

Medical Eligibility, Rates and Benefit Information

Eligibility Requirements

All applicants applying for coverage must meet age, dependent status, and residency requirements.

Age and Dependent Requirements

- Eligible applicants must be under age 65 on the assigned effective date
- Primary applicants must be age 19 or older; children under the age of 19 may only apply as a dependent on a family plan with one or both parents
- Dependent children are covered up to age 26. Dependent children who have reached age 26 can continue to be covered up to the end of the calendar year in which they reach age 30 provided the child is unmarried and does not have a dependent of their own **and** is a resident of Florida **or** a full-time or part-time student **and** is not provided coverage as a named subscriber, insured, enrollee, or covered person under any other group, blanket, or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act
- A newborn child or newly adopted child, born or adopted to an enrolled subscriber, may be added to the subscriber's plan within 31 days of the birth or adoption. Requests for enrollment beyond 31 days of the birth or adoption will be subject to the full application and medical underwriting evaluation
- Foster children will automatically be covered for 31 days from the date of placement in the subscriber's residence. To continue coverage, the foster child must be enrolled as an insured family member by notifying Cigna within 31 days after placement and paying any additional premium. Requests for enrollment beyond 31 days of the foster placement will be subject to the full application and medical underwriting evaluation
- A child born to one of the subscriber's dependent children will be eligible for coverage from birth through 18 months of age. This child is automatically covered for the first 31 days of life. To continue coverage, the newborn must be enrolled as an insured family member by notifying Cigna, in writing, within 31 days of the birth and paying any additional premium. Requests for enrollment beyond 31 days of the birth will be subject to the full application and medical underwriting evaluation
- Foreign exchange students are **not** eligible dependents

Residency Requirements

Non-citizen Residents:

- Must be a legal U.S. resident and must reside within the U.S. for 6 consecutive months prior to applying for coverage
- Must reside within the state of Florida at the time of application

U.S. Citizens and Expatriates:

- Citizens residing within the U.S. must reside within the state of Florida at time of application
- Citizens/Expatriates who have been living and working outside the U.S. and who are in process of returning to the U.S. are eligible to apply; the requested effective date must be after their return to the U.S.

Signature Requirements

- All applicants and dependents 18 years and older must sign and date the application

HIPAA Requirements

- Applicants who are not eligible for enrollment in any of the Cigna medically underwritten plans may be eligible for coverage under the Federal Health Insurance Portability and Accountability Act (HIPAA)
- Information regarding HIPAA eligibility and enrollment procedures may be obtained by calling **1-866-GET-Cigna** (1-866-438-2446)

Application Review Process

Medical Underwriting Evaluation

Applicants who meet the age, dependent, and residency requirements are subject to the Medical Underwriting Evaluation process to determine their final medical rate. The Cigna Medical Underwriters will review the application *Health Questionnaire* and may require additional medical information regarding current and past medical treatment and prescription drug use.

Risk Level Assignment

After a thorough review of all requested medical information, the underwriter will take one of the following actions:

- Approve the applicant at the standard rate in the requested plan
- Approve the applicant with a rate increase in the requested plan
- Decline the applicant due to significant medical risk factors
- Close the application for incomplete, insufficient, or conflicting health information

Guaranteed Issue (GI) under age 19

Children under the age of 19 who meet all other eligibility requirements will not be declined for pre-existing conditions, but will be assigned the maximum rate in accordance with the Patient Protection and Affordable Care Act (PPACA).

In the state of Florida, Cigna offers the following levels of coverage for Individual and Family Plans:

- **Minimal Risk (all ages):** Standard Premium
- **Minor Risk (all ages):** Approximately 10% increase over the Standard Premium
- **Moderate Risk (all ages):** Approximately 25% increase over the Standard Premium
- **Significant Risk (all ages):** Approximately 50% increase over the Standard Premium
- **Severe Risk I (all ages):** Approximately 75% increase over the Standard Premium
- **Severe Risk II (all ages):** Approximately 100% increase over the Standard Premium
- **Severe Risk III (all ages):** Approximately 125% increase over the Standard Premium
- **Severe Risk IV (all ages):** Approximately 150% increase over the Standard Premium
- **Maximum Risk/GI (under age 19):** 300% increase over the Standard Premium
- **Decline Coverage (age 19 and older):** Exceeds the allowable limits of acceptable Risk
- **Tobacco Risk:** Applicants who currently use or have used tobacco within the past 12 months will be assigned a **25% tobacco rate**. Other medical conditions, treatments and medications will be evaluated in addition to tobacco use and may result in assignment of a higher risk level or a Decline.

Post Enrollment

10-Day Free Look

If, after you are accepted for coverage and you have reviewed the contract, you find that you are not satisfied for any reason, simply return the contract to us within 10 days. Cigna will refund any premium you've paid (including contract fees or other charges) less the cost of any services paid on your behalf or on behalf of any of your covered dependents.

Insufficient Funds Charge

You will be responsible for an additional charge of \$45 for any check or electronic funds transfer that is returned to Cigna unpaid.

Pre-Existing Limitations

- A pre-existing condition is any physical or mental illness or injury for which a member has received medical advice, diagnosis, care, or treatment during the 12 month period immediately preceding the member's effective date
- No coverage will be provided for the treatment of pre-existing conditions for the first 12 months following the effective date of coverage
- Pre-existing condition limitations do not apply to individuals eligible for HIPAA Coverage

Prior Authorization

Cigna requires prior authorization for certain procedures and services which are highlighted below. Once you are enrolled, Cigna will send you a Policy or Certificate of Coverage. This is your contract with Cigna. Your contract will outline in detail the procedures and services that require prior authorization before the procedure or service is performed by your provider. To obtain prior authorization, please call the number on the back of your Cigna ID card. **Please read your Policy or Certificate of Coverage carefully.**

Prior Authorization for Inpatient Admissions – Certain services and equipment require authorization in advance by Cigna to be eligible for benefits. This applies to: inpatient admissions, certain outpatient procedures, organ/tissue transplants, home health services, skilled nursing facilities, hospice, and durable medical equipment. If you, your family member, or the provider fail to obtain prior authorization when required to do so by this policy, Cigna may apply a penalty that will reduce covered expenses for the unauthorized services. Please call Cigna at the number on your ID card to assure that all prior authorization requirements are met.

Prior Authorization for Outpatient Procedures – Certain outpatient procedures require review and prior authorization in order for benefits to be paid. Information and prior authorization can be obtained by calling the number on the back of your ID card. Outpatient prior authorization should only be requested for non-emergency procedures or services, and should be requested by you, the insured person, at least four working days (Monday through Friday) prior to having the procedure performed or the service rendered. Please call Cigna at the number on your ID card to assure that all prior authorization requirements are met.

Prior Authorization for Prescription Drugs – Coverage for certain prescription drugs and related supplies requires the physician to obtain prior authorization from Cigna before prescribing the drugs or supplies. If the physician wishes to request coverage for prior authorization-required prescription drugs or related supplies, the physician may call or complete the appropriate prior authorization form and fax it to Cigna. The physician should make this request before writing the prescription.

If the request is approved, the physician will receive confirmation from Cigna. The prior authorization will be processed to allow you or your covered family member to have coverage for those prescription drugs or related supplies. The length of the prior authorization will depend on the diagnosis and prescription drugs or related supplies. When the physician advises you or your covered family member that coverage for the prescription drugs or related supplies have been approved, you or your covered family member should contact a pharmacy to fill the prescriptions.

If you have questions about your plan, please call the number on your Cigna ID card or log on to myCigna.com for more information about your plan.



"Cigna" is a registered service mark, and the "Tree of Life" logo is a service mark, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries, and not by Cigna Corporation. Such subsidiaries include Connecticut General Life Insurance Company and its subsidiaries.

822093i FL 09/12 ©2012 Cigna