

QUICK GUIDE TO CIGNA ID CARDS

Together, all the way.



We pack a lot of important information on our ID cards.

This brochure can help define and clarify information that appears on Cigna's most common customer ID cards. It can also help you understand the requirements associated with our various plans, allowing you to quickly and efficiently serve your patients.

We may occasionally update this brochure during the year. Download the most current version at **Cigna.com** > Health Care Professionals > Sample ID Cards.

Important information about this guide

Please note: Some Cigna **ID cards include a "G"** in the upper-right corner, and may have different service channels, including customer service phone numbers and claim appeal addresses.

Sample standard Cigna ID card images are shown in this guide. However, the actual content may vary to conform to a state's legislative and regulatory requirements. An ID card is not a guarantee of coverage, and benefits should be verified.

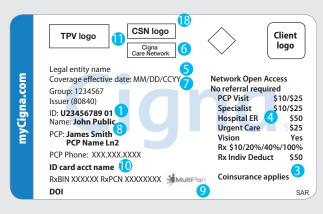
Always be sure to check the back of your patient's ID card for the correct contact information. You can also refer to the Important contact information page in the back of this guide, or refer to the Cigna Reference Guide for physicians, hospitals, ancillaries, and other health care professionals by logging in to the Cigna for Health Care Professionals website (**CignaforHCP.com**) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides.

Table of contents

Ma	naged care plans	. 2
	Networks:	
	Network Open Access	2
	Open Access Plus	2
	HMO Open Access or POS Open Access	2
	HMO, POS, or HMO POS	. 4
	Network or Network POS	. 6
	PPO or EPO	. 6
	Cigna SureFit®	. 8
Ind	lividual & Family Plans	10
	Networks:	10
	Connect	
Cig	gna Global Health Benefits® plans	.12
	Networks:	
	Networks in the U.S.: PPO or OAP	
	Networks outside the U.S.: Vary by location	. 12
Cig	gna Choice Fund® plans	14
	Networks:	
	Vary by plan	.14
Sha	ared Administration Repricing plans	14
	Networks:	
	Shared Administration Open Access Plus	.14
	Shared Administration PPO	.14
	Shared Administration Local Plus	.14
Str	ategic alliance plans	16
	Networks:	
	Vary by plan	.16
Ind	lemnity plans	.18
The	e myCigna® App	20
lmı	portant contact information	22

MANAGED CARE PLANS

Network: Network Open Access



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You may be asked to present this card when you receive care. The card does not guarantee coverage. You must comply with all terms and conditions of the plan. Willful misuse of this card is considered fraud.

1) INPATIENT ADMISSION:

No

Your provider must call the toll-free number listed below to pre-certify the above services. Refer to your plan documents for your pre-certi cation requirements. Failure to do so may a ect bene ts. In an emergency, seek care immediately, then call your primary care doctor as soon as possible for further assistance and directions on follow-up care within ### hours.

For information about mental health services and coverage, call MHSA Stmt Tel

Med Group: Sunset Med Group

Send claims to: 123 Main Street, Suite 999, Anytown, USA 12345-6789
For Pharmacy, call ABC Company 800.XXX.XXXX (Not a Cigna Company) For Vision, call ABC Company 800.XXX.XXXX (Not a Cigna Company)

Cigna Claims: PO Box XXXX, Anytown, USA 12345-6789 TPV Name, PO Box XXXX, Anytown, USA 12345-6789

CSN Name, PO Box XXXX, Anytown, USA 12345-6789 Customer Service: 800.XXX.XXXX 14IH/SA: 800.XXX.XXXX

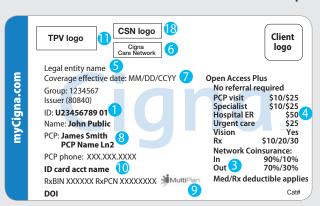
PCP required Referral required Away from Home Care Out-of-network benefits Encouraged

For more information, see the next page.

No

Referral required

Network: Open Access Plus



PCP required

WWW.CIGNA.COM

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12 INPATIENT ADMISSION AND OUTPATIENT PROCEDURES:

Your network provider must call the toll-free number listed below to pre-certify the above services. Refer to your plan documents for your pre-certication requirements. Failure to do so may a ect bene ts. In an emergency, seek care immediately, then callyour primary care doctor as soon as possible for further assistance and directions on follow-up care within ### hours.

No

Yes

For pharmacy, call ABC Company 800.XXX.XXXX (Not a Cigna Company) For vision, call ABC Company 800.XXX.XXXX (Not a Cigna Company)

Away from Home Care

Send claims to: CAD name, PO Box XXXX, Anytown, USA 12345-6789 TPV name, PO Box XXXX, Anytown, USA 12345-6789

All others: PO Box XXXX, Anytown, USA 12345-6789

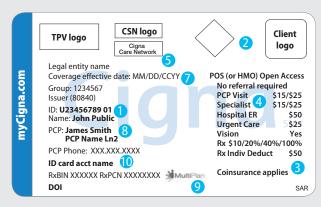
Customer service: 800.XXX.XXXX 14/SA: 800.XXX.XXXX We encourage you to use a PCP as a valuable resource and personal health advocate. 15 AWAY FROM HOME CARE

Out-of-network benefits

Encouraged No Yes

Networks: HMO Open Access or POS Open Access

For more information, see the next page.



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For information about mental health services and coverage, call MHSA Stmt Tel

Med Group: Sunset Med Group 13 Send claims to:

For pharmacy, call ABC Company 800.XXX.XXXX (Not a Cigna Company)

For vision, call ABC Company 800.XXX.XXXX (Not a Cigna Company) Cigna claims: PO Box XXXX, Anytown, USA 12345-6789 TPV name, PO Box XXXX, Anytown, USA 12345-6789

CSN name, PO Box XXXX, Anytown, USA 12345-6789 141/SA: 800.XXX.XXXX Customer service: 800.XXX.XXXX

	PCP required	Referral required	Away from Home Care	Out-of-network benefits
НМО	Encouraged	No	No	No
POS	Encouraged	No	No	Yes

Managed care plans

Managed care plans are designed to manage cost, utilization, and quality. Depending on the plan, customers may have coverage for participating providers only, or have both in-network and out-of-network benefits. Some plans require referrals for specialty care and the selection of a primary care provider (PCP).

Network: Network Open Access

Plans that use this network offer customers access to participating providers, with no referrals required.

- > Flexible plan designs allow for an array of cost-sharing options, including copayments, coinsurance, and deductibles.
- Customers can select a PCP to help coordinate care; it's recommended, but not required.
- > Referrals are not required to see participating specialists.
- Precertification may still be required for certain services and procedures.
- No out-of-network coverage, except for emergencies.*

For a directory of providers who participate in this network, visit **Cigna.com** > Find a Doctor.

Network: Open Access Plus

Plans that use this network offer customers access to a large, national network of providers. The plans include health advocacy programs to help customers engage in wellness initiatives and manage chronic conditions.

- Customers can select a PCP to help coordinate care; it's recommended, but not required.
- > Referrals are not required to see specialists.
- Precertification may still be required for certain services and procedures.

For a directory of providers who participate in this network, visit **Cigna.com** > Find a Doctor.

Networks: Health Maintenance Organization (HMO) Open Access or Point of Service (POS) Open Access

Plans that use these networks offer customers access to local providers and a variety of different benefit options. The plans include negotiated network-specific discounts and fee schedules, along with robust medical management, to help reduce use of nonessential procedures.

- Customers can select a PCP to help coordinate care; it's recommended, but not required.
- Referrals are not required to see specialists.
- Precertification may still be required for certain services and procedures.

For a directory of providers who participate in these networks, visit **Cigna.com** > Find a Doctor.

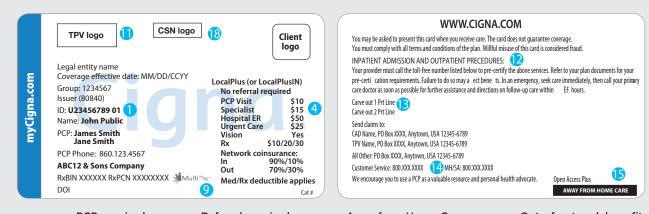
* Emergency services as defined in their plan.

Key

- 1 Use this ID number for all claims and inquiries.
- 2 Indicates a seamless network where a patient can receive in-network care on a regional or statewide basis.
- 3 For patients with coinsurance, submit claims to Cigna or its designee, and receive an explanation of payment (EOP), which will show any remaining amount due from the patient.
- 4 Collect any copayment at the time of service.
- 5 May read as: "Cigna Health and Life Insurance Company" or "Connecticut General Life Insurance Co." or "Cigna HealthCare of XXXX, Inc."
- 6 ID cards with the Cigna Care Network® logo indicate the patient's liability varies based on the provider's Cigna Care designation status. Refer to the online provider directory at Cigna.com > Find a Doctor to determine a physician's Cigna Care designation status.
- 7 Effective date of coverage.
- 8 Name of patient's primary care provider (PCP).
- 9 Network Savings Program (NSP) logo indicates that out-of-network discounts may be available to the customer.
- Employer name.
- 11 If a third party administers services in conjunction with Cigna, the ID card may include multiple logos, and show a different claim address or telephone number on the back of the card.
- Precertification requirements may be shown as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures."
- Submit claims to the claim submission address shown on the card.
- (4) Call the customer service number(s) indicated on the card. Some plans have dedicated numbers for accessing information. Always check the card for the correct number or refer to the Important contact information page in this guide.
- (5) "Away From Home Care" indicates the patient has access to the Cigna national Away From Home Care feature.
- 16 Indicates shared administration repricing.
- Union identifier.
- 🔞 Client-specific network (CSN) logo.

MANAGED CARE PLANS (CONTINUED)

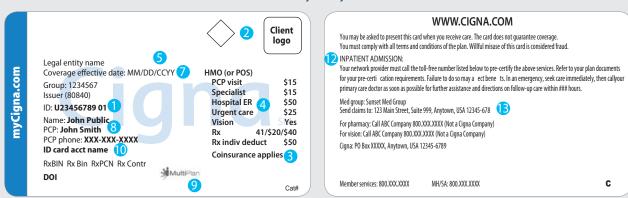
Networks: LocalPlus® or LocalPlusIN



	PCP required	Referral required	Away from Home Care	Out-of-network benefits
LocalPlus	Encouraged	No	Yes	Yes
LocalPlusIN	Encouraged	No	Yes	No

For more information, see the next page.

Networks: HMO, POS, or HMO POS



	PCP required	Referral required	Away from Home Care	Out-of-network benefits
НМО	Yes	Yes	No	No
POS	Yes	Yes	No	Yes
HMO POS	Yes	Yes	No	Yes

Networks: LocalPlus® or LocalPlusIN

Plans that use these networks offer customers access to participating providers in their local area, or in any area in the country where one exists, for coverage at the in-network cost.

- In areas where these networks are not available, customers can access care through our Away From Home Care feature for coverage at the in-network cost.
- If customers choose to access care from providers outside the LocalPlus network (or outside the Away From Home Care feature when the LocalPlus network isn't available), they will likely pay more. (Customers with the LocalPlusIN plan will pay the full cost of their care.*)
- Referrals are not required to see specialists.
- Precertification may still be required for certain services and procedures.

For a directory of providers who participate in these networks, visit **Cigna.com** > Find a Doctor.

Networks: HMO, POS, or HMO POS

Plans that use these networks offer customers cost savings and access to a local network of providers.

- Customers must select a network-participating PCP to coordinate care for coverage at the in-network cost.
- Referrals are required to see specialists except OB/GYNs.
- HMO POS plans include benefits and features similar to HMO plans, plus out-of-network coverage at reduced benefit levels.

For a directory of providers who participate in these networks, visit **Cigna.com** > Find a Doctor.

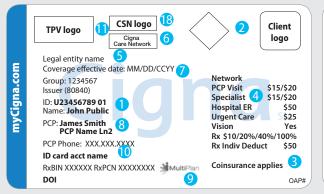
Key

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- 4 Collect any copayment at the time of service.
- 5 May read as: "Cigna Health and Life Insurance Company" or "Connecticut General Life Insurance Co." or "Cigna HealthCare of XXXX, Inc."
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- 7 Effective date of coverage.
- 8 Name of patient's primary care provider (PCP).
- 9 Network Savings Program (NSP) logo indicates that out-of-network discounts may be available to the customer.
- 10 Employer name.
- 11 If a third party administers services in conjunction with Cigna, the ID card may include multiple logos, and show a different claim address or telephone number on the back of the card.
- Precertification requirements may be shown as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures."
- Submit claims to the claim submission address shown on the card.
- Call the customer service number(s) indicated on the card. Some plans have dedicated numbers for accessing information. Always check the card for the correct number or refer to the Important contact information page in this guide.
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- 16 Indicates shared administration repricing.
- Union identifier.
- 18 Client-specific network (CSN) logo.

^{*} Except for emergency services as defined by their plan.

MANAGED CARE PLANS (CONTINUED)

Networks: Network or Network POS



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Med Group: Sunset Med Group

Send claims to: 123 Main Street, Suite 999, Anytown, USA 12345-6789 For Pharmacy, call ABC Company 800.XXX.XXXX (Not a Cigna Company) For Vision, call ABC Company 800.XXX.XXXX (Not a Cigna Company)

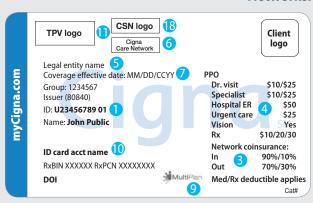
Cigna Claims: PO Box XXXX, Anytown, USA 12345-6789 TPV Name, PO Box XXXX, Anytown, USA 12345-6789

CSN Name, PO Box XXXX, Anytown, USA 12345-6789 Customer Service: 800.XXX.XXXX 14/SA: 800.XXX.XXXX

	PCP required	Referral required	Away from Home Care	Out-of-network benefits
Network	Yes	Yes	No	No
Network POS	Yes	Yes	No	Yes

For more information, see the next page.

Networks: PPO or EPO



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For pharmacy, call ABC Company 800.XXX.XXXX (Not a Cigna Company) For vision, call ABC Company 800.XXX.XXXX (Not a Cigna Company)

Send claims to:

CAD name, PO Box XXXX, Anytown, USA 12345-6789 TPV name, PO Box XXXX, Anytown, USA 12345-6789

All others: PO Box XXXX, Anytown, USA 12345-6789

Customer service: 800.XXX.XXXX 14/SA: 800.XXX.XXXX

AWAY FROM HOME CARE

	PCP required	Referral required	Away from Home Care	Out-of-network benefits
PPO	No	No	Yes	Yes
EPO	Encouraged	No	Yes	No

Networks: Network or Network POS

Plans that use these networks offer customers cost savings, local convenience, and choice.

- Customers must select a network-participating PCP to coordinate care for coverage at the in-network cost.
- Referrals are required to see specialists except OB/GYNs.
- Network POS plans include benefits and features similar to Network plans, plus out-of-network coverage at reduced benefit levels.

For a directory of providers who participate in these networks, visit **Cigna.com** > Find a Doctor.

Networks: PPO or Exclusive Provider Organization (EPO)

Plans that use these networks offer customers access to participating providers across the country.

PPO:

- > Both in- and out-of-network benefits are available.
- Customers can access services from providers who do not participate in the network, but will assume additional costs and be reimbursed at a lower coinsurance level.

EPO:

- No out-of-network coverage, except in emergencies.*
- Referrals are not required to see network-participating specialists.

For a directory of providers who participate in these networks, visit **Cigna.com** > Find a Doctor.

Key

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- 4 Collect any copayment at the time of service.
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- 6 ID cards with the Cigna Care Network® logo indicate the patient's liability varies based on the provider's Cigna Care designation status. Refer to the online provider directory at Cigna.com > Find a Doctor to determine a physician's Cigna Care designation status.
- 7 Effective date of coverage.
- 8 Name of patient's primary care provider (PCP).
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- Employer name.
- 11 If a third party administers services in conjunction with Cigna, the ID card may include multiple logos, and show a different claim address or telephone number on the back of the card.
- Precertification requirements may be shown as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures."
- Submit claims to the claim submission address shown on the card.
- (4) Call the customer service number(s) indicated on the card. Some plans have dedicated numbers for accessing information. Always check the card for the correct number or refer to the Important contact information page in this guide.
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- 16 Indicates shared administration repricing.
- Union identifier.
- 18 Client-specific network (CSN) logo.

^{*} Emergency services as defined in their plan.

MANAGED CARE PLANS (CONTINUED)

Network: Cigna SureFit®



You may have to show this card when you receive care. This doesn't guarantee coverage. Not using this card correctly is fraud. For emergencies, call 911 or get immediate care. Contact your doctor after you get emergency services. If you don't know if your situation is an emergency, call your doctor or our 24/7 Health Information Line. Customers: Check your plan documents for out-of-network (00N) precertification requirements. This may affect your 00N benefits. Health Care Professionals: Check your provider contract for precertification requirements. Customers: myCigna.com

Medical Claims PO Box 188061 Chattanooga, TN 37422-8061 Payer ID #62308

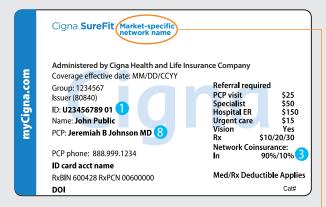
Rx Claims: Pharmacy Service Center, PO Box 188053, Chattanooga TN 37422-8053

Customers & Health Care Professionals

Call 866-494-2111

For Pharmacists Only 800-351-9170

Mask 606 Issue Date: 10/25/17



WWW.CIGNA.COM

You may be asked to present this card when you receive care. The card does not guarantee coverage. You must comply with all terms and conditions of the plan. Willful misuse of this card is considered fraud. INPATIENT ADMISSION:

Your network provider mst call the toll-free number listed below to pre-certify the above services. Refer to your plan documents for your pre-certification requirements Failure to do so may affect benefits. In an emergency, seek care immediately, then call your primary care doctor as soon as possible for further assistance and directions on follow-up care within ### hours.

For pharmacy, call ABC Company 800.XXX.XXXX (Not a Cigna Company) For vision, call ABC Company 800.XXX.XXXX (Not a Cigna Company)

Send claims to:

Customer service: 800.XXX.XXXX

CAD name, PO Box XXXX, Anytown, USA 12345-6789 TPV name, PO Box XXXX, Anytown, USA 12345-6789

All others: PO Box XXXX, Anytown, USA 12345-6789

MH/SA: 1800.XXX.XXXX



Out-of-network benefits

No

To find the market-specific network name that will appear on the ID card, refer to the table below. In the first column, identify your market area. In the second column, you will see the corresponding market-specific network name that should appear on the Cigna SureFit ID card.

Market	Market-specific network name
Arizona (Phoenix)	Cigna SureFit® with Arizona Care and affiliates
California (Southern California)	Cigna SureFit - Southern California 决 Scripps
Central Florida (Orlando)	Cigna SureFit available in Orlando through Advent Health
Colorado (Boulder, Denver, and Colorado Springs)	Cigna SureFit* Health Care Alliance* of the Front Range
Kansas and Missouri (Kansas City)	Cigna SureFit -Kansas City
Mid-Atlantic (Northern Virgina, Richmond and Washington, DC)	Cigna SureFit* with the Performance One Network
Missouri (St. Louis)	Cigna SureFit -Saint Louis
North Carolina (Raleigh)	Cigna SureFit with UNC HEALTH ALLIANCE UNC HEALTH CARE
South Florida	Cigna SureFit – South Florida
Tennessee (Chattanooga, Cumberland Plateau, Jackson, Knoxville, Memphis, Nashville and Tri-Cities)	Cigna SureFit '-Tennessee

Away from Home Care

For more information, see the next page.

Referral required

Yes

PCP required

Yes

Network: Cigna SureFit®

Plans that use this network offer customers access to local physician and hospital groups for personal, patient-centered care.

- Customers must select a network-participating PCP to coordinate their care.
- > Referrals are required to see specialists.
- No out-of-network coverage or Away From Home Care, except in emergencies.*

For a directory of providers who participate in these networks, visit **Cigna.com** > Find a Doctor.

Key

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- 7 Effective date of coverage.
- 8 Name of patient's primary care provider (PCP).
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- 10 Employer name.
- 11 If a third party administers services in conjunction with Cigna, the ID card may include multiple logos, and show a different claim address or telephone number on the back of the card.
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INDIVIDUAL & FAMILY PLANS

Network: Connect



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Customers: myCigna.com

Health Care Professionals: CignaforHCP.com

Medical Claims: PO Box 188061 Chattanooga, TN 37422-8061 Payer ID #62308

Dental Claims: Cigna Dental PO Box 188037 Chattanooga, TN 37422-8037 Payer ID #62308

Rx Claims: Pharmacy Service Center, PO Box 188053, Chattanooga TN 37422-807

For Premium, Billing and Enrollment questions please call: 877-900-1237

For Benefit and Claim questions please call: 879-900-1237

For Benefit and Claim questions please call: 877-900-1237

For Pharmacists Only 800-351-9170

Mask 606

Issue Date: 01/01/2017

PCP required	Referral required	Away from Home Care	Out-of-network benefits
Yes*	Yes*	No	No

R619A (1/16)

^{*}PCP selection and referrals are encouraged in Missouri. Referrals are not required in Memphis, Tennessee.

Individual & Family Plans

Cigna offers Individual & Family Plans with medical, pharmacy, and (when applicable) pediatric dental benefits in Arizona, Colorado, Florida, Illinois, Kansas, Missouri, North Carolina, Tennessee, Utah, and Virginia. Depending on the plan, customers will have access to providers who participate in our Connect network. The network name will appear on the top right of the ID card.

Network: Connect

Plans that use this network offer customers access to providers in their local area.

- Customers must select a network-participating PCP* to coordinate their care.
- Referrals are required to see specialists.*
- No out-of-network coverage or Away From Home Care, except in emergencies.**

For a directory of providers who participate in this network, visit Cigna.com/IFP-Providers.

Key

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- Union identifier.
- (CSN) logo.

^{*} PCP selection and referrals are encouraged in Missouri. Referrals are not required in Memphis, Tennessee.

^{**} Emergency services as defined in their plan.

CIGNA GLOBAL HEALTH BENEFITS® PLANS

Networks in the U.S.: PPO or OAP

Cigna Global Health Benefits plans that use these networks offer medical coverage to individuals, for unexpected illness and injuries that occur while traveling in the U.S. on international business outside of their home or permanent assignment country.





Networks outside the U.S.: Vary by location

Cigna Global Health Benefits plans that use these networks offer medical coverage outside the U.S. for globally mobile customers, including U.S. expatriates and inpatriates to the U.S., and their dependents.





PCP required	Referral required	Away from Home Care	Out-of-network benefits
Encouraged	No	Yes	Yes

Cigna Global Health Benefits® plans

We offer Cigna Global Health Benefits plans for globally mobile employees, including U.S. expatriates and inpatriates to the U.S. There are multiple coverage options encompassing medical, business travel medical, dental, life, accidental death and dismemberment, and a range of ancillary coverage. The network name will appear on the ID card.

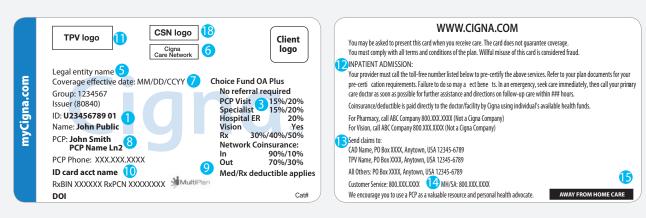
For more information and to access the directory of participating providers, visit **CignaEnvoy.com**.

Key

- Use this ID number for all claims and inquiries.
- 2 Indicates a seamless network where a patient can receive in-network care on a regional or statewide basis.
- 3 For patients with coinsurance, submit claims to Cigna or its designee, and receive an explanation of payment (EOP), which will show any remaining amount due from the patient.
- 4 Collect any copayment at the time of service.
- 5 May read as: "Cigna Health and Life Insurance Company" or "Connecticut General Life Insurance Co." or "Cigna HealthCare of XXXX, Inc."
- 6 ID cards with the Cigna Care Network® logo indicate the patient's liability varies based on the provider's Cigna Care designation status. Refer to the online provider directory at Cigna.com > Find a Doctor to determine a physician's Cigna Care designation status.
- 7 Effective date of coverage.
- 8 Name of patient's primary care provider (PCP).
- 9 Network Savings Program (NSP) logo indicates that out-of-network discounts may be available to the customer.
- 10 Employer name.
- 11 If a third party administers services in conjunction with Cigna, the ID card may include multiple logos, and show a different claim address or telephone number on the back of the card.
- 2 Precertification requirements may be shown as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures."
- Submit claims to the claim submission address shown on the card.
- (4) Call the customer service number(s) indicated on the card. Some plans have dedicated numbers for accessing information. Always check the card for the correct number or refer to the Important contact information page in this guide.
- (5) "Away From Home Care" indicates the patient has access to the Cigna national Away From Home Care feature.
- 16 Indicates shared administration repricing.
- Union identifier.
- (CSN) logo.

CIGNA CHOICE FUND® PLANS

Networks: Vary by plan



For more information, see the next page.

	PCP required	Referral required	Away from Home Care	Out-of-network benefits
PPO	No	No	Yes	Yes
EPO	Encouraged	No	Yes	No
OAP	Encouraged	No	Yes	Yes
LocalPlus	Encouraged	No	Yes	Yes
Indemnity	No	No	N/A	Yes

SHARED ADMINISTRATION REPRICING PLANS

Network: Shared Administration Open Access Plus, Shared Administration PPO, or LocalPlus



For more information, see the next page.

Yes

Yes

No

Encouraged

Cigna Choice Fund® plans

These plans combine an employer-funded health reimbursement account (HRA) or employer/employee-funded tax-advantaged health savings account (HSA) with PPO, EPO, Open Access Plus, LocalPlus, or indemnity plans. Customers will have access to providers who participate in the network aligned to their plan.

Networks: Vary by plan

Plans that use these networks offer customers access to a suite of providers, and allow them to be in charge of how and when they spend their health fund dollars.

- Referrals are not required to see specialists.
- > Typically, no copayments are required.
- Providers should bill Cigna directly.
- Precertification may still be required for certain services and procedures.

For a directory of providers who participate in these networks, visit **Cigna.com** > Find a Doctor.

Shared Administration Repricing plans

Shared Administration Repricing plans are offered by the Cigna Taft-Hartley and Federal Business Segment. They are designed for Taft-Hartley and federal plan employers that want to continue processing and paying their own claims, and retain customer and provider services, or use a third-party administrator to perform these functions.

Networks: Shared Administration Open Access Plus, Shared Administration PPO, or LocalPlus

Plans that use these networks offer customers access to a national network of providers.

- > Referrals are not required to see specialists.
- Both in- and out-of-network benefits are available. Customers can access providers that participate in a national network, which includes Away From Home Care.

For a directory of providers who participate in these networks, visit **CignaSharedAdministration.com**.

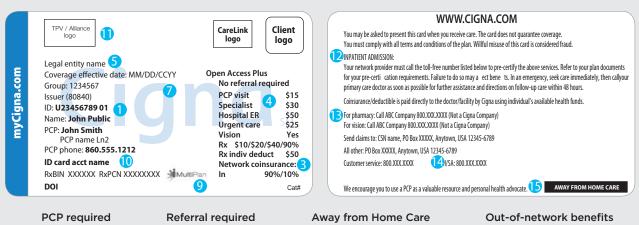
Key

- 1 Use this ID number for all claims and inquiries.
- 2 Indicates a seamless network where a patient can receive in-network care on a regional or statewide basis.
- 3 For patients with coinsurance, submit claims to Cigna or its designee, and receive an explanation of payment (EOP), which will show any remaining amount due from the patient.
- 4 Collect any copayment at the time of service.
- 5 May read as: "Cigna Health and Life Insurance Company" or "Connecticut General Life Insurance Co." or "Cigna HealthCare of XXXX, Inc."
- 6 ID cards with the Cigna Care Network® logo indicate the patient's liability varies based on the provider's Cigna Care designation status. Refer to the online provider directory at Cigna.com > Find a Doctor to determine a physician's Cigna Care designation status.
- 7 Effective date of coverage.
- 8 Name of patient's primary care provider (PCP).
- 9 Network Savings Program (NSP) logo indicates that out-of-network discounts may be available to the customer.
- 10 Employer name.
- 11 If a third party administers services in conjunction with Cigna, the ID card may include multiple logos, and show a different claim address or telephone number on the back of the card.
- Precertification requirements may be shown as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures."
- Submit claims to the claim submission address shown on the card.
- Call the customer service number(s) indicated on the card. Some plans have dedicated numbers for accessing information. Always check the card for the correct number or refer to the Important contact information page in this guide.
- (5) "Away From Home Care" indicates the patient has access to the Cigna national Away From Home Care feature.
- 16 Indicates shared administration repricing.
- Union identifier.
- 🔞 Client-specific network (CSN) logo.

STRATEGIC ALLIANCE PLANS

Networks: Vary by plan

The sample below shows an ID card for a customer with a Cigna-administered plan. If it displays a strategic alliance logo,* the customer may use that strategic alliance's network when outside the service area for Cigna network-participating providers.



Sample ID cards for Cigna's strategic alliances

Encouraged

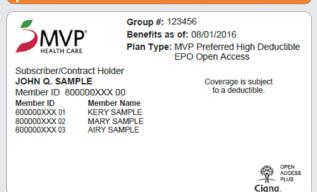
These samples show ID cards for people whose health plans are administered by one of our strategic alliances with HealthPartners, Tufts Health Plan, MVP Health Care, or Health Alliance Plan (HAP) and their affiliate, ASR Health Benefits/Physicians Care. The Cigna logo on the card indicates they may visit a Cigna-participating provider when in the Cigna service area.

Yes



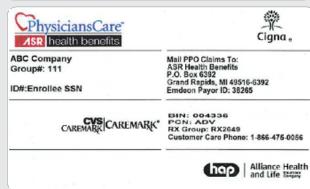
No







Yes



^{*}Logos include HealthPartners, Tufts Health Plan, HAP, PhysiciansCare, and MVP.

Strategic alliance plans

Cigna has entered into strategic alliances with several nationally recognized health care companies. These plans give our customers access to an alliance's network of providers and discounts in specific geographic areas. They also provide the alliance's customers with access to Cigna's national provider network and discounts outside their specific geographic area.

Networks: Vary by plan

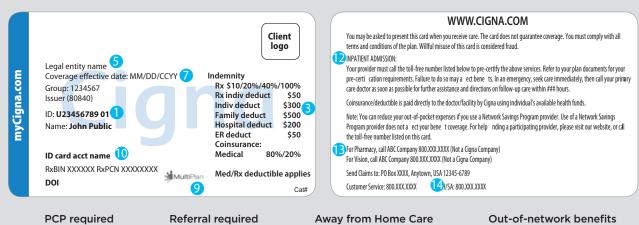
- > Referrals are not required to see specialists.
- Precertification may still be required for certain services and procedures.
- Claims should be submitted to the payer ID on the customer's ID card.

Key

- Use this ID number for all claims and inquiries.
- 2 Indicates a seamless network where a patient can receive in-network care on a regional or statewide basis.
- For patients with coinsurance, submit claims to Cigna or its designee, and receive an explanation of payment (EOP), which will show any remaining amount due from the patient.
- 4 Collect any copayment at the time of service.
- 5 May read as: "Cigna Health and Life Insurance Company" or "Connecticut General Life Insurance Co." or "Cigna HealthCare of XXXX, Inc."
- 6 ID cards with the Cigna Care Network® logo indicate the patient's liability varies based on the provider's Cigna Care designation status. Refer to the online provider directory at Cigna.com > Find a Doctor to determine a physician's Cigna Care designation status.
- 7 Effective date of coverage.
- 8 Name of patient's primary care provider (PCP).
- 9 Network Savings Program (NSP) logo indicates that out-of-network discounts may be available to the customer.
- Employer name.
- 11 If a third party administers services in conjunction with Cigna, the ID card may include multiple logos, and show a different claim address or telephone number on the back of the card.
- Precertification requirements may be shown as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures."
- Submit claims to the claim submission address shown on the card.
- Call the customer service number(s) indicated on the card. Some plans have dedicated numbers for accessing information. Always check the card for the correct number or refer to the Important contact information page in this guide.
- (5) "Away From Home Care" indicates the patient has access to the Cigna national Away From Home Care feature.
- 16 Indicates shared administration repricing.
- Union identifier.
- 18 Client-specific network (CSN) logo.

INDEMNITY PLANS

Network: No network requirements



No* No N/A Yes

^{*}This ID card will not display the name of a PCP if one is chosen.

Indemnity plans

These plans give customers the freedom to choose any provider.

- No network requirements.
- Referrals are not required to see specialists.

Key

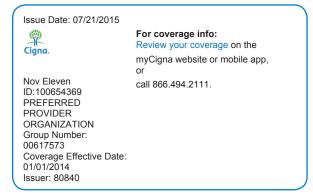
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- (5) "Away From Home Care" indicates the patient has access to the Cigna national Away From Home Care feature.
- 16 Indicates shared administration repricing.
- Union identifier.
- 18 Client-specific network (CSN) logo.

The myCigna® App

The myCigna® App gives Cigna customers a simple way to personalize, organize, and access their important health and coverage information - on the go. Your patients may present their Cigna ID card claims information and coverage eligibility to you via the app on their smartphone or tablet.

Sample ID card information you might see on your patients' myCigna App





ID card features

- Quickly view ID card information (front and back) for family members
- Easily print, email, or scan right from a smartphone or tablet

Inpatient Admission and Outpatient Procedures

Your network provider must call the toll-free number listed below to pre-certify the above services. Refer to your plan documents for your pre-certification requirements. Failure to do so may affect benefits. In an emergency, seek care immediately, then call your primary care doctor as soon as possible for further assistance and directions on follow up care within 24 hours.

Send Claims To: CIGNA, PO Box 182223, Chattanooga TN 37422-7223

Customer Service888.992.4462

You may be asked to present this card when you access care. This card doesn't guarantee coverage. You must comply with all items and conditions of the plan. Willful misuse of this card is considered fraud.

Hospital Admission: Prior to any non-emergency hospital admission, you or your doctor must call the toll-free Customers and Health Care Professionals number shown below to request "precertification." In the case of an emergency, you, your family, or your doctor must call within 48 hours of hospital admission. Failure to contact Cigna will affect your coverage.

In an Emergency: Seek care immediately. Go directly to the nearest emergency facility or call 911.

Health Care Professionals:. Visit www.CignaforHCP.com or call 800-882-4462.

Customers and Health Send Medical Claims To: Care Professionals:

866.494.2111

(24 hours a day, 365 days

a year)

Cigna

1000 Great-West Drive Kennett, MO 63857

Payer ID: #62308

Additional app features:

The myCigna App includes features that help your patients - and you - have an easier health care experience.

Provider directory

- Locate network-participating doctors and health care facilities
- Access maps for instant driving directions

Health wallet

- Store and organize all contact information for doctors, hospitals, and pharmacies
- Add providers to contact list right from a claim or directory search

Claims

- View and search recent and past medical, dental, and pharmacy claims
- Bookmark and group claims for easy reference

Trackers

View in-network and out-of-network medical and dental year-to-date deductibles, as well as out-of-pocket and annual maximums

Coverage

- > See plan coverage and benefit information for medical, dental, pharmacy, behavioral health, substance abuse, and disability
- Access and view health fund balances
- > Review plan deductibles, coinsurance, and copayments

Additional app features (continued)

Drug search

- View medication costs based on their plan and see lower-cost alternatives*
- Find closest network-participating pharmacy location using GPS
- Research medicine and dosages
- Speed dial Cigna Home Delivery PharmacySM
- * Prices are not guaranteed, nor is the display of a price a guarantee of coverage. Medication costs and coverage may vary at the time prescriptions are filled at the pharmacy, and pricing at individual pharmacies may vary. Coverage and pricing terms are subject to change.
- ** The myCigna App is available to Cigna health plan customers. Actual features may vary depending on their plan.



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More ways to access patient information when you need it

Use our electronic tools

- Log in to the Cigna for Health Care Professionals website (CignaforHCP.com)
- Connect with us through electronic data interchange (EDI): Visit Cigna.com/EDIVendors to learn more
- Call our automated phone system: 800.88Cigna (882.4462)

Conduct administrative transactions electronically

Cigna's convenient eServices tools help you manage the administrative details of health care.

- Access patient eligibility and benefits
- Estimate patient out-of-pocket costs
- View and submit precertification requests
- Check claim status
- > Enroll online for electronic funds transfer (EFT), then view, print, and share online remittance reports the same day you receive electronic payments
- Receive electronic remittance advices and automatically load them to your accounts receivable system
- Submit questions about fee schedules and specific patient benefits

Learn more

To access our educational resources, log in to **CignaforHCP.com** > Resources > eCourses. Select courses about EDI, eligibility and benefits, estimating patient out-of-pocket costs, precertification, electronic claim submission, claim status inquiry, enrolling in and managing EFT, online remittance reports, and more.

Important contact information

Find the contacts you need to get in touch with us for information about your patients with health coverage administered by Cigna.*

Please note that call, claim, and service channels may differ based on the patient's ID card.

If you want to:	Use the following:
Update your contact or demographic information	Email: Intake_PDM@Cigna.com Fax: 877.358.4301 Mail: Cigna Provider Data Management Two College Park Dr., Hooksett, NH 03106
Perform online transactions:** Verify patient eligibility Inquire about patient coverage and covered services Predict the total cost of service and patient liability for specific medical procedures Request precertification for services Inquire about precertification for services View claim-coding policies and payment guidelines Review medical or pharmacy coverage positions View the prescription drug list View sample ID cards Obtain a Reference Guide Request a copy of your contract Request fee schedule information	Cigna for Health Care Professionals website: CignaforHCP.com
Perform transactions using a multipayer website or vendor via electronic data interchange (EDI):** > Verify patient eligibility and coverage > Inquire about patient coverage and covered services > Check the status of a claim > Request precertification for services > Submit claims electronically > Receive electronic remittance advices > View list of EDI vendors	Refer to Cigna.com/EDIvendors for a list of directly connected Cigna vendors.
Enroll to receive electronic funds transfer (EFT)	 Enroll in EFT and manage EFT accounts with multiple payers, including Cigna, using the Council for Affordable Quality Healthcare® (CAQH) website: https://solutions.CAQH.org Enroll in EFT directly with Cigna by logging in to CignaforHCP.com > Working with Cigna > Enroll in Electronic Funds Transfer (EFT) Options
Perform telephone transactions:** Learn about electronic services Verify patient eligibility and coverage Check the status of a claim Request precertification for services Request an exception to the prescription drug list	800.88Cigna (882.4462) For patients with GWH-Cigna or "G" ID cards: 866.494.2111 Customer service numbers are also included on the patient's ID card.
Submit a paper claim	Refer to patient's ID card

^{*} Excluding customers with third-party administrator plans.

^{**} Not all transactions are available for all Cigna-administered plans.

If you want to:	Use the following:		
Submit or inquire about an appeal or dispute	800.88Cigna (882.4462) Cigna National Appeals PO Box 188011 Chattanooga, TN 37422 Fax: 877.815.4827 For patients with GWH-Cigna or "G" ID cards: Cigna National Appeals PO Box 188062 Chattanooga, TN 37422-8062 Fax: 877.804.1679		
Submit or inquire about provider credentialing	800.88Cigna (882.4462)		
Obtain information about the organ and tissue transplant network	Cigna LifeSOURCE Transplant Network® CignaLifeSOURCE.com 800.668.9682		
Obtain other telephone numbers and addresses	Refer to the patient's ID card		
Other important contacts:	Use the following:		
Cigna Behavioral Health	CignaforHCP.com 800.926.2273		
Cigna Dental	CignaforHCP.com 800.Cigna24 (244.6224) For patients with GWH-Cigna or "G" ID cards: 866.494.2111		
Cigna Home Delivery Pharmacy	800.285.4812		
Accredo Specialty Pharmacy, a Cigna company (specialty medications administered by injection or infusion, and certain oral medications)	Accredo Physician Service Center 844.516.3319 Accredo.com > Prescribers		
Medical management (including precertification)	CignaforHCP.com 800.88Cigna (882.4462) For patients with GWH-Cigna or "G" ID cards: 866.494.2111 Customer Service numbers are also included on the patient's ID card.		
eviCore healthcare (formerly CareCore MedSolutions, Inc.) Use for high-technology radiology, diagnostic cardiology, and pain management precertification	eviCore healthcare For precertification requests: myportal.medsolutions.com Exceptions – For Cigna CareLink customers in MA and RI: CignaforHCP.com 800.88Cigna (882.4462)		
Pharmacy prior authorizations Electronic submission Online submission By phone	Electronic medical record or electronic health record: CoverMyMeds® or Surescripts® Online: CoverMyMeds.com/epa/Cigna By phone: 800.244.6224		
Cigna specialty condition counseling	800.633.6521		



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