

Cigna Healthcare National Preferred 4-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 4-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® App¹ or **myCigna.com**® to see which medications your plan covers.

Letters (acronyms) next to medication names²

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 4-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)
GRASTEK (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 4 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)
ARNUIITY ELLIPTA (QL)

Cigna Healthcare National Preferred 4-Tier Prescription Drug List

Asthma/COPD/Respiratory

(Cont.)

ASMANEX HFA (QL)
ASMANEX TWISTHALER (QL)
BREO ELLIPTA (PA, QL)
brey-na (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)

Cigna Healthcare National Preferred 4-Tier Prescription Drug List

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

Cigna Healthcare National Preferred 4-Tier Prescription Drug List

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 4-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)

Cigna Healthcare National Preferred 4-Tier Prescription Drug List

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)
TREMFYA 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)

REGRANEX (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)

Complaint forms are available at
<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 ناشنوايان: شماره 711 را شماره‌گیری کنید).