



THE UNIVERSITY OF
TENNESSEE



Holland Insurance, Inc.

www.hollandinsuranceinc.com

UT GME

**Health, Vision, and
Dental Insurance
Overview**

2022 Orientation

Overview

The University is pleased to announce your 2022 benefits program. The program is designed to provide you with benefit solutions that help you stay healthy, feel secure and help you maintain a work/ life balance. These benefits are written through Cigna and include:



- **Medical**
- **Dental**
- **Vision**
- **EAP**



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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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Changing Coverage

You can change your coverage during the year only when you experience a **qualified change in status**, such as:

- **Marriage**
- **Divorce**
- **Birth**
- **Adoption**
- **Loss of coverage**



Medical Insurance Overview

The University of TN group medical plan is offered through Cigna. This benefit is designed to protect you and your family against the financial consequences of an illness or accident.

Cigna allows you to choose from a large list of participating providers for all of your health care needs. You may access a list of providers for covered services by visiting the Cigna website at www.mycigna.com

Please refer to complete benefit summaries on the Bernie Portal Website for full details

Benefits		Medical Plan
		Network / Non-Network
Deductible	Individual Family	\$400 / \$800 \$800 / \$1,600
Out-of-Pocket	Individual Family	\$1,600 / \$6,050 \$3,200 / \$12,100
Coinsurance		90% / 70%
Preventive Care (Including Primary & Specialty Physicians and Outpatient Lab, X-Ray or other preventive tests)		100% / 0%
Physician (PCP) / Specialist		\$25 / \$45 copay
Lab, X-Ray & Major Diagnostics (Outpatient CT, PET, MRI, MRA & Nuclear Medicine – Outpatient)		Deductible + 10% Co-insurance in Network
Urgent Care		\$50 copay
Emergency Room		\$100 Copay Copay waived if admitted
Hospital (Inpatient Stay)		Deductible + 90% / 70%

*Copayments and deductibles apply to out-of-pocket maximum

Prescription Drugs	Medical Plan
Deductible	NA
Network Pharmacy: Generic	\$7
Network Pharmacy: Preferred Brand	\$25
Network Pharmacy: Non-Preferred Brand	\$50



HEALTHIER STARTS HERE

How Cigna makes a difference



Cigna makes it easy to be healthier.

Cigna offers so much more than your employer's 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.

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.

Health Information Line

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

- › Get help deciding where and when you should get treatment for your immediate care needs.
- › Call if you need general health information or have a specific health concern.
- › You can also listen to hundreds of podcasts to help you stay informed about your health.

Select a topic and listen via live-stream on your computer via [myCigna.com](https://mycigna.com).

Network of quality doctors

You can save money when you use a doctor, hospital or facility that's part of your plan's Cigna 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 on the myCigna® website or app once enrolled.

Together, all the way.®

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

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:¹

- › Screenings for blood pressure, cholesterol and diabetes.
- › Testing for colon cancer.
- › Mammograms and Pap tests.

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

Answers by Cigna for Amazon Alexa

Need help with health plan or insurance terms? Just ask Alexa on all Amazon Echo devices. Enable the Answers by Cigna skill and take health care into your own hands – without so much as lifting a finger.²



myCigna

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

- › Find in-network 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 information 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 App.³

Telehealth for 24/7 care

Cigna Telehealth Connection helps you get the care you need – including most prescriptions (when appropriate) – for a wide range of minor conditions. You can connect with a board-certified provider via video chat or phone, when, where and how it works best for you.⁴

- › **Choose when:** 24/7/365. Day or night, weekdays, weekends and holidays.
- › **Choose where:** Home, work or on the go.
- › **Choose how:** Phone or video chat.

See your enrollment materials for details.

Know before you go

Here's an at-a-glance view of your options when you need medical care.⁵ In an emergency, always dial 911 or visit the nearest emergency room.

	Cost	Wait time	Severity
Cigna Telehealth Connection	\$\$\$	🕒🕒🕒🕒	🏥🏥🏥🏥
Convenience care clinic	\$\$\$	🕒🕒🕒🕒	🏥🏥🏥🏥
Primary care provider	\$\$\$	🕒🕒🕒🕒	🏥🏥🏥🏥
Urgent care center	\$\$\$	🕒🕒🕒🕒	🏥🏥🏥🏥
Emergency room	\$\$\$	🕒🕒🕒🕒	🏥🏥🏥🏥

Cigna Healthy Rewards⁶

Get discounts on the health products and programs you use every day for weight management, nutrition, vision, hearing care and more.

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

7. Message and data rates may apply. To view our Privacy policy, please visit Cigna.com/Privacy. This service is for educational purposes only. Medical advice is not provided.

Health care providers that participate in the Cigna network are independent contractors solely responsible for the treatment provided to their patients; they are not agents of Cigna. 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 complete details of coverage, see your plan materials.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, 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 Louisiana, Inc., Cigna HealthCare of Missouri, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of North Dakota, Inc., Cigna HealthCare of Ohio, Inc., Cigna HealthCare of Oklahoma, Inc., Cigna HealthCare of Oregon, Inc., Cigna HealthCare of Pennsylvania, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, TN - HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Amazon, Alexa, Echo, and all related logos and motion marks are trademarks of Amazon.com, Inc. or its affiliates. All pictures are used for illustrative purposes only.

Cigna Veteran Support Line

This free hotline is available 24/7/365 to all veterans, their families and caregivers. No need to be a Cigna customer. Cigna stands ready to connect you with:

- › Pain management resources.
- › Substance use counseling.
- › Financial support.
- › Food, clothing, housing.
- › Legal assistance.
- › Parenting and child care.
- › Aging services.
- › Weekly Mindfulness for Vets sessions by phone and more.

Call **855.244.6211**.

Pain management resources

Visit Cigna.com/helpwithpain or text 25792 to receive tips for healthy pain management⁷

1. Plans may vary and not all preventive services are covered. 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). See your plan materials for a complete list of covered preventive care services.

2. The Answers by Cigna skill is for informational and educational purposes only. You are encouraged to consult a licensed insurance agent and review your plan documents for the details of your specific health plan or insurance policy.

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

4. Telehealth services are provided by independent third-party providers. These services are provided exclusively by such third-party providers, and not by Cigna. Providers are solely responsible for any treatment provided. Not all providers have video chat capabilities and video chat is not available in all areas. Telehealth services may not be available to all plan types or in all areas. A primary care provider referral is not required for this service.

5. This chart is for illustrative purposes only and is not medical advice. Actual costs and wait times may vary. Always consult your doctor for appropriate examinations, treatment, testing and care recommendations, including prior to choosing a provider for care. In an emergency, dial 911 or visit the nearest emergency room.

6. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. If your 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.



YOU'VE GOT A GOAL. AND YOU'VE GOT WHAT IT TAKES TO REACH IT.



Whether your goal is to lose weight, quit tobacco or lower your stress levels, you have the power to make it happen. Cigna Lifestyle Management Programs can help - and all at no additional cost to you. Each program is easy to use and available where and when you need it. And, you can use each program online or over the phone - or both.*

Weight Management

Reach your goal of maintaining a healthy weight - all without the fad diets. Create a personal healthy-living plan that will help you build your confidence, be more active and eat healthier. And, you'll get the support you need to stick with it.

Tobacco Cessation

Get the help you need to finally quit tobacco. Create a personal quit plan with a realistic quit date. And, get the support you need to kick the habit for good. You'll even get free over-the-counter nicotine replacement therapy (patch or gum).

Stress Management

Get help lowering your stress levels and raising your happiness levels. Learn what causes you stress in your life and develop a personal stress management plan. And, get the support you need to help you cope with stressful situations - both on and off the job.

Take the first step.

Call 1.800.244.6224 (on back of ID card) or visit myCigna.com



Over the phone*

- › One-on-one wellness coaching
- › Convenient evening and weekend hours
- › Program workbook and toolkit



Online

- › Convenient support
- › Self-paced program
- › Educational materials, interactive tools and resources



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HOW CAN WE HELP YOU TODAY?

The Cigna Employee Assistance Program (EAP) has you covered.

As an employee you have access to the valuable Cigna Employee Assistance Program (EAP) at no cost to you.

EAP personal advocates will work with you and your household family members to help you resolve issues you may be facing, connect you with the right mental health professionals, direct you to a variety of helpful resources in your community and more.

Take advantage of a wide range of services offered at no cost to you

- › **3** face-to-face counseling sessions with a counselor in your area, as well as video-based sessions.
- › **Legal assistance:** 30-minute consultation with an attorney, face-to-face or by phone.*
- › **Financial:** 30-minute telephone consultation with a qualified specialist on topics such as debt counseling or planning for retirement.
- › **Parenting:** Resources and referrals for childcare providers, before and after school programs, camps, adoption organizations, child development, prenatal care and more.
- › **Eldercare:** Resources and referrals for home health agencies, assisted living facilities, social and recreational programs and long-distance caregiving.
- › **Pet care:** Resources and referrals for pet sitting, obedience training, veterinarians and pet stores.
- › **Identity theft:** 60-minute consultation with a fraud resolution specialist.



We're here to listen. Contact us any day, anytime.

Call 877-622-4327
Or log in to myCigna.com.
Employer ID: UTGME
(Needed for initial registration only)
If already registered on myCigna.com, simply log in and go to the EAP link under the Review My Coverage tab.



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UNDERSTANDING CIGNA BEHAVIORAL HEALTH VIRTUAL COUNSELING.

We make it easy.

Have questions about accessing virtual counseling through Cigna's network of providers* or your employee assistance program (EAP)?** Start here. Should you have any additional questions, feel free to call the number on your Cigna ID card, anytime.

Q. What kind of device can I use?

A. Use your smartphone, tablet or computer with camera for virtual counseling.

Q. Will the provider need to see me in person first?

A. You can schedule virtual counseling appointments based on your provider's availability. Depending on your reason for treatment, your provider might require that you have been seen face-to-face first.

Q. How much will it cost?

A. Access this care as part of your behavioral health benefits under your employer's health plan – and/or employee assistance program. Your out-of-pocket cost is the same as a behavioral health outpatient office visit. There's no cost to you for EAP services, for the same number of covered EAP sessions.**

Q. Does this include telephone sessions?

A. Virtual counseling is video-based and does not require a prior authorization because it's seen as a substitute for face-to-face therapy. However, if phone sessions are needed, a prior authorization is required.

See your EAP materials or plan documents for a complete list of covered behavioral health services.

To connect with a virtual counselor in Cigna's network:

Go to myCigna.com and go to Find Care & Cost tab. Search for Virtual Counselor under Doctor by Type. If you need assistance finding a provider call **877.622.4327**.

Call to make an appointment with your selected provider, like you would for a face-to-face visit.

Your provider will give you information on how to set up virtual counseling according to the technology they are using.

For EAP, go to myCigna.com and use employer ID (for initial registration):
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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 conditions with health care providers 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 provider or facility can be arranged. You must apply for Transition of Care at enrollment, or when there is a change in your 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 can receive services at in-network coverage levels for specified medical conditions when your health care provider leaves your plan's network and the immediate transfer of your care to another health care provider would be inappropriate and/or unsafe. This care is for a defined period of time. You must apply for Continuity of Care within 30 days of your health care provider's termination date. This is the date that he or she is leaving your plan's 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 conditions:
 - You will receive the in-network level of coverage for treatment of the specific condition by the health care providers 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 condition specified and the health care provider identified on the request form. All other conditions must be cared for by an in-network health care provider 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.

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** of coverage or of the health care provider 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 provider 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 provider's termination date.
- ▶ Hospital confinement on the plan effective date (only for those plans that do not have extension of coverage provisions).

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 provider?

If Cigna determines that transitioning to an in-network health care provider is inappropriate or unsafe for the conditions that qualify, services by the approved out-of-network health care provider 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 provider, 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 provider leaves your plan's network.

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

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 medical plan, or when your health care provider leaves the Cigna network. It cannot be submitted more than 30 days after the effective date of your plan or your health care provider'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.

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 provider 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 Plan (mm/dd/yyyy)	
Employee Name	Employee Member ID		Work Phone
Home Address	Street	City	State ZIP
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 an organ transplant? Yes No
9. 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.

10. Please complete the health care provider information requested below.

Group Practice Name		
Health Care Provider Name		Health Care Provider Phone #
Health Care Provider Specialty		
Health Care Provider Address		
Hospital Where Health Care Provider 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		

11. Is this patient expected to be in the hospital when coverage through Cigna begins or during the next 90 days? Yes No
12. 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 request form.

I hereby authorize the above health care provider to give Cigna Health and Life Insurance Company or its affiliates and contracted parties any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care/Continuity of Care. I understand I am entitled to a copy of this authorization form.

Signature of Patient, Parent or Guardian	Date (mm/dd/yyyy)
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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 866.729.0432

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 a 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 covered dependents are seeking Transition of Care/Continuity of Care. 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 provider'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, 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: 866.729.0432

In #9, include information about the current or proposed treatment plan and the length of time treatment is expected to continue. If surgery has been planned, state the type and the proposed date of the surgery.

In #12, briefly state the health condition, when it began, what health care provider is currently involved, and how often you see this health care provider. 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 participant's effective date. Review for organ transplant requests may take longer than 10 days.



FINDING A DOCTOR OR DENTIST IN OUR DIRECTORY IS EASY



Is your doctor, dentist or hospital in your plan's Cigna network? Cigna's online directory makes it easy to find who (or what) you're looking for.

SEARCH YOUR PLAN'S NETWORK IN FOUR SIMPLE STEPS



Step 1

Go to **Cigna.com**, and click on "Find a Doctor" at the top of the screen. Then, under "How are you Covered?" select "Employer or School."

(If you're already a Cigna customer, log in to **myCigna.com** or the myCigna® app to search your current plan's network. To search other networks, use the **Cigna.com** directory.)



Step 2

Change the geographic location to the city/state or zip code you want to search. Select the search type and enter a name, specialty or other search term. Click on one of our suggestions or the magnifying glass icon to see your results.



Step 3

Answer any clarifying questions, and then verify where you live (as that will determine the networks available).



Step 4

Optional: Select one of the plans offered by your employer during open enrollment.

That's it! You can also refine your search results by distance, years in practice, specialty, languages spoken and more.

Search first. Then choose Cigna.

There are so many things to love about Cigna. Our directory search is just the beginning.

After you enroll, you'll have access to **myCigna.com** – your one-stop source for managing your health plan, anytime, just about anyplace. On **myCigna.com**, you can estimate your health care costs, manage and track claims, learn how to live a healthier life and more.

Questions? Call the number on the back of your ID card.



Holland Insurance, Inc.

www.hollandinsuranceinc.com



EASY TO REGISTER.

EASY TO USE.

Get to know the full myCigna value.

From programs that help improve your health to tools that help manage your health spending, there's so much you can do on the myCigna website or app.



Find in-network doctors, hospitals and medical services



Manage and track claims



See cost estimates for medical procedures



Compare quality of care for doctors and hospitals



Access a variety of health and wellness tools and resources



The myCigna website and app both have an easy, interactive health assessment to help you learn more about your health and what you can do to improve it.



Register today

You can register online or through the app.

1. Go to the **myCigna.com** website or launch the **myCigna App** and select "Register Now"
2. **Enter** your requested information
3. **Confirm** your identity
4. **Create** your security information and provide your primary email address
5. **Review**, then select "Submit"



Feel better protected

Cigna is as committed to helping protect your health information as we are to protecting your health and well-being. That's why we take certain steps to enhance the security of your personal health information on the myCigna website and app.

› **Enhanced registration**



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Together, all the way.™



Dental Insurance Overview

The dental plan offered through Cigna offers participants two preventive maintenance cleanings per year. Further preventive services such as bi-annual exams, cleanings, sealants, and x-rays will be covered at 100% of total cost. With Cigna, you may choose any dentist to provide your oral care; however, if you choose a preferred provider, claims may be paid directly to your dentist. Go to www.mycigna.com to search for in-network providers. Your medical id card also works as your dental id card.

Please refer to complete benefit summaries on the Bernie Portal Website for full details



Dental Plan Features	In-Network Provider	Out of Network Provider
Policy year deductible	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Annual Maximum (applies to Class II & III /excludes Orthodontia)	\$1,000	\$1,000
Preventive Services	100%, no deductible	100%, no deductible
Class II: Basic Services (Fillings & Simple Extractions)	80% after deductible	80% after deductible
Class III: Major Services (12 month waiting period)	50 % after deductible	50% after deductible

*Non-participating dentists can bill you for charges above the amount covered by your Cigna Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network Dentist.

Vision Insurance Overview

The University of TN offers vision insurance through Cigna. A comprehensive package of vision benefits designed to promote good eye health includes annual routine eye exams paid at 100% after \$10 copay.

Please review the chart below. Register at www.mycigna.com to find in-network providers. You will receive two vision cards per household.

Please refer to complete benefit summaries on the Bernie Portal Website for full details

PLAN FEATURES	PARTICIPATING PROVIDER BENEFITS	NON-PARTICIPATING PROVIDER BENEFITS
Exam (1 Every Plan Year)	\$10 Copay, then 100%	Up to \$45 allowance
Lenses (1 Every Plan Year)		
Single	100% after Copay	Up to \$22 allowance
Bifocal	100% after Copay	Up to \$55 allowance
Trifocal	100% after Copay	Up to \$65 allowance
Lenticular	100% after Copay	Up to \$80 allowance
Frames (1 Every 24 Months)	\$130 allowance	Up to \$71 allowance
Contact Lenses		
Elective (Professional Fees & Materials)	Up to \$130 allowance	Up to \$105 allowance
Therapeutic	100%	Up to \$210 allowance



TEMPORARY ID CARDS

Account Name: **UT GMEP**

Account Number: **3313068**

POS Open Access

PCP: \$25 Copay Spec visit: \$45 Copay
ER: \$100 Copay Urgent Care: \$50 Copay
Rx Copay: \$7/\$25/\$50

In-Network: 90% after Deductible
Out of Network: 70% after Deductible

Claim or coverage inquiry: 1.800.244.6224
Effective Date: **07/01/2022**

RxBIN: 017010 RxPCN: 0215COMM
RxGroup: 3313068



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>.



Holland Insurance, Inc.

www.hollandinsuranceinc.com



Summary

The University of TN CIGNA BENEFITS

[BERNIEPORTAL LOGIN](#)

[Online Enrollment System](#)

	Combined Medical/Dental/Vision Rate per Month
Employee	\$115.00
Emp +Spouse	\$230.00
Emp + Child(ren)	\$ 210.00
Family	\$ 325.00

- **Step 1:** Log into BerniePortal www.bernieportal.com
 - Username: email address
 - Password: Last four digits of your SSN + two-digit birth month
- **Step 2:** Be sure to check your address and personal information for accuracy before clicking on the Begin Enrollment link
- **Step 3:** Select Begin Enrollment
- **Step 4:** Follow the Guided Enrollment
- **Step 5:** Simply logout following the enrollment confirmation



UTGME 2022 Benefits Contact List

Holland Insurance	662-895-5528
Gerald Holland	gholland@hollandinsuranceinc.com
Meagan Sneed	msneed@hollandinsuranceinc.com
Susan Minton	sminton@hollandinsuranceinc.com

Cigna

Medical, Dental, and Vision	1-800-244-6224
	www.mycigna.com

