

HELP IS HERE

Caring that you make the right choice

Need help deciding if Cigna coverage is right for you?
The information you're looking for is just a phone call away!

A helpful, friendly resource

Learn more about the features and advantages of Cigna coverage.

Call today and speak with a knowledgeable enrollment specialist for:

- › Information on specific plans.
- › Help finding participating doctors and other health care professionals.
- › Comparisons of all Cigna products and resources available to you.

This service is limited to providing information only. Enrollment cannot be completed through this line. Please contact your employer for enrollment instructions.



We invite you to call us during your enrollment period. We look forward to hearing from you.

For questions about Cigna coverage and enrollment, call us 24/7 at 800.244.6224.

Together, all the way.™



Offered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

All group insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your plan documents.

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STEP THERAPY

For the Standard Prescription Drug List

Prescription medications can cost a lot of money. At Cigna, we get that. That's why we've created a program that helps you save money and stay healthy. It's called Step Therapy.

What is Step Therapy?

Step Therapy is a prior authorization program. This means that certain medications in the Step Therapy program need approval by Cigna before they're covered under your plan.

In Step Therapy, you need to try the most cost-effective and appropriate medications available before more expensive brand name medications are approved for coverage. Typically, these are generics or lower-cost brands. Generic medications have the same strength and active ingredients as brand name medications – but often cost much less – in some cases, up to 80–85% less.¹

The Cigna Step Therapy program includes medications used to treat the following common medical conditions:

- › ADD/ADHD
- › Allergies
- › Asthma²
- › Bladder problems
- › Depression
- › Heartburn/ulcer
- › High blood pressure

- › High cholesterol
- › Mental health
- › Osteoporosis
- › Pain (narcotic² and non-narcotic pain relievers)
- › Skin conditions
- › Sleep disorders

How Step Therapy works

When you fill a prescription for a Step Therapy medication, we'll send you and your doctor a letter that lets you know the steps you need to take before you refill your medication. This may include trying a generic or lower-cost alternative, or asking Cigna to approve coverage of your medication. At any time, if your doctor believes an alternative medication isn't right for you due to medical reasons, he or she can request prior authorization for continued coverage of a Step Therapy medication.

Are you taking a Step Therapy medication?

You should take a look at your prescription drug list on **myCigna.com**. If there's a (ST) symbol listed next to your medication, then it's part of the Step Therapy program.

Together, all the way.®



1. U.S. Food and Drug Administration (FDA) website, "Facts About Generic Drugs." Retrieved 06/19/15.

2. No medications are currently included in this Step Therapy class.



HEALTHIER STARTS HERE

How Cigna makes a difference

Cigna makes it easy to be healthier.

Cigna offers so much more than medical coverage. From helping you answer health questions 24 hours a day to a virtual team of health and wellness coaches, we're here for you. By your side with resources and personal assistance anytime, day or night.

24/7/365 service

Whenever you need us, just call the toll-free number printed on the back of your Cigna ID card 24 hours a day, seven days a week, 365 days a year.

- › Get answers to health, claims and plan questions
- › Order an ID card, update information and check claim status
- › Find a health advocate for help with improving specific health issues
- › Speak with a Spanish speaking service representative or someone who can translate one of 200 languages.

24-Hour Health Information Line

Have a health question? You can talk with a nurse 24 hours a day, seven days a week.

- › Get help deciding where and when you should get treatment.
- › Get general health or specific health concern information.
- › You can also listen to hundreds of podcasts to help you stay informed about your health.

Select a topic and download podcasts to your mobile device¹ or listen via live-stream on your computer via myCigna.com.

Together, all the way.®

Network of quality doctors

You can save money when you use a doctor, hospital or facility that's part of your Cigna plan's network. It's easy to find quality, cost-effective care right where you need it. You can find a doctor right on Cigna.com or [myCigna](https://myCigna.com) - online or through the mobile app.

Take control of your health. Preventive care covered 100% in-network

Getting and staying healthy is important. That's why certain preventive care services are totally covered when you use an in-network doctor. These services may include:²

- › Screenings for blood pressure, cholesterol and diabetes
- › Testing for colon cancer
- › Clinical breast exams and mammograms
- › Pap tests

For a complete list of covered preventive care services, see your plan materials or for more information, go to Cigna.com/takecontrol.



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

myCigna

Where you will find everything you need to stay on top of your plan, and your health.

- › Find doctors and medical services
- › View ID card information
- › Manage and review your coverage
- › Manage and track claims
- › Take your health assessment
- › Compare cost and quality ratings for doctors and hospitals
- › Access a variety of health and wellness tools and resources

You can also access myCigna on the go by downloading the myCigna Mobile App.³

Telehealth for 24/7 care

See a doctor 24/7/365 with telehealth services. You can usually get an appointment in an hour or less, anytime, day or night. So, whether you're at home, at work or on vacation, and you can't see your doctor, a board-certified doctor will treat you by phone or online video chat. The doctor can even prescribe most medications if appropriate. Prescriptions are not guaranteed to be written and telehealth may not be available in all areas or covered under your specific medical plan, so see your enrollment materials for details.

Coach by Cigna⁴ – Team of coaches in the palm of your hand

Take control of your health with the free Coach by Cigna app. It's like having a team of health coaches in the palm of your hand. You can focus on what matters most to you in five integrated lifestyle areas – exercise, food, sleep, stress and weight. You'll find:

- › Recommended programs that fit your personal needs and goals
- › Motivational and instructional videos from leading health coaches
- › Dashboard with active programs and daily to-do lists
- › Library filled with health and wellness articles

Cigna Healthy Rewards^{®5}

Get discounts on the health products and programs you use every day for:

- › Weight management and nutrition
- › Vision and hearing care
- › Alternative medicine
- › Healthy lifestyle and fitness

Just use your ID card when you pay and let the savings begin.

1. Standard mobile phone carrier and data usage charges apply.

2. Actual covered services may vary depending on your age, gender, or medical history. Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). For the specific coverage terms of your plan, refer to your plan materials.

3. The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

4. The Coach by Cigna mobile app is for educational purposes only. Medical advice is not provided. The downloading and use of the Coach by Cigna App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

5. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. If your Cigna plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. **A discount program is NOT insurance and you must pay the entire discounted charge.**



All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your plan materials.

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TRANSITION OF CARE

CONTINUITY OF CARE

See how they work

What is Transition of Care?

With Transition of Care, you may be able to continue to receive services for specified medical and behavioral conditions with health care professionals who are not in the Cigna network at in-network coverage levels. This care is for a defined period of time until the safe transfer of care to an in-network doctor or facility can be arranged. You must apply for Transition of Care at enrollment, or when there is a change in your Cigna medical plan. You must apply no later than 30 days after the effective date of your coverage.

What is Continuity of Care?

With Continuity of Care, you may be able to receive services at in-network coverage levels for specified medical and behavioral conditions when your health care professional leaves the Cigna network. There must be solid clinical reasons preventing immediate transfer of care to another health care professional. This care is for a defined period of time. You must apply for Continuity of Care within 30 days of your health care professional's termination date. This is the date that he or she is leaving the Cigna network.

How they both work

▶ You must already be under treatment for the condition identified on the Transition of Care/Continuity of Care request form.

- ▶ If the request is approved for medical or behavioral conditions:
 - You will receive the in-network level of coverage for treatment of the specific condition by the health care professional for a defined period of time, as determined by Cigna.
 - If your plan includes out-of-network coverage and you choose to continue care out-of-network beyond the time frame approved by Cigna, you must follow your plan's out-of-network provisions. This includes any precertification requirements.
 - Transition of Care/Continuity of Care applies only to the treatment of the medical or behavioral condition specified and the health care professional identified on the request form. (All other conditions must be cared for by an in-network health care professional for you to receive in-network coverage.)
- ▶ The availability of Transition of Care/Continuity of Care:
 - Does not guarantee that a treatment is medically necessary.
 - Does not constitute precertification of medical services to be provided.
- ▶ Depending on the actual request, a medical necessity determination and formal precertification may still be required for a service to be covered.

Together, all the way.SM



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

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

- Pregnancy in the second or third trimester at the time of the plan **effective date** or of the health care professional termination.
- Pregnancy is considered ‘high risk’ if mother’s age is 35 years or older, or patient has/had:
 - Early delivery (three weeks) in previous pregnancy.
 - Gestational diabetes.
 - Pregnancy induced hypertension.
 - Multiple inpatient admissions during this pregnancy.
- Newly diagnosed or relapsed cancer in the midst of chemotherapy, radiation therapy or reconstruction.
- Trauma.
- Transplant candidates, unstable recipients or recipients in need of ongoing care due to complications associated with a transplant.
- Recent major surgeries still in the follow-up period, that is generally six to eight weeks.
- Acute conditions in **active treatment** such as heart attacks, strokes or unstable chronic conditions.
 - “**Active treatment**” is defined as a doctor visit or hospital stay with documented changes in a therapeutic regimen. This is within 21 days prior to your plan effective date or your health care professional’s termination date.
- Hospital confinement on the plan effective date (only for those plans that do not have extension of coverage provisions).
- Behavioral health conditions during active treatment.

Examples of conditions that do not qualify for Transition of Care/Continuity of Care include, but are not limited to:

- Routine exams, vaccinations and health assessments.
- Stable chronic conditions such as diabetes, arthritis, allergies, asthma, hypertension and glaucoma.
- Acute minor illnesses such as colds, sore throats and ear infections.
- Elective scheduled surgeries such as removal of lesions, bunionectomy, hernia repair and hysterectomy.

What time frame is allowed for transitioning to a new in-network health care professional?

If Cigna determines that transitioning to an in-network health care professional is not recommended or safe for the conditions that qualify, services by the approved out-of-network health care professional will be authorized for a specified period of time (usually 90 days). Or, services will be approved until care has been completed or transitioned to an in-network health care professional, whichever comes first.

If I am approved for Transition of Care/Continuity of Care for one illness, can I receive in-network coverage for a non-related condition?

In-network coverage levels provided as part of Transition of Care/Continuity of Care are for the specific illness or condition only and cannot be applied to another illness or condition. You need to complete a Transition of Care/Continuity of Care request form for each unrelated illness or condition. You need to complete this form no later than 30 days after your plan becomes effective or your health care professional leaves the Cigna network.

Can I apply for Transition of Care/Continuity of Care if I am not currently in treatment or seeing a health care professional?

You must already be in treatment for the condition that is noted on the Transition of Care/Continuity of Care request form.

How do I apply for Transition of Care/Continuity of Care coverage?

Requests must be submitted in writing, using the Transition of Care/Continuity of Care request form. This form must be submitted at the time of enrollment, change in Cigna medical plan, or when your health care professional leaves the Cigna network. It cannot be submitted more than 30 days after the effective date of your plan or your health care professional’s termination. After receiving your request, Cigna will review and evaluate the information provided. Then, we will send you a letter informing you whether your request was approved or denied. A denial will include information about how to appeal the determination.

Cigna Transition of Care/Continuity of Care request form



See instructions for completing this form on the reverse side.

- New Cigna enrollee (Transition of Care applicant)
- Existing Cigna customer whose health care professional terminated (Continuity of Care applicant)

Use a separate form for each condition. Photocopies are acceptable. Attach additional information if needed.

Employer	Policy #	Employee Date of Enrollment in Cigna Plan (mm/dd/yyyy)	
Employee Name		Employee Social Security # or Alternate ID	Work Phone
Home Address Street	City State	ZIP	Home Phone/Mobile
Patient's Name	Patient's Social Security # or Alternate ID	Patient's Birth Date (mm/dd/yyyy)	Relationship to Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Self

1. Is the patient pregnant and in the second or third trimester of pregnancy? Due Date _____ (mm/dd/yyyy) Yes No
2. If yes, is the pregnancy considered high risk? e.g., multiple births, gestational diabetes. Yes No
3. Is the patient currently receiving treatment for an acute condition or trauma? Yes No
4. Is the patient scheduled for surgery or hospitalization after your effective date with Cigna? Yes No
5. Is the patient involved in a course of chemotherapy, radiation therapy, cancer therapy or terminal care? Yes No
6. Is the patient receiving treatment as a result of a recent major surgery? Yes No
7. Is the patient receiving dialysis treatment? Yes No
8. Is the patient a candidate for organ transplant? Yes No
9. Is the patient receiving mental health/substance abuse treatment? Yes No
10. If you did not answer "Yes" to any of the above questions, please describe the condition for which the patient requests Transition of Care/Continuity of Care.

11. Please complete the health care professional information request below.

Group Practice Name		
Health Care Professional Name		Health Care Professional Phone #
Health Care Professional Specialty		
Health Care Professional Address		
Hospital Where Health Care Professional Practices		Hospital Phone #
Hospital Address		
Reason/Diagnosis		
Date(s) of Admission (mm/dd/yyyy)	Date of Surgery (mm/dd/yyyy)	Type of Surgery
Treatment Being Received and Expected Duration		

12. Is this patient expected to be in the hospital when coverage with Cigna begins or during the next 90 days? Yes No
13. Please list any other continuing care needs that may qualify for Transition of Care/Continuity of Care. If these care needs are not associated with the condition for which you are applying for Transition of Care/Continuity of Care, you need to complete a separate Transition of Care/Continuity of Care form.

I hereby authorize the above health care professional to give Cigna or any affiliated Cigna company any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care/Continuity of Care under Cigna. I understand I am entitled to a copy of this authorization form.	
Signature of Patient, Parent or Guardian	Date (mm/dd/yyyy)

For medically related services, submit this request form to:

Cigna Health Facilitation Center
 Attention: Transition of Care/Continuity of Care Unit
 3200 Park Lane Drive, Pittsburgh, PA 15275
 Fax 412.747.7087

For behavioral health related services please contact Cigna Behavioral Health by calling the customer service phone number on the back of your ID card.

Transition of Care/Continuity of Care requests will be reviewed within 10 days of receipt. For new Cigna customers, review will occur within 10 days of participant's effective date. Review for Organ Transplant requests may take longer than 10 days.

Instructions for completing the Transition of Care/Continuity of Care request form

Note: Do not use this form if you are enrolled in a Cigna HealthCare of California, Inc. plan and are seeking Transition of Care. Contact Cigna for a Cigna HealthCare of California, Inc. Transition of Care brochure.

A separate Transition of Care/Continuity of Care request form must be completed for each condition for which you and/or your dependents are seeking Transition of Care/Continuity of Care. Additional forms are available on **Cigna.com**. Please make certain that all questions are completely answered. When the form is completed, it must be signed by the patient for whom the Transition of Care/Continuity of Care is being requested. If the patient is a minor, a guardian's signature is required.

To help ensure a timely review of your request, please return the form as soon as possible. You must apply for Transition of Care/Continuity of Care within 30 days of the effective date of your plan or within 30 days of your doctor's termination date.

The first few sections of the form apply to the employee. When the form asks for the patient's name, enter the name of the person who is receiving care and is requesting Transition of Care/Continuity of Care.

If you answered yes to questions #1, #2, #3, #4, #5, #6, #7 or #8, or if you are submitting this form for Transition of Care/Continuity of Care for any other non-mental-health-care services, please submit this request form to:

Cigna Health Facilitation Center
Attention: Transition of Care/Continuity of Care Unit
3200 Park Lane Drive
Pittsburgh, PA 15275
Fax: 412.747.7087

In #9, if you answered yes, and you:

1. Have an HMO, POS or Network plan, please contact Cigna Behavioral Health for Transition of Care/Continuity of Care information by calling the customer service phone number on the back of your ID card.
2. Have a non-managed plan (i.e., PPO or OAP) and are receiving outpatient mental health services, you should do one of the following.
 - If your employer introduced a Cigna plan as a new option during your group's open enrollment period, you are not required to submit a Transition of Care/Continuity of Care request form.
 - If you are a new hire or you have recently selected a Cigna plan option already offered by your employer, you will need to complete the Transition of Care/Continuity of Care request form and submit this form to your Cigna claim office. The address is on the back of your Cigna ID card.
3. Are receiving inpatient, residential, partial hospitalization or intensive outpatient services, regardless of your plan type, call (or have your health care professional call) the customer service number on the back of your Cigna ID card.

In #10, include information about your current or proposed treatment plan and the length of time your treatment is expected to continue. If surgery has been planned, state the type and the proposed date of the surgery.

In #13, briefly state the health condition, when it began, what health care professional is currently involved, and how often you see this health care professional. Please be as specific as possible.

Transition of Care/Continuity of Care requests will be reviewed within 10 days of receipt. For new Cigna customers, review will occur within 10 days of the plan's effective date. Review for Organ Transplant requests may take longer than 10 days.



IMPORTANT NOTICE



Special Enrollment Requirements from Cigna

This flyer contains important information you should read before you enroll. If you have any questions about this information, please contact your benefits manager.

If you are declining enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if:

- You or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If the other coverage is COBRA continuation coverage, you and your dependents must complete your entire COBRA coverage period before you can enroll in this plan, even if your former employer ceases contributions toward the COBRA coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009 or later, if you or your dependents lose eligibility for state Medicaid or Children's Health Insurance Program (CHIP) coverage or become eligible for assistance with group health plan premium payment under a state Medicaid or CHIP plan, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the state Medicaid or CHIP coverage ends or you are determined eligible for premium assistance.

To request special enrollment or obtain more information, contact our Customer Service Team at 800.Cigna24.

Other late entrants

If you decide not to enroll in this plan now, then want to enroll later, you must qualify for special enrollment. If you do not qualify for special enrollment, you may have to wait until an open enrollment period, or you may not be able to enroll, depending on the terms and conditions of your health plan. Please contact your plan administrator for more information.

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Women's Health and Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- › All stages of reconstruction of the breast on which the mastectomy was performed;
- › Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- › Prostheses; and
- › Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance or copays applicable to other medical and surgical benefits provided under this plan as shown in the Summary of Benefits.



If you would like more information on WHCRA benefits, call our Customer Service Team at 800.Cigna24 (800.244.6224).



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