



# PREFERRED PROVIDER ORGANIZATION

With the Preferred Provider Organization (PPO) plan you choose the network provider or facility that works best for you. The PPO plan is designed to make it easier for you to get the quality care you need – plus programs and services to support your whole health needs.

## Here's how it works.

### › Primary care physician (PCP)

You don't need to choose a PCP. Cigna will work closely with you and your doctors to help coordinate care.

### › In-network savings

You have the freedom to use any provider or facility of your choice. Just know that staying in-network will help keep your costs down and avoid any additional paperwork.

### › No-referral specialist care

A primary care provider (PCP) is recommended, but not required. If you need to see a specialist for any reason, you don't need a referral to see an in-network health care provider. If you choose an out-of-network specialist, your care will be covered at the out-of-network level and you may be responsible for any preauthorizations needed.

### › Out-of-network

You have the freedom to see doctors or use facilities that are not part of the Cigna network, but your costs will be higher and you may need to file a claim.

### › Care coordination

Our robust medical management program provides you and your family a valuable resource for one-on-one support and guidance to the right programs and services.

### › Hospital stays

In an emergency, you have coverage. However, requests for nonemergency hospital stays (other than maternity stays) and some types of outpatient care must have prior authorization or be preauthorized. This lets Cigna determine if the services are covered by your plan.

If your provider is in the Cigna PPO network, he or she will arrange for prior authorization. If you use an out-of-network provider, you must make the arrangements.

### › Out-of-pocket costs

Depending on your plan, you may have to pay an annual amount (deductible) before your plan begins to pay for covered health care costs. You may also need to pay a copay and/or coinsurance (a portion of the covered charge) for covered services. Then, your plan pays the rest. Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100% for the rest of your plan year.

If you receive out-of-network care, your costs will be higher. Out-of-network providers and facilities may also bill you for charges that are not covered by the plan. Charges not covered by the plan do not contribute to your deductible or out-of-pocket limits.

Together, all the way.®



Offered by Cigna Health and Life Insurance Company.

980,000+  
health care  
providers\*

16,000+  
facilities\*

## Added convenience and support

### › 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 or mental health conditions. You and your covered family members can get care from anywhere via video or phone.\*\*

### › Cigna Health Information Line

With the Cigna 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.

### › Live, 24/7/365 customer 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.

### › The myCigna website and app

On **myCigna.com** and the myCigna App, you have easy access to personalized tools to help you take control of your health and your health care spending. From your computer or mobile device, you can:

- Manage and track claims
- See cost estimates for medical procedures
- Compare quality information for providers and hospitals
- Track your account balances and deductibles
- Use the easy health and wellness tools
- Print a temporary ID card



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

**Just go to [Cigna.com](https://www.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.**



\* Based on Cigna internal provider data for PPO service area as of 2/2020. Subject to change.

\*\* 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.

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