



FLYR, INC.

# Your Medical Plan Options

Plan year: 1/1/2024

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

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# 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.



# 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.

# Medical plan options



# 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.<sup>1</sup> 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 rest<sup>2</sup>



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

1. Plans may vary; see your employer's plan documents for details related to your specific medical plan.
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.



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# Open Access Plus High Deductible Health Plan (OAP HDHP)



**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



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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.



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# Planning for your medical costs

	OAP - Base		OAP – Buy-Up		HDHPQ - OAP	
	Single	Family	Single	Family	Single	Family
Deductible	\$1,000 In-network \$3,000 Out-of-network	\$3,000 In-network \$9,000 Out-of-network	\$500 In-network \$1,500 Out-of-network	\$1,500 In-network \$4,500 Out-of-network	\$3,200 In-network \$3,200 Out-of-network	\$5,200 In-network \$5,200 Out-of-network
Out-of-pocket maximum <sup>1</sup>	\$5,500 In-network \$10,000 Out-of-network	\$11,000 In-network \$20,000 Out-of-network	\$3,000 In-network \$5,000 Out-of-network	\$6,000 In-network \$10,000 Out-of-network	\$5,500 In-network \$10,000 Out-of-network	\$11,000 In-network \$20,000 Out-of-network
Lifetime maximum	Unlimited	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.

1. 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](http://www.InformedOnReform.com) > Federal Regulations > Cost Sharing Limits, or [Cigna.com/health-care-reform/embedded-oop-customer-impacts](http://Cigna.com/health-care-reform/embedded-oop-customer-impacts).



# Virtual care<sup>1</sup>



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 cost<sup>2</sup>
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities<sup>3</sup>

## 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

## Dermatology<sup>4</sup>

**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.





# Behavioral health support



# Emotional well-being resources

**When your challenges are large or small, Cigna Healthcare is here to connect you with solutions.<sup>1</sup>**

## **Emotional health:**

- Three face-to-face visits with a licensed behavioral health provider in our employee assistance program (EAP) network
- Live chat with an EAP advocate
- Unlimited telephone counseling
- Access to work/life resources and self-service tools on **myCigna.com**

**Legal services:** Services include a 30-minute consultation with a program attorney for civil, personal/family, and Internal Revenue Service (IRS) issues, with 25% off select fees if the program attorney is retained.

**Financial services:** Get 25% off tax preparation and a 30-minute complimentary phone consultation with a financial specialist on debt counseling, student loans and more

**Identity theft support:** Support includes a 60-minute consultation with a fraud resolution specialist who can help with identity theft recovery and how to protect yourself in the future

1. Employee assistance program services are in addition to, not instead of, your health plan benefits. These services are separate from your health plan benefits and do not provide reimbursement for financial losses. Customers are required to pay the entire discounted charge for any discounted legal and/or financial services. Legal consultations related to employment matters are excluded. Additional restrictions may apply. Program availability may vary by plan type and location, and are not available where prohibited by law.

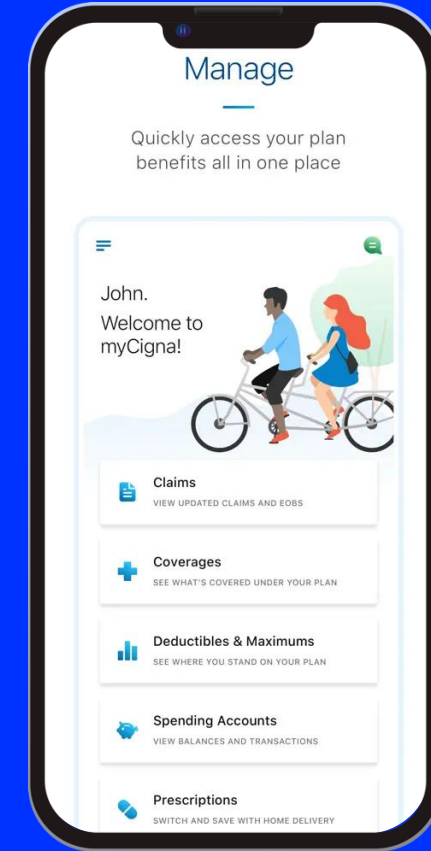
# Your pharmacy plan options



# Use the myCigna® App<sup>1</sup> or website – 24/7

## Manage all your prescriptions on the My Medications page

- See which medications your plan covers
  - Price a medication<sup>2</sup>
  - 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.



# Consider a 90-day supply for maintenance medications

**90-day supplies are more convenient and help make your life easier.<sup>1</sup>**

**90-day (or 3-month) supply<sup>2</sup>**

- Use Express Scripts<sup>®</sup> Pharmacy (our home delivery pharmacy)<sup>3</sup>  
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.



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# Your vision plan



# Your vision network

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



**24,000 independent providers<sup>1</sup>**



**10,000 retail providers,** including LensCrafters®, Pearle Vision®, Target Optical®, Costco Optical®, Walmart Vision Center® and more<sup>1</sup>



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



**Online appointment scheduling<sup>2</sup>**

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

	In-network <sup>1</sup>
<b>Exam</b> copay	\$10 copay, plan pays 100%
<b>Lens allowances:</b>	
Single vision lenses	\$25 copay
Lined bifocals	\$25 copay
Lined trifocals	\$25 copay
Frames	100%, up to \$200 Retail Allowance
Polycarbonate add-on	\$0 copay
Anti-reflective coating	\$45 copay
<b>Elective contact lenses</b> and professional services	100%, up to \$200 Retail Allowance

1. Plan benefits may be subject to frequency limitations. Please review your Benefit Summary for details, plan exclusions and limitations.





# Dental plan options



# Dental Preferred Provider Organization (DPPPO)



**Network:** Select any licensed dentist, but see bigger savings if you use a dentist in the Cigna Dental network.



**Specialist:** See a specialist without a referral



**Deductible:** An annual amount that may apply to covered services before your plan begins to pay.



**Coinsurance:** Once you meet your deductible and satisfy any applicable waiting period, this is the portion you will pay of your covered dental care costs.



**Coverage:** The amount paid by your plan depends on:

- The coinsurance level for the service you receive
- The dentist you visit
- Whether you've paid your deductible and/or reached your maximum



**Maximums:** Once you reach the plan's calendar year dollar and/or any applicable lifetime maximum, your plan will no longer pay a portion of your costs during that plan year.



# Your coverage: DPPO Base

## Percentage your plan pays

	<b>Cigna DPPO: Base</b>	<b>Out-of-network<sup>1</sup></b>
Class I – Preventive care	100%, No deductible	100%, No deductible
Class II – Basic restorative <sup>2</sup>	80%, After deductible	80%, After deductible
Class III – Major restorative <sup>2</sup>	50%, After deductible	50%, After deductible
Class IV – Orthodontia <sup>2</sup>	Not Covered	Not Covered
	<b>Individual</b>	<b>Family</b>
Annual deductible	\$100	\$300
Calendar-year dollar maximum	\$1500, Class I Applies	\$1500, Class I Applies

1. The amount your plan will pay for covered services received [through the Cigna DPPO network and] out-of-network will be subject to your plan's [Maximum Reimbursable Charge or Maximum Allowable Charge] provisions. When [visiting a dentist in the Cigna DPPO network or] going out-of-network, you may be balance-billed by the dentist for any charges that exceed what your plan reimburses for covered expenses.
2. All group dental plans and insurance policies have exclusions and limitations. For costs and details about the services covered under your plan, review your enrollment materials. Dentists who participate in Cigna Healthcare's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna Healthcare.



# Your coverage: DPPO Buy Up

## Percentage your plan pays

	Total Cigna DPPO Buy Up	Out-of-network <sup>1</sup>
Class I – Preventive care	100%, No deductible	100%, No deductible
Class II – Basic restorative <sup>2</sup>	90%, After deductible	80%, After deductible
Class III – Major restorative <sup>2</sup>	60%, After deductible	50%, After deductible
Class IV – Orthodontia <sup>2</sup>	50%, No Ortho Deductible	50%, No Ortho Deductible
	Individual	Family
Annual deductible	\$150	\$150
Calendar-year dollar maximum	\$2000, Class I Applies	\$2000, Class I Applies
Lifetime maximum: Orthodontia	\$1500	\$1500

1. The amount your plan will pay for covered services received [through the Cigna DPPO network and] out-of-network will be subject to your plan's [Maximum Reimbursable Charge or Maximum Allowable Charge] provisions. When [visiting a dentist in the Cigna DPPO network or] going out-of-network, you may be balance-billed by the dentist for any charges that exceed what your plan reimburses for covered expenses.

2. All group dental plans and insurance policies have exclusions and limitations. For costs and details about the services covered under your plan, review your enrollment materials. Dentists who participate in Cigna Healthcare's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna Healthcare.



# Enrollment



# Enrollment checklist



**Before you decide, take these steps to learn more about your health plan — and your health. This checklist will help you choose wisely.<sup>1</sup>**

- ✓ Think about your health history and health care needs.
- ✓ On average, how much do you spend on health care? How might that change in the upcoming year?
- ✓ Check the provider directory on **Cigna.com** to see if your health care providers participate in our network.
- ✓ Review your Summary of Benefits for specific plan details.
- ✓ Enroll in your HSA and decide how much you would like to add to your account. Check IRS.gov for contribution limits.
- ✓ If you are approaching age 65 and exploring Medicare, call Cigna’s Medicare Concierge Services at 1.866.317.4116 (TTY 711) to learn more.<sup>2</sup>
- ✓ Review the medications on your plan’s online drug list at [Cigna.com/druglist](https://Cigna.com/druglist) or [myCigna.com](https://myCigna.com).

1. This information is for educational purposes only.

2. [This information is not a complete description of benefits, which vary by individual plan. You must live in the plan’s service area. Contact the plan for more information. Cigna Healthcare contracts with Medicare to offer HMO and PPO plans and Part D Prescription Drug Plans (PDP) in select states, and with select State Medicaid programs. Enrollment in Cigna Healthcare depends on contract renewal.]



# Support to Improve Your Health and Well-being

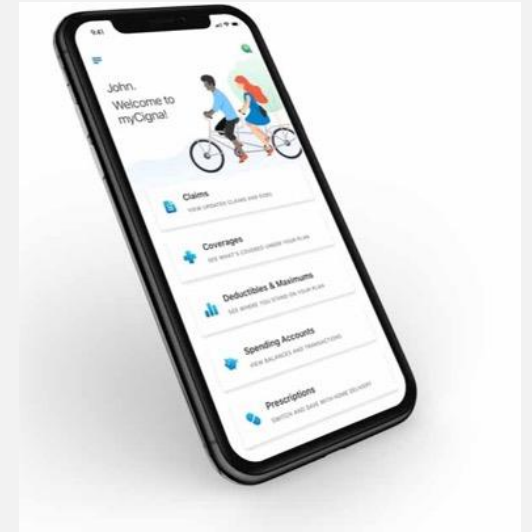
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974335 09/23



## 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 orders<sup>2</sup> or talk with a pharmacist
- Use the Price a Medication feature to explore medication costs<sup>3</sup>



 Download the **myCigna®** app and access your account.<sup>1</sup>

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.]



# 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.

# Health Information Line



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

- Offers access to a trained clinician<sup>1</sup> 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



**Chat via myCigna.com<sup>®</sup> website or app Mon-Fri 9:00 am – 8:00 pm EST<sup>2</sup>**

- 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.

# Cigna Healthy Rewards® Program<sup>1</sup>

**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.



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# Omada<sup>®</sup> for Cigna Healthcare<sup>®</sup><sup>1</sup>

## Omada is a digital lifestyle change program focused on building healthy, long-lasting habits.

- Designed to help you lose weight, gain energy and reduce the risks of type 2 diabetes and heart disease
- Surrounds you with the tools and support you need to make lasting, meaningful changes to the way you eat, move, sleep and manage stress — one small step at a time
- Teaches healthy habits — guided by interactive online lessons and support groups, professional health coaching and a digitally connected scale
- Receive the program at no additional cost if you or your covered adult dependents are enrolled in the company medical plan offered through Cigna Healthcare<sup>®</sup>, are at risk for type 2 diabetes or heart disease, and are accepted into the program

1. The Omada<sup>®</sup> program is administered by Omada Health, Inc., an independent third-party service provider. Cigna Healthcare does not endorse or guarantee the products or services of any third parties and assumes no liability with respect to any such products or services.



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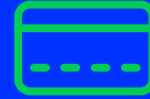


## Monitor, alert, and fix

Identity theft impacts both the **financial** and **emotional** well-being of victims.

That's why Cigna Healthcare teamed up with IdentityForce® to offer its services as part of your medical coverage at **no additional cost**.<sup>1</sup> The identity theft protection provides monitoring, alerts, and restoration services.

1. The program and services are provided by an independent company/entity and not by Cigna Healthcare. Program and services are subject to all applicable program terms and conditions. Program availability is subject to change.



## Proactive protection and restoration

- Credit monitoring and tracking
- Bank and credit card activity alerts
- Fraud monitoring
- Credit report monitoring
- Credit score simulator
- Restoration services
- Identity theft insurance

# Virgin Pulse offered through Cigna Healthcare

## How it works:

Tap into a well-being program that helps you achieve your health goals through a fun and engaging experience. Virgin Pulse puts powerful resources at your fingertips – at no additional cost to you.<sup>1</sup>

- **Personalize your experience:** Connect your activity tracker and set topics of interest.
- **Complete a Health Check:** Answer questions to get a health score and learn about possible risks.
- **Track your Healthy Habits:** Follow a healthy routine by taking small steps.
- **Stay motivated:** You can invite up to 10 friends and family members outside of work.
- **Participate in fun challenges:** Join coworkers and motivate each other to build new healthy habits.

1. The program and services are provided by an independent company/entity and not by Cigna Healthcare. Program and services are subject to all applicable program terms and conditions. Program availability is subject to change.



# Here for you 24/7/365



## By phone at (888) 806-5094

Call any time, day or night, for live customer service

- Request a Spanish-speaking representative; interpreter service is available in more than 200 languages
- Speak with a nurse advocate<sup>1</sup> any time, day or night, through Cigna's Health Information Line



## myCigna.com® website or app

- Find in-network providers and facilities
- View your coverage and claims
- Track account balances and deductibles
- Compare costs between providers and facilities for common procedures
- Click to chat available weekdays, 7:00am – 6:00pm EST

1. These 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.

# Questions and answers



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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