalopram solution
desvenlafaxine er (QL, ST)
duloxetine (QL, ST)
escitalopram (QL, ST)
FETZIMA (QL, ST)
fluoxetine (ST)
lorazepam tab, oral conc.
mirtazapine
paroxetine tablet (QL)

paroxetine suspension (ST)
sertraline tablet (QL)
sertraline oral conc.
trazodone
venlafaxine er tab (QL, ST)
venlafaxine er cap (QL)

Asthma/COPD/Respiratory

ADEMPAS (PA, QL)
ADVAIR HFA (PA, QL)
albuterol
albuterol hfa (QL) (by CIPLA, PAR, PERRIGO, PROFICIENT RX & TEVA)
ANORO ELLIPTA (QL)
ARNUIITY ELLIPTA (QL)
ASMANEX (QL)
ASMANEX HFA (QL)
BREO ELLIPTA (PA, QL)
BREZTRI AEROSPHERE (QL)
budesonide (QL)
COMBIVENT RESPIMAT (QL)
DULERA (PA, QL)
FASENRA PEN (PA, QL)
montelukast
NUCALA (PA, QL)
OFEV (PA, QL)
OPSUMIT (PA, QL)
QVAR REDHALER (QL)

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Asthma/COPD/Respiratory

(Cont.)

SPIRIVA HANDHALER (QL)
SPIRIVA RESPIMAT (QL)
STIOLTO RESPIMAT (QL)
SYMBICORT (PA, QL)
tadalafil (PA, QL)
TEZSPIRE (PA, QL)
TRACLEER (PA, QL)
TRELEGY ELLIPTA (QL)
TYVASO DPI (PA)
UPTRAVI (PA, QL)
XOLAIR (PA, QL)
YUPELRI (QL)

Attention Deficit Hyperactivity Disorder

atomoxetine
DAYTRANA (ST)
dexmethylphenidate er
dextroamphetamine/amphetamine
dextroamphetamine/amphetamine er
guanfacine er
methylphenidate
methylphenidate er cap (ST)
MYDAYIS (ST)
VYVANSE (ST)

Blood Modifiers/ Bleeding Disorders

DOPTELET (PA, QL)
EMPAVELI (PA)
FULPHILA
PROMACTA (PA)
TAVALISSE (PA, QL)
ZIEXTENZO (PA, QL)

Blood Pressure/ Heart Medications

amlodipine
amlodipine/benazepril
atenolol
carvedilol
clonidine
diltiazem 24hr er (cd)
enalapril oral soln., tab
ENTRESTO (QL)
hydralazine
irbesartan
labetalol

lisinopril
lisinopril/hctz
losartan
losartan/hctz
metoprolol
metoprolol succinate
nifedipine er
olmesartan
olmesartan/hctz
propranolol
propranolol er
ramipril
TAKHZYRO (PA, QL)
TEKTRUNA HCT
valsartan/hctz
VERQUVO (QL)

Blood Thinners/Anti-clotting

BRILINTA
clopidogrel
ELIQUIS
FRAGMIN
warfarin
XARELTO

Cancer

ALECENSA (PA, QL)
ALUNBRIG (PA, QL)
anastrozole
BOSULIF (PA, QL)
CABOMETYX (PA, QL)
CALQUENCE (PA, QL)
COMETRIQ (PA, QL)
COTELLIC (PA, QL)
ERIVEDGE (PA, QL)
ERLEADA (PA, QL)
EXKIVITY (PA, QL)
GAVRETO (PA, QL)
IMBRUVICA (PA, QL)
INLYTA (PA, QL)
JAKAFI (PA, QL)
KISQALI (PA, QL)
KISQALI FEMARA CO-PACK (PA, QL)
LENVIMA (PA, QL)
LORBRENA (PA, QL)
LYNPARZA (PA, QL)
MEKINIST (PA, QL)
MEKTOVI
methotrexate
NINLARO (PA, QL)
NUBEQA (PA, QL)

ODOMZO (PA, QL)
PIQRAY (PA)
REVLIMID (PA, QL)
ROZLYTREK (PA, QL)
RUBRACA (PA, QL)
SCEMBLIX (PA, QL)
SPRYCEL (PA, QL)
STIVARGA (PA, QL)
TAFINLAR (PA, QL)
TALZENNA (PA, QL)
tamoxifen
TASIGNA (PA, QL)
VERZENIO (PA, QL)
VITRAKVI (PA, QL)
VIZIMPRO (PA, QL)
XALKORI (PA, QL)
XTANDI (PA, QL)
ZEJULA (PA, QL)
ZELBORAF (PA, QL)

Cholesterol Medications

atorvastatin (QL)
fenofibrate (ST)
LIVALO (QL, ST)
lovastatin (QL)
NEXLETOL (PA)
NEXLIZET (PA)
omega-3 acid ethyl esters (PA)
pravastatin (QL)
REPATHA (PA)
rosuvastatin (QL)
simvastatin (QL)
VASCEPA (PA)

Contraception Products

blisovi fe
drospirenone-ethinyl estradiol
estarylla
junel fe
KYLEENA
MIRENA
norgestimate-ethinyl estradiol
SKYLA
sprintec
tri-sprintec

Cold/Cough Medications

benzonatate
brompheniramine-pseudoephed-dm
promethazine-dm

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Dental Products

chlorhexidine
doxycycline
triamcinolone

Diabetes

ACCU-CHEK LANCETS
AUTOSHIELD DUO NEEDLES
BAQSIMI (QL)
BASAGLAR
BYDUREON (PA, QL)
BYETTA (PA, QL)
CEQUR SIMPLICITY
DEXCOM G6, G7 RECEIVER (PA)
DEXCOM G6 SENSOR, TRANSMITTER (PA, QL)
DEXCOM G7 SENSOR (PA, QL)
DROPLET GENTEEL LANCING DEVICE
FARXIGA (QL, ST)
FREESTYLE INSULINX, TEST STRIPS, LITE TEST STRIP
FREESTYLE LIBRE READER (PA)
FREESTYLE LIBRE SENSOR (PA, QL)
glimepiride
glipizide
glipizide er
GLUCAGON EMERGENCY KIT (QL)
GLYXAMBI (QL, ST)
GVOKE (QL)
HUMALOG
HUMALOG TEMPO PEN
HUMULIN
INSULIN SYRINGE, U-500
JANUMET (QL, ST)
JANUMET XR (QL, ST)
JANUVIA (QL, ST)
JARDIANCE (QL, ST)
LYUMJEV
LYUMJEV TEMPO PEN
MEDTRONIC EXT INFUSION SET
metformin tablet
metformin solution (ST)
metformin er (QL)
MICROLET 2, NEXT LANCING DEVICE
MINIMED NEEDLE
MOUNJARO (PA, QL)
MULTI-LANCET
NANCO 2ND GEN PEN NEEDLE
OMNIPOD PODS (QL)
ONE TOUCH TEST STRIPS: ULTRA, VERIO

OZEMPIC (PA, QL)
PARADIGM
PRECISION XTRA
QUICK-SET PARADIGM
RYBELSUS (PA, QL)
SAFETYGLIDE INSULIN SYRINGE
SEGLUROMET (QL, ST)
SEMGLEE (YFGN)
SILHOUETTE
SOLIQUA (QL)
STEGLATRO (QL, ST)
STEGLUJAN (QL, ST)
SYMLINPEN (PA, QL)
SYNJARDY (QL, ST)
SYNJARDY XR (QL, ST)
TOUJEO
TRESIBA
TRESIBA FLEXTOUCH
TRIJARDY XR (ST)
TRULICITY (PA, QL)
ULTRA-FINE PEN NEEDLE
VEO INSULIN SYRINGE
V-GO
XIGDUO XR (QL, ST)

Diuretics

chlorthalidone
furosemide
hydrochlorothiazide
KERENDIA (PA, QL)
spironolactone
triamterene/hctz

Ear Medications

ofloxacin

Eye Conditions

AZASITE
CEQUA
ciprofloxacin
erythromycin eye ointment
ketorolac
latanoprost eye solution (PA)
ofloxacin
polymyxin b sul-trimethoprim
prednisolone
RESTASIS MULTIDOSE (PA, QL)
XIIDRA (PA, QL)

Gastrointestinal/Heartburn

CREON

dicyclomine
esomeprazole (QL, ST)
famotidine tab, susp
lansoprazole dr 15 mg odt (QL, ST)
lansoprazole dr 30 mg odt, capsule
LINZESS (QL)
MOVANTIK (QL)
omeprazole (QL)
ondansetron (QL)
ondansetron odt (QL)
PANCREAZE
pantoprazole susp (ST)
pantoprazole dr 20mg tab (QL)
pantoprazole dr 40mg tab
PENTASA 250MG CAP
PHEBURANE (PA)
RECTIV
RELISTOR (ST)
sucralfate
SYMPROIC
TALICIA (QL)
TRULANCE
UCERIS
VARUBI (QL)
VIBERZI
VIOKACE
ZENPEP

Hormonal Agents

ANDRODERM (QL)
ARMOUR THYROID
COMBIPATCH
dexamethasone
dexamethasone day tab (PA)
DUAVEE
estradiol
estradiol twice weekly (QL)
GENOTROPIN (PA)
levothyroxine
levoxyl
liothyronine
medroxyprogesterone
methylprednisolone
MYFEMBREE (PA)
np thyroid
NORDITROPIN
ORIAHNN (PA)
ORILISSA (PA, QL)
prednisolone sodium phosphate
prednisone tab, soln.
PREMARIN

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Hormonal Agents (Cont.)

progesterone
SOMAVERT (PA)
testosterone cypionate

Infections

acyclovir
amoxicillin
amoxicillin/clavulanate potassium
ARIKAYCE (PA)
azithromycin (PA)
BARACLUE SOLUTION
BAXDELA (PA, QL)
cefdinir
cephalexin
ciprofloxacin
clindamycin
doxycycline hyclate (PA, ST)
doxycycline monohydrate (ST)
EMVERM (QL)
EPCLUSA (PA, QL)
erythromycin
fluconazole (QL)
HARVONI (PA, QL)
hydroxychloroquine 200mg tablet
KITABIS PAK (PA, QL)
levofloxacin (PA)
metronidazole
minocycline
nitrofurantoin mono-macro
nystatin
oseltamivir (QL)
penicillin vk
SOLOSEC (QL)
sulfamethoxazole/trimethoprim tab,
susp
terbinafine
TOBI PODHALER (PA, QL)
valacyclovir (QL)
VEMLIDY
VOSEVI (PA, QL)
XACIATO
XIFAXAN (QL)
ZEPATIER (PA, QL)

Miscellaneous

ACCU-CHEK SOFTCLIX, FASTCLIX
LANCET DRUM
AUSTEDO (PA, QL)
AUSTEDO XR TITRATION KT (WKI-4) (PA, QL)

CARBAGLU (PA)
CERDELGA (PA, QL)
deferiprone (PA)
DROPLET LANCETS
MICROLET
NITYR (PA)
NUEDEXTA (PA)
ONETOUCH DELICA PLUS LANCET
ONETOUCH LANCETS
ONETOUCH ULTRASOFT 2 LANCET
PARADIGM SILHOUETTE
PRECISION XTRA
RADICAVA ORS (PA)
SOFT TOUCH
STRENSIQ (PA)
SURE-T
TECHLITE LANCETS
TEGSEDI (PA, QL)

Multiple Sclerosis

AVONEX (PA, QL)
BAFIERTAM (PA, QL)
BETASERON (PA, QL)
FIRDAPSE (PA)
glatopa (PA, QL)
KESIMPTA (PA, QL)
MAYZENT (PA, QL)
PLEGRIDY (PA, QL)
PONVORY (PA, QL)
REBIF (PA, QL)
REBIF REBIDOSE (PA, QL)
VUMERITY (PA, QL)
ZEPOSIA (PA, QL)

Nutritional/Dietary

betaine anhydrous (PA)
LOKELMA (QL)
PHOSLYRA (QL)
potassium chloride
VELPHORO (QL)
VELTASSA (ST, QL)

Osteoporosis Products

alendronate (QL)
FORTEO (PA, QL)
TYMLOS (PA, QL)

Pain Relief and Inflammatory Disease

acetaminophen/codeine (PA, QL)
ACTEMRA (PA, QL)

AIMOVIG (PA, QL)
AJOVY (PA, QL)
allopurinol
baclofen
BELBUCA (QL, ST)
butalbital/acetaminophen/caffeine
celecoxib
colchicine (ST)
cyclobenzaprine
CYLTEZO(CF) (PA, QL)
diclofenac (ST, QL)
DUPIXENT (PA, QL)
EMGALITY (PA, QL)
ENBREL (PA, QL)
FLECTOR (QL, ST)
HUMIRA (PA, QL)
hydrocodone/acetaminophen (PA, QL)
HYSINGLA ER (QL, ST)
ibu
ibuprofen susp, tablet
ketorlac (QL)
LICART (QL, ST)
lidocaine patches (PA, QL)
meloxicam (QL)
methocarbamol
MITIGARE
naproxen tab
NURTEC ODT (PA, QL)
OTEZLA (PA, QL)
oxycodone (PA, QL)
oxycodone/acetaminophen (PA, QL)
OXYCONTIN (QL, ST)
QULIPTA (PA, QL)
RASUVO (ST)
RINVOQ (PA, QL)
rizatriptan (QL)
SAVELLA (QL, ST)
SIMPONI (PA, QL)
SKYRIZI (PA, QL)
STELARA (PA, QL)
sumatriptan (QL)
TALTZ (PA, QL)
tizanidine
tramadol (PA, QL)
TREMIFYA (PA, QL)
UBRELVY (PA, QL)
XELJANZ (PA, QL)
XELJANZ XR (PA, QL)
ZOMIG 2.5MG NASAL (QL, ST)
ZTLIDO (PA)

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Parkinson's Disease

INBRIJA (PA, QL)
ropinirole

Schizophrenia/Anti-psychotics

aripiprazole solution
aripiprazole tablet (QL)
quetiapine (QL)
risperidone solution
risperidone tablet (QL)

Seizure Disorders

clonazepam odt, tab
DILANTIN 30MG CAPSULE
EPIDIOLEX (PA)
FYCOMPA
gabapentin
lamotrigine
levetiracetam
NAYZILAM (PA, QL)
oxcarbazepine
pregabalin
topiramate
topiramate er (ST)

Skin Conditions

ADBRY (PA, QL)

CIBINQO (PA, QL)
clindamycin (QL, ST)
clobetasol (QL, ST)
clotrimazole/betamethasone (QL)
drop safe prep pads
ENSTILAR (QL, ST)
FINACEA 15% FOAM (ST)
isotretinoin
ketoconazole topical (QL, ST)
metronidazole
MIRVASO (PA)
mupirocin (QL)
ONEXTON (ST)
REGRANEX (QL)
SANTYL (QL)
tacrolimus topical (QL, ST)
tretinoin
triamcinolone acetonide (QL, ST)

Sleep Disorders/Sedatives

doxepin (QL, ST)
eszopiclone (QL)
LUMRYZ ER
SODIUM OXYBATE (PA, QL)
SUNOSI (PA, QL)
XYWAV (PA, QL)
zolpidem (QL)
zolpidem er (QL)

Smoking Cessation

bupropion sr (QL)

Substance Abuse

buprenorphine/naloxone
KLOXXADO (QL)
NARCAN (QL)
ZUBSOLV

Transplant Medications

LUPKYNIS (PA, QL)
tacrolimus

Urinary Tract Conditions

finasteride
GELNIQUE (QL)
MYRBETRIQ
oxybutynin er
phenazopyridine
tamsulosin

Vaccines

PFIZER COVID VACCINE
SHINGRIX

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1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at [myCigna.com](#).

Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.

Cigna Healthcare reserves the right to make changes to this drug list without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna Healthcare may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna Healthcare. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

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 or contact a Cigna Healthcare representative.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.

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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>.



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, Evernorth Care Solutions, Inc., Evernorth 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).

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 LỜI 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 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

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 ناشنوايان: شماره 711 را شماره‌گیری کنید).