Transition of Care and 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 and behavioral conditions with health care providers who are not in our 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. 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 may be able to receive services at in-network coverage levels for specified medical and behavioral conditions in certain circumstances. These include when your health care provider leaves your plan's network or if/when you have been notified by your employer that you may qualify for Continuity of Care or your employer changes health care plans and the immediate transfer of your care to another provider would be inappropriate and/or unsafe. This care is for a defined period of time. Continuity of Care starts three days after the date of the letter you received notifying you that your provider is leaving your plan's network. Continuity of Care usually lasts 90 days from that date. You need to request Continuity of Care within those 90 days.

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 or behavioral conditions:
 - You will receive the in-network level of coverage for treatment of the specific condition by the health care provider for a defined period of time, as determined by us.
 - If your plan includes out-of-network coverage and you choose to continue care out-of-network beyond the time frame approved by us, 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 or behavioral 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.
- 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 2I 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).
- Behavioral health conditions during active treatment.

Examples of conditions that do not qualify for Transition of Care/Continuity of Care include, but are not limited to:

- First trimester pregnancy for Transition of Care.
- 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 you qualify for continuation of care, 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. If this is a Transition of Care request, you need to complete this form no later than 30 days after your plan becomes effective. If this is a Continuity of Care request, Continuity of Care starts three days after the date of the letter you received notifying you that your provider is leaving your plan's network. Continuity of Care usually lasts 90 days from that date. You need to request Continuity of Care within those 90 days.

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 our network. For Transition of Care requests, this form cannot be submitted more than 30 days after the effective date of your plan. Continuity of Care starts three days after the date of the letter you received notifying you that your provider is leaving your plan's network. Continuity of Care usually lasts 90 days from that date. You need to request Continuity of Care within those 90 days. After receiving your request, we 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.

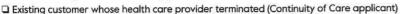
Is there anything else I should know?

If the Transition of Care/Continuity of Care request is approved, your health care provider will need to contact Cigna Healthcare to confirm whether precertification applies for any services you are currently receiving or you plan to receive (treatment/surgery, etc.) and obtain approval to ensure they are covered by your plan.

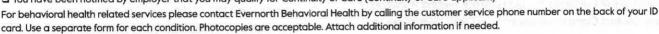
Transition of Care/Continuity of Care request form

See instructions for completing this form on the reverse side.

☐ New enrollee (Transition of Care applicant)



☐ You have been notified by employer that you may qualify for Continuity of Care (Continuity of Care applicant)



Employer Policy#		Employee Date of Enrollment in Plan (mm/dd/yyyy)			
Employee Name		Employee Member ID		Work Phone	
Home Address Street	City State	, 0	ZIP	Home Phone/Mobile	1100
Patient's Name	Patient's Social Security# or Alternate ID		Patient's Birth Date (mm/dd/yyyy)	Relationship to Employee ☐ Spouse ☐ Dependent ☐ Self	
Is the patient pregnant? Due Date If yes, is the pregnancy considered high risk Is the request for an infusion or injection me If yes, list the name of the infusion or injection.	edication? ion drug	m usum	makamenga ankin humaupo hwy mungain zanupan wen to -	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	□ No
 4. Is the patient currently receiving treatment for an acute condition, chronic condition or trauma? 5. Is the patient scheduled for surgery or hospitalization after your effective date with us? 				Yes	□ No
6. Is the patient involved in a course of chemotherapy, radiation therapy, cancer therapy or terminal care?				□ Yes	□ No
7. Is the patient receiving treatment as a result of a recent major surgery?				☐ Yes	□ No
8. Is the patient receiving dialysis treatment?				☐ Yes	□ No
9. Is the patient a candidate for organ transplant?				☐ Yes	□ No
Did you receive notification that your provider will no longer be in Cigna's network?				☐ Yes	□ No
If yes, please provide date on letter					
11. If you did not answer "Yes" to any of the abo	ove questions, please describe the condition for	which the patien	t requests Transition of Care/Continuity	of Care.	
12. Please complete the health care provider in	formation requested below.			and the problem in the	na i m
Group Practice Name	BY THE PERSON BUT				
Health Care Provider Name				Health Care Provider Phone #	
	NEW AND SHARE SHEET AND SH				
Health Care Provider Specialty	would be an income to have experi		7.6 3200 - 6.0		
Health Care Provider Address					
Hospital Where Health Care Provider Practices			Ho	Hospital Phone #	
Hospital Address	advisors a salar tertural			- It - Armony	
Reason/Diagnosis	nuel nellowed to well ourst			William Control	
Date(s) of Admission (mm/dd/yyyy)	Date of Surgery (mm/dd/yyyy)	Type of Surg	gery	ation of the	
Treatment Being Received and Expected Duratio	News are to be become of disperse and		Specification	The sasti	
Is this patient expected to be in the hospita	I when coverage through us begins or during th	e next 90 days?		☐ Yes	□ No
14. Please list any other continuing care needs	that may qualify for Transition of Care/Continuit Care/Continuity of Care, you need to complete a	y of Care. If these			
I hereby authorize the above health care provincessary to make an informed decision concern	der to give Cigna Health and Life Insurance Co ning my request for Transition of Care/Continuit	mpany or its affil y of Care. I under	liates and contracted parties any and stand I am entitled to a copy of this au	all information and medical of the control of the c	records
Signature of Patient, Parent or Guardian				Date (mm/dd/yyyy)	

For medically related services, submit this request form to:

Cigna Healthcare, Attn: Precertification and Referral Department, 2nd Floor, 1640 Dallas Parkway, Plano, TX 75093; Fax 866.729.0432

Transition of Care/Continuity of Care requests will be reviewed within 10 days of receipt. For new customers, review will occur within 10 days of participant's effective date. Review for organ transplant requests may take longer than 10 days.

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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 Transition of
Care. Contact Cigna Healthcaresm 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 or after you have been notified by employer that you may qualify for Continuity of Care.

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, #8, #9, #10 or #11 or if you are submitting this form for Transition of Care/Continuity of Care for any other non-mental-health-care services, please submit this request form to:

Mail: Cigna Healthcare, Attn:
Precertification and Referral Department,
2nd Floor, 1640 Dallas Parkway,
Plano, TX 75093

Fax: 866.729.0432

In #IO, if you answered yes, and you:

- Have an HMO, POS or Network plan, please contact Evernorth Behavioral Health for Transition of Care/ Continuity of Care information by calling the customer service phone number on the back of your ID card.
- Have any other plan type and are receiving outpatient mental health services, you should do one of the following.
 - If your employer introduced a Cigna Healthcareadministered plan as a new option during your group's open enrollment period, you are not required to submit a Transition of Care/Continuity of Care request form.
 - If you are a new hire or you have recently selected a
 Cigna Healthcare-administered plan option already
 offered by your employer, you will need to complete the
 Transition of Care/Continuity of Care request form and
 submit this form to your Cigna Healthcare claim office. The
 address is PO Box 18223, Chattanooga, TN 37422-7223
- Are receiving inpatient, residential, partial hospitalization or intensive outpatient services, regardless of your plan type, call (or have your health care provider call) the customer service number on the back of your ID card or call 800.244.6224 if you have not received your ID card.

In #10, include information about your current or proposed treatment plan and the length of time your treatment is expected to continue. If surgery has been planned, state the type and the proposed date of the surgery.

In #13, 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 IO days of receipt. For new customers, review will occur within IO days of the plan's effective date. Review for organ transplant requests may take longer than IO days.



Product availability may vary by plan type and location and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

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