DIRECTORY

Physicians · Hospitals · Other Facilities

Cigna SureFit®
Cigna SureFit South Florida

Important plan information for:
Broward, Dade, Martin, Miami Dade, and Palm Beach Counties

cigna healthcare

Volume 4 of 5

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Service is at the heart of everything we do. Our goal is to give you: fast, accurate answers; responsive assistance; and easy, convenient ways to find information.

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Go to *www.cigna.com* to create an online personalized directory.

Introduction

WHO WE ARE

- **Cigna** is a global health service company. We're here to help you and your family live healthier, more financially secure lives. We're excited to be a part of your health and wellness journey.
- **We are where you are.** Cigna has a national presence, but we also have a local focus in most areas This means local medical directors and health services representatives work to provide you with access to quality care where you live and work.

WHAT YOU CAN EXPECT

- **Access to quality health care.** Before joining the Cigna network, health care providers must meet Cigna standards through a process we call credentialing. We regularly review credentials to make sure the providers continue to meet these standards.

- **Comprehensive health care coverage.** Your plan includes coverage for diagnosis and treatment of illness and injury. It also gives you coverage for wellness and preventive care services. Our goal is to help keep you and your family well.

- **Outstanding customer service.** We're here 24/7/365. Contact us online at *www.cigna.com*, by phone or by app. However it's convenient for you.

ABOUT THIS DIRECTORY

This directory includes a list of health care providers in your local area who are in the Cigna SureFit network. **To get the most out of your Cigna plan, you should use providers in the SureFit network.** This directory also tells you what you need to know about using your new plan. You may not need all this information now. But make sure you keep this directory in a safe place. You may want to look at it again later.

The information in this directory is accurate to the best of the company's knowledge as of the time of the last update. The directory is updated at least once each quarter, or more frequently as required by state regulations. We do not guarantee that each provider is still accepting new patients. Inclusion of a provider in this directory does not mean that your plan covers all the services that this provider offers. Always look at your plan materials (such as your Summary of Benefits) to see what your plan covers. To get the most updated information about the network providers in your area, use our online directory (www.cigna.com or www.mycigna.com) or call Cigna Customer Service at the toll-free number on the back of your Cigna ID card. You can also request a paper copy of this directory. In addition, please check with the health care provider before scheduling your appointment or receiving services to confirm the provider is participating in your plan's Cigna network.

Use this directory to

- search for in-network providers, hospitals and other health care professionals and facilities.
- look to see what providers are accepting new patients.
- download your own personalized directory to have on hand when you need it.
- find hospital scores for specific conditions/procedures through Cigna "Centers of Excellence" (for current customers only at www.mycigna.com).

Because this provider directory has been printed and mailed, it may include providers who are no longer in-network. To see the latest, most up-to-date, list you can look online. We update our online lists often, and you may find more providers than the ones listed here. You can also call us.

- Go online to www.cigna.com and click Find a Doctor and from this link you can print a personalized directory
- Use the myCigna® website or app (current customers)
- Call us. Our Customer Service Advocates are available 24/7/365, and are happy to help you find an in-network provider in your area. You can call us toll-free at 1.800.Cigna24 (1.800.244.6224).

The pages that follow contain:

- Information about your ID card
- How to choose and work with your provider
- Who to call if you need help or language assistance
- Information about the Cigna LifeSOURCE Transplant Network®
- Information about how we pay our providers
- Non-discrimination policy

YOUR CIGNA ID CARD

You get your Cigna ID card after you enroll. Keep your ID card with you at all times. Show it whenever you visit a health care provider or facility. Always check your ID card if you need help finding the name of your Cigna network and benefit plan. This will help you identify the health care providers that are in-network for your plan.

YOUR SUMMARY OF BENEFITS

Your Summary of Benefits explains what your plan covers. It includes information about what medical benefits you have. It also shows you what services your plan covers. Read this information so you know whether you have prescription drug coverage, coverage for mental health and substance use, and/or vision care coverage as a part of your Cigna plan.

DIGITAL CONTACT INFORMATION

For a Medical Group's website or email information, please contact your provider. You also can call us at the toll-free number on the back of your ID Card or call us at 1.800.Cigna24 (1.800.244.6224). A Customer Service Associate is available to help you 24/7/365.

Please Note: Not all Medical Groups have websites and/or email addresses.

PROVIDER NETWORK SELECTION CRITERIA

For more than 125 years, Cigna has been committed to building a trusted network of health care providers. The providers, hospitals, facilities and other health care professionals we contract with must meet certain credentialing requirements and agree to our billing rates. This helps make sure you have access to quality, cost-effective care. To build our network, we look at how many primary care and specialty providers are in a specific area. We also look at what hospitals, labs, and other facilities are in that area. Our goal is to build a network that gives you choice and convenient access to treatment and services. Provider networks vary by state and plan and include providers, hospitals, and health care facilities in your local area. Initially, we don't use quality or cost measures or customer experience ratings to choose providers.

CHOOSING A PROVIDER TO BE YOUR PRIMARY CARE PROVIDER

Your plan may require you to choose a Primary Care Provider (PCP) to be your personal provider. Each covered member of your family can choose his or her own PCP. Even if your plan does not require you to choose a PCP, you can still choose one for yourself and your covered dependents to help coordinate your care. Your first stop for care should be your PCP or personal provider. He or she can help decide if you need specialty care or hospitalization. In the event of a true emergency, dial 911 or go to the nearest hospital.

- Your PCP serves as a "home base" for basic care – a source of advice and direction.
- Your PCP also coordinates your care - from preventive checkups and routine medical care to specialized care and hospitalizations. He/she also keeps your medical history.
- If your plan requires referrals, your PCP will also provide you with referrals to specialists when necessary. See your plan materials to learn whether your plan requires you to have a referral before seeing a specialist.
- If your PCP is part of a medical group, your plan may require you to see a specialist who practices in that same group. Check with your PCP or call Cigna Customer Service to learn whether this requirement applies to you.
- Your PCP doesn't have to refer you to an OB/GYN. As part of your plan, you can visit an innetwork OB/GYN at any time, without a referral, even if your plan requires referrals to other types of specialists. Please note: If your PCP is part of a medical group you may be required to see an OB/GYN who practices in that same group. Check with your PCP or call Cigna Customer Service to learn whether this requirement applies to you.
- You can change your PCP at any time, for any reason.

REPORT INACCURATE INFORMATION

If you see inaccurate information for a health care provider (HCP), please help us improve your experience by reporting it using one of the following options:

- Report by phone: Call 800.244.6224

- Report by e-mail: Send an e-mail to providerupdates@cigna.com and include the following:

Name, address and specialty of the HCP as it's currently displayed (this allows us to identify the HCP you are referencing), and information you believe is inaccurate, such as name (spelling), address, phone number, whether they are accepting new patients, or their participation in a certain network or benefit plan. Cigna will verify the information you have sent and ensure it is corrected accordingly.

LANGUAGE ASSISTANCE

If you have trouble understanding English, we offer language assistance and interpretation services at no cost to you. For help, please call the Customer Service number on the back of your ID card. If you don't have (or can't find) your ID card, please call 1.800.244.6224. If you have hearing or speech loss and use Telecommunications Relay Services (TRS) or a Text Telephone (TTY), dial 711 to connect with a TRS operator.

Si le cuesta comunicarse en inglés, ofrecemos asistencia de idioma y servicios de interpretación sin costo alguno para usted. Para obtener ayuda, comuníquese con el número de Servicio al cliente que figura en la parte de atrás de su tarjeta de identificación. Si usted no tiene o no puede encontrar su tarjeta de identificación, llame al 1.800.244.6224. Si tiene algún impedimento auditivo o del habla y desea usar el servicio de retransmisión de telecomunicaciones (TRS, por sus siglas en inglés) o un teléfono de texto (TTY, por sus siglas en inglés), marque 711 para comunicarse con un operador del TRS.

Visit *www.cigna.com* or *www.mycigna.com* for current customers, to search for in-network providers. You can also find more information on health topics, preventive care and learn more about your plan's benefits and programs.

IN-NETWORK VS. OUT-OF-NETWORK HEALTH CARE PROVIDERS

In-Network Costs:

You may save money using in-network providers. In-network providers have a contract with Cigna. They agree to charge Cigna customers certain rates. These rates are usually less than what they charge non-customers. So you'll usually pay less out of pocket using in-network providers.

Your plan may require that you pay a copay, deductible or coinsurance. You're responsible for paying these amounts. In-network providers shouldn't bill you for anything else. For example, they shouldn't require you to pay any difference between their billed charges and the Cigna contract rate. If they do, we call this balance billing. In-network providers shouldn't balance bill.

Out-of-Network Costs:

Some plans include out-of-network benefits. This means you can use a provider outside of the Cigna network. Out-of-network providers don't have a contract with Cigna. This means they can charge whatever rates they want. If your plan includes out-of-network benefits, and you use an out-of-network provider, you'll probably pay more. You'll be responsible for paying the difference between what they charge and what an in-network provider charges. If your plan doesn't include out-of-network coverage, the provider may bill you directly for the full cost of services. You'll then be responsible for the full costs (except in the case of emergency services, air ambulance services, and certain services provided by out-of-network providers at an in-network hospital or ambulatory surgical center).

What happens if a provider changes their network status?

It's always a good idea to check with a provider (before scheduling your appointment or receiving services) to make sure he or she is in the Cigna network. If you see a provider that leaves the Cigna network, you may be subject to the same out-of-pocket, out-of-network costs described above. If you're currently seeing a provider for an ongoing condition or are pregnant, and your provider leaves the Cigna network, contact us. We may consider Continuity of Care Coverage for a defined period of time. You must apply for continuity of care using the Continuity of Care/Transition of Care Request Form. Please check your Summary of Benefits or call the Cigna Customer Service at the toll-free number on the back of your Cigna ID card.

Out-of-Network Reimbursement:

When we pay providers who are out-of-network, we look at several things.

- What the industry standard charge is for the specific treatment or service
- What the provider is charging
- A comparison of charges by other similar providers
- What we typically pay an in-network provider for the same type of covered service in the same geographic region
- Medicare reimbursement rates.

State Specific Surprise Billing/Balance Billing Consumer Protections:
If you have coverage under a Florida situsedplan and you receive a bill for out-of-network services rendered during an

emergency or from an out-of-network provider at an in-network setting or from an out -of-network Air Ambulance provider, state consumer protections may apply. Please contact Cigna or https://www.myfloridacfo.com/Division/Consumers/ for more information or if you believe you are being balanced billed.

FEDERAL NOTICES AND DISCLOSURES

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center in the United States, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider in the United States, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in- network facility but are unexpectedly treated by an out-of-network provider. This could happen when you need anesthesia during a surgery. The surgeon may be in-network, but the anesthesiologist may be out-of-network.

Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:

Emergency services
If you have an emergency medical condition and get emergency services from an out-of- network provider or facility in the United States the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

A state balance billing law may also apply to your health plan. For more information about these protections, please visit the section on FEDERAL and STATE-SPECIFIC NOTICES AND DISCLOSURES at www.cigna.com/legal/compliance/disclosures

Certain services at an in-network hospital or ambulatory surgical center
When you get services from an in-network hospital or ambulatory surgical center in the United States certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

A state balance billing law may also apply to your health plan. For more information about these protections, please visit the section on FEDERAL and STATE-SPECIFIC NOTICES AND DISCLOSURES at www.cigna.com/legal/compliance/disclosures

When balance billing isn't allowed, you also have these protections in the United States:

·You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.

Generally, your health plan must:
o Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
o Cover emergency services by out-of-network providers.
o Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
o Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed,

Please call **Cigna** if you get a balance bill. Use the phone number on your ID card. You can also contact the No Surprises Help Desk at 1-800-985-3059 or http://www.cms.gov/nosurprises for more information about your rights under federal law.

A state balance billing law may also apply to your health plan. For more information about these protections, please visit the section on FEDERAL and STATE-SPECIFIC NOTICES AND DISCLOSURES at www.cigna.com/legal/compliance/disclosures for more information about your rights under state laws.

For Cigna Global Health Benefits® customers, the federal requirements only apply to plans underwritten by Cigna Health and Life Insurance Company. For all other plans underwritten outside the United States, the federal requirements specified above do not apply. If you are unsure if the federal requirements apply to your plan, please call Cigna. Use the phone number on your ID card.

The listing of a provider in this directory does not guarantee that the services provided by that provider are covered under your specific medical plan. Check the materials which describe your particular plan benefits, or call Cigna Customer Service for information about the services covered under your plan benefits. If you have questions or need assistance, please contact Customer Service at the toll-free telephone number listed in your enrollment materials or on your Cigna ID card.

Cigna LifeSOURCE Transplant Network®

As a Cigna customer, you have access to the Cigna LifeSOURCE Transplant Network®. It's a network of organ and tissue transplant centers. Developed by a team of Cigna clinical professionals, the transplant network includes respected hospitals and medical centers throughout the country.

Cigna LifeSOURCE contracts with select independent transplant facilities that are nationally recognized for their quality care. We have more than 165 facilities in our network that provide access to transplant programs coast to coast. Each Cigna LifeSOURCE program is carefully chosen to participate in the Cigna LifeSOURCE Transplant Network and must continue to meet our established quality standards. All programs must maintain minimum volumes, designated patient and graft survival outcomes, appropriate designations, and show expertise in managing individuals on the waiting lists.

Customers needing a transplant are assigned to one of our nurse case managers in our transplant case management unit. These managers have clinical experience in transplant, hematology/oncology, home health care, dialysis, critical care and community care. They have special training to manage complex transplant cases.

Services the Transplant Case Management Unit offers:

- Help finding a health care provider
- Help managing your coverage for consistency in service and benefit administration
- Access to dedicated resources for complex areas of medicine
- Information to help you understand your treatment choices
- Help with paperwork and other administrative tasks

In some instances a travel benefit is offered as a feature of the program. Your case manager can tell you if you are eligible for this benefit. As a Cigna customer, you can have access to these services when they are handled through your provider and your transplant case manager.

In-network benefits

You may not receive the in-network level of coverage for all types of transplants at all hospitals. In addition, our network of locations changes frequently. For the most current listings with the programs covered at the in-network coverage level, please visit www.cignalifesource.com or call Cigna LifeSOURCE Customer Service at 1.800.668.9682. Also, not all programs at a Cigna LifeSOURCE Transplant Network medical center are available to all customers. Please call Customer Service at 800.668.9682 for more information and to check on what your plan covers. If you're already in transplant case management, please call your case manager directly.

Preauthorization

What is preauthorization?

Preauthorization (or precertification) is a review process. It's where health care providers, including nurses, providers and/or pharmacists, work with your provider to decide if the treatment you need is medically necessary. This process helps decide if your plan covers the service.

How the process works

Your plan may require preauthorization for hospital admissions and some outpatient services. If your provider is in the Cigna network, then he or she is responsible for contacting Cigna to get preauthorization. If you use a provider who isn't in the Cigna network, then you may be responsible for contacting Cigna to request preauthorization. It's important for you to review your benefits to understand which services require preauthorization. Call us if you have questions.

When you need preauthorization, a clinical professional (most often a nurse) looks at the request using nationally recognized guidelines. These guidelines are consistent with sound clinical principles and processes. Practicing health care providers develop them. When guidelines don't exist, nurses use clinical resource tools based on clinical evidence. Anytime a nurse is unable to approve coverage for clinical reasons, he/she refers the case to a medical director. The medical director is a provider who considers each case on an individual basis. The medical director may talk with your provider to get more information about your case. If Cigna cannot approve the preauthorization request, we'll send you a letter.

When the process happens

Preauthorization happens at three different times (state-specific time frames may apply):

- Prospective review is when Cigna receives a request before you receive care. Determinations are made within 72 hours for urgent care and within 15 days for non-urgent care after receiving all necessary information. We'll notify you and your provider verbally or electronically and by mail.
- Concurrent review is when Cigna receives a request while you are receiving care. You may be in a hospital, skilled nursing facility or rehabilitation facility. Determinations are made within one business day (24 hours) of receiving all necessary information. We'll notify you and your provider verbally or electronically and by mail.
- Retrospective review is when Cigna receives a request after you have received care. Determinations related to these services are made within 30 days after receiving all necessary information. We'll notify you and your provider verbally or electronically and by mail.

If your situation requires that a determination be made right away, Cigna will perform an expedited review. This determination will be completed within 72 hours.

If we deny a request, we'll tell you why. Only providers make the decision to deny coverage. The letter we send you will explain the reason for the decision and details on how to submit additional information and/or proceed through the formal Appeals Process. You can file an appeal if you disagree with the coverage decision.

CASE MANAGEMENT

Case Management is when a Cigna Case Manager helps you with coordinating services between your

provider and different care settings. These settings can be a hospital, rehabilitation facility and even your home. The Case Manager helps by making sure you get the services you need. The Case Manager can also help by giving you information about resources available in your community for things your plan may not cover. If you think the services of a Cigna Case Manager might help you, call the number on your Cigna ID card.

Health Care Provider Compensation

HOW WE PAY YOUR HEALTH CARE PROVIDERS

Cigna wants to keep you informed about matters related to your health care plan. For that reason, we're sharing this information about how we compensate (pay) health care providers in our network. These providers include providers, hospitals, other health care practitioners, and facilities.

Cigna pays providers in ways that are intended to emphasize preventive care, promote quality care, and ensure the appropriate and cost-effective use of covered medical services and supplies. Cigna reinforces this philosophy through utilization management decisions made by its medical directors and medical management staff. Cigna employees are encouraged to promote appropriate utilization of covered health care services and to discourage underutilization.

The methods by which in-network providers agree to be compensated are described generally here. The amount and type of compensation a provider agrees to accept may vary depending upon the type of plan. For example, a hospital may agree to accept less for services provided to patients enrolled in an HMO plan than to patients enrolled in other types of plans. In addition, Cigna may attempt in various ways to promote the use of in-network providers based upon quality and cost-effectiveness measures while providing access to covered services and supplies.

DISCOUNTED FEE FOR SERVICE

Payment for services is based on an agreed-upon discounted amount from the provider's bill.

CAPITATION

Capitation is when providers get fixed, prearranged, regular payments for every patient in their practice. We pay them regularly even if patients don't receive care. Capitation offers health care providers a predictable income. It encourages them to keep their patients well through preventive care. Health care providers paid using capitation can participate in a risk-sharing arrangement with Cigna. This means they can agree to share the risk if medical costs are above or below what they plan for.

Cigna may also work with third party companies that pay health care providers. In these situations, Cigna pays a third party company a fixed amount of money. The third party company then pays the providers. The amount of money the providers get can vary depending on their contracts.

SALARY

We pay the health care providers, who work in a Cigna staff-model facility a salary. We review salary amounts each year and pay the salary no matter what services the provider actually delivers. Providers can get a performance bonus at the end of the year based on the quality of care they provide, what services they give, and whether they make cost-effective choices.

BONUSES AND INCENTIVES

Some providers may get additional payments based on their performance. We look at the quality of care they offer, what services they give, and whether they make cost-effective choices. Health care providers may also get incentives for using certain cost-effective hospitals, labs, specialists, medications, supplies, and vendors. The incentives may or may not be financial.

PER DIEM

A specific amount of money a hospital gets per day for all the services it provides. The payment may be different by type of service and length of stay.

CASE RATE

A specific amount of money paid for all the care received in a hospital for a particular stay. For example, a customer having a baby gets care during the delivery. We pay the hospital a specific amount for all the care the customer receives for that maternity stay. If you would like to know more about how your health care providers are paid, ask them. You can also contact Cigna.

Discrimination is against the law

Cigna Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare does not exclude people or treat them less favorably differently because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids 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 assistance services to people whose primary language is not English in a timely manner, such as:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.

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, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the Civil Rights Coordinator
P.O. Box 188016, Chattanooga, TN 37422,
877.822.6561 (TTY: Dial 711)

ACAGrievance@CignaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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
https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html



Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc. Cigna HealthCare of California, Inc. Cigna HealthCare of Colorado, Inc. Cigna HealthCare of Connecticut, Inc. Cigna HealthCare of Florida, Inc. Cigna HealthCare of Georgia, Inc. Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., and Cigna HealthCare of Texas, Inc. ATTENTION: If you speak languages other than English, language assistance service, 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). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna

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Proficiency of Language Assistance Services

English – ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-244-6224 (TTY: Dial 711) or speak to your provider.

Spanish – ATENCIÓN: Si habla español, los servicios de asistencia lingüística gratuitos están disponibles para usted. También están disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-244-6224 (TTY: Marque 711) o hable con su proveedor.

Chinese – 注意：如果您讲中文，我们提供免费的语言援助服务。适当的辅助设备和服务也可以免费提供，以提供无障碍格式的信息。请拨打 1-800-244-6224（TTY：拨打 711）或与您的服务提供者联系。

Vietnamese – XIN LƯU Ý: Nếu bạn nói tiếng Viet, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng có thể tiếp cận cũng có sẵn miễn phí. Gọi số

1-800-244-6224 (TTY: Gọi 711) hoặc nói chuyện với nhà cung cấp của bạn).

Korean – 주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-800-244-6224 (TTY: 711 로 전화) 로 전화하시거나 제공자에게 문의하십 시오.

Tagalog – PAUNAWA: Kung ikaw ay nagsasalita ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit para sa iyo. Ang mga angkop na pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din ng libre. Tumawag sa 1-800-244-6224 (TTY: Tumawag sa 711) o makipag-usap sa iyong tagapagbigay.

Russian – ВНИМАНИЕ: Если вы говорите на русском, доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по телефону 1-800-244-6224 (TTY: Наберите 711) или обратитесь к вашему провайдеру.

Arabic - تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا مساعدات قابلة للوصول إليها، وذلك مجانًا. اتصل بالرقم. أو تحدث إلى مقدم الخدمة الخاص بك (اطلب 711 :TTY) 1-800-244-6224

French Creole – ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis yo disponib pou ou. Ekipman ak sèvis adisyonèl ki apwopriye pou bay enfòmasyon nan fòma ki aksesib yo disponib tou gratis. Rele 1-800-244-6224 (TTY: Rele 711) oswa pale ak founisè ou a.

French – ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles pour vous. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-244-6224 (TTY : composez le 711) ou parlez à votre fournisseur.

Portuguese – ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-244-6224 (TTY: disque 711) ou fale com seu prestador de serviços.

Polish – UWAGA: Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi wspierające w celu dostarczenia informacji w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-244-6224 (TTY: wybierz 711) lub skontaktuj się ze swoim dostawcą usług.

Japanese – 注意: 日本語を話す場合は、無料の言語支援サービスが利用できます。アクセス可能な形式で情報を提供するための適切な補助機器やサービスも無料で利用できます。1-800-244-6224（TTY: 711 にダイヤル）に電話するか、提供者に話してください。

Italian – ATTENZIONE: Se parli italiano, sono disponibili per te servizi gratuiti di assistenza linguistica. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il numero

1-800-244-6224 (TTY: comporre il 711) o parla con il tuo fornitore.

German – Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienste, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-244-6224 an (TTY: Wählen Sie 711) oder sprechen Sie mit Ihrem Anbieter.

Persian (Farsi) - همچنین، وسایل و خدمات کمکی مناسب برای در دسترس است. خدمات رایگان کمک زبان برای شما صحبت می‌کنید د، توجه: اگر به فارسی تماس بگیرید یا با (شماره 711 را بگیرید :TTY) ارائه اطلاعات در قالبهای قابل دسترس به صورت رایگان در دسترس هستند. با شماره 1-800-244-6224. ارائه‌دهنده خود صحبت کنید

How to Read the Provider Listing

Example:

FAMILY PRACTICE	Specialty
Smith, John, MD	Provider's name and degree
(Jack)	Provider's alternate name
ID 12345678	Provider's ID number
Medical Group	Group affiliation
123 A Street	Street address
Town, State 00000	City, state, zip code
(123) 456-7890	Office phone number
Other Language(s) Spoken	Other Languages Spoken by Provider or Office Staff
Hospital Affiliation	*Affiliation with Cigna in-network Hospital(s)*

The providers listed in this directory are independent contractors. They are not the agents nor employees of, nor under the control of any Cigna company.

Participation by health care professionals or providers listed in this directory is not guaranteed and may be subject to change. Please ask your provider whether he/she is still in the network or call Customer Service.

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