CIGNA
HealthCare

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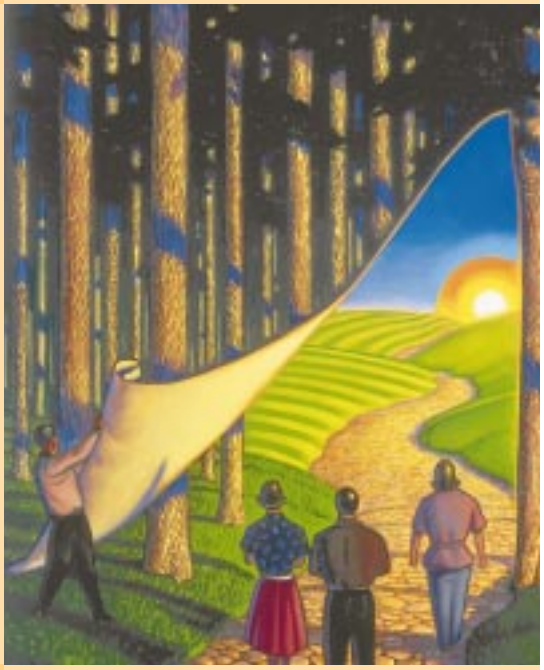
Guide to Your Benefits



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CIGNA HealthCare

www.cigna.com

CIGNA HealthCare

Open Access Plus

This document takes the place of any documents previously issued to you which described your benefits.

CIGNA HealthCare

Thank you for choosing CIGNA HealthCare!

We are pleased to provide important information about your Open Access Plus Plan.

Your plan:

- **Does more than provide coverage when you're sick or injured**. We focus on helping you take care of yourself so you can stay your healthiest.

- **Covers emergency and urgent care, 24 hours a day, worldwide**.

- **Gives you options for accessing quality health care.** Each time you access care, you have the option to use either in-network or out-of-network providers. When you use providers in our "preferred provider" network, your costs will be lower because all preferred providers have agreed to charge reduced fees and your plan covers a larger share of the charges.

It's easy to get the information you need**.**

- **This handbook** tells you what you need to know about your plan and how to get the most from your coverage. It should answer most of your questions.

- **myCIGNA.com** offers a number of self-service features. You can review your benefits plan information; find participating physicians, specialists, pharmacies and hospitals closest to home or work; view the status of your claims; order a new CIGNA HealthCare ID card; and more.

- We stand ready to answer your questions and help solve problems. Just call the toll-free number on your CIGNA HealthCare ID card.

We want you to be satisfied with your CIGNA HealthCare plan. If you ever have a question about your plan, just call. We're here to help.

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CIGNA HealthCare Handbook

Benefits of Belonging

Your new CIGNA HealthCare plan is designed to help you stay healthy.

- You have the **option to select a Primary Care Physician (PCP)** to serve as your personal physician. Your relationship with your personal physician is important to maintaining good health. Your personal physician coordinates your care (such as routine and follow-up care) and provides information and guidance. Each covered member of your family may choose a PCP.
- **No referral specialist care**. You do not need a referral to see a specialist in the CIGNA HealthCare network for covered services. Just make the appointment and go!
- You have the **freedom to visit any licensed provider**.
- **The CIGNA HealthCare 24-Hour Health Information Line**[SM] No matter where you are in the U.S., helpful health information is as close as the nearest phone. Just call the CIGNA HealthCare 24-Hour Health Information Line, toll free. Information, instructions on how to access the 24-Hour Health Information Line and a complete listing of Health Information Library topics are included later in this handbook.
- **CIGNA LIFESOURCE Transplant Network**® includes over 50 leading transplant facilities. We offer personalized case management and a travel expense allowance. Call the toll-free number on your CIGNA HealthCare ID card to learn more.
- **CIGNA Well Aware for Better Health**[SM] can help you manage certain chronic conditions.
- **CIGNA HealthCare Healthy Babies**® provides prenatal education.
- **CIGNA Healthy Rewards**® expands your health care options, giving you access to health and wellness programs often not covered by many traditional benefits plans. At the same time, you save money through discounts on Weight Watchers®, acupuncture, chiropractic care, therapeutic massage, laser vision correction, smoking cessation and more. Check it out at myCIGNA.com or call 1.800.870.3470. This program is not available in all states.

How Your Plan Works

You're free to see any licensed doctor you prefer, in or outside of the Preferred Provider network.

- Participating providers have agreed to charge lower fees, and your plan's benefits cover a larger share of the charges for in-network services.
- If you choose doctors who do not participate in the network, your benefits are lower, your out-of-pocket costs are higher, and you may have to file a claim for reimbursement.
- Your plan may require copayments (fees you pay at the time of service – a flat dollar amount) or coinsurance (a percentage of the covered charges for which you will be billed), or both. For details, check your Summary of Benefits or the Schedule in your Benefits Booklet or Certificate.
- The amounts vary by plan, and your coinsurance may be higher for out-of-network services. But even if your coinsurance is the same for both in-network and out-of-network services, your costs will probably be lower when you choose a participating provider.

Participating Providers

Your plan makes quality health care easy to find.

The CIGNA HealthCare Open Access Plus network includes many of the doctors, hospitals and other facilities in your area. All participating providers are carefully selected and have met our credentialing requirements. You're free to choose your own doctors, you won't need referrals to see specialists, and you can find participating providers nationwide. Quality care is close by, whether you're at home, traveling on business or vacationing.

Choosing A Personal Doctor

We encourage you and your covered family members to choose a primary care physician to serve as your personal physician. Your relationship with your personal physician is a key to maintaining good health. The

personal physician can be a valuable resource and a personal health advocate.

Start with the CIGNA HealthCare Directory, or visit our interactive Web site, myCIGNA.com.

- Listings include the doctor's address, phone number and specialties.
- We are expanding our provider network and we may have added doctors in your area since we last updated our directories. If a doctor you would like to see isn't listed, call the toll-free number on your CIGNA HealthCare ID card. We'll be able to tell you if he or she has recently joined our network.
- When you call to make an appointment, be sure to confirm that the doctor participates in the CIGNA HealthCare Open Access Plus network and that he or she is accepting new patients.

Choosing A Specialist

A specialist is a doctor with special training and experience in treating a particular condition or part of the body.

- If you or your doctor decides that you need specialized care, he or she can help you choose a specialist. You do not need a referral.
- Many of the specialists in your area participate in the CIGNA HealthCare Open Access Plus network.
- You can see any specialist, in or outside of our network, but your benefits are lower and out-of-pocket costs are higher when you choose an out-of-network provider.
- If you have any questions about whether specialized care is covered, just call the toll-free number on your CIGNA HealthCare ID card.

Your CIGNA HealthCare ID Card

It's your passport to quality care. It identifies you as a CIGNA HealthCare member and provides information on the services and benefits your plan offers.

- Carry it with you at all times and show it whenever you access medical care to help ensure your claim is handled properly.
- For example, you'll need the card when you visit:

  Physician or specialist

  Hospital

  Lab, X-ray, mammography, MRI or other facility

  Emergency room

What's On Your Card

- The name and number of your PCP, if selected.
- Copayments for visits to your doctor, a specialist, or the emergency room.
- Your plan's individual and family deductibles.
- The coinsurance for both in-network and out-of-network care.
- The toll-free number to call if you have questions or concerns.

Hospitalization

If your condition or diagnosis requires hospitalization, CIGNA HealthCare will help facilitate your care arrangements.

If you need hospitalization you have a wide range of choices. Many of your area's hospitals participate in the CIGNA HealthCare PPO network. Or, at a higher cost, you can choose any other facility.

But no matter which hospital you choose, your admission must be approved in advance by CIGNA HealthCare.

- If your doctor is a CIGNA HealthCare participating provider, he or she will work with CIGNA HealthCare to arrange for precertification. A health care professional will review your request promptly and notify your doctor of the approved length of stay.
- If we have questions or do not approve your stay, we will discuss the details with your doctor and reach an agreement regarding appropriate, covered hospital services.
- Your precertification covers only the approved length of stay. Hospitalizations beyond the approved length may not be covered or will be covered at a reduced rate.
- If medical complications require a longer stay, outpatient care or another type of continuing care, you will be covered as long as your doctor authorizes it through CIGNA HealthCare.

? *Just call Member Services. The toll-free number is on your CIGNA HealthCare ID card.*

- If your hospitalization is for a maternity stay, no authorization is required for a 48-hour stay for vaginal deliveries or a 96-hour stay for Cesarean section. Longer stays must be authorized by CIGNA HealthCare.
- If you use an out-of-network provider, you are responsible for obtaining precertification.

Outpatient Care

If your condition requires outpatient care, CIGNA HealthCare will help facilitate your care.

Some medical procedures are handled best in an outpatient setting. Your costs will be lower and in most cases, you'll be home the same day, returning to your normal lifestyle as soon as possible.

To get the highest level of benefits for outpatient care, choose doctors and facilities that participate in the CIGNA HealthCare Open Access Plus network. Use your CIGNA HealthCare directory or our Web site, myCIGNA.com, to find Preferred Providers in your area. Your doctor will help you decide which procedures require hospital care and which can be handled on an outpatient basis.

If you choose a participating provider, your doctor will arrange for precertification. (If the service is for mental health or substance abuse, and your CIGNA HealthCare benefits include mental health/substance abuse services, ask to speak with a CIGNA Behavioral Health Customer Service Representative.)

If you choose a doctor who does not participate with CIGNA HealthCare, your costs will be higher and you will be responsible for all authorizations.

If you have questions about outpatient care, precertification or which procedures must be precertified, just call the toll-free number on your CIGNA HealthCare ID card.

CIGNA Well Aware for Better Health[SM]

Your CIGNA HealthCare plan includes CIGNA Well Aware for Better Health[SM]. The program offers valuable, confidential support for you and your covered family members with specific medical conditions. Educational materials help you learn more about your health condition, and we also provide regular reminders of important checkups and tests. In addition, we keep your doctor advised of the latest care and treatment techniques.

CIGNA Well Aware for Better Health helps you and your doctor follow your condition more closely and treat it more effectively, so you'll enjoy life to the fullest. Best of all, this important program is available at no additional cost to you.

Programs are available for the following condition(s):

- Asthma
- Diabetes
- Low Back Pain
- Heart disease (cardiac)
- Chronic Obstructive Pulmonary Disease
- Depression
- Weight Complications
- Acid related stomach disorders
- Atrial fibrillation (irregular heart beat)
- Decubitus ulcer (pressure sores)
- Fibromyalgia
- Hepatitis C
- Inflammatory bowel disease
- Irritable bowel syndrome
- Osteoarthritis
- Osteoporosis
- Urinary incontinence

The program includes a number of services designed to help you better understand and manage your condition:

- Access to registered nurses who specialize in your condition.
- Information and resources, including assistance with self-care materials and services and informative topic sheets on a variety of condition related topics.
- Reminders of self-care routines, exams and doctor appointments and other important topics.

Throughout the program, you follow your physician's direction and treatment plan. Meanwhile, both you and

your doctor have the added support of a team of health care professionals led by registered nurses who specialize in your condition.

For more information, just call the toll-free number on your CIGNA HealthCare ID card.

CIGNA HealthCare Healthy Babies®

The CIGNA HealthCare Healthy Babies program gives mothers-to-be the information and support they need to make the best choices for mom and baby.

When you enroll in Healthy Babies you'll get valuable educational materials, including:

- Guidelines for a healthy pregnancy and baby.
- Information on health issues that can impact pregnant women and their babies, including stress, depression and gum disease.
- A guide to pregnancy-related topics available through the CIGNA HealthCare 24-Hour Health Information Line℠.
- A list of informative online and telephone resources.
- Information on prenatal care from the March of Dimes® - a recognized source of information on pregnancy and babies.

In addition, you'll have round-the-clock access to a toll-free information line staffed by experienced registered nurses. You may also be eligible for support from a registered nurse case manager if you or your baby has special health care needs.

To enroll, just call the toll-free number on your CIGNA HealthCare ID card, any time during your pregnancy.

Please note: The Healthy Babies program is offered in addition to the services covered as part of a CIGNA HealthCare medical benefit plan. Covered services depend on the CIGNA HealthCare plan offered by your employer.

Serious Illness

Helpful Support When You Need It Most

If you or a covered family member ever need care beyond a traditional hospital stay, CIGNA HealthCare does more than help cover your expenses.

Our case management service provides valuable counseling, support and care coordination. An experienced case manager, assigned specifically to your situation, works closely with your doctor to help you sort out your options, contact facilities, arrange care, and access helpful community resources and programs. Whether the need is for home care, outpatient treatment or rehabilitation, your case manager helps you find cost-effective, quality, appropriate care.

Your case manager maintains close ties with you and your family, providing emotional support throughout the recovery process. There is no charge to you, and there is no reduction in your benefits if you choose not to use case management services. To learn more, just call Customer Service at the toll-free number on your CIGNA HealthCare ID card.

Emergencies

An emergency is an accident or sudden illness that a person with an average knowledge of medical science believes needs to be treated right away or it could result in loss of life, serious medical complications or permanent disability.

Emergencies are covered by your CIGNA HealthCare Open Access Plus plan 24 hours a day, seven days a week, no matter where you are. Whenever there's a serious accident or sudden illness, and symptoms are severe and they occur unexpectedly, seek medical help immediately.

Examples of emergency situations include:

- Uncontrolled bleeding
- Seizure or loss of consciousness
- Shortness of breath
- Chest pain or squeezing sensation in the chest
- Suspected overdose of medication or poisoning
- Sudden paralysis or slurred speech
- Severe burns
- Broken bones
- Severe pain

What To Do

- Don't delay! Get help immediately. Call or ask someone to call 911 or your local emergency service,

police or fire department for assistance. Or go directly to the nearest emergency facility.

- You can go to any emergency facility or hospital, anywhere, even one that is not in the CIGNA HealthCare network. You do not need any authorization for emergency care.
- If you have any questions about your situation and whether it is an emergency, call your doctor (or the doctor covering his or her calls).
- Show your CIGNA HealthCare ID card as soon as you arrive at the emergency facility.
- Call CIGNA HealthCare – or have someone call for you within 48 hours or as soon as possible.

Urgent Care

You're also covered around the clock for situations that aren't emergencies but still require prompt medical attention. Examples include:

- Severe sore throat
- Ear or eye infection
- Sprains or strains
- Fever

What To Do

If any of these symptoms is present, call your doctor. He or she may recommend steps you can take to be more comfortable and may prescribe medication if necessary. If you need to be examined, your doctor will direct you to the most appropriate type of care – emergency room, urgent care center or office visit.

Routine physicals, immunizations, colds or flu, follow-ups for injuries or broken bones, and prescription needs are all situations that should be handled through regular, scheduled office visits with your doctor.

Away From Home

When you or covered family members are outside your home service area, you still may be able to take advantage of the lower in-network fees, just as you would at home.

Our network includes participating providers nationwide. Just call the toll-free number on your CIGNA HealthCare ID card, and we'll help you locate participating doctors and facilities wherever you are. This is especially helpful if you have covered children attending school away from home – your costs are lower and you can count on access to quality care. (Just make sure your children carry a CIGNA HealthCare ID card.) Wherever you use a participating provider, you'll be able to reduce costs and paperwork.

Out-of-Network Care

Under your CIGNA HealthCare plan, you can see any licensed doctor, even those who do not participate in the CIGNA HealthCare Open Access Plus network. Your costs will be higher and you may have to file claims, but you're covered no matter where you receive care.

When you use out-of-network services remember:

- You pay higher out-of-pocket costs. You pay the entire cost of out-of-network care until you reach the deductible amount specified in your Summary of Benefits or the Schedule in your Benefits Booklet or Certificate. Once you reach this amount, your out-of-network coverage begins.
- You are responsible for obtaining precertification when necessary.
- You may have to file claims. Save your claim information from the physician or facility along with the receipt of payment. Write your CIGNA HealthCare ID number on it and mail to the address on the back of your CIGNA HealthCare ID card. For each claim filed, you will receive an Explanation of Benefits (EOB) that helps you keep track of your out-of-pocket payments, your deductible and the payments made by your plan.
- Services are covered only up to maximum reimbursable charges. These amounts are determined by comparing what the physicians in the area charge for specific services. These are the maximum amounts your plan pays for out-of-network care. Any charges above these maximums are your responsibility.

? *Just call Member Services. The toll-free number is on your CIGNA HealthCare ID card.*

If You Choose Non-Participating Providers

Emergencies

- Emergency care is covered 24 hours a day, no matter where you receive it. You can go to any emergency facility.

Specialty Care

- Although the CIGNA HealthCare Open Access Plus network is nationwide and expanding to include new doctors and facilities, certain specialists may not be available in all local areas.
- If the specialty you need is not listed in the Provider Directory, call the toll-free number on your CIGNA HealthCare ID card. We can help you identify any new specialists that may have been recently added in your network area. We may also be able to assist you in locating another specialist who may be able to help you.
- When arranging specialty care, it's a good idea to confirm in advance that the provider participates with CIGNA HealthCare. A change in a doctor's medical group, hospital affiliation or even an office relocation can affect his or her participation in the network.
- If a specialty you need isn't available in your network area, call us toll-free and ask for "Precertification". Give us the facts, and we will review your request. If we agree that the care is appropriate and necessary, we may approve coverage for those services from a non-participating specialty provider. But, you must call in advance for this authorization or your benefits will be reduced or denied.
- When you see non-participating providers, you may have to file claims. Save your claim information from the physician or facility along with your receipt of payment. Write your CIGNA HealthCare ID number on each one and mail to the address on the back of your CIGNA HealthCare ID card.

Transition of Care Benefits

Transition of Care benefits allow patients who have certain medical conditions to continue their treatment with non-participating physicians for a certain period of time. This allows continued, uninterrupted care until safe transfer of care to a participating physician or facility can be arranged. You and your covered dependents may be eligible for Transition of Care when you are a newly enrolled CIGNA HealthCare member, or if your participating provider leaves the CIGNA HealthCare network. To find out more about this program, call the toll-free number on your CIGNA HealthCare ID card.

Prescription Drugs

Your plan covers prescription drugs. Bring the prescription from your doctor along with your CIGNA HealthCare ID card to a participating pharmacy. All you'll pay is the applicable deductible, copayment and/or coinsurance amount listed on your CIGNA HealthCare ID card for covered prescriptions. You will receive up to a 30-day supply of the prescribed medication.

Your CIGNA HealthCare ID card is accepted at more than 52,000 participating pharmacies nationwide, including local drug stores and major chain pharmacies. Check your CIGNA HealthCare Pharmacy Directory or our Web site for pharmacies in your area.

For certain medications, your physician may need to contact CIGNA HealthCare to request coverage for the prescription. Your doctor should make this request before writing the prescription. To determine if prior authorization is required for your prescription, ask your physician to check the CIGNA HealthCare Prescription Drug List or our Web site for our prescription drug list.

You can fill covered prescriptions at pharmacies that do not participate in the CIGNA HealthCare national pharmacy network, but your costs will be higher. You'll pay for the covered prescription when it's filled, then file a claim for reimbursement. Call CIGNA HealthCare Customer Service to see if you can fill your prescriptions at pharmacies that do not participate in the CIGNA HealthCare national pharmacy network.

If you expect to be traveling or away from home when you need a refill, just call Customer Service. We will authorize an early refill so you can pick up extra medication before you leave. Or we will authorize your pharmacist to fill your covered prescription with more than the usual 30-day supply.

The CIGNA Tel-Drug home-delivery pharmacy program is part of your CIGNA HealthCare plan. CIGNA Tel-Drug allows you to fill your covered prescription with

up to a 90-day supply of medication. It's ideal for maintenance medications – prescriptions you take regularly to manage conditions like arthritis, high blood pressure, asthma or diabetes. You can use it for new covered prescriptions or for refills on your current covered prescriptions.

If you have any questions about your benefits and how to use them, just call the toll-free number on your CIGNA HealthCare ID card.

If You Have Questions

We stand ready to answer your questions, resolve problems, and make sure you're satisfied with your CIGNA HealthCare Open Access Plus plan.

- The toll-free number is on your CIGNA HealthCare ID card. Please have your CIGNA HealthCare ID card, account number and CIGNA HealthCare ID number ready when you call.
- Se habla Español – and more than 150 other languages. We provide bi-lingual representatives in Spanish-speaking areas; for other non-English speaking members, we offer the Language Line Services that can translate virtually any language.
- Our interactive voice response system helps you find what you need faster over the phone. Use the speech recognition feature for information on your benefits, level of coverage, claims status, and more.

Call us if you:

- Have a question about your plan, your benefits, or a doctor or hospital.
- Have a question about a claim or received a bill in error.
- Have a complaint, question or concern about services you've received from a participating provider.
- Need help locating a participating provider when you're away from home.
- Have questions about precertification of hospitalization or outpatient care.
- Want to enroll in the CIGNA HealthCare Healthy Babies® program or ask about case management.

Where To Find The Details

Here's where you can learn more about your plan's benefits.

- Summary of Benefits – you received a copy before enrolling. It has the highlights of your plan, coverage and costs.
- The Schedule in your Benefits Booklet or Certificate - a detailed explanation of your coverage, the terms and definitions we use, and how you share in the cost of your care.
- myCIGNA.com - Find participating providers, download and print claim forms whenever you need them, and learn more about your plan and the benefits and programs available to you. Through CIGNA "Centers of Excellence," find hospital scores for specific conditions or procedures.

What To Do If You're No Longer Covered

Changes in employment, marital status, or age of a dependent can end coverage under your group health plan. But you may be able to continue coverage for a certain time period or under an individual or non-group plan. Your Benefits Booklet or Certificate explains how.

Duplicate Coverage

Duplicate coverage occurs when an individual is eligible to receive benefits for a covered expense under more than one health plan or insurance policy. Even if both policies pay for the covered expenses, the covered individual is not entitled to reimbursement of more than the actual cost of a health care service.

Duplicate coverage can occur when:

- You and your spouse each have your own health care plans, and you cover each other or your children as dependents under both plans.
- You are injured and your expenses are covered by your health care plan as well as a homeowner's or automobile insurance policy.

When duplicate coverage occurs, a process called Coordination of Benefits determines which insurance plan pays first (the primary carrier) and which one is designated the secondary carrier, paying any remaining balance up to but not exceeding the total charges for the health care services.

- When duplication is between two health plans, check your Summary of Benefits or Schedule in your Benefits Booklet or Certificate. It provides specific instructions for filing claims when duplicate coverage occurs.
- When the duplication is between your health plan and a homeowner's, automobile or other type of insurance policy, call Customer Service for assistance.

Rights and Responsibilities

Here's what you can expect from us, along with some suggestions that can help you get the most from your CIGNA HealthCare plan.

You have a right to:

- Receive medical treatment that is available when you need it and is handled in a way that respects your privacy and dignity.
- Get the information you need about your health care plan, including information about services that are covered, services that are not covered, and any costs that you will be responsible for paying.
- Have access to a current list of providers in the CIGNA HealthCare network and have access to information about a particular provider's education, training and practice.
- Have your medical information kept confidential by CIGNA HealthCare employees and your health care provider. Confidentiality laws and professional rules of behavior allow CIGNA HealthCare to release medical information only when it's required for your care, required by law, necessary for the administration of your plan or to support CIGNA HealthCare programs or operations that evaluate quality and service. We may also summarize information in reports that do not identify you or any other participants specifically.
- Participate with your practitioner in health decisions and have your health care provider give you information about your medical condition and your treatment options regardless of benefit coverage or cost. You have the right to receive this information in terms you understand.
- Learn about any care you receive. You should be asked for your consent for all care, unless there is an emergency and your life and health are in serious danger.
- Refuse medical care. If you refuse medical care, your health care provider should tell you what might happen. We urge you to discuss your concerns about care with your doctor. Your doctor will give you advice, but you will always have the final decision.
- Be heard. Our complaint-handling process is designed to: hear and act on your complaint or concern about CIGNA HealthCare and/or the quality of care you receive; provide a courteous, prompt response; and guide you through our grievance process if you do not agree with our decision.
- Make recommendations regarding our policies on member rights and responsibilities. If you have recommendations please contact Customer Service at the toll-free number on your CIGNA HealthCare ID card.

You have the responsibility to:

- Review and understand the information you receive about your health care plan. Please call Customer Service when you have questions or concerns.
- Understand how to use CIGNA HealthCare services.
- Show your CIGNA HealthCare ID card before you receive care.
- Schedule a new patient appointment with any new CIGNA HealthCare Preferred Provider, build a comfortable relationship with your doctor, ask questions about things you don't understand, and follow your doctor's advice. You should also understand that your condition may not improve and may even get worse if you don't follow your doctor's advice.
- Understand your health condition and work with your doctor to develop treatment goals that you both agree upon to the extent that this is possible.
- Provide honest, complete information to the providers caring for you.
- Know what medicine you take, why, and how to take it.
- Pay all copayments for which you are responsible, at the time service is rendered.

- Keep scheduled appointments and notify the doctor's office ahead of time if you are going to be late or miss an appointment.
- Pay all charges for missed appointments and for services that are not covered by your plan.
- Voice your opinions, concerns or complaints to Customer Service and/or your provider.
- Notify your employer as soon as possible about any changes in family size, address, phone number or coverage status.

Our Commitment to Quality

One of our goals is to work with participating physicians to provide you with access to quality care and programs. The CIGNA HealthCare Quality Management Program is based on industry standards and objective measures that help us evaluate the quality of care and services received by CIGNA HealthCare members. The program also helps us better focus our improvement efforts. The Quality Management Program allows for input from our members and providers on:

- Credentialing process for qualified physicians.
- Ongoing assessment of clinical activities and services.
- Utilization management activities and programs.
- Communicating and administering member Rights and Responsibilities.

Various quality committees evaluate the findings to identify improvement opportunities and efficiently monitor change.

You have the right to participate in developing plan policy. You may do so by writing or calling us at the address or telephone number on your CIGNA HealthCare ID card with your opinions, ideas and thoughts. Additionally, your participation in plan surveys gives direct feedback on plan performance and policy developments.

Each year, we evaluate our program to determine our success and identify opportunities for further improvement. For information on the CIGNA HealthCare Quality Management Program and/or the annual program evaluation, please call the number on your CIGNA HealthCare ID card.

The CIGNA HealthCare 24-Hour Health Information Line℠

Helpful, Health Information Available From Any Phone Anywhere in the U.S. Just call the toll-free number on your CIGNA HealthCare ID card or client specific number.

The answers to your health questions are as close as your phone, 24 hours a day, nationwide. Call the CIGNA HealthCare 24-Hour Health Information Line toll-free. You can learn more about hundreds of health topics, everything from bumps, bug bites and back pain to elder care and cardiology. Don't worry, don't wait and don't wonder. Call whenever you have a health question.

- You or any covered family member, even children at school away from home, can call.
- Calls are toll free from anywhere in the U.S.
- It's especially helpful if you're traveling or vacationing.
- Simple menus guide you to the information you need.

Health Information Nurses

You can speak with a registered nurse any hour of the day or night for:

- Detailed answers to your specific health questions.
- Helpful home care suggestions.
- Help in choosing the most appropriate care - emergency room, urgent care or a doctor's office visit.
- Help in locating nearby participating providers - a real time-saver when you're away from home.

If you're directed to seek immediate medical attention, we'll provide your doctor with the details. This information becomes part of your medical records, to update your health status and alert your doctor to the need for any necessary follow-up care.

Health Information Library

You can choose from hundreds of recorded programs on a wide variety of topics.

- Programs are updated regularly and are based on current medical research and treatments.
- You can listen to as many programs as you like.
- The library is available 24 hours a day, every day.
- If you'd like more information or have a question, our system will automatically connect you with a registered nurse.
- This handbook includes a directory of Health Information Library programs. Just choose a topic, call us toll-free and enter the numbers of the program you'd like to hear.

NOTE: If you have a rotary dial phone, stay on the line for assistance.

Health Information Library

Aging

3000 A Healthy Life Style for Older Adults
3001 Abuse of Older Adults
3002 Adult Day Care Programs
3003 Advance Directives
3004 Alcohol and Aging
3005 Alzheimer's Disease
3006 Caregiver's Guide
3007 Constipation
3008 Dementia
3009 Dental Care for Older Adults
3010 Depression in Older Adults
3011 Elderhostel and Adult Education
3012 Erectile Dysfunction (Impotence)
3013 Exercise for Older Adults
3014 Fluid Requirements of Older Adult
3015 Health Benefits for Veterans
3016 Health Changes With Aging
3017 Home Healthcare
3018 Housing Options for Seniors
3019 How to Choose a Nursing Home
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4930 Rape
4931 Rape Prevention
4932 Rice: Rest, Ice, Compression, Elevation
4933 Safety Glasses and Goggles
4934 Scrapes and Scratches
4935 Smallpox Vaccine
4936 Snakebites
4937 Something in Your Eyes
4938 Sore Throat
4939 Spider Bites and Scorpion Stings
4940 Splinters
4941 Sunburn
4942 Tetanus Vaccine
4943 Tick Bites

Skin Health

4850 Acne
4851 Blisters
4852 Boils and Carbuncles
4853 Canker Sores
4854 Cellulitis

4855 Cold Sores (Fever Blisters)
4856 Contact Dermatitis
4857 Dandruff
4858 Eczema
4859 Hives
4860 Impetigo
4861 Itching
4862 Moles
4863 Plantar Warts
4864 Psoriasis
4865 Rosacea
4866 Seborrhea
4867 Sjogren's Syndrome
4868 Skin Infection
4869 Skin Lesions
4870 Skin or Soft Tissue Abscess
4871 Sunburn
4872 Tanning Beds
4873 Warts

Surgery

5000 Anesthesia
5001 Body Contouring
5002 Breast Enlargement (Augmentation Mammoplasty)
5003 Breast Reconstruction
5004 Breast Reduction (Reduction Mammoplasty)
5005 Eyelid Surgery (Blepharoplasty)
5006 Facelifts
5007 Laser Treatment
5008 Liposuction
5009 Nose Reconstruction (Rhinoplasty)
5010 Skin Resurfacing
5011 Tummy Tuck

Symptoms

5050 Abdominal Cramps
5051 Constipation
5052 Cough
5053 Dehydration
5054 Dizziness and Vertigo
5055 Earache
5057 Fever
5058 Heart Palpitations
5059 Heartburn
5060 Insomnia
5061 Irritability
5062 Loss of Appetite
5063 Lymph Nodes: Enlarged
5064 Memory Loss
5065 Nausea and Vomiting
5066 Nervousness
5067 Personality Change
5068 Rectal Bleeding
5069 Shortness of Breath
5070 Skin Lesions
5071 Swallowing Difficulty (Dysphagia)
5072 Tinnitus
5073 Urinary Incontinence
5074 Urination Problems
5075 Wheezing

Tests and Examinations

5100 Angiograms
5101 Arterial Blood Gases
5102 Barium Enema
5103 Barium X-Ray Exam: Esophagus and Stomach
5104 Biopsy
5105 Blood (Serum) Glucose Test
5106 Blood: Iron Test
5107 Bone Marrow Biopsy
5108 Bone Scan
5109 Bronchoscopy
5110 Cholesterol: Lipid Panel Test
5111 Colonoscopy
5112 Colorectal Cancer Screening
5113 Colposcopy of the Vagina and Cervix
5114 Complete Blood Count Test (CBC)
5115 Coronary Angiogram
5116 CT Scanning
5117 Cystoscopy
5118 Diagnostic Laparoscopy
5119 Echocardiogram
5120 Electrocardiogram (ECG or EKG)
5121 Electroencephalogram (EEG)
5122 Electromyogram (EMG)
5123 Endoscopic Retrograde Cholangiopancreatography (ERCP)
5124 Fluoroscopy
5125 Heart Catheterization
5126 Holter Monitors
5127 Magnetic Resonance Imaging (MRI)
5128 Mammograms
5129 Pap Smear (Cervical Smear)
5130 Percutaneous Transhepatic Cholangiography (PTHC)
5131 Sigmoidoscopy
5132 Thyroid Scan
5133 Thyroid-Stimulating Hormone (TSH) Test
5134 Thyroxine (T4) Test
5135 Ultrasound Scanning
5136 Urine Culture
5137 Urine Tests
5138 X-Rays

Urinary and Genital Systems

5350 Acute Kidney Failure (Acute Renal Insufficiency)
5351 Bladder Infection (Cystitis)
5352 Blood in Urine (Hematuria)
5353 Chronic Kidney Failure (Chronic Renal Insufficiency)
5354 Functional Urinary Incontinence
5355 Indwelling Catheter Care
5356 Kegel Exercises for Bladder Control
5357 Kidney Infection (Pyelonephritis)
5358 Kidney Stones
5359 Lithotripsy for Kidney Stones
5360 Overflow Incontinence
5361 Urge Incontinence
5362 Urinary Catheterization
5363 Urinary Incontinence
5364 Urinary Obstruction
5365 Urinary Tract Infection in Men
5366 Urinary Tract Infection in Women

Women's Health

5200 Abdominal Hysterectomy
5201 Abuse and Violence - Adults
5202 Amniocentesis
5203 Atrophic Vaginitis
5204 Bartholin's Gland Cyst
5205 Benign Ovarian Tumor
5206 Birth Control
5207 Birth Control Patch
5208 Birth Control Pills
5209 Bleeding Between Menstrual Periods (Metrorrhagia)
5210 Breast Infection (Mastitis)
5211 Breast Self-Exam
5212 Cervical Cap
5213 Cervical Dysplasia
5214 Cervical Polyps
5215 Cervicitis
5216 Cesarean Section
5217 Choosing a Healthcare Provider for Your Pregnancy
5218 Chorionic Villus Sampling (CVS)
5219 D&C, Diagnostic (Dilation and Curettage)
5220 D&C, Therapeutic (Dilation and Curettage)
5221 Danger Signs in Pregnancy
5222 Depo-Provera
5223 Diabetes in Pregnancy
5224 Diaphragm
5225 Diet During Pregnancy
5226 Diethylstilbestrol (DES)
5227 Drug, Alcohol, and Tobacco Use During Pregnancy
5228 Ectopic Pregnancy
5229 Emergency Birth Control (Morning-After Pill)
5230 Endometrial Biopsy
5231 Endometriosis
5232 Episiotomy
5233 Exercise After Delivery
5234 Exercise During Pregnancy
5235 Female Condom
5236 Female Sterilization
5237 Feminine Hygiene
5238 Fetal Alcohol Syndrome
5239 Fibrocystic Breast Changes
5240 Genetic Screening Before or During Pregnancy
5241 Getting Ready for Pregnancy
5242 Hair Loss in Women
5243 Hot Flashes
5244 Hysteroscopy
5245 Infertility
5246 Intrauterine Device (IUD)
5247 Labor and Delivery
5248 Mammograms
5249 Menopausal Hormone Therapy
5250 Menopause
5251 Menstrual Cramps
5252 Miscarriage
5253 Missed Menstrual Periods (Amenorrhea)
5254 Morning Sickness
5255 Natural Family Planning
5256 Nipple Discharge (Galactorrhea)
5257 Normal Growth of a Baby During Pregnancy
5258 Norplant
5259 Ovarian Cysts
5260 Overcoming Fear of Childbirth
5261 Ovulation Abnormalities
5262 Painful Intercourse
5263 Pelvic Examination
5264 Pelvic Inflammatory Disease
5265 Pelvic Support Problems
5266 Postmenopausal Bleeding
5267 Postpartum Care
5268 Postpartum Complications
5269 Postpartum Depression
5270 Preeclampsia
5271 Pregnancy Tests
5272 Premenstrual Dysphoric Disorder (PMDD)
5273 Premenstrual Syndrome (PMS)

5274 Prenatal Care
5275 Prenatal Tests
5276 Routine Healthcare for Women
5277 Ruptured Membranes
5278 Sex During Pregnancy
5279 Sexual Abstinence
5280 Sexual Response in Women
5281 Skin Conditions During Pregnancy
5282 Smoking During Pregnancy
5283 Spermicides
5284 Stress Incontinence in Women
5285 Tipped Uterus
5286 Toxic Shock Syndrome
5287 Travel When You Are Pregnant
5288 Uterine Fibroids
5289 Vaginal Contraceptive Ring
5290 Vaginal Cysts, Polyps, and Warts
5291 Vaginal Hysterectomy
5292 Vaginal Hysterectomy with Laparoscopy
5293 Vaginitis
5294 Vulvar Dystrophy
5295 Vulvitis
5296 Working During Pregnancy
5297 Yeast Infection (Candidiasis)

Three-Tier Prescription Drug Program

Your CIGNA HealthCare prescription benefits program has a three-tier structure to help you control your medical expenses. Please check your Summary of Benefits or the front of your CIGNA HealthCare ID card for your exact prescription copayment or coinsurance amounts.*

The CIGNA HealthCare Prescription Drug List divides medications into three categories or tiers:

- *Generic*
- *Preferred Brand*
- *Non-Preferred Brand*

Your copayment or coinsurance depends on the category in which your prescription medication is listed.

* *Please check your insurance certificate and/or applicable pharmacy rider to determine your specific prescription drug coverage and exclusions.*

The Three Tiers:

Generic (First Tier)

Generic drugs are covered at the generic copayment or coinsurance under this benefit. A generic drug is labeled with the medication's basic chemical name and usually has a brand-name equivalent. The U.S. Food and Drug Administration (FDA) requires that generic drugs have the same active chemical composition, same potency and be offered in the same form as their brand-name equivalents. Generic drugs must meet the same FDA standards as brand-name drugs and are tested and certified by the FDA to be as effective as their brand-name counterparts.

Preferred Brand (Second Tier)

These are the preferred brand-name drugs that generally have no generic equivalent. You're covered for these medications at the preferred brand copayment or coinsurance under this benefit.

Non-Preferred Brand (Third Tier)

These are the brand-name drugs that generally either have equally effective and less costly generic equivalents and/or one or more preferred-brand (second-tier) options. You or your doctor may decide that a medication in this category is best for you. If you choose a third-tier drug, you're covered at the non-preferred brand copayment or coinsurance under this benefit.

Frequently Asked Questions:

Q: What is the CIGNA HealthCare Prescription Drug List?

A: Our Prescription Drug List – known as a "formulary" by medical professionals – is an extensive list of safe and effective brand-name and generic prescription drugs. Your benefit plan covers the cost of Prescription Drug List medications, less any applicable copayments, coinsurance and/or deductibles.

Our Prescription Drug List is developed and updated on a regular basis in accordance with clinical recommendations of the CIGNA HealthCare Pharmacy and Therapeutics Committee, a panel of participating physicians and pharmacists. Only those medications that have successfully passed federally required clinical testing and evaluation and have been proven effective are included in the list.

Q: What is my out-of-pocket cost? How do I know what to pay for my prescription drugs?

A. Your out-of-pocket cost depends on:

- Whether your pharmacy plan covers the drug. Please check your insurance certificate and/or applicable pharmacy rider to determine your specific prescription drug coverage and exclusions.
- Whether the medication or dose requiring prior authorization for coverage under your pharmacy plan has been approved. Refer to the Prior Authorization section for more information.
- The category or tier in which your prescription medication is listed.

Please check your Summary of Benefits or the front of your CIGNA HealthCare ID card for your exact prescription copayment, coinsurance and/or deductible amounts. Copayment, coinsurance and/or deductible amounts are set by the pharmacy plan offered by your employer.

Q: What is a pharmacy deductible? How do I know if I have a deductible under my pharmacy plan? When do I pay the deductible?

A: A deductible is a fixed dollar amount that you pay out-of-pocket each year for covered prescription drugs before pharmacy benefits are payable by the pharmacy plan.

Please check your Summary of Benefits or the front of your ID card to determine if there is a deductible for your pharmacy benefit plan and the amount of the deductible. The deductible amount is set by the pharmacy plan offered by your employer.

If your pharmacy benefit plan has a pharmacy deductible, you will need to satisfy the deductible before your pharmacy plan copayments or coinsurance apply.

You will need to pay any applicable copayment, coinsurance and/or deductible amounts at the time of service (when your prescription is filled) at a participating pharmacy.

Q: Why do I have different copayments or coinsurance for different drugs?

A. Often, there are several medications available to treat a single condition, and these alternatives vary in cost and effectiveness. Drugs are placed in coverage categories, known as tiers, based on their cost and effectiveness. The different copayments or coinsurance percentages for different drugs encourage you to learn about your options and their costs before you visit your doctor's office. This enables you to have a more informed discussion with your doctor about which medications are right for you. Please consult your Summary of Benefits for additional information.

Q: What if my doctor prescribes a medication that's listed as "Non-Preferred"?

A. If your doctor believes that you must have a non-preferred brand drug, the prescription will be filled at the non-preferred brand (third-tier) copayment or coinsurance level.

Q: What if my doctor prescribes a medication that isn't listed on the CIGNA HealthCare Prescription Drug List?

A. If a generic drug is available and you choose the generic drug, you pay the generic (first-tier) copayment or coinsurance. If a generic drug is available and you choose the brand name version of that drug, you generally pay the non-preferred brand (third-tier) copayment or coinsurance. If you choose a preferred brand, you pay the preferred brand (second-tier) copayment or coinsurance.

Member Services can answer questions about your prescription drug benefits.

Q: What drugs are covered?

A. Because drug coverage varies by employer plan, please refer to your plan's Summary of Benefits for complete information.

In the three-tier plan, prescription drugs - including prenatal vitamins, insulin and related diabetes care supplies - are covered unless specifically excluded.

Q: How do I receive a copy of the CIGNA HealthCare Prescription Drug List?

A. For a complete version of the CIGNA HealthCare Prescription Drug List, log onto www.myCIGNA.com and click on Prescription Drug List or call Member Services at the toll-free number on your CIGNA HealthCare ID card.

Q: How do I fill a prescription?

A. Take your prescription to any CIGNA HealthCare participating pharmacy. Our participating pharmacies include major chains pharmacies as well as local drug stores. Check your CIGNA HealthCare directory or our Web site at – www.cigna.com – for participating pharmacies in your area.

When you go to the participating pharmacy, present your CIGNA HealthCare ID card, prescription and the out-of-pocket amount required under the pharmacy plan.

And if you have questions about your prescription drug benefits, just call Member Services. The toll-free number is on your CIGNA HealthCare ID card.

Q: What happens if I'm away from home and need prescription medication?

A. Whether you're traveling for business or on vacation, call Member Services to locate nearby CIGNA HealthCare participating pharmacies. When you use a participating pharmacy, you generally receive a higher level of benefit coverage and pay only the appropriate copayment, coinsurance and/or deductible amounts for your medication.

Q: What happens if I use a non-participating pharmacy?

A. If you decide to use a non-participating pharmacy, you pay the full cost of the prescription.

For a medical emergency situation, have your prescription filled at the nearest pharmacy. If it's not a participating pharmacy, keep your receipt and contact CIGNA HealthCare for instructions for reimbursement of your emergency prescription.

Please check your Summary of Benefits to see if your pharmacy plan has an out-of-network pharmacy benefit. If this option is available to you, you will still have to pay for the full cost of the prescription. You will need to mail a completed Prescription Drug Claim Form with the original receipts (not cash register receipts) to CIGNA HealthCare for reimbursement.

For a Prescription Drug Claim Form, visit our Web site at **www.cigna.com** (select "Important Forms") - or call the toll-free number on your CIGNA HealthCare ID card. A claim form is also available at the back of this handbook.

Q: How do I get my prescriptions filled by mail?

A. CIGNA HealthCare offers home delivery of prescription medications through CIGNA Tel-Drug. Please check the details of your employer's health benefit plan to see if this option is available to you.

CIGNA Tel-Drug provides a convenient way to receive up to a 90-day supply of prescription medications covered by your benefit plan.

Have your doctor write a prescription for a 90-day supply; fill out the CIGNA Tel-Drug order form enclosed in your pre-enrollment kit (or available online at www.myCIGNA.com, www.cigna.com available on the HealthCare/Pharmacy tab); include your doctor's original prescription, your mail order copayment, coinsurance and/or deductible; and mail everything to CIGNA Tel-Drug in the postage-paid envelope provided.

To protect your privacy, CIGNA Tel-Drug mails your filled prescriptions to you by first-class mail in a package that does not reveal its contents or the CIGNA Tel-Drug name.

You can learn more by calling 1.800.835.3784, or visit us on the Web at www.cigna.com or www.teldrug.com.

Q: I'm going to be away from home for an extended period of time. What do I do about the medications I take on a continuing basis?

A. If your prescription drug supply will run out while you're away, contact Member Services at the number listed on your CIGNA HealthCare ID card. Member Services may override the day-supply limit, allowing you to fill a prescription for an extended period of time.

Prior Authorization

Q: What is Prior Authorization?

A: For certain medications or doses, your doctor may need to contact CIGNA HealthCare to request prior authorization for coverage of your prescription under the pharmacy plan.

To determine if prior authorization is required for your prescription, ask your doctor to check the CIGNA HealthCare Prescription Drug List or log onto myCIGNA.com for the prescription drug list used by your plan.

Q: Why do certain drugs require prior authorization?

A: The CIGNA HealthCare Pharmacy and Therapeutics Committee determines which drugs will require prior authorization for coverage. Prior authorization guidelines are determined on a drug-by-drug basis and may be based on FDA and manufacturer guidelines, medical literature, safety, appropriate use and benefit design.

Please refer to your Summary of Benefits and/or the CIGNA HealthCare Prescription Drug List for information about which drugs require prior authorization under your pharmacy plan.

Q: What if my doctor prescribes a medication that requires prior authorization?

A: If your doctor prescribes a drug that requires prior authorization for coverage, ask your doctor to call the number listed on your CIGNA HealthCare ID card, to begin the authorization process. Your doctor's office must complete the appropriate prior authorization form and fax or call CIGNA HealthCare at the number on your CIGNA HealthCare ID card and provide the necessary information.

If the request is approved, the doctor will receive a fax confirmation. The authorization will be processed in our claim system to allow you to have coverage for this drug. The length of the authorization will depend on the diagnosis and drug. When your doctor advises you that the drug has been approved, you should contact the participating pharmacy to fill the prescription(s). If the request is denied, you and your doctor will be notified that coverage for the drug is not authorized.

If you have questions about a specific prior authorization request, call Member Services at the toll-free number on your CIGNA HealthCare ID card.

Exclusions and Limitations

By way of example, but not of limitation, the following are specifically excluded services and benefits:

- Any drugs or medications available over-the-counter that do not require a prescription by federal or state law, and any drug that is a pharmaceutical alternative to an over-the-counter drug other than insulin.
- Any drugs that are experimental or investigational, within the meaning set forth in the Plan Documents.
- Food and Drug Administration (FDA) approved prescription drugs used for purposes other than those approved by the FDA unless the drug is recognized for the treatment of the particular indication in one of the standard reference compendia (The United States Pharmacopoeia Drug Information, the American Medical Association Drug Evaluations; or The American Hospital Formulary Service Drug Information) or in medical literature. Medical literature means scientific studies published in a peer-reviewed national professional medical journal.
- Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions, and medications used for travel prophylaxis.
- Replacement of Prescription Drugs and Related Supplies due to loss or theft.
- Drugs used to enhance athletic performance.
- Drugs which are to be taken by or administered to a Member while the Member is a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals.
- Prescriptions more than one year from the original date of issue.

If you have questions

We're here to help. Just call Member Services at the toll-free number on your CIGNA HealthCare ID card if you have a question about your CIGNA HealthCare prescription drug benefits. Or visit our Web site,

www.cigna.com

Prescription Drug Claim Form

CIGNA HealthCare

REASON FOR REIMBURSEMENT

This claim form can be used to request reimbursement of covered expenses. Please check which reason applies (at least one must be checked):

___ Emergency

___ Eligibility (Please explain) _____

___ Non-Participating Pharmacy

___ Other (Please explain) _____

___ Primary coverage is with another insurance carrier. Please provide explanation of benefits (EOB) or denial letter from the primary insurance carrier.

PARTICIPANT/PATIENT INFORMATION

PARTICIPANT NAME: _____ ***EMPLOYER:***_____

CIGNA ID NUMBER *OR* ***PARTICIPANT*** SOCIAL SECURITY NUMBER *(on the front of your CIGNA ID card)*: _____ _____ _____–_____ _____–_____ _____ _____ _____

PATIENT NAME: _____ ***PATIENT*** BIRTHDATE: _____/_____/_____
-USE A SEPARATE FORM FOR EACH FAMILY MEMBER- MO DAY YEAR

PATIENT RELATIONSHIP TO PARTICIPANT: ____ SELF (PARTICIPANT) ____ SPOUSE ____ DEPENDENT

PATIENT SEX: _____ MALE _____ FEMALE

I REPRESENT THAT THE PATIENT INFORMATION ENTERED ON THIS FORM IS CORRECT, THAT THE PATIENT NAMED IS ELIGIBLE FOR THE BENEFITS AND THAT THE PATIENT HAS RECEIVED THE MEDICATION DESCRIBED. I ALSO REPRESENT THAT THE MEDICATION RECEIVED IS NOT FOR TREATMENT OF AN ON-THE-JOB INJURY. I ALSO AUTHORIZE RELEASE OF ALL INFORMATION PERTAINING TO THIS CLAIM TO THE PLAN ADMINISTRATOR OR ITS DESIGNEES.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON: (1) FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION; OR (2) CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME. FOR RESIDENTS IN THE FOLLOWING STATES, PLEASE SEE THE LAST PAGE OF THIS FORM: ALASKA, ARIZONA, CALIFORNIA, COLORADO, DISTRICT OF COLUMBIA, FLORIDA, KENTUCKY, MARYLAND, MINNESOTA, NEW JERSEY, NEW YORK, OREGON, PENNSYLVANIA, TENNESSEE, TEXAS AND VIRGINIA.

PARTICIPANT SIGNATURE: _____ DATE: _____

DAYTIME PHONE NUMBER:_____

PRESCRIPTION INFORMATION

1)
_____/_____/_____ _____ _____ _____
DATE FILLED RX NUMBER QTY DAY SUPPLY

_____ _ _ _ _ _ _ _ _ _ _ _ $_____
DRUG NAME & STRENGTH NDC AMT. PAID

_____ _ _ _ _ _ _ _ _ _ _ _
PHARMACY NAME PHARMACY NABP #

_____
PHARMACY ADDRESS

2)
_____/_____/_____ _____ _____ _____
DATE FILLED RX NUMBER QTY DAY SUPPLY

_____ _ _ _ _ _ _ _ _ _ _ _ $_____
DRUG NAME & STRENGTH NDC AMT. PAID

_____ _ _ _ _ _ _ _ _ _ _ _
PHARMACY NAME PHARMACY NABP #

_____
PHARMACY ADDRESS

3)
_____/_____/_____ _____ _____ _____
DATE FILLED RX NUMBER QTY DAY SUPPLY

_____ _ _ _ _ _ _ _ _ _ _ _ $_____
DRUG NAME & STRENGTH NDC AMT. PAID

_____ _ _ _ _ _ _ _ _ _ _ _
PHARMACY NAME PHARMACY NABP #

_____
PHARMACY ADDRESS

4)
_____/_____/_____ _____ _____ _____
DATE FILLED RX NUMBER QTY DAY SUPPLY

_____ _ _ _ _ _ _ _ _ _ _ _ $_____
DRUG NAME & STRENGTH NDC AMT. PAID

_____ _ _ _ _ _ _ _ _ _ _ _
PHARMACY NAME PHARMACY NABP #

_____
PHARMACY ADDRESS

Prescription Drug Claim Form

CIGNA HealthCare

INSTRUCTIONS

PARTICIPANT/PATIENT INFORMATION – (To Be Completed by the Participant)

1. Complete ALL information on the front side. Claims missing information may be denied, delayed or returned.
2. Sign and date the Certification Statement in the area provided.
3. Complete the RETURN ADDRESS section below.
4. Submit a separate form for each family member.
5. The Prescription Information section must be completed for each prescription for which you are seeking reimbursement. If you need help completing this form, contact your pharmacist.
6. **Keep a copy for your records**.
7. Mail the claim form within 6 months of the prescription fill date, along with original receipts (cash register receipts are not acceptable), to:

Connecticut General Life Insurance Company
Pharmacy Service Center
P.O. Box 3598
Scranton, PA 18505-0598

8. Questions? Please call the CIGNA HealthCare number located on your ID card.

Fold *Fold*

RETURN ADDRESS

Important: Please Print. This will appear in a window envelope for returns.
Please provide current address information below.

_____ **PARTICIPANT NAME**
_____ **PARTICIPANT STREET ADDRESS**
_____ **PARTICIPANT CITY, STATE, ZIP**