

WE'RE ON YOUR TEAM.

Welcome to Cigna Health Matters® Care Management

If you or a loved one are faced with a medical condition, it's understandable to feel overwhelmed. The good news is you're not alone. Your care manager is your personal nurse advocate¹ and is ready to support you at every step of your journey toward better health. They can help you understand your health plan benefits, so that you can access services – quickly, easily and seamlessly.

What is Care Management?

Care Management is a collaborative process of helping to find the right services to meet your family's comprehensive health needs. Cigna's nurse advocates help manage your care by bringing together the right resources and people to meet your needs. We have social workers, pharmacists and behavioral professionals who are ready to help. These services are available at no additional cost to you and are completely confidential.

When would I be contacted, and why?

There are different instances when you might be contacted by a nurse advocate. For example, if you are admitted to the hospital, our personal nurse advocates may reach out to ensure you have what you need for recovery.

- › Do you understand your out-of-pocket costs and prescription drug coverage?
- › Do you know what signs and symptoms to report to your provider?
- › Do you have a planned follow-up appointment with your provider?
- › Do you need help with supplies or treatments once you are discharged from the hospital?



95% customer satisfaction with the Care Management experience.²

Making connections that help support your health and well-being.



Together, all the way.®



What can you expect?

If you are facing a health concern, one of our nurse advocates may reach out to offer guidance, coordination and support. You can also reach out to us at any time. Your nurse advocate can't provide medical advice, but will work with your health care providers.

Guidance

- ▶ Helping you understand your coverage and out-of-pocket costs.
- ▶ Guiding you to resources that go beyond medical treatment, such as support for chronic conditions.
- ▶ Helping you take advantage of **myCigna.com**, where you can access a variety of health and wellness tools and resources.

Coordination

- ▶ Partnering with your health care providers to help you manage your overall care plan.
- ▶ Coordinating referrals, home care, durable medical equipment (DME), caregiver respite services and more.
- ▶ Identifying resources, such as transportation to appointments or financial assistance programs.

Support

- ▶ Helping you understand your condition, treatment options and medications.
- ▶ Providing the support you need for your physical, emotional and financial well-being.
- ▶ Answering your questions and addressing your concerns.



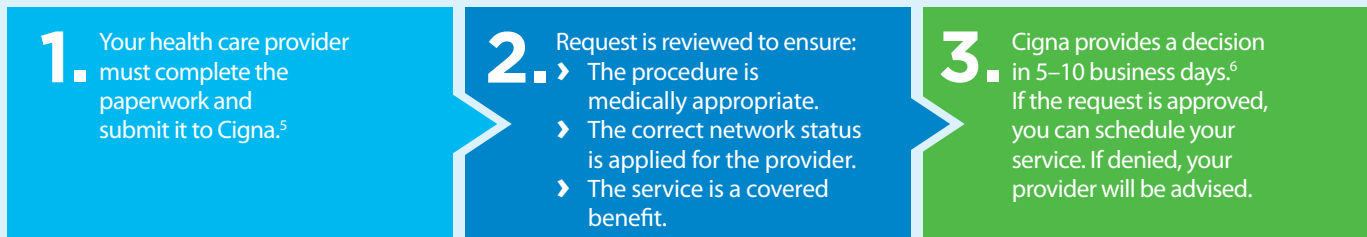
What is the value for me?

- ▶ **Peace of mind**, knowing a team of professionals is ready to assist you day or night with any concerns.
- ▶ **Cost savings** – You may save an average of \$350 in out-of-pocket medical costs.³

We'll answer your questions about prior authorization.

Prior authorization means getting approval before getting care. Your health care provider is responsible for the prior authorization process, unless you decide to use an out-of-network provider, then you assume responsibility. All inpatient hospital admissions require prior authorization. Outpatient services, such as high tech imaging (e.g., computed tomography [CT], magnetic resonance imaging [MRI] or positron emission tomography [PET] scans), musculoskeletal/pain management (e.g., spinal and epidural injections), medical oncology, private duty nursing and others⁴ will require approval.

The approval process works like this.



Answer the call from Cigna and speak with a nurse advocate.

1. Nurse advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice in this role.

2. 2017 National Care Management Satisfaction Survey Results. Individual results may vary.

3. Cigna Analytics Health Matters vs. Personal Health Solutions (PHS) Care Management Program Evaluation, 2018; results derived from nationwide HMC book of business using match case control study comparing engaged and not-engaged population. Individual customer results will vary.

4. List is not all inclusive.

5. In certain cases, your provider will give this information to an ancillary company we work with that helps manage these requests.

6. This time period may be shortened according to applicable state law.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, see your plan materials.

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