

CIGNA HealthCare Questions and Answers

Q: How can I find out if a provider and/or facility is participating with CIGNA HealthCare of Florida, Inc.?

A: You can locate participating physicians, specialists, dentists, pharmacies and hospitals closest to your home or work. Use the interactive, online Provider Directory at www.cigna.com to search by distance, location, physician or facility name and specialist. Then print or download your own personal directory to have on hand whenever you need it.

Q: What will happen to former BCBS members currently being treated by an in-network provider who is not contracted as a participating provider with CIGNA HealthCare? Will care be disrupted?

A: During open enrollment regional meetings, CIGNA HealthCare will make Transition of Care Benefits available to you and your covered dependents. Transition of Care benefits are intended to enable those patients who have certain medical conditions that are being treated by a "non-participating" CIGNA HealthCare Point-of-Service (POS) Provider to continue care, with that provider, for a limited time. This allows patients to enroll in the CIGNA HealthCare POS Plan and have continued uninterrupted care until safe transfer to the care of a new POS physician or hospital is arranged.

- Individuals must apply for Transition of Care benefits during the enrollment period but not later than the 1st 30 days after the effective date in order to be eligible for a Transition of Care review. Forms will be available from the CIGNA HealthCare representatives attending the regional meetings scheduled from October 21 through November 13. A Transition of Care package may also be requested by calling the pre-enrollment line at 1-800-564-7642.

Examples of acute medical conditions that may qualify for Transition of Care benefits include, but are not limited to:

- Any pregnancy in the second or third trimester of pregnancy on the plan effective date
- Newly diagnosed or relapsed cancer in the midst of a course of treatment (radiation or chemo)
- Trauma
- Organ Transplant candidates that are in acute care facilities and waiting for a donor or unstable recipients
- Stroke
- Recent major surgery such as heart bypass or hysterectomy
- Hospital confinement on the plan effective date
- In addition to the above, other conditions that require intense medical attention for a relatively short period of time may also be approved

Note: Some situations may not qualify for Transition of Care benefits. If you do not qualify for Transition of Care benefits and will continue treatment with a non-participating provider you may be covered at the out-of-network coinsurance of 70%, less the out-of-network deductible.

Q: How is the prescription drug benefit different from what employees have under BCBS?

A: CIGNA HealthCare will be introducing a Preferred Drug List, with three levels of copayments. The copayment you are responsible for will depend on where your Rx is on the drug list.

Q: What is the CIGNA HealthCare Preferred Drug List?

A: The CIGNA HealthCare Preferred Drug List is an extensive list of brand name and generic prescription drugs. The majority of the prescriptions you get from your doctor will be for drugs already on the list. Your benefits plan covers the cost of Preferred Drug List medications, less any applicable copayments.

The CIGNA HealthCare Pharmacy and Therapeutics Committee, a panel of physicians and pharmacists, developed the Preferred Drug List and it is updated on a regular basis. The list includes quality drugs available to you at reasonable cost. Only those medications that have successfully passed federally required clinical testing and evaluation are included in the list. The Pharmacy and Therapeutics Committee reviews and evaluates all available literature about a drug when updating the list.

Q: What will it cost me to fill covered prescriptions?

A: The CIGNA HealthCare POS plan offers a three-tier Preferred Drug List with copays of \$5 for Generic (First Tier)/\$10 for Preferred Brand (Second Tier) and \$15 for Non-Preferred Brand (Third Tier) for a 30 day supply at a participating pharmacy. A 90-day supply is available for two copayments through the CIGNA Tel-Drug mail order service. You may check the CIGNA Web site at www.cigna.com to determine if your prescription is for a Generic, Preferred Brand or Non-Preferred Brand.

Q: How do I fill a prescription?

A: Simply take your prescription to any CIGNA HealthCare participating pharmacy. Most of the participating pharmacies on BCBS are also participating with CIGNA HealthCare (such as Eckerd, Walgreens, Publix, Fedco, Navarro, Sedanos, Albertsons, Walmart and many others). Pharmacies in the CIGNA HealthCare network include most major chains as well as local drug stores. Check your CIGNA HealthCare directory or the Web site - www.cigna.com - for the participating pharmacies in your area. If you have questions about your prescription drug benefit, just call the pre-enrollment number at 1-800-564-7642 or Member Services, after enrolling (effective 1/1/03), at 1-800-962-3136. This toll-free number will also be on your CIGNA HealthCare ID card. When you go to the participating pharmacy, present your CIGNA HealthCare ID card, prescription and copayment.

Q: How do I get my prescriptions filled by mail?

A: CIGNA HealthCare offers convenient home delivery of prescription medication through CIGNA Tel-Drug, the CIGNA HealthCare mail-order pharmacy program. CIGNA Tel-Drug provides a convenient way to receive up to a 90-day supply of any maintenance prescription medication(s) covered by your benefit plan. Simply have your doctor write a prescription for a 90 day supply, fill out the CIGNA Tel-Drug mail order form, enclose your copay and mail. Refills may be conveniently obtained by calling CIGNA Tel-Drug, through the CIGNA Web-site or by mail. You can pay for your prescriptions by check, money order, or credit card (American Express, Discover, MasterCard or VISA). When ordering online or by phone, credit card payment is required. To protect your privacy, CIGNA Tel-Drug mails your filled prescription back to you by first-class mail in a confidential package . Mail-order enrollment forms are available in your pre-enrollment kits, by calling CIGNA Tel-Drug at 1-800-TEL-DRUG (1-800-835-3784) or by accessing www.cigna.com or www.teldrug.com

Q: How will I fill a prescription written by a BCBS Provider?

A: Whether you are filling a prescription prescribed by a CIGNA HealthCare or BCBS provider, take your prescription to a CIGNA HealthCare participating pharmacy and pay only the appropriate copayment for your medication. If you are currently using another mail order drug program, CIGNA Tel-Drug can QuickSwitchSM your current maintenance medication prescription or you can start with a new prescription. To QuickSwitchSM, just call CIGNA Tel-Drug, toll-free, 1-800-285-4812 and choose option 1. Please have your prescription medication information as well as the prescribing physician name and phone number available when you call. Or visit the Prescription Center at www.cigna.com, and complete the simple online Transfer Process forms.

Q: How may I get coverage for my dependent children who attend school outside of Florida?

A: The CIGNA HealthCare Guest Privileges program allows employees or covered dependents to enroll as "guests" in another CIGNA HealthCare site if they temporarily relocate to another geographical area of the country for a period of at least 60 days, but not more than two years. Long-term guest status is allowed for court-ordered coverage for dependents.

CIGNA HealthCare guests have a Primary Care Physician in their guest site, along with full access to their temporary guest network and all the benefits of a regular CIGNA HealthCare plan participant.

The Guest Privileges program is optional and is available at no extra charge.

Guest Privileges is an ideal way to arrange for health care coverage in situations such as:

- Temporary job transfers/work assignments away from home
- Court ordered support for a dependent who lives in a different CIGNA HealthCare location than the employee
- Relocation when part of the family does not move until the end of the school year
- Children who have a chronic illness attending school away from home (see below for advice)

NOTE: An insured cannot be enrolled in their home site and a guest site at the same time.

Q: What benefits are available to my dependent(s) temporarily residing outside the service area if there are no CIGNA HealthCare participating providers?

A: If your covered dependent (s) are temporarily residing in an area that does not have a CIGNA HealthCare network they will be covered for emergency treatment. An emergency is an accident or sudden illness that a person with an average knowledge of medical science believes needs to be treated right away or it could result in loss of life, serious medical complications or permanent disability. In an emergency, you should always seek medical care immediately. If you pay, at the time services are received, you can submit itemized receipts for reimbursement minus any applicable copayments. Non-emergency covered services provided by non-participating provider will be at the out-of-network coinsurance of 70% Reasonable and Customary charges, less the out-of-network deductible.