

SURGICAL TREATMENT AND SUPPORT PROGRAM

Frequently Asked Questions (FAQs)

The surgical treatment and support program provides a benefit for certain non-emergency surgeries to help you receive quality, affordable care. Here are some frequently asked questions about the program.

What's included in the benefit?

- **Quality providers.** Each board-certified provider has been specially identified to help reduce your risk of complications and avoid preventable costs.*
- **Personalized service.** Your dedicated guide will help you locate a provider, navigate the process, and follow up with you after surgery.
- **Reduced cost for you.** Your covered surgery will be 100% covered (after you meet your deductible if you have a medical plan with an HSA) when you participate in the program.** This means there is no copay or coinsurance.

What procedures are covered?

- Hip replacement
- Knee replacement
- Low back disk surgery
- Laminectomy
- Spinal fusion

Is there an extra cost associated with this benefit?

No. This benefit is offered at no additional cost to you and your covered dependents. It will not increase the amount you pay for your coverage.

Are the providers in the program in my health plan's network? Yes.

How are program providers selected? Cigna selects doctors, hospitals and other health care providers based on a variety of standards. We confirm licensing, training and admitting privileges for each provider. Cigna also reviews customer feedback, office setup and practices, and any history of investigations or disciplinary actions.

Who is eligible? You (and your covered dependents) are eligible if you have a participating Cigna-administered medical plan as your primary coverage and are 18 or older.

Do I have to use the program for my surgery? No. This program is voluntary. If you choose not to participate, your regular health plan benefits will apply, including copays, coinsurance and/or deductible.

Do I need to obtain prior authorization or precertification? Your health care provider will take care of this for your procedure.

How do the providers get paid after my surgery?

- Your plan makes a single payment to the surgeon or the facility for all the covered services you receive from admission to discharge.
- Payment to other providers will be made by the provider that received the single payment. Your Explanation of Benefits (EOB) will reflect which provider was paid.
- If you receive bills from any provider for the surgery, please refer them to the provider that received payment according to your EOB. If you have questions, call 1.888.806.5042

What expenses are included? Generally, facility and professional services from admission through discharge.

- › Pre-op testing performed by the facility on the day of surgery
- › Surgeon, surgical assistant or physician professional fee
- › Surgical event
- › Implants and surgical supplies
- › Anesthesia and anesthesia supplies
- › Medications provided during surgery
- › Laboratory
- › Certain durable medical equipment (DME) provided prior to discharge that is a covered item on your medical plan such as crutches.

What expenses are NOT included? Generally, facility and professional services before admission or after discharge are excluded.

- › Diagnosis and testing before surgery, such as imaging, physician visits and physical therapy
- › Treatment after discharge, such as physical and occupational therapy, imaging and radiology
- › Extended observation after discharge
- › Prescription drugs or medical equipment that is excluded by your regular plan benefits or obtained before or after discharge

Will I receive any bills? It depends. You are responsible for any remaining deductible, but then the plan pays for covered services at 100% (after deductible on a medical plan with an HSA). Any services not covered under the program, such as services provided before or after discharge, including doctors' visits and labs, x-rays or imaging, are subject to any applicable plan deductible and copays or coinsurance. Check your plan materials for cost and coverage details.

What if I get bills that I'm not sure I should pay?

Whenever you receive a bill, it's a good idea to see if the claim has been processed. Visit myCigna.com or use the myCigna® App to view your EOB. You may also call your guide for help.

What can I expect from my guide? As your Cigna contact, your guide can:

- › Explain what to expect from the program.
- › Let you know about other resources you have within Cigna.
- › Connect you with other Cigna programs that may help you get ready for surgery or explore alternative treatment options.
- › Check in with you after surgery.

Can I use this program if I already have a surgery planned?

To participate in the program and have your surgery paid at 100% (after your deductible is met if you have a medical plan with an HSA), your surgeon and surgery facility must be participating in the surgical and treatment support program and you must stay in contact with your guide throughout your surgery journey. Call **855.678.0042** between the hours of 8 am–5 pm EST, Monday–Friday to talk to a guide and find out if your surgeon is in the program.

If your surgeon and surgery facility participates in the program, you must register for the program a week or more before your surgery.

If your surgeon and surgery facility does not participate in the program, you will need to register for the program and then choose a participating surgeon for your surgery. Your guide can help you understand the steps you will need to take to change surgeons and what facilities are available for the procedure under the program.

What if the surgery that I need isn't covered by the program? You may still use one of the program providers or another provider. Your regular health plan benefits, such as deductible, copay and coinsurance will apply to covered services.

How do I get started? Call 1.888.806.5042



* Cigna does not guarantee the quality of care that will be provided to individual patients. You are encouraged to consider all relevant factors and to consult with your primary care provider for care recommendations and advice. Health care providers are solely responsible for any treatment provided to their patients; providers are not agents of Cigna.

** Charges for covered expenses not included in the program are subject to your health plan's applicable copays, coinsurance, and deductible, if any.

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