

# QUICK GUIDE TO CIGNA ID CARDS





## 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** <sup>11</sup> **CSN logo** <sup>18</sup>  
Tiered Benefits <sup>6</sup>

Legal entity name <sup>5</sup>  
Coverage effective date: MM/DD/CCYY <sup>7</sup>  
Group: 1234567  
Issuer (80840)  
ID: **U23456789 01** <sup>1</sup>  
Name: **John Public**  
PCP: **James Smith** <sup>8</sup>  
**PCP Name Ln2**  
PCP Phone: XXX.XXX.XXXX  
**ID card acct name** <sup>10</sup>  
RxBIN XXXXXX RxCPCN XXXXXXXX  
**DOI**

**NSP logo** <sup>9</sup> Network Savings Program

**Client logo**

**Network Open Access**  
No referral required  
PCP Visit \$10/\$25  
Specialist \$10/\$25  
Hospital ER <sup>4</sup> \$50  
Urgent Care \$25  
Vision Yes  
Rx \$10/20%/40%/100%  
Rx Indiv Deduct \$50

**Coinsurance applies** <sup>3</sup>

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.

<sup>12</sup> **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 <sup>13</sup>  
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** <sup>14</sup> **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** <sup>11</sup> **CSN logo** <sup>18</sup>  
Tiered Benefits <sup>6</sup>

Legal entity name <sup>5</sup>  
Coverage effective date: MM/DD/CCYY <sup>7</sup>  
Group: 1234567  
Issuer (80840)  
ID: **U23456789 01** <sup>1</sup>  
Name: **John Public**  
PCP: **James Smith** <sup>8</sup>  
**PCP Name Ln2**  
PCP phone: XXX.XXX.XXXX  
**ID card acct name** <sup>10</sup>  
RxBIN XXXXXX RxCPCN XXXXXXXX <sup>MultiPlan</sup>  
**DOI**

**NSP logo** <sup>9</sup> Network Savings Program

**Client logo**

**Open Access Plus**  
No referral required  
PCP visit \$10/\$25  
Specialist \$10/\$25  
Hospital ER <sup>4</sup> \$50  
Urgent care \$25  
Vision Yes  
Rx \$10/20/30

**Network Coinsurance:**  
In 90%/10%  
Out <sup>3</sup> 70%/30%

**Med/Rx deductible applies** <sup>3</sup>

Cat#

**WWW.CIGNA.COM**

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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 <sup>13</sup>  
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 <sup>13</sup>  
CSN Name, PO Box XXXXXX, Anytown, USA 12345-6789  
**Customer Service: 1-XXX-XXX-XXXX** <sup>14</sup> **MH/SA: 1-XXX-XXX-XXXX** <sup>15</sup> **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** <sup>11</sup> **CSN logo** <sup>18</sup>  
Tiered Benefits <sup>6</sup>

Legal entity name <sup>5</sup>  
Coverage effective date: MM/DD/CCYY <sup>7</sup>  
Group: 1234567  
Issuer (80840)  
ID: **U23456789 01** <sup>1</sup>  
Name: **John Public**  
PCP: **James Smith** <sup>8</sup>  
**PCP Name Ln2**  
PCP Phone: XXX.XXX.XXXX  
**ID card acct name** <sup>10</sup>  
RxBIN XXXXXX RxCPCN XXXXXXXX  
**DOI**

**NSP logo** <sup>9</sup> Network Savings Program

**Client logo**

**POS (or HMO) Open Access**  
No referral required  
PCP Visit <sup>4</sup> \$15/\$25  
Specialist \$15/\$25  
Hospital ER \$50  
Urgent Care \$25  
Vision Yes  
Rx \$10/20%/40%/100%  
Rx Indiv Deduct \$50

**Coinsurance applies** <sup>3</sup>

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.

<sup>12</sup> **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 <sup>13</sup>  
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** <sup>14</sup> **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

**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

**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

TPV logo 11 CSN 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

PCP: James Smith 8  
PCP Name Ln2

PCP Phone: XXX.XXX.XXXX

ID card acct name 10  
RxBIN XXXXXX RxCN XXXXXXXX MultiPlan  
DOI 9

Network  
PCP Visit \$15/\$20  
Specialist 4 \$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.

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.

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

TPV LOGO 11 CAD or NBN 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

ID Card Acct Name 10  
RxBIN 017010 RxCN 0215COMM 9  
RxGroup: 1234567  
DOI Label

PPO  
Dr. Visit \$15  
Specialist \$10/\$25  
Hospital ER 4 \$50  
Urgent Care \$25  
Vision Yes  
Rx \$10/20/30

Network Coinsurance:  
In 3 90%/10%  
Out 70%/30%  
Med/Rx Deductible Applies

NSP logo 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.

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.

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 15 MH/SA: 1-800-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

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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- 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) or Client Arranged Deal (CAD) network logo.

\* Emergency services as defined in their plan.

MANAGED CARE PLANS (CONTINUED)

Network: Cigna SureFit®

**Cigna**  
Administered by Cigna Health and Life Insurance Company

**Cigna SureFit** **Market-specific network name**  
In Network Only

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

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

RxBIN 017010 RxPCN 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](http://myCigna.com)  
Health Care Professionals: [CignaforHCP.com](http://CignaforHCP.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

**myCigna.com**

**Cigna SureFit** **Market-specific network name**  
In Network Only

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

Group: 1234567  
Issuer (80840)  
ID: U23456789 01  
Name: John Public  
PCP: Jeremiah B Johnson MD  
PCP phone: 888.999.1234  
ID card acct name  
RxBIN 600428 RxPCN 00600000  
DOI

Referral required  
PCP visit \$25  
Specialist \$50  
Hospital ER \$150  
Urgent care \$15  
Vision Yes  
Rx \$10/20/30  
Network Coinsurance: In 90%/10%  
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. **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.XXXXX (Not a Cigna Company)  
For vision, call ABC Company 800.XXX.XXXXX (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: 1-XXX.XXX.XXXX MH/SA: 1-XXX.XXX.XXXX

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		
Central Florida (Orlando)	Cigna SureFit <sup>®</sup> available in Orlando through Advent Health Physician Network		
Colorado (Boulder, Denver, and Colorado Springs)	Cigna SureFit   Health Care Alliance of the Front Range		
Kansas	Cigna SureFit- Kansas City		
South Florida	Cigna SureFit- South Florida		
PCP required	Referral required	Away from Home Care	Out-of-network benefits
Yes	Yes	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

**Connect (Market Name)**

**Cigna**  
Cigna Health and Life Insurance Company  
Medical/Rx

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

No Referral Required  
Florida Connect

RxBIN 017010  
RxGrp 00881200

RxPCN 0518GWH  
RxID 456789123 00

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

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

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

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

**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

**(Market Name)**

**Cigna**  
Cigna HealthCare of Illinois, Inc.  
Medical/Rx

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

PCP: Jessica A. Doright DO  
Referral Required  
Cigna Plus

RxBIN 017010  
RxGrp 00881700

RxPCN 0518GWH  
RxID 234567891 00

IL DOI Regulated  
HMO

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

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

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

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

**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>** 5 [tooth icon]

Name <Customer Full Name> <Contract/PBP/[segment]>  
ID <Customer ID>  
Health Plan 1 (80840)  
Issue Date 2 <Effective Date>  
PCP 3 <PCP Name>  
PCP Phone <Phone Number>  
PCP Network <Network>

**MedicareRx** 6  
Prescription Drug Coverage X


[No Referral Required] COPAYS 4 RxBIN <XXXXXXX>  
RxPCN <XXXXXXX>  
RxGRP <XXXXXXX>

PCP <\$xx> Specialist <\$xx>  
Emergency <\$xx> Urgent care <\$xx>

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.] 8

**[Customer Service <--Toll Free Number ---> (TTY 711)]**  
[Provider Services <Phone Number>  
[Authorization/Referral] <Phone Number>  
[Provider Medical Claims <Address>] 7  
[Pharmacy Help Desk <Phone Number>  
[Pharmacy Claims <Address>  
[Dental Services <Phone Number>  
[Provider Dental Claims <Address>  
[<URL>

### Network: Medicare Advantage

 **<Plan Name>**  
**<Plan Type>** 5 [tooth icon]

Name <Customer Full Name> <Contract/PBP/[segment]>  
ID <Customer ID>  
Health Plan 1 (80840)  
Issue Date 2 <Effective Date>  
PCP 3 <PCP Name>  
PCP Phone <Phone Number>  
PCP Network <Network>

**Part B Drugs**  
RxBIN <XXXXXXX>  
RxPCN <XXXXXXX>  
RxGRP <XXXXXXX>


[No Referral Required] COPAYS 4

PCP <\$xx> Specialist <\$xx>  
Emergency <\$xx> Urgent care <\$xx>

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.] 8

**[Customer Service <--Toll Free Number ---> (TTY 711)]**  
[Provider Services <Phone Number>  
[Authorization/Referral] <Phone Number>  
[Provider Medical Claims <Address>] 7  
[Dental Services <Phone Number>  
[Provider Dental Claims <Address>  
[Pharmacy Help Desk <Phone Number>  
[<URL>

### Network: PPO

 **<Plan Name>**  
**<Plan Type>** 5 [tooth icon]

<Contract/PBP/[segment]>

Name <Customer Full Name>  
ID <Customer ID>  
Health Plan 1 (80840)  
Issue Date 2 <Effective Date>

**MedicareRx** 6  
Prescription Drug Coverage X

[No PCP Required]  
[No Referral Required] COPAYS 4 RxBIN <XXXXXXX>  
RxPCN <XXXXXXX>  
RxGRP <XXXXXXX>

PCP <\$xx> Specialist <\$xx>  
Emergency <\$xx> Urgent care <\$xx>

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. 8

**Customer Service <--Toll Free Number ---> (TTY 711)**  
[Provider Services <Phone Number>  
[Authorization/Referral] <Phone Number>  
[Provider Medical Claims <Address>] 7  
[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 Dental Coverage.
- 6 Prescription Drug Coverage.
- 7 Submit claims to the claim submission address shown on the card.
- 8 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.



**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](http://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 inpatriates to the U.S., and their dependents.



**ID Number:** 00000000 01 ①  
**Name:** John Public  
**Account No:** 09999A999  
**Acct. Name:** ABC CO. ⑩

IIN: 600428 Control: 02190000 Account: 2464622 Issuer: (80840)

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

Preferred Care Network in the US: Cigna HealthCare PPO

International network provided by:  SOS International An AIA 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](http://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 XXXXXX RxPCN XXXXXXXX MultiPlan  
**DOI**      Cat#

**Choice Fund OA Plus**  
**No referral required**  
 PCP Visit 3 15%/20%  
 Specialist 3 15%/20%  
 Hospital ER 20%  
 Vision Yes  
 Rx 30%/40%/50%  
**Network Coinsurance:**  
 In 90%/10%  
 Out 70%/30%  
**Med/Rx deductible applies** 9

**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  
**S** 16  
 PCP: James Smith  
 PCP name Ln2  
 PCP phone: 860-555-1212  
**Fund Name**  
 Fund #: Fund number  
 RxBIN XXXXXX RxPCN XXXXXXXX  
**DOI**      Cat#


**Open Access Plus**  
**No referral required**  
 PCP visit \$15 4  
 Specialist \$20  
 Rx 30% / 40% / 50%  
**Network coinsurance:**  
 In 90% / 10% 3  
 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      **Pharmacy Questions:** 1-XXX-XXX-XXXX **14**  
**Eligibility, Benefit and Claim Questions:** 1-XXX-XXX-XXXX

To access the online provider directory go to [www.cignasharedadministration.com](http://www.cignasharedadministration.com)  
 To access member pharmacy tools go to [www.cigna.com](http://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.

**myCigna.com**

TPV / Alliance logo **11**

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**

CareLink logo

Client logo

**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.XXXX (Not a Cigna Company)  
For vision: Call ABC Company 1.800.XXX.XXXX (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.XXXX **14** H/SA: 1.800.XXX.XXXX

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

<b>PCP required</b>	<b>Referral required</b>	<b>Away from Home Care</b>	<b>Out-of-network benefits</b>
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 Allegiance, HealthPartners, MVP, PriorityHealth, or Tufts. The Cigna logo on the card indicates they may visit a Cigna-participating provider when in the Cigna service area.

**Client Logo**

Questions?  
1-800-877-XXXX  
www.askallegiance.com

**Allegiance**  
a Cigna Company

**Member**

**EMPLOYER**

Group ID No.: 000000

Covered Person: JOHN SAMPLE

Participant ID#: SMPL0001

Type of Coverage: Medical      Effective Date:

Dependent(s)  
JANE SAMPLE  
JIMMY SAMPLE

**Medical Network**

Open Access Plus

No Referral Required      Plan Opt: Basic

**Cigna**

Medical Benefits: Ind Deductible      In-Network \$XXXX      Non-Network \$XXXX

Ind Out of Pocket      \$XXXX      \$XXXX

**Pharmacy Plan**

RxBin: 004336

PCN: ADV

RxGrp: XXXXX

Customer Service: 1-800-XXX-XXXX

Pharmacist Use Only: 1-800-XXX-XXXX

XXXXXXXXXXXXXX

**PriorityHealth**

Contract number: 900000000-00

Name: JOHN Q SAMPLE

Group # and name: 700000, GROUP NAME

Health plan: PriorityPPO

**OPEN ACCESS PLUS**

**Cigna**

priorityhealth.com

**HealthPartners**

ID: 12345678      Group: 12345      Renewal Mo. November

Name: JANE A DOE

Care Type: Open Access

Office Visit	\$45.00
Urgent Care	\$45.00
Convenience Care	\$20.00

RxBIN 003585 RxPCN 24002

For plan info sign in to: [healthpartners.com](http://healthpartners.com)

**OAP** Open Access Plus Plan

**TUFTS**  
Health Plan

**CareLink**

Commercial Plans  
[tuftshealthplan.com](http://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

AWAY FROM HOME CARE

**CVS CAREMARK**

**eye Med Cigna**

RxBin: 004336  
RxPCN: ADV  
RxGROUP: RXTHP

**MVP**  
HEALTH 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

Member ID 800000XXX 01      Member Name KERY SAMPLE

800000XXX 02      MARY SAMPLE

800000XXX 03      AIRY SAMPLE

Coverage is subject to a deductible.

**OPEN ACCESS PLUS**

**Cigna**

\*Logos include Allegiance, HealthPartners, MVP, PriorityHealth, and Tufts.

[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**

**John Doe**  
Open Access Plus Bronze \$1000  
(No referral required)

**Member plan information**  
Member ID OSC12345678-01  
Group ID None  
Cigna ID 0224764  
Coverage start date 10/01/2022

**In-network spending**  
Deductible \$1000 / \$2000  
Rx deductible \$6100 / \$12200  
Out-of-pocket max \$8700 / \$17400

**In-network cost before / after deductible**  
Oscar Virtual Urgent Care \$0 / \$0  
Primary care \$95 / \$95  
Specialist \$150 / \$150  
Urgent care \$150 / \$150  
Emergency room 100% / \$1500

**Member Care Team**  
Log in at [hioscar.com/member](http://hioscar.com/member), or on the Oscar mobile app, or call 855-672-2789

**Provider & pharmacist services**  
Providers call 855-672-2755  
Pharmacists call 800-922-1557

**Pharmacy by Express Scripts**  
RxBIN 003858 Payer ID OSCAR  
RxPCN A4 e-Payer ID 62308  
RxGRP CIOSCRx Dental ID CX083

**Pediatric vision & dental**  
Send claims to Davis Vision & Liberty Dental.

**Medical claims**  
Cigna, PO Box 188061, Chattanooga, TN 37422

Cigna + Oscar coverage is insured by Cigna Health and Life Insurance Company. Benefits are administered by Oscar Health Administrators. Pharmacy benefits are provided by Express Scripts, Inc.

**Cigna**  
Administered by OSCAR

**John Doe**  
Open Access Plus Bronze \$3000  
(No referral required)

**Member plan information**  
Member ID OSC12345678-01  
Group ID None  
Cigna ID 0224764  
Coverage start date 10/01/2022

**In-network spending**  
Deductible \$3000 / \$6000  
Rx deductible \$3100 / \$6200  
Out-of-pocket max \$9100 / \$18200

**In-network cost before / after deductible**  
Oscar Care virtual visits \$0 / \$0  
Primary care \$0 / \$0  
Specialist \$150 / \$150  
Urgent care \$150 / \$150  
Emergency room 100% / \$1,200

**Member Care Team**  
Log in at [cignabyoscarAZ.com](http://cignabyoscarAZ.com), or on the Oscar mobile app, or call 855-672-2789

**Provider & pharmacist services**  
Providers call 855-672-2755  
Pharmacists call 800-922-1557

**Pharmacy by Express Scripts**  
RxBIN 003858 Payer ID OSCAR  
RxPCN A4 e-Payer ID 62308  
RxGRP CIOSCRx Dental ID CX083

**Pediatric vision & dental**  
Send claims to Davis Vision & Liberty Dental.

**Medical claims**  
Cigna, PO Box 188061, Chattanooga, TN 37422

Insured by Cigna Health and Life Insurance Company. Insurance benefits administered by Oscar Management Corporation, a third party administrator. Cigna Insurance coverage contains exclusions and limitations.

LocalPlus Plans

**Cigna + oscar**

**John Doe**  
LocalPlus Bronze \$1000  
(No referral required)

**Member plan information**  
Member ID OSC12345678-01  
Group ID None  
Cigna ID 0224764  
Coverage start date 10/01/2022

**In-network spending**  
Deductible \$1000 / \$2000  
Rx deductible \$6100 / \$12200  
Out-of-pocket max \$8700 / \$17400

**In-network cost before / after deductible**  
Oscar Virtual Urgent Care \$0 / \$0  
Primary care \$95 / \$95  
Specialist \$150 / \$150  
Urgent care \$150 / \$150  
Emergency room 100% / \$1500

**Member Care Team**  
Log in at [hioscar.com/member](http://hioscar.com/member), or on the Oscar mobile app, or call 855-672-2789

**Provider & pharmacist services**  
Providers call 855-672-2755  
Pharmacists call 800-922-1557

**Pharmacy by Express Scripts**  
RxBIN 003858 Payer ID OSCAR  
RxPCN A4 e-Payer ID 62308  
RxGRP CIOSCRx Dental ID CX083

**Pediatric vision & dental**  
Send claims to Davis Vision & Liberty Dental.

**Medical claims**  
Cigna, PO Box 188061, Chattanooga, TN 37422

Cigna + Oscar coverage is insured by Cigna Health and Life Insurance Company. Benefits are administered by Oscar Health Administrators. Pharmacy benefits are provided by Express Scripts, Inc.

**Cigna**  
Administered by OSCAR

**John Doe**  
LocalPlus Gold \$2750  
(No referral required)

**Member plan information**  
Member ID OSC12345678-01  
Group ID None  
Cigna ID 0224764  
Coverage start date 10/01/2022

**In-network spending**  
Deductible \$2750 / \$5500  
Out-of-pocket max \$7500 / \$15000

**In-network cost before / after deductible**  
Oscar Care virtual visits \$0 / \$0  
Primary care \$0 / \$0  
Specialist \$60 / \$60  
Urgent care \$60 / \$60  
Emergency room 100% / \$800

**Member Care Team**  
Log in at [cignabyoscarAZ.com](http://cignabyoscarAZ.com), or on the Oscar mobile app, or call 855-672-2789

**Provider & pharmacist services**  
Providers call 855-672-2755  
Pharmacists call 800-922-1557

**Pharmacy by Express Scripts**  
RxBIN 003858 Payer ID OSCAR  
RxPCN A4 e-Payer ID 62308  
RxGRP CIOSCRx Dental ID CX083

**Pediatric vision & dental**  
Send claims to Davis Vision & Liberty Dental.

**Medical claims**  
Cigna, PO Box 188061, Chattanooga, TN 37422

Insured by Cigna Health and Life Insurance Company. Insurance benefits administered by Oscar Management Corporation, a third party administrator. Cigna Insurance coverage contains exclusions and limitations.

PCP required  
Encouraged

Referral required  
No

Away from Home Care  
No

Out-of-network benefits  
Varies by plan



## 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](http://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. For more information please call **855-672-2789**.
- › Claims should be submitted to the address or e-payer ID on the customer's ID card.

# INDEMNITY PLANS

## Network: No network requirements

myCigna.com

Client logo

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

ID: **U23456789 01** <sup>1</sup>  
 Name: **John Public**

**ID card acct name** <sup>10</sup>  
 RxBIN XXXXXX RxPCN XXXXXXXX  
 DOI

<sup>9</sup>  

NSP logo

  
 Network Savings Program

**Indemnity**  
 Rx \$10/20%/40%/100%  
 Rx indiv deduct \$50  
 Indiv deduct \$300 <sup>3</sup>  
 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.

<sup>12</sup> **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.

<sup>13</sup> 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 <sup>14</sup> 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	<b>HRA/OPEN ACCESS PLUS</b>	
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](http://www.CignaforHCP.com) or call 800-882-4462.

<b>Customers and Health Care Professionals:</b> 866.494.2111 (24 hours a day, 365 days a year)	<b>Send Medical Claims To:</b> Cigna 1000 Great-West Drive Kennett, MO 63857
--	---

**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 Pharmacy<sup>SM</sup>

\* 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"><li>› Name</li><li>› Type/Degree</li><li>› Specialty</li><li>› Product and network tier</li><li>› National Provider Identifier (NPI) number</li><li>› Medical group or hospital affiliation</li><li>› Office email address</li><li>› Address</li><li>› Office phone number</li><li>› Whether you are accepting new patients</li></ul>	<p>Submit demographic changes to Cigna electronically by logging in to <b>CignaforHCP.com</b> &gt; Working With Cigna &gt; Directory Update. If you have not registered, please go to the <b>registration page</b> to begin the process.</p> <p>Or</p> <p>Practitioner &amp; Group Changes: Fax: 877.358.4301 Email: <b>Intake_PDM@cigna.com</b></p> <p>Hospital &amp; Ancillary Changes: Fax: 646.459.2180 Email: <b>CPOCIMs@cigna.com</b></p> <p><b>Exceptions</b></p> <p>If you are located in the following markets, submit updates electronically on <b>CignaforHCP.com</b> or as directed below.</p> <p><b>U.S. Virgin Islands</b> Email: <b>Intake_PDM@cigna.com</b> 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><b>California</b> Email: <b>CA_DirectoryCompliance@Cigna.com</b></p> <p><b>Michigan</b> Lower Peninsula (Priority Health) Website: <b>Priorityhealth.com</b> &gt; Provider &gt; Provider Manual &gt; <b>Find provider forms</b> &gt; Change notification forms Upper Peninsula (Upper Peninsula Health Plan) Website: <b>Uphp.com</b> &gt; Providers &gt; Forms and Links &gt; Other Forms &gt; <b>Information Update Form</b></p>
<p>Perform online transactions:**</p> <ul style="list-style-type: none"><li>› Verify patient eligibility and benefits and generate a Benefit Reference Number (BRN)</li><li>› Look up procedure code to obtain coinsurance, maximums, and determine if precertification is required</li><li>› Predict the total cost of service and patient liability for specific medical procedures</li><li>› Request precertification for services</li><li>› Inquire about precertification for services</li><li>› View claim-coding policies and payment guidelines</li><li>› Review medical or pharmacy coverage positions</li><li>› View the prescription drug list</li><li>› View sample ID cards</li><li>› Obtain a Reference Guide</li><li>› Request a copy of your contract</li><li>› Request fee schedule information</li><li>› Request claim reconsideration or appeal</li><li>› Submit preservice precertification appeals</li></ul>	<p>Cigna for Health Care Professionals website: <b>CignaforHCP.com</b></p>

If you want to:	Use the following:
Perform transactions using a multipayer website or vendor via electronic data interchange (EDI):*** <ul style="list-style-type: none"> <li>› Verify patient eligibility and coverage</li> <li>› Inquire about patient coverage and covered services</li> <li>› Check the status of a claim</li> <li>› Request precertification for services</li> <li>› Submit claims electronically</li> <li>› Receive electronic remittance advice</li> <li>› View list of EDI vendors</li> </ul>	Refer to <b>Cigna.com/EDIVendors</b> for a list of directly connected Cigna vendors.
Enroll to receive electronic funds transfer (EFT) or direct deposit	Log in to <b>CignaforHCP.com</b> > Working with Cigna > Electronic Funds Transfer > Enroll in Electronic Funds Transfer (EFT) Options.
Perform telephone transactions:*** <ul style="list-style-type: none"> <li>› Learn about electronic services</li> <li>› Verify patient eligibility and coverage</li> <li>› Check the status of a claim</li> <li>› Request precertification for services</li> <li>› Request an exception to the prescription drug list</li> <li>› 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</li> </ul>	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: <b>CignaforHCP.com</b> 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: <b>CignaLifeSOURCE.com</b>
Contact a dental network	Phone: 800.Cigna24 (244.6224) Website: <b>CignaforHCP.com</b> 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:
Evernorth Behavioral Health	Phone: 800.926.2273 Website: <b>Provider.Evernorth.com</b>
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: <b>Accredo.com &gt; Prescribers</b>
Medical management (including precertification)	Phone: 800.88Cigna (882.4462) Website: <b>CignaforHCP.com</b> 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, durable medical equipment, gastroenterology, high-tech radiology, home health, home infusion, integrated oncology, musculoskeletal, radiation therapy services, and sleep services)	<b>Diagnostic cardiology, high-tech radiology, musculoskeletal, and gastroenterology</b> Phone: <b>888.693.3297</b> Website: <b>eviCore.com</b> <b>Radiation therapy and integrated oncology</b> Phone: 866.668.9250 Website: <b>eviCore.com</b> <b>Home health, DME &amp; Sleep Management Services (effective 02.01.21)</b> Phone: 800.298.4806 Website: <b>evicore.com/ep360</b> <b>Exceptions</b> 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: <b>CignaforHCP.com</b>
Pharmacy prior authorizations	Electronic medical record or electronic health record: CoverMyMeds® or Surescripts® Website: <b>CoverMyMeds.com/epa/Cigna</b> 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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