

## Cigna+Oscar Continuity and Transition of Care Guidelines

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We recognize the importance of strong member-provider relationships, particularly for members with serious health issues. To ensure that provider relationships are maintained in clinical situations where a provider transition could disrupt a member's recovery or put the member at risk, we will cover ongoing services with a member's existing providers.

### Who is Eligible?

#### Existing Members - Continuity of Care

If an existing member or a covered dependent is currently receiving care from a healthcare provider who, because of a network status change, no longer belongs to our provider network, the member or their dependent is eligible to complete treatment of their condition with their current provider.

We will allow continuation of care with a provider leaving our network as long as the reason for leaving is not related to imminent harm to patients, a determination of fraud, a breach of contract by the provider, or a final disciplinary action by a state licensing board that impairs the health professional's ability to practice.

Continuation of Care will also be allowed when a contract between a group health plan and a health insurance issuer is terminated, resulting in a loss of benefits provided under the plan with respect to such provider or facility. NOTE: This provision is only applicable to fully insured/minimum premium group health insurance coverage, when the insurance policy terminates (for whatever reason) and when the client's replacement coverage does not include access to the provider or facility at the in-network level.

We will only cover continuation of care if the provider also agrees to one of the below. If you are a resident of California, please review the California Continuity of Care policy below. If you do not reside in California, please review the Continuity of Care policy below that aligns with the state your Cigna+Oscar plan is in:

#### In Georgia:

- (1) Except for copayment, coinsurance or deductible amounts, accept as payment in full reimbursement from us at the rates we established and that are not more than the level of reimbursement applicable to similar services by health care providers within the provider network
- (2) Comply with our quality assurance and utilization review requirements and provide us with any necessary medical information related to the care

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(3) Comply with our policies and procedures, including procedures relating to referrals and obtaining preauthorization, claims handling and treatment plan approval

In Tennessee:

- (1) Reimbursement for the health care services will be pursuant to the same fee schedule used to reimburse for the services when the provider was under contract with us or our network
- (2) During the applicable period of time following termination of a provider from our network, we shall continue to pay claims for health care benefits or services, as applicable, for medically necessary treatment to the same extent as such benefits were paid by us while the physician was under contract with us or our network
- (3) During the applicable period of time following termination of a provider from our network, providers shall continue to adhere to our terms, policies, and procedures which include, but are not limited to, procedures for obtaining pre-authorization

In California:

- (1) Unless otherwise agreed by the terminated provider/provider group and us or by the individual provider and the provider group, any services provided under Continuity of Care should be compensated at rates and methods of payment similar to those used by us or the provider group for currently contracting providers providing similar services who are not capitated and who are practicing in the same or a similar geographic area as the terminated provider.
- (2) During the applicable period of time following termination of a provider from our network, providers shall continue to adhere to our contract terms, policies, and procedures which include, but are not limited to, procedures for credentialing, hospital privileging, utilization review (prior authorization), peer review, and quality assurance requirements.

In Connecticut:

- (1) Except for copayment, coinsurance or deductible amounts, accept as payment in full reimbursement from us at the rates we established and that are not more than the level of reimbursement applicable to similar services by health care providers within the provider network
- (2) Comply with our quality assurance and utilization review requirements and provide us with any necessary medical information related to the care
- (3) Comply with our policies and procedures, including procedures relating to referrals and obtaining preauthorization, claims handling and treatment plan approval

In Kansas:

- (1) Except for copayment, coinsurance or deductible amounts, accept as payment in full reimbursement from us at the rates we established and that are not more than the level

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of reimbursement applicable to similar services by health care providers within the provider network

- (2) Comply with our quality assurance and utilization review requirements and provide us with any necessary medical information related to the care
- (3) Comply with our policies and procedures, including procedures relating to referrals and obtaining preauthorization, claims handling and treatment plan approval by Oscar

In Missouri:

- (1) Except for copayment, coinsurance or deductible amounts, accept as payment in full reimbursement from us at the rates we established and that are not more than the level of reimbursement applicable to similar services by health care providers within the provider network
- (2) Comply with our quality assurance and utilization review requirements and provide us with any necessary medical information related to the care
- (3) Comply with our policies and procedures, including procedures relating to referrals and obtaining preauthorization, claims handling and treatment plan approval

In Illinois:

- (1) Except for copayment, coinsurance or deductible amounts, accept as payment in full reimbursement from us at the rates we established and that are not more than the level of reimbursement applicable to similar services by health care providers within the provider network
- (2) Comply with our quality assurance and utilization review requirements and provide us with any necessary medical information related to the care
- (3) Comply with our policies and procedures, including procedures relating to referrals and obtaining preauthorization, claims handling and treatment plan approval by Oscar

In Pennsylvania:

- (1) Except for copayment, coinsurance or deductible amounts, accept as payment in full reimbursement from us at the rates we established and that are not more than the level of reimbursement applicable to similar services by health care providers within the provider network
- (2) Comply with our quality assurance and utilization review requirements and provide us with any necessary medical information related to the care
- (3) Comply with our policies and procedures, including procedures relating to referrals and obtaining preauthorization, claims handling and treatment plan approval by Oscar

New Members - Transition of Care

If a newly enrolled member is currently receiving treatment for a qualifying condition from a healthcare provider who does not belong to our provider network, they may be eligible to complete treatment of their condition with their current provider.

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In this instance, a Single Case Agreement will need to be agreed upon by us and the provider. We will only cover transition of care if the provider also agrees to one of the below:

In Georgia:

- (1) Except for copayment, coinsurance or deductible amounts, accept as payment in full reimbursement from us at the rates we established and that are not more than the level of reimbursement applicable to similar services by health care providers within the provider network
- (2) Comply with our quality assurance and utilization review requirements and provide us with any necessary medical information related to the care
- (3) Comply with our policies and procedures, including procedures relating to referrals and obtaining preauthorization, claims handling and treatment plan approval by Oscar

In Tennessee:

- (1) Be compensated at rates and methods of payment similar to those used by the plan or the provider group for currently participating providers providing similar services who are not capitated and who are practicing in the same or similar geographic area as the nonparticipating provider, unless otherwise agreed upon
- (2) Adhere to our policies which include but are not limited to, procedures for obtaining preauthorization

In California:

- (1) Be compensated at rates and methods of payment similar to those used by the plan or the provider group for currently participating providers providing similar services who are not capitated and who are practicing in the same or similar geographic area as the nonparticipating provider, unless otherwise agreed upon
- (2) Be subject to the same contractual terms and conditions that are imposed upon currently contracting providers providing similar services who are not capitated and who are practicing in the same or a similar geographic area as the nonparticipating provider, including, but not limited to, credentialing, hospital privileging, utilization review (prior authorization), peer review, and quality assurance requirements. If the nonparticipating provider does not agree to comply or does not comply with these contractual terms and conditions, we are not required to continue the provider's services

In Connecticut:

- (1) Except for copayment, coinsurance or deductible amounts, accept as payment in full reimbursement from us at the rates we established and that are not more than the level of reimbursement applicable to similar services by health care providers within the provider network
- (2) Comply with our quality assurance and utilization review requirements and provide us with any necessary medical information related to the care

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(3) Comply with our policies and procedures, including procedures relating to referrals and obtaining preauthorization, claims handling and treatment plan approval

In Kansas:

- (1) Except for copayment, coinsurance or deductible amounts, accept as payment in full reimbursement from us at the rates we established and that are not more than the level of reimbursement applicable to similar services by health care providers within the provider network
- (2) Comply with our quality assurance and utilization review requirements and provide us with any necessary medical information related to the care
- (3) Comply with our policies and procedures, including procedures relating to referrals and obtaining preauthorization, claims handling and treatment plan approval by Oscar

In Missouri:

- (1) Except for copayment, coinsurance or deductible amounts, accept as payment in full reimbursement from us at the rates we established and that are not more than the level of reimbursement applicable to similar services by health care providers within the provider network
- (2) Comply with our quality assurance and utilization review requirements and provide us with any necessary medical information related to the care
- (3) Comply with our policies and procedures, including procedures relating to referrals and obtaining preauthorization, claims handling and treatment plan approval

In Illinois:

- (1) Except for copayment, coinsurance or deductible amounts, accept as payment in full reimbursement from us at the rates we established and that are not more than the level of reimbursement applicable to similar services by health care providers within the provider network
- (2) Comply with our quality assurance and utilization review requirements and provide us with any necessary medical information related to the care
- (3) Comply with our policies and procedures, including procedures relating to referrals and obtaining preauthorization, claims handling and treatment plan approval by Oscar

In Pennsylvania:

- (1) Except for copayment, coinsurance or deductible amounts, accept as payment in full reimbursement from us at the rates we established and that are not more than the level of reimbursement applicable to similar services by health care providers within the provider network
- (2) Comply with our quality assurance and utilization review requirements and provide us with any necessary medical information related to the care
- (3) Comply with our policies and procedures, including procedures relating to referrals and obtaining preauthorization, claims handling and treatment plan approval by Oscar

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## What Type of Care Need Qualifies?

### Existing Members

All States

Condition / Qualification	Time Period
<p>An ongoing course of treatment for a serious and complex condition defined as</p> <ul style="list-style-type: none"> <li>• An acute illness serious enough to require specialized medical treatment to avoid death or permanent harm; or</li> <li>• A chronic illness that is life threatening, degenerative, potentially disabling, or congenital and requires specialized medical care over a prolonged period of time.</li> </ul>	<p>The earlier of</p> <ul style="list-style-type: none"> <li>• 90-day period from when provider termination notice is issued; or</li> <li>• when treatment is concluded.</li> </ul>
<p>An ongoing course of treatment for a health condition for which a treating physician or health care provider attests that discontinuing care by that physician or health care provider would worsen the condition or interfere with anticipated outcomes</p>	<p>The earlier of</p> <ul style="list-style-type: none"> <li>• 90-day period from when provider termination notice is issued; or</li> <li>• when treatment is concluded.</li> </ul>
<p>A course of institutional or inpatient care.</p>	<p>The earlier of</p> <ul style="list-style-type: none"> <li>• 90-day period from when provider termination notice is issued; or</li> <li>• when treatment is concluded.</li> </ul>
<p>Scheduled nonelective surgery, including "postoperative care" from the surgery</p>	<p>The earlier of</p> <ul style="list-style-type: none"> <li>• 90-day period from when provider termination notice is issued; or</li> </ul>

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	<ul style="list-style-type: none"> <li>when treatment is concluded.</li> </ul>
Pregnancy and undergoing a course of treatment for the pregnancy	<p>The earlier of</p> <ul style="list-style-type: none"> <li>90-day period from when provider termination notice is issued; or</li> <li>when treatment is concluded.</li> </ul>
The second or third trimester of pregnancy through the postpartum period	<ul style="list-style-type: none"> <li>Through postpartum period</li> </ul>
Terminal Illness	<p>The earlier of</p> <ul style="list-style-type: none"> <li>90-day period from when provider termination notice is issued; or</li> <li>when treatment is concluded.</li> </ul>

California:

Condition	Time Period
An acute condition, defined as a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration	Duration of the acute condition

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<p>A serious chronic condition, defined as a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration</p>	<p>Period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by the health care service plan in consultation with the enrollee and the terminated provider or nonparticipating provider and consistent with good professional practice</p> <p>Not to exceed 12 months from the provider's termination date</p>
<p>A pregnancy, defined as three trimesters of pregnancy and the immediate postpartum period (which shall also include maternal mental health which may involve but is not limited to postpartum depression)</p>	<p>Duration of the pregnancy and immediately after the delivery (the postpartum period)</p>
<p>A terminal illness, defined as an incurable or irreversible condition that has a high probability of causing death within one year or less</p>	<p>Duration of a terminal illness, which may exceed 12 months from the provider's termination date</p>
<p>The care of a newborn child between birth and age 36 months</p>	<p>Duration of the covered services, not to exceed 12 months from the provider's termination date</p>
<p>Performance of a surgery or other procedure that is authorized by the plan as part of a documented course of treatment and has been recommended and documented by the provider</p>	<p>Within 180 days of the provider's termination date</p>

Georgia:

Condition	Time Period
<p>An Active Treatment for a life-threatening disease or condition, defined as a disease or condition for which likelihood of death is</p>	<p>Member can continue to receive covered benefits from the treating provider until the treatment is complete</p>

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probable unless the course of the disease or condition is interrupted	or for up to ninety (90) days, whichever is shorter
The second or third trimester of pregnancy	Member can continue care with a treating provider through the postpartum period, up to a minimum of six weeks after the delivery
An Active Treatment for a health condition for which a treating physician or health care provider attests that discontinuing care by that physician or health care provider would worsen the condition or interfere with anticipated outcomes	Member can continue to receive covered benefits from the treating provider until the treatment is complete or for up to ninety (90) days, whichever is shorter
Active Treatment for a chronic or terminal illness or who is an inpatient	90 days from the date of the termination of the physician's contract

Tennessee:

Condition	Time Period
Being treated at an inpatient facility	Member can remain at the facility until he/she is discharged
An Active Treatment for a life-threatening condition, defined as a disease or condition for which likelihood of death is probable unless the course of the disease or condition is interrupted	Member can continue to receive covered benefits from the treating provider for the injury or sickness for a period of one hundred twenty (120) days from the date of notice of termination
An Active Treatment for a serious acute condition, defined as a disease or condition requiring complex ongoing care which the covered person is currently receiving, such as chemotherapy, radiation therapy, or post-operative visits	Member can continue to receive covered benefits from the treating provider for the injury or sickness for a period of one hundred twenty (120) days from the date of notice of termination
An Active Treatment for a health condition for which a treating physician or health care provider attests that discontinuing care by that physician or health care provider would worsen the condition or interfere with anticipated outcomes	Member can continue to receive covered benefits from the treating provider for the injury or sickness for a period of one hundred twenty (120) days from the date of notice of termination

Connecticut:

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Condition	Time Period
An Active Treatment for a life-threatening disease or condition, defined as a disease or condition for which likelihood of death is probable unless the course of the disease or condition is interrupted	Member can continue to receive covered benefits from the treating provider until the the treatment is ended by the member/provider, the treatment is successfully transitioned to another participating provider, benefit limitations are met or exceeded, the health carrier determines care is no longer medically necessary, or for up to ninety (90) days unless a Medical director determines a longer period is necessary, whichever is shorter
An Active Treatment for a serious acute condition, defined as a disease or condition requiring complex ongoing care which the covered person is currently receiving, such as chemotherapy, radiation therapy, or post-operative visits	Member can continue to receive covered benefits from the treating provider until the the treatment is ended by the member/provider, the treatment is successfully transitioned to another participating provider, benefit limitations are met or exceeded, the health carrier determines care is no longer medically necessary, or for up to ninety (90) days unless a Medical director determines a longer period is necessary, whichever is shorter
The second or third trimester of pregnancy	Member can continue care with a treating provider through the postpartum period, up to a minimum of six weeks after the delivery
An Active Treatment for a health condition for which a treating physician or health care provider attests that discontinuing care by that physician or health care provider would worsen the condition or interfere with anticipated outcomes	Member can continue to receive covered benefits from the treating provider until the the treatment is ended by the member/provider, the treatment is successfully transitioned to another participating provider, benefit limitations are met or exceeded, the health carrier determines care is no longer medically necessary, or for up to ninety (90) days unless a Medical director determines a longer period is necessary, whichever is shorter

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Kansas:

Condition	Time Period
An Active Treatment for a life-threatening disease or condition, defined as a disease or condition for which likelihood of death is probable unless the course of the disease or condition is interrupted	Member can continue to receive covered benefits from the treating provider until the the treatment is complete or for up to ninety (90) days, whichever is shorter.
An Active Treatment for any ongoing chronic care with a practitioner to monitor the status of a chronic condition, provide direct treatment, prescribe medication or other treatment or modify a treatment protocol. Active treatment does not include routine monitoring for a chronic condition (e.g. monitoring chronic asthma, not for an acute phase of the condition)	Member can continue to receive covered benefits from the treating provider until the the treatment is complete or for up to ninety (90) days, whichever is shorter
The second or third trimester of pregnancy (including treatment for maternal mental health, such as post-partum depression)	Member can continue care with a treating provider through the postpartum period, up to a minimum of six weeks after the delivery

Missouri:

Condition	Time Period
An Active Treatment for a life-threatening disease or condition, defined as a disease or condition for which likelihood of death is probable unless the course of the disease or condition is interrupted	Member can continue to receive covered benefits from the treating provider until the treatment is complete or for up to ninety (90) days, whichever is shorter
The second or third trimester of pregnancy	Member can continue care with a treating provider through the postpartum period, up to a minimum of six weeks after the delivery
An Active Treatment for a health condition for which a treating physician or health care provider attests that discontinuing care by	Member can continue to receive covered benefits from the treating provider until the treatment is

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that physician or health care provider would worsen the condition or interfere with anticipated outcomes	complete or for up to ninety (90) days, whichever is shorter
An Active Treatment for a Chronic condition	Member can continue to receive covered benefits from the treating provider until the treatment is complete or for up to ninety (90) days, whichever is shorter

Illinois:

Condition	Time Period
An ongoing course of treatment	90-day period from when notice is issued; Members shall request the option of transitional services in writing within 30 days after receipt of notification of termination of the physician.
Entered the third trimester of pregnancy	Through the post-partum care period. Members shall request the option of transitional services in writing within 30 days after receipt of notification of termination of the physician.

Pennsylvania:

Condition	Time Period
An Active Treatment for a life-threatening disease or condition, defined as a disease or condition for which likelihood of death is probable unless the course of the disease or condition is interrupted	Member can continue to receive covered benefits from the treating provider until the treatment is complete or for up to ninety (90) days, whichever is shorter

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The second or third trimester of pregnancy (The transitional period may be extended by Oscar if extension is determined to be clinically appropriate. Oscar will consult with the member and the health care provider in making this determination.)	Member can continue care with a treating provider through the postpartum period, up to a minimum of six weeks after the delivery
An Active Treatment for a health condition for which a treating physician or health care provider attests that discontinuing care by that physician or health care provider would worsen the condition or interfere with anticipated outcomes	Member can continue to receive covered benefits from the treating provider until the treatment is complete or for up to ninety (90) days, whichever is shorter
An Active Treatment for a Chronic condition	Member can continue to receive covered benefits from the treating provider until the treatment is complete or for up to ninety (90) days, whichever is shorter

## New Members

California:

Condition	Time Period
An acute condition, defined as a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration	Duration of the acute condition
A serious chronic condition, defined as a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration	Period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by the health care service plan in consultation with the enrollee and the terminated provider or nonparticipating provider and consistent with good professional practice

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	Not to exceed 12 months from the effective date of coverage
A pregnancy, defined as three trimesters of pregnancy and the immediate postpartum period	Duration of the pregnancy
A terminal illness, defined as an incurable or irreversible condition that has a high probability of causing death within one year or less	Duration of a terminal illness, which may exceed 12 months from the effective date of coverage
The care of a newborn child between birth and age 36 months	Not to exceed 12 months from the effective date of coverage
Performance of a surgery or other procedure that is authorized as part of a documented course of treatment and has been recommended and documented by the provider	Within 180 days of the effective date of coverage

Georgia:

Condition	Time Period
An acute condition, defined as a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration	Duration of acute condition
A serious chronic condition, defined as a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration	Period of time needed to complete treatment course and arrange for safe transition, not to exceed 12 months

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A pregnancy, defined as three trimesters of pregnancy and the immediate postpartum period	Duration of the pregnancy
A terminal illness, defined as an incurable or irreversible condition that has a high probability of causing death within one year or less	Duration of a terminal illness, up to 12 months from the effective date of coverage
The care of a newborn child between birth and age 36 months	Not to exceed 12 months from the effective date of coverage
Performance of a surgery or other procedure that is authorized by the plan as part of a documented course of treatment and has been recommended and documented by the provider	Within 180 days of the effective date of coverage
Upon receipt of information documenting an active prior authorization from a previous private review entity, subject to medical necessity and benefit coverage review by Oscar	Initial 30 days of coverage

Tennessee:

Condition	Time Period
A life threatening disease or condition	Not to exceed 90 days from the effective date of coverage
The second or third trimester of pregnancy	Duration of pregnancy through postpartum period for care related to the delivery

Connecticut:

Condition	Time Period

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Being treated at an inpatient Hospital, Skilled Nursing Facility, Rehabilitation Facility, or Residential Treatment Facility	Duration for which the treatment by the non-participating provider is determined clinically appropriate
Active treatment for Total Disability when not confined to a hospital	Duration for which the treatment by the non-participating provider is determined clinically appropriate
A life threatening disease or condition	Not to exceed 90 days from the effective date of coverage
The second or third trimester of pregnancy	Duration of pregnancy through postpartum period for care related to the delivery

Kansas:

Condition	Time Period
An acute condition, defined as a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration	Duration of acute condition
A serious chronic condition, defined as a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration	Period of time needed to complete treatment course and arrange for safe transition, not to exceed 12 months

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A pregnancy, defined as three trimesters of pregnancy and the immediate postpartum period	Duration of the pregnancy
A terminal illness, defined as an incurable or irreversible condition that has a high probability of causing death within one year or less	Duration of a terminal illness, up to 12 months from the effective date of coverage
The care of a newborn child between birth and age 36 months	Not to exceed 12 months from the effective date of coverage
Performance of a surgery or other procedure that is authorized by the plan as part of a documented course of treatment and has been recommended and documented by the provider	Within 180 days of the effective date of coverage

Missouri:

Condition	Time Period
An acute condition, defined as a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration	Duration of acute condition
A serious chronic condition, defined as a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration	Period of time needed to complete treatment course and arrange for safe transition, not to exceed 12 months

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A pregnancy, defined as three trimesters of pregnancy and the immediate postpartum period	Duration of the pregnancy
A terminal illness, defined as an incurable or irreversible condition that has a high probability of causing death within one year or less	Duration of a terminal illness, up to 12 months from the effective date of coverage
The care of a newborn child between birth and age 36 months	Not to exceed 12 months from the effective date of coverage
Performance of a surgery or other procedure that is authorized by the plan as part of a documented course of treatment and has been recommended and documented by the provider	Within 180 days of the effective date of coverage

Illinois:

Condition	Time Period
An ongoing course of treatment	90-day period from when notice is issued; Members shall request the option of transitional services in writing within 15 days after receiving notification of the availability of transitional services
Entered the third trimester of pregnancy	Through the post-partum care period. Members shall request the option of transitional services in writing within 15 days after receiving notification of the availability of transitional services

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Upon receipt of information documenting an active prior authorization from a previous private review entity, subject to benefit coverage review by Oscar	Initial 90 days of coverage
A life threatening disease or condition	Up to 90 days
A pregnancy in the 2nd or 3rd trimester on the effective date of enrollment	Through postpartum period

Pennsylvania:

Condition	Time Period
An acute condition, defined as a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration	Duration of acute condition
A serious chronic condition, defined as a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration	Period of time needed to complete treatment course and arrange for safe transition, not to exceed 12 months
A pregnancy, defined as three trimesters of pregnancy and the immediate postpartum period	Duration of the pregnancy

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A terminal illness, defined as an incurable or irreversible condition that has a high probability of causing death within one year or less	Duration of a terminal illness, up to 12 months from the effective date of coverage
The care of a newborn child between birth and age 36 months	Not to exceed 12 months from the effective date of coverage
Performance of a surgery or other procedure that is authorized by the plan as part of a documented course of treatment and has been recommended and documented by the provider	Within 180 days of the effective date of coverage

Services covered under Continuity or Transition of Care do not include benefits that are not otherwise covered under your plan.

#### How Does It Work?

Please contact our Member Services Team to initiate this process or if you have any questions or would like to request information, you or your doctor can call us at 1-855-672-2755. You can also send us a secure message via our app or website: [Cignaoscar.com](http://Cignaoscar.com).

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## Notice of Non-Discrimination:

# Discrimination is Against the Law

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 at all times 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 phone 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](mailto:ACAGrievance@cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
P.O. 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](mailto: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, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### 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.

**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.

**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。

**Vietnamese – XIN LƯU Ý:** Quý vị được cung 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.

**Korean – 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주세요.

**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.

**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.

**Cigna – برجاء الانتباه خدمات الترجمة المجانة متاحة لكم، لعملاء – Arabic**  
الحالين برجاء الاتصال بالرقم المدون على ظهر بطاقةكم الشخصية.

**French Creole – ATANSYON:** Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki déyè kat ID ou.

**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.

**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.

**Polish – UWAGA:** w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej.

**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

**Italian – ATTENZIONE:** Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione.

**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.

**Persian (Farsi) – توجه:** خدمات کمک زبانی، به صورت رایگان به شما ارائه می شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید.