



# HMO

The quality care you need at an affordable price.

Cigna's HMO plan is designed to be more affordable and personal by offering a local network of quality health care providers and hospitals who work together to support your whole health needs.

## Here's how it works.

- › **Primary care provider (PCP)** – You need to choose a PCP as your personal health care provider. Each family member covered through your plan can choose his or her own PCP and can change them at any time.
- › **In-network** – To receive coverage under your plan, you must choose a PCP who is in the Cigna network and receive all of your care through that PCP.
- › **Referrals for specialist care** – Your PCP will refer you to a specialist when one is needed. You do not need a referral for OB/GYN, behavioral or emergency services.  
You may need prior authorization for hospital stays and some types of outpatient care. There's no paperwork for you to fill out.
- › **Out-of-network** – If you see a provider who is not in the network, you will not receive coverage except in emergencies.
- › **Emergency and urgent care** – When you need care, you have coverage.

## Added convenience and support.

- › **24/7/365 service** – Customer service representatives are here for you where and when you need us – over the phone, via chat at **myCigna.com** or on the myCigna® App. Translation services are also available in more than 200 languages.

- › **Health Information Line** – Clinicians are just a phone call away – 24/7, and at no extra cost. They can help you understand health issues you might be experiencing, and help you to make informed decisions – whether it's reviewing home treatment options, following up on a provider's appointment, or choosing and finding the right care in the right setting.
- › **Access to myCigna.com**
  - **Learn** more about your plan and the coverage and programs that come with it.
  - **View** claims history and account transactions; print claim forms.
  - **Find** information and estimate costs for medical procedures and treatments.
  - **Compare** hospitals by number of procedures performed, patients' average length of stay and cost.
- › **Virtual Care** – Connect 24/7 with board-certified providers and pediatricians for minor medical conditions. You can also schedule online appointments for licensed counselors or psychiatrists for behavioral health conditions. You and your covered family members can get care from anywhere via video or phone.\*
- › **Healthy Rewards**\*\*\* – Discounts on weight management and fitness programs, along with a host of alternative wellness and preventive products and services.

Together, all the way.®



# Q&A

## **Do I have to choose a PCP?**

Yes. Having your care coordinated by a PCP can help you maintain better health. You must receive all of your care through your PCP for your plan to cover the services (except for OB/GYN services). If you see a provider who is not in the network, you will not receive coverage under your plan except in emergencies.

## **How does my plan cover my care?**

When you receive care through your in-network PCP, you receive in-network coverage with lower out-of-pocket costs.

If you visit a provider who is not in the network, your care will not be covered by your plan, except in emergencies.

## **What if my provider is on the list, but his or her office is shown as “accepting current patients only”? Can I still choose my provider as my PCP?**

If you are an existing patient of a provider who is in the Cigna network, you may select him or her as your PCP.

## **What if my provider isn’t on your list?**

That means your PCP does not participate in our network. To ensure your care is covered, you should select a new PCP who is in the Cigna network.

## **What if I am in the middle of treatment and my provider isn’t in the network?**

You should select an in-network PCP who will review your medical history and work with you to complete your treatment. You can also ask Cigna for a review by a medical director. If Cigna finds that it is in your best interest to continue seeing your current provider to complete your treatment, you can still receive coverage under your plan.

## **What if a dependent moves out of the area?**

Dependents living outside the service area may be eligible for “guesting” if they are away from the local area for at least 60 days, but not longer than two years. Call the pre-enrollment line at **800.564.7642** for more information.

## **What if I need to see my provider and he or she is not available?**

You should contact the provider your PCP has asked to be on call in his or her absence. If you see the provider who is on call, the health care services you receive will be covered according to the terms of your plan.

## **Do I need a referral to see a specialist?**

### **How do I get a referral?**

Your PCP will determine if you need to see a specialist and will refer you when one is needed. You do not need a referral for OB/GYN, behavioral or emergency services.

## **What if I see a specialist regularly for ongoing treatments? Do I need a referral for each visit?**

You must have a referral from your PCP before any specialist visit. When you see a specialist, you’re authorized to receive coverage only for the specific services approved by the referral. You should contact Cigna before receiving additional care to make sure that the services are still covered.

### **Want to check if your provider is in the Cigna HMO network before you enroll?**

Just go to **Cigna.com** and click on “Find a Provider, Dentist or Facility” and then click on “Plans through your employer or school” to search the provider directory.

\* Not all plans include coverage for behavioral services. Check your plan documents for details. Cigna provides access to virtual care through national telehealth providers as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan's network and may not be available in all areas.

A primary care provider referral is not required for this service. In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all prescription drugs are covered. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.

\*\* Healthy Rewards is a discount program. If your plan includes coverage for any of these services, this program is in addition to, not instead of your plan benefits. Healthy Rewards programs are separate from your medical benefits. A discount program is NOT insurance, and the customer must pay the entire discounted charge. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time.

All group health maintenance organization (HMO) plans contain exclusions and limitations. For costs and complete details of coverage, see your evidence of coverage or your employer's insurance certificate, group service agreement or summary plan description. Health care providers and facilities that participate in Cigna's network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna.

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