

IMPORTANT NOTICE TO EMPLOYEES FROM CHILDREN'S MERCY ABOUT CREDITABLE PRESCRIPTION DRUG COVERAGE AND MEDICARE

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Children's Mercy medical plans is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2024. This is known as "creditable coverage."

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2024 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty — as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Children's Mercy and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of Creditable Coverage

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from Oct. 15 through Dec. 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of Children's Mercy's prescription drug plans listed below, you'll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2024. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

The Blue Plan, Gold Plan and Green Plan provide creditable prescription drug coverage.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Children's Mercy plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Children's Mercy medical coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment or other qualifying event, or otherwise become newly eligible to enroll in the Children's Mercy plan mid-year, assuming you remain eligible.

You should know that if you waive or leave coverage with Children's Mercy and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future — such as before the next period you can enroll in Medicare prescription drug coverage, if Children’s Mercy coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here’s how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the *Medicare & You* handbook for the telephone number) or visit the program online at <https://www.shiptacenter.org>.
- Call 800-MEDICARE ((800)-633-4227). TTY users should call (877) 486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call (800) 772-1213 (TTY (800) 325-0778).

Remember: Keep this creditable coverage notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact the Children’s Mercy Benefits Team at (816) 234-3200 or benefits@cmh.edu. For information about your current prescription drug coverage, contact WellDyne at (844) 254-3097. Note that you may receive this notice at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a copy of this notice at any time.

July 2023
Children’s Mercy Human Resources
2401 Gillham Rd.
Kansas City, MO 64108

ACA SECTION 1557 NONDISCRIMINATION NOTICE – LONG FORM

Children’s Mercy Hospital Employee Benefits Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. **Children’s Mercy Hospital Employee Benefits Plan** does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Children’s Mercy Hospital Employee Benefits Plan:

- 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 to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact **the Hospital’s Privacy Officer**. If you believe that **Children’s Mercy Hospital Employee Benefits Plan** 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 with us per the **Anti-Discrimination and Anti-Harassment Policy**. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, we are available to help you. 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, DC 20201, (800) 368-1019, (800) 537-7697 (TDD).

Complaint forms are available at [http:// www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

Missouri and Kansas

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (508) 973-7276 (TTY: (508) 997-8785).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (508) 973-7276 (TTY: (508) 997-8785).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (508) 973-7276 (TTY: (508) 997-8785)。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (508) 973-7276 (TTY: (508) 997-8785).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (508) 973-7276 (TTY: (508) 997-8785).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

Звоните(508) 973-7276 (TTY: (508) 997-8785).

هاتف رقم (508) 973-7276 برقم اتصل .بالمجان لك تتوافر اللغوية المساعدة خدمات فإن ،اللغة اذكر تتحدث كنت إذا :ملحوظة (508) 997-8785):والبكم الصم

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973-7276 (TTY: (508) 997-8785)□

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
Appelez le (508) 973-7276 (ATS: (508) 997-8785).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (508) 973-7276 (TTY: (508) 997-8785).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (508) 973-7276
(TTY: (508) 997-8785)번으로 전화해 주십시오.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε (508) 973-7276 (TTY: (508) 997-8785).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (508) 973-7276 (TTY: (508) 997-8785).

CHILDREN'S HEALTH INSURANCE PLAN PROVISIONS

If you have declined enrollment in a Children's Mercy medical plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverage under this plan without waiting for the next Annual Enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Effective April 1, 2009, Children's Mercy allows a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible; or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these new enrollment opportunities, you will have 60 days — instead of 30 — from the date of the Medicaid/CHIP eligibility change to request enrollment in the Children's Mercy medical plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than the Medicaid/CHIP eligibility change.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) includes a requirement that employers maintaining group health plans notify their employees of potential opportunities for group health plan premium assistance through Medicaid and the Children's Health Insurance Program (CHIP). **Click here to access the CHIP Notice.**

NOTICE OF SPECIAL ENROLLMENT RIGHTS FOR MEDICAL PLAN COVERAGE

As you know, if you have declined enrollment in Children's Mercy health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next Annual Enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Children's Mercy also will allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have *60 days* – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Children's Mercy group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your plan administrator at [**benefits@cmh.edu**](mailto:benefits@cmh.edu).

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 1 (800) 851-3713.

MENTAL HEALTH PARITY AND ADDICTION ACT OF 2008

The Mental Health Parity and Addiction Act of 2008 requires that eligible mental health and substance abuse services are treated the same as other eligible health care services. Even before this Act was passed, Children's Mercy was in compliance, as the hospital has no special or separate limits on the number and/or cost of outpatient visits or inpatient days for mental health and substance abuse treatment.

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: General Information

To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Benefits Line at (816) 234-3200.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit www.HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name: Children's Mercy Hospital		4. Employer Identification Number (EIN): 44-0605373	
5. Employer address: 2401 Gillham Rd		6. Employer phone number: (816) 234-3200	
7. City: Kansas City	8. State: MO	9. Zip code: 64108	
10. Who can we contact about employee health coverage at this job? (816) 234-3200 The Employee Benefit Line			
11. Phone number (if different from above)		12. Email address: Benefits@cmh.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees.
 - Some employees. Eligible employees are those scheduled 30 hours per week.
- With respect to dependents:
 - We do offer coverage. Eligible dependents are your legal spouse, your children up to age 26, your children ages 26 and older who are incapable of self-support due to a mental or physical handicap, and a child for whom you are required to provide health coverage due to a Qualified Medical Child Support Order.
 - We do not offer coverage.
 - If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **www.HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **www.HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

SUMMARY OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Summary Plan Description (SPD). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

WELLBEING PROGRAM NOTICES

HIPAA Notice of Reasonable Alternative Standards (for Health-Contingent Wellbeing Programs)

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellbeing program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellbeing program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 1 (833) 724-2453 and we will work with you (and, if you wish, with your doctor) to find a wellbeing program with the same reward that is right for you in light of your health status. Note: when outcome-based programs inform enrollees of their failure to meet the original standard, the notice must indicate the availability of a reasonable alternative to qualify for the reward (and, if applicable, the possibility of a waiver).

[Click here to access the EEOC Notice \(for Wellbeing Plans that include Disability-Related Inquiries or Medical Examinations\).](#)

NOTICE REGARDING WELLBEING PROGRAM

The Take CARE Wellbeing Program is a voluntary wellbeing program available to all employees and spouses covered under the Children's Mercy health plan. The program is administered according to federal rules permitting employer-sponsored wellbeing programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellbeing program you will be asked to complete a voluntary health assessment (HA) that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes or heart disease). You will also be asked to complete a health screening (HS), which will include a test for blood glucose, cholesterol and blood pressure. You are not required to complete the HA or to participate in the HS.

However, employees and covered spouses who choose to participate in the wellbeing program will receive an incentive of up to 400 wellbeing points for completing various wellbeing activities. Although you are not required to complete the HA or participate in the health screening, only employees who do so will receive 200 wellbeing points – 100 for the HA and 100 for the health screening.

Additional incentives of up to a total of 400 wellbeing points may be available for employees who participate in a variety of health-related activities and/or achieve certain health outcomes: BMI between 18.5 - 30; waist <40 for males, <35 for females; cholesterol – total <200; HDL <5.0; blood pressure <140/90; glucose – fasting <100, non-fasting <140; tobacco – non-user for six months.

Alternative ways to earn the necessary points are available. If you are unable to participate in any of the health-related activities to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Candice Gwin at cgwin@cmh.edu.

The information from your HA and the results from your HS will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellbeing program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellbeing program and Children's Mercy Hospital may use aggregate information it collects to design a program based on identified health risks in the workplace, the Wellbeing Program will not disclose your personal identifiable information either publicly or to the employer. Individuals requesting reasonable accommodations information may be used to respond to your request for a reasonable accommodation needed to participate in the Wellbeing Program, or as expressly permitted by law. Your medical information provided in connection with the Wellbeing Program will not be provided, shared or otherwise made available to your supervisors or managers and may not be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the Wellbeing Program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the Wellbeing Program or receiving an incentive. Those who receive your information for purposes of providing you services as part of the Wellbeing Program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are health coaches assigned to individuals through the opt-in Virgin Pulse coaching program. In addition, all medical information obtained through the Wellbeing Program will be maintained by Virgin Pulse; separate from your personnel records, information stored electronically will be encrypted, and your individual medical information is not shared with Children's Mercy. Children's Mercy, Virgin Pulse and the Wellbeing

Program take your privacy seriously, as such, physical and electronic safeguards are in place to prevent unauthorized use or disclosure of your information.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the Wellbeing Program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Candice Gwin at cgwin@cmh.edu.

Timing Extensions Expiring For HIPAA Special Enrollment Events, COBRA Coverage and ERISA Claim and Appeals

The U.S. Department of Labor and IRS announced temporary extensions of certain plan deadlines during the COVID-19 pandemic. Under these extensions, plan participants and dependents were given extra time to make HIPAA Special Enrollment election changes, file ERISA claims and appeals, receive notifications about COBRA elections, and make COBRA premium payments.

This temporary extension became effective on March 1, 2020 and created individual extension deadlines.

What this means for you and your family

During the period that began March 1, 2020 to present, individual timing extensions can only be extended for a maximum of 12 months. If the original deadline would have been on or after March 1, 2020, your new deadline will now be one-year from your original deadline. For example, if you would have been required to notify the plan of a HIPAA Special Enrollment event (i.e., the birth of a child) by July 1, 2020, your deadline to request an election change under the HIPAA rules will now be June 30, 2021.

Your deadline could end sooner than one year once the National Emergency declaration ends. At the time of this notice, the National Emergency declaration remains ongoing. However, the extensions described here will only last for the *shorter* of the following two periods: one year from your original deadline, or the period between your deadline (if after 3/1/20) and 60 days following the end of the National Emergency declaration.

If you delayed any of the following due to your timing extension, **you should act quickly or you may lose your ability to exercise your rights under the plan for:**

- Requesting enrollment under the plan due to a HIPAA Special Enrollment event;
- Filing an ERISA claim or appeal; or
- Enrolling in or making premium payment(s) for your COBRA continuation coverage

If you did not experience a HIPAA Special Enrollment or COBRA qualifying event, or did not have the need to file an ERISA claim or appeal, you do not need to take any action.

Questions?

For more information, contact Children's Mercy, Human Resources.

DISCLAIMER

This benefits microsite describes the key decisions and choices you need to make during the Annual Enrollment period. It is not intended to describe every possible situation that could occur. The benefit plans are governed by the Summary Plan Description, which serves as the plan document. Participation in the Children's Mercy benefit program is not a guarantee of employment nor do these plans interfere with the right of Children's Mercy to discharge or discipline an employee at any time.

Your coverage from a Children's Mercy medical plan is intended to help you pay for medical expenses you incur for the care and treatment of illness or injury. That is why the plan will not pay charges for care, treatment, services or supplies that are not medically necessary as determined by the third party administrator.

If you have any questions about whether an expense is covered by the health plan, call Member Services: Cigna, 1 (800) 851-3713, Hours: 24 hours a day, seven days a week.