

Individual and Family Plans

Cigna Health and Life Insurance Company,
Cigna HealthCare of Arizona, Inc.,
Cigna HealthCare of Illinois, Inc.,
Cigna HealthCare of North Carolina, Inc. and
Cigna HealthCare of Texas, Inc.

2017 NO COST-SHARE PREVENTIVE MEDICATIONS

by drug category

At Cigna, your health and well-being is most important, and we want you to be at your 100% best. It's good to take care of yourself. Getting the right preventive care services at the right time can help you stay healthy.

Health care reform requires coverage of specific preventive medications with no patient cost-sharing

The Patient Protection and Affordable Care Act (PPACA) requires that certain categories of drugs and other products be included in preventive care services coverage based on recommendations from the U.S. Preventive Services Task Force as well as the Institute of Medicine. These recommendations are meant to help prevent disease and meet women's unique health care needs, and are updated periodically to reflect new advances in science and medicine.

Preventive medication coverage

The following prescription medications (as well as certain over-the-counter medications) and products may be available to you with no cost-sharing (copay, coinsurance and/or deductible) depending on your plan. Visit Cigna.com/ifp-drug-list for more information. Once you are a Cigna customer, you can review your

plan details or use the Prescription Drug Price Quote tool on myCigna.com to compare prices at local retail pharmacies and Cigna Home Delivery PharmacySM. If you have questions, you can **call customer service using the number on the back of your ID card, 24 hours a day, 365 days a year, and we'll be happy to help.**

Your healthcare professional

Talk with your health care professional about choosing the medication or product that's right for you. If your health care professional feels a certain contraceptive product (on this list) or smoking cessation product (on this list) isn't medically appropriate for you, have your health care professional contact us to determine what other contraceptive products (not on this list) may be available with no cost-sharing. For preventive medications (including over-the-counter medications) or products to be covered, you'll need to get a prescription from your health care professional.

Together, all the way.®



This list represents the medications that Cigna plans will cover with no cost-sharing due to PPACA requirements. These include generics and brand name medications (that don't have a generic alternative). Generic alternatives become available on an ongoing basis. If a generic alternative becomes available, the generic will be available at no cost share and the brand name medication available at your plan's brand cost share amount, unless prior approval has been received by Cigna. Please note: this list is subject to change.

Aspirin Products

Available to:

Males: 45-79 years

Females*: 55-79 years

***Available for females of childbearing age at risk of preeclampsia during pregnancy**

Adult Low Dose Aspirin
Adult Low Dose Aspirin EC
Aspirin 81 mg
Aspir-Low
Bayer Chewable Aspirin
Children's Aspirin
Children's Chewable Aspirin
Ecotrin 81 mg
St. Joseph Aspirin

Barrier Contraception

Available to Females

Conceptrol Insert
FC2 Female Condom
Femcap
Gynol II
Today Contraceptive Sponge
VCF Vaginal Contraceptive Film
VCF Vaginal Contraceptive Foam
VCF Vaginal Contraceptive Gel
Wide Seal Diaphragm

Bowel Prep Products for Colorectal Cancer Screenings

Available to Males and Females:
50-75 years

bisacodyl 5mg tablets
bisacodyl EC 5mg tablets
Colyte with flavor packets
Gavilyte-C
Gavilyte-G
Gavilyte-H and bisacodyl
Gavilyte-N
Golytely
Miralax
Moviprep

Nulytely with flavor packs
Osmoprep
PEG 3350
PEG 3350 with electrolytes
PEG 3350 with flavor packs
PEG-Prep
Prepopik
Suprep
Trilyte with flavor packs

Breast Cancer Prevention

Available to Females

*** effective on plan anniversary date beginning September 1, 2014.**

raloxifene
tamoxifen

Emergency Contraception

Available to Females

Ella
My Way
Next Choice One Dose

Fall Prevention/Vitamin D Supplementation

*** adults 65 years of age and older to prevent falls**

Children's Replesta
Children's Vitamin D
D3 Dots
D3-2000
D3-50
Decara
Delta D3
Dialyte Vitamin D3 Max
Dialyvite Vitamin D
D-Vi-Sol
D-Vita
Just D
Kids Vitamin D3
Maximum D3

Optimal D3
Replesta
Replesta NX
Thera-D
Vitamin D
Vitamin D3
Vitamin D-400

Folic Acid Supplementation

Available to Females (Only products containing 0.4 mg-0.8 mg of folic acid are included)

Classic Prenatal
Daily Prenatal
Folic Acid
KPN
Maxinate
One Daily Prenatal
P-D Natal Plus With Folic Acid
Prenatal
Prenatal Formula
Prenatal Multi + DHA
Prenatal OTC
Prenatal Vitamins
Preque 10
Right Step Prenatal Vitamins
Urosex

Hormonal Contraception^*

Available to Females

Altavera
Alyacen
Amethia
Amethia Lo
Apri
Aranelle
Aubra
Aviane
Azurette
Balziva
Briellyn
Camila
Camrese
Camrese Lo
Caziant

Chateal
Cryselle
Cyclafem
Dasetta
Daysee
desogestrel/ethinyl estradiol
drospirenone/ethinyl estradiol
Elinest
Emoquette
Enpresse
Enskyce
Errin
Estarylla
Falmina
Gianvi
Gildagia
Gildess
Gildess FE
Heather
Introvale
Jencycla
Jolessa
Jolivette
Junel
Junel FE
Kariva
Kurvelo
Larin
Larin FE
Leena
Lessina
Levonest
levonorgestrel and ethinyl estradiol
Levora
Loryna
Low-Ogestrel
Lutera
Lyza
Marlissa
medroxyprogesterone acetate
150 MG/ML
Microgestin
Microgestin FE
Mono-Linyah
Mononessa
Myzilra
Necon
Nora-Be
norethindrone

norgestimate/ethinyl estradiol
 norgestrel/ethinyl estradiol
 Nortrel
 Nuvaring
 Ocella
 Orsythia
 Philith
 Pimtreea
 Pirmella
 Portia
 Previfem
 Quasense
 Reclipsen
 Sprintec
 Sronyx
 Syeda
 Tilia FE
 Tri-Estarylla
 Tri-Legest FE
 Tri-Linyah
 Trinessa
 Tri-Previfem
 Tri-Sprintec
 Trivora
 Velivet
 Vestura
 Viorele
 Vyfemla
 Wera
 Wymzya FE
 Xulane
 Zarah
 Zenchent
 Zenchent FE
 Zovia

^ If your doctor feels these medications are medically inappropriate, have them call us. Brands may be available with no cost-sharing to you.

* Generic hormonal contraceptives are available at no cost-sharing to you, even though they may not be listed here.

Pediatric Iron-Containing Products/Fluoride Supplementation

Available to Males and Females:
 six months – 12 months

Children's Ferrous Sulfate
 Children's Iron
 Fer-In-Sol
 Fer-Iron
 Ferrous Sulfate
 Flura Drops
 Icar
 IronUp
 Multivitamins with Fluoride-Iron
 MyKidz Iron 10
 Novaferum
 Wee Care

Pediatric Multivitamins

(containing fluoride and fluoride supplements)

Available to Males and Females:
 six months – six years

Escavite
 Escavite D
 Floriva
 Fluorabon
 Fluor-a-day
 Fluoride
 Fluoritab
 Flura-drops
 Ludent Fluoride
 Multivitamin and Fluoride
 Multivitamins with Fluoride
 Multivitamins with Fluoride-Iron
 MVC-Fluoride
 MyKidz Iron FL
 Poly-VI-Flor
 Poly-VI-Flor with Iron
 Polyvitamins with Fluoride
 Quflora
 Sodium Fluoride
 Texavite LQ
 Triple Vitamin w/Fluoride
 Tri-VI-Flor
 Tri-vitamin with Fluoride
 Tri-vite w/Fluoride
 Tri-vite w/Fluoride Iron
 Vitamins A,C,D & Fluoride

Smoking Cessation^*

Quantity Limitations apply.

bupropion (generic for Zyban®)

May also be known as:

Bupropion HCl SR 12HR

Buproban

nicotine replacement therapy*

patches, gum and lozenges

May also be known as:

Commit

Nicoderm

Nicorelief

Nicorette

Nicotine Polacrilex Gum

Nicotine Polacrilex Lozenge

Nicotine TD Patch 24HR

Nicotine Transdermal System

^ If your doctor feels these medications are medically inappropriate, have them call us. Brands may be available with no cost-sharing to you.

* Generic nicotine replacement therapy (so called "store-brands") are available at no cost-sharing to you, even though they may not be listed here.

Medical insurance policies/service agreements contain exclusions and limitations. 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 policy/service agreement provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill or purchase 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. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.



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Multi-language Interpreter Services

This notice has important information about your application or coverage. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 866-494-2111. **English**

Este aviso contiene información importante acerca de su solicitud o cobertura. Preste atención a las fechas clave que contiene este aviso. Es posible que deba hacer cosas antes de determinadas fechas para mantener su cobertura de salud o ayudar con los costos. Usted tiene derecho a obtener esta información y ayuda en su idioma sin costo. Llame al 866-494-2111. **Spanish**

本通知包含與您的申請或保險福利有關的重要資訊。請注意本通知中的重要日期。您可能需要在特定期限前採取行動，才能保有您的健康保險福利或費用補助。您有權免費以您的語言取得本資訊和相關協助。請致電 866-494-2111。 **Chinese**

Thông báo này có thông tin quan trọng về đơn đề nghị hoặc việc bao trả của quý vị. Tìm kiếm những ngày quan trọng trong thông báo này. Quý vị có thể cần phải thực hiện một số hoạt động theo kỳ hạn nhất định để duy trì việc bao trả bảo hiểm sức khỏe của quý vị hoặc giúp đỡ về chi phí. Quý vị có quyền nhận thông tin này và giúp đỡ bằng ngôn ngữ của quý vị mà không mất khoản phí nào. Vui lòng gọi số 866-494-2111. **Vietnamese**

Avi sa a gen enfòmasyon ki enpòtan sou aplikasyon ou oswa pwoteksyon ou. Chèche dat enpòtan yo ki nan avi sa a. Ou ka bezwen fè aksyon anvan sèten dat limit pou kenbe pwoteksyon sante ou oswa pou jwenn èd pou peye frè yo. Ou gen dwa pou jwenn enfòmasyon sa yo ak èd nan lang natifnatal ou gratis. Rele nimewo 866-494-2111. **French Creole**

본 공지는 귀하의 지원 또는 보장에 대한 중요한 정보를 포함하고 있습니다. 본 공지에 포함된 주요 일자를 확인하십시오. 귀하의 건강보험 보장 또는 비용에 대한 도움을 유지하기 위해서 특정 기한까지 행동을 취할 필요가 있을 수 있습니다. 귀하는 무료로 귀하의 모국어를 이용해 본 정보 및 도움을 받을 권리가 있습니다. 866-494-2111 번으로 전화하십시오. **Korean**

هذا الإشعار يحتوي على معلومات هامة عن الاستثمار الخاصة بك أو التغطية. ابحث عن التواريخ الرئيسية بهذا الإشعار. من الممكن أن تحتاج لاتخاذ بعض الإجراءات في مواعيد محددة للإبقاء على التغطية التأمينية أو المساعدة في التكاليف. من حقا الحصول على المساعدة و المعلومات بلغتك و بدون أي تكلفة. اتصل على / 866-494-2111. **Arabic**

Niniejsze pismo zawiera istotne informacje na temat złożonego podania lub zakresu ubezpieczenia. Zwróć uwagę na ważne daty zawarte w piśmie. Może się okazać, że dla utrzymania ubezpieczenia lub uzyskania pomocy w pokryciu jego kosztów konieczne będzie dokonanie pewnych czynności w ściśle określonym terminie. Ubezpieczonym przysługuje prawo do bezpłatnej informacji i pomocy w ich języku ojczystym. Zadzwoń pod numer 866-494-2111. **Polish**

Naglalaman ang abisong ito ng mahalagang impormasyon tungkol sa inyong aplikasyon o saklaw. Bigyang-pansin ang mahahalagang petsa sa abisong ito. Maaaring mayroon kayong kailangang gawin bago sumapit ang ilang partikular na deadline upang patuloy na matanggap ang inyong saklaw sa kalusugan o tulong sa mga gastusin. Mayroon kayong karapatang makuha ang impormasyong ito at ang tulong na kailangan ninyo sa inyong wika nang libre. Tumawag sa 866-494-2111. **Tagalog**

Cet avis contient des informations importantes concernant votre demande ou votre couverture. Chercher les dates importantes dans cet avis. Vous devez peut-être prendre des mesures avant une certaine date pour garder votre couverture des soins de santé ou aider à affronter les coûts. Vous avez le droit d'obtenir ces informations et de l'aide dans votre langue, sans frais. Composez le 866-494-2111. **French**

Данное уведомление включает важную информацию о Вашей заявке или страховом покрытии. Обратите внимание на основные даты в данном уведомлении. Вам, возможно, потребуется принять меры до определенных сроков, чтобы сохранить Ваше страховое покрытие или помощь с расходами. Вы имеете право на бесплатное получение данной информации и помощи на родном языке. Позвоните по телефону 866-494-2111. **Russian**

Diese Mitteilung enthält wichtige Informationen zu Ihrem Versicherungsantrag bzw. zu Ihrer Versicherungsdeckung. Achten Sie auf wichtige Daten in dieser Mitteilung. Möglicherweise müssen Sie innerhalb bestimmter Fristen reagieren, um Ihre Versicherungsdeckung oder Kostenunterstützungen zu behalten. Sie sind berechtigt, kostenfrei diese Informationen und Hilfe in Ihrer Sprache zu erhalten. Rufen Sie unter 866-494-2111 an. **German**

اس نوٹس میں آپ کی درخواست اور کوریج کے بارے میں اہم معلومات ہیں۔ اہم تواریخ کے لیے اس نوٹس کو دیکھیں۔ اپنی صحت کی کوریج اور لاگت کے بارے میں مدد کے لیے ہو سکتا ہے آپ کو کسی آخری تاریخ تک عمل درآمد کی ضرورت ہو۔ یہ معلومات اور اپنی زبان میں مفت مدد لینا آپ کا حق ہے۔ کال / 866-494-2111 **Urdu**

આ નોટિસ તમારી અરજી અથવા કવરેજ વિશે મહત્વની જાણકારી ધરાવે છે. મહત્વની તારીખો માટે આ નોટિસ જુઓ. તમને તમારૂં આરોગ્ય કવરેજ રાખવા માટે અથવા ખર્ચ બાબત મદદ માટે અમુક ચોક્કસ મુદતો સુધી પગલાં લેવાની જરૂર પડી શકે છે. તમને કોઈ પણ જાતનો ખર્ચ કર્યા વગર તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. સંપર્ક કરો ૮૬૬-૪૯૪-૨૧૧૧. **Gujarati**

Este aviso tem informações importantes sobre o seu requerimento ou sua cobertura. Observe as datas-chave notadas neste aviso. É possível que você precise manter certos prazos para continuar sua cobertura de saúde ou manter ajuda com certos custos. Você tem o direito de obter informações e ajuda em sua língua nativa, gratuitamente. Ligue para 866-494-2111. **Portuguese**

इस नोटिस में आपके आवेदन या कवरेज के बारे में महत्वपूर्ण जानकारी है। इस नोटिस में महत्वपूर्ण तारीखों को देखें। आप अपनी स्वास्थ्य कवरेज को रखने या कीमत संबंधित किसी सहायता के लिए निश्चित समय सीमा के अंदर कार्यवाही करने की जरूरत हो सकती है। आपके पास कोई भी कीमत चुकाये बिना अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। 866-494-2111 पर फ़ोन करें। **Hindi**

این اعلامیه حاوی اطلاعات مهمی در مورد درخواست نامه یا پوشش شماست. به تاریخ های کلیدی در این اعلامیه توجه کنید. ممکن است لازم باشد که برای حفظ پوشش بهداشتی یا دریافت کمک در پرداخت هزینه ها تا مهلت های خاصی اقدام کنید. شما حق دارید که این اطلاعات و راهنمایی را بدون اخذ هزینه به زبان خودتان دریافت کنید. با شماره 866-494-2111 تماس بگیرید. **Persian**

Il presente avviso contiene informazioni importanti riguardo alla Sua richiesta o copertura. Individui le date fondamentali contenute nel presente avviso. Potrebbe essere necessario intraprendere azioni entro determinate scadenze per mantenere la Sua copertura sanitaria o assistenza a pagamento. Lei ha il diritto di ricevere tali informazioni e assistenza nella Sua lingua senza costi aggiuntivi. Chiami il numero 866-494-2111. **Italian**

ይህ ማስታወቂያ ማመልከቻዎን ወይም ሽፋንዎን የሚመለከት አስፈላጊ መረጃ የያዘ ነው። በዚህ ማስታወቂያ ላይ ቁልፍ በሆኑት ቀኖች ላይ ያተኩሩ። የጤና መድን ሽፋንዎ ለማስቀጠል ወይም የህክምና ወጪ የሚሸፍን እርዳታ ለማግኘት በተወሰነ የጊዜ ገደብ ውስጥ እርምጃ መውሰድ ሊያስፈግዎ ይችላል። ይህንን እርዳታ እና መረጃ ያለ ምንም ክፍያ እና በቋንቋዎ የማግኘት መብት አለዎት። በ 866-494-2111 ይደውሉ። **Amharic**

Díí hane' 'éí saad 'íílinii díí naaltsoos hadinilaaiígíí doodago nibeé nik'é'asti'ígíí bee baa hane'. Yoolkaáá yéędąą' nich'í' 'é'elyaaígíí biká'ígíí hadííí'ííł. Díí nik'é'éstí'ígíí 'éí doodago béeso da bee níká 'a'doowolígíí bikáa'go da 'át'ée dooleet 'áko t'áadoo bee 'e'e'aahí baa yiłkaahgo tsxííłgo hasht'e dííłííł níí da dooleet. Bee haz'aaaníí hóló díí kót'éego yaa halne'ígíí níká'a'doowolgo dóó t'áa nizaad k'ehjí bee níł hodoonih t'áadoo báááh 'ilíní. Kojí' hodíilnih 866-494-2111. **Navajo**

本通知には、お申込みまたは補償に関する重要な情報が含まれています。本通知に記載されている重要な日付にご注意ください。医療保険を維持するもしくは医療費の補償を受けるには、特定の期限までに対応していただく必要があります。あなたには、無料で使用言語によるこの情報および援助を得る権利があります。866-494-2111 までお電話ください。 **Japanese**

Ozi a nwere ozi di mkpa banyere ngwa gi ma o bu mkpuchi. Choputa isi AFQ na ozi a. I nwere ike ime ihe ufodu tupu ngwucha ka i nyere aka na-ahụ ike mkpuchi ma o bu aka mana-akwụ ugwo. I nwere ikike iji nweta ozi a na enyemaka n'asụsụ gi na-atufughi ego. kpọ 866-494-2111. **Kru, Ibo, Yoruba**

ຫນັງສືແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະຫມັກຫຼືການຄຸ້ມຄອງຂອງທ່ານ. ຊອກຫາວັນທີສໍາຄັນໃນຫນັງສືແຈ້ງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງໃຊ້ການປະຕິບັດໂດຍການກຳນົດເວລາເພື່ອການຄຸ້ມຄອງສຸຂະພາບຫຼືຄ່າໃຊ້ຈ່າຍຂອງທ່ານ. ທ່ານມີສິດທີ່ໄດ້ຮັບຂໍ້ມູນນີ້ແລະການຊ່ວຍເຫຼືອທາງດ້ານພາສາໂດຍທີ່ບໍ່ເສຍຄ່າ. ໂທຫາເບີ \ 866-494-2111. **Laotian**

Η παρούσα ανακοίνωση περιέχει σημαντικές πληροφορίες σχετικά με την αίτησή σας ή την κάλυψή σας. Ψάξτε για βασικές ημερομηνίες στην παρούσα ανακοίνωση. Μπορεί να χρειαστεί να λάβετε δράση πριν από ορισμένες προθεσμίες για να διατηρήσετε την υγειονομική σας κάλυψη ή για βοήθεια με το κόστος. Έχετε το δικαίωμα να λάβετε αυτές τις πληροφορίες και βοήθεια στη γλώσσα σας χωρίς κόστος. Τηλεφωνήστε στο 866-494-2111. **Greek**

Ova obavijest sadrži bitne informacije o vašoj aplikaciji ili osiguranju. Potražite ključne datume u ovoj obavijesti. Da bi nastavili primati zdravstveno osiguranje ili novčanu pomoć pri plaćanju troškova morate se pridržavati određenih rokova. Imate pravo da te informacije i pomoć dobijete besplatno na svom jeziku. Nazovite 866-494-2111. **Serbo-Croatian**

ประกาศแจ้งนี้มีข้อมูลสำคัญเกี่ยวกับการสมัครบริการหรือการคุ้มครองของคุณ ให้สังเกตวันที่ที่สำคัญ
ในประกาศแจ้งนี้ คุณอาจต้องดำเนินการภายในกำหนดเวลาเพื่อรับการคุ้มครองสุขภาพต่อไป หรือรับความ
ช่วยเหลือเกี่ยวกับค่าใช้จ่าย คุณมีสิทธิรับข้อมูลนี้รวมทั้งความช่วยเหลือในภาษาของคุณเองโดยไม่เสียค่า
ใช้จ่าย โทรศัพท์ไปที่หมายเลข 866-494-2111 Thai

এই বিজ্ঞপ্তিতে আপনার আবেদন বা কভারেজ সম্পর্কে গুরুত্বপূর্ণ তথ্য রয়েছে। এই বিজ্ঞপ্তিতে উল্লেখিত গুরুত্বপূর্ণ তারিখ গুলো খেয়াল করুন। আপনার স্বাস্থ্যসেবা কভারেজ রাখা বা খরচ সঞ্চালিত সাহায্য পেতে নির্দিষ্ট সময়সীমার মধ্যে আপনার পদক্ষেপ নেওয়ার প্রয়োজন হতে পারে। আপনার ভাষায় বিনামূল্যে তথ্য এবং সাহায্য পাওয়ার অধিকার আপনার রয়েছে। ফোন করুন ৮৬৬-৪৯৪-২১১১ নম্বরে। **Bengali**

Tsab ntawv faj seeb no muaj cov xov xwm tseem ceeb txog koj tsab ntawv thov kev pab los yog kev pab them nqi. Nrhiav cov hnub tseem ceeb hauv tsab ntawv faj seeb no. Tej zaum koj yuav tau raus tes li ua ntej tej lub caij nyoog xaus kom koj tseem tau kev pab them nqi kho mob los yog kev pab them cov nqi. Koj muaj txoj cai nrhiav kev pab thiab tau cov xov xwm ua koj hom lus tsis raug nqi dab tsi. Hu rau 866-494-2111. **Hmong**

Beeksiisni kun odeeffannoo garii iyyannoo kessan irratti ykn ni qabaata. Beeksiisa kana kessatti guyyaa hubadha. Yeroo Murtaa'ee Kessatti uwwisaa fayyaa argachuuf ykn deegers taa baasii argachuuf wanta raawwatamuu qabuu raawwachuu. haala kanaan deeggarsa odeeffannoobarabaadan argachuu ni dandessu.

lakk. Bilbilaa 866-494-2111. **Cushite**

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានសំខាន់អំពីកម្មវិធីឬការងារណាមួយរបស់អ្នក។ រកមើលកាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវបានជូនដំណឹងជាមួយលោកណាម្នាក់ដែលបានផ្ញើម៉ឺនីយ៉ាមករាឱ្យអ្នកដើម្បីជូនដំណឹងអំពីសុខភាពរបស់អ្នកឬជួយដោយមានការចំណាយ។ អ្នកមានសិទ្ធិដើម្បីទទួលបានព័ត៌មាននេះនិងជំនួយក្នុងការស្រាវជ្រាវអំពីការថែទាំសុខភាពរបស់អ្នកដោយមិនមានការចំណាយនោះទេ។ ហៅទូរស័ព្ទទៅ 866-494-2111 ។ **Mon-Khmer, Cambodian**

Syriac 866-494-2111

यस सूचनामा तपाईंको आवेदन अथवा क्षत्राधिकार(कभरेज) सम्बन्धि महत्त्वपूर्ण जानकारीहरु छन्। कृपया यस सूचनामा रहेको मुख्य मितिहरुमा ध्यान दिनु होला। तपाईंको स्वास्थ्य कभरेज जारी राख्न अथवा खर्चसम्बन्धी सहयोग चाहिएमा तपाईंले केही कार्यहरु निश्चितसमयसीमा भित्र गर्नु पर्ने अवस्था रहन सक्छ। तपाईंसँग आफ्नै भाषामा निःशुल्क यस्तो सहयोग तथा जानकारी लिने अधिकार छ। सम्पर्क गर्नुहोस् 866-494-2111 | **Nepali**

Die Bekanntmachung gebt wichdichi Auskunft baut dei Application oder Coverage mit dit bericht. Geb Acht fer wichdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimme Deadlines, so ass du dei Health Coverage bhalde kannscht, odder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprooch griege, un die Hilf koschtet nix. Bel 866-494-2111.
Pennsylvanian Dutch

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