

# 2024 Customer Handbook

Cigna Healthcare Medicare Advantage  
HMO Plans





# Welcome to Cigna Healthcare.

Thank you for choosing Cigna Healthcare for your Medicare Advantage Plan. We're here to support you in your health journey. In this handbook, you'll find information about how to make the most of your plan – from getting started to finding the right care and prescriptions to taking advantage of programs and discounts. We recommend you keep this book for reference in the future.

Questions? We're here to help.

- **Customer Service**

Call **1-800-627-7534 (TTY 711)**, 8 a.m. – 8 p.m. local time.  
October 1 to March 31 seven days a week;  
April 1 to September 30: Monday to Friday.

- **Health Information Line**

Call **1-800-223-9379 (TTY 711)**, 24 hours a day, seven days a week. Talk one-on-one with a Nurse Advocate\* to help answer your medical or prescription drug questions, or direct you to the appropriate provider.\*\*

- **CignaMedicare.com**

Thank you for choosing us.

\*Nurse Advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice in any capacity as a health advocate.

\*\*The Cigna Healthcare Health Information Line is not a substitute for calling 911. If you're experiencing a health emergency, call 911 or go to your nearest emergency room.

# What's inside

|           |                                    |
|-----------|------------------------------------|
| <b>4</b>  | <b>Welcome</b>                     |
| 4         | Four steps to get started          |
| 5         | Words we use                       |
| 6         | Register your myCigna account      |
| 6         | Your Cigna Healthcare ID card      |
| <b>7</b>  | <b>Getting care</b>                |
| 7         | Find a doctor                      |
| 8         | Prior authorizations               |
| 9         | Understand your care options       |
| 10        | Preventive screenings              |
| 11        | Earn incentive rewards             |
| <b>12</b> | <b>Getting prescriptions</b>       |
| 12        | Prescription coverage              |
| 12        | Find a preferred pharmacy          |
| 13        | Express Scripts home delivery      |
| <b>14</b> | <b>Plan services and discounts</b> |
| 14        | Plan services                      |
| 15        | Healthy Rewards discount program   |
| 16        | Diabetic supplies                  |
| <b>17</b> | <b>Plan documents</b>              |
| <b>18</b> | <b>Notices and forms</b>           |

# Four easy steps to get started



## STEP 1:

### Create your online account at [myCigna.com](https://myCigna.com)

Register or log in at [myCigna.com](https://myCigna.com) to access your personal health plan information and review your plan's benefits and coverage. Download the free myCigna App® to your tablet or smartphone.



## STEP 2:

### Schedule your yearly health check-up

It's important to meet with your Primary Care Provider (PCP) once a year for a health check-up to review your overall health and well-being and build a plan to help you stay healthy. Call your PCP's office directly to schedule your yearly health check-up. During your check-up, make sure you:

- Ask if you're taking the right prescriptions and over-the-counter medications. And check on the dosages.
- Tell your doctor about any recent health changes or life events.



## STEP 3:

### Complete your Health Risk Assessment (HRA)

The HRA is a series of questions about your health and lifestyle. It helps us match you to the health and wellness services that fit you best. Your responses are private and only shared with your care team. The information you provide will be used to create a personalized care plan that can be shared with your PCP and other health care providers. Complete your HRA in one of two ways:

- Call [1-800-331-6769 \(TTY 711\)](tel:1-800-331-6769), Monday – Friday, 8 a.m. – 5 p.m. CT.
- By mail, we will send you a copy when your yearly assessment is due. Complete the form and return in the postage paid envelope.



## STEP 4:

### Get your recommended preventive screenings

Based on your yearly health check-up and the results of your HRA, your doctor will recommend a list of preventive screenings for you to complete this year. Call your doctor's office to schedule your recommended preventive screenings.



## Words we use

Below are common health care terms with easy-to-understand definitions. These common terms are used throughout this booklet as well as some of your plan documents.

### **Deductible**

The amount you pay for covered services before your plan begins to pay. You may not need to pay a deductible before you can get coverage under your plan.

### **Copay**

An amount you may be required to pay as your share of the cost for a medical service or supply, such as a provider's visit, hospital outpatient visit, or a prescription drug. A copay is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a provider's visit or prescription drug.

### **Coinsurance**

An amount you may be required to pay as your share of the cost for services or prescription drugs. Coinsurance is usually a percentage, for example, 20%.



**New customers** can expect a Welcome Call from our dedicated Welcome Team soon. They'll make sure you understand your benefits, help you schedule any appointments and answer any questions you may have.

# Register your myCigna online account

Manage your plan quickly and easily – at home or on the go – with myCigna.

## Get instant access to:

- Find in-network providers and virtual care
- Review your prescription drug costs
- Review your plan's benefits and coverage
- View your claims and Explanations of Benefits (EOBs)
- Complete your incentive program registration and view your rewards
- And more

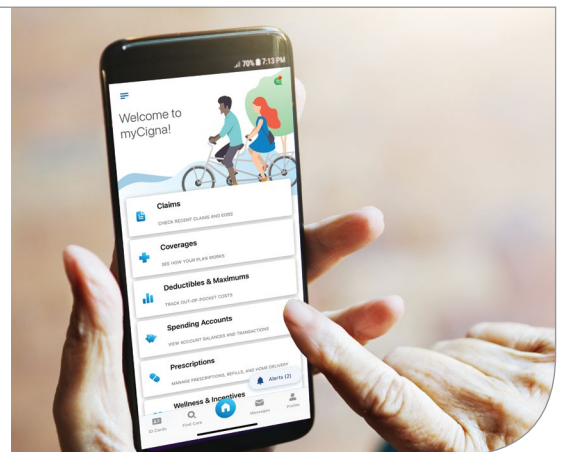
## How to register:

1. Visit [mycigna.com](https://mycigna.com)
2. Select **Register** and follow the prompts

### **Already have an account?**

Log in to get started.

Download the free **myCigna App**<sup>®</sup> to your tablet or smartphone.

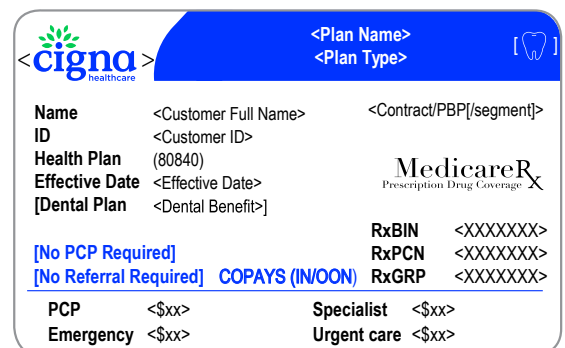


# Your Cigna Healthcare Medicare Advantage ID card

Present your Cigna Healthcare ID card whenever you receive medical care, fill a prescription, or use other covered benefits and services. In most cases,\* you will use your Cigna Healthcare ID card instead of your Medicare ID. Make sure your name and your doctor's name are printed correctly on your card.

If you need to make a change on your Cigna Healthcare ID card, call Customer Service.

Depending on your plan, your card may look different than the one pictured.



\*Some Low-Income Subsidy (LIS) customers may also need to show their Medicaid card.

# Getting care

## Find a doctor

You must select a Primary Care Provider (PCP) from Cigna Healthcare's network of Medicare providers. You can change your PCP at any time. Your PCP may need to refer you to specialists and hospitals – and work with them to coordinate your care. Generally, your plan covers services provided by in-network doctors. Out-of-network care is covered only in an emergency. For detailed information on out-of-area coverage, please refer to your Evidence of Coverage (EOC).



### Get to know your PCP

Your PCP serves as your personal guide through your health journey. They know your medical history and monitor all your tests, prescriptions and preventive care needs – and can coordinate care with other providers or specialists, if needed.



## Prior authorizations






Some services or medications may need prior authorization. Prior authorization is approval that your provider must get from Cigna Healthcare before you can receive specific services, procedures, medications and medical equipment. Prior authorizations ensure that you receive care from providers who share our commitment to quality care. Review your Evidence of Coverage (EOC) to see which services require prior authorization. Talk with your provider or call Customer Service for more information.





## Your care options

Getting the right care at the right time is important to your health and can save you time and money. **Always call your doctor’s office first if you have an illness or injury that is not life-threatening.** They will schedule an appointment or tell you where to go to get the right care. If you cannot wait to see your doctor, understand your care options.

| <br>Primary care provider   | <br>Health information line  | <br>Telehealth (virtual care) services*  | <br>Urgent care   | <br>Emergency room<br>Or call 911   |
|--|---|---|--|--|
| \$   | Free  | \$  | \$\$   | \$\$\$   |
| Always call your provider’s office first <ul style="list-style-type: none"> <li>• Yearly health check-up</li> <li>• Preventive screenings</li> <li>• Non-urgent new or existing health conditions</li> </ul> | <b>1-800-223-9379 (TTY 711)</b><br>24 hours a day, seven days a week <ul style="list-style-type: none"> <li>• Ask general health or medication questions</li> <li>• Get recommendations on where to get care</li> </ul> | Virtual care through MDLIVE<br>Visit <a href="https://MDLIVE.com/CignaMedicareAZ">MDLIVE.com/CignaMedicareAZ</a> or in your myCigna app select the MDLive link.<br><b>1-866-301-8658</b> <ul style="list-style-type: none"> <li>• Allergies</li> <li>• Cough</li> <li>• Headache</li> <li>• Sore throat</li> <li>• Other minor illnesses</li> </ul> | Non-life threatening conditions that can’t wait <ul style="list-style-type: none"> <li>• Minor cuts and burns</li> <li>• Sprains and strains</li> <li>• X-rays</li> <li>• Low back pain</li> <li>• Minor asthma attacks</li> </ul> | Emergencies or symptoms that can’t wait <ul style="list-style-type: none"> <li>• Chest or abdominal pain</li> <li>• Shortness of breath or difficulty breathing</li> <li>• Sudden numbness</li> <li>• Major burns</li> <li>• Broken bones</li> </ul> |

Costs are based on in-network facilities.

\*Telehealth (virtual care) services are available to treat non-life-threatening conditions only. Call 911 if you’re experiencing a medical emergency.

## Preventive screenings

Prevention and early detection can help you lower your chance of serious illness, avoid hospitalization and manage your medical symptoms. We want to make sure you get all the preventive screenings recommended by your doctor. To help you stay on track, we'll send you reminders in the mail and in your customer newsletter. The chart below lists many common recommended screenings. Your doctor may recommend different screenings based on your health.

|  | Preventive screening                                    | Frequency   |
|--|---|---|
| <b>Everyone</b>                          | Health risk assessment (HRA)                            | Every year  |
|  | Yearly health check-up                                  | Every year  |
|  | Blood pressure screening                                | At least once per year  |
|  | PCP follow-up post-ER visit                             | Within 7 days   |
|  | PCP follow-up post-discharge from admission             | Within 30 days  |
|  | Flu shot  | Every year  |
|  | Pneumonia shot  | 2 shots given 6-12 months apart                                 |
| <b>Colon health</b>                      | Colonoscopy OR  | Every 10 years  |
|  | Flexible sigmoidoscopy OR                               | Every 5 years   |
|  | In-home stool DNA test (Cologuard) OR                   | Every 3 years   |
|  | In-home stool test                                      | Every year  |
| <b>Women's health</b>                    | Mammogram   | At least every 2 years  |
|  | Bone density test                                       | At least once after age 67; or within 6 months after a fracture |
| <b>Diabetes management</b>               | Blood sugar monitoring (HbA1c)                          | At least once a year  |
|  | Kidney health evaluation                                | Every year  |
|  | Retinal eye exam  | Every year if positive or every other year if negative          |
| <b>Cardiovascular disease management</b> | Preventive cholesterol treatment with statin medication | Ongoing/Continuous  |

\*Even if you received your pneumonia shot in the past, ask your doctor about the most up-to-date recommendations.

## Earn incentive rewards

With the Cigna Healthcare Medicare Advantage Incentives program, you can earn up to \$100 on your Cigna Healthy Today card for completing healthy activities (see chart below). After completing your yearly health check-up, you qualify for additional incentives as determined by your plan and provider. For each wellness activity you complete, you can earn additional reward dollars loaded on your Cigna Healthy Today card.

We will mail you information about your plan's incentives program and instructions on how to attest to your check-up. You can also log in to [myCigna.com](https://mycigna.com) and select [View Incentives](#) for more information.

| Maximum reward total for 2024: \$100                                 |   | Reward  | Limit                               |
|--|---|---|-------------------------------------|
| <b>STAY HEALTHIER</b>  | Yearly Health Check-Up<br>Must complete to earn any rewards           | \$30  | 1 per year                          |
|  | Mammogram   | \$25  | 1 per year                          |
|  | Diabetes Management – Must complete two different diabetic screenings | \$30  | Once per year                       |
|  | Colorectal Screening<br>Get one screening                             | \$15<br>(1- or 3-yr.)<br>\$30<br>(5- or 10-yr.) | 1 per year                          |
|  | Bone Density Screening  | \$25  | 1 per year                          |
|  | Immunization – Get a flu shot*  | \$10  | 1 per year                          |
| <b>STAY ENGAGED</b>  | Community Engagement**<br>Do an activity to connect with others       | \$10*   | 1 per year                          |
|  | Cigna Online Engagement<br>Do any activity at myCigna.com             | \$5   | 1 per quarter, up to \$20 each year |
| <b>STAY ACTIVE with Silver&amp;Fit</b><br>(if included in your plan) | Get started with Silver&Fit®<br>(fitness center, coaching, home kit)  | \$10  | 1 per year                          |
|  | Keep going with Silver&Fit<br>(complete workouts, coaching, videos)   | \$10  | 1 per quarter, up to \$50 each year |

\*You must tell us you completed the Immunization activity to earn the incentive by calling Customer Service or filling out the online form. Vaccines administered in a provider's office will use claims to validate. Vaccines administered in a pharmacy or other location than a provider's office attestation will be required. Reward dollars are intended to be used on health and wellness products only. Rewards will be posted to your Cigna Healthy Today card. Visit [CignaHealthyToday.com](https://CignaHealthyToday.com) for more details, or call 1-866-851-1579 (TTY 711) for card balance.

\*\*You must tell us you completed the Community Engagement activity to earn the incentive. Log in at [myCigna.com](https://mycigna.com) and click the "View Incentives" button on the "Wellness" tab, or call us at the phone number on your Cigna Healthcare ID card.

# Getting prescriptions


Your Cigna Healthcare Medicare Advantage plan may include prescription drug coverage. We want to make it easy to get your prescriptions filled.

## Find out if your drug is covered

Review your plan's formulary (drug list) to find out which medications are covered. To access your formulary, go to [CignaMedicare.com/resources](https://www.cignamedicare.com/resources) or call Customer Service to request a printed copy.

## Find out how much your drugs will cost


Cigna Healthcare groups each medication into one of five or six tiers, depending on the plan. The amount you pay for a medication depends on which tier your drug is in. To check how much your medications cost, use the Price a Medication tool at [myCigna.com](https://www.myCigna.com) or the **myCigna** app. Note: Some features are not available in **myCigna** until your coverage begins on your effective date.

 **Cost savings tip:** Generally, the lower the tier, the less you pay. Ask your doctor if an alternative to a drug you are taking is available in a lower tier.

## Find a preferred pharmacy near you

Your plan's prescription drug coverage may include a network of preferred pharmacies to help keep your prescription costs down. These include retail and home delivery pharmacies.

To view a list of preferred pharmacies near you, visit [cigna.com/medicare/member-resources/pharmacy-networks](https://www.cigna.com/medicare/member-resources/pharmacy-networks).

 **Cost savings tip:** You'll typically save money when you get your prescriptions from a Cigna Healthcare preferred pharmacy.

## Home delivery pharmacy

Home delivery provides the convenience of having your medications delivered to you.

### Home delivery from a preferred pharmacy offers benefits, such as:

- Fewer trips to the pharmacy and free delivery
- Lower out-of-pocket costs on many medications
- Fewer refills with a three-month (90 or 100-day supply) and an automatic refill option

 **Cost savings tip:** A three-month supply using preferred home delivery often provides the lowest cost for your medications.

**Express Scripts® Pharmacy is Cigna Healthcare's preferred home delivery pharmacy.**

**To set up home delivery, make sure you have your Cigna Healthcare ID card and medication list nearby.**



Log in to [myCigna.com](https://mycigna.com) or the **myCigna** app and select **Prescriptions** to review home delivery information.



Or call Express Scripts Pharmacy at **1-877-860-0982 (TTY 711)**, Monday – Friday, 8 a.m. – 12 a.m. ET.

Other pharmacies are available in our network.



## Plan services and discounts

Get the most out of what your plan offers. Below are a few highlights of programs and services available to you as a Cigna Healthcare customer.



**Behavioral health services** - For customers with behavioral health issues such as depression, anxiety, or substance abuse, we're here to support you. Get help finding behavioral health care providers and understand costs and your care choices. Referrals not needed for in-network health care facilities; but prior authorization may be required. To learn more about behavioral health services, call Customer Service.



**Care management** - Cigna Healthcare customers with various chronic conditions may qualify for one of our care management programs. A dedicated care manager can help coordinate care, review your medication and therapies, and help find community resources and education. Disease management helps customers with conditions such as chronic kidney disease, cancer and diabetes. To find out if you qualify, call Customer Service.



**Medicare Diabetes Prevention Program (MDPP)** - Helps prevent type 2 diabetes through behavior changes and healthier lifestyle choices such as physical activity, training support and weight loss strategies. To find out if you qualify, talk to your provider during your yearly health check-up or call Customer Service.



**LifeStation medical alert system** - Feel more secure with a medical alert system that calls for emergency help at the touch of a button, 24 hours a day, 7 days a week. Available to customers starting at a discounted price of \$19.95 per month. Call [1-800-711-7995](tel:1-800-711-7995), Monday - Friday, 8 a.m. - 5 p.m. CT.

## Healthy Rewards discount program

Our Healthy Rewards® discount program is available with your Cigna Healthcare Medicare Advantage plan. These discounts are extra savings outside of your standard plan coverage. Visit [mycigna.com](https://mycigna.com) to view and access your Healthy Rewards or call **1-855-878-6920 (TTY 711)**.



Save up to 25% on acupuncture, physical therapy, occupational therapy, chiropractic care, massage therapy and routine podiatry services.



Get a discount on registered dietitians who can tailor a plan to your specific medical and nutritional needs.



Enjoy free shipping on budget-friendly refrigerated meals sent to your home or the home of a loved one.



Improve your vision with a discount on LASIK vision correction, which includes a broad network of providers to choose from.



Take advantage of discounts on wearable fitness devices from Fitbit.



Save on virtual fitness programs, including total body workouts, barre, kickboxing, strength training and Pilates.

The products and services described for Healthy Rewards are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Cigna Healthcare Medicare Rx grievance process. Some Healthy Rewards programs are not available in all states. If your Cigna Healthcare plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge.

## Diabetic supplies

If you're managing diabetes, Cigna Healthcare makes it easier and more affordable to get monitoring and testing supplies. Your plan covers preferred-brand diabetic supplies plus home delivery options.



### Preferred blood glucose monitors

Your plan covers one preferred blood glucose monitor and one preferred continuous glucose (blood sugar) monitor (CGM) every two years (Authorization rules may apply). Preferred brands include:

- Abbott Diabetes Care: FreeStyle Lite, FreeStyle Freedom Lite, FreeStyle Precision Neo, FreeStyle Libre 2 (CGM), and FreeStyle Libre 14-Day (CGM)
- LifeScan Diabetes Care: OneTouch Ultra 2, OneTouch Verio Flex and OneTouch Verio Reflect
- Dexcom: Dexcom G6 (CGM), Dexcom G7 (CGM)



### Preferred diabetes test strips

- Your plan covers 200 preferred-brand test strips every 30 days.
- Preferred brands include Abbott and LifeScan. If you need additional test strips, you may submit an exception request by calling Customer Service.



### Additional diabetic supplies, depending on your plan

- You may have medical coverage for control solution, lancets and lancet devices.
- You may have prescription drug coverage for syringes, needles, alcohol swabs, gauze and insulin injection devices.
- Some or all of these supplies may be available at no cost to you or subject to coinsurance.



## How to get your diabetic supplies.

- › Preferred home delivery. Get your diabetic supplies delivered at no added cost to you. Ask about 30, 60 and 90-day supplies. Call Express Scripts® Pharmacy at [1-877-860-0982 \(TTY 711\)](tel:1-877-860-0982), Monday – Friday, 8 a.m. – 12 a.m. ET.
- › You may also visit any in-network retail pharmacy.

Note: If you get non-preferred-brand supplies, you may be responsible for the full cost. Cigna Healthcare may cover non-preferred brands in medically necessary situations. For complete diabetic-supply and cost-sharing information, refer to your EOC at [CignaMedicare.com/resources](http://CignaMedicare.com/resources) or call Customer Service.



# Plan documents

## Evidence of Coverage

Your Evidence of Coverage (EOC) explains your plan's complete benefit information and the rules and policies for your coverage. To access your EOC, go to [CignaMedicare.com/resources](https://www.cignamedicare.com/resources) or call Customer Service to request a printed copy.

**Did you know?** Cigna Healthcare continually reviews new medications, medical and behavioral procedures and medical devices as possible benefit additions. Find more information about our review process in your EOC.

## Explanation of Benefits

To help you keep track of your medical costs, we send you an Explanation of Benefits (EOB) for each month you get health services. Your EOB tells you the total billed amount and how much you'll have to pay. To access your EOBs online, simply log in to your **myCigna** account and select **Claims**.

## Extra Benefits Guide

Your Extra Benefits Guide explains how to use and take advantage of extra benefits included in your plan such as your dental, vision and hearing services. We've included the guide in this mailing.



### Go paperless

Get some of your plan documents delivered by email. Log in to your **myCigna** account, select **My Profile and Preferences**, then select **Communication Preferences**, and then "Yes" under **Paperless Preference**.

# Notices and forms

## Claims and reimbursements

You can request reimbursement for the cost of your allowance benefits or if you believe you've paid more than your share for covered medical services or drugs. To submit a claim for reimbursement, follow these steps.\*

### Medical services (Part C)

1. Complete the Direct Member Reimbursement (DMR) claim form located online at [CignaMedicare.com/forms](https://CignaMedicare.com/forms). Submit a separate form for each request.
2. Attach all payment receipts. If you do not have a detailed receipt for each claimed service, call your doctor or provider for a replacement receipt or a patient printout. The receipt must show proof of payment and/or show signature from provider.
3. Make sure to make a copy for your records.
4. Mail your claim or reimbursement request to us. Cigna Attn: Direct Member Reimbursement, Medical Claims P.O. Box 20002 Nashville, TN 37202

### Prescription drugs (Part D)

1. Provide a brief explanation in writing about your claim or reimbursement request for payment. Be sure to include any bills or documentation for payments you have made.
2. Make sure to make a copy of any bills and/or receipts for your records.
3. Mail your claim or reimbursement request to us: Cigna Attn: Medicare Part D P.O. Box 14718 Lexington, KY 40512-4718

If you have questions about any bills you've received, claims or reimbursement requests, or if you need a copy of the DMR claim form, call Customer Service. For more information about submitting a claim or reimbursement request, refer to your Evidence of Coverage.

### \*Notes:

- If you are submitting a claim request for someone other than yourself, include the required Appointment of Representation (AOR), Power of Attorney or Executor of Estate form. The AOR form can be found at [CMS.gov/medicare/cms-forms/cms-forms/downloads/cms1696.pdf](https://CMS.gov/medicare/cms-forms/cms-forms/downloads/cms1696.pdf).
- Claims that have missing information may be denied.
- You must submit your claim to us within 12 months for medical services or items, or within three years for prescription drugs, of the date you received the service, item or drug.
- Remember to send detailed receipts or an invoice printout. Cash register receipts alone are not acceptable.

# Notice of Privacy Practices

Cigna Healthcare

**This notice describes how health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.**

## Our privacy commitment

Thank you for giving us the opportunity to serve you. In the normal course of doing business, we create, obtain and/or maintain records about you and the services we provide to you. The information we collect is called Protected Health Information (PHI). We take our obligation to keep your PHI secure and confidential very seriously.

We are required by federal and state law to protect the privacy of your PHI and to provide you with this Notice about how we safeguard and use it, and notify you following a breach of your unsecured PHI.

When we use or give out (“disclose”) your PHI, we are bound by the terms of this Notice. This Notice applies to all electronic or paper records we create, obtain and/or maintain that contain your PHI.

## Background

When this Notice refers to the Cigna Affiliated Covered Entity or the “Cigna ACE,” it is referring to Cigna Corporation and each of the Cigna HIPAA covered subsidiaries or affiliates that make up the Cigna ACE, including but not limited to Cigna National Health Insurance Company; Express Scripts Pharmacy, Inc.; Accredo Health Group, Inc.; Evernorth Direct Health, Inc.; and Express Scripts Specialty Distribution Services, Inc. An affiliated covered entity is a group of organizations under common ownership or control who designate themselves as a single affiliated covered entity for purpose of

compliance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). The full list of entities that comprise Cigna ACE can be found at [Cigna.com/Privacy](https://www.cigna.com/Privacy). The designation may be amended from time to time to add new covered entities that are under the common control and ownership of Cigna.

## This Notice of Privacy Practices describes:

- How we (that is, each of the subsidiaries that compose the Cigna ACE) may use and disclose your PHI
- Your rights to access and amend your PHI

## We are required by law to:

- Maintain the privacy of your PHI
- Provide you with notice of our legal duties and privacy practices with respect to PHI
- Abide by the terms of the Notice currently in effect for the Cigna ACE

## How we protect your privacy

We understand the importance of protecting your PHI. We maintain technical, physical and administrative safeguards to ensure the privacy of your PHI.



## Permitted uses and disclosures of your PHI

### How we may use PHI without your authorization

**Treatment** – We may use and disclose your PHI to health care professionals or other third parties to provide, coordinate and manage the delivery of health care. For example, to help you obtain services and treatment, such as ordering lab tests and using results, or your pharmacist may disclose PHI about you to your doctor in order to coordinate the prescribing and delivery of your drugs. We also may provide you with treatment reminders and information about potential side effects, drug interactions and other treatment-related issues involving your medicine.

**Payment** – We may use and disclose PHI about you to receive payment for our services or premiums for your coverage, manage your account, fulfill our responsibilities under your benefit plan, and process your claims for drugs you have received. For example, we may give PHI to your health plan (or its designee) so we can confirm your eligibility or coverage, or we may submit claims to your health plan, employer or other third party for payment.

**Health care operations** – We may use and disclose your PHI to carry on our own business planning and administrative operations. We need to do this so we can provide you with high-quality services. For example, we may share your claims information with your doctor if you have a medical need that requires attention, we may use and disclose PHI about you to assess the use or effectiveness of certain drugs, develop and monitor medical protocols, and to provide information regarding helpful health-management services.

**Disclosures to your employer as sponsor of your health plan** – Where permitted by law, we may disclose your PHI to your employer or to a company acting on your employer's behalf so that entity can monitor, audit and otherwise administer the employee health plan in which you participate. Your employer is not permitted to use the PHI we disclose for any purpose other than administration of your benefits. See your employer's health plan documents for information on whether your employer receives PHI and, if so, the identity of the employees who are authorized to receive your PHI.

### Information that may be of interest to you –

We may use or disclose your PHI to contact you about treatment options or alternatives that may be of interest to you. For example, we may call you to remind you of expired prescriptions, to let you know about the availability of alternative drugs or to inform you of other products that may benefit your health.

### Individuals involved in your care or payment for your care

– We may disclose PHI about you to someone who assists in or pays for your care. Unless you write to us and specifically tell us not to, we may disclose your PHI to someone who has your permission to act on your behalf. We will require this person to provide adequate proof that he or she has your permission.

**Parents or legal guardians** – If you are a minor or under a legal guardianship, we may release your PHI to your parents or legal guardians when we are permitted or required to do so under federal and applicable state law.

**Business associates** – We arrange to provide some services through contracts with business associates so that they may help us operate more efficiently. We may disclose your PHI to business associates acting on our behalf. If any PHI is disclosed, we will protect your information from unauthorized use and disclosure using confidentiality agreements. Our business associates may, in turn, use vendors to assist them in providing services to us. If so, the business associates must enter into a confidentiality agreement with the vendor, which protects your information from unauthorized use and disclosure.

**Research** – Under certain circumstances, we may use and disclose PHI about you for research purposes. Before we use or disclose PHI about you, we will remove information that personally identifies you, obtain your written authorization or gain approval through a special approval process designed to protect the privacy of your PHI. In some circumstances, we may use your PHI to generate aggregate data (summarized data that does not identify you) to study outcomes, costs and provider profiles and to suggest benefit designs for your employer or health plan. These studies generate aggregate data that we may sell or disclose to other companies or organizations. Aggregate data does not personally identify you.

**Abuse, neglect or domestic violence** – We may disclose your PHI to a social service, protective agency or other government authority if we believe you are a victim of abuse, neglect or domestic violence. We will inform you of our disclosure unless informing you would place you at risk of serious harm.

**Public health** – We may disclose your PHI for public health activities and purposes, such as regulatory reporting (e.g., reporting adverse events, vaccination efforts to avert the spread of communicable diseases) or for post-marketing surveillance in connection with FDA mandates or product recalls. We may receive payment from a third party for making disclosures for public health activities and purposes.

**Judicial and administrative proceedings** – We may disclose your PHI in the course of any judicial or administrative proceeding in response to a court order, subpoena or other lawful process but only after we have been assured that efforts have been made to notify you of the request.

**Law enforcement** – We may disclose your PHI, as required by law, in response to a subpoena, warrant, summons or other appropriate process. In some circumstances, we may also disclose PHI to assist law enforcement with identification of relevant individuals, provide information about crime victims, provide information to law enforcement about decedents, and report a crime.

**Coroners and medical examiners** – We may disclose your PHI to a coroner or a medical examiner for the purpose of determining cause of death or other duties authorized by law.

**Organ, eye and tissue donation** – We may disclose your PHI to organizations involved in organ transplantation to facilitate donation and transplantation.

**Workers' compensation** – We may disclose your PHI to comply with Workers' Compensation laws and other similar programs.

**Fundraising** – We may use your PHI to send you fundraising communications, but you have the right to opt out of receiving such communications.

**Specialized government functions, military and veterans** – We may disclose your PHI to authorized federal officials to perform intelligence, counterintelligence, medical suitability determinations, Presidential protection activities

and other national security activities authorized by law. If you are a member of the U.S. armed forces or of a foreign military, we may disclose your PHI as required by military command authorities or law. If you are an inmate in a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to those parties if disclosure is necessary for: the provision of your health care; maintaining the health or safety of yourself or other inmates, or ensuring the safety and security of the correctional institution or its agents.

**As otherwise required by law** – We will disclose PHI about you when required to do so by law. If federal, state or local law within your jurisdiction offers you additional protections against improper use or disclosure of PHI, we will follow such laws to the extent they apply.

**Health oversight** – We may disclose PHI to a health oversight agency performing activities authorized by law, such as investigations and audits. These agencies include governmental agencies that oversee the health care system, government benefit programs, and organizations subject to government regulation and civil rights laws.

**Creation of de-identified health information** – We may use your PHI to create data that cannot be linked to you by removing certain elements from your PHI, such as your name, address, telephone number and customer identification number. We may use this de-identified information to conduct certain business activities; for example, to create summary reports and to analyze and monitor industry trends.

**To avert serious threat to health or safety** – We may disclose your PHI to prevent or lessen an imminent threat to the health or safety of another person or the public. Such disclosure will only be made to someone in a position to prevent or lessen the threat.

## **Other uses and disclosures of PHI**

**Uses of PHI that require your authorization** – Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures for marketing purposes, and disclosures that constitute a sale of PHI require an authorization. These activities and any other uses and disclosures of your PHI not listed in this Notice will be made only

with your authorization unless we are permitted by applicable law to make such other use and disclosure, in which case we shall comply with applicable law. You may revoke your authorization, in writing, at any time unless we have taken action in reliance upon it. Written revocation of authorization must be sent to the address listed on the next page.

### **Additional protections for certain categories of PHI**

– For certain kinds of PHI, federal and state law may provide for enhanced privacy protection. Such protections may apply to PHI that is maintained in psychotherapy notes; PHI involving alcohol and drug abuse prevention, treatment and referral; PHI concerning HIV/AIDS testing, diagnosis or treatment; PHI involving venereal and/or communicable disease(s); and PHI related to genetic testing.

### **Your rights with respect to your PHI**

You have the following rights regarding the PHI we maintain about you:

**Right to inspect and copy** – Subject to some restrictions, you may inspect and copy PHI that may be used to make decisions about you, as well as records of enrollment, payment, claims adjudication, and case or medical management. If we maintain such records electronically, you have the right to request such records in electronic format. You may also have the records sent to a third party, including requesting that we share your PHI with a Health Information Exchange (HIE). If you request copies, we may charge reasonable expenses incurred with copying and mailing the records. Under limited circumstances, we may deny you access to a portion of your records.

**Right to amend** – If you believe PHI about you is incorrect or incomplete, you may ask us to amend the information. You must provide a reason supporting your request to amend. We may deny the request in some instances. If we determine that the PHI is inaccurate, we will correct it if permitted by law. If a health care facility or professional created the information that you want to change, you should ask them to amend the information.

**Right to an accounting of disclosures** – You have the right to request an accounting of disclosures of your PHI. This accounting identifies

the disclosures we have made of your PHI other than for treatment, payment or health care operations. The provision of an accounting of disclosures is subject to certain restrictions. For example, the list will exclude the following, among others:

- Disclosures to you as well as disclosures you have authorized
- Disclosures made earlier than six years before the date of your request (in the case of disclosures made from an electronic health record, this period may be limited to three years before the date of your request)
- Certain other disclosures that are excepted by law

If you request an accounting more than once during any 12-month period, we may charge you a reasonable fee for each accounting report after the first one.

**Right to request restrictions** – You have the right to request a restriction or limitation on the PHI we use and disclose about you for treatment, payment or health care operations. You may also request your PHI not be disclosed to family members or friends who may be involved in your care or paying for your care. Your request must be in writing, state the restrictions you are requesting, and state to whom the restriction applies. We are not required to agree to your request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment. We will agree to your request to restrict PHI disclosed to a health plan for payment or health care operations (that is, non-treatment) purposes if the information is about a medication for which you paid us, out-of-pocket, in full.

**Confidential communications** – You may ask that we communicate with you in an alternate way or at an alternate location to protect the confidentiality of your PHI. Your request must state an alternate method or location you would like us to use to communicate your PHI to you.

**Right to be notified** – You have the right to be notified following a breach of unsecured PHI if your PHI is affected.

**Right to a paper copy of this notice** – You have the right to request a paper copy of this Notice at any time. For information about how to obtain a copy of this Notice and answers to frequently asked questions, please call customer service at the toll-free telephone number printed on your customer ID card. Even if we have agreed to provide this Notice electronically, you are still entitled to a paper copy. You may obtain a copy of this Notice from our website at [Cigna.com/privacy](https://Cigna.com/privacy).

**Right to file a complaint** – If you believe we have violated your privacy rights, you may file a written complaint to the address listed below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not face retaliation for filing a complaint.

Written complaints, written revocation of authorization to use or disclose PHI, written requests for a copy of your PHI, amendment to your PHI, an accounting of disclosures, restrictions on your PHI, or confidential communications may be mailed to:

Cigna Privacy Office  
PO Box 188014  
Chattanooga, TN 37422  
Email: [privacyoffice@cigna.com](mailto:privacyoffice@cigna.com)

Please include your name, address and customer ID number.

For certain types of requests, you must complete and mail to us the applicable form, which is available either by Customer Service at the telephone number printed on your customer ID card or at [Cigna.com/privacy/privacy\\_healthcare\\_forms.html](https://Cigna.com/privacy/privacy_healthcare_forms.html).

**We reserve the right to revise this Notice** – A revised Notice will be effective for PHI we already have about you, as well as any PHI we may receive in the future. We will communicate revisions to this Notice [Cigna.com/privacy](https://Cigna.com/privacy).

**Effective date** – This Notice is effective as of April 14, 2003, and updated as of August 10, 2023.





**1-800-627-7534 (TTY 711)**

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This information is not a complete description of benefits. Contact your health plan for more information.

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