



# 2022 PRODUCER HANDBOOK

Cigna Individual and Family Plans

Together, all the way.®

942560b 12/21



At Cigna, we aim to deliver affordable, predictable and simple health care for our customers, patients and clients.

Our goal is to provide the right services and solutions in the right setting at the right time by addressing the diverse health needs of our customers and patients in a highly personalized way – each and every day.

As a Cigna Producer, you are integral to helping us achieve this goal, and you can expect our support every step of the way.



**WE'RE HERE TO HELP**

**Sales Support • 877.244.6215 • [CignaforBrokers.com](http://CignaforBrokers.com)**

# CONTENTS



<b>RESOURCES</b>	<b>2</b>	<b>MEDICAL PLANS</b>	<b>6</b>
CignaforBrokers.com	2	Cigna IFP Networks	6
Producer News and Notices	2	Application to Enroll or Change Coverage	6
Producer Appointment	2	Annual Open Enrollment Period	6
How to Obtain a Quote	2	Special Enrollment Periods	6
Billing and Enrollment	2	Qualifying (Triggering) Life Events	7
How to Apply	2	Prior Authorization	8
Commission Inquiries	2	Step Therapy	8
Cigna Sales Support	2	Inpatient Admissions	8
Technical Support	2	Outpatient Procedures	8
<b>CUSTOMER INFORMATION</b>	<b>3</b>	<b>DENTAL</b>	<b>9</b>
Ten-Day Free Trial	3	Enrollment Period	9
Insufficient Funds Charge	3	Enrollment Start Dates	9
Age and Dependent Requirements	3	Brighter Score® Feature	9
Signature Requirements	3	<b>VALUE ADDS</b>	<b>10</b>
Residency Requirements	3	<b>STATE SPECIFIC</b>	<b>12</b>
<b>PRODUCER QUALIFICATIONS</b>	<b>4</b>	Comparison Grids	12
Definitions	4	Plan Availability	12
Licensing, Appointments and Contracting	4		
Federally Facilitated Marketplace			
Registration	4		
State Health Insurance Exchange			
Registration	4		
Errors and Omissions	5		
Loss of Control of Policyholder Information	5		
Agreement and Appointment Termination	5		

## RESOURCES

### CignaforBrokers.com

Find what you need, fast. **CignaforBrokers.com** is your virtual home office. Get the most up-to-date forms for your state, and:

- › Apply online.
- › Obtain a quote.
- › Review status of applications.
- › Review commissions.
- › Download marketing collateral.
- › Download market and plan information.
- › Create your custom ProducerLink.
  - Clients and prospects can obtain a quote and apply directly from your website.
  - Your information is auto-populated into the application, ensuring you receive credit for the sale.

### Producer News and Notices

Email communications are sent to give you the most up-to-date information. It's important that we have your current and correct contact information so that you can receive important communications, including email confirmations when you submit business.

Need to update your contact information?

Email the Producer Compliance Life Cycle Team at **AgentLicensingISG@Cigna.com**.

### Producer Appointment

**To become appointed, contact Broker Support:**

Email: DASH@Cigna-IFP.com

Phone: 877.Cigna.15 (877.244.6215)\*

**License renewal:**

Email: AgentLicensingISG@Cigna.com

Fax: 800.235.5023

### How to Obtain a Quote

**CignaforBrokers.com**

Phone: 877.Cigna.15 (877.244.6215)\*

### Billing and Enrollment

Phone: 877.244.6215\*

Fax: 877.484.5968

### How to Apply

**CignaforBrokers.com** or through your custom ProducerLink

Application – apply online or submit directly with initial payment by credit card, EFT or check to:

Cigna HealthCare

Individual & Family Plans

PO Box 30362

Tampa, FL 33630-3362

Fax: 877.484.5927

### Commission Inquiries

Email: IFPCommissions@Cigna.com

Mail: Routing C7COM

900 Cottage Grove Road

Bloomfield, CT 06002

### Cigna Sales Support

Phone: 877.Cigna.15 (877.244.6215)\*

Email: Sales@Cigna-ISG.com

### Technical Support

Phone: 877.Cigna.15 (877.244.6215)\*

\* Cigna Broker Support is available 8:00 am–8:00 pm ET, Monday–Friday.

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.

## CUSTOMER INFORMATION

### Ten-Day Free Trial

After the applicant reviews the policy, if they are not satisfied for any reason, they can call Cigna at the number on their policy within 10 days. Cigna will refund any premium they've paid (including contract fees or other charges) less the cost of any services paid on their behalf or on behalf of any of their covered dependents.

### Insufficient Funds Charge

The applicant is responsible for an additional charge of \$45 for any check or electronic funds transfer that is returned to Cigna unpaid.

### Age and Dependent Requirements

All applicants applying for coverage must meet age, dependent status and residency requirements.

- › Since September 23, 2010, the PPACA has required all health plans to provide coverage without limits to dependents until their 26th birthday.<sup>1</sup>
  - › The PPACA Extended Dependent Coverage rule applies to all health insurance plans, including medical, behavioral and pharmacy benefits. The rule does not apply to "excepted benefits" under the Health Insurance Portability and Accountability Act, such as dental or vision benefits offered separately from medical health benefits.
  - › In addition, young adults qualify for this coverage even if they no longer live with a parent, are not a dependent on a parent's tax return or are no longer students. Both married and unmarried young adults can qualify for the dependent coverage extension, although that coverage does not extend to a young adult's spouse or children. Student, military or marital status does not affect dependent eligibility.
- › According to a changed tax code rule, we interpret a dependent for purposes of this requirement to mean son, daughter, stepson, stepdaughter or eligible foster child of the taxpayer.
  - › Policyholder's or spouse's children, regardless of age, who are enrolled prior to age 26 and are incapable of self-support due to a medically certified continuing behavioral or physical disability and are dependent upon the insured for support, can continue coverage with written proof of disability and dependency within 61 days after the child's 26th birthday. Cigna may require written proof of such disability or dependency thereafter.

### Signature Requirements

All applicants and dependents age 18 and older must sign and date the application. The application must be received by us within 30 days from the signature date.

### Residency Requirements

- › A customer must be a citizen or national of the United States, or a noncitizen who is lawfully present in the United States, and is reasonably expected to be a citizen, national or noncitizen who is lawfully present for the entire period for which enrollment is sought.
- › Citizens/expatriates who have been living and working outside the United States and who are in the process of returning to the United States are eligible to apply. The requested effective date must be after their return to the United States.
- › Customers must reside in our service area.

1. Some states require that insurance policies provide dependent coverage beyond age 26; these rules and any associated restrictions apply after age 26.

# PRODUCER QUALIFICATIONS



## Definitions

An Insurance Producer refers to a person or an agency required to be licensed to sell, solicit or negotiate insurance on behalf of Cigna.

## Licensing, Appointments and Contracting

To be an authorized Cigna Insurance Producer, you must:

- › Comply with Insurance Producer licensing laws in all states in which you will be selling, soliciting and negotiating.
- › Be appointed by Cigna as an Insurance Producer, where applicable.
- › Execute a Universal Producer Agreement or Acknowledgement of Contractual Obligation.
  - Sole Proprietors or Agencies must execute Cigna's Universal Producer Agreement to sell, solicit and negotiate on Cigna's behalf.
  - Insurance Producers who are employed by an agency must execute Cigna's Acknowledgement of Contractual Obligation to sell, solicit and negotiate on Cigna's behalf.

## Federally Facilitated Marketplace Registration

If an Insurance Producer will be selling, soliciting and negotiating Cigna products on the Federally Facilitated Marketplace (FFM), in addition to these requirements, individual Insurance Producers must complete FFM registration annually, which includes:

- › Registering on the CMS portal.
- › Completing training.
- › Signing the required Agreement(s) with CMS.

Cigna receives notification directly from CMS of all Insurance Producers who complete the annual training. Firms do not require annual certification.

## State Health Insurance Exchange Registration

If an Insurance Producer will be selling, soliciting and negotiating Cigna products on any of the State Health Insurance Exchanges, in addition to the requirements noted above, individual Insurance Producers must complete any training/certification requirements as defined by the state.

## PRODUCER QUALIFICATIONS CONTINUED

### Errors and Omissions

Per the terms of the Universal Producer Agreement, all Insurance Producers must, at all times during the term of the Agreement, maintain professional liability errors and omissions insurance not less than \$50,000 per occurrence and \$250,000 annual aggregate.

### Loss of Control of Policyholder Information

Insurance Producers must notify Cigna of any loss of control of personal data, violation of use, and disclosure of protected health information (PHI) or confidential information. This includes any breach or suspected breach of PHI or confidential information, in accordance with the notification terms of the Universal Producer Agreement.

Personal Information is an individual's name, consisting of the individual's first name or first initial, in combination with:

- › Social Security number.
- › Driver's license number.
- › A bank/credit/debit card or account number.

Loss of Control is the unauthorized access to, unauthorized acquisition of or disappearance of any personal information. This includes computerized data and the unauthorized access to and/or acquisition of that computerized data that compromises the security or confidentiality of personal information.

Examples of Loss of Control include an intrusion of your computer system by an unauthorized third party and lost or stolen:

- › Unencrypted laptop.
- › Unencrypted thumb drive or CD.
- › Unencrypted smartphone.
- › Application forms.

On becoming aware of a Loss of Control of personal data or violation of use and disclosure of PHI or confidential information, the Insurance Producer should report the incident immediately to the Cigna Enterprise Privacy Office.

**Fax: 855.565.8105**

**Email: [privacyoffice@cigna.com](mailto:privacyoffice@cigna.com)**

### Agreement and Appointment Termination

Failure to comply with the qualifications enumerated above or any unethical/criminal conduct by the Insurance Producer may result in the termination of an Insurance Producer's Agreement and appointments with Cigna.

The terminated Insurance Producer will be mailed a termination notification, which will identify the effective termination date. Once terminated, an Insurance Producer will no longer receive payment of commissions.

## MEDICAL PLANS



### Cigna IFP Networks

Cigna health insurance plans deliver quality care centered around the customer; we give them access to personal care and attention from quality providers in their local area.

The customers have a choice to pick an in-network primary care provider (PCP)<sup>2</sup> who will get to know their needs and possibly direct them to specialists, when needed, and ensure that all of their providers are communicating and coordinating their care. They can access the provider directory at **Cigna.com/ifp-providers**.

### Application to Enroll or Change Coverage

PPACA specifies that an eligible person must enroll for coverage or change plans during the Annual Open Enrollment Period. Those who fail to enroll or change plans during the Open Enrollment Period must wait until the next Open Enrollment Period to enroll in a plan or to change plans.

However, if a person experiences a triggering event (see next page), the triggering event starts a 60-day Special Enrollment Period during which an eligible person can enroll and an insured person can add dependents and change coverage. The following paragraphs explain the Open Enrollment Period and the Special Enrollment Period.

2. PCP selection required and auto-assigned in IL.

### Annual Open Enrollment Period

This is a specified period of time each year during which individuals who are eligible as described earlier can apply to enroll for coverage or change coverage from one plan to another.

To be enrolled for coverage under this Plan, you must submit a completed and signed application for coverage under this Policy/Service Agreement for the applicant and any eligible dependent(s), and the Exchange must receive that application during the Annual Open Enrollment Period.

### Special Enrollment Periods

To apply outside of the Open Enrollment Period, an applicant must experience a Qualifying (Triggering) Life Event and has 60 days from the date of that event (including the date of the actual event) to apply for coverage or make a change to an existing plan.

Persons who enroll during a Special Enrollment Period will have coverage effective dates determined as follows:

- For an application made between the first and the 15th day of any month, the effective date of coverage will be the first day of the following month.

## MEDICAL PLANS CONTINUED

- › For an application made between the 16th and the last day of the month, the effective date of coverage will be the first day of the second following month.

Please note: In the case of birth, adoption or placement for adoption or placement in foster care, coverage is effective on the date of birth, adoption, placement for adoption or placement in foster care. In the case of marriage or in the case where an individual loses minimum essential coverage, coverage is effective on the first day of the following month.

### Qualifying (Triggering) Life Events

- › An individual and any dependents losing minimum essential health coverage
- › Loss of employer-sponsored health plan coverage due to termination, reduction in work hours, divorce, separation, Medicare entitlement, death or loss of dependent child status
- › An individual gaining or becoming a dependent through marriage, birth, adoption, foster care placement or court order
- › An eligible dependent spouse or child loses coverage under an employer-sponsored health plan due to divorce, legal separation from his or her spouse or parent, his or her spouse or parent becoming entitled to Medicare, or death of his or her spouse or parent
- › An eligible individual loses his or her dependent child status under a parent's employer-sponsored health plan
- › An eligible individual was denied Medicaid or Children's Health Insurance Plan (CHIP) coverage outside Open Enrollment after they applied during it
- › An individual who was not previously a citizen, national or lawfully present individual gains such status (only applicable for plans sold on the Health Insurance Marketplace)
- › An individual experiencing an error in enrollment
- › An individual adequately demonstrating that the plan or issuer substantially violated a material provision of the contract in which he or she is enrolled
- › An individual becoming newly eligible or newly ineligible for advance payments of the premium tax credit or experiencing a change in eligibility for cost-sharing reductions
- › An eligible individual moves to a new address and had prior coverage for at least one day in the 60 days before their move
- › New coverage becoming available to an individual or enrollee as a result of a permanent move
- › An Indian, as defined by section 4 of the Indian Health Care Improvement Act, may enroll in a qualified health plan or change from one qualified health plan to another one time per month (only applicable to the Marketplace)
- › An eligible individual or enrollee demonstrates to the Exchange, in accordance with guidelines issued by the U.S. Department of Health and Human Services (HHS), that he or she meets other exceptional circumstances as the Exchange may provide (only applicable to the Marketplace)
- › An eligible individual newly gains access to an employer's offer to help with the cost of coverage through either an individual coverage HRA or a QSEHRA
- › An individual becomes eligible due to release from incarceration or other extenuating life events, including, but not limited to, domestic abuse, natural disasters, etc.

Qualifying Life Events on the Colorado Health Insurance Marketplace can be found at [connectforhealthco.com/get-started/when-can-i-buy-insurance/](https://connectforhealthco.com/get-started/when-can-i-buy-insurance/)

### IMPORTANT: Customers may have to verify their information

At the time of application, customers must attest that the information provided on the application is true, including the facts that qualify for a Special Enrollment Period. Customers may be required to provide documents that prove eligibility to enroll based on the life-event experience.

Most people who qualify for a Special Enrollment Period and want to change plans may have a limited number of plan "metal" categories to choose from (instead of all four) during their Special Enrollment Period.

## MEDICAL PLANS CONTINUED

This means if a customer wants to change plans during a Special Enrollment Period, they may need to select a new plan within the same plan category as their current plan or wait until the next Open Enrollment (if they want to change to a plan in a different category).

### Prior Authorization

Cigna provides a comprehensive personal health solution medical management program that focuses on improving quality outcomes and maximizes value for its customers.

**The programs below require prior authorization:**

#### Step Therapy

In the Step Therapy program, certain high-cost medications need approval from Cigna before they're covered by the plan. These medications are used to treat conditions including, but not limited to allergies, asthma/COPD, cardiovascular health, diabetes, heartburn/ulcer/stomach acid, high cholesterol, mental health, and overactive bladder/bladder problems. Step Therapy medications have an "ST" listed next to them in the Notes column in the Cigna Prescription Drug List.

Customers have to follow a series of steps before the higher-cost "Step Therapy" medication may be covered. They start by trying the most cost-effective appropriate medication(s) available that can be used to treat the same condition. Typically, these are generics or lower-cost preferred brands. Generic medications have the same strength and active ingredients as brand-name medications but often cost much less – in some cases, up to 80%–85% less.<sup>3</sup>

Right after a customer fills a prescription for a Step Therapy medication (the higher-cost medication), we'll send the customer and their doctor a letter that outlines the specific steps they need to take before their next refill to receive coverage.

You can find more information in the "Documents and Forms" section of **CignaforBrokers.com**.

#### Inpatient Admissions

Prior authorization is required for all nonemergency inpatient admissions, and certain other admissions, to be eligible for benefits.

Prior authorization can be obtained by the policyholder, a family member or the provider by calling the number on the back of the ID card.

A customer may call the Member Services number on the back of the Cigna ID card or check **myCigna.com**, under "View Medical Benefit Details," for more detailed information regarding services that require prior authorization.

Failure to obtain prior authorization before an elective admission to a hospital or certain other facilities may result in a penalty or lack of coverage for services provided.

Inpatient prior authorization reviews both the necessity of the admission and the need for continued stay in the hospital. Emergency admissions will be reviewed post-admission.

#### Outpatient Procedures

Certain outpatient procedures and services require review and prior authorization to be eligible for benefits.

Outpatient prior authorization should only be requested for nonemergency procedures or services. Requests should be made at least four working days (Monday through Friday) before having the procedure performed or the service rendered.

**Prior authorization does not guarantee payment of benefits.** Coverage is always subject to other requirements of the policy/service agreement limitations and exclusions, payment of premium, and eligibility at the time care and services are provided. However, if prior authorization was not performed, Cigna will use retrospective review to determine if a scheduled or emergency admission was medically necessary. In the event the services are determined to be medically necessary, benefits will be provided as described in the policy. If it is determined that a service was not medically necessary, the insured person is responsible for payment of the charges for those services.

3. U.S. Food and Drug Administration (FDA). "Generic Drugs: Questions and Answers." Last updated 03/16/21. [www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers](http://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers).



### Enrollment Period

Applicants can purchase Cigna Dental Preventive, Cigna Dental 1000 and Cigna Dental 1500 plans anytime during the year through Cigna.

### Enrollment Start Dates

For dental plans purchased with a Cigna medical plan, the effective date of a dental plan can be the first day of the following month after submitting an application.

For dental plans purchased without a medical plan, including in states where Cigna medical plans are not sold, applications submitted through the last day of the month prior will have an effective date of the first of the following month, or when indicated.

### Brighter Score Feature<sup>4</sup>

At Cigna, we are committed to helping customers maximize their dental plans and avoid costly surprises. We think customers should have access to some of the information they may be accustomed to: conveniences such as insightful customer reviews and transparent pricing.

We provide our dental customers with tools and information on **myCigna.com** through the Brighter Score<sup>®</sup> feature,<sup>4</sup> including the following:

- › Scores derived from factors such as affordability, patient experience and professional history
- › Dental office reviews and comparisons that let customers find detailed information such as dentist profiles, many with pictures and video content; they can read patient reviews and submit their own reviews after their appointment
- › Enhanced searches and transparent pricing that allow customers to find a dentist by procedure or group of procedures; information is personalized for their plans and shows pricing, including coinsurance, copays and deductibles
- › Easy access to information anytime, anywhere – from a computer, smartphone or tablet

Customers will need to be registered at **myCigna.com** to use these tools.<sup>5</sup>

4. Cigna makes no representations or warranties as to the quality or accuracy of the information or services of the Brighter Score. The Brighter Score is not a guarantee of the quality of care that will be delivered to individual customers. Customers are encouraged to consider all relevant factors and to speak with their treating dentist when choosing where to receive dental care.

5. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.

## VALUE ADDS

Cigna helps customers make better decisions about their health by providing them with personalized support and helping to guide them to the care and coverage they need at a price they can afford.

### Providing customers with clarity and confidence about their health care choices.

**Health Information Line<sup>SM</sup>.** Licensed clinicians are available 24/7/365 via phone to help guide customers to the most appropriate setting for care based on symptoms, and they provide in-network level-of-care recommendations based on the time of day and the day of the week.

**myCigna.** Having a myCigna<sup>®</sup> account is a great way for medical and dental customers to stay on top of their plans. They can access their plan and health information at **myCigna.com** or with the **myCigna<sup>®</sup> App<sup>7</sup>** – anytime, anywhere – to:

- › Find in-network doctors and medical services.
- › Track health care spending and review claims.
- › See cost estimates for medical procedures.
- › Get verified reviews from other patients to help them find the provider or facility that's right for them.
- › Connect with virtual care for convenient, cost-effective provider visits via phone or video chat for medical and behavioral/mental health.

**One Guide<sup>®</sup>.** Customers simply call and they're automatically connected with a One Guide personal guide who will help them learn how their coverage works and answer their health care or plan questions.

- › 24/7 live customer support and access to personal guides by phone.
- › Education on plan features, coverage and ways to maximize benefits, including cost estimates.
- › Proactive messaging based on individual health needs.
- › Guidance in finding the right doctor, lab or urgent care center.
- › Easy connection with pharmacists.

### Supporting customers in the moments that matter.

- › **My Personal Champion<sup>®</sup>.** Eligible customers have a single point of contact to help with their complex health and claims needs.
- › **Therapeutic Resource Center<sup>®</sup>.** Customers get direct access to specialty pharmacists who provide expert guidance on medications and on potential drug interactions as well as condition-specific counseling.

- › **Virtual care.** Customers can talk to a board-certified doctor about medical and behavioral health issues no matter where they are, anytime – day or night.<sup>8</sup> New for 2022, virtual wellness screenings and the associated labs for the visit are covered at no cost, as a part of the preventive care benefits for most health plans.<sup>9</sup>

## VALUE ADDS CONTINUED

### Helping customers get the most out of their plan.

**Preventive care at no additional cost.** This includes \$0 annual check-ups, flu shot, and cholesterol and blood pressure screenings with in-network providers.<sup>10</sup>

**HSA-qualified offering.** New for 2022 and available as a Bronze metal plan in most markets.

**Cigna Enhanced Diabetes Care plans.** Customers pay \$0 out of pocket for a 30-day supply of covered, eligible insulin and diabetes medications, plus nutritional counseling, certain lab work, exams and diabetic supplies.<sup>11</sup>

**Patient Assurance Program.** All Cigna plans except the Enhanced Diabetes Care plans include:

- › Maximum of \$25 for a 30-day supply of insulin and some non-insulin medications.<sup>12</sup>
- › \$0 for diabetes supplies on the Cigna drug list, diabetes management training, and select labs and exams.

**Cigna Enhanced Asthma COPD Care plan** – Copays are capped at \$20 for a 30-day supply of covered, eligible asthma or COPD medication; additionally, customers pay \$0 for pulmonary rehabilitation services, certain pulmonary function tests and supplemental oxygen.<sup>13</sup>

**Take Control Rewards Program<sup>SM</sup>.** Customers complete actions and earn up to \$275 in reward points, which can be exchanged for products or experiences.<sup>14</sup>

**Healthy Rewards<sup>®</sup>.** Healthy Rewards<sup>15</sup> is a discount program for medical and dental customers. No doctor's referral or claim forms are needed. To access the Healthy Rewards<sup>®</sup> program benefits, customers can visit the "Wellness" section on **myCigna.com** or call **800.870.3470**. Then, they show their Cigna ID card before paying for services to get savings on:

- › Fitness club memberships and virtual workouts.<sup>16</sup>
- › Yoga, fitness and wellness products including wearable fitness devices.<sup>16</sup>
- › Hearing exams and hearing aids.
- › Cigna Vision services and laser vision correction (LASIK).
- › Financial coaching.

7. The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

8. Cigna provides access to dedicated virtual care through a national telehealth provider, MDLive located on myCigna, 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. **\$0 virtual care benefit for minor acute medical care not available for all plans. HSA plans and non-minor acute medical care may apply a copay, coinsurance or deductible. 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. For IL customers, a primary care provider referral may be required for specialist virtual visits.

9. Not applicable to exempt plans with cost share. See your plan documents for details.

10. Not all preventive care services are covered, including most immunizations for travel. Please see plan documents for a list of covered and non-covered preventive care services.

11. Provides a \$0 cost-share for specific diabetes benefits in a standalone plan in all markets, except CO. Please see Plan Details for more information. If you participate in HSA plan, you'll need to meet your HSA-plan deductible before your cost-share is \$0 for diabetes care benefits.

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

13. Refer to plan documents for a description of equipment, supplies, select tests and services that are covered through these plans.

14. The Cigna Take Control Rewards<sup>SM</sup> Program is available in all states to all primary subscribers that are active Cigna medical Individual and Family Plan policy holders and who are 18 years of age or older. All rewards may be considered taxable income. Contact your personal tax advisor for details. Program participation along with redeeming rewards is dependent on qualifying premiums being current and fully paid.

15. **Healthy Rewards programs are NOT insurance.** Rather, these programs give a discount on the cost of certain goods and services. The customer must pay the entire discounted cost. Some Healthy Rewards programs are not available in all states, and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services.

16. Fitness membership and devices along with yoga products and virtual workouts can only be accessed by logging in to myCigna.com and navigating to Healthy Rewards Discount Program.

Notice for North Carolina residents: 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.

## STATE SPECIFIC

### Comparison Grids

For individual medical plans by state market, please go to [CignaforBrokers.com](https://www.cignaforbrokers.com) and access the Instructional Materials section in the Resource Center. You'll see a full view of plan offerings so you can easily compare plans by metal level, premiums and more.

The website also has information and grids about dental plans as well as support information about value-add features of the plans. Please note that not all plans are available in all markets, and some states have specific restrictions or limitations.

### Plan Availability (by county)

#### Arizona

Gila, Maricopa, Pinal, Yavapai

#### Colorado

**Denver Metro and Boulder:** Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Teller, Weld

#### Florida

- › **Orlando:** Lake, Orange, Osceola, Seminole
- › **North Florida:** Leon
- › **South Florida:** Broward, Collier, Miami-Dade, Palm Beach
- › **Treasure Coast:** Indian River, Martin, St. Lucie

#### Georgia

**Southeast:** Barrow, Bartow, Butts, Chattahoochee, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Elbert, Fayette, Forsyth, Fulton, Gilmer, Greene, Gwinnett, Harris, Henry, Jackson, Jasper, Lamar, Macon, Madison, Marion, Meriwether, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Pike, Rockdale, Spalding, Stewart, Talbot, Taylor, Troup, Upson, Walton, Webster

#### Illinois

- › **IL Connect Network:** Cook, DuPage, Grundy, Kane, Kankakee, Kendall, Will
- › **IL Plus Network:** Cook, DuPage, Kane, Lake, McHenry

#### Kansas

- › **Kansas City:** Johnson, Leavenworth, Miami, Wyandotte
- › **Wichita:** Butler, Harvey, Sedgwick, Sumner

#### Mississippi

**Tri South:** Alcorn, Benton, Calhoun, Chickasaw, Clay, Covington, Forrest, George, Greene, Hancock, Harrison, Itawamba, Jackson, Jefferson Davis, Jones, Lamar, Lawrence, Lee, Lowndes, Marion, Monroe, Pearl River, Perry, Pontotoc, Prentiss, Stone, Tippah, Tishomingo, Union, Walthall, Webster

#### Missouri

- › **Kansas City:** Cass, Clay, Jackson, Platte, Ray
- › **St. Louis:** Boone, Franklin, Jefferson, Lincoln, St. Charles, St. Francois, St. Louis, St. Louis City, Ste. Genevieve, Warren, Washington

#### North Carolina

- › **Broad:** Avery, Beaufort, Bertie, Bladen, Buncombe, Camden, Carteret, Cherokee, Chowan, Clay, Craven, Cumberland, Currituck, 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, Tyrrell, Washington, Wayne, Wilson, Yancey
- › **Raleigh/Durham:** Alamance, Chatham, Durham, Franklin, Granville, Johnston, Lee, Orange, Person, Vance, Wake, Warren

#### Pennsylvania

**Liberty Valley:** Bucks, Chester, Delaware, Montgomery, Philadelphia

## STATE SPECIFIC CONTINUED

### Tennessee

- › **Chattanooga:** Bledsoe, Bradley, Franklin, Grundy, Hamilton, Marion, McMinn, Meigs, Polk, Rhea, Sequatchie
- › **Jackson:** Benton, Carroll, Chester, Crockett, Decatur, Dyer, Gibson, Hardeman, Hardin, Henderson, Henry, Lake, Madison, McNairy, Obion, Weakley
- › **Knoxville:** Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Monroe, Morgan, Roane, Scott, Sevier, Union
- › **Memphis:** Fayette, Haywood, Lauderdale, Shelby, Tipton
- › **Nashville:** Cheatham, Davidson, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, Wilson
- › **Tri-Cities:** Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington

### Utah

**Salt Lake City:** Davis, Salt Lake, Utah, Weber

### Virginia

- › **Northern VA:** Alexandria City, Arlington, Clarke, Fairfax, Fairfax City, Falls Church City, Fauquier, Frederick, Loudoun, Manassas City, Manassas Park City, Page, Prince William, Rappahannock, Shenandoah, Spotsylvania, Stafford, Warren, Winchester City
- › **Richmond:** Amelia, Charles City, Chesterfield, Colonial Heights City, Cumberland, Dinwiddie, Goochland, Hanover, Henrico, Hopewell City, Louisa, Petersburg City, Powhatan, Prince George, Richmond City, Sussex



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Cigna HealthCare of Arizona, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of North Carolina, Inc., and Cigna Dental Health, Inc. In Texas, the Dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO Advantage network. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.

**FOR PRODUCER/BROKER/INTERNAL USE ONLY**