Member

Disclosures

If you are a plan member or customer, or planning to become a plan member or customer, we recommend reading any disclosure that's applicable to you so that you can become more familiar with your plan and any state-specific mandates. If you are considering becoming a plan member or customer and have questions about your plan coverage, please contact your benefits administrator.

While reviewing the information on this page, it's important to note:

- States without Web site disclosures won't be shown.
- The disclosures provided here are general and your plan documents may contain additional disclosures which are required by your state and/or specific to your plan. The disclosures in your plan documents take precedence.
- Certain mandates may only apply to certain plan types (i.e., PPO).
- State mandates may not apply to employer-funded (or self-funded) plans. Please contact your benefits administrator if you need to know whether your plan is self-funded and whether any state mandates apply to your plan.

State of Colorado Notice - English | Spanish

State of Colorado Disclosures

Colorado law requires carriers to make available a Colorado Health Benefit Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days, to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

Access Plan: If you would like more information on:

(1) who participates in our provider network; (2) how we ensure that the network meets the health care needs of our members; (3) how our provider referral process works; (4) how care is continued if providers leave our network; (5) what steps we take to ensure medical quality and customer satisfaction; (6) where you can go for information on other policy services and features, you may request a copy of our Access Plan. The Access Plan is designed to disclose all the policy information required under Colorado law, and is available for your review upon request.

Estado de Colorado Declaraciones

La ley del estado de Colorado exige que las aseguradoras pongan a disposición del público un formulario de descripción de sus planes de beneficios de salud (*Colorado Health Benefit Plan Description Form*), cuyo propósito es el de facilitar la comparación de los distintos planes. Dicho formulario se debe proporcionar automáticamente dentro de tres (3) días laborables a todo potencial titular de póliza de seguro que exprese interés en un plan en particular o que escoja el plan como finalista para la elección final. La aseguradora debe asimismo

proporcionar dicho formulario dentro de tres (3) días laborables después de una solicitud oral o por escrito a cualquier persona que tenga o que esté interesada en obtener la cobertura de un plan de beneficios médicos de la aseguradora.

Plan de acceso. Si desea obtener más información acerca de:

quién participa en nuestra red de proveedores; (2) cómo aseguramos que la red satisface las necesidades de salud de nuestros miembros; (3) cómo funciona nuestro proceso de referencia a otros proveedores; (4) cómo sigue recibiendo atención cuando un proveedor deja de participar en nuestra red; (5) qué medidas tomamos para asegurar la calidad de la atención médica y la satisfacción de nuestros clientes; (6) y adonde puede acudir para informarse sobre otros servicios y características de la póliza puede solicitar una copia de nuestro plan de acceso. El formulario de descripción del plan de acceso está diseñado para divulgar toda la información de la póliza de acuerdo con los requisitos de la ley de Colorado y usted puede solicitarlo para estudiarlo.

State of Florida Health Care Information

Provider Performance Outcome and Financial Data Disclosures

Customers are encouraged to view Florida provider performance outcome and financial data that will be posted on the Agency for Health Care Administration's Health Information website:

www.floridahealthfinder.gov

For more information, please call or write us at:

Cigna
2701 North Rocky Point Drive
Suite 800
Tampa, FL 33607

Office hours:
8:00 a.m. to 5:00 p.m. EST
Monday through Friday

Telephone: 1.813.637.1200

Health Reimbursement Account (HRA) Plan Option

HRAs can only be chosen together with the HRA Preferred Provider Organization (PPO) or HRA Open Access Plus (OAP) Plan options. Your HRA is self-funded by your employer, who is solely responsible for contributing the funds used to pay benefits under your plan using the funds in your HRA. You are not required to make any contribution to the HRA account, either pursuant to a salary deduction election or otherwise under a Section 125 cafeteria plan (except that contributions are required from those under COBRA continuation coverage). You may not enroll under this option if you are considered self-employed (including partners and more-than-2% shareholders in a subchapter S corporation).

Health Savings Account (HSA) Pre-enrollment Statements

WARNING: You cannot open an HSA if, in addition to coverage under an HSA-qualified High Deductible Health Plan ("HDHP"), you are also covered under a Health Flexible Spending Account (FSA) or an HRA or any other health coverage that is not a HDHP.

If you checked the HSA PPO or HSA OAP box on your Medical Enrollment Form, you expressed your interest in opening a Health Savings Account with ACS/BNY Mellon, an HSA service provider, or any other successor HSA service provider (hereafter "the HSA Service Provider"). The HSA Service Provider will contact you and provide you with an HSA enrollment form, a signature card, a request for information for any Customer Identification Program compliance and other related materials necessary to open an HSA account with the HSA Service Provider. In order to open an HSA with the HSA Service Provider, you must:

1. In a timely manner, complete, sign and submit all the forms required by the HSA Service Provider; and

2. Be found to meet all of the requirements prescribed by the HSA Service Provider.

However, if your employer has not selected ACS/BNY Mellon as the HSA service provider, you may open the HSA with an HSA custodian/trustee that is either arranged by your employer or that you personally select. You must agree to complete necessary forms and meet the requirements set forth by the HSA custodian/trustee pertaining to the establishment and operation of your HSA.

With respect to an HSA opened pursuant to this arrangement, the HSA trustee/custodian will be solely responsible for all HSA services, transactions and activities related thereto. Neither your employer nor Cigna is responsible for any aspects of the HSA services, administration and operation.

Prior to enrollment, you must certify that you have enrolled or plan to enroll under a HDHP and are not covered under any other health coverage that is not a HDHP.