

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](https://www.cigna.com) > Health Care Providers > Coverage and Claims > 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](https://www.cignaforhcp.com)) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides.

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MANAGED CARE PLANS

Network: Network Open Access

TPV logo 11

CSN logo 18

Tiered Benefits 6

Legal entity name 5

Coverage effective date: MM/DD/CCYY 7

Group: 1234567

Issuer (80840)

ID: **U23456789 01** 1

Name: **John Public** 8

PCP: **James Smith** 8

PCP Name Ln2

PCP Phone: XXX.XXX.XXXX

ID card acct name 10

RxBIN XXXXXX RxCPCN XXXXXXXX

DOI

Client logo

Network Open Access

No referral required

PCP Visit \$10/\$25

Specialist \$10/\$25

Hospital ER 4 \$50

Urgent Care \$25

Vision Yes

Rx \$10/20%/40%/100%

Rx Indiv Deduct \$50

NSP logo 9

Coinsurance applies 3

Network Savings Program SAR

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.

12 INPATIENT ADMISSION or 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 ## hours.

For information about mental health services and coverage, call 1-XXX-XXX-XXXX

Med Group: Sunset Med Group

Send Claims to: 123 Main Street, Suite 999, Anytown, USA 12345-6789 **13**

For Dental call ABC Company 1-XXX-XXX-XXXX (not a Cigna Company)

For Vision call ABC Company 1-XXX-XXX-XXXX (not a Cigna Company)

Cigna Vision PO Box 385018, Birmingham, AL 35238-5018

Cigna Claims: PO Box XXXXXX, Anytown, USA 12345-6789

TPV Name, PO Box XXXXXX, Anytown, USA 12345-6789

CSN Name, PO Box XXXXXX, Anytown, USA 12345-6789

Customer Service: 1-XXX-XXX-XXXX 14 MH/SA: 1-XXX-XXX-XXXX

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

[For more information, see the next page.](#)

Network: Open Access Plus

TPV logo 11

CSN logo 18

Tiered Benefits 6

Legal entity name 5

Coverage effective date: MM/DD/CCYY 7

Group: 1234567

Issuer (80840)

ID: **U23456789 01** 1

Name: **John Public** 8

PCP: **James Smith** 8

PCP Name Ln2

PCP phone: XXX.XXX.XXXX

ID card acct name 10

RxBIN XXXXXX RxCPCN XXXXXXXX

DOI

Client logo

Open Access Plus

No referral required

PCP visit \$10/\$25

Specialist \$10/\$25

Hospital ER \$50

Urgent care \$25

Vision Yes

Rx \$10/20/30

Network Coinsurance:

In 90%/10%

Out 3 70%/30%

Med/Rx deductible applies

NSP logo 9

Cat#

WWW.CIGNA.COM

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12 INPATIENT ADMISSION or 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 ## hours.

For information about mental health services and coverage, call 1-XXX-XXX-XXXX

Med Group: Sunset Med Group

Send Claims to: 123 Main Street, Suite 999, Anytown, USA 12345-6789

For Dental call ABC Company 1-XXX-XXX-XXXX (not a Cigna Company)

For Vision call ABC Company 1-XXX-XXX-XXXX (not a Cigna Company)

Cigna Vision PO Box 385018, Birmingham, AL 35238-5018

Cigna Claims: PO Box XXXXXX, Anytown, USA 12345-6789

TPV Name, PO Box XXXXXX, Anytown, USA 12345-6789 **13**

CSN Name, PO Box XXXXXX, Anytown, USA 12345-6789

Customer Service: 1-XXX-XXX-XXXX 14 MH/SA: 1-XXX-XXX-XXXX 15 AWAY FROM HOME CARE

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

[For more information, see the next page.](#)

Networks: HMO Open Access or POS Open Access

TPV logo

CSN logo 18

Tiered Benefits 6

Legal entity name 5

Coverage effective date: MM/DD/CCYY 7

Group: 1234567

Issuer (80840)

ID: **U23456789 01** 1

Name: **John Public** 8

PCP: **James Smith** 8

PCP Name Ln2

PCP Phone: XXX.XXX.XXXX

ID card acct name 10

RxBIN XXXXXX RxCPCN XXXXXXXX

DOI

Client logo

POS (or HMO) Open Access

No referral required

PCP Visit 4 \$15/\$25

Specialist \$15/\$25

Hospital ER \$50

Urgent Care \$25

Vision Yes

Rx \$10/20%/40%/100%

Rx Indiv Deduct \$50

NSP logo 9

Coinsurance applies 3

Network Savings Program SAR

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.

12 INPATIENT ADMISSION or 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 ## hours.

For information about mental health services and coverage, call 1-XXX-XXX-XXXX

Med Group: Sunset Med Group **13**

Send Claims to: 123 Main Street, Suite 999, Anytown, USA 12345-6789

For Dental call ABC Company 1-XXX-XXX-XXXX (not a Cigna Company)

For Vision call ABC Company 1-XXX-XXX-XXXX (not a Cigna Company)

Cigna Vision PO Box 385018, Birmingham, AL 35238-5018

Cigna Claims: PO Box XXXXXX, Anytown, USA 12345-6789

TPV Name, PO Box XXXXXX, Anytown, USA 12345-6789

CSN Name, PO Box XXXXXX, Anytown, USA 12345-6789

Customer Service: 1-XXX-XXX-XXXX 14 MH/SA: 1-XXX-XXX-XXXX

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

[For more information, see the next page.](#)

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

Refer to this key for explanations of the information found on the sample Cigna ID cards featured in this brochure.

- 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.
- 12 Precertification requirements may be shown as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures."
- 13 Submit claims to the claim submission address shown on the card.
- 14 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.
- 15 "Away From Home Care" indicates the patient has access to the Cigna national Away From Home Care feature.
- 16 Indicates shared administration repricing.
- 17 Union identifier.
- 18 Client-specific network (CSN) logo.

MANAGED CARE PLANS (CONTINUED)

Networks: LocalPlus® or LocalPlusIN

myCigna.com

TPV logo 11 **CAD logo** 18 **Client logo**

Legal entity name
Coverage effective date: MM/DD/CCYY
Group: 1234567
Issuer (80840)
ID: **U23456789 01** 1
Name: **John Public**
PCP: **James Smith**
Jane Smith
PCP Phone: 860.123.4567
ABC12 & Sons Company
RxBIN XXXXXX RxPCN XXXXXXXX
DOI Label

LocalPlus (or LocalPlusIN)
No referral required
PCP Visit \$10
Specialist \$15
Hospital ER \$50
Urgent Care \$25
Vision Yes
Rx \$10/20/30
Network coinsurance:
In 90%/10%
Out 70%/30%
Med/Rx deductible applies

NSP logo 9
Network Savings Program Cat #

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 or INPATIENT ADMISSION AND OUTPATIENT PRECEDURES: 12
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 ## hours.

Carve out 1 Prt Line 13
Carve out 2 Prt Line

Send claims to:
CAD Name, PO Box XXXX, Anytown, USA 12345-6789
TPV Name, PO Box XXXX, Anytown, USA 12345-6789
All Other: PO Box XXXX, Anytown, USA 12345-6789
Customer Service: 800.XXX.XXXX 14/MH/SA: 800.XXX.XXXX
We encourage you to use a PCP as a valuable resource and personal health advocate.

Open Access Plus 15
AWAY FROM HOME CARE

	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

myCigna.com

Select Preferred Hospital 2 **Client logo**

Legal Entity Name
Coverage Effective Date MM/DD/CCYY 5 7
Group: 1234567
Issuer (80840)
ID: **U23456789 01** 1
Name: **John Public**
PCP: **James Smith** 8
PCP Name Ln2
PCP Phone: **XXX-XXX-XXXX**
ID Card Acct Name 10
RxBIN 017010 RxPCN 0215COMM
RxGroup: 1234567
DOI Label

HMO
No Referred Required
PCP Visit \$15
Specialist \$15
Hospital ER \$50
Urgent Care \$25
Vision Yes
Rx \$10/20/40
Rx Indiv Deduct \$50
Coinsurance Applies 3

NSP logo 9
Network Savings Program Cat#

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 or INPATIENT ADMISSION AND OUTPATIENT SERVICES 12
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 ### hours.

For information about mental health services and coverage, call XXX.XXX.XXXX

MedGroup: Sunset Med Group
Send claims to: 123 Main Street, Suite 999, Anytown, USA 12345-678 13

For Pharmacy call ABC Company 1-XXX-XXX-XXXX (not a Cigna Company)
For Vision call ABC Company 1-XXX-XXX-XXXX (not a Cigna Company)
Cigna Vision P.O. Box 385018, Birmingham, AL 32538/5018
Cigna: PO Box XXXXX, Anytown, USA 12345-6789

Member Services: 1-XXX-XXX-XXXX MH/SA: 1-XXX-XXX-XXXX C

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

[For more information, see the next page.](#)

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.

* Except for emergency services as defined by their plan.

Key




Refer to this key for explanations of the information found on the sample Cigna ID cards featured in this brochure.

- 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.
- 12 Precertification requirements may be shown as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures."
- 13 Submit claims to the claim submission address shown on the card.
- 14 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.
- 15 "Away From Home Care" indicates the patient has access to the Cigna national Away From Home Care feature.
- 16 Indicates shared administration repricing.
- 17 Union identifier.
- 18 Client Arranged Deal (CAD) network logo.

MANAGED CARE PLANS (CONTINUED)

Networks: Network or Network POS

myCigna.com

Legal entity name 5

Coverage effective date: MM/DD/CCYY 7

Group: 1234567
Issuer (80840)

ID: **U23456789 01** 1


Name: **John Public**

PCP: **James Smith** 8

PCP Name Ln2

PCP Phone: XXX.XXX.XXXX

ID card acct name 10

RxBIN XXXXXX RxCN XXXXXXXX  9

DOI 3

2

Network

PCP Visit \$15/\$20

Specialist \$15/\$20

Hospital ER \$50

Urgent Care \$25

Vision Yes

Rx \$10/20%/40%/100%

Rx Indiv Deduct \$50

Coinsurance applies 3

OAP#

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 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 ## 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 13

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


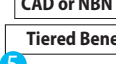

Customer Service: 800.XXX.XXXX 14 MH/SA: 800.XXX.XXXX

	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

myCigna.com

SELF FUNDED NJ Arbitrations: YES
as of: MM/DD/CCYY

Legal Entity Name 5

Coverage Effective Date: MM/DD/CCYY 7


Group: 1234567
Issuer (80840)

ID: **U23456789 01** 1

Name: **John Public**

ID Card Acct Name 10

RxBIN 017010 RxCN 0215COMM 9

RxGroup: 1234567  9

DOI Label 3

Network Savings Program 9 Cat #

2

PPO

Dr. Visit \$15

Specialist \$10/\$25

Hospital ER \$50

Urgent Care \$25

Vision Yes

Rx \$10/20/30

Network Coinsurance:

In 90%/10% 3

Out 70%/30%

Med/Rx Deductible Applies

WWW.CIGNA.COM

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INPATIENT ADMISSION: or 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 ## hours.

Coinsurance/deductible is paid directly to the doctor/facility by Cigna using individual's available health funds.

For Dental call ABC Company 1-XXX-XXX-XXXX (not a Cigna Company)

For Vision call ABC Company 1-XXX-XXX-XXXX (not a Cigna Company)

Cigna Vision P.O. Box 385018, Birmingham, AL 35238-5018

Send Claims to:

CAD Name, P.O. BOX XXXX, ANYTOWN, USA 12345-6789 13

TPV Name, P.O. BOX XXXX, ANYTOWN, USA 12345-6789

All Others: P.O. BOX XXXX, ANYTOWN, USA 12345-6789 14

Customer Service: 1-800-XXX-XXXX 14 MH/SA: 1-800-XXX-XXXX 15 **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

[For more information, see the next page.](#)

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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- 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.
- 12 Precertification requirements may be shown as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures."
- 13 Submit claims to the claim submission address shown on the card.
- 14 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.
- 15 "Away From Home Care" indicates the patient has access to the Cigna national Away From Home Care feature.
- 16 Indicates shared administration repricing.
- 17 Union identifier.
- 18 Client-specific network (CSN) or Client Arranged Deal (CAD) network logo.

* Emergency services as defined in their plan.

MANAGED CARE PLANS (CONTINUED)

Network: Cigna SureFit®

Cigna SureFit
In Network Only Market-specific network name

Administered by Cigna Health and Life Insurance Company G

Group: 00699999
 Issuer (80840)
ID: 122222222 1
Name: John Doe
 PCP: Jeremiah B Johnson MD 8 888.999.1234
 Referral Required
 Sample Company

Primary Care	\$25
Specialist	\$50
Urgent Care	\$15
ER	\$150

RxBIN 017010 RxCN 05180000
RxGrp 00699999 RxID 12222222 00

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 (OON) precertification requirements. This may affect your OON benefits.

Health Care Professionals: Check your provider contract for precertification requirements.
 Customers: myCigna.com
 Health Care Professionals: CignaforHCP.com

Medical Claims PO Box 188061 Chattanooga, TN 37422-8061 Payer ID #62308 13

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

Customers & Health Care Professionals call 866-494-2111 14

For Pharmacists Only 800-351-9170

Mask 606 Issue Date: 10/25/17

Cigna SureFit
In Network Only Market-specific network name

Administered by Cigna Health and Life Insurance Company
 Coverage effective date: MM/DD/CCYY

Group: 1234567
 Issuer (80840)
ID: U23456789 01 1
Name: John Public
 PCP: Jeremiah B Johnson MD 8

Referral required	
PCP visit	\$25
Specialist	\$50
Hospital ER	\$150
Urgent care	\$15
Vision	Yes
Rx	\$10/20/30
Network Coinsurance:	
In	90%/10% 3

Med/Rx Deductible Applies Cat#

PCP phone: 888.999.1234
ID card acct name
 RxBIN 600428 RxCN 00600000
DOI

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 or 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 ### 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:
 CAD name, PO Box XXXX, Anytown, USA 12345-6789 13
 TPV name, PO Box XXXX, Anytown, USA 12345-6789
 All others: PO Box XXXX, Anytown, USA 12345-6789

Customer service: 1-XXX.XXX.XXXX MH/SA: 1-XXX.XXX.XXXX 14

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 Network and affiliates
California (Southern California)	Cigna SureFit® – Southern California
Central Florida (Orlando)	Cigna SureFit® available in Orlando through Advent Health Physician Network
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 Virginia, Richmond and Washington, DC)	Cigna SureFit® with the Performance One Network
Missouri (St. Louis)	Cigna SureFit® –Saint Louis
South Florida	Cigna SureFit® – South Florida
PCP required	Referral required
Yes	Yes
Away from Home Care	Out-of-network benefits
No	No

[For more information, see the next page.](#)

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

Refer to this key for explanations of the information found on the sample Cigna ID cards featured in this brochure.

- 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.
- 12 Precertification requirements may be shown as either “Inpatient Admission” or “Inpatient Admission and Outpatient Procedures.”
- 13 Submit claims to the claim submission address shown on the card.
- 14 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.
- 15 “Away From Home Care” indicates the patient has access to the Cigna national Away From Home Care feature.
- 16 Indicates shared administration repricing.
- 17 Union identifier.
- 18 Client-specific network (CSN) logo.

* Emergency services as defined in their plan.

INDIVIDUAL & FAMILY PLANS

Network: Connect

Cigna
Cigna Health and Life Insurance Company
Medical/Rx

Connect (Market Name) G

Group: 00881200
Issuer (80840) 1
ID: 456789123 8
Name: JOHN E DOE

No Referral Required
Florida Connect

RxBIN 017010 RxPCN 0518GWH
RxGrp 00881200 RxID 456789123 00

Primary Care Ded-0%
Specialist Ded-0%
Urgent Care Ded-0% 3
ER Ded-\$600-0%
Hospital Ded-20% 4

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:** Your plan may limit or exclude out-of-network (OON) benefits. Check your plan documents for precertification or other requirements that may apply to services from OON Providers. **Health Care Professionals:** Check your provider contract for precertification requirements.

Customers: myCigna.com Health Care Professionals: CignaforHCP.com 13

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

Rx Claims Pharmacy Service Center, PO Box 188053, Chattanooga TN 37422-8053 14
For Premium, Billing and Enrollment Questions please call: 1-877-484-5967
For Benefit and Claim questions please call: 1-866-494-2111

For Pharmacists Only: 800-351-9170

R619A (1/16) Mask 606 Issue Date: 09/08/20

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

*PCP selection and referrals are required only in Illinois.

Network: Cigna Plus

Cigna
Cigna HealthCare of Illinois, Inc.
Medical/Rx

(Market Name) G

IL DOI Regulated
HMO

Group: 00881700
Issuer (80840) 1
ID: 234567891 8
Name: JOHN M DOE

PCP: Jessica A. Doright DO
Referral Required
Cigna Plus

RxBIN 017010 RxPCN 0518GWH
RxGrp 00881700 RxID 234567891 00

Primary Care Ded-50%
Specialist Ded-50%
Urgent Care Ded-50% 3
ER Ded-50%
Hospital Ded-50% 4

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:** Your plan may limit or exclude out-of-network (OON) benefits. Check your plan documents for precertification or other requirements that may apply to services from OON Providers. **Health Care Professionals:** Check your provider contract for precertification requirements.

Customers: myCigna.com Health Care Professionals: CignaforHCP.com 13

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

Rx Claims Pharmacy Service Center, PO Box 188053, Chattanooga TN 37422-8053 14
For Premium, Billing and Enrollment Questions please call: 1-877-900-1237
For Benefit and Claim questions please call: 1-866-494-2111

For Pharmacists Only: 800-351-9170

R619A (1/16) Mask 606 Issue Date: 09/07/20

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

*PCP selection and referrals are required only in Illinois.

[For more information, see the next page.](#)

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 do not have to select a PCP but are encouraged to coordinate their care with a network-participating PCP.
- › Referrals are encouraged but not 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](https://www.cigna.com/IFP-Providers).

Network: Cigna Plus

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](https://www.cigna.com/IFP-Providers). These listings will be available and labeled as “Cigna Plus” within the network selection options.

* PCP selection and referrals are required in Illinois.

** Emergency services as defined in their plan.



Key

Refer to this key for explanations of the information found on the sample Cigna ID cards featured in this brochure.

- 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](https://www.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.
- 12 Precertification requirements may be shown as either “Inpatient Admission” or “Inpatient Admission and Outpatient Procedures.”
- 13 Submit claims to the claim submission address shown on the card.
- 14 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.
- 15 “Away From Home Care” indicates the patient has access to the Cigna national Away From Home Care feature.
- 16 Indicates shared administration repricing.
- 17 Union identifier.
- 18 Client-specific network (CSN) logo.

MEDICARE PLANS

Network: Prescription Drugs

	<Plan Name> <Plan Type>	
		<Contract/PBP/[segment]>
Name	<Customer Full Name>	
ID	<Customer ID>	
Health Plan 1	(80840)	
[Effective Date 2]	[Effective Date]	
[No PCP Required] [No Referral Required]		
		RxBIN <XXXXXXX> RxPCN <XXXXXXX> RxGRP <XXXXXXX>
PCP	<\$xx>	Specialist <\$xx>
Emergency	<\$xx>	Urgent care <\$xx>
		COPAYS 4

This card does not guarantee coverage or payment.

<barcode>

[Services may require [a referral or] [an] authorization by the Health Plan.]
Medicare limiting charges apply.

Customer Service <--Toll Free Number ---> (TTY 711) **7**

[Provider Services <Phone Number>]

[Authorization/Referral] <Phone Number>

[Provider Medical Claims <Address>] **6**

[Pharmacy Help Desk <Phone Number>]


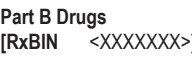
[Pharmacy Claims <Address>]

[Dental Services <Phone Number>]

[Provider Dental Claims <Address>]

<URL>

Network: Medicare Advantage

	<Plan Name> <Plan Type>	
		<Contract/PBP/[segment]>
Name	<Customer Full Name>	
ID	<Customer ID>	
Health Plan 1	(80840)	
[Effective Date 2]	[Effective Date]	
PCP 3	<PCP Name>	
PCP Phone	<Phone Number>	
PCP Network	<Network>	
[No Referral Required]		
		Part B Drugs [RxBIN <XXXXXXX>] [RxPCN <XXXXXXX>] [RxGRP <XXXXXXX>]
PCP	<\$xx>	Specialist <\$xx>
Emergency	<\$xx>	Urgent Care <\$xx>
		COPAYS 4

This card does not guarantee coverage or payment.

<barcode>

[Services may require [a referral or] [an] authorization by the Health Plan.]
Medicare limiting charges apply.

Customer Service <--Toll Free Number ---> (TTY 711) **7**

[Provider Services <Phone Number>]

[Authorization/Referral] <Phone Number>

[Provider Medical Claims <Address>] **6**



[Dental Services <Phone Number>]

[Provider Dental Claims <Address>]

[Pharmacy Help Desk <Phone Number>]

[<URL>]

Network: PPO

	<Plan Name> <Plan Type>	
		<Contract/PBP/[segment]>
Name	<Customer Full Name>	
ID	<Customer ID>	
Health Plan 1	(80840)	
[Effective Date 2]	[Effective Date]	
PCP 3	<PCP Name>	
PCP Phone	<Phone Number>	
PCP Network	<Network>	
[No Referral Required]		
		RxBIN <XXXXXXX> RxPCN <XXXXXXX> RxGRP <XXXXXXX>
PCP	<\$xx>	Specialist <\$xx>
Emergency	<\$xx>	Urgent Care <\$xx>
		COPAYS 4

This card does not guarantee coverage or payment.

<barcode>

[Services may require [a referral or] [an] authorization by the Health Plan.]
Medicare limiting charges apply.

Customer Service <--Toll Free Number ---> (TTY 711) **7**

[Provider Services <Phone Number>]

[Authorization/Referral] <Phone Number>

[Provider Medical Claims <Address>] **6**

[Pharmacy Help Desk <Phone Number>]

[Pharmacy Claims <Address>]

[Dental Services <Phone Number>]

[Provider Dental Claims <Address>]

[<URL>]

	PCP required	Referral required	Prescription Drug Plan
MAPD	Yes	Yes*	Part D
MA	Yes	Yes*	Part B
PPO	No	No	

*Referral requirements are indicated on the customer's Cigna ID Card.

*Select service areas do not require the use of referrals.

[For more information, see the next page.](#)

Medicare Plans

Cigna contracts with the Centers for Medicare & Medicaid Services (CMS) to offer Medicare Advantage (MA) plans. Customers are able to select one of several plans offered based on their location, budget and health care needs.

For more information and to access the directory of participating providers, visit **[Medicareproviders.cigna.com](https://www.medicareproviders.cigna.com)**.


Key

Refer to this key for explanations of the information found on the sample Cigna ID cards featured in this brochure.

- 1 Use this ID number for all claims and inquiries.
- 2 Effective date of coverage.
- 3 Name of patient's primary care provider (PCP).
- 4 Collect any copayment at the time of service.
- 5 Prescription Drug Coverage.
- 6 Submit claims to the claim submission address shown on the card.
- 7 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.

MEDICAID PLANS

Medicaid Eligible Only



<Cigna CarePlan (Medicare-Medicaid Plan)> is a managed care plan that contracts with both Medicare and Texas Medicaid.

Member Name <Member Name> **3** **RxBIN** <XXXXXXX>
Member ID <Member ID> **RxPCN** <XXXXXXX>
Medicaid ID <Member Medicaid ID> **2** **RxGRP** <XXXXXXX>
PCP Name **4** <Provider Name>
PCP Effective date <PCP Effective Date> **6**
PCP Phone **5** <Provider Phone #>

MEMBER CANNOT BE CHARGED
 Cost sharing/Copays: \$0 for <acute care, behavioral health, LTSS, and pharmacy>
 <H8423-001>


[MedicareRx]
Prescription Drug Coverage

<barcode>

In case of emergency, call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible. **7**
 En caso de emergencia, llame al 911 o vaya a la sala de emergencia mas cercana. Después de recibir cuidado, llame a su PCP dentro de 24 horas o lo antes posible.

Member Services/Servicios al Miembro: <1-877-653-0327> **8**
Behavioral Health/Salud del Comportamiento: <1-877-725-2539> **10**
Service Coordination/Coordinador de Servicios: <1-877-725-2688> **9**
Hearing Impaired/Personas con Problemas de la Audición: <7-1-1> **11**
For Prior Authorization/De Autorizacion Previa: <1-877-653-0331> **11**
Website/Sitio Web: <careplan.tx.cigna.com>
Pharmacy Help Desk: <1-800-922-1557>
Send Claims to <P.O. Box 981709, El Paso, TX 79998-1709> **12**
Claim Inquiry: <1-877-653-0331>

Medicare and Medicaid Dual Eligible Member



Issuer/Emisor 80840
Member ID/N. de identificación del miembro: **2** <ID Number>
Name/Nombre **3** <Name>
PCP Name/Nombre del PCP <PCP Name>
PCP Phone/Telefono del PCP <PCP Phone Number>
PCP Effective Date/Fecha de vigencia del PCP <Date>

In case of emergency, call 911 or go to the closest emergency room. After treatment, call your PCP within 24 hours or as soon as possible.
En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame al PCP dentro de las 24 horas o tan pronto como sea posible.

[Member Services/Departamento de Servicios **4** <1-877-653-0327> **] a los Miembros**

[Hearing Impaired/Personas con problemas auditivos <7-1-1> **5** **] de salud mental y abuso de sustancias**

[Service Coordination/Coordinación de servicios **6** <1-877-725-2688> **] de salud mental y abuso de sustancias**

[Behavioral Health and Substance Abuse/Servicios **7** <1-877-725-2539> **] de salud mental y abuso de sustancias**

Available 24 hours a day, 7 days a week
 Disponible las 24 horas del día, los 7 días de la semana

[For Prior Authorization/Para autorización previa **8** <1-877-562-4402> **]**

<Cigna STAR+PLUS> Claims **Express Scripts**
 <P.O. Box 981709 - STAR+PLUS> **[RxBIN** <xxxxxx>
 <El Paso, TX 79998 -1709> **9** **[RxPCN** <xxxxxx>
 [RxGroup <xxxxxx>

[For more information, see the next page.](#)

Medicaid Plans

Cigna works with the state of Texas to help people and families get health coverage in the Texas STAR+PLUS Program. STAR+PLUS is a Texas Medicaid managed care program that provides health care, acute care and long term services and supports. Through STAR+PLUS, Cigna provides members with many quality health care services. We work closely with our network of health care providers to ensure our members get personalized care and benefits that meet their health needs.

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

Key

Refer to this key for explanations of the information found on the sample Cigna ID cards featured in this brochure.

Medicaid Eligible Only


- 1 Cigna and STAR+Plus logos.
- 2 Member's Medicaid Member ID#, issued by HHSC.
- 3 Member's name.
- 4 Name of member's primary care provider (PCP).
- 5 Phone number of member's primary care provider (PCP).
- 6 Date member is assigned to their PCP.
- 7 Member Services phone number, available Monday to Friday, 8 a.m. to 5 p.m. Central Time.
- 8 TTY number for Hearing Impaired Members. For additional Hearing Impaired services, please contact TTY/Texas Relay at 1-800-735-2989 (English) or 1-800-662-4954 (Spanish).
- 9 Service Coordination Department phone number.
- 10 Behavioral Health Crisis Hotline number.
- 11 Prior Authorization phone number.
- 12 Submit claims to the claim submission address shown on the card.

Medicare and Medicaid Dual Eligible

- 1 Cigna and STAR+Plus logos.
- 2 Member's Medicaid Member ID#, issued by HHSC.
- 3 Member's name.
- 4 Member Services phone number, available Monday to Friday, 8 a.m. to 5 p.m. Central Time.
- 5 TTY number for Hearing Impaired Members. For additional Hearing Impaired services, please contact TTY/Texas Relay at 1-800-735-2989 (English) or 1-800-662-4954 (Spanish).
- 6 Service Coordination Department phone number.
- 7 Behavioral Health Crisis Hotline number.
- 8 Prior Authorization phone number.
- 9 Submit claims to the claim submission address shown on the card.

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.



Medical Benefits Abroad

Policy No:

Employer:

To verify benefits, please see the contact information on the back of this card.
www.CignaEnvoy.com

Cigna Global Health Benefits®


Preferred care network in the U.S.: **Cigna HealthCare PPO**

All benefits are subject to verification of eligibility, definitions, exclusions, and contract limitation. Card possession does not certify eligibility for benefits. For U.S.-inpatient services pre-authorization required.

Members and Providers


US Provider: Payor ID# Cigna – 62308
 Fax Claims: 800.243.6998 (toll-free) or 001.302.797.3150 (direct fax)
 Contact: 800.243.1348 (toll-free) or 001.302.797.3535 (outside the U.S.)
 302.797.3535 (inside the U.S.)

Mail Claims: Cigna PO Box 15111, Wilmington, DE 19850-5111
 Courier: Cigna 300 Bellevue Parkway, Wilmington DE 19809-3718
 Website: www.CignaEnvoy.com

 MultiPlan Network Savings Program **AWAY FROM HOME CARE**

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 in-patriates to the U.S., and their dependents.




ID Number: 000000000 01 **1**
Name: John Public
Account No: 09999A999
Acct. Name: ABC CO. **10**

IIN: 600428 Control: 02160000 Account: 2464622 Issuer: (80840)

To verify benefits, please see the contact information on the back of this card.
 GENDOC Website: www.CignaEnvoy.com No Referral Required


Preferred Care Network in the US: Cigna Healthcare PPO

International network provided by:  SOS International An AIG Company

12 All benefits are subject to verification of eligibility, definitions, exclusions and contract limitations. Card possession does not certify eligibility for benefits. For US-inpatient services Pre-Authorization required.

CUSTOMERS AND HEALTH CARE FACILITIES / DOCTORS:
 US HEALTH CARE FACILITIES / DOCTORS: Payor ID# Cigna - 62308

14 Fax Claims: AT&T access code + 800.243.6998 or 302.797.3150
14 Contact: AT&T access code + 800.441.2668 or 302.797.3100
13 Mail Claims: Cigna International, P.O. Box 15050, Wilmington, DE 19850-5050 USA
 Online Claims: Visit www.CignaEnvoy.com to submit a claim online

9  MultiPlan Network Savings Program **15** **AWAY FROM HOME CARE**

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

[For more information, see the next page.](#)

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

Refer to this key for explanations of the information found on the sample Cigna ID cards featured in this brochure.

- 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.
- 12 Precertification requirements may be shown as either “Inpatient Admission” or “Inpatient Admission and Outpatient Procedures.”
- 13 Submit claims to the claim submission address shown on the card.
- 14 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.
- 15 “Away From Home Care” indicates the patient has access to the Cigna national Away From Home Care feature.
- 16 Indicates shared administration repricing.
- 17 Union identifier.
- 18 Client-specific network (CSN) logo.

CIGNA CHOICE FUND® PLANS

Networks: Vary by plan

myCigna.com

TPV logo ¹¹ CAD logo ¹⁸ Tiered Benefits ⁶ Client logo

Legal entity name ⁵
 Coverage effective date: MM/DD/CCYY ⁷
 Group: 1234567
 Issuer (80840)
 ID: **U23456789 01** ¹
 Name: **John Public** ¹⁶
 PCP: **John Smith** ⁸
 PCP Name Ln2
 PCP Phone: XXX.XXX.XXXX
 ID card acct name ¹⁰
 RxBIN XXXXXXX RxPCN XXXXXXXX ⁹ MultiPlan
 DOI Cat#

Choice Fund OA Plus
 No referral required
 PCP Visit ³ 15%/20%
 Specialist 15%/20%
 Hospital ER 20%
 Vision Yes
 Rx 30%/40%/50%
 Network Coinsurance:
 In 90%/10%
 Out 70%/30%
 Med/Rx deductible applies

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.

¹² **INPATIENT ADMISSION:**
 Your 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 ## hours.
 Coinsurance/deductible is paid directly to the doctor/facility by Cigna using individual's available health funds.

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

¹³ 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 MH/SA: 800.XXX.XXXX ¹⁵
 We encourage you to use a PCP as a valuable resource and personal health advocate. **AWAY FROM HOME CARE**

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

Cigna

TPV logo ¹¹ Client logo

Legal entity name ⁵
 Coverage effective date: MM/DD/CCYY ⁷
 Group: 1234567
 Issuer (80840)
 ID: **U23456789 01** ¹
 Name: **John Public** ¹⁶
 PCP: James Smith
 PCP name Ln2
 PCP phone: 860-555-1212
Fund Name
 Fund #: Fund number
 RxBIN XXXXXXX RxPCN XXXXXXXX
 DOI Cat#

Open Access Plus
 No referral required
 PCP visit \$15 ⁴
 Specialist \$20
 Rx 30% / 40% / 50%
 Network coinsurance: ³
 In 90% / 10%
 Out 70% / 30%
 Deductible applies

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.

¹² **INPATIENT ADMISSION**
 Your provider must call the toll-free number below to pre-certify your medical benefits or benefits may be affected. Refer to your plan documents for your plan's pre-certification requirements. In an emergency, seek care immediately, then notify Cigna within ## hours.
 Mail all non-medical claims and correspondence to: ID Card Account Name
 SAR Fund Address

¹³ Submit/Mail claims to: Cigna Payor 62308, P.O. Box 188004, Chattanooga, TN 37422-8004
 All other:
 TPV Name PO Box XXXXX, Anytown, USA 12345-6789

Pre-certification: 1-XXX-XXX-XXXX ¹⁴ Pharmacy Questions: 1-XXX-XXX-XXXX
 Eligibility, Benefit and Claim Questions: 1-XXX-XXX-XXXX

To access the online provider directory go to www.cignasharedadministration.com
 To access member pharmacy tools go to www.cigna.com
 We encourage you to use a PCP as a valuable resource and personal health advocate. **AWAY FROM HOME CARE** ¹⁵ ¹⁷

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

For more information, see the next page.

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

Refer to this key for explanations of the information found on the sample Cigna ID cards featured in this brochure.

- 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 Tiered Benefits® 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.
- 12 Precertification requirements may be shown as either “Inpatient Admission” or “Inpatient Admission and Outpatient Procedures.”
- 13 Submit claims to the claim submission address shown on the card.
- 14 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.
- 15 “Away From Home Care” indicates the patient has access to the Cigna national Away From Home Care feature.
- 16 Indicates shared administration repricing.
- 17 Union identifier.
- 18 Client Arranged Deal (CAD) network 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.

TPV / Alliance logo 11

CareLink logo **Client logo**

Legal entity name 5
 Coverage effective date: MM/DD/CCYY
 Group: 1234567
 Issuer (80840)
 ID: **U23456789 01** 1
 Name: **John Public**
 PCP: **John Smith**
 PCP name Ln2
 PCP phone: **860.555.1212**
 ID card acct name 10
 RxBIN XXXXXX RxPCN XXXXXXXX MultiPlan
 DOI 9

Open Access Plus
No referral required

PCP visit 4 \$15
 Specialist \$30
 Hospital ER \$50
 Urgent care \$25
 Vision Yes
 Rx \$10/\$20/\$40/90%
 Rx indiv deduct \$50
 Network coinsurance: 3
 In 90%/10%
 Cat#

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.

12 **INPATIENT ADMISSION:**
 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 48 hours.

Coinsurance/deductible is paid directly to the doctor/facility by Cigna using individual's available health funds.

13 For pharmacy: Call ABC Company 1.800.XXX.XXXXX (Not a Cigna Company)
 For vision: Call ABC Company 1.800.XXX.XXXXX (Not a Cigna Company)
 Send claims to: CSN name, PO Box XXXXX, Anytown, USA 12345-6789
 All other: PO Box XXXXX, Anytown, USA 12345-6789
 Customer service: 1.800.XXX.XXXXX 14 H/SA: 1.800.XXX.XXXXX

We encourage you to use a PCP as a valuable resource and personal health advocate. 15 **AWAY FROM HOME CARE**

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

Sample ID cards for Cigna's Strategic Alliances

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 Priority Health (effective January 1, 2021). The Cigna logo on the card indicates they may visit a Cigna-participating provider when in the Cigna service area.

ID 99999999 **Group** 0001 **Renewal Mo.** January

Name JANE K DOE
Care Type HealthPartners Open Access

Office Visit \$##.00
Urgent Care \$##.00
Convenience Care \$##.00
RxBIN 003585 **RxPCN** 24002
healthpartners.com

OAP
Open Access Plus Plan

Commercial Plans
tuftshealthplan.com
Open Access Plus

MEMBER NAME
ID#: 99999999 01 **GROUP#:** 99999000

Copayments
 Preventive: \$0
 ER: \$200
 OV: \$25

Member Services: (866) 352-9114
 Behavioral Health: (800) 232-1164

RxBIN: 004336
 RxPCN: ADV
 RxGROUP: RXTHP

AWAY FROM HOME CARE

Group #: 123456
Benefits as of: 08/01/2016
Plan Type: MVP Preferred High Deductible EPO Open Access

Subscriber/Contract Holder
JOHN Q. SAMPLE
Member ID 800000XXX 00

Coverage is subject to a deductible.

Member ID	Member Name
800000XXX 01	KERY SAMPLE
800000XXX 02	MARY SAMPLE
800000XXX 03	AIRY SAMPLE

Contract number: 900000000-00
Name: JOHN Q SAMPLE
Group # and name: 700000, GROUP NAME
Health plan: PriorityPPO

priorityhealth.com

*Logos include HealthPartners, Tufts Health Plan, Priority Health (effective January 1, 2021), and MVP.

[For more information, see the next page.](#)

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

Refer to this key for explanations of the information found on the sample Cigna ID cards featured in this brochure.

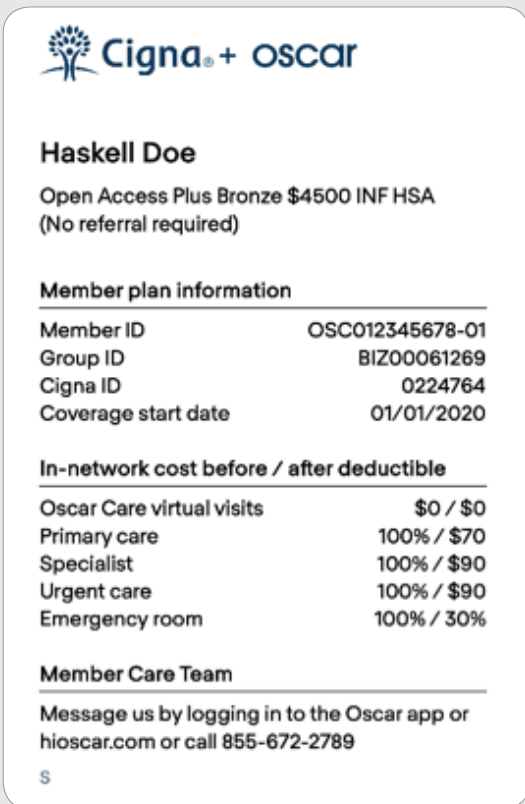
- 1 Use this ID number for all claims and inquiries.
- 2 Indicates a seamless network where a patient can receive in-network care on a regional or statewide basis.
- 3 For patients with coinsurance, submit claims to Cigna or its designee, and receive an explanation of payment (EOP), which will show any 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.
- 12 Precertification requirements may be shown as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures."
- 13 Submit claims to the claim submission address shown on the card.
- 14 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.
- 15 "Away From Home Care" indicates the patient has access to the Cigna national Away From Home Care feature.
- 16 Indicates shared administration repricing.
- 17 Union identifier.
- 18 Client-specific network (CSN) logo.

Networks: LocalPlus and Open Access Plus

Sample ID Cards

Member ID cards will include details about the network the plan aligns with and will look like the samples below:

Open Access Plus Plans



Cigna® + oscar

Haskell Doe
 Open Access Plus Bronze \$4500 INF HSA
 (No referral required)

Member plan information

Member ID	OSC012345678-01
Group ID	BIZ00061269
Cigna ID	0224764
Coverage start date	01/01/2020

In-network cost before / after deductible

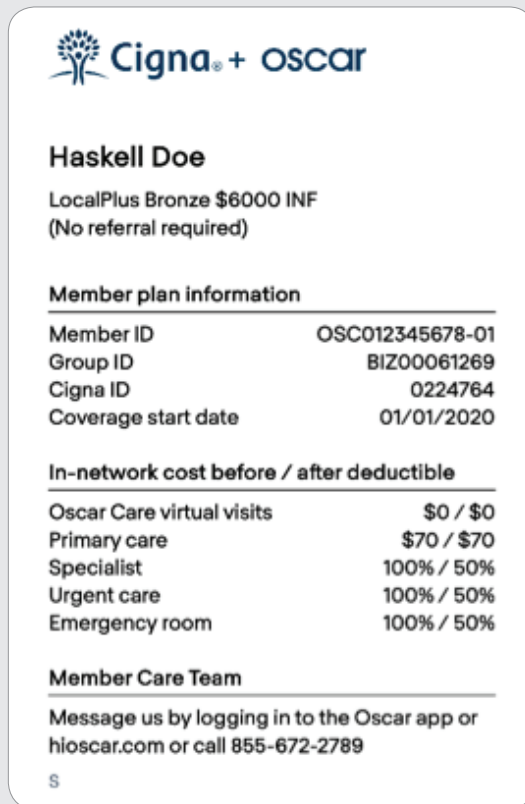
Oscar Care virtual visits	\$0 / \$0
Primary care	100% / \$70
Specialist	100% / \$90
Urgent care	100% / \$90
Emergency room	100% / 30%

Member Care Team

Message us by logging in to the Oscar app or hioscar.com or call 855-672-2789

S

LocalPlus Plans



Cigna® + oscar

Haskell Doe
 LocalPlus Bronze \$6000 INF
 (No referral required)

Member plan information

Member ID	OSC012345678-01
Group ID	BIZ00061269
Cigna ID	0224764
Coverage start date	01/01/2020

In-network cost before / after deductible

Oscar Care virtual visits	\$0 / \$0
Primary care	\$70 / \$70
Specialist	100% / 50%
Urgent care	100% / 50%
Emergency room	100% / 50%

Member Care Team

Message us by logging in to the Oscar app or hioscar.com or call 855-672-2789

S

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

Cigna + Oscar

Cigna has entered into a strategic partnership with Oscar Health to jointly provide commercial health solutions to small businesses. These plans are available in select markets. They provide affordable, seamless, fully insured health benefits under the Cigna + Oscar brand to the small group market.

For a directory of providers who participate in this network, visit www.hioscar.com/providers.

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.

INDEMNITY PLANS

Network: No network requirements

myCigna.com

Legal entity name ⁵
 Coverage effective date: MM/DD/CCYY ⁷
 Group: 1234567
 Issuer (80840)

ID: **U23456789 01** ¹
 Name: **John Public**

ID card acct name ¹⁰
 RxBIN XXXXXX RxPCN XXXXXXXX
 DOI

NSP logo
Network Savings Program

Client logo

Indemnity
 Rx \$10/20%/40%/100%
 Rx indiv deduct \$50 ³
 Indiv deduct \$300
 Family deduct \$500
 Hospital deduct \$200
 ER deduct \$50
 Coinsurance:
 Medical 80%/20%

Med/Rx deductible applies
Cat#

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.

¹² **INPATIENT ADMISSION:**
 Your 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 ## hours.

Coinsurance/deductible is paid directly to the doctor/facility by Cigna using individual's available health funds.

Note: You can reduce your out-of-pocket expenses if you use a Network Savings Program provider. Use of a Network Savings Program provider does not affect your benefit coverage. For help finding a participating provider, please visit our website, or call the toll-free number listed on this card.

¹³ 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: PO Box XXXX, Anytown, USA 12345-6789
 Customer Service: 800.XXX.XXXX ¹⁴ MH/SA: 800.XXX.XXXX

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

[For more information, see the next page.](#)

*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


Refer to this key for explanations of the information found on the sample Cigna ID cards featured in this brochure.

- 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.
- 12 Precertification requirements may be shown as either “Inpatient Admission” or “Inpatient Admission and Outpatient Procedures.”
- 13 Submit claims to the claim submission address shown on the card.
- 14 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.
- 15 “Away From Home Care” indicates the patient has access to the Cigna national Away From Home Care feature.
- 16 Indicates shared administration repricing.
- 17 Union identifier.
- 18 Tiered Benefits 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



Medical/Rx

Guest Testdemo

ID	U47320139 01	HRA/OPEN ACCESS PLUS	
Account	3174704	PCP Visit	25%
Effective Since	07/01/2013	Specialist	25%
Status	Active	Hospital ER	15%
RxBIN	017010	Urgent Care	15%
RxPCN	02150000	Rx	30%/40%/50%
Issuer	80840		


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 Service **888.992.4462**

Issue Date: 07/21/2015



For coverage info:
Review your coverage on the myCigna website or mobile app, or call 866.494.2111.

Nov Eleven
ID:100654369
PREFERRED
PROVIDER
ORGANIZATION
Group Number:
00617573
Coverage Effective Date:
01/01/2014
Issuer: 80840

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 Care Professionals: 866.494.2111 (24 hours a day, 365 days a year)	Send Medical Claims To: Cigna 1000 Great-West Drive Kennett, MO 63857
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Payer ID: #62308

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

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.



Customers can download the free myCigna App**



The Apple logo is a trademark of Apple Inc., registered in the U.S. and other countries. App Store is a registered service mark of Apple Inc. Android and Google Play are trademarks of Google Inc. Amazon, Kindle, Fire and all related logos are trademarks of Amazon.com, Inc. or its affiliates. The downloading and use of the myCigna App is subject to the terms and conditions of the app, and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

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 Cigna coverage.*

Please note that call, claim, and service channels may differ based on the Cigna participant's identification (ID) card.

If you want to:	Use the following:
<p>Update your contact or demographic information, or notify us of errors/changes to the way you are currently listed in our provider directories, including:**</p> <ul style="list-style-type: none"> › Name › Type/Degree › Specialty › Product and network tier › National Provider Identifier (NPI) number › Medical group or hospital affiliation › Office email address › Address › Office phone number › Whether you are accepting new patients 	<p>Submit demographic changes to Cigna electronically by logging in to CignaforHCP.com > Working With Cigna > Update Directory Information. If you have not registered, please go to the registration page to begin the process.</p> <p>Or</p> <p>Practitioner & Group Changes: Fax: 877.358.4301 Email: Intake_PDM@cigna.com</p> <p>Hospital & Ancillary Changes: Fax: 646.459.2180</p> <p>Exceptions</p> <p>If you are located in the following markets, submit updates electronically on CignaforHCP.com or as directed below.</p> <p>U.S. Virgin Islands Email: Intake_PDM@cigna.com Fax: 340.774.7175 Mail: V.I. Equicare, Inc. V.I. Medical Foundation Bldg, Ste 209A PO Box 9620 St. Thomas, VI 00801</p> <p>California Email: CA_DirectoryCompliance@Cigna.com</p>
<p>Perform online transactions:***</p> <ul style="list-style-type: none"> › 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 	<p>Cigna for Health Care Professionals website: CignaforHCP.com</p>
<p>Perform transactions using a multipayer website or vendor via electronic data interchange (EDI):***</p> <ul style="list-style-type: none"> › 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 advice › View list of EDI vendors 	<p>Refer to Cigna.com/EDIVendors for a list of directly connected Cigna vendors.</p>

If you want to:	Use the following:
Enroll to receive electronic funds transfer (EFT) or direct deposit	Log in to CignaforHCP.com > Working with Cigna > Electronic Funds Transfer > Enroll in Electronic Funds Transfer (EFT) Options.
Perform telephone transactions:*** <ul style="list-style-type: none"> › 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 › In the Texas market, request the Texas SB 418 Written Verification; a representative is available Monday to Friday, from 6 a.m. to 6 p.m. and from 9 a.m. to 12 p.m. on weekends and holidays 	Phone: 800.88Cigna (882.4462) For patients with "G" ID cards: Phone: 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
Submit or inquire about an appeal or dispute	Phone: 800.88Cigna (882.4462) Website: CignaforHCP.com Fax: 877.815.4827 Mail: Cigna National Appeals PO Box 188011 Chattanooga, TN 37422 For patients with "G" ID cards: Fax: 877.804.1679 Mail: Cigna National Appeals PO Box 188062 Chattanooga, TN 37422-8062
Submit or inquire about provider credentialing**	Phone: 800.88Cigna (882.4462)
Obtain information about organ and tissue transplant network	Cigna LifeSOURCE Transplant Network® Phone: 800.668.9682 Website: CignaLifeSOURCE.com
Contact a dental network	Phone: 800.Cigna24 (244.6224) Website: CignaforHCP.com For patients with "G" ID cards: Phone: 866.494.2111
Obtain other telephone numbers and addresses	Refer to the patient's ID card
Other important contacts:	Use the following:
Cigna Behavioral Health	Phone: 800.926.2273 Website: CignaforHCP.com
Home delivery pharmacy	Cigna Home Delivery Pharmacy: 800.285.4812 Express Scripts Pharmacy, a Cigna company: 800.211.1456
Accredo, a Cigna specialty pharmacy	Accredo Physician Service Center: 844.516.3319 Website: Accredo.com > Prescribers

Other important contacts:	Use the following:
Medical management (including precertification)	Phone: 800.88Cigna (882.4462) Website: CignaforHCP.com For patients with "G" ID cards: Phone: 866.494.2111 Customer service numbers are also included on the patient's ID card.
eviCore healthcare (diagnostic cardiology, gastroenterology, high-tech radiology, integrated oncology, musculoskeletal, and radiation therapy services) Effective February 1, 2021, eviCore will begin managing home health, durable medical equipment (DME), home infusion, and sleep services for Cigna customers.	Diagnostic cardiology, high-tech radiology, musculoskeletal, and gastroenterology Phone: 888.693.3297 Website: eviCore.com Radiation therapy and integrated oncology Phone: 866.668.9250 Website: eviCore.com Home health, DME & Sleep Management Services (effective 02.01.21) Phone: 800.298.4806 Website: evicore.com/ep360 Exceptions For CareLink customers in MA and RI and Cigna customers in Hawaii and Puerto Rico, use the following contact information: Phone: 800.88Cigna (882.4462) Website: CignaforHCP.com
Pharmacy prior authorizations	Electronic medical record or electronic health record: CoverMyMeds® or Surescripts® Website: CoverMyMeds.com/epa/Cigna Phone: 800.244.6224
Specialty pharmacy condition counseling	Accredo Therapeutic Resource Centers: 844.516.3319 Cigna specialty condition counseling: 800.633.6521

* Excluding customers with third party administrator plans.

** Excluding providers contracted through a Cigna Strategic Alliance.

*** Not all transactions are available for all Cigna plans.



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