

# Cigna Healthcare National Preferred 6-Tier Prescription Drug List

Coverage as of July 1, 2025

## About this drug list

This is a list of some of the most commonly prescribed medications covered on the Cigna Healthcare® National Preferred 6-Tier Prescription Drug List as of July 1, 2025.

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

- Medications are listed in alphabetical order (A-Z) by condition.
- Generic medications are in all lowercase letters and brand-name medications are listed in all CAPITAL letters.
- This isn't a full list of covered medications. Log in to the myCigna® App<sup>1</sup> or **myCigna.com**® to see which medications your plan covers.

## Letters (acronyms) next to medication names<sup>2</sup>

In this drug list, some medications have letters (acronyms) next to them. Here's what they mean.

- **Prior Authorization (PA):** This medication needs approval from Cigna Healthcare before your plan will cover it. Your doctor's office will have to send us information to review to make sure you meet coverage requirements.

- **Quantity Limit (QL):** Your plan will only cover so much of this medication at one time. If your doctor wants you to fill more than what's allowed, your doctor's office can ask us to cover more.
- **Step Therapy (ST):** This is a high-cost medication that has a lower-cost alternative(s) that treats the same condition. Your plan won't cover it until you try at least one preferred medication first (usually a generic or preferred brand) and can show that it didn't work for you. If your doctor feels a preferred medication isn't right for you, your doctor's office can ask us to cover the higher-cost medication.
- **Age Requirement (AGE):** Your plan will only cover this medication if you're a certain age or within a certain age range. If you're not within the allowed age range and your doctor wants you to use the medication, your doctor's office can ask us to cover it.

# Cigna Healthcare National Preferred 6-Tier Prescription Drug List

## AIDS/HIV

APRETUDE  
BIKTARVY  
CIMDUO  
DESCOVY  
DOVATO  
GENVOYA  
JULUCA  
ODEFSEY  
PREZISTA ORAL SUSPENSION, 75  
MG, 150 MG TABLET  
SYMFI  
SYMFI LO  
SYMTUZA  
TRIUMEQ  
TRIUMEQ PD

## Allergy/Nasal Sprays

AUVI-Q (QL)  
azelastine 0.1% 137 mcg spray (QL)  
epinephrine auto-injector (QL) (by  
MYLAN SPECIALTY, TEVA USA)  
EPIPEN (PA, QL)  
EPIPEN JR (PA, QL)  
fluticasone spray (QL)  
GRASSTEK (PA)  
hydroxyzine capsule, oral solution,  
syrup, tablet  
mometasone spray (QL, ST)  
NEFFY (QL)  
ODACTRA (PA)  
ORALAIR (PA)  
RAGWITEK (PA)  
XHANCE (QL, ST)

## Alzheimer's Disease

NAMZARIC (ST)

## View your drug list online, 24/7

This document was last updated on 04/01/2025. Go online to see the most up-to-date information about the medications your plan covers.

- **Cigna.com/druglist.** Choose **National Preferred 6 Tier** from the dropdown list. Then type in your medication name.
- **myCigna App or myCigna.com.** Log into your account and use the Price a Medication tool to see how your medication is covered.

## Questions?

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

## Anxiety/Depression/ Bipolar Disorder

alprazolam  
amitriptyline  
buspirone  
citalopram oral solution, tablet (QL)  
desvenlafaxine succinate er (QL, ST)  
escitalopram (QL, ST)  
FETZIMA (QL, ST)  
fluoxetine (QL, ST)  
lorazepam oral concentrate, tablet  
mirtazapine  
mirtazapine odt  
paroxetine oral suspension (ST)

paroxetine tablet (QL)  
sertraline oral concentrate, tablet  
(QL)  
trazodone  
venlafaxine er tablet (QL, ST)  
ZURZUVAE (QL)

## Asthma/COPD/Respiratory

ADEMPAS (PA, QL)  
ADVAIR HFA (PA, QL)  
AIRSUPRA  
albuterol  
albuterol hfa (QL)  
ANORO ELLIPTA (QL)  
ARNUITY ELLIPTA (QL)

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## Asthma/COPD/Respiratory

(Cont.)

ASMANEX HFA (QL)  
ASMANEX TWISTHALER (QL)  
BREO ELLIPTA (PA, QL)  
breynta (PA, QL)  
BREZTRI AEROSPHERE (QL)  
COMBIVENT RESPIMAT (QL)  
DULERA (PA, QL)  
FASENRA PEN (PA, QL)  
INCRUSE ELLIPTA (QL)  
montelukast  
NUCALA AUTO-INJECTOR, SYRINGE (PA, QL)  
OFEV (PA, QL)  
OPSUMIT (PA, QL)  
OPSYNVI (PA, QL)  
QVAR REDIHALER (QL)  
SPIRIVA RESPIMAT (QL)  
STIOLTO RESPIMAT (QL)  
STRIVERDI RESPIMAT (QL)  
TEZSPIRE (PA, QL)  
TRACLEER 32 MG TABLET FOR SUSPENSION (PA, QL)  
TRELEGY ELLIPTA (QL)  
TYVASO DPI (PA)  
UPTRAVI TABLET, TITRATION PACK (PA, QL)  
XOLAIR (PA, QL)  
YUPELRI (QL)

## Attention Deficit Hyperactivity Disorder

atomoxetine  
AZSTARYS (ST)  
dexmethylphenidate er  
dextroamphetamine-amphetamine  
dextroamphetamine-amphetamine er

guanfacine er  
methylphenidate (ST)  
methylphenidate er capsule (ST)

## Blood Modifiers/Bleeding Disorders

DOPTelet (PA, QL)  
EMPAVELI (PA)  
FABHALTA (PA)  
FULPHILA (PA, QL)  
NIVESTYM (PA)  
PROMACTA (PA)  
TAVALISSE (PA, QL)  
VOYDEYA (PA)  
ZIENTENZO (PA, QL)

## Blood Pressure/Heart Medications

amlodipine  
amlodipine-benazepril  
atenolol  
carvedilol  
clonidine patch, tablet (QL)  
ENTRESTO (QL)  
ENTRESTO SPRINKLE (QL)  
HEMANGEOL (PA)  
lisinopril-hctz  
losartan-hctz  
metoprolol tablet  
metoprolol er  
MULTAQ  
nifedipine er  
propranolol oral solution, tablet  
TAKHZYRO (PA, QL)  
TEKTURN HCT  
valsartan-hctz  
VERQUVO (QL)

## Blood Thinners/Anti-Clotting

BRILINTA

ELIQUIS  
FRAGMIN  
warfarin  
XARELTO

## Cancer

ALECENSA (PA, QL)  
ALUNBRIG (PA, QL)  
BOSULIF (PA, QL)  
BRAFTOVI (PA, QL)  
BRUKINSA (PA)  
CABOMETYX (PA, QL)  
CALQUENCE (PA, QL)  
COTELLIC (PA, QL)  
ERIVEDGE (PA, QL)  
ERLEADA (PA, QL)  
FRUZAQLA (PA)  
GAVRETO (PA, QL)  
IBRANCE (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 (PA, QL)  
methotrexate 25 mg/ml, 50 mg/2 ml, 250 mg/10 ml, 1 gm/40 ml vial; tablet  
NINLARO (PA, QL)  
NUBEQA (PA, QL)  
ODOMZO (PA, QL)  
PIQRAY (PA)  
POMALYST (PA)  
REVLIMID (PA, QL)  
ROZLYTREK (PA, QL)  
RYDAPT (PA, QL)

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## Cancer (Cont.)

SCEMBLIX (PA, QL)  
STIVARGA (PA, QL)  
TABRECTA (PA)  
TAFINLAR (PA, QL)  
TALZENNA (PA, QL)  
tamoxifen  
TASIGNA (PA, QL)  
TRUQAP (PA)  
VERZENIO (PA, QL)  
VITRAKVI (PA, QL)  
VIZIMPRO (PA, QL)  
XALKORI (PA, QL)  
XTANDI (PA, QL)  
YONSA (PA, QL)  
ZELBORAF (PA, QL)  
ZYKADIA (PA, QL)

## Cholesterol Medications

atorvastatin (QL)  
fenofibrate tablet (ST)  
NEXLETOL (PA)  
NEXLIZET (PA)  
pravastatin (QL)  
REPATHA PUSHTRONEX, SURECLICK,  
SYRINGE (PA)  
rosuvastatin (QL)  
simvastatin (QL)  
VASCEPA (PA)

## Contraception Products

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

## Cold/Cough Medications

benzonatate  
brompheniramine-  
pseudoephedrine-dm

## Dental Products

chlorhexidine mouthwash  
doxycycline hyclate 20 mg tablet  
triamcinolone 0.1% paste

## Diabetes

ACCU-CHEK FASTCLIX LANCING  
DEVICE  
ACCU-CHEK SOFTCLIX LANCET KIT  
BAQSIMI (QL)  
BD INSULIN SYRINGE U-500  
BD NANO 2ND GEN PEN NEEDLE  
BD SAFETYGLIDE INSULIN SYRINGE  
ULTRA-FINE PEN NEEDLE  
BYDUREON BCISE (PA, QL)  
CEQUR SIMPLICITY  
CEQUR SIMPLICITY INSERTER  
DEXCOM G6 RECEIVER, SENSOR,  
TRANSMITTER (PA, QL)  
DEXCOM G7 RECEIVER, SENSOR (PA,  
QL)  
DROPLET GENTEEL LANCING  
DEVICE  
FARXIGA (QL, ST)  
FREESTYLE INSULINX TEST STRIP  
FREESTYLE LIBRE 2 PLUS SENSOR  
(PA, QL)  
FREESTYLE LIBRE 2 READER, SENSOR  
(PA, QL)  
FREESTYLE LIBRE 3 PLUS SENSOR  
(PA, QL)  
FREESTYLE LIBRE 3 READER, SENSOR  
(PA, QL)  
FREESTYLE LIBRE 14 DAY READER,  
SENSOR (PA, QL)

FREESTYLE LITE TEST STRIP  
FREESTYLE PRECISION NEO TEST  
STRIP  
FREESTYLE TEST STRIP  
glimepiride 1 mg, 2 mg, 4 mg tablet  
glipizide 5 mg, 10 mg tablet  
GLYXAMBI (QL, ST)  
GVOKE (QL)  
HUMALOG CARTRIDGE, KWIKPEN  
HUMULIN N  
HUMULIN R  
HUMULIN 70-30  
ILET INFUSION-CONTACT DETACH,  
KIT-INSET  
INSULIN GLARGINE-YFGN  
INSULIN LISPRO  
JANUMET (QL, ST)  
JANUMET XR (QL, ST)  
JANUVIA (QL, ST)  
JARDIANCE (QL, ST)  
LYUMJEV  
MEDTRONIC EXTENDED INFUSION  
SET  
metformin oral solution (ST)  
metformin er (QL)  
MICROLET 2 LANCING DEVICE  
MICROLET NEXT LANCING DEVICE  
MINIMED INFUSION SET  
MINIMED MIO ADVANCE  
MINIMED QUICK SET  
MINIMED SILHOUETTE  
MINIMED SURE T  
MOUNJARO (PA, QL)  
OMNIPOD 5 (G6-LIBRE 2 PLUS)  
OMNIPOD 5 G6-G7 PODS (GEN 5)  
(QL)  
OMNIPOD DASH PODS (GEN 4) (QL)  
ONETOUCH ULTRA TEST STRIP  
ONETOUCH VERIO TEST STRIP

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## Diabetes (Cont.)

OZEMPIC (PA, QL)  
PARADIGM RESERVOIR  
PRECISION XTRA TEST STRIP  
RYBELSUS (PA, QL)  
SEMGLEE (YFGN)  
SILHOUETTE  
SOLIQUA 100-33 (QL)  
SYMLINPEN (PA, QL)  
SYNJARDY (QL, ST)  
SYNJARDY XR (QL, ST)  
TANDEM MOBI AUTOSOFT KIT  
TANDEM MOBI CARTRIDGE  
TANDEM MOBI TRUSTEEL KIT  
TOUJEO MAX SOLOSTAR  
TOUJEO SOLOSTAR  
TRESIBA  
TRIJARDY XR (ST)  
TRULICITY (PA, QL)  
TWIST REFILL, REFILL KIT, STARTER KIT  
V-GO  
XIGDUO XR (QL, ST)

## Diuretics

chlorthalidone  
furosemide oral solution, tablet  
hydrochlorothiazide  
spironolactone  
triamterene-hctz

## Ear Medications

ofloxacin ear drops

## Eye Conditions

AZASITE  
bromfenac drops  
ciprofloxacin eye drops  
EYSUVIS (PA, QL)

latanoprost (PA)  
MIEBO (PA, QL)  
ofloxacin eye drops  
RESTASIS MULTIDOSE (PA, QL)  
XDEMVY (QL)  
XIIDRA (PA, QL)

## Gastrointestinal/Heartburn

CREON  
dicyclomine capsule, oral solution, tablet  
esomeprazole dr packet (QL, ST)  
famotidine oral suspension, 40 mg tablet  
IQIRVO (PA)  
lansoprazole dr 30 mg capsule  
lansoprazole dr odt (QL, ST)  
LINZESS (QL)  
LIVDELZI (PA)  
MOVANTIK (QL)  
omeprazole capsule (QL)  
ondansetron (QL)  
ondansetron odt 4 mg, 8 mg tablet (QL)  
PANCREAZE  
pantoprazole dr suspension packet, tablet (ST)  
PENTASA 250 MG CAPSULE  
PHEBURANE (PA)  
RECTIV  
RELISTOR SYRINGE, VIAL (ST)  
SYMPROIC  
TALICIA (QL)  
TRULANCE  
VARUBI (QL)  
VIBERZI  
VIOKACE  
ZENPEP

## Hormonal Agents

ARMOUR THYROID  
COMBIPATCH  
dexamethasone elixir, liquid, tablet  
dexamethasone 6, 10, 13 day 1.5 mg tablet (PA)  
DUAVEE  
estradiol cream, gel, gel packet, tablet, vaginal insert  
estradiol patch (QL)  
GENOTROPIN (PA)  
levothyroxine tablet  
levoxyl  
liothyronine tablet  
medroxyprogesterone tablet  
methylprednisolone dosepack, tablet  
MYFEMBREE (PA)  
NGENLA (PA)  
np thyroid  
OMNITROPE (PA)  
ORIAHNN (PA)  
ORILISSA (PA, QL)  
prednisone  
PREMARIN VAGINAL CREAM  
progesterone capsule  
SOMAVERT (PA)  
testosterone cypionate  
XYOSTED (QL)

## Infections

acyclovir capsule, oral suspension, tablet  
amoxicillin  
amoxicillin-clavulanate  
ARIKAYCE (PA)  
azithromycin packet, oral suspension, tablet  
BARACLUDE ORAL SOLUTION

# Cigna Healthcare National Preferred 6-Tier Prescription Drug List

## Infections *(Cont.)*

BAXDELA TABLET (QL)  
cefдинир  
cephalexin  
ciprofloxacin  
clindamycin capsule  
doxycycline hyclate capsule, tablet (ST)  
doxycycline monohydrate (ST)  
EMVERM (QL)  
EPCLUSA (PA, QL)  
fluconazole (QL)  
HARVONI (PA, QL)  
hydroxychloroquine  
KITABIS PAK (PA, QL)  
LAGEVRIO (EUA) (QL)  
levofloxacin oral solution, tablet  
metronidazole capsule, vaginal gel, tablet  
nitrofurantoin capsule, 25 mg/5 ml oral suspension  
oseltamivir (QL)  
PAXLOVID (QL)  
SOLOSEC (QL)  
sulfamethoxazole-tmp oral suspension  
sulfamethoxazole-tmp ds tablet  
sulfamethoxazole-tmp ss tablet  
TOBI PODHALER (PA, QL)  
valacyclovir (QL)  
VEMLIDY  
VOSEVI (PA, QL)  
XACIATO  
XIFAXAN (QL)  
ZEPATIER (PA, QL)

## Miscellaneous

ACCU-CHEK FASTCLIX LANCET  
DRUM

ACCU-CHEK SOFTCLIX LANCET  
AUSTEDO (PA, QL)  
AUSTEDO XR (PA, QL)  
CARBAGLU (PA)  
CERDELGA (PA, QL)  
DROPLET LANCET  
HAEGARDA (PA, QL)  
MICROLET LANCET  
NITYR (PA)  
NUEDEXTA (PA)  
ONETOUCH DELICA PLUS LANCET  
ONETOUCH ULTRASOFT LANCET  
ONETOUCH ULTRASOFT 2 LANCET  
PRECISION XTRA TEST STRIP  
RADICAVA ORS (PA)  
STRENSIQ (PA)  
SURE-T INFUSION  
TECHLITE LANCET  
TEGSEDI (PA, QL)  
VYNDAMAX (PA)  
VYNDAQEL (PA)

## Multiple Sclerosis

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

## Nutritional/Dietary

LOKELMA (QL)  
potassium chloride liquid, packet  
potassium chloride er  
VELTASSA (QL)

## Osteoporosis Products

TYMLOS (PA, QL)

## Pain Relief and Inflammatory Disease

acetaminophen-codeine (PA, QL)  
ACTEMRA ACTPEN, 162 MG/0.9 ML SYRINGE (PA, QL)  
ADALIMUMAB-ADAZ(CF) (PA, QL)  
ADALIMUMAB-ADB(M)(CF) (PA, QL)  
AIMOVIG (PA, QL)  
AJOVY (PA, QL)  
allopurinol tablet  
baclofen oral suspension, tablet  
BELBUCA (PA, QL)  
butalbital-acetaminophen-caffeine  
celecoxib  
cyclobenzaprine  
CYLTEZO(CF) (PA, QL)  
diclofenac 1% gel, 1.5%, 2% topical solution (QL, ST)  
DUPIXENT (PA, QL)  
EMGALITY (PA, QL)  
ENBREL (PA, QL)  
FLECTOR (QL, ST)  
hydrocodone-acetaminophen (PA, QL)  
HYSINGLA ER (PA, QL)  
ibuprofen oral suspension, 400 mg, 600 mg, 800 mg tablet  
LICART (QL, ST)  
meloxicam capsule, tablet (QL)  
methocarbamol tablet  
MITIGARE (ST)  
naproxen (ST)  
NURTEC ODT (PA, QL)  
OMVOH PEN, SYRINGE (PA, QL)  
OTEZLA (PA, QL)  
oxycodone concentrate, oral solution (PA, QL)



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## Pain Relief and Inflammatory Disease *(Cont.)*

oxycodone-acetaminophen (PA, QL)  
OXYCONTIN ER (PA, QL)  
QULIPTA (PA, QL)  
RASUVO (ST)  
RINVOQ ER (PA, QL)  
RINVOQ LQ (PA, QL)  
rizatriptan (QL)  
SAVELLA (QL, ST)  
SELARSDI (PA)  
SIMLANDI(CF) (PA, QL)  
SIMPONI 100 MG/ML PEN INJECTOR, SYRINGE (PA, QL)  
SKYRIZI ON-BODY, PEN, SYRINGE (PA, QL)  
SOTYKTU (PA, QL)  
STELARA SYRINGE, 45 MG/0.5 ML VIAL (PA, QL)  
sumatriptan (QL)  
TALTZ (PA, QL)  
tizanidine  
tramadol 50 mg, 100 mg tablet (PA, QL)  
TREMIFYA AUTO-INJECTOR, PEN, SYRINGE (PA, QL)  
TYENNE AUTOINJECTOR, SYRINGE (PA, QL)  
UBRELVY (PA, QL)  
VELSIPITY (PA, QL)  
XELJANZ (PA, QL)  
XELJANZ XR (PA, QL)  
ZEPOSIA (PA, QL)  
ZOMIG 2.5 MG NASAL SPRAY (QL, ST)  
ZTLIDO (PA)

## Parkinson's Disease

INBRIJA (PA, QL)

## Schizophrenia/Anti-Psychotics

aripiprazole (QL)  
quetiapine 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg tablet (QL)

## Seizure Disorders

clonazepam  
clonazepam odt  
DILANTIN 30 MG CAPSULE  
EPIDIOLEX (PA)  
FYCOMPA  
gabapentin  
lamotrigine  
NAYZILAM (PA, QL)  
pregabalin  
topiramate 15 mg, 25 mg sprinkle capsule, tablet  
topiramate er (ST)  
VALTOCO (PA, QL)

## Skin Conditions

ADBRY (PA, QL)  
CIBINQO  
clindamycin 1% gel, foam (QL, ST)  
clobetasol (QL, ST)  
DROPSAFE PREP PAD  
EBGLYSS (PA, QL)  
ENSTILAR (QL, ST)  
EUCRISA (QL, ST)  
FINACEA 15% FOAM (ST)  
halobetasol 0.05% foam (ST)  
isotretinoin  
ketoconazole (QL, ST)  
metronidazole cream, gel, gel pump, lotion  
MIRVASO (PA)  
mupirocin (QL, ST)  
NEMLUVIO (PA, QL)

REGGRANEX (QL)  
SANTYL (QL)  
tretinoin cream, gel  
triamcinolone 0.147 mg/g spray (QL, ST)  
VTAMA (PA, QL)

## Sleep Disorders/Sedatives

eszopiclone (QL)  
LUMRYZ ER (PA, QL)  
SODIUM OXYBATE (by Hikma) (PA, QL)  
SUNOSI (PA, QL)  
XYWAV (PA, QL)  
zolpidem sublingual tablet, tablet (QL)

## Smoking Cessation

bupropion sr 150 mg tablet (QL)

## Substance Abuse

buprenorphine-naloxone  
KLOXXADO (QL)  
ZUBSOLV

## Transplant Medications

LUPKYNIS (PA, QL)  
MYHIBBIN

## Urinary Tract Conditions

finasteride 5 mg tablet  
MYRBETRIQ ER  
tolterodine er



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.
2. **Not all plans have extra coverage requirements on medications.** Log in to the myCigna App or myCigna.com, or check your plan materials, to see if yours does.

**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.

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# Discrimination is against the law.

## Medical coverage

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

### Cigna Healthcare:

- 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 Healthcare 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** or by writing to the following address:

### Cigna Healthcare

Nondiscrimination Complaint Coordinator  
P.O. 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**. 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)**

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<http://www.hhs.gov/ocr/office/file/index.html>



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## 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 LƯU 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 연락해주시시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시시오.

**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 ناشنویان: شماره 711 را شماره‌گیری کنید).