UNDERSTANDING COVID-19 VACCINES

Helping employers plan their vaccination strategies

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From the onset of the COVID-19 pandemic, Cigna has focused on delivering peace of mind to the people and businesses we serve. With three COVID-19 vaccines available, Cigna is partnering with employers, like you, to help plan for vaccine administration of employees and their dependents, taking into account vaccine availability; how your workforce fits into the phased rollout (e.g., essential workers); and what you can do to prepare. We are pleased to provide answers to your common questions.

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Recently Updated

What COVID-19 vaccines are available?

In the United States, there are currently three vaccines to prevent COVID-19. The Pfizer-BioNTech COVID-19 Vaccine (now called Comirnaty) is fully approved by the FDA and the CDC's Advisory Committee on Immunization Practices (ACIP) for ages 16 and up. It is also approved for Emergency Use Authorization (EUA) for those ages 12-15 and for those who are immunocompromised.

Moderna, and Johnson & Johnson (J&J) /Janssen Biotech vaccines are approved under EUA for ages 18 and above.

Who is eligible to receive a COVID-19 vaccine and where are they administered?

Everyone 12 years of age and older is now eligible to get a COVID-19 vaccination. There are several ways you can look for vaccination providers near you.

- **Visit** Vaccines.gov. In some states, information may be limited while more vaccination providers and pharmacies are being added.
- **Text your zip code** to **438829** or call **1-800-232-0233** to find vaccine locations near you.
- **Check your local pharmacy's website to see if vaccination appointments are available**. Find out which pharmacies are participating in the Federal Retail Pharmacy Program.
- **Contact your** state health department to find additional vaccination locations in the area.
- **Check your local news outlets.** They may have information on how to get a vaccination appointment.
- Learn more at COVID-19 Vaccination FAQs on Vaccines.gov.

Will approved COVID vaccines be covered under preventive services by Cigna plans at $0 out-of-pocket cost?

Yes. Whether fully or EUA approved, health plans must provide coverage without cost-sharing for immunizations that are recommended and determined to be for routine use by the Advisory Committee on Immunization Practices (ACIP), a federal committee comprised of immunization experts that is convened by the Centers for Disease Control and Prevention. An ACIP recommendation is considered to be issued on the date that it is adopted by the Director of the CDC. This applies to both primary series and booster shots if recommended.

If other services are provided at the time of vaccine administration, such as a chronic condition evaluation, then cost-share for these services may be applied.

Keep in mind, the federal government is distributing doses of COVID-19 vaccine serum free of cost, and has mandated that non-exempt health plans and ASO employers pay 100% of the cost of administration of the vaccine, whether administered by health care professionals or pharmacists and whether in- or out-of-network. For all EUA-approved COVID-19 vaccines that are now (and become) available, Cigna's payment for vaccine administration is at the established national CMS rates when billed under the medical benefit.

Can you explain the difference between the vaccines and whether someone should choose one over the other? How will we know that a vaccine is both safe and effective?

The best vaccine choice is the vaccine available at the first available appointment. All three approved COVID-19 vaccines do an excellent job of preventing moderate to severe disease, hospitalizations and death. Long-term data is needed to learn how long the vaccines remain effective and what the impact of variants might be. People who feel uncomfortable symptoms within three weeks after getting a vaccination should contact their health care provider. Please refer to the CDC website for more details.

DIFFERENT COVID-19 VACCINES

	Pfizer-BioNTech Comirnaty	Moderna	J&J/ Janssen
STORAGE DETAILS[1]	Dry ice freezing[1]	Refrigerator 30 days	Simple refrigeration
DOSING SCHEDULE[1]	2 injections, 3 weeks apart	2 injections, 4 weeks apart	1 injection
AGE GROUP[3]	16+ full approval 12-15 Emergency Use Authorization	18+	18+
EFFICACY: PREVENTING MODERATE TO SEVERE DISEASE	95%[2]	94.5%[2]	72%[2,4]
EFFICACY: PREVENTING SEVERE COVID-19 DISEASE	100%[3]	100%[3]	85%[3]
EFFICACY: PREVENTING COVID-19 DEATHS (Trial data)	No deaths[3]	No deaths[3]	No deaths[5]
MECHANISM[2]	mRNA	mRNA	Adenovirus vector
STATUS[2]	FDA Full Authorization granted Aug 23, 2021 for ages 16+ years.[2] ACIP Full Authorization granted ages 16+ years. ACIP EUA authorization for 12-15 and third dose for immunocompromised patients.	FDA Emergency Authorization granted Dec. 18, 2020 for 18+ and third dose for immunocompromised patients.	FDA Emergency Authorization granted Feb. 27, 2021

1. Federal Drug Administration, (2021, May 19). FDA Authorizes Longer Time for Refrigerator Storage of Thawed Pfizer-BioNTech COVID-19 Vaccine Prior to Dilution, Making Vaccine More Widely Available [Press release]. 2. Zimmer, Carl, et al. Coronavirus Vaccine Tracker. The New York Times. Last updated June 24, 2021, FDA notice, August 23, 2021. CDC notice, August 30, 2021. 3. Kaplan, Karen. How the Moderna and Pfizer COVID-19 vaccines compare head to head. Los Angeles Times. Dec. 15, 2020. 4. Efficacy rates in U.S. trials and Centers for Disease Control and Prevention (2021, June, 21) COVD-19 Breakthrough Case Investigations and Reporting. 5. Jnj.com. Jan. 29, 2021.

How necessary is the vaccine for those ages 12 and up?

It is incredibly important that everyone 12 years of age and older receive a vaccine when available. CDC approved the Pfizer-BioNTech COVID-19 vaccine for children ages 12-15 under Emergency Use Authorization. The FDA and CDC/ACIP fully approved the Pfizer-BioNTech vaccine (now called Comirnaty) for children ages 16 and up.

Though most children with COVID-19 have mild or no symptoms, some can get severely ill and require hospitalization. Some variants appear to be more contagious and affect children more than earlier ones. The Delta variant now accounts for more than 93 percent of COVID-19 cases, the Centers for Disease Control and Prevention said. Currently available vaccines still protect against known variants of concern. There are still unknowns regarding long-term effects of COVID-19 caused by inflammation that is often not apparent during the initial illness. The American Academy of Pediatrics and CDC now recommend that all children over age 2 wear masks when they return to school this year, regardless of vaccination status.

We encourage parents with questions about the vaccine to talk with their child's health care provider. Experts believe vaccines could be available for children under 12 years old as early as September and as late as the first quarter of 2022, but clinical trials remain ongoing before data can be delivered to the FDA for EUA consideration. There are a number of excellent articles and guidance that can be found on the American Academy of Pediatrics Healthy Children site. Click the following link https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/default.aspx.

For more information, see the CDC director statement about the Pfizer-BioNTech COVID-19 vaccine, the FDA decision to authorize emergency use of this vaccine in 12- through 15-year-old adolescents or view CDC presentation slides here.

Are there ongoing trials for those younger than age 12? If so, is there a forecast for FDA approval?

The CDC approved the use of the Pfizer-BioNTech COVID-19 vaccine in 12- to 15-year-olds after the manufacturer completed safety and effectiveness studies on patients in this age group. Trial results for safety and effectiveness in populations under age 12 are expected in the fall or winter. Other manufacturers are expected to complete studies and seek approval to expand administration of their vaccines to younger patients as well. Moderna recently requested EUA expansion for its COVID-19 vaccine for ages 12 and up, and it is currently under review.

AAP issues statement against off-label vaccine use

The American Academy of Pediatrics has issued a statement strongly discouraging off-label use of the Pfizer-BioNTech COVID-19 vaccine among children under age 11 years. Physicians need to see the study data from ongoing trials and dosage information needs to be determined before young children receive the vaccines.

Is there a tool available to report Covid-19 vaccine side effects for my child?

If your child has symptoms or health problems that concern you at any time following COVID-19 vaccination, please contact your child's health care provider.

V-safe, a smartphone-based tool, does not provide medical advice, however, parents and guardians can quickly tell CDC about any side effects their child may have after getting a COVID-19 vaccine.

V-safe uses text messaging and web surveys to provide personalized health check-ins after a COVID-19 vaccination. Depending on answers to the web surveys, someone from CDC may call parents or guardians to check in and get more information. V-safe will also send a reminder to get a second COVID-19 vaccine dose if it is needed. To enroll yourself in v-safe, click Register for v-safe | CDC. To enroll your child, click Enroll your Dependent in v-safe | CDC.

For additional information, see https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html

Are COVID-19 boosters needed?

The COVID-19 vaccines authorized in the United States continue to be remarkably effective in reducing risk of severe disease, hospitalization, and death, even against the widely circulating Delta variant. Recognizing that many vaccines are associated with a reduction in protection over time, and acknowledging that additional vaccine doses could be needed to provide long lasting protection, evidence has been analyzed carefully from the United States and around the world to understand how long protection will last and how to improve protection. The available data make very clear that protection against SARS-CoV-2 infection begins to decrease over time following the initial doses of vaccination (primary series).

Based on the latest assessment, the current protection against severe disease, hospitalization, and death could diminish in the months ahead, especially among those who are at higher risk or were vaccinated during the earlier phases of the vaccination rollout. For that reason, experts conclude that a booster shot will be needed to maximize vaccine-induced protection and prolong its durability.

As of August 13, 2021, the CDC recommends people who are moderately to severely immunocompromised should receive an additional dose of mRNA COVID-19 vaccine after the initial 2 doses. This additional dose, intended to improve immunocompromised people's response to their initial vaccine series, is **not the same as a booster dose** given to people when the immune response to a primary vaccine series is likely to have waned over time.

Individuals whom the CDC recommends receive the additional dose of mRNA COVID-19 vaccine include:

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of CAR-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids (i.e., ≥20mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.

For more information regarding immunocompromised patients, click here.

Issued August 18, 2021: Joint Statement from HHS Public Health and Medical Experts on COVID-19 Booster Shots.

A plan to begin offering mRNA COVID-19 vaccine booster shots this fall has been supported, subject to the FDA conducting an independent evaluation and determination of the safety and effectiveness of a third dose of the Pfizer and Moderna mRNA vaccines and CDC's Advisory Committee on Immunization Practices (ACIP) issuing booster dose recommendations based on a thorough review of the evidence. **At this time, COVID-19 booster shots are not recommended for those that are not immunocompromised. Until booster shots for the broader population are recommended, they are not covered under $0 cost share.**

For more information, click this link; https://www.cdc.gov/media/releases/2021/s0818-covid-19-booster-shots.html

What is Cigna doing to reduce disparities in COVID-19 vaccine administration?

Cigna has recognized and worked to address health disparities for years, including those around vaccination. Examples of our current activities include:

1. Increased emphasis on education about vaccine concerns in our patient communication materials
2. Involving community leaders (city, faith-based, business) in efforts to improve awareness and access
3. Promoting implicit bias training for physicians
4. Broadly driving Social Determinants of Health/Health Disparities initiatives within all of our value-based clinical provider partnerships

Did COVID-19 clinical trials include diverse populations and were the outcomes or side effects different by race or gender?

Yes. Manufacturers provided demographic data for participants in their late-stage clinical trials. Similar vaccine efficacy and safety results were observed across racial and ethnic populations. For more information, see kff.org.

If I am pregnant or breast feeding, is it recommended that I get a COVID-19 vaccine?

Any of the currently authorized COVID-19 vaccines can be offered to people who are pregnant or breastfeeding. On July 30, the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM), the two leading organizations representing specialists in obstetric care, recommended that all pregnant individuals be vaccinated against COVID-19. If you have questions about getting vaccinated, a conversation with your health care provider might help, but may not be necessary.

According to the CDC, pregnant people are at increased risk for severe illness from COVID-19. Additionally, pregnant people with COVID-19 might be at increased risk of adverse pregnancy outcomes, such as preterm birth, compared with pregnant women without COVID-19. More information is available here.

The Delta variant of COVID-19 poses a heightened risk of infection to everyone, particularly unvaccinated people, because it is more contagious.

A new study, which comes from the United Kingdom Obstetric Surveillance System, found that hospital admissions of pregnant women with COVID-19 are increasing amid the spread of the Delta variant in the United Kingdom and that their illness is more severe than it was in previous waves.

What are employers allowed to ask employees about the vaccine? Is the decision to vaccinate a medical decision protected by HIPAA? If not, why?

As the vaccine rollout continues and restrictions are eased, we recognize some employers are evaluating workplace rules. This requires thorough discussion with your legal counsel and human resources partner. Different factors come into play:

- **Can employers ask their employees to say when they've been vaccinated?**
  Yes. Employers are permitted to ask their employees if they have been vaccinated and for proof of vaccination status. Employees can refuse to answer, but employers may impose consequences for not responding.

- **Can employers require that their employees get the vaccine?**
  a. The U.S. Equal Employment Opportunity Commission issued guidance suggesting that employers can mandate COVID-19 vaccines as long as employees don't have a disability and/or a sincerely-held religious belief that would prevent them from getting vaccinated.

  b. It's important to remember that some COVID-19 vaccines have FDA Emergency Use Authorization approval. Under FDA rules for Emergency Use Authorization, the recipient has the right to either get it or refuse it. Mandating vaccines with EUA may be problematic. However, recent court decisions and EEOC guidance support employer-mandated vaccination requirements for vaccines approved under EUA. For some employers, waiting for COVID-19 vaccines to receive full Biologics License Application (BLA) approval (e.g., Pfizer-BioNTech—Comirnaty is approved) may be a more appropriate time to consider mandates. Policy makers and employers will need to determine which, if any, populations to which a vaccine mandate should apply. Post BLA, vaccine mandates could be imposed in multiple sectors, each with their own legal and ethical considerations.

It's never too soon to promote the value of getting the vaccine to your workforce. So, talk with your client services representative about our Healthy Ways to Work SM program to discuss ways to promote the importance and safety of these vaccines to help encourage employees.

Employers are able to increase plan premiums for employees who are active smokers and require work environments that are smoke free for the health of the overall workforce. Can employers raise premium costs for individuals who choose to decline the COVID-19 vaccination as their personal choice, which could impact their own health as well as others participating in our health plan?

Tobacco use premium surcharges are specifically permitted under the Affordable Care Act and Department of Labor rules. COVID-19 vaccine status may not be treated the same way. Therefore, we recommend employers consult with legal counsel before adjusting employee health plan contributions based upon participants' vaccination status. Some employers are considering deploying a monthly surcharge to cover the cost of testing, the amount varying depending on the frequency of testing being done.

Can health plans exclude coverage for COVID-19 treatment and testing for unvaccinated employees?

Under federal law, plans must cover COVID-19 testing for all covered individuals. Cigna plans cannot exclude coverage based on COVID-19 vaccination status. The HIPAA non-discrimination provisions (Section 9802 of the Internal Revenue Code, section 702 of ERISA, and section 2702 of the PHS Act) establish rules prohibiting group health plans from discriminating against individual participants or beneficiaries based on any health factor. These rules specifically prohibit discriminatory practices related to member eligibility, enrollment processes, premium payments, or benefit design that purposely exclude a person or class of persons.

Will Cigna be able to host an onsite office vaccination event? I tell everyone to sign up with their state and local governments for vaccination ASAP and not wait for a company event. Is this the right strategy?

In many locations, state and government vaccine distribution sites have been pared back or eliminated since supply is robust and demand for vaccination has lessened. Increasingly, onsite options are or will be available for employers. We are taking a multi-pronged approach by working with onsite vendors, national retail pharmacy chains, and market providers to assist clients in coordinating onsite COVID-19 vaccine events when local vaccine priorities and supply allows.

Please talk to your client services representative if you are interested so they can add you to the onsite event list. We are making every effort to obtain vaccine and offer it to eligible employees. Visit Vaccines.gov for vaccination sites near you.

Will the current vaccines protect against known emerging variants of concern including Delta?

Each vaccine was designed using the original strain of the virus. Recent statements by both Pfizer-BioNTech and Moderna suggest that their vaccines do protect against emerging strains. J&J/Janssen also conducted a subgroup analysis in the United States, South Africa, and Brazil showing efficacy rates as part of the EUA-approval process.

While currently available vaccines appear protective against variants of concern at this time, it is important to understand that where community vaccination rates are low, variants will likely emerge that will not be responsive to current vaccines, leading to the need for modified booster vaccines and potentially new community COVID-19 restrictions depending on community circumstances. Fully vaccinated people with Delta variant, the most common variant currently circulating, may have breakthrough infections and are able to spread the virus to others. As a result, given the level of Delta virus infections, it is recommended that even fully vaccinated persons wear masks indoors and in gatherings with many people. However, vaccinated people with breakthrough infections appear to be infectious for a shorter period of time and generally do not develop serious infections leading to hospitalization and/or death. No vaccines are 100% effective. For more information, click here: https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html**.**

What are the rates of adverse events for COVID-19 vaccines? Should employees with existing allergic reactions to foods or other vaccines receive the COVID-19 vaccine?

The CDC indicates that while some people don't have any side effects after getting a COVID-19 vaccine, many people will have mild side effects after vaccination. More severe reactions are extremely **rare** and can be treated. Patients are asked to stay for 15 to 30 minutes after getting a vaccine in order to be observed and provided treatment in the rare case it is needed. We encourage customers to discuss concerns with their health care provider.

Common COVID-19 vaccine topics of concern

Concern	Fact*
Speed of development	The vaccines are proven safe and effective, and they were developed quickly because of the worldwide effort. Although developed in record time, they have gone through the same rigorous FDA process as every other vaccine, meeting all safety standards. No steps were skipped.
Impact of RNA	mRNA is simply a message that the body reads. It cannot change your DNA or modify your genes.
Ingredients	mRNA vaccines are free of preservatives and only contain the mRNA, a fatty coating layer to protect the mRNA, PEG (polyethylene glycol), and a combination of salts, sugar and water. Viral vector COVID-19 vaccines use a harmless version of a different virus, called a "vector," to deliver information to the body that helps protect you.
Long-term data	Hundreds of millions have been vaccinated. Clinical trials have shown us the vaccines are safe, and now we are seeking long-term data to learn how long the vaccines remain effective.

* University of Waterloo School of Pharmacy and UC Davis Health, *Real Facts about Common COVID-19 Vaccine Myths*.

Myocarditis and pericarditis following mRNA COVID-19 vaccination

Since April 2021, there have been reports to the Vaccine Adverse Event Reporting System (VAERS) of cases of inflammation of the heart—called myocarditis and pericarditis—happening after mRNA COVID-19 vaccination (i.e., Pfizer-BioNTech, Moderna) in the United States. These reports are rare, given the hundreds of millions of vaccine doses administered, and have been reported after mRNA COVID-19 vaccination, particularly in adolescents and young adults. View the latest information.

CDC continues to recommend COVID-19 vaccination for everyone 12 years of age and older, given the risk of COVID-19 illness and related, possibly severe complications. For more information, click here.

Nerve damage and blood clots following the J&J/Janssen COVID-19 vaccination

CDC and FDA are monitoring reports of Guillain-Barré Syndrome (GBS) in people who have received the J&J/Janssen COVID-19 Vaccine. GBS is a rare disorder where the body's immune system damages nerve cells, causing muscle weakness and sometimes paralysis. Most people fully recover from GBS, but some have permanent nerve damage. After 12.8 million J&J/Janssen COVID-19 Vaccine doses administered, there have been around 100 preliminary reports of GBS identified. For more information, click here.

After a temporary pause of J&J/Janssen COVID-19 vaccinations in the U.S.in April of this year, the Advisory Committee on Immunization Practices (ACIP), the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA) recommended that vaccinations with the J&J/Janssen COVID-19 vaccine resume, concluding that the benefits of the Janssen COVID-19 vaccine outweigh its known and potential risks in individuals18 years and older. However, women younger than 50 years old should be aware of the rare but increased risk of thrombosis with thrombocytopenia syndrome (TTS). TTS is a serious condition that involves blood clots with low platelets. There are other COVID-19 vaccine options available for which this risk has not been seen.

TTS is a rare, adverse event, occurring at a rate of about 7 per 1 million vaccinated women between 18 and 49 years old. For women 50 years and older and men of all ages, this adverse event is even more rare.

- For three weeks after receiving the vaccine, those vaccinated should be aware of possible symptoms of a blood clot with low platelets.
- **Patients should seek medical care right away if one or more of these symptoms develop:**
    - Severe or persistent headaches or blurry vision
    - Shortness of breath
    - Chest pain
    - Leg swelling
    - Persistent abdominal pain
    - Easy bruising or tiny blood spots under the skin beyond the injection site

Health care providers administering the vaccine, vaccine recipients, and caregivers should review the J&J/Janssen COVID-19 Vaccine Fact Sheet for Healthcare Providers Administering Vaccine and Fact Sheet for Recipients and Caregivers, which have been revised to include information about the risk of this syndrome, which has occurred in a very small number of people who received the J&J/Janssen COVID-19 vaccine.

What important points can employers share to address vaccine hesitancy?

Be honest with your employees. Provide the facts. Create a positive environment around vaccination. Set the example. Some key points to mention:

- The available vaccines are proven to be safe and effective.
- Although developed in record time, the available COVID-19 vaccines have gone through the same rigorous FDA process as every other vaccine, meeting all safety standards. Some factors that accelerated approval were funding, prioritization in the FDA pipeline, and high volume of available clinical trial participants***. In other words, pharmaceutical manufacturers, clinicians, public health and governmental agencies were able to cut through the red tape that generally slows the development and approval process for vaccines.*** For example, recruiting clinical trial participants can take a long period of time and this was done quickly with COVID-19 vaccines.
- Clinical trials were completed through the usual process. No steps were skipped.
- More severe reactions are extremely rare and can be treated. Out of an abundance of safety after receiving the vaccine, patients are asked to stay 15 to 30 minutes after getting a vaccine in order to be observed and provided treatment in the rare case it is needed. Those who experience uncomfortable symptoms within three weeks after vaccination should contact their health care provider.
- We encourage individuals to talk with their health care provider if they have concerns.

What do we do now that some employees are fully vaccinated?

Based on information from the CDC, authorized vaccines in the United States are highly effective at protecting vaccinated people against symptomatic and severe COVID-19. Fully vaccinated people are less likely to become infected, and if infected, to develop symptoms of COVID-19. They are at substantially reduced risk of severe illness and death from COVID-19 compared with unvaccinated people.

Given new evidence on the B.1.617.2 (Delta) variant currently circulating in the United States, the CDC updated recommendations for fully vaccinated people as follows:

- On July 27, 2021, CDC released updated guidance on the need for urgently increasing COVID-19 vaccination coverage and a recommendation for everyone in areas of substantial or high transmission to wear a mask in public indoor places, even if they are fully vaccinated.

- The CDC recommends that fully vaccinated people who have a known exposure to someone with suspected or confirmed COVID-19 be tested 3-5 days after exposure, and wear a mask in public indoor settings for 14 days or until they receive a negative test result. Patients are advised to speak with their healthcare professional about the need for testing for asymptomatic or mild symptoms.

- The CDC recommends universal indoor masking for all teachers, staff, students, and visitors to schools, regardless of vaccination status.

According to the CDC, fully vaccinated people should:

- Get tested if experiencing COVID-19 symptoms.
- Get tested 3-5 days following a known exposure to someone with suspected or confirmed COVID-19 and wear a mask in public indoor settings for 14 days after exposure or until a negative test result.
- Isolate if they have tested positive for COVID-19 in the prior 10 days or are experiencing COVID-19 symptoms
- Follow any applicable federal, state, local, tribal, or territorial laws, rules, and regulations.

The CDC also recommends that people who are immunocompromised should be counseled about the potential for reduced immune responses to COVID-19 vaccines and follow current prevention measures (including wearing a mask, staying 6 feet apart from others they don't live with, and avoiding crowds and poorly ventilated indoor spaces) regardless of their vaccination status to protect themselves against COVID-19 until advised otherwise by their health care provider.

More information about mask guidance and physical distancing is available here. For the most up-to-date information, be sure to visit the CDC website regularly.

Employers should refer to local mandates for workplace guidance. For guidance about returning to work, we can offer resources based on some of the specific needs of your organization. Please visit Cigna Healthy Ways to Work.SM

We also offer additional resources and information about returning to the worksite to help you keep your employees safe while working during COVID-19.

Helpful resources for employers

Below are links to important guidance and helpful information from the CDC, FDA, and other sources for your reference.

- CDC COVID-19 Vaccine FAQ
- CDC COVID-19 Vaccines
- CDC COVID-19 Vaccine Planning Guide
- CDC COVID-19 Vaccination Recommendations
- CDC COVID-19 Vaccination Information Regarding Children
- Occupational Safety and Health Administration (OSHA) Regarding COVID-19
- U.S. Equal Employment Opportunity Commission (EEOC) Regarding COVID-19
- Cigna Coronavirus (COVID-19) Resource Center
- CDC Fully Vaccinated Guidance
- CDC Fully Vaccinated
- CDC COVID-19 Data Tracker
- Workplace COVID-19 Vaccine Toolkit | CDC

Please visit Vaccines.gov to find a vaccine location.

In addition to federal guidelines, state and local health departments have resources to provide further information on COVID-19 vaccines. The CDC provides a link to accredited State Departments of Health here or visit Cigna.com/vaccinesbystate.

The National Association of County and City Health Officials (NACCHO) also provides links to local health departments here.

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