

PREVENTIVE MEDICATION PROGRAM



Drug List

Coverage as of January 1, 2023

Your plan's Preventive Medication Program includes generic and brand-name medications. Preventive medications are used to keep certain conditions from developing or from coming back.

About this drug list

This is a list of the most commonly prescribed generic and brand-name medications that are part of Cigna's preventive program as of January 1, 2023.^{1,2}

Here's some helpful information about this drug list:

- › Medications are listed alphabetically by condition.
- › Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters. Most brand-name medications that have a generic equivalent are no longer part of Cigna's preventive medication program.
- › **This drug list doesn't include preventive medications that are covered at 100%, or no cost-share (\$0) to you, under the Patient Protection and Affordable Care Act (PPACA)'s preventive services coverage requirement.**
- › **This drug list is updated often so it isn't a complete list of medications.** Also, your specific plan's preventive medication program may not include all of these medications and/or conditions.

Log in to the **myCigna**[®] App³ or **myCigna.com**[®],⁴ or check your plan materials, to see all of the medications included in your plan's preventive medication program.

Your cost-share for preventive medications

Not all plans offer the same cost-share for their preventive medication program. For example, some plans may require you to pay a copay, coinsurance and/or deductible for preventive medications; other plans may not.

Log into the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs.⁵



Go generic and save

Ask your doctor if a preventive generic medication may be right for you. Generics have the same strength and active ingredients as brand-name medications, but often cost much less – in some cases, up to 85% less.⁶



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

Preventive Medication Program Drug List

Some plans may not include all of these medications and/or conditions in their preventive medication program. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see which medications your plan includes in the program and how much they cost.

Anxiety/Depression/ Bipolar Disorder

citalopram
escitalopram
fluoxetine
fluoxetine dr
fluvoxamine
fluvoxamine er
paroxetine
paroxetine cr
paroxetine er
PAXIL
PAXIL CR
sertraline

Asthma Related

ACCOLATE
acetylcysteine
ADVAIR DISKUS
ADVAIR HFA
AIRDUO DIGIHALER
albuterol
albuterol hfa
ALVESCO
ANORO ELLIPTA
arformoterol
ARNUITY ELLIPTA
ASMANEX
ASMANEX HFA
ATROVENT HFA
BEVESPI AEROSPHERE
BREO ELLIPTA
BREZTRI AEROSPHERE
BROVANA
budesonide
COMBIVENT RESPIMAT
cromolyn
DULERA
ELIXOPHYLLIN
FASENRA
FLOVENT DISKUS
FLOVENT HFA
fluticasone-salmeterol
formoterol
INCRUSE ELLIPTA
INHALER AND NEBULIZER
ASSISTIVE DEVICES
ipratropium

ipratropium-albuterol
levalbuterol
LONHALA MAGNAIR
metaproterenol
montelukast
NUCALA
PERFOROMIST
QVAR REDHALER
SEREVENT DISKUS
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
STIOLTO RESPIMAT
SYMBICORT
terbutaline sulfate
THEO-24
theophylline
theophylline anhydrous
theophylline er
TRELEGY ELLIPTA
wixela inhub
XOLAIR
XOPENEX
XOPENEX CONCENTRATE
YUPELRI
zafirlukast
zileuton er
ZYFLO

Blood Pressure Related

ACCUPRIL
ACCURETIC
acebutolol
ALTACE
amlodipine
amlodipine benazepril
amlodipine-olmesartan
amlodipine-valsartan
amlodipine-valsartan-hctz
atenolol
atenolol-chlorthalidone
benazepril
benazepril-hctz
betaxolol
bisoprolol
bisoprolol-hctz
CALAN SR
candesartan
candesartan-hctz

captopril
captopril-hctz
CARDIZEM
CARDIZEM CD
CARDIZEM LA
cartia xt
chlorthalidone
CORGARD
diltiazem
diltiazem 12hr er
diltiazem 24hr er
diltiazem 24hr er (cd)
diltiazem 24hr er (la)
diltiazem 24hr er (xr)
dilt-xr
DIURIL
enalapril
enalapril-hctz
eprosartan
felodipine er
fosinopril
fosinopril-hctz
hydrochlorothiazide
indapamide
irbesartan
irbesartan-hctz
isradipine
lisinopril
lisinopril-hctz
LOPRESSOR
losartan
losartan-hctz
LOTENSIN
LOTENSIN HCT
matzim la
metolazone
metoprolol
metoprolol er
metoprolol er-hctz
metoprolol-hctz
moexipril
nadolol
nebivolol
nicardipine
nifedipine
nifedipine er
nisoldipine
olmesartan

Blood Pressure Related

(cont)

olmesartan-amlodipine-hctz
olmesartan-hctz
perindopril
pindolol
PRESTALIA
PRINIVIL
PROCARDIA XL
propranolol
propranolol er
propranolol-hctz
quinapril
quinapril-hctz
ramipril
SULAR
taztia xt
telmisartan
telmisartan-amlodipine
telmisartan-hctz
TENORETIC 100
TENORETIC 50
TENORMIN
tiadylt er
TIAZAC
timolol
trandolapril
trandolapril-verapamil er
valsartan
valsartan-hctz
VASERETIC
VASOTEC
verapamil
verapamil er
verapamil er pm
verapamil sr
VERELAN
VERELAN PM
ZESTORETIC
ZESTRIL
ZIAC

Blood Thinner Related

aspirin-dipyridamole er
BRILINTA
clopidogrel
COUMADIN
dabigatran etexilate
dipyridamole
EFFIENT
ELIQUIS
jantoven
prasugrel

warfarin
XARELTO
ZONTIVITY

Bowel Prep Products for Colorectal Cancer Screenings

gavilyte-c
gavilyte-g
gavilyte-n
GOLYTELY
NULYTELY SOLUTION
NULYTELY WITH FLAVOR PACKS
peg 3350-electrolyte
peg3350-sodium sulfate-sodium
chloride-potassium chloride
sodium ascorbate-ascorbic acid
peg-prep

Cavities

FLORIVA DROPS, CHEWABLE
TABLETS
fluoride chewable tablets
fluoritab
FLURA-DROPS
ludent fluoride
sodium fluoride oral drops and
tablets

Cholesterol Related

amlodipine-atorvastatin
atorvastatin
CADUET
cholestyramine
cholestyramine light
colesevelam
COLESTID
colestipol
endur-acin
ENDUR-AMIDE
ENDUR-THINE
ezetimibe
ezetimibe-simvastatin
fenofibrate
FENOFIBRATE
fenofibric acid
FENOGLIDE
FIBRICOR
FLOLIPID
fluvastatin
fluvastatin er
gemfibrozil
icosapent ethyl

LESCOL XL
LIPOFEN
LIVALO
LOPID
lovastatin
niacin
niacin er
niacin flush free
niacin inositol
niacinamide
NIACOR
NIASPAN
NO FLUSH NIACIN
plain niacin
PRAVACHOL
pravastatin
prevalite
QUESTRAN
QUESTRAN LIGHT
REPATHA
rosuvastatin
ROSZET
simvastatin
slo-niacin
TRILIPIX
VASCEPA
VASCEPA
ZYPITAMAG

Diabetes Related

acarbose
ACCU-CHECK TEST STRIPS
ACTOPLUS MET
ACTOS
AMARYL
BASAGLAR KWIKPEN
BYDUREON BCISE
BYDUREON PEN
BYETTA
CYCLOSET
DEXCOM G6 RECEIVER
DEXCOM G6 SENSOR
DEXCOM G6 TRANSMITTER
diabetic needles
diabetic syringes
DUETACT
FARXIGA
FORTAMET
FREESTYLE LIBRE 10 DAY
READER/SENSOR
FREESTYLE LIBRE 14 DAY
READER/SENSOR
FREESTYLE LIBRE 2 READER
FREESTYLE LIBRE 2 SENSOR

Diabetes Related (cont)

glimepiride
glipizide
glipizide er
glipizide xl
GLUCOMETERS
GLUCOPHAGE
GLUCOTROL
GLUCOTROL XL
glyburide
glyburide micronized
glyburide-metformin
GLYNASE
GLYXAMBI
HUMALOG
HUMALOG JUNIOR KWIKPEN
HUMALOG KWIKPEN
HUMALOG MIX 50-50
HUMALOG MIX 50-50 KWIKPEN
HUMALOG MIX 75-25
HUMALOG MIX 75-25 KWIKPEN
HUMULIN 70/30 KWIKPEN
HUMULIN 70-30
HUMULIN N
HUMULIN N KWIKPEN
HUMULIN R
HUMULIN R U-500
HUMULIN R U-500 KWIKPEN
insulin administrative supplies
INSULIN PUMP SUPPLIES
insulin pump syringe
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
lancets
lancing device
lancing device/lancets
LEVEMIR
LEVEMIR FLEXTOUCH
LYUMJEV
LYUMJEV KWIKPEN
metformin
metformin er
metformin er gastric
metformin er osmotic
miglitol
MISC. DIABETES SUPPLIES
(e.g. control solution, sensors,
transmitters)
MOUNJARO
nateglinide
OMNIPOD 5 G6 PODS (GEN 5)

ONETOUCH TEST STRIPS
OSENI
OZEMPIC
pen needles
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
PRANDIN
PRECOSE
repaglinide
repaglinide-metformin
RIOMET
RIOMET ER
RYBELSUS
SEGLUROMET
SEMGLEE (YFGN)
SEMGLEE (YFGN) PEN
SOLIQUA 100-33
STEGLATRO
STEGLUJAN
SYMLINPEN
SYNJARDY
SYNJARDY XR
TEST STRIPS
TOUJEO MAX SOLOSTAR
TOUJEO SOLOSTAR
TRESIBA
TRIJARDY XR
TRULICITY
urine diabetic test strips
XIGDUO XR
XULTOPHY 100-3.6

Malaria

ARAKODA
atovaquone-proguanil hcl
chloroquine phosphate
MALARONE
mefloquine hcl
primaquine
PRIMAQUINE

Migraine Prevention

AIMOVIG
AJOVY
EMGALITY
QULIPTA

Misc Antivirals

DESCOVY
emtricitabine/tenofovir 200mg-
300mg
PREVYMIS

Osteoporosis Related

ACTONEL
alendronate
ATELVIA
BINOSTO
BONIVA
DUAVEE
EVISTA
FOSAMAX
FOSAMAX PLUS D
Ibandronate
raloxifene
risedronate
risedronate dr

Smoking Cessation

bupropion sr 150mg
CHANTIX
NICOTROL
NICOTROL NS
varenicline
ZYBAN

Vaccines

ACTHIB
ADACEL TDAP
AFLURIA QUAD
BEXSERO
BOOSTRIX TDAP
COMIRNATY
DAPTACEL DTAP
DIPHTHERIA-TETANUS TOXOIDS-
PED
ENGERIX-B
FLUAD QUAD
FLUARIX QUAD
FLUBLOK QUAD
FLUCELVAX QUAD
FLULAVAL QUAD
FLUMIST QUAD1
FLUZONE HIGH-DOSE QUAD
FLUZONE QUAD
GARDASIL 9
HEPLISAV-B
HIBERIX
INFANRIX DTAP
IPOL
JANSSEN COVID-19 VACCINE
(EUA)
KINRIX
MENACTRA
MENQUADFI

Vaccines (cont)

MENVEO A-C-Y-W-135-DIP
M-M-R II VACCINE
MODERNA COVID VAC(EUA)
MODERNA COVID BIVAL EUA
MODERNA COVID-19 BOOSTER
(EUA)
PEDIARIX
PEDVAXHIB
PENTACEL
PENTACEL ACTHIB
PFIZER COVID VACCINE(EUA)
PFIZER COVID-19 VACCINE (EUA)
PNEUMOVAX 23
PREHEVBRIO
PREVNAR 13
PREVNAR 20
PRIORIX
PROQUAD
QUADRACEL DTAP-IPV
RECOMBIVAX HV
ROTARIX
ROTATEQ
SHINGRIX
SPIKEVAX COVID (18Y UP) VACC
TDVAX
TENIVAC
TRUMENBA
TWINRIX
VARIVAX
VAXELIS
VAXNEUVANCE
ZOSTAVAX

Vitamins Or Minerals

BAL-CARE DHA
BAL-CARE DHA ESSENTIAL
BRAINSTRONG PRENATAL
CADEAU DHA
CITRANATAL 90 DHA
CITRANATAL ASSURE
CITRANATAL B-CALM
CITRANATAL DHA
CITRANATAL HARMONY
CITRANATAL RX
classic prenatal
c-nate dha
complete natal dha
completenate
DUET DHA 400
DUET DHA BALANCED
EXPECTA PRENATAL
FA-8

FLORIVA DROPS, CHEWABLE
TABLETS
FLORIVA PLUS
folic acid 0.4mg, 0.8mg
KOSHER PRENATAL PLUS IRON
kpn
MARNATAL-F
MINI PRENATAL
m-natal plus
MTERYTI
MTERYTI FOLIC 5
multi-vitamin w-fluoride-iron
multivitamin with fluoride
multivitamin-iron-fluoride
MULTI-VIT-FLOR
mvc-fluoride
mynatal
mynatal plus
mynatal-z
NATACHEW
NEONATAL COMPLETE
NEONATAL PLUS
NEONATAL-DHA
NESTABS
NESTABS ABC
NESTABS DHA
newgen
OB COMPLETE ONE
OB COMPLETE PETITE
OB COMPLETE PREMIER
OB COMPLETE WITH DHA
obstetrix dha
OBSTETRIX EC
OBTREX DHA
ONE A DAY WOMEN'S PRENATAL
DHA
one daily prenatal
ONE-A-DAY PRENATAL-1
perry prenatal
pnv 29-1
pnv-dha + docusate
pnv-select
POLY-VI-FLOR
POLY-VI-FLOR WITH IRON
pr natal 400, 400 ec
pr natal 430, 430 ec
prenal chew
prenal pearl
prenal true
prenaissance
prenaissance plus
PRENATA
prenatabs fa

prenatabs rx
prenatal
prenatal + dha
prenatal 19
prenatal complete
PRENATAL FORMULA
PRENATAL FORMULA-DHA
PRENATAL GUMMIES
PRENATAL MULTI
prenatal multi-dha
prenatal multivitamin
PRENATAL MULTIVITAMIN-DHA
prenatal one daily
prenatal plus
PRENATAL PLUS VITAMIN-
MINERAL
PRENATAL PLUS-DHA
prenatal vitamin
PRENATAL VITAMIN + DHA
prenatal vitamin plus low iron
prenatal vitamins
PRENATE DHA
PRENATE ELITE
PRENATE ENHANCE
PRENATE MINI
PRENATE PIXIE
PRENATE RESTORE
PRENATE STAR
preplus
pretab
PRIMACARE
PROVIDA OB
QUFLORA FE
QUFLORA PED 0.25MG/ML
DROPS, 0.5MG/ML DROPS, 1MG
CHEWABLE TABLET
R-NATAL OB
SELECT-OB
SELECT-OB + DHA
se-natal 19
SIMILAC PRENATAL
STUART ONE
THERANATAL
THERANATAL COMPLETE
THERANATAL ONE
THERANATAL OVAVITE
THERANATAL PLUS
THRIVITE RX
TRICARE
TRICARE PRENATAL DHA ONE
trinatal rx 1
trinate
TRINAZ

Vitamins Or Minerals (cont)

TRISTART DHA
TRI-VI-FLOR
tri-vitamin with fluoride
trust natal dha
ULTRA PRENATAL PLUS DHA
vinate one
vinate-m
virt-nate dha
VITAFOL FE PLUS
VITAFOL GUMMIES
VITAFOL NANO
VITAFOL ULTRA
VITAFOL-OB
VITAFOL-OB+DHA

VITAFOL-ONE
VITAMEDMD ONE RX
VITAMEDMD REDICHEW RX
vitamins a,c,d and fluoride
VITAPEARL
VITATRUE
VP-PNV-DHA
wesnate dha
westab plus
westgel dha
WOMEN'S PRENATAL PLUS DHA

Weight Loss

ADIPEX-P
BELVIQ

BELVIQ XR
benzphetamine hcl
CONTRACE
diethylpropion hcl
diethylpropion hcl er
IMCIVREE
LOMAIRA
phendimetrazine tartrate
phendimetrazine tartrate er
phentermine
QSYMIA
SAXENDA
WEGOVY
XENICAL

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.



1. State laws in **Connecticut, Louisiana, New York, and Texas** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. The downloading and use of the **myCigna** 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. Actual App features available may vary depending on your plan and individual security profile.
4. Customers under age 13 (and/or their parent/guardian) will not be able to register at **myCigna.com**.
5. Prices shown on **myCigna** are not guaranteed and coverage is subject to your plan terms and conditions. Visit **myCigna** for more information.
6. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. <https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers>.

Para obtener ayuda en español llame al número en su tarjeta de Cigna.

Cigna 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 does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna 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. 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 complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- 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 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
Nondiscrimination Complaint Coordinator
PO 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>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, 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). 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, 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).

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 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

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 (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).