Colorado Covered Persons Demographic Data Notice

To be compliant with Colorado Regulation 4-2-80 ‘Network adequacy standards and reporting requirements for Colorado option standardized health benefit plans’ Cigna is requesting demographic data from customers covered under one of the Colorado option standardized health benefit plans (“covered persons”). Covered persons can voluntarily choose to share this information. Demographic data will be collected by way of a mailed letter that will contain a survey link. The data collected will be confidential, de-identified, and used to improve racial health equity, reduce health disparities for covered persons who experience higher rates of health disparities and inequities and provide aggregate information regarding the demographic diversity of the insurer’s covered population. Personally identifiable information will be kept confidential and will not be disclosed without the written consent of the covered person. Below is the demographic data covered persons will have an opportunity to voluntarily share via a confidential survey link:

(1) Race and ethnicity data, collected using the racial/ethnic categories included in the U.S. Office of Budget and Management’s Statistical Policy Directive No. 15, Race and Ethnic Standards for Federal Statistics and Administrative Reporting

(2) Sexual orientation and gender identity data, collected using the following questions:
   (a) How do you identify your sexual orientation? (Select all that apply):
      - Straight
      - Lesbian
      - Gay
      - Bisexual
      - Pansexual
      - Queer
      - Asexual
      - A sexual orientation not listed here (specify): ________
      - Prefer not to answer
   (b) How do you describe your current gender identity? (Select all that apply):
      - Female
      - Male
      - Transgender Female/Transgender Women
      - Transgender Male/Transgender Man
      - Non-Binary
      - Two-spirit
      - Intersex
      - Gender Queer/Gender Fluid
      - A gender identity not listed here (specify): ________
      - Prefer not to answer
   (c) What was your sex assigned at birth?
      - Female
      - Male
      - Non-Binary
      - Not Designated on Birth Certificate
      - Prefer not to answer

(3) Ability status data, collected using the following question:
   (a) Do you have a disability?
      - Yes
      - No
      - Prefer not to answer