

QUICK GUIDE TO CIGNA ID CARDS

2015–2016

Together, all the way.®




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

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


We may occasionally update this brochure during the year. Download the most current version at [Cigna.com > Health Care Professionals > Resources > Doing Business with Cigna](https://www.cigna.com/Health-Care/Professionals/Doing-Business-with-Cigna).

Please note

There are various standard Cigna ID cards shown in this brochure. The actual ID card content may vary in order to conform to legislative and regulatory requirements. The ID cards shown are samples and may vary from the actual cards.



Open Access Plus ²

Administered by Cigna Health and Life Insurance Company ⁵ 

Medical/Rx

myCigna.com

Group 00999999
 Issuer (80840)
 ID 11111111 ¹
 Name **John Doe**
 PCP None Selected ⁸
 No Referral Required
 XYZ Sample CompanyHoldings Co. ¹⁰
 RxBIN 017010 RxPCN 05180000
 RxGrp 00999999 RxID 11111111 00

³ **Copays/Coinsurance**
 Primary Care 10%
 Specialist 10%
 Urgent Care 10%


You may be asked to present this card when receiving care; it does not guarantee coverage. For coverage, you must meet all plan terms/conditions. Willful misuse of this card is considered fraud. **Inpatient Admission/Outpatient Procedures:** Your health care professional must contact Cigna to pre-approve these services by calling the toll-free number below or going to **CignaforHCP.com**. See the plan documents for pre-approval requirements. Without pre-approval, your plan may not pay for these services. In an emergency, get care immediately, then call your PCP as soon as possible for further assistance or advice on follow-up care within 48 hours. We encourage you to use a PCP as a valuable resource and personal health advocate.

¹² **INPATIENT ADMISSION AND OUTPATIENT PROCEDURES:** Your health care professional must contact Cigna to pre-approve these services by calling the toll-free number below or going to **CignaforHCP.com**. See the plan documents for pre-approval requirements. Without pre-approval, your plan may not pay for these services. In an emergency, get care immediately, then call your PCP as soon as possible for further assistance or advice on follow-up care within 48 hours. We encourage you to use a PCP as a valuable resource and personal health advocate.


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

¹⁴ **Customers & Health Care Professionals call 1-866-494-2111**

Rx Claims: Pharmacy Service Center, PO Box 188053, Chattanooga TN 37422-8053
 For Pharmacists Only 800-351-9170

⁹  For providers not in your primary network, visit multiplan.com.
 R418A (8/13) Mask 601 Issue Date: 07/28/14

- PCP selection encouraged
- No referrals required
- GWH-Cigna and "G" ID cards represent all products



GWH-CIGNA Open Access Plus ²

Cigna Health and Life Insurance Company ⁵

myCigna.com

Group 00699998
 Issuer (80840)
 ID 10000008 ¹
 Name John Doe
 PCP None Selected ⁸
 No Referral Required
 XYZ Sample CompanyHoldings Co. ¹⁰
 RxBIN 600428 RxPCN 05180000
 RxGrp 00688888
 RxID 10000008 00

⁴ **Copays**
 Primary Care \$25
 Specialist \$25
 Urgent Care \$100
 ER \$200


You may be asked to present this card when you receive care. This card does not guarantee coverage. You must meet all the plan's terms and conditions for services to be covered. It is considered fraud if you KNOWINGLY/PURPOSELY misuse this card. **INPATIENT ADMISSION AND OUTPATIENT PROCEDURES:** Your health care professional must contact Cigna to pre-approve these services. They can call the toll-free number listed below or go to **CignaforHCP.com** for pre-approval. See your plan documents for pre-approval requirements. If these services are not pre-approved, your plan may not pay for them. In an emergency, get care immediately, then call your PCP as soon as possible for further assistance and advice on follow-up care within 48 hours. We encourage you to use a primary care physician as a valuable resource and personal health advocate.

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¹³ Send All Claims To PO Box 188061 Chattanooga, TN 37422 - 8061 Payer ID #62308

¹⁴ **Customers & Health Care Professionals call 1-866-494-2111**

Rx Claims: Pharmacy Service Center, PO Box 3598, Scranton PA 18505-0598
 For Pharmacists Only 800-351-9170

⁹  For providers not in your primary network, visit multiplan.com.
 R418A Mask 601 Issue Date: 03/14/13

- PCP selection encouraged
- No referrals required
- GWH-Cigna and "G" ID cards represent all products




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

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: 
 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

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

- PCP selection encouraged
- Patients in these Cigna-administered plans use Cigna PPO or Cigna OAP networks in the U.S., as indicated on the back of the card
- Network Savings Program logo on back of card indicates out-of-network discounts may apply

myCigna.com

TPV logo 11

CSN logo 18
Cigna Care Network 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** 1
PCP: **John Smith** 8
PCP Name Ln2 8
PCP Phone: XXX.XXX.XXXX
ID card acct name 10
RxBIN XXXXXX RxPCN XXXXXXXX 9
DOI

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

Cat#

- ▶ PCP selection encouraged
- ▶ Cigna Choice Fund® and medical plan type indicated
- ▶ Most coinsurance information shown
- ▶ Coinsurance/deductible is paid directly to the doctor/facility by Cigna using patient's available health funds. EOP will show any remaining amount due from patient

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 1.800.XXX.XXXX (Not a Cigna Company)
For Vision, call ABC Company 1.800.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: 1.800.XXX.XXXX 14 MH/SA: 1.800.XXX.XXXX 16
We encourage you to use a PCP as a valuable resource and personal health advocate.

AWAY FROM HOME CARE

- ▶ Coinsurance/deductible should not be collected at the time of service unless you have accessed the Cigna Cost of Care Estimator® on the Cigna for Health Care Professionals website (CignaforHCP.com) to obtain an estimate of the patient's costs, and provide a copy of the estimate to the patient
- ▶ Collecting at the time of service without accessing the Cigna Cost of Care Estimator may result in overpayment and require a refund to the patient

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** 1
S 16
This plan is self-funded by:
ID card account name
Fund #: SAR F
RxBIN Rx Bin RxPCN XXXXXXXX
DOI

Provider network:
Cigna HealthCare PPO
Doctor visit \$10 4
Specialist \$20
Coinsurance 3
In-network 90% / 10%
Out-of-network 70% / 30%
Rx 30% / 40% / 50%
Deductible applies

Cat#

- ▶ Cigna Care Network® is available

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 your medical services or benefits may be affected. Refer to your plan documents for your plan's precertification requirements. In an emergency, seek care immediately, then notify Cigna within 48 hours.
Mail all non-medical claims and correspondence to: ID card name back
SAR fund name
13 Submit/mail claims to: Cigna Payor 62308, PO Box 188004, Chattanooga, TN 37422-8004
All other:
TPV N&A print line
Pre-certification: Member Svc Nu Pharmacy Questions: 1.800.244.6224
Eligibility, Benefit and Claim questions please call: SAR TPA phone 14
To access the online provider directory go to www.CignaSharedAdministration.com
To access member pharmacy tools go to www.myCigna.com

15 AWAY FROM HOME CARE Benefits are not insured by Cigna HealthCare 17 GCIU 775

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** 1
S 16
PCP: James Smith
PCP name Ln2
PCP phone: 860-555-1212
Fund Name
Fund #: Fund number
RxBIN XXXXXX RxPCN XXXXXXXX
DOI

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

Cat#

- ▶ PCP selection encouraged
- ▶ No referrals required
- ▶ Cigna Care Network is available

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Mail all non-medical claims and correspondence to:
Fund name
Fund address
Send claims to: Claims address 13
All others: PO Box XXXX, Anytown, USA 12345-6789
Pre-certification: Member Svc Nu Pharmacy Questions: Pharm Num
Eligibility, Benefit and Claim Questions: Please call Payor Num 14
To access the online provider directory go to www.cignasharedadministration.com
To access member pharmacy tools go to www.mycigna.com
We encourage you to use a PCP as a valuable resource and personal health advocate.

AWAY FROM HOME CARE 15 17 GCIU 775

Network Open Access

myCigna.com

TPV logo ¹¹ CSN logo ¹⁸
 Cigna Care Network 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 RxPCN XXXXXXXX ⁹  **Coinsurance applies** ³
DOI ⁹ SAR

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

WWW.CIGNA.COM

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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 ¹³
 Send claims to: 123 Main Street, Suite 999, Anytown, USA 12345-6789
 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)
 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: 1.800.XXX.XXXX ¹⁴/SA: 1.800.XXX.XXXX

- PCP selection encouraged
- No referrals required
- In-network coverage only, except emergency care

Open Access Plus

myCigna.com

TPV logo ¹¹ CSN logo ¹⁸
 Cigna Care Network 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 RxPCN XXXXXXXX ⁹  **Med/Rx deductible applies** ⁹
DOI ⁹ Cat#

Open Access Plus
No referral required
 PCP visit \$10/\$25
 Specialist \$10/\$25
 Hospital ER ⁴ \$50
 Urgent care \$25
 Rx Yes
 Rx \$10/20/30
Network Coinsurance:
 In 90%/10%
 Out ³ 70%/30%
Med/Rx deductible applies

WWW.CIGNA.COM

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¹² **INPATIENT ADMISSION AND OUTPATIENT PROCEDURES:**
 Your network provider must call the toll-free number listed below to pre-certify the above services. Refer to your plan documents for your pre-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 1.800.XXX.XXXX (Not a Cigna Company)
 For vision, call ABC Company 1.800.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: 1.800.XXX.XXXX ¹⁴/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**

- PCP selection encouraged
- No referrals required
- Open Access Plus: In-network and out-of-network coverage
- Open Access Plus In-network: In-network coverage only, except emergency care

HMO or POS Open Access

myCigna.com

TPV logo ¹¹ CSN logo ¹⁸
 Cigna Care Network ⁶ Client logo ²

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 RxPCN XXXXXXXX ⁹  **Coinsurance applies** ³
DOI ⁹ SAR

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

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 MHSA Stmt Tel

Med Group: Sunset Med Group ¹³
 Send claims to:
 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)
 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: 1.800.XXX.XXXX ¹⁴/SA: 1.800.XXX.XXXX

- PCP selection encouraged
- No referrals required
- HMO Open Access: In-network coverage only, except emergency care
- POS Open Access: Offered as a HMO or network plan; in-network and out-of-network coverage

myCigna.com

TPV logo ¹¹ CSN 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 ⁹
 DOI

LocalPlus
 No referral required
 PCP Visit \$10
 Specialist \$15 ⁴
 Hospital ER \$50
 Urgent Care \$25
 Vision Yes
 Rx \$10/20/30
 Network coinsurance:
 In 90%/10%
 Out 70%/30%
 Med/Rx deductible applies
 Cat #

WWW.CIGNA.COM

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INPATIENT ADMISSION AND OUTPATIENT PRECEDURES: ¹²
 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 EF hours.
 Coinsurance/deductible is paid directly to the doctor/facility by Cigna using individual's available health funds.

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: 1.800.XXX.XXXX ¹⁴/SA: 1.800.XXX.XXXX

Open Access Plus ¹⁵
AWAY FROM HOME CARE

- ▶ PCP selection encouraged
- ▶ No referral required
- ▶ LocalPlus: In-network and out-of-network coverage
- ▶ LocalPlus IN: In-network coverage only, except emergency care

myCigna.com

Legal entity name
 Coverage effective date: MM/DD/CCYY ⁷
 Group: 1234567
 Issuer (80840)
 ID: **U23456789 01** ¹
 Name: **John Public**
 PCP: **John Smith** ⁸
 PCP phone: **XXX-XXX-XXXX**
ID card acct name ¹⁰
 RxBIN Rx Bin RxPCN Rx Contr
 DOI

HMO (or POS)
 PCP visit \$15
 Specialist \$15
 Hospital ER \$50 ⁴
 Urgent care \$25
 Vision Yes
 Rx 41/\$20/\$40
 Rx indiv deduct \$50
 Coinsurance applies ³

WWW.CIGNA.COM

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INPATIENT ADMISSION: 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.

Med group: Sunset Med Group
 Send claims to: 123 Main Street, Suite 999, Anytown, USA 12345-678 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)
 Cigna: PO Box XXXXX, Anytown, USA 12345-6789

Member services: 1.800.XXX.XXXX MH/SA: 1.800.XXX.XXXX **C**

- ▶ PCP selection **required**
- ▶ Referrals **required**
- ▶ HMO: In-network coverage only, except emergency care
- ▶ POS: Offered as a HMO or network plan; in-network and out-of-network coverage

myCigna.com

TPV logo ¹¹ CSN logo ¹⁸ Client logo

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

Network
 PCP Visit \$15/\$20
 Specialist \$15/\$20 ⁴
 Hospital ER \$50
 Urgent Care \$25
 Vision Yes
 Rx \$10/20%/40%/100%
 Rx Indiv Deduct \$50
 Coinsurance applies ³
 OAP#

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For information about mental health services and coverage, call MHS Stm Tel
 Med Group: Sunset Med Group
 Send claims to: 123 Main Street, Suite 999, Anytown, USA 12345-6789 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)
 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: 1.800.XXX.XXXX ¹⁴/SA: 1.800.XXX.XXXX

- ▶ PCP selection **required**
- ▶ Referrals **required**
- ▶ In-network coverage only, except emergency care

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 health care professional’s Cigna Care Designation status. Refer to the online health care professional directory to determine a physician’s Cigna Care Designation status.
- 7 Effective date of coverage.
- 8 Name of patient’s primary care physician (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 – be sure to check the card for the correct number.
- 15 “Away From Home Care” indicates the patient has access to the Cigna national OAP network.
- 16 Indicates Shared Administration.
- 17 Union identifier.
- 18 Client-specific network (CSN) logo.

myCigna.com

TPV logo ¹¹ CSN logo ¹⁸
Cigna Care Network ⁶

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 RxCN XXXXXXXX
DOI

PPO
Dr. visit \$10/\$25
Specialist \$10/\$25
Hospital ER \$50
Urgent care ⁴ \$25
Vision ⁵ Yes
Rx \$10/20/30

Network coinsurance:
In ³ 90%/10%
Out 70%/30%

Med/Rx deductible applies
Cat# ⁹

Client logo

- No PCP selection required
- No referrals required
- PPO: In-network and out-of-network coverage
- EPO: In-network coverage only, except emergency care

WWW.CIGNA.COM

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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:
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: 1.800.XXX.XXXX ¹⁴ H/SA: 1.800.XXX.XXXX ¹⁵

AWAY FROM HOME CARE

myCigna.com

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 RxCN XXXXXXXX
DOI

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%

Client logo

- PCP selection encouraged

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**

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

ID card acct name ¹⁰
RxBIN XXXXXX RxCN XXXXXXXX
DOI

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

Med/Rx deductible applies
Cat# ⁹

Client logo

- No PCP selection required
- No referrals required
- Patient files claims

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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.

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For Vision, call ABC Company 1.800.XXX.XXXX (Not a Cigna Company)
Send Claims to: PO Box XXXX, Anytown, USA 12345-6789

Customer Service: 1.800.XXX.XXXX ¹⁴ H/SA: 1.800.XXX.XXXX

The myCigna Mobile App: App-solutely convenient

The myCigna Mobile 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 information, claims information, and coverage eligibility to you via the app on their cell phone or tablet.

Sample ID cards you might see on your patients' myCigna Mobile App:



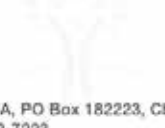
Medical/Rx

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 1.866.494.2111.

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: 1.866.494.2111 (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 the entire family
- Easily print, email or scan right from the cell phone or tablet

Additional app features:

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

Health care professional directory

- Locate 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 health care professionals 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 and coinsurance

Additional app features (cont.)

Drug search

- › View medication costs based on their plan and see lower-cost alternatives*
- › Find closest pharmacy location using GPS
- › Research medicine and dosages
- › Speed dial Cigna Home Delivery Pharmacy



Customers can download the free myCigna Mobile App**



The Apple logo is a trademark of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc. Android and Google Play are trademarks of Google Inc. The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the app, and the online stores 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 to us through electronic data interchange (EDI): Visit Cigna.com/EDIVendors to learn more
- › Call our automated phone system: 1.800.88Cigna (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 advice and automatically load it 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.



*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 Mobile App is only available to Cigna health plan customers. Actual features may vary depending on their plan.

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