



December 1, 2023

THE <LAST_NM> FAMILY
<ADDR>
<CITY_NM>, <ST_CD> <ZIP_CD>

Vanderbilt University Medical Center may leave Cigna's Open Access Plus network on Jan. 1, 2024.

Here's what you need to know, and how we can help.

Dear <Last Name> family,

Vanderbilt University Medical Center, which includes many hospitals and providers, and Cigna are currently in contract negotiations. Starting Jan. 1, 2024, Vanderbilt University Medical Center will leave your network unless a contract agreement is reached. Once Vanderbilt University Medical Center is out-of-network you will pay more to get care from the affiliated hospitals and providers. This includes the following hospitals, which are all part of Vanderbilt University Medical Center:

- Vanderbilt University Hospital, Nashville, TN
- Monroe Carell Jr. Children's Hospital at Vanderbilt, Nashville, TN
- Vanderbilt Wilson County Hospital, Lebanon, TN
- Vanderbilt Tullahoma-Harton Hospital, Tullahoma, TN
- Vanderbilt Bedford Hospital, Shelbyville, TN

Cigna has been working diligently and collaboratively with Vanderbilt University Medical Center to renew our contract and keep them in your network. However, if Vanderbilt University Medical Center does leave your network you will still have access to high quality providers at a reasonable cost.

What happens if Vanderbilt University Medical Center goes out-of-network?

- If you receive emergency care from a Vanderbilt University Medical Center facility, your emergency care services will still be covered at the in-network level under your plan's emergency room coverage.
- If you get non-emergency care from Vanderbilt University Medical Center on and after Jan. 1, 2024, you'll have to pay more out of pocket. This is the case even if you or your doctor get prior authorization for your care. You'll pay your out-of-network copay, deductible and coinsurance amounts, which are more than what you pay when you visit in-network providers. You'll also have to pay for any services not covered by your plan, including any charges above the allowed amount (the most the plan will pay for a covered service) if you are billed for those charges.

If Vanderbilt University Medical Center leaves your network, you will want to find a new in-network hospital — and Cigna is happy to help you do that. You can call Cigna anytime at 1.800.997.1617. Our Customer Service Advocates are available 24/7/365, and can help you find an in-network hospital in your area. Cigna can also help with other transitions, including new referrals, prescriptions and more. If you're getting ongoing care at one of these facilities, you can ask us to keep covering it. See Frequently Asked Questions for details.

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You can also visit cigna.com/stateoftn or use the **myCigna**[®] mobile app or **myCigna**[®] website to find an in-network hospital in your area. See the table below for some in-network hospitals in your area.

Nearby in-network Open Access Plus (OAP)	Distance from Vanderbilt University Medical Center affiliated facility
Ascension Saint Thomas, Nashville TriStar Centennial Medical Center, Nashville Nashville General Hospital, Nashville	0.1 miles to 2 miles
TriStar Summit Medical Center, Nashville Ascension Saint Thomas, Nashville TriStar Hendersonville Medical Center, Hendersonville	18.7 miles to 31.9 miles
Unity Medical Center, Manchester TriStar Stonecrest Medical Center, Smyrna Maury Regional Medical Center, Columbia	29.4 miles to 41.1 miles
Unity Medical Center, Manchester Southern Tennessee Regional Health System, Winchester Ascension Saint Thomas – Riverpark, McMinnville	15.7 miles to 48.3 miles

NOTE: Network participation is subject to change. You should verify that the hospital is in your plan's network prior to receiving care.

Call us anytime at 800.997.1617

We'll send you a letter if Vanderbilt University Medical Center decides to stay in-network. If you have any questions or concerns, we're here to help, 24/7/365. For TRS or TTY services, dial 711 when you call.

Para información en Español, por favor llame al numero telefónico que aparece en su tarjeta o al 1.800.997.1617 (Customer Service) y pida hablar con un representante que hable Español.

Sincerely,

Cigna Healthcare

Frequently Asked Questions

What if I am admitted before Jan. 1, 2024, but my stay continues past this date?

As long as we have approved your stay, the services you receive will be covered at the in-network benefit level, even if you stay after Jan. 1, 2024.

What if I am receiving ongoing treatment on Jan. 1, 2024?

You may be eligible for Continuity of Care. See the Continuity of Care section for more information.

I've been approved for services that start after Jan. 1, 2024. What should I do?

Please call us at 800.997.1617. A Customer Service Advocate will help you get approval for treatment at another hospital in your network. They can also work with you to determine if you're eligible for Continuity of Care.

What if my primary care or specialist provider admits patients only to a Vanderbilt University Medical Center facility?

You'll need to choose an in-network primary care provider and/or specialist with admitting rights to an in-network facility to continue receiving in-network benefits for services. We can help you find a new PCP or specialist. Please call us at 800.997.1617. You can also visit cigna.com/stateoftn or use the **myCigna**® mobile app or **myCigna**® website to find a list of PCPs and specialists in your network.

What if I receive emergency care at a Vanderbilt University Medical Center facility?

Your emergency care services will be covered at the in-network level under your plan's emergency room coverage. If you're admitted to the hospital from the emergency room, your stay will be covered at the in-network level until you're stable and ready to be transferred to an in-network hospital. If you continue to stay at a Vanderbilt University Medical Center facility beyond the length of stay approved by Cigna, further covered services will be subject to out-of-network benefits, and you will be responsible for any charges above the plan's out-of-network payment if you are billed for those.

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Continuity of Care

What is the Continuity of Care program and what do I have to do to see if I qualify for Continuity of Care?

The Continuity of Care program lets you to continue to get in-network coverage for certain medical and behavioral treatment at the hospital for a specific period, even after the hospital leaves your plan's Cigna network. There are two ways to find out more:

1. Call the number on your Cigna ID card. Let the Customer Service Advocate know you're in the middle of treatment. They'll work with you to determine your eligibility for Continuity of Care. They can also help you complete the request form.
2. Use myCigna.com
 - a. Go to myCigna.com and click **Forms**.
 - b. Scroll to the bottom of the page to **All Other Forms**.
 - c. Select **Medical**, and then choose **Continuity of Care Form**.
 - d. Print it and fill it out.
 - e. The form will have the mailing address you must send it to.

Once you submit the request form, Cigna will send you a letter with our decision. If you have any questions, we're happy to help. Please call us at the number on your Cigna ID card. Customer Service Advocates are available 24/7.

Is there a deadline for requesting Continuity of Care?

Yes. You must apply within 30 days of your health care provider's termination date of Jan. 1, 2024. This is the date that your provider is expected to leave your plan's network.

How long will Continuity of Care services be covered at the in-network rate?

If Continuity of Care is approved before Dec. 1, 2023, you may be able to receive in-network coverage for care from the hospital and/or your provider for up to ninety (90) days. The Continuity of Care period begins when your provider leaves the network. If you're pregnant and in your second trimester on the date of your provider's network termination, you may be able to continue to receive care from the hospital and/or your provider at the in-network rate for the remainder of your pregnancy, as well as during your post-partum care.

Will care from my provider be covered at in-network benefits under approved Continuity of Care?

If your provider agrees to provide Continuity of Care, he or she is agreeing to continue coverage of your care at the in-network rate. He or she must also:

- continue to accept reimbursement from Cigna at the rates we agreed to before the transitional period as payment in full;
- follow Cigna quality assurance requirements and provide Cigna with necessary medical information related to your care; and
- follow Cigna policies and procedures, including but not limited to, referrals, pre-authorizations and treatment plans approved by Cigna.