

Connect Network service area for North Mississippi

Alcorn, Benton, Calhoun, Chickasaw, Clay, Itawamba, Lee, Lowndes, Monroe, Pontotoc, Prentiss, Tippah, Tishomingo, Union, and Webster counties.

Effective 01/01/23, Cigna Connect IFP will expand to the following counties: DeSoto, Marshall, Tate, and Tunica counties.



- Connect Network service area
- ★ Hospital locations

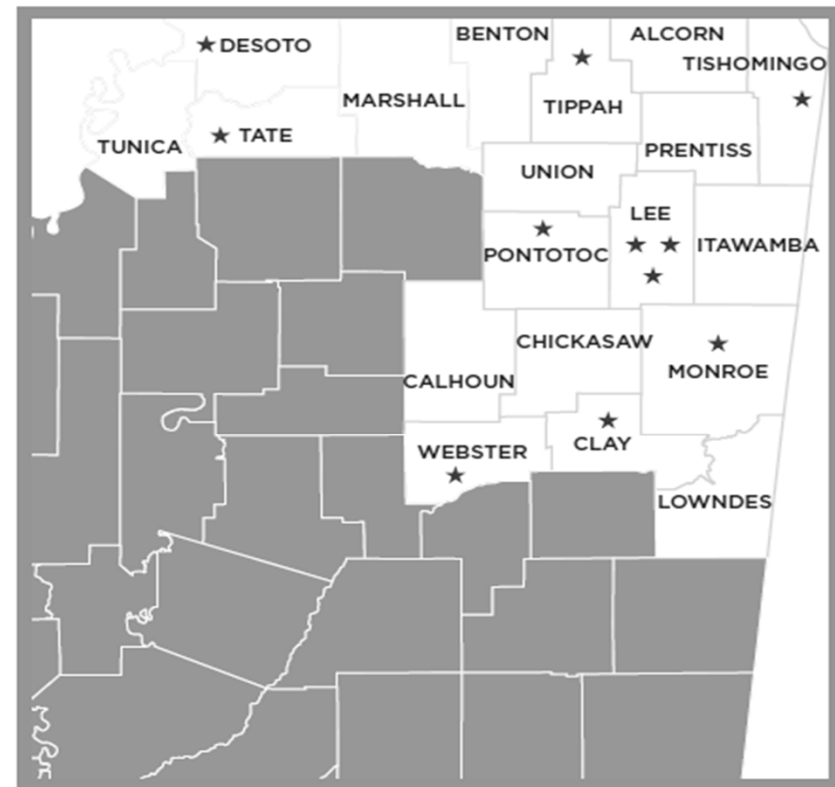
Major Hospital Systems

- › Methodist Olive Branch Hospital
- › Highland Hills Hospital
- › Clay County Medical Center
- › North Mississippi Medical Center
- › NMMC Cancer Center
- › NMMC Gilmore-Amory
- › NMMC Women's Hospital
- › Pontotoc Health Services
- › Tippah County Hospital
- › Tishomingo Health Services
- › Webster Health Services

Major Physician Groups

- › Methodist Medical Group
- › Connected Care Partners

This listing is not all inclusive. For a complete listing of physicians or facilities, please refer to the health care provider directory.



Cigna Connect IFP

Key features



**Primary care provider (PCP)
selection encouraged,
not required**
(Exception: IL)

**Referrals encouraged,
not required**
(Exceptions: IL)

**No
out-of-network
benefits**

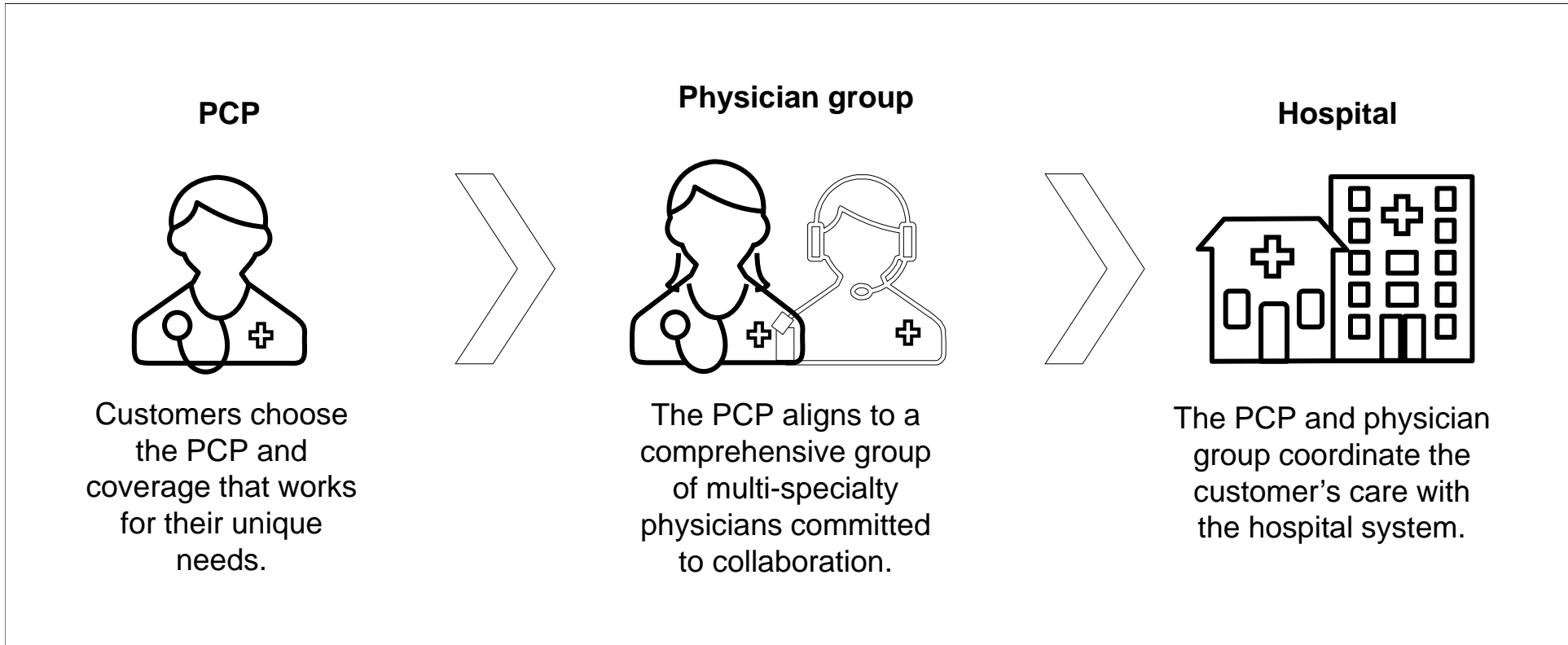
**No
away-from-home
care**

**In- and out-of-
network coverage for
emergency care***

* For emergency medical conditions as defined in the plan documents.



How it works



2023 Medical + Pharmacy

Changes at a glance

- **Zero Cost Share** (PCP and/or Medical Deductible)
 - Offer **\$0 PCP** plans across all metallic levels in all states *except* GA & MS
 - **Varying Deductible:**
 - **\$0 Combined deductible (Med + Rx)** offered in FL, TN, & TX
 - **\$0 Medical Deductible** offered in all states *except* KS
 - **Split Deductible (Med + Rx)** plans offered in IN, TX, UT, & VA
- **CO** offering **limited office visit (LOV) PCP copay** at Bronze – *\$0 for the first 3 visits, then \$50 after deductible*
- **Copay Flexibility** for **OP Lab** – first dollar coverage (copay), deductible waived available on select plans in all markets *except* KS & MO
- **MDLive Virtual Care** enhancements to include “**Routine Visits**” (common conditions and ailments) with MDLIVE’s Primary Care Physicians – cost share will match PCP office visit
 - Continuing benefits – no cost **Wellness Screenings; Dermatology** at SPC cost share; **Behavioral Health** at same in-person copay
- Select plans will add a copay for **ER services** in all markets *except* TN – copay will be greater than \$500 for richer plans with lower deductibles
- **Inpatient copay per day** added in select markets – applies to length of stay ranging from 3 to 5 days (based on MOOP)
- **Pharmacy copay cost share guidelines** (*Applicable to copay only, not coinsurance cost share*)
 - Tier 1 Preferred Generic copay range of **\$0 - \$3**
 - Tier 2 Generic copay range of **\$10 - \$30**
 - Tier 3 Preferred Brand copay range of **\$100 - \$150** and/or copay after deductible (based on market parity)
 - Tiers 1, 2, and 3 Mail Order prescriptions at 2.5x retail cost (typically 3x) *except* CO, GA, IL, MS, PA, TN
- **CO Rx Revised Tier Structure** – Tier 1 will be referred to as “ACA Preventive Care Drugs”



2023 Medical + Pharmacy

Changes at a glance

- **PCPs** will be encouraged, no longer auto-assigned¹
- **Referrals** encouraged, not required¹
- **Bronze HSA plans** now in all markets *except* MS
 - Offering 100%, 50% and 30% plan designs; all benefits are subject to ded/coins except Preventive (PA also offering at Silver)
- **Off-Exchange only** plans available in all markets *except* GA, MO, & MS
- **Gold ICHRA Off-Exchange** only plans
 - Offered in AZ, IN, PA, TN, & UT (*removed* from FL & MO)
- **Silver Off-Exchange** only plans (rich & lean)
 - Continue in all states *except* CO, GA, MO, MS, & TX²
- **Cigna Simple Choice** – CMS required standardized plans at every metal in every market *except* CO & PA³
 - Plan designs will be the same in all markets and with all carriers
 - First dollar coverage on office visits, therapies, and pharmacy benefits
 - Rx Tier 1 & Tier 2 will have same copay to accommodate 4 tier structure benefit design
 - Goal is for simplified benefits to increase customer satisfaction – *a standard plan option*

1. Not applicable in IL
2. CO offers separate off-exchange only plans to meet state requirements.
3. CO offers separate standardized plans to meet state requirements. PA is a state based exchange and at this time does not have a standardized plan requirement.



CONDITION SPECIFIC PLANS

Cigna Connect Enhanced Diabetes Care

Cigna Connect Enhanced Asthma Care

- Plans will be offered at all metallic levels for 2023
 - Depending on the state, condition specific plans are available at different metal levels to allow for customer choice that will best fit their budget
- No changes to the \$0 or low cost sharing to the condition specific services/benefits for either the Enhanced Diabetes Care or Enhanced Asthma/COPD plans for 2023

All Cigna IFP plans continue to include additional savings for insulin costs and diabetes care:

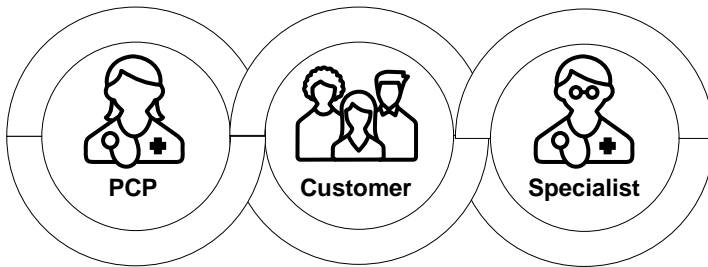
- \$25 out-of-pocket cost or less, for a 30-day supply of covered, eligible insulin and some medications for type 2 diabetes (*discounts with the Patient Assurance Program, not available for Enhanced Diabetes Care Plan Customers*)
- \$0 for diabetes supplies on the Cigna drug list*
- \$0 for diabetes management training*
- \$0 for select labs/exams*

**Customers in HSA plans will need to meet their deductible before cost sharing is \$0 for diabetes care benefits.*



Referrals are encouraged

(Not applicable in Illinois)



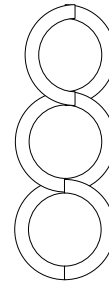
To support coordination of care, PCPs are encouraged to work with their patients to refer them to Connect network-participating specialists.



These plans require enrolled customers use Connect network-participating only providers.



Providers should search the online IFP provider directory at Cigna.com/ifp-providers to find participating providers, hospitals and other providers.




The PCP and specialist are expected to stay connected and informed on the patient's treatment plan.



PCP selection is not required

(not applicable in Illinois)

 <p>Types of PCPs</p> <ul style="list-style-type: none">• Family practitioners• General practitioners• Internists• Pediatricians• Nurse practitioners*	<p>PCP selection</p> <p>Customers with Cigna Connect coverage are encouraged** to select a PCP for themselves and each enrolled family member. The name of the PCP will not be printed on the ID card.***</p> <p>Customers:</p> <ul style="list-style-type: none">• Will be auto-assigned a PCP during enrollment if they do not select one.• Can change their PCP selection at any time.• Can use a network-participating PCP other than the one shown on their card and receive the same level of coverage.• Will receive a letter when their PCP is no longer part of the Connect Network.
<p>The customer can choose a different PCP for each enrolled family member.</p>	

* Family nurse practitioner, adult nurse practitioner, or pediatric nurse practitioner (when state mandated or identified in the health care professional directory as a PCP).

** PCPs are still required in the Illinois market.

*** Exceptions: Illinois.



Referrals to specialists and precertification requests

PCP and specialist referral responsibilities

PCPs are encouraged to make referrals to Connect Network-participating specialists for their patients who have Cigna Connect IFP coverage.*

When making referrals, they should visit the IFP provider directory at Cigna.com/ifp-providers to find participating physicians, hospitals, and other providers.

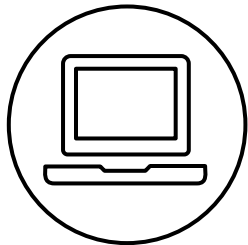
Specialists can confirm referrals either by:

- › The PCP's written referral presented by the customer **or**
- › Calling Cigna Customer Service at **866.494.2111**.

They should ensure receipt of the PCP's referral prior to the office visit.

Referral and precertification submission options include:

- › **Using a practice management system or vendor** via the ANSI 278 EDI transaction.
- › **Phone: 866.494.2111**
- › **Fax: 866.873.8279**. Obtain a referral form on the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Forms Center > Medical Forms OR Cigna.com/PhysicianReferralForm.
- › **Mail:** Cigna , Attn: Precertification and Referral Dept., 2nd Floor, 1640 Dallas Parkway, Plano, TX 75093



Precertification is not required for emergency services. However, emergency services that result in an inpatient hospital admission must be reported within one business day of the admission unless dictated otherwise by state mandate. This is not a complete listing of precertification requirements.

* Exception: IL requires referrals from PCPs.

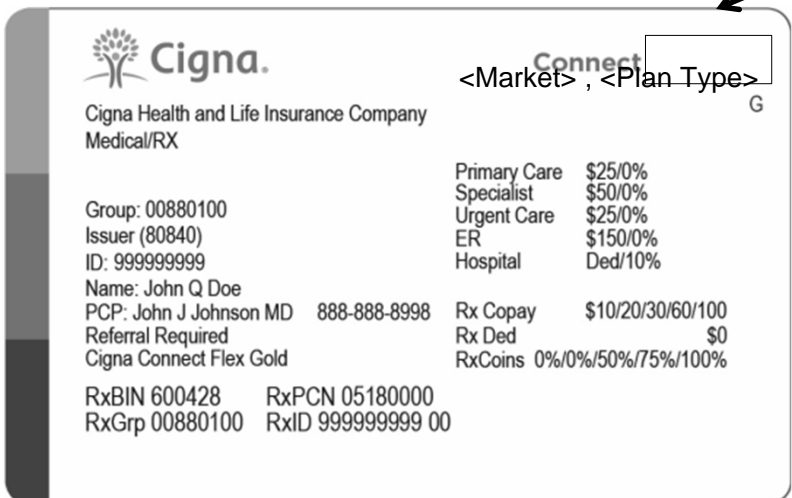


Connect Network

Sample ID card images*

Effective 1/1/2021 Cigna Connect ID cards will no longer include PCP names;
Cards will show "Referral not required"*

Identifies the network



Cigna.
Cigna Health and Life Insurance Company
Medical/RX

Group: 00880100
Issuer (80840)
ID: 999999999
Name: John Q Doe
PCP: John J Johnson MD 888-888-8998
Referral Required
Cigna Connect Flex Gold

RxBIN 600428 RxPCN 05180000
RxGrp 00880100 RxID 999999999 00

Connect

<Market> , <Plan Type>

Primary Care	\$25/0%
Specialist	\$50/0%
Urgent Care	\$25/0%
ER	\$150/0%
Hospital	Ded/10%

Rx Copay	\$10/20/30/60/100
Rx Ded	\$0
RxCoins	0%/0%/50%/75%/100%

G

You may have to show this card when you receive care. This doesn't guarantee coverage. Not using this card correctly is fraud. For emergencies, call 911 or get immediate care. Contact your doctor after you get emergency services. If you don't know if your situation is an emergency, call your doctor or our 24/7 Health Information Line. **Customers:** Check your plan documents for out-of-network (OON) precertification requirements. This may affect your OON benefits. **Health Care Professionals:** Check your provider contract for precertification requirements.

Customers: myCigna.com
Health Care Professionals: CignaforHCP.com
Reserved for Network Claims Address if required - this addressing wraps to 2 lines.
Medical Claims: PO Box 188061 Chattanooga, TN 37422-8061 Payer ID #62308
Dental Claims: Cigna Dental PO Box 188037 Chattanooga, TN 37422-8037 Payer ID #62308
Rx Claims: Pharmacy Service Center, PO Box 188053, Chattanooga TN 37422-8053
For Premium, Billing and Enrollment Questions please call: 1-877-900-1237 (On Exchange)
1-877-484-5967 (Off Exchange)

Customers & Health Care Professionals call 1-866-494-2111
Routine Vision Health Care Professionals call 1-877-478-7557
For Pharmacists Only 800-351-9170


619 Mask 606 and 607 Issue Date: 01/01/2016

- * For illustrative purposes only.
- ** If a patient doesn't have a printed ID card, you can identify his or her plan and network by accessing one of our electronic tools or by calling Customer Service.
- ***Referrals are only required in the Illinois market.



ID card effective 1/1/2022

Mississippi Connect

		Mississippi Connect	
Cigna Health and Life Insurance Company Medical/Rx		G	
Group: 00885999		Primary Care \$15-0%	
Issuer (80840)		Specialist Ded-15%	
ID: 188888888		Urgent Care \$50-0%	
Name: JOHN MS DOE		ER Ded-15%	
		Hospital Ded-15%	
Mississippi Connect			
RxBIN 017010	RxPCN 05180000		
RxGrp 00885999	RxID 188888888 00		

You may have to show this card when you receive care. This doesn't guarantee coverage. Not using this card correctly is fraud. For emergencies, call 911 or get immediate care. Contact your doctor after you get emergency services. If you don't know if your situation is an emergency, call your doctor or our 24/7 Health Information Line. **Customers:** Your plan may limit or exclude out-of-network (OON) benefits. Check your plan documents for precertification or other requirements that may apply to services from OON Providers. **Health Care Professionals:** Check your provider contract for precertification requirements.

Customers: myCigna.com Health Care Professionals: CignaforHCP.com

Medical Claims PO Box 188061 Chattanooga, TN 37422-8061 Payer ID #62308

Rx Claims: Pharmacy Service Center, PO Box 188053, Chattanooga TN 37422-8053
 For Premium, Billing and Enrollment Questions please call: 1-877-900-1237
 For Benefit and Claim questions please call: 1-866-494-2111

For Pharmacists Only 800-351-9170

R619A (1/16) Mask 606 Issue Date: 08/24/21

- * For illustrative purposes only.
- ** If a patient doesn't have a printed ID card, you can identify his or her plan and network by accessing one of our electronic tools or by calling Customer Service.



PLANS PURCHASED ON-MARKETPLACE



Financial assistance on the health insurance marketplace

Advanced Premium Tax Credit (APTC)

- Customer's income must be between 100% and 400% of the federal poverty level to qualify.
- **Payer** receives direct payment from the government on a monthly basis to apply towards monthly premiums, **or** **Customer** receives a tax credit.
- **Customers** who qualify for an APTC and **choose to have the government send a direct payment to the payer** also qualify for the 90-day premium grace period.

Cost-sharing subsidies

- Lower cost-sharing on the plan (e.g., lower copayments, lower deductibles, lower out-of-pocket maximum).



Premium grace period

<p>Customers who purchase health care coverage on-Marketplace, and receive federal premium assistance, may be entitled to an extended grace period to pay their premiums.</p> <p>Physician offices should develop a policy to address this possibility.</p>	Days	<ul style="list-style-type: none"> • Claims for customers with unpaid premiums will be paid by Cigna. • Cigna will not attempt to recoup claim payments should premiums go unpaid.
	1 to 30	
	Days	<ul style="list-style-type: none"> • Claims incurred during the extended grace period (days 31-90) for premium subsidized customers will be pended until full premium payment is made.
	31 to 90	
	Days	<ul style="list-style-type: none"> • Claims for premium subsidized customers with unpaid premiums will be denied. • Customer is subject to a waiting period before reenrolling with Cigna.
	91+	



Pended claims during grace period

Health care providers can determine if a claim is pended due to an unpaid premium within the 90-day grace period using one of the methods below.*

<p align="center">CignaforHCP.com</p>	<p align="center">Eligibility & Benefit (270/271) Inquiry & Response electronic data interchange (EDI) transaction</p>
<p align="center">Message on the Coverage Details screen “Eligibility pending for verification of premium payment”</p>	<p align="center">Eligibility or Benefit Information Code “5” will be returned, meaning “active – pending investigation”</p> <p>Example EB*5**30**Choice Fund HRA Open Access Plus~MSG*Eligibility pending for verification of premium payment</p>

* You can also call Cigna Customer Service at **866.494.2111**.

