

City of Salem

Your Medical Plan Options

Plan year: 2024



Offered by Cigna Health and Life Insurance Company or its affiliates In Utah, plans are offered by Cigna Health and Life Insurance Company.

Cigna One Guide®

Cigna One Guide helps you make informed choices and get the most from your plan, offering personalized support to help you stay healthy and save money.

During enrollment, we're just a call away to help:

- Answer questions about the basics of coverage for medical plans and products as well as Cigna Healthcare[®] pharmacy
- Identify the types of health plans available to you to help you choose the one that best meets your needs
- Find out if your doctors are in network to help you avoid unnecessary costs
- Get answers to any other questions you may have about the plans or provider networks available to you





Understanding terms in your health plan

Deductible:

The annual amount you pay for care before your health plan begins to pay.

Copay:

A predetermined amount you pay for eligible health care services or medication. Your copay usually is due when you receive the service.

Co-insurance:

Your share of the cost of covered services, usually after you meet your deductible. The health plan pays the rest.

Out-of-pocket maximum:

The most you pay before the health plan begins to pay 100% of covered health care costs. You'll still need to pay for any expenses the health plan doesn't count toward the limit.

In-network:

Health care providers and facilities that have contracts with us to deliver services at a discounted rate.

Out-of-network:

A health care provider or facility that doesn't contract with your plan and doesn't provide services at a discounted rate. Using an out-of-network provider usually will cost you more.



Open Access Plus (OAP)



Primary Care Provider: A primary care provider (PCP) is recommended but not required



Specialist: You can see a specialist without a referral



Network: Lower costs by using providers and health care facilities in the OAP network

 Use the Cigna Healthcare[®] network of providers, health care facilities, labs, x-ray and radiology centers, as well as emergency care



Deductible: You may pay an annual amount — a deductible — before your health plan begins to pay for covered health care costs. Only services covered by the health plan count toward the deductible



Copay and co-insurance: Once you meet your deductible, you will pay a portion of covered health care costs and the plan pays the rest²

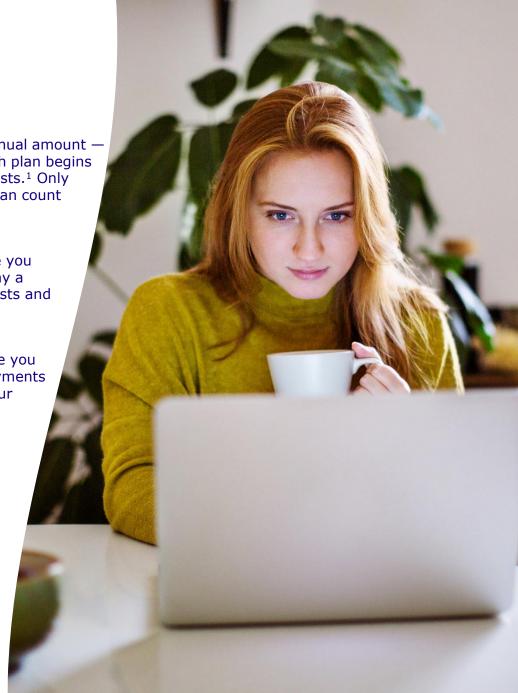


Out-of-pocket maximum: Once you meet an annual limit on your payments — out-of-pocket maximum — your plan pays 100% of covered costs



^{2.} Coinsurance is what you pay for covered services after you've met your deductibles. It does not include charges for services not covered by your plan. If you use an out-of-network provider, your expenses may be more than the coinsurance amount shown because the out-of-network provider can bill you for charges that are more than what your benefit plan will pay.





Planning for your medical costs

OAP Plan OAP HDHP

	Single	Single Plus One	Family	Single	Family
Deductible	\$250 In-network \$250 Out-of-network	\$500 In-network \$500 Out-of-network	\$750 In-network \$750 Out-of-network	\$1,600 In-network \$3,000 Out-of-network	\$3,200 In-network \$6,000 Out-of-network
Out-of-pocket maximum ¹	\$1,250 In-network \$2,250 Out-of-network	\$2,500 In-network \$4,500 Out-of-network	\$3,750 In-network \$6,750 Out-of-network	(In Network) Individual \$6,350 Individual within a family \$6,650 (Out of Network) Individual \$12,700 Individual within a family \$25,400	\$12,700 In-network \$25,400 Out-of-network
Lifetime maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

If you choose to receive care outside of your plan's network, only covered expenses will be applied to your deductible – subject to your plan's Maximum Reimbursable Charge provisions. All plans have exclusions and limitations. See your enrollment materials for more information about costs and details about covered and non-covered services, including plan exclusions and limitations.

This is the most a family (employees plus covered family members) will pay for in-network, out-of-pocket expenses. It's important to note that each individual family member's out-of-pocket costs are capped at \$8,700 for 2022 health plans, and overall family in-network costs are capped by the IRS at \$17,400. The out-of-pocket costs for people with individual coverage are capped at \$7,050 for 2022. To see examples of how this works, please visit www.InformedOnReform.com > Federal Regulations > Cost Sharing Limits, or Cigna.com/health-care-reform/embedded-oop-customer-impacts.

The claim process



1. Your plan may apply a deductible. Copays are paid at the time of service. If a coinsurance applies, it is not paid at the time of service and is billed to you or charged to an HSA/HRA after the claim is processed and the EOB is issued.



Take control of your health and your health costs

Here are a few easy ways to save on out-of-pocket health care expenses:



Stay with in-network providers and facilities



Visit an urgent care center instead of the ER for non-life-threatening health concerns



Use a convenience care clinic (inside supermarkets, pharmacies and other retail stores) for routine care



Access virtual care¹ through MDLIVE® 24/7 for a range of minor conditions

This information is for educational purposes only. It is not medical advice. Always consult your doctor for examinations, treatment, testing and care recommendations. In an emergency, dial 911 or visit the nearest emergency room.



^{1.} Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna Healthcare medical members aged 18 and older.

Your pharmacy plan options





Understanding terms in your pharmacy plan

Generics:

Generic medications have the same active ingredients, strength, dosage, effectiveness, quality and safety as the brand-name medications.

Preferred brands:

You'll often pay more for a preferred brand-name medication than for generic medications because they typically have lower-cost generic alternative available to treat the same conditions.

Non-preferred brands:

Medications that typically have lower-cost generic and/or preferred brand alternatives available to treat the same conditions.

Specialty:

These high-cost medications are used to treat complex medical conditions. They're often injected or infused and may require special handling, such as refrigeration.



What you'll pay for prescriptions

		OAP Plan		OAP HDHP			
In-network	Retail (30-day supply)	Retail (90-day supply)	Home delivery (90-day supply)	Retail (30-day supply)	Retail (90-day supply)	Home delivery (90-day supply)	
Tier 1 Generics	You pay 0% up to a max of \$10	You pay 0% up to a max of \$30	You pay 0% up to a max of \$20	After deductible you pay 20%	After deductible you pay 20%	After deductible you pay 20%	
Tier 2 Preferred brands	You pay 30% subject to min of \$25 and max of \$50	You pay 30% subject to a min of \$75 and a max of \$150	You pay 30% subject to a min of \$25 and max of \$100	After deductible you pay 20%	After deductible you pay 20%	After deductible you pay 20%	
Tier 3 Non-preferred brands	You pay 30% subject to a min of \$45 and max of \$75	You pay 30% subject to a min of \$135 and a max of \$225	You pay 30% subject to a min of \$45 and a max of \$120	After deductible you pay 20%	After deductible you pay 20%	After deductible you pay 20%	
Tier 4 Specialty	You pay 30%	NA	You pay 30%	After deductible you pay 20%	NA	After deductible you pay 20%	

This chart shows the amounts you'll pay for covered services after you meet your plan deductible. Not all health benefit plans are the same, but in general, to be eligible for coverage, a medication must be approved by the U.S. Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. **All plans have exclusions and limitations.** Please check your plan documents for costs and complete details of your plan's prescription medication coverage.



^{*}No matter which plan you have, you do not have out of network pharmacy benefits

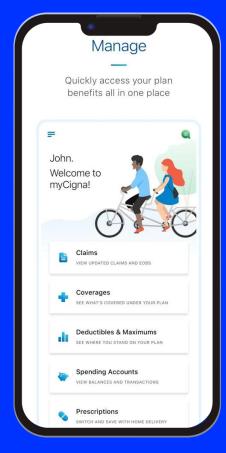
Use the myCigna® App¹ or website – 24/7

Manage all your prescriptions on the My Medications page

- See which medications your plan covers
- Price a medication²
- Search for lower-cost alternatives, if available
- View all the prescriptions you've filled in the last 18 months
- Find an in-network pharmacy
- Ask a pharmacist a question
- Switch a prescription from a retail pharmacy to our home delivery pharmacy

For home delivery prescriptions:

- Refill and track your orders
- Pay your bill online
- Sign up for automatic refills
- Request a payment plan
- For specialty medications, connect to your online Accredo® account



For illustrative purposes only.

- 1. App/online store terms and mobile phone carrier/data charges apply.
- 2. Prices shown on myCigna are not a guarantee. Coverage falls under your plan terms and conditions. Visit myCigna for more information.



Save a trip with home delivery













Order, manage, track and pay for medications on your phone or online Standard shipping at **no extra cost**¹

Fill up to a

90-day supply
at one time²

Automatic refills³ or refill reminders so you don't miss a dose Helpful pharmacists available 24/7

Flexible payment options



To learn more about Express Scripts® Pharmacy, go to Cigna.com/homedelivery or call 800.835.3784

- 1. Standard shipping costs are included as part of your prescription plan.
- 2. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
- 3. Express Scripts Pharmacy can automatically refill certain medications. You can sign up for the automatic refill program when you call. Or, you can log in to the myCigna App or website to sign up on your own.



Help with specialty medications

Accredo®, your specialty pharmacy, is focused on supporting complex medical conditions.

- Easily order, manage and track your medications on your phone or online1
- Fast shipping, at no extra cost²
- Easy refills and free reminders to help make sure you don't miss a dose. Refill certain prescriptions by text.³
- 24/7 access to specialty-trained pharmacists and nurses experienced in complex medical conditions
- Personalized care services including counseling and training on how to administer your medication
- Help with applying for third-party copay assistance programs and other options
- 1. You'll see your first order in the myCigna App or website once Accredo ships it.
- 2. Standard shipping costs are included as part of your prescription plan.
- 3. The ability to refill prescriptions by text is only available for certain medications. To get text messages, you'll have to sign up for Accredo's texting service. You can do this when you call Accredo to refill your prescription. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.





Consider a 90-day supply for maintenance medications

90-day supplies are more convenient and help make your life easier.¹

90-day (or 3-month) supply²

Use Express Scripts® Pharmacy (our home delivery pharmacy)³
 OR an approved in-network retail pharmacy

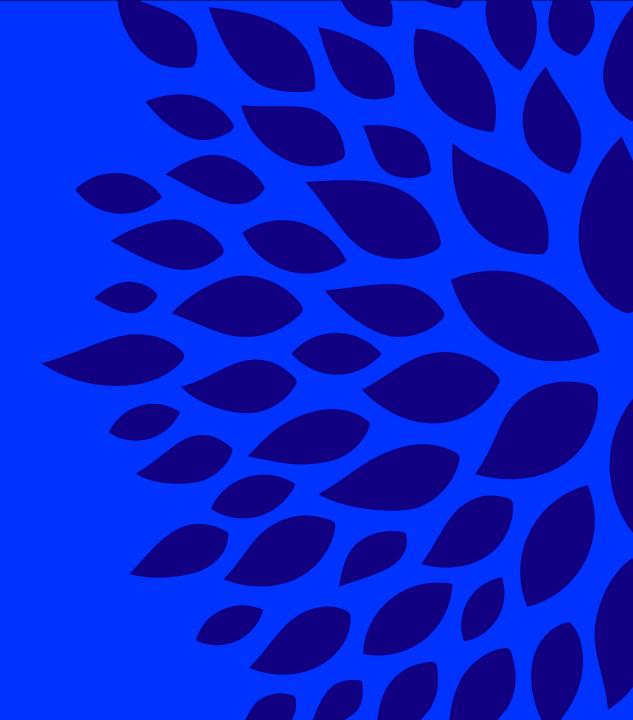
30-day supply

- Use any retail pharmacy in your plan's network
- Option to switch to 90-day supply at any time
- 1. Internal Cigna analysis performed Jan 2019, utilizing 2018 Cigna national book of business average medication adherence (customer adherent > 80% Proportion Days Covered), 90-day supply vs. those who received a 30-day supply taking antidiabetics, blood pressure medications and statins.
- 2. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
- 3. Not all plans offer home delivery as a covered pharmacy option. Log in to the myCigna app or website, or check your plan materials, to learn more about the pharmacies in your plan's network. Cigna maintains an ownership interest in Express Scripts Pharmacy's home delivery services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions. To find a retail pharmacy in your plan's network, log in to the myCigna App or myCigna.com and use the Price a Medication tool.





Your vision plan





Why vision health matters

You may go to the eye doctor to get glasses and contact lenses to help you see. But eye exams also give your doctor a view of your health in general.¹ They can reveal the first signs of chronic conditions, including:²

- Diabetic retinopathy, a symptom of diabetes
- Heart disease
- · High blood pressure
- High cholesterol
- Rheumatoid arthritis
- Stroke
- Vitamin A deficiency
- The Centers for Disease Control and Prevention (CDC). "Keep an Eye on Your Vision Health." www.cdc.gov/visionhealth/resources/features/keep-eye-on-vision-health.html. Page last reviewed: October 1, 2020.
- 2. American Academy of Ophthalmology. "20 Surprising Health Problems an Eye Exam Can Catch." www.aao.org/eye-health/tips-prevention/surprising-health-conditions-eye-exam-detects. Page last reviewed: April 29, 2022.





Your vision network

With vision coverage, you have greater access at more locations. Your vision network includes:



24,000 independent providers¹



10,000 retail providers, including LensCrafters®, Pearle Vision®, Target Optical®, Costco Optical©, Walmart Vision Center® and more¹



Access to online retailers such as LensCrafters.com[®], Ray-Ban.com[®], Glasses.com[®], TargetOptical.com[®] and ContactsDirect.com[®]



Online appointment scheduling²

- 1. The Cigna Vision Network is serviced by EyeMed. Number of contracted providers as of June 2022, EyeMed internal reporting. Subject to change.
- 2. Online scheduling available with select providers.



Your vision benefits

	Passive Network	
Exam Copay *frequency: once per 12 months	\$0 Copay	
Materials Allowances *Frequency*: Your Frequency Period begins on January 1 every year for exams and January 1 every other year for hardware.	\$500 Allowance	
Prescription lenses		
Prescription Frame		
Prescription contact lenses and professional services		
*Declining balance can be applied towards any covered Materials (Frames, Lenses, and Contact Lenses) and drawn against throughout the stated frequency.		



Your vision benefits

Discounts available for:

- Up to 40% off additional pair of glasses (frames and lenses)
- 20% off nonprescription sunglasses
- \$1,000 discount on LASIK services with select providers available through Cigna Healthy Rewards^{®1}

Once enrolled, visit myCigna.com® to:

- Search for in-network providers and schedule appointments online.²
- Use a cost estimator tool to calculate your out-of-pocket costs for covered and non-covered services.
- View plan benefits, claim details, and your digital ID card
- Learn about international travel benefits such as help finding a provider or replacing glasses/contact lenses
- Access special offers from major retail and online providers.

2. Online scheduling available with select providers.



^{1.} Healthy Rewards programs are NOT insurance. Rather, these programs give a discount on the cost of certain goods and services. The customer must pay the entire discounted cost. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services



Support to Improve Your Health and Well-being

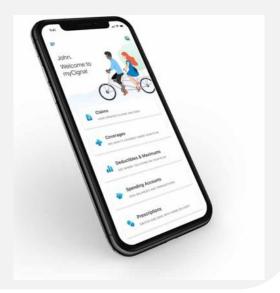
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myCigna.com®

Your online home for assessment tools, plan management, medical updates and much more:

- Find in-network doctors, dentists and medical services
- View, print and email ID cards
- Review your coverage
- Manage and track claims, account balances and deductibles
- Compare cost and quality information for doctors and hospitals

- Access a variety of health and wellness tools and resources
- Receive alerts when new plan documents are available
- Manage your home delivery prescription orders² or talk with a pharmacist
- Use the Price a Medication feature to explore medication costs³





Download the myCigna® app and access your account.1

For illustrative purposes only.

- 1. App/online store terms and mobile phone carrier/data charges apply. Actual myCigna® features may vary depending on your plan and individual security profile.
- 2. Not all plans include home delivery as a covered pharmacy option. Please log in to the myCigna® app or website, or check your plan materials, to learn more about the pharmacies in your plan's network.
- 3. Prices shown on myCigna® are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna® for more information.



Digital ID Cards

Enjoy easy, secure access to your ID cards.

No longer worry about misplacing your ID. Simply log in to the myCigna® mobile app or website to view your digital ID card.¹

Getting your digital ID card is easy!

- Log in to myCigna® website or app.
- Click or tap "ID Cards."
- View your card(s) and the cards of any dependents.²

You can **show** your digital ID card on your phone screen, **print** it, or **email** it to your doctor's office.

- 1. The transition to digital ID cards does not apply to the following: all insured medical clients sitused in Texas, New York, Florida, and Colorado (ASO will be included); all medical clients sitused in Minnesota regardless of funding type; all D-HMO plans sitused in Texas; all D-HMO and D-PPO plans sitused in Georgia and Minnesota; all vision plans sitused in Georgia, Minnesota, and Texas. Clients with situs in Texas, North Carolina, New York, Tennessee, Colorado, Georgia, and Florida will transition beginning with 7/1/2023 new and renewal effective dates unless prohibited by a state mandate.
- 2. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.





Health Information Line



Call the number on your ID card, 24/7/365



Chat via myCigna.com[®] website or app Mon-Fri 9:00 am - 8:00 pm EST²

- Offers access to a trained clinician¹ to help you determine when and where to get treatment for immediate health care needs
- Provides guidance and education about both specific health concerns and general health topics
- Provides suggestions for online tools or local resources to help support your physical and mental health needs
- Delivers access to audio health library (both in English and Spanish), as well as podcasts

- 1. These health 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.
- 2. Excluding holidays.



Virtual care¹

MDLIVE

Cigna Healthcare has partnered with MDLIVE® to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you.

Primary Care

Preventive care, routine care and specialist referrals

- Preventive care checkups/ wellness screenings available at no additional cost²
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities³

Behavioral Care

Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists
- Schedule an appointment that works for you
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, grief and depression

Urgent Care

On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the ER
- Prescriptions available, if appropriate

Dermatology⁴

Fast, customized care for skin, hair and nail conditions — no appointment required

- Board-certified dermatologists review pictures and symptoms
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Diagnosis and customized treatment plan, usually within 24 hours
- 1. Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Not all preventive care services are covered, refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna Healthcare medical members aged 18 and older.
- 2. For customers who have a non-zero preventive care benefit, MDLIVE virtual wellness screenings will not cost \$0 and will follow their preventive benefit.
- 3. Limited to labs contracted with MDLIVE for virtual wellness screenings.
- 4. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours.



Cigna Total Behavioral Health® (CTBH)¹

Clinical support

Three sessions to connect with licensed clinicians in our EAP network, at no additional cost to you²

24/7/365 crisis and emergency support

Happify[™] offered through Cigna

Increase resilience through games, guided meditations, and other activities. This digital self-guidance tool reduces stress while encouraging confidence³

iPrevail offered through Cigna

On-demand peer coaching and personalized learning to help boost your mood and improve mental health care³

myCigna.com® guided navigation

Our digital portal includes guided navigation that provides you with customized, convenient care options (digital, coaching, virtual and in person).

Large, national network

Includes national virtual network that includes Talkspace, MDLIVE, Ginger, and more. Online scheduling and text messaging. Fast Access network guarantees appointment scheduling in five business days.⁴ Appointment scheduling assistance provided.

Coaching & Support

Dedicated support for a broad range of conditions including autism, eating disorders, intensive behavioral case management, substance use and opioid and pain management, and parents and families.

- 1. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Evernorth Care Solutions, Inc., and Evernorth Behavioral Health, Inc. Use and distribution limited solely to authorized personnel.
- 2. Three visits per issue per year. Restrictions apply to fully insured business sites in New York.
- 3. Program services are provided by independent companies/entities and not by Cigna Healthcare. Programs and services are subject to all applicable program terms and conditions. Program availability is subject to change.
- 4. Per our agreement with contracted providers. Within 5 business days for first time appointment with non-prescriber; 15 business days for prescriber.



Behavioral health: Additional support



Seminars offered monthly on topics such as autism, eating disorders, substance use and behavioral health



Coaching/Support Services

- Addresses challenges such as autism spectrum disorder, eating disorders, pain management, substance use
- Provides help for individuals and families when it comes to understanding a behavioral diagnosis or learning about treatment choices
- Identifies in-network providers and what you'll pay



Online tools to locate in-network providers and facilities, as well as stress management, health and well-being information



Cigna Healthcare[®] Lifestyle Management Programs

Our health advocates provide personalized support to help you make lasting changes.

- Weight management: Learn to manage your weight using a non-diet approach that helps you change habits, eat healthier and become more active
- Quit tobacco: Develop a personal quit plan to become and stay
 tobacco-free
- Reduce stress: Understand the sources of your stress and learn coping techniques to better manage it in all areas of your life

Use an online or telephone coaching program (or both) for the support you need.





Your Personal Health Team



When it comes to feeling better about your health, everyone has different needs. That's why we provide a designated personal team of health advocates to listen and help you find solutions.

- Address chronic conditions like diabetes, back pain, depression, arthritis, asthma or cardiac issues
- Partner one-on-one with a health advocate and take a more active role in your health
- Find help managing your care and get information about a variety of treatment options

- Get 24/7 support when you need help with things like your child's high fever or finding late-night medical treatment
- Know what to expect if you need to spend time in the hospital or require surgery
- Get answers to questions about your health plan



Cigna Healthy Rewards® Program¹

Get discounts on the health products and programs you use every day, including:



Weight management and nutrition



Alternative medicine



Vision and hearing care



Fitness memberships and devices



Yoga products and virtual workouts

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





Cigna One Guide®

After enrollment, personalized support helps you:

- Resolve health care questions and issues
- Save time and money
- Get the most out of your plan(s)
- Find in-network providers, hospitals and labs
- Get cost estimates
- Understand your bills
- Navigate the health care system

After you've enrolled, access Cigna One Guide the way that's most convenient to you.



myCigna® website or app¹



Live chat



Phone

1. App/online store terms and mobile phone carrier/data charges apply.



24/7 Customer Assistance



Reach us 24 hours a day, seven days a week



Get answers to your health, claims and benefit questions



Ask for a Spanish-speaking service representative, or someone who can translate one of 200 languages



Order an ID card, update insurance information, check claim status and more

The answers you need are just a phone call away. Anytime you need us, feel free to call the toll-free number on your ID card.



You cannot open an HSA if, in addition to coverage under an HSA-qualified High Deductible Health Plan ("HDHP"), you are also covered under a Health Flexible Spending Account (FSA) or an HRA or any other health coverage that is not a HDHP. The HSA provider and/or trustee/custodian will be solely responsible for all HSA services, transactions and activities related thereto. Neither your employer nor Cigna is responsible for any aspects of the HSA services, administration and operation.

Rates will vary by plan design. Coverage is subject to any applicable plan deductibles, copay and/or coinsurance requirements. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans have exclusions and limitations. For costs and details of coverage, see your enrollment materials. The information in this presentation summarizes the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's group insurance certificate, summary plan description or group service agreement – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

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