

# Cigna Healthcare National Preferred Prescription Drug List

Coverage as of January 1, 2024

## About this drug list

This is a list of some of the most commonly prescribed medications covered on the Cigna Healthcare<sup>SM</sup> National Preferred Prescription Drug List as of January 1, 2024.

## Here's some helpful information about this drug list:

- Medications are **listed alphabetically** by condition.
- **Generic medications are listed in all lowercase letters** and brand-name medications are listed in all capital letters.
- This **isn't a full list** of medications covered on the Cigna Healthcare National Preferred Prescription Drug List. Log in to the **myCigna**<sup>®</sup> App<sup>1</sup> or **myCigna.com**<sup>®</sup>, or check your plan materials, to see all of the medications your plan covers.

## Abbreviations next to medications

In this drug list, medications that have limits and/or extra coverage requirements have an abbreviation listed next to them.\* Here's what they mean.

- **Prior Authorization:** Certain medications need approval from Cigna Healthcare before your plan will cover them. These medications have a **(PA)** next to them.

Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna Healthcare.

- **Quantity Limits:** Some medications have a quantity limit. This means your plan will only cover up to a certain amount over a certain length of time. These medications have a **(QL)** next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna Healthcare.
- **Step Therapy:** Certain high-cost medications aren't covered until you try one or more lower-cost alternatives first.\*\* These medications have a **(ST)** next to them. You have many covered options to choose from, and they're used to treat the same condition.
- **Age Requirements:** Certain medications will only be covered if you're within a specific age range. These medications have **(AGE)** next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna Healthcare.

\* These coverage requirements may not apply to your specific plan. Log in to the myCigna App or myCigna.com, or check your plan materials, to find out if your plan includes prior authorization, quantity limits, Step Therapy and/or age requirements.

\*\* If your doctor feels an alternative isn't right for you, he or she can ask Cigna Healthcare to consider approving coverage of your medication.

## View the drug list online

This document was last updated on 10/01/2023.\* You can go online to see the most up-to-date list of medications your plan covers.



**myCigna® App or myCigna.com®.** Click on the Find Care & Costs tab. Then select Price a Medication, and type in your medication name.



**Cigna.com/druglist.** Select your drug list name – **National Preferred** – and tier (for example: 3 Tier, 4 Tier, 5 Tier, 6 Tier) from the dropdown menu. Then type in your medication name or view the full list.

## Questions?

- **myCigna.com:** Click to Chat - Monday-Friday, 9:00 am-8:00 pm EST.
- **By phone:** Call the toll-free number on your Cigna Healthcare ID card. We're here 24/7/365.

## Cigna Healthcare National Preferred Prescription Drug List

### AIDS/HIV

BIKTARVY  
CIMDUO  
DESCOVY  
DOVATO  
GENVOYA  
JULUCA  
ODEFSEY  
PREZISTA  
SYMFI  
SYMFI LO  
SYMTUZA  
TEMIXYS  
TRIUMEQ  
TRIUMEQ PD

### Allergy/Nasal Sprays

AUVI-Q (PA, QL)  
azelastine (QL)  
epinephrine auto-injector (QL) (by MYLAN, TEVA)  
EPIPEN, EPIPEN JR (PA, QL)  
fluticasone nasal spray (QL)  
GRASTEK (PA)  
hydroxyzine  
hydroxyzine pamoate  
ipratropium (QL)

mometasone (QL, ST)  
ODACTRA (PA)  
ORALAIR (PA)  
promethazine  
RAGWITEK (PA)  
SYMJEPI (QL)

### Alzheimer's Disease

NAMZARIC (ST)

### Anxiety/Depression/ Bipolar Disorder

alprazolam  
amitriptyline  
bupropion  
bupropion sr (QL)  
bupropion xl (QL, ST)  
buspirone  
citalopram tablet (QL)  
citalopram solution  
desvenlafaxine er (QL, ST)  
duloxetine (QL, ST)  
escitalopram (QL, ST)  
FETZIMA (QL, ST)  
fluoxetine (ST)  
lorazepam tab, oral conc.  
mirtazapine  
paroxetine tablet (QL)

paroxetine suspension (ST)  
sertraline tablet (QL)  
sertraline oral conc.  
trazodone  
venlafaxine er tab (QL, ST)  
venlafaxine er cap (QL)

### Asthma/COPD/Respiratory

ADEMPAS (PA, QL)  
ADVAIR HFA (PA, QL)  
albuterol  
albuterol hfa (QL) (by CIPLA, PAR, PERRIGO, PROFICIENT RX & TEVA)  
ANORO ELLIPTA (QL)  
ARNUIITY ELLIPTA (QL)  
ASMANEX (QL)  
ASMANEX HFA (QL)  
BREO ELLIPTA (PA, QL)  
BREZTRI AEROSPHERE (QL)  
budesonide (QL)  
COMBIVENT RESPIMAT (QL)  
DULERA (PA, QL)  
FASENRA PEN (PA, QL)  
montelukast  
NUCALA (PA, QL)  
OFEV (PA, QL)  
OPSUMIT (PA, QL)  
QVAR REDHALER (QL)

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

^ Not all plans cover this medication. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan covers it.

## Asthma/COPD/Respiratory

(Cont.)

SPIRIVA HANDHALER (QL)  
SPIRIVA RESPIMAT (QL)  
STIOLTO RESPIMAT (QL)  
SYMBICORT (PA, QL)  
tadalafil (PA, QL)  
TEZSPIRE (PA, QL)  
TRACLEER (PA, QL)  
TRELEGY ELLIPTA (QL)  
TYVASO DPI (PA)  
UPTRAVI (PA, QL)  
XOLAIR (PA, QL)  
YUPELRI (QL)

## Attention Deficit Hyperactivity Disorder

atomoxetine  
DAYTRANA (ST)  
dexmethylphenidate er  
dextroamphetamine/amphetamine  
dextroamphetamine/amphetamine er  
guanfacine er  
methylphenidate  
methylphenidate er cap (ST)  
MYDAYIS (ST)  
VYVANSE (ST)

## Blood Modifiers/ Bleeding Disorders

DOPTELET (PA, QL)  
EMPAVELI (PA)  
FULPHILA  
PROMACTA (PA)  
TAVALISSE (PA, QL)  
ZIENTENZO (PA, QL)

## Blood Pressure/ Heart Medications

amlodipine  
amlodipine/benazepril  
atenolol  
carvedilol  
clonidine  
diltiazem 24hr er (cd)  
enalapril oral soln., tab  
ENTRESTO (QL)  
hydralazine  
irbesartan  
labetalol

lisinopril  
lisinopril/hctz  
losartan  
losartan/hctz  
metoprolol  
metoprolol succinate  
nifedipine er  
olmesartan  
olmesartan/hctz  
propranolol  
propranolol er  
ramipril  
TAKHZYRO (PA, QL)  
TEKTRUNA HCT  
valsartan/hctz  
VERQUVO (QL)

## Blood Thinners/Anti-clotting

BRILINTA  
clopidogrel  
ELIQUIS  
FRAGMIN  
warfarin  
XARELTO

## Cancer

ALECENSA (PA, QL)  
ALUNBRIG (PA, QL)  
anastrozole  
BOSULIF (PA, QL)  
CABOMETYX (PA, QL)  
CALQUENCE (PA, QL)  
COMETRIQ (PA, QL)  
COTELLIC (PA, QL)  
ERIVEDGE (PA, QL)  
ERLEADA (PA, QL)  
EXKIVITY (PA, QL)  
GAVRETO (PA, QL)  
IMBRUVICA (PA, QL)  
INLYTA (PA, QL)  
JAKAFI (PA, QL)  
KISQALI (PA, QL)  
KISQALI FEMARA CO-PACK (PA, QL)  
LENVIMA (PA, QL)  
LORBRENA (PA, QL)  
LYNPARZA (PA, QL)  
MEKINIST (PA, QL)  
MEKTOVI  
methotrexate  
NINLARO (PA, QL)  
NUBEQA (PA, QL)

ODOMZO (PA, QL)  
PIQRAY (PA)  
REVLIMID (PA, QL)  
ROZLYTREK (PA, QL)  
RUBRACA (PA, QL)  
SCEMBLIX (PA, QL)  
SPRYCEL (PA, QL)  
STIVARGA (PA, QL)  
TAFINLAR (PA, QL)  
TALZENNA (PA, QL)  
tamoxifen  
TASIGNA (PA, QL)  
VERZENIO (PA, QL)  
VITRAKVI (PA, QL)  
VIZIMPRO (PA, QL)  
XALKORI (PA, QL)  
XTANDI (PA, QL)  
ZEJULA (PA, QL)  
ZELBORAF (PA, QL)

## Cholesterol Medications

atorvastatin (QL)  
fenofibrate (ST)  
LIVALO (QL, ST)  
lovastatin (QL)  
NEXLETOL (PA)  
NEXLIZET (PA)  
omega-3 acid ethyl esters (PA)  
pravastatin (QL)  
REPATHA (PA)  
rosuvastatin (QL)  
simvastatin (QL)  
VASCEPA (PA)

## Contraception Products

blisovi fe  
drospirenone-ethinyl estradiol  
estarylla  
junel fe  
KYLEENA  
MIRENA  
norgestimate-ethinyl estradiol  
SKYLA  
sprintec  
tri-sprintec

## Cold/Cough Medications

benzonatate  
brompheniramine-pseudoephed-dm  
promethazine-dm

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

^ Not all plans cover this medication. Log in to the [myCigna App](#) or [myCigna.com](#), or check your plan materials, to see if your plan covers it.

## Dental Products

chlorhexidine  
doxycycline  
triamcinolone

## Diabetes

ACCU-CHEK LANCETS  
AUTOSHIELD DUO NEEDLES  
BAQSIMI (QL)  
BASAGLAR  
BYDUREON (PA, QL)  
BYETTA (PA, QL)  
CEQUR SIMPLICITY  
DEXCOM G6, G7 RECEIVER (PA)  
DEXCOM G6 SENSOR, TRANSMITTER (PA, QL)  
DEXCOM G7 SENSOR (PA, QL)  
DROPLET GENTEEL LANCING DEVICE  
FARXIGA (QL, ST)  
FREESTYLE INSULINX, TEST STRIPS, LITE TEST STRIP  
FREESTYLE LIBRE READER (PA)  
FREESTYLE LIBRE SENSOR (PA, QL)  
glimepiride  
glipizide  
glipizide er  
GLUCAGON EMERGENCY KIT (QL)  
GLYXAMBI (QL, ST)  
GVOKE (QL)  
HUMALOG  
HUMALOG TEMPO PEN  
HUMULIN  
INSULIN SYRINGE, U-500  
JANUMET (QL, ST)  
JANUMET XR (QL, ST)  
JANUVIA (QL, ST)  
JARDIANCE (QL, ST)  
LYUMJEV  
LYUMJEV TEMPO PEN  
MEDTRONIC EXT INFUSION SET  
metformin tablet  
metformin solution (ST)  
metformin er (QL)  
MICROLET 2, NEXT LANCING DEVICE  
MINIMED NEEDLE  
MOUNJARO (PA, QL)  
MULTI-LANCET  
NANCO 2ND GEN PEN NEEDLE  
OMNIPOD PODS (QL)  
ONE TOUCH TEST STRIPS: ULTRA, VERIO

OZEMPIC (PA, QL)  
PARADIGM  
PRECISION XTRA  
QUICK-SET PARADIGM  
RYBELSUS (PA, QL)  
SAFETYGLIDE INSULIN SYRINGE  
SEGLUROMET (QL, ST)  
SEMGLEE (YFGN)  
SILHOUETTE  
SOLIQUA (QL)  
STEGLATRO (QL, ST)  
STEGLUJAN (QL, ST)  
SYMLINPEN (PA, QL)  
SYNJARDY (QL, ST)  
SYNJARDY XR (QL, ST)  
TOUJEO  
TRESIBA  
TRESIBA FLEXTOUCH  
TRIJARDY XR (ST)  
TRULICITY (PA, QL)  
ULTRA-FINE PEN NEEDLE  
VEO INSULIN SYRINGE  
V-GO  
XIGDUO XR (QL, ST)

## Diuretics

chlorthalidone  
furosemide  
hydrochlorothiazide  
KERENDIA (PA, QL)  
spironolactone  
triamterene/hctz

## Ear Medications

ofloxacin

## Eye Conditions

AZASITE  
CEQUA  
ciprofloxacin  
erythromycin eye ointment  
ketorolac  
latanoprost eye solution (PA)  
ofloxacin  
polymyxin b sul-trimethoprim  
prednisolone  
RESTASIS MULTIDOSE (PA, QL)  
XIIDRA (PA, QL)

## Gastrointestinal/Heartburn

CREON

dicyclomine  
esomeprazole (QL, ST)  
famotidine tab, susp  
lansoprazole dr 15 mg odt (QL, ST)  
lansoprazole dr 30 mg odt, capsule  
LINZESS (QL)  
MOVANTIK (QL)  
omeprazole (QL)  
ondansetron (QL)  
ondansetron odt (QL)  
PANCREAZE  
pantoprazole susp (ST)  
pantoprazole dr 20mg tab (QL)  
pantoprazole dr 40mg tab  
PENTASA 250MG CAP  
PHEBURANE (PA)  
RECTIV  
RELISTOR (ST)  
sucralfate  
SYMPROIC  
TALICIA (QL)  
TRULANCE  
UCERIS  
VARUBI (QL)  
VIBERZI  
VIOKACE  
ZENPEP

## Hormonal Agents

ANDRODERM (QL)  
ARMOUR THYROID  
COMBIPATCH  
dexamethasone  
dexamethasone day tab (PA)  
DUAVEE  
estradiol  
estradiol twice weekly (QL)  
GENOTROPIN (PA)  
levothyroxine  
levoxyl  
liothyronine  
medroxyprogesterone  
methylprednisolone  
MYFEMBREE (PA)  
np thyroid  
NORDITROPIN  
ORIAHNN (PA)  
ORILISSA (PA, QL)  
prednisolone sodium phosphate  
prednisone tab, soln.  
PREMARIN

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

^ Not all plans cover this medication. Log in to the [myCigna App](#) or [myCigna.com](#), or check your plan materials, to see if your plan covers it.

## Hormonal Agents (Cont.)

progesterone  
SOMAVERT (PA)  
testosterone cypionate

## Infections

acyclovir  
amoxicillin  
amoxicillin/clavulanate potassium  
ARIKAYCE (PA)  
azithromycin (PA)  
BARACLUDE SOLUTION  
BAXDELA (PA, QL)  
cefdinir  
cephalexin  
ciprofloxacin  
clindamycin  
doxycycline hyclate (PA, ST)  
doxycycline monohydrate (ST)  
EMVERM (QL)  
EPCLUSA (PA, QL)  
erythromycin  
fluconazole (QL)  
HARVONI (PA, QL)  
hydroxychloroquine 200mg tablet  
KITABIS PAK (PA, QL)  
levofloxacin (PA)  
metronidazole  
minocycline  
nitrofurantoin mono-macro  
nystatin  
oseltamivir (QL)  
penicillin vk  
SOLOSEC (QL)  
sulfamethoxazole/trimethoprim tab,  
susp  
terbinafine  
TOBI PODHALER (PA, QL)  
valacyclovir (QL)  
VEMLIDY  
VOSEVI (PA, QL)  
XACIATO  
XIFAXAN (QL)  
ZEPATIER (PA, QL)

## Miscellaneous

ACCU-CHEK SOFTCLIX, FASTCLIX  
LANCET DRUM  
AUSTEDO (PA, QL)  
AUSTEDO XR TITRATION KT (WKI-4) (PA, QL)

CARBAGLU (PA)  
CERDELGA (PA, QL)  
deferiprone (PA)  
DROPLET LANCETS  
MICROLET  
NITYR (PA)  
NUEDEXTA (PA)  
ONETOUCH DELICA PLUS LANCET  
ONETOUCH LANCETS  
ONETOUCH ULTRASOFT 2 LANCET  
PARADIGM SILHOUETTE  
PRECISION XTRA  
RADICAVA ORS (PA)  
SOFT TOUCH  
STRENSIQ (PA)  
SURE-T  
TECHLITE LANCETS  
TEGSEDI (PA, QL)

## Multiple Sclerosis

AVONEX (PA, QL)  
BAFIERTAM (PA, QL)  
BETASERON (PA, QL)  
FIRDAPSE (PA)  
glatopa (PA, QL)  
KESIMPTA (PA, QL)  
MAYZENT (PA, QL)  
PLEGRIDY (PA, QL)  
PONVORY (PA, QL)  
REBIF (PA, QL)  
REBIF REBIDOSE (PA, QL)  
VUMERITY (PA, QL)  
ZEPOSIA (PA, QL)

## Nutritional/Dietary

betaine anhydrous (PA)  
LOKELMA (QL)  
PHOSLYRA (QL)  
potassium chloride  
VELPHORO (QL)  
VELTASSA (ST, QL)

## Osteoporosis Products

alendronate (QL)  
FORTEO (PA, QL)  
TYMLOS (PA, QL)

## Pain Relief and Inflammatory Disease

acetaminophen/codeine (PA, QL)  
ACTEMRA (PA, QL)

AIMOVIG (PA, QL)  
AJOVY (PA, QL)  
allopurinol  
baclofen  
BELBUCA (QL, ST)  
butalbital/acetaminophen/caffeine  
celecoxib  
colchicine (ST)  
cyclobenzaprine  
CYLTEZO(CF) (PA, QL)  
diclofenac (ST, QL)  
DUPIXENT (PA, QL)  
EMGALITY (PA, QL)  
ENBREL (PA, QL)  
FLECTOR (QL, ST)  
HUMIRA (PA, QL)  
hydrocodone/acetaminophen (PA, QL)  
HYSINGLA ER (QL, ST)  
ibu  
ibuprofen susp, tablet  
ketorlac (QL)  
LICART (QL, ST)  
lidocaine patches (PA, QL)  
meloxicam (QL)  
methocarbamol  
MITIGARE  
naproxen tab  
NURTEC ODT (PA, QL)  
OTEZLA (PA, QL)  
oxycodone (PA, QL)  
oxycodone/acetaminophen (PA, QL)  
OXYCONTIN (QL, ST)  
QULIPTA (PA, QL)  
RASUVO (ST)  
RINVOQ (PA, QL)  
rizatriptan (QL)  
SAVELLA (QL, ST)  
SIMPONI (PA, QL)  
SKYRIZI (PA, QL)  
STELARA (PA, QL)  
sumatriptan ( QL)  
TALTZ (PA, QL)  
tizanidine  
tramadol (PA, QL)  
TREMIFYA (PA, QL)  
UBRELVY (PA, QL)  
XELJANZ (PA, QL)  
XELJANZ XR (PA, QL)  
ZOMIG 2.5MG NASAL (QL, ST)  
ZTLIDO (PA)

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

^ Not all plans cover this medication. Log in to the [myCigna App](#) or [myCigna.com](#), or check your plan materials, to see if your plan covers it.

## Parkinson's Disease

INBRIJA (PA, QL)  
ropinirole

## Schizophrenia/Anti-psychotics

aripiprazole solution  
aripiprazole tablet (QL)  
quetiapine (QL)  
risperidone solution  
risperidone tablet (QL)

## Seizure Disorders

clonazepam odt, tab  
DILANTIN 30MG CAPSULE  
EPIDIOLEX (PA)  
FYCOMPA  
gabapentin  
lamotrigine  
levetiracetam  
NAYZILAM (PA, QL)  
oxcarbazepine  
pregabalin  
topiramate  
topiramate er (ST)

## Skin Conditions

ADBRY (PA, QL)

CIBINQO (PA, QL)  
clindamycin (QL, ST)  
clobetasol (QL, ST)  
clotrimazole/betamethasone (QL)  
drop safe prep pads  
ENSTILAR (QL, ST)  
FINACEA 15% FOAM (ST)  
isotretinoin  
ketoconazole topical (QL, ST)  
metronidazole  
MIRVASO (PA)  
mupirocin (QL)  
ONEXTON (ST)  
REGRANEX (QL)  
SANTYL (QL)  
tacrolimus topical (QL, ST)  
tretinoin  
triamcinolone acetonide (QL, ST)

## Sleep Disorders/Sedatives

doxepin (QL, ST)  
eszopiclone (QL)  
LUMRYZ ER  
SODIUM OXYBATE (PA, QL)  
SUNOSI (PA, QL)  
XYWAV (PA, QL)  
zolpidem (QL)  
zolpidem er (QL)

## Smoking Cessation

bupropion sr (QL)

## Substance Abuse

buprenorphine/naloxone  
KLOXXADO (QL)  
NARCAN (QL)  
ZUBSOLV

## Transplant Medications

LUPKYNIS (PA, QL)  
tacrolimus

## Urinary Tract Conditions

finasteride  
GELNIQUE (QL)  
MYRBETRIQ  
oxybutynin er  
phenazopyridine  
tamsulosin

## Vaccines

PFIZER COVID VACCINE  
SHINGRIX

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

^ Not all plans cover this medication. Log in to the [myCigna App](#) or [myCigna.com](#), or check your plan materials, to see if your plan covers it.



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at [myCigna.com](#).

**Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.**

Cigna Healthcare reserves the right to make changes to this drug list without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna Healthcare may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna Healthcare. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

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. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.

948519 g NPF All Tiers Abridged 10/23 © 2023 Cigna Healthcare.

# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1.800.368.1019, 800.537.7697 (TDD)  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

## Proficiency of Language Assistance Services

**English** – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

**Spanish** – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

**Chinese** – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

**Vietnamese** – XIN LỜI Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

**Tagalog** – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

**Russian** – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

**Arabic** – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

**French Creole** – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

**French** – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

**Portuguese** – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

**Polish** – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

**Japanese** – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

**Italian** – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

**German** – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).