



2021 CIGNA HEALTH PLANS

Things to consider when shopping for a plan.

Together, all the way.®



More than a health plan.

At Cigna, we work with you to find the right health insurance and help you get the most value from your plan. We offer Cigna Connect plans in the following counties: **Avery, Beaufort, Bertie, Bladen, Buncombe, Camden, Carteret, Cherokee, Chowan, Clay, Craven, Cumberland, Currituk, Dare, Duplin, Edgecombe, Gates, Graham, Greene, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Jackson, Jones, Lenoir, Macon, Madison, Martin, McDowell, Mitchell, Montgomery, Moore, Nash, Northampton, Onslow, Pamlico, Pasquotank, Perquimans, Pitt, Polk, Richmond, Robeson, Rutherford, Sampson, Scotland, Swain, Transylvania, Tyrell, Washington, Wayne, Wilson, Yancey.**

All of our plans in North Carolina offer 24/7 support for the following benefits:

- › \$0 virtual care so you can talk with a board-certified doctor about minor health issues anytime – day or night.¹
- › Access to customer service and our Health Information Line, so you can speak with a clinician whenever you need to.
- › Anytime access to your benefits with **myCigna.com**.
- › A Cigna One Guide® personal guide to help with proactive and personalized support whether you have questions about your plan or you are looking to save money.

Plus, you also get:

- › \$0 annual check-up, flu shot, cholesterol and blood pressure screenings.²
- › Discounts toward gym memberships, vision exams and eyewear.³



Savings on insulin costs and diabetes care

If you have diabetes, Cigna has you covered. All Cigna plans include:

- › \$25 out-of-pocket cost or less for a 30-day supply of covered, eligible insulin and some medications for type 2 diabetes⁴
- › \$0 on diabetes supplies on the Cigna Drug List, such as test strips for blood glucose monitors, visual reading and urine test strips, lancets, syringes and needles
- › \$0 for diabetes management training
- › \$0 for select labs/exams, such as the A1C test, retinal eye exam and nephropathy screening

Plus, with our new **Cigna Connect Diabetes Care plan**, you can also look forward to:

- › \$0 on diabetes equipment, such as blood glucose monitors and insulin pumps
- › \$0 on additional diabetes supplies, such as supplies for maintenance of infusion pumps, infusion sets and skin preparation items

1. Cigna provides access to virtual care through a national telehealth provider, MDLIVE, located on myCigna.com, as part of your health plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan's network and may not be available in all areas or under all plan types. **Virtual care does not guarantee that a prescription will be written.** Refer to plan documents for a complete description of virtual care services and costs, including other telehealth/telemedicine benefits. A primary care provider referral is not required for this service.

2. Includes eligible in-network preventive care services. Some preventive care services may not be covered, including most immunizations for travel. Please see your plan documents for a list of covered and non-covered preventive care services.

3. These programs are separate from your medical benefits. A discount program is NOT insurance. Healthy Rewards® is a discount program. This program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your medical benefits. A discount program is NOT insurance, and you must pay the entire discounted charge. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are independent contractors solely responsible for any care or services provided.

4. Discounts available with the Cigna Patient Assurance Program. \$25 is the maximum out-of-pocket cost for a 30-day supply.

Five things to consider when choosing a Cigna health plan.

1. Cost

When researching a health plan, the first thing you should do is review costs. You'll want to choose a plan that meets your monthly and overall budget. Here are a few costs you should consider:

- ▶ **The health plan premium** is a regular monthly payment you make to your insurance company. It's what you pay to buy your plan and keep your coverage.
- ▶ **Coinsurance** is the percentage you pay for covered medical services or prescriptions once you've met your annual deductible. Think of it as your share of the costs. For example, after you reach your annual deductible your health plan might pay 80% of a covered medical service. Your share or coinsurance is the other 20%.
- ▶ **An annual deductible** is the amount you pay for covered medical services or prescriptions before your insurance plan starts to pay.
- ▶ **A copay** is the fixed amount you pay for a doctor's visit, prescription or other medical services.

For definitions and explanations of other key health care terms, please visit Cigna.com/glossary or ask the Answers by Cigna skill for Amazon Alexa.⁵

2. Financial assistance options

If you qualify, there are two forms of federal financial assistance available when buying a plan on the Exchange.

- ▶ **Premium tax credits** can reduce your monthly premium payments when you enroll in a Qualified Health Plan (QHP).⁶ You can apply all, or a part, of this tax credit to your premium to lower your monthly bill.

Premium tax credit eligibility is based on household size and income. Individuals earning up to \$51,040, or a family of four earning up to \$104,800, may be eligible.⁷

- ▶ **Cost-sharing reductions**⁸ can reduce the amount you pay out of pocket when you get care. These include deductibles, copays or coinsurance. Household size and income requirements determine the amount of the reductions. Cost-sharing reductions may be available along with the premium tax credit.

To get these savings, you must enroll in a Silver QHP plan. Individuals earning less than approximately \$31,900 or a family of four earning up to approximately \$65,500 may be eligible.⁹

Financial help is not available if:

- ▶ You are eligible for affordable minimum-value, employer-sponsored coverage (whether you enroll or not).
- ▶ You are covered under an employer-sponsored group health plan.
- ▶ You qualify for Medicare or Medicaid coverage.



Native Americans and Alaska Natives may qualify for tax credits and special cost-sharing reductions if specific requirements are met.

5. The Answers by Cigna skill is for informational and educational purposes only. Amazon, Alexa and all related logos and motion marks are trademarks of Amazon, Inc. or its affiliates.

6. Federal financial assistance can only be applied to the purchase of a QHP.

7. Figures are determined by the Internal Revenue Service (IRS) and are based on national 2020 averages.

8. Customers must select a Silver QHP to take advantage of cost-sharing reductions. Cost-sharing reductions are calculated online, based on your household's eligibility for federal financial assistance.

9. Figures are determined by the Federal Poverty guidelines set by the Department of Health and Human Services (HHS) and are based on national 2020 averages.

3. The plan's network

When choosing a plan, you should know how the plan's network operates and the area that it covers. The Cigna Connect Network is a Health Maintenance Organization (HMO), which gives you access to local providers selected with cost and quality in mind.

› What is the difference between an in-network and out-of-network provider?

To help you save money, most plans provide access to a network of providers and facilities.

To be a part of the plan's network, these doctors and facilities must meet certain requirements and agree to accept a discounted rate for covered services under your plan. These health care providers are considered "in-network."

If a provider or facility is not contracted with your health plan, they are considered "out-of-network" and can charge you up to full price for services.

Keep in mind that Cigna Connect plans do not include out-of-network coverage, except in case of emergency as defined by the plan.

4. How the plan works

Important questions to ask when selecting a plan.

› Does the plan require a primary care provider (PCP)?

No, Cigna Connect plans do not require a PCP to be a part of your care team. However it is highly encouraged. Your PCP acts as a team leader who can help keep you healthy by coordinating your care. This is the person to go to for routine care. Your PCP will refer you to in-network options for care, which can save you money.

› Is my PCP in the network?

We understand the relationship with your PCP is important. You can find out if your current PCP is in the Connect Network by visiting Cigna.com/ifp-providers.

› Do I need a referral to see a specialist?

If you need to see a specialist, a referral is not required. However, your PCP can provide guidance on where and when to seek care from an in-network specialist, ensuring that you're less likely to receive treatment you don't need.

› How can you access care if your PCP isn't available?

If your PCP is not available, you can still access quality care by visiting an in-network urgent care center, convenience care clinic or using Cigna Virtual Care. Of course, for a true emergency¹⁰ you can access an emergency room (ER) 24/7 both in- and out-of-network.¹¹

› Can you access care online or on the phone?

Cigna Virtual Care is available for minor acute care by phone or via secure video chat anywhere in the United States, 24/7/365.¹²

› How can I get more information about prescription drugs?

Before deciding on a health plan, search for your prescription drugs to make sure they will be covered under the plan. You can find a prescription drug list by visiting Cigna.com/ifp-drug-list.

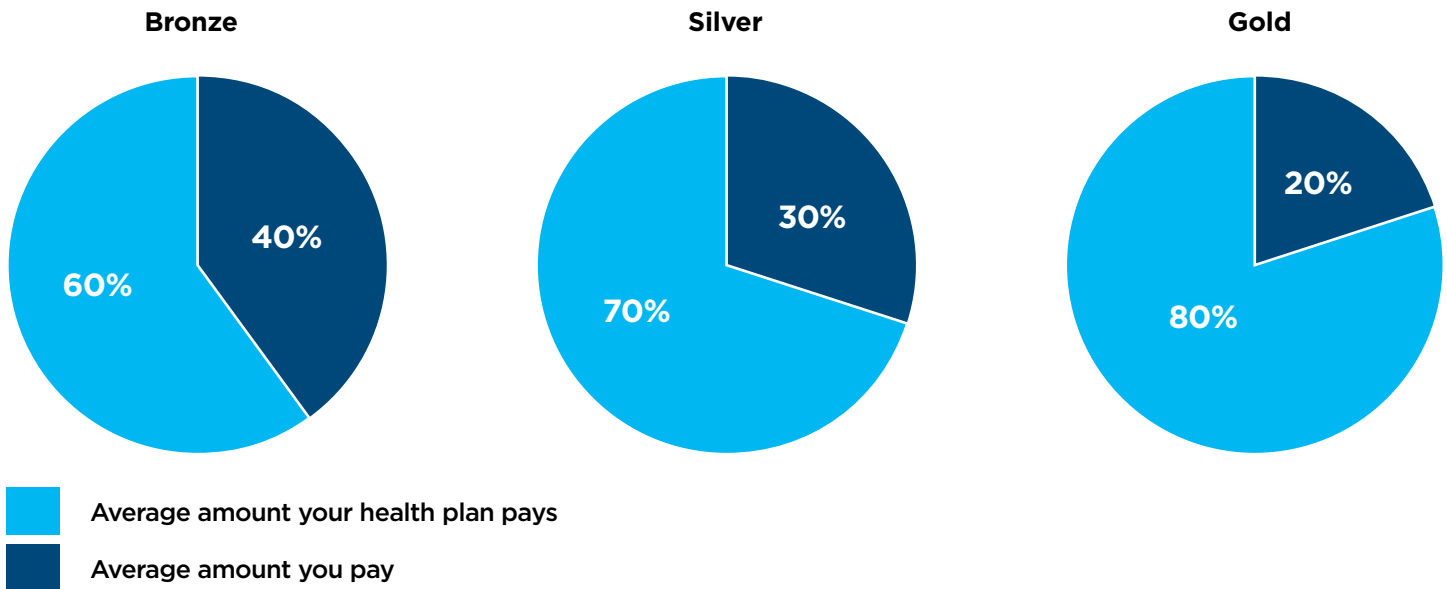
10. Emergency medical condition as defined by the plan.

11. Eligible out-of-network emergency services are covered at the in-network benefit level as defined in plan documents.

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5. Metal levels

Bronze, Silver and Gold are some of the different categories, or metal levels, of plan coverage you'll see on the Exchange. Plans in each category pay different amounts of the total costs of an average person's care. This includes deductibles, copays, coinsurance and out-of-pocket maximums. Generally, the higher the metal level, the more expenses your plan covers. The actual percentage you'll pay in total will depend on the services you use during the year.



To learn more about health benefits and costs, please visit the "Summary of Benefits" link on Healthcare.gov.



We hope you have a better understanding of the many factors to consider when choosing a Cigna Connect plan. For additional information or call 855.790.9146.

2021 PLAN IMPORTANT DISCLOSURES

Medical plan rates vary based on plan design, age, family size, geographic location (residential zip code) and tobacco use.

Rates for new medical policies/service agreements with a start date on or after 01/01/2021 are guaranteed through 12/31/2021. Thereafter, medical rates are subject to change on 45 days' prior notice.

Insurance policies/service agreements have exclusions, limitations, reduction of benefits and terms under which the policies/service agreements may be continued in force or discontinued. Medical applications are accepted during the annual Open Enrollment Period, or within 60 calendar days of a qualifying life event. Benefits are provided only for those services that are medically necessary as defined in the policy/service agreement and for which the insured person has benefits.

Form Series for Cigna Health and Life Insurance Company:

Exclusive Provider: NC: NCINDHMO052021

The policy/service agreement may be canceled by Cigna due to failure to pay premium, fraud, ineligibility, when the insured no longer lives in the service area or when we cease to offer policies/service agreements of this type, or cease to offer any plans in the individual market in the state, in accordance with applicable law. You may cancel the policy/service agreement on the first of the month following our receipt of your written notice. We reserve the right to modify the policy/service agreement, including plan provisions, benefits and coverages, consistent with state or federal law. Policies/service agreements renew on a calendar year basis.

Cigna does not intentionally discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

For costs, and additional details about coverage, contact Cigna at 900 Cottage Grove Road, Hartford, CT 06152 or call **866.GET.Cigna (866.438.2446)**.

No-cost language services. You can have an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at **866.494.2111**.

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al **866.494.2111**.

NOTICE: Your actual expenses for covered services may exceed the stated coinsurance percentage or copayment amount because the actual provider charges may not be used to determine plan and member payment obligations.

