

TRANSITION OF CARE AND CONTINUITY OF CARE

Your guide to understanding and benefiting from these two special services.



Are you a globally mobile employee new to Cigna?

Is your family staying behind while you go on assignment?

Will part of your assignment include coming back and forth to the U.S.?

Or is your U.S. doctor leaving the Cigna network?

If you said yes to any of these questions, take a few moments to read about Transition of Care and Continuity of Care. These unique benefits can make changes to your health care more affordable – and less stressful. In addition, this program ensures ongoing health care internationally.

What is Transition of Care?

- ▶ Transition of Care allows you to continue to receive care for certain conditions from U.S. health care professionals who do not participate in the Cigna network. In addition, the program ensures ongoing health care internationally.
- ▶ In the U.S., you'll have a set amount of time to continue to see your doctor. After that, you will need to choose a health care professional within Cigna's U.S. network.
- ▶ To qualify for this benefit, you must apply for it when you enroll – or within 30 days after coverage begins.
- ▶ Outside the U.S., you may choose any health care professional, but remember to check the directory on **CignaEnvoy.com** to find a health care professional who will accept your Cigna ID card and not require payment directly from you.

- ▶ You might want Transition of Care coverage if:
 1. You are changing health plans.
 2. Your health care professional is not part of our U.S. network.
 3. You are currently in treatment for an ongoing condition inside or outside the U.S.

What is Continuity of Care?

- ▶ With Continuity of Care, you may be able to receive services at in-network coverage levels for specified medical conditions when your health care professional leaves Cigna's U.S. network.
- ▶ You'll have a set amount of time to continue to see your doctor. After that, you will need to choose a health care professional within Cigna's U.S. network.
- ▶ You must apply for Continuity of Care within 30 days of your health care professional's termination date. This is the date that he or she is leaving the Cigna network.
- ▶ Outside the U.S., you may choose any health care professional, but remember to check the directory on **CignaEnvoy.com** to find a health care professional who will accept your Cigna ID card and not require payment directly from you.

How does it work?

- ▶ You must already be under treatment for one of the conditions listed on the attached form.
- ▶ If Transition of Care or Continuity of Care is approved, you will receive the in-network level of coverage for that condition.
- ▶ Transition of Care and Continuity of Care coverage applies only to the condition specified on the request form.

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company or its affiliates.

- › Approval of Transition of Care or Continuity of Care does not guarantee a treatment is medically necessary. It also doesn't mean you are preapproved for any medical services. Preapproval and medical necessity may still be required.

What are some of the conditions that may qualify?

- › Pregnancy in the second or third trimester.
- › A "high-risk" pregnancy. Examples of this include gestational diabetes, pregnancy-induced hypertension and more.
- › Newly diagnosed or relapsed cancer during chemotherapy, radiation therapy or reconstructions.
- › Trauma and recent major surgeries.
- › Transplant candidates or recipients who are in need of ongoing care due to complications.
- › Serious conditions in active treatment, including heart attacks, strokes, unstable chronic conditions, etc.
- › Hospitalization on the plan effective date.

This applies only to those plans that do not have extension of coverage provisions.

What are some things that don't qualify?

- › Many elective surgeries – even if they have already been scheduled. These include lesion removal, hernia repair, bunionectomy and more.
- › Minor illnesses such as colds, sore throats, and ear infections.
- › Chronic conditions that are currently well-controlled – including diabetes, arthritis, asthma, allergies, hypertension and more.
- › Routine exams, health assessments and vaccinations.

Frequently asked questions

How much time do I have to transition to a new doctor?

If you are approved, services by the out-of-network doctor will be authorized for a specific amount of time (usually 90 days), until care is completed or transitioned over – whichever comes first.

If I am approved, can I receive in-network coverage payments for an unrelated condition?

No. But you can submit an additional Transition of Care or Continuity of Care request for a different, unrelated condition. Remember, we will need to receive that form no later than 30 days after your coverage begins or your health care professional leaves the Cigna network.

Can I apply if I am not currently in treatment or seeing a health care professional?

No. You must already be in active treatment for one of the qualifying conditions. Active treatment means you are receiving care at either an inpatient setting or outpatient treatment center 30 days prior to transition.

How do I apply for Transition of Care or Continuity of Care?

Simply complete the enclosed form when you enroll or when your health care professional leaves the Cigna network. You must submit your request no later than 30 days after your coverage becomes effective or your doctor leaves the Cigna network.

Once your request is received, we will review the information provided and send a letter to let you know if your request was approved or denied. If denied, you have the option to file an appeal.

An uncommon benefit for unusual circumstances.

While not used very often, Transition of Care and Continuity of Care benefits can help people facing serious health issues get the care they need. And the peace of mind they deserve.



Tips for completing the Transition of Care or Continuity of Care request form.

- › A separate request form must be completed for each condition you or any of your dependents are seeking care for.
- › Additional forms are available at **CignaEnvoy.com**.
- › Please be sure that all questions are answered in detail.
- › After completion, the form must be signed by the person applying for Transition of Care or Continuity of Care. If the patient is a minor, a parent or guardian must sign the form.
- › To help ensure a timely review, please return the form as soon as possible. Remember, coordinating care may take time and effort.
- › The first few sections of the form are to be completed by the employee. When the form asks for the patient's name, enter the name of the person who is applying for Transition of Care or Continuity of Care coverage.
- › For question #10, please include detailed information about your current or proposed treatment plan – including the length of time your treatment is expected to continue. If surgery has been planned, tell us what type it is and the proposed date.

Cigna 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 professional 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 Cigna plan (mm/dd/yyyy)
Employee name		Employee Social Security # or alternate 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 your pregnancy considered high risk? E.g., multiple births, gestational diabetes, etc. 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 organ transplant? Yes No
9. Is the patient receiving mental health/substance abuse treatment? Yes No
10. 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.
11. Please complete the health care professional information request below.

Group practice name	
Health care professional name	Health care professional phone #
Health care professional specialty	
Health care professional address	
Hospital where health care professional 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	

12. Is this patient expected to be in the hospital when coverage with Cigna begins or during the next 90 days? Yes No
13. Please list any other continuing care needs that may qualify for Transition of Care/Continuity of Care coverage. If these care needs are not associated with the condition for which you are applying for Transition of Care/Continuity of Care coverage, you need to complete a separate Transition of Care/Continuity of Care form.

I hereby authorize the above provider to give Cigna or any affiliated Cigna company any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care/Continuity of Care benefits under Cigna. I understand I am entitled to a copy of this authorization form.	
Signature of patient, parent or guardian	Date (mm/dd/yyyy)

▼ Detach Transition of Care request form here. ▼

Submit this request form to:



Cigna
Attention: Medical Review
PO Box 15050
Wilmington, DE 19850-5050



Direct fax: 001.302.797.3150
Toll-free fax: 1.800.243.6998

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.

Easy access to quality health care around the world.



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