

# CIGNA MEDICAL VACCINE PROGRAM



## List of vaccines covered by your plan

Under your plan, you may be able to get the seasonal flu shot – as well as other vaccines – at your local retail pharmacy. Below is the list of vaccines your plan covers. Vaccines are covered under your medical benefit. Depending on your plan, your medical benefit may cover these vaccines at no cost-share (\$0) to you.\*

### Know before you go

You should call your pharmacy to make sure your vaccine is covered and available at that location. You shouldn't need to make an appointment to get a vaccine. Please be sure to bring your Cigna medical ID card with you when you go to the pharmacy.

- ▶ ACTHIB (*Haemophilus B PRP-T*)
- ▶ Adacel (*tetanus, diphtheria & pertussis- TDap*)
- ▶ Afluria (*influenza*)
- ▶ Bexsero (*meningococcal*)
- ▶ Boostrix (*tetanus, diphtheria & pertussis- TDap*)
- ▶ Comvax (*hepatitis B & hemophilia*)
- ▶ Daptacel & Infanrix (*DTAP & DTwP*)
- ▶ Diphtheria (*DTap*)
- ▶ Engerix (*hepatitis B*)
- ▶ Fluvad (*Influenza*)
- ▶ Fluarix (*influenza*)
- ▶ Fluarix (*Quadrivalent-influenza*)
- ▶ Flublok (*influenza*)
- ▶ Flucelvax (*influenza*)
- ▶ Flulaval (*influenza*)
- ▶ Flulaval (*Quadrivalent-influenza*)
- ▶ Flumist (*Quadrivalent Nasal Spray-influenza*)
- ▶ Fluzone (*influenza*)
- ▶ Fluzone (*Quadrivalent-influenza*)
- ▶ Fluzone High-Dose (*influenza*)
- ▶ Havrix (*hepatitis A*)
- ▶ Hepelisav-B (*Hepatitis B*)
- ▶ Hiberix (*Haemophilus B PRP-T*)
- ▶ Menactra (*meningococcal conjugate*)
- ▶ Menomune (*meningococcal polysaccharide*)
- ▶ Menveo (*meningococcal conjugate*)
- ▶ M-M-R II (*measles, mumps, rubella*)
- ▶ Pedvax HIB (*Haemophilus B PRP-OMP*)
- ▶ Pentacel Kit (*DTaP-IPV- Hib*)
- ▶ Pneumovax (*pneumococcal polysaccharide*)
- ▶ Prevnar (*pneumococcal conjugate*)
- ▶ ProQuad (*measles, mumps, rubella & varicella*)
- ▶ Quadracel & Kinrix (*DTaP Series*)
- ▶ Recombivax (*hepatitis B*)
- ▶ Rotarix (*Rotavirus*)
- ▶ RotaTeq (*Rotavirus*)
- ▶ Shingrix (*Zoster Shingles*)
- ▶ Tenvirax (*tetanus & diphtheria*)
- ▶ Tetanus-diphtheria toxoids (*Td*)
- ▶ Trumenba (*meningococcal*)
- ▶ Twinrix (*hepatitis A & B*)
- ▶ Vaqta (*hepatitis A*)
- ▶ Varivax (*varicella*)
- ▶ Zostavax (*zoster-shingles*)

List last updated August 2020. Subject to change.

Together, all the way.®



\* Plans vary so check your plan materials for details, including a current list of covered vaccinations and the pharmacies included in your specific plan's network. Most immunizations for travel are generally not covered. If you use an out-of-network pharmacy, services may not be covered or may be subject to your plan's copayment, coinsurance or deductible requirements.

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# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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 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 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  
PO 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, DC 20201  
1.800.368.1019, 800.537.7697 (TDD)  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.



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## 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. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

**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. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

**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。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

**Vietnamese** – XIN LỜI Ý: Quý vị được 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. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

**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. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

**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. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

**Arabic** – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

**French Creole** – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

**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. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

**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. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

**Polish** – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

**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。その他の方は、1.800.244.6224 (TTY: 711)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. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

**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. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).