

SPECIALTY DRUG LIST



As of January 1, 2020

Specialty medications are used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis.

This document shows the most commonly prescribed specialty medications covered as of January 1, 2020.^{1,2}

The Specialty Drug List is updated often so it's important to know that this is not a complete list of the medications your plan covers. Also, your specific plan may not cover all of the medications in this document. Medications are listed alphabetically; Brand name medications are capitalized and generic medications are lowercase.

Some plans have specific coverage requirements for specialty medications.

For example, some plans may:

- › Cover specialty medications on a specialty tier.
- › Limit coverage to a 30-day supply.
- › Require you to fill certain medications through Accredo, a Cigna specialty pharmacy, to receive coverage.³ In this drug list, these medications have an asterisk (*) next to them.



Log in to the **myCigna**[®] App or website, or check your plan materials, to learn more about the specialty medications your plan covers. You can also click on “Price a Medication” to see how much your medication will cost you and to see if there are lower-cost alternatives available.⁴

Together, all the way.[®]



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

Medication Name

A

abacavir
 abacavir-lamivudine
 abacavir-lamivudine-
 zidovudine
 abiraterone*
 Abraxane
 Actemra*
 Acthar*
 Acthrel
 Actimmune*
 Adagen
 Adcetris
 Adcirca*
 adefovir*
 Adempas*
 Adriamycin
 Adrucil
 Advate*
 Adynovate*
 Afinitor Disperz
 Afinitor*
 Afstyla*
 Agrylin
 Akynzeo
 Aldurazyme*
 Alecensa*
 Alferon N*
 Alimta
 Aliqopa
 Alkeran
 Alosetron*
 Aloxi
 Alphanate*
 Alphanine SD*
 Alprolix*
 Alunbrig*
 Ambrisentan*
 Ameluz
 Amicar*
 amifostine
 aminocaproic acid*
 Ampyra*
 Amvisc
 Amvisc Plus
 Anagrelide
 Andexxa
 Anzemet
 Apokyn*
 Aprepitant
 Aptivus

Aralast NP
 Aranesp
 Arcalyst*
 Arestin*
 Argatroban
 Argatroban-0.9%
 Arikayce
 Arixtra
 Arranon
 Arzerra
 Asclera
 Astagraf XL*
 atazanavir
 Atgam
 Atripla
 Aubagio*
 Austedo
 Avastin
 Aveed
 Avonex*
 azacitidine
 Azasan*
 azathioprine*
 Azedra Dosimetric

B

Balversa
 Baraclude*
 Bavencio
 BCG (Tice Strain)
 BCG Vaccine (Tice Strain)
 Bebulin*
 Beleodaq
 Belrapzo*
 bendamustine*
 Bendeka*
 Benefix*
 Benlysta
 Berinert*
 Besponsa
 Betaseron*
 Bethkis
 bevacizumab
 bexarotene*
 bicalutamide*
 Bicnu
 Biktarvy
 Biolon
 Bivigam*
 Bleo 15K
 bleomycin
 Blincyto

Boniva*
 bortezomib
 Bosentan*
 Bosulif*
 Botox
 Braftovi
 Bravelle
 Brineura
 Buphenyl*
 Busulfan
 Busulfex

C

Cablivi
 Cabometyx
 Calquence
 Campath
 Camptosar
 capecitabine*
 Caprelsa
 Carbaglu*
 carboplatin
 Carimune NF Nanofiltered*
 Carmustine
 Casodex
 Cellcept*
 Ceprotin
 Cerdelga*
 Cerezyme*
 Cetrotide
 Chenodal
 Cholbam
 Chorionic Gonadotropin
 Cidofovir
 Cimduo
 Cimzia*
 cinacalcet
 Cinqair
 Cinryze*
 Cinvanti
 cisplatin
 cladribine
 clofarabine
 Clolar
 Coagadex
 Combivir
 Cometriq
 Complera
 Copaxone*
 Copegus*
 Copiktra
 Corifact

Cosentyx (2 Syringes)*
 Cosmegen
 Cotellic*
 Crixivan
 Crysvida
 Cuprimine
 Cuvitru
 cyclophosphamide*
 cyclosporine modified*
 cyclosporine*
 Cyklokapron
 Cyramza
 Cystadane
 Cystagon
 Cystaran
 cytarabine
 Cytogam
 Cytovene

D

dacarbazine
 Dacogen
 dactinomycin
 Daklinza*
 dalfampridine ER*
 Daraprim
 Darzalex*
 daunorubicin
 DaunoXome
 Daurismo*
 DDAVP
 decitabine
 Deferasirox
 Defitelio*
 Delstrigo
 Depen
 Depocyt
 Descovy
 desmopressin
 dexrazoxane
 Diacomit
 didanosine
 Docefrez
 docetaxel
 Doptelet*
 Dovato
 Doxil
 doxorubicin
 doxorubicin liposome
 D-Penaminate
 Dsuvia
 Duopa

Brand name medications are capitalized and generic medications are lowercase.

*Your plan may require you to fill this medication through Accredo, a Cigna specialty pharmacy, to receive coverage. You may be able to use an in-network retail pharmacy one or more times before switching to Accredo. Log in to the myCigna app or website, or check your plan materials, to learn more about how your plan covers this medication.

Medication Name

Dupixent*
Durolane*
Dysport*

E

Edurant
efavirenz
Egrifta*
Elaprase
Elelyso
Eligard*
Elitek
Ellence
Eloctate*
Eloxatin
Elzonris
Emcyt*
Emend
Emflaza*
Empliciti*
Emtriva
Enbrel*
enoxaparin
Entecavir*
Entyvio
Epclusa*
Epidiolex*
epirubicin
Epiriv
Epiriv HBV
Epogen
epoprostenol
Epzicom
Erbitux
Erivedge*
Erlotinib*
Erwinaze
Esbriet*
Ethyol
Etopophos
etoposide
Euflexxa*
Evenity
Evotaz
Exjade
Exondys 51
Extavia*
Eylea

F

Fabrazyme*
Farydak

Fasenra*
Faslodex
Feiba NF
Ferriprox
Fibryga
Firazyr*
Firdapse
Firmagon
Flebogamma Dif
Flolan
floxuridine
fludarabine
fluorouracil
Flutamide
Follistim AQ
Folotyn
fondaparinux
Forteo*
fosamprenavir
Fragmin
Fulvestrant
Fusilev
Fuzeon*

G

Galafold*
Gamastan*
Gamastan S-D*
Gamifant
Gammagard Liquid*
Gammagard S-D*
Gammaked*
Gammaplex
Gammaplex
Gamunex-C*
ganciclovir
Ganirelix
Gattex*
Gazyva
Gel-One*
Gelsyn-3*
gemcitabine
Gemzar
Gengraf*
Genotropin*
Genvisc 850*
Genvoya
Giapreza
Gilenya*
Gilotrif*
Glassia
glatiramer*

Glatopa*
Gleevec*
Gliadel
Gonal-F
Granix

H

Haegarda*
Halaven
Harvoni*
Helixate FS*
Hemlibra*
Hemofil M*
Hepagam B
Hepsera*
Herceptin
Hetlioz*
Hexalen*
Hizentra*
Humate-P*
Humatrope*
Humira*
Hyalgan*
Hycamtin
hydroxyprogesterone
Hylenex*
Hymovis
Hyperhep B S-D
Hyperrab
Hyperrab S-D
Hyperrho S-D
Hyqvia

I

ibandronate*
Ibrance*
Icatibant*
Iclusig
Idamycin PFS
Idarubicin
Idelvion*
Idhifa*
Ifex
ifosfamide
Ilaris*
Iluvien
imatinib*
Imbruvica
Imfinzi
Imlygic
Imogam Rabies-HT
Imuran*

Increlex*
Inflectra*
Infugem*
Ingrezza
Ingrezza Initiation Pack
Inlyta*
Intelence
Intron A*
Invirase
Iprivask*
Iressa*
irinotecan
Isentress
Istodax
Ixempra
Ixinity*

J

Jadenu*
Jakafi*
Jetrea
Jevtana*
Jivi
Juluca
Juxtapid*
Jynarque*

K

Kadcyla
Kalbitor*
Kaletra
Kalydeco*
Kanuma
Kcentra
Kedrab
Kepivance
Keveyis
Kevzara*
Keytruda*
Khapzory
Kineret
Kisqali*
Kisqali Femara Co-Pack*
Kitabis Pak
Koate*
Koate-DVI*
Kogenate FS*
Korlym
Kovaltry*
Krystexxa
Kuvan*
Kyleena

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Medication Name

Kymriah
Kynamro
Kyprolis

L

lamivudine
Lamivudine HBV
lamivudine-zidovudine
Lartruvo
ledipasvir-sofosbuvir*
Lemtrada*
Lenvima*
Letairis*
leucovorin
Leukine
leuprolide*
levoleucovorin
Levulan
Lexiva
Libtayo
Liletta
Lipodox
Lipodox 50
Lonsurf*
lopinavir-ritonavir
Lorbrena*
Lotronex*
Lovenox
Lucentis
Lumizyme
Lumoxiti
Lupaneta Pack
lupron depot*
Lutathera
Luxturna
Lynparza
Lysteda

M

Maci
Macrilen*
Macugen
Makena
Marqibo
Matulane
Mavenclad*
Mavyret*
Mayzent*
Mekinist*
Mektovi
Melphalan
Menopur

Mepsevii
Mesna
Mesnex
methotrexate
Michogam Ultra-Filtered
Plus
Miglustat*
Mircera
Mirena
mitomycin
mitomycin-Sterile Water
mitoxantrone
Moderiba*
Monoclata-P*
Mononine*
Monovisc*
Mozobil
Mulpleta*
Mustargen
Mutamycin
Myalept*
mycophenolate mofetil*
mycophenolic acid*
Myfortic*
Mylotarg
Myobloc

N

Nabi-HB
Naglazyme
Natpara*
Natrecor
Navelbine
Neoral*
Nerlynx*
Neulasta
Neumega
Neupogen
nevirapine
nevirapine ER
Nexavar*
Nexavar
Nexplanon
Nilandron
nilutamide
Ninlaro
Nipent
Nityr
Nivestym
Norditropin Flexpro*
Northera*
Norvir

Novarel
Novoeight*
Novoseven RT*
Nplate
Nucala*
Nulojix
Nuplazid*
Nuplazid*
Nutropin AQ*
Nuwiq
Nuzyra

O

Obizur
Ocaliva*
Ocrevus*
Octagam*
octreotide*
Odefsey
Odomzo
Ofev*
Olysio*
Omnitrope*
Oncaspar
Onivyde
Onpattro
Opdivo*
Opsumit*
Orencia*
Orenitram ER*
Orfadin
Orkambi*
Orthovisc*
Otezla*
Otrexup
Ovidrel
Oxaliplatin
Ozurdex

P

paclitaxel
palonosetron
Palynziq*
pamidronate*
Panhematin
Panretin*
Panzyga
Paragard T 380-A
paricalcitol
Parsabiv
Pegasys*
Pegasys Proclick*

Pegintron*
Penicillamine
Perjeta
Photofrin
Pifeltro
Piqray*
Plegriby*
Polivy
Pomalyst*
Portrazza
Poteligeo
Praluent Pen
Praluent Syringe*
Praxbind
Pregnyl
Prevymis*
Prezcobix
Prezista
Prialt
Privigen*
Procrit
Procysbi*
Profilnine*
Progesterone*
Prolastin C
Proleukin
Prolia
Promacta*
Provenge
Provisc
Pulmozyme*
Purixan

R

Radicava
Rapamune*
Raplixa
Rasuvo
Ravicti*
Rebetol*
Rebif*
Rebiny*
Reclast*
Recombinate*
Remicade*
Remodulin*
Renflexis*
Reopro
Repatha Pushtrex
Rescriptor
Retacrit
Retisert

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Medication Name

Retrovir
 Revatio*
 Revcovi
 Revlimid*
 Reyataz
 Rheumatrex
 Rhogam Ultra-Filtered Plus
 Rhophylac
 Riastap
 Ribasphere*
 Ribatab*
 Ribavirin*
 Rilutek*
 Riluzole*
 Ritonavir
 Rituxan
 Rixubis*
 Romidepsin
 Rubraca
 Ruconest
 Ruzurgi
 Rydapt*

S

Sabril*
 Saizen*
 Saizen-Saizenprep*
 Samsca*
 Sandimmune*
 Sandostatin*
 Selzentry
 Sensipar
 Serostim*
 Signifor*
 sildenafil*
 Siliq*
 Simponi*
 Simulect
 Sinuva
 sirolimus*
 Sirturo
 Skyla
 Skyrizi (2 Syringes) Kit*
 sodium hyaluronate*
 sodium phenylbutyrate*
 sofosbuvir-velpatasvir*
 Soliris
 Somatuline Depot
 Somavert

Sovaldi*
 Spinraza
 Spravato
 Sprycel*
 stavudine
 Stelara*
 Stimote
 Stivarga*
 Strensiq
 Stribild
 Sublocade
 Sucraid
 Supartz*
 Supartz FX*
 Supprelin LA*
 Sustiva
 Sutent*
 Sylatron*
 Sylvant
 Symfi
 Symtuza
 Synagis*
 Synarel*
 Synribo
 Synvisc*
 Syprine*

T

tacrolimus*
 Tadalafil*
 Tafinlar*
 Tagrisso*
 Takhzyro*
 Taltz Autoinjector*
 Talzenna*
 Tarceva*
 Targretin*
 Tassigna*
 Tavalisse
 Taxotere
 Tecentriq*
 Tecfidera*
 Technivie*
 Tegsedi
 Temodar
 temozolomide*
 temsirolimus
 teniposide
 Tenofovir Disoproxil
 Tepadina

tetrabenazine*
 Thalomid*
 Theracys
 Thiola
 Thiotepa
 Thrombate LII
 Thymoglobulin
 Thyrogen
 Tibsovo
 Tiglutik
 Tivicay
 TOBI
 TOBI Podhaler*
 Tobramycin
 Toposar
 Topotecan*
 Torisel
 Tracleer*
 tranexamic acid
 Treanda
 Trelstar*
 Tremfya
 Treprostinil*
 Tretten
 Trexall
 trientine*
 Triptodur
 Trisenox
 Triumeq
 Trivisc*
 Trizivir
 Trogarzo*
 Truvada
 Tybost
 Tykerb*
 Tymlos*
 Tysabri*
 Tyvaso*
 Tyvaso Institutional Start Kit*
 Tyvaso Refill Kit*
 Tyvaso Starter Kit*
 Tyzeka*

U

Ultomiris*
 Unituxin
 Upravi*

V

Valchlor*
 valrubicin
 Valstar
 Vantas*
 Varithena
 Varubi
 Vectibix
 Velcade
 Veletri*
 Vemlidy*
 Venclexta
 Ventavis
 Verzenio
 Victrelis*
 Vidaza
 Videx
 Viekira Pak*
 Viekira Xr*
 Vigabatrin*
 Vigadrone*
 Vimizim
 vinblastine
 Vincasar PFS
 vincristine
 vinorelbine
 Viracept
 Viramune
 Viramune XR
 Virazole*
 Viread
 Visco-3*
 Vistogard
 Visudyne
 Vitekta
 Vitrakvi
 Vivitrol*
 Vizimpro*
 Vonvendi
 Voraxaze
 Vosevi*
 Votrient*
 Vpriv*
 Vyndaqel*
 Vyxeos

W

Wilate*
 Winrho SDF*

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Medication Name

X

Xalkori*
Xatmep
Xeljanz*
Xeloda*
Xenazine*
Xeomin*
Xermelo
Xgeva
Xiaflex
Xolair*
Xospata
Xpovio
Xtandi

Xuriden
Xyntha*
Xyntha Solofuse*
Xyrem

Y

Yervoy
Yescarta
Yondelis*
Yutiq

Z

Zaltrap
Zanosar
Zarxio*

Zavesca*
Zejula
Zelboraf*
Zemaira
Zemplar
Zepatier*
Zerit
Zevalin
Ziagen
zidovudine
Zinbryta
Zinecard
Zinplava
Zoladex*
zoledronic acid*

Zolgensma
Zolinza
Zomacton*
Zometa*
Zorbtive*
Zortress*
Zulresso
Zydelig*
Zykadia
Zytiga*

Cigna reserves the right to make changes to the 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.



1. State laws in **Texas** and **Louisiana** 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. **Illinois** state law allows you to receive continued coverage of your medication, and at your current cost share (tier) level, if your doctor requests approval through a coverage review process. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. Not all plans offer Accredo as a covered pharmacy option. Please log in to the myCigna app or website, or check your plan materials, to learn more about the pharmacies in your plan's network.
4. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.

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 (or administered by a licensed health care professional, depending on the drug) 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 copay, 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>.



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