

2012 QUICK GUIDE TO CIGNA ID CARDS



GO YOUSM



WE PACK A LOT OF IMPORTANT INFORMATION INTO OUR ID CARDS.

This brochure will help define and clarify information that appears on Cigna's most common customer ID cards. It will 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 for Health Care Professionals > Doing Business with Cigna.**

You may have noticed

Cigna has a new look – our logo, our colors, even the way we write our name on our materials.

In this brochure, you'll see that some of our health plans have new ID cards with the Cigna name as a watermark. Other cards have the old Cigna logo. Over the next several months, we will transition all cards over to our new brand.

Regardless of the logos that appear on the cards, please continue to use the ID card for important information about call, claim, and service channels.



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 patient.
- 4 Collect any copayment at the time of service.
- 5 May read as "Connecticut General Life Insurance Co.," "Cigna Health and Life Insurance Company" 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 Network designation. Refer to the online provider directory to determine Cigna Care Network designation.
- 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 apply based upon the primary customer's home state.
- 10 Client name.
- 11 If a third party administers services on behalf of Cigna, the ID card may include multiple logos and may 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 network.
- 16 Indicates Shared Administration.
- 17 Union identifier.
- 18 Client-specific network (CSN) logo.

PLEASE NOTE:

There are various standard Cigna ID cards shown in this brochure that are subject to regulatory oversight. As a result, 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.





11  GWH-Cigna
Plan Type

XYZ Company
RXBIN 600428 10
RXPCN 05180000
 Issuer **80840**

Group Plan **123456789**
John Public

ID **123456789 01** 1
 COPAY:
 Primary Care \$30 4 Specialist \$40
 Urgent Care \$65 ER \$200
 PCP: **None Selected** 8
 No Referral Required 8

Submit All Claims To 13
 1000 Great-West Drive
 Kennett, MO 63857-3749
Payer ID #80705

Members and Providers Call 14
 1-866-494-2111


For plan & benefit details, please visit myCIGNAforhealth.com

Members: Carry this card at all times. Pretreatment authorization must be obtained for hospital admissions, outpatient surgeries performed outside a physician's office and for the other service specified in the benefit plan. Member is responsible for obtaining authorization for non-network services. Failure to follow pretreatment authorization procedures may result in a reduction of benefits. In an emergency, seek care immediately, then call your primary care doctor as soon as possible for further assistance. We encourage you to use a primary care physician as a valuable resource and personal health advocate.

CIGNA has multiple networks. Your plan is paired with the GWH-CIGNA network. To find a GWH-CIGNA provider, please visit your member website at myCIGNAforhealth.com.

12 **Providers:** Pretreatment authorization must be received for all services listed above and as specified in the member's benefit plan by calling the number on the front of this card or online at gwhcignaforhcp.com. Emergency hospital admissions must be reported within 48 hours.

Notice: Possession of this card does not guarantee coverage or payment for the service or procedure reviewed. Please call the Member and Providers number on the front of this card for eligibility information.


9 


For providers not in your primary network, visit multiplan.com

For Pharmacists Only 1-800-XXX-XXXX
 R318 (5/10) Mask 401 Issue Date: 01/01/12

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

myCIGNAforhealth.com



11  GWH-Cigna
Plan Type

CIGNA Health and Life Insurance Company 5

Group **00699999**
 Issuer **(80840)**
 ID **123456789 01** 1
 Name **John Public**
 PCP **None Selected** 8
 No Referral Required

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

Sample Company 10


RxBIN **600428** RxPCN **05180000**
 RxGrp **00699999**
 RxDID **199500000 00**

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.

12 **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 GWHCIGNAforHCP.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.

13 Send Claims to 1000 Great-West Drive Kennett, MO 63857-3749 Payer ID #80705
Customers & Health Care Professionals call 1-866-494-2111

14 Rx Claims Pharmacy Service Center, PO Box 3958, Scranton, PA 18505-0598
 For Pharmacists Only 800-351-9170

9 

For providers not in your primary network, visit multiplan.com

R3C7A Mask 601 Issue Date: 01/01/12

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

myCigna.com

TPV Logo ¹¹ CSN Logo ¹⁸ Client logo

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** ¹
 PCP: **John Smith** ⁸
 PCP Name Ln2
 PCP Phone: XXX.XXX.XXXX
ID Card Acct Name ¹⁰
 RxBIN 600428 RxPCN 00600000
DOI

Choice Fund Open Access Plus
No Referral Required
 PCP Visit 20%
 Specialist ³ 20%
 Hospital ER 20%
 Vision Yes
 Rx 30%/40%/50%
Network Coinsurance:
 In 90%/10%
 Out 70%/30%
Med/Rx Deductible Applies

NSP logo ⁹
 Network Savings Program

850702

- 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. Explanation of Payment (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** ¹⁵

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 RxPCNRX contr
 DOI Label

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#

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 pre-certification 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

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 600428 RxPCN 00600000

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#

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 ## hours.
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

- PCP selection encouraged

Network Open Access

myCigna.com

TPV Logo 11 CSN Logo 18
Cigna Care Network 6

Client logo 2

Connecticut General Life Insurance Co. 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 600428 RxPCN 00600000
DOI

NSP logo 9
Network Savings Program SAR

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

Coinsurance Applies 3

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

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 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 MH/SA: 1.800.XXX.XXXX

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 600428 RxPCN 00600000
DOI

NSP logo 9
Network Savings Program Cat#

Open Access Plus
No referral required
PCP visit \$15
Specialist \$10/\$25 4
Hospital ER \$50
Urgent care \$25
Vision Yes
Rx \$10/20/30
Network Coinsurance:
In 90%/10%
Out 3 70%/30%
Med/Rx Deductible Applies

- 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

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 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 MH/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**

HMO or POS Open Access

myCigna.com

Cigna Health Care of XXXXX, Inc. 5
Coverage effective date: MM/DD/CCYY 7

Client logo 2

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

NSP logo 9
Network Savings Program Cat#

HMO (or POS) Open Access
No referral required
PCP visit \$15
Specialist 4 \$15
Hospital ER \$50
Urgent care \$25
Vision Yes
Rx 41/\$20/\$40
Rx indiv deduct \$50
Coinsurance applies 3

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

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 ## 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 14 MH/SA: 1.800.XXX.XXXX C

HMO or POS

myCigna.com

Cigna Health Care of XXXXX, Inc. ⁵
 Coverage effective date: MM/DD/CCYY ⁷
 Group: 1234567
 Issuer (80840)
 ID: **U23456789 01** ¹
 Name: **John Public** ⁸
 PCP: **John Smith** ⁸
 PCP phone: **XXX-XXX-XXXX**
 ID card acct name ¹⁰
 RxBIN Rx Bin RxPCN Rx Contr
DOI

NSP logo ⁹
 Network Savings Program

Client logo

HMO (or POS)
 PCP visit \$15
 Specialist \$15
 Hospital ER ⁴ \$50
 Urgent care \$25
 Vision ⁵ Yes
 Rx 41/\$20/\$40
 Rx indiv deduct \$50
 Coinsurance applies ³

Cat#

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

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 1.800.XXX.XXXXX (Not a Cigna Company)
 For Vision, call ABC Company 1.800.XXX.XXXXX (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 **MH/SA: 1.800.XXX.XXXX**

Network

myCigna.com

TPV Logo ¹¹ **CSN Logo** ¹⁸
 Cigna Care Network ⁶

Client logo

Connecticut General Life Insurance Co. ⁵
 Coverage Effective Date: MM/DD/CCYY ⁷
 Group: 1234567
 Issuer (80840)
 ID: **U23456789 01** ¹
 Name: **John Public** ⁸
 PCP: **James Smith** ⁸
PCP Name Ln2
 PCP Phone: XXX.XXX.XXXX
ID Card Acct Name ¹⁰
 RxBIN 600428 RxPCN 00600000
DOI

NSP logo ⁹
 Network Savings Program

Network Open Access
 PCP Visit \$15
 Specialist \$15
 Hospital ER ⁴ \$50
 Urgent Care \$25
 Vision ⁵ Yes
 Rx \$10/20%/40%/100%
 Rx Indiv Deduct \$50
 Coinsurance Applies ³

SAR

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

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 1.800.XXX.XXXXX (Not a Cigna Company)
 For Vision, call ABC Company 1.800.XXX.XXXXX (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 **MH/SA: 1.800.XXX.XXXX**

Cigna.

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

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

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

- 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

Preferred Care Network in the US: Cigna Healthcare PPO

International network provided by: **International SOS**
 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

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

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

Fundamental Care

TPV / Alliance Logo **11**

Fundamental Care
Limited-benefit health plan
www.fundamentalcare.com

Primary Network: CIGNA HealthCare PPO
Secondary Network: Beech Street
Connecticut General Life Insurance Company **5**

Coverage Effective Date: 00/00/0000 **7**

ID: AMI

Name: John Public

Account Number: 1234567

Group Name:
Group Number:

CIGNA

Beech Street
A VIANT NETWORK

Doctor Visit **4** \$25
Specialist \$25
Network Coinsurance: **3**
In 80%/20%
Out 80%/20%

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.
This plan does not require pre-certification of coverage for inpatient or outpatient services. Claims will be paid according to terms and conditions of the plan. In the case of an emergency, seek care immediately, then call your family physician for further assistance and direction regarding follow up care.

Send Claims to: TPV / Alliance Mailing Address **13**
All others to: CIGNA HealthCare, P.O. Box 188004, Chattanooga, TN 37422 Payor **62308**

Customer Service: 1.800.XXX.XXXX 14
CIGNA 24-hour Nurseline: 1.866.XXX.XXXX

Provider: Participant is enrolled in a limited-benefit plan. For hospital services, collect patient responsibility when service is rendered or make financial arrangements with the patient in accordance with your policies.

15 AWAY FROM HOME CARE

- No PCP selection required
- No referrals required
- In-network and out-of-network coverage

PPO Plans

Starbridge® Beech Street

Beech Street **11**
A VIANT NETWORK

Starbridge
Limited-benefit health plan
www.starbridge.com

Primary Network: Beech Street
Connecticut General Life Insurance Company **5**

Coverage Effective Date: 00/00/0000 **7**

ID: Use Primary Insured's Social Security Number

Name: John Public

Group Name:
Group Number:

CIGNA

Doctor Visit **4** \$25
Specialist \$25
Network Coinsurance: **3**
In 80%/20%
Out 80%/20%

For Benefits, Claim Status, Eligibility or Customer Service, Call 1-8XX-XXX-XXXX

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.
This plan does not require pre-certification of coverage for inpatient or outpatient services. Claims will be paid according to terms and conditions of the plan. In the case of an emergency, seek care immediately, then call your family physician for further assistance and direction regarding follow up care.

Send Claims to: **13**
Connecticut General Life Insurance Company, PO Box 55270, Phoenix, AZ 85078-5270 Payor 59225

Customer Service: 1.800.XXX.XXXX 14
CIGNA 24-hour Nurseline: 1.866.XXX.XXXX

Provider: Participant is enrolled in a limited-benefit plan. For hospital services, collect patient responsibility when service is rendered or make financial arrangements with the patient in accordance with your policies.

- No PCP selection required
- No referrals required
- In-network and out-of-network coverage

Starbridge® Cigna PPO

TPV / Alliance Logo **11**

Starbridge
Limited-benefit health plan
www.starbridge.com

Primary Network: CIGNA HealthCare PPO
Secondary Network: Beech Street
Connecticut General Life Insurance Company **5**

Coverage Effective Date: 00/00/0000 **7**

ID: AMI

Name: John Public

Account Number: 12345678

Group Name:
Group Number:

CIGNA

Beech Street
A VIANT NETWORK

Doctor Visit **4** \$25
Specialist \$25
Network Coinsurance: **3**
In 80%/20%
Out 80%/20%

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.
This plan does not require pre-certification of coverage for inpatient or outpatient services. Claims will be paid according to terms and conditions of the plan. In the case of an emergency, seek care immediately, then call your family physician for further assistance and direction regarding follow up care.

Send Claims to: TPV / Alliance Mailing Address **13**
All others to: CIGNA HealthCare, P.O. Box 188004, Chattanooga, TN 37422 Payor **62308**

Customer Service: 1.800.XXX.XXXX 14
CIGNA 24-hour Nurseline: 1.866.XXX.XXXX

Provider: Participant is enrolled in a limited-benefit plan. For hospital services, collect patient responsibility when service is rendered or make financial arrangements with the patient in accordance with your policies.

15 AWAY FROM HOME CARE

- No PCP selection required
- No referrals required
- In-network and out-of-network coverage

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**

ID card acct name ¹⁰
 RxBIN 600428 RxPCN 00600000
 DOI

NSP logo ⁹ Network Savings Program

PPO

Dr. visit	\$15
Specialist	\$10/\$25
Hospital ER	\$50
Urgent care	\$25
Vision	Yes
Rx	\$10/20/30

Network coinsurance:

In	90%/10%
Out	70%/30%

Med/Rx deductible applies ³ 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 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 MH/SA: 1.800.XXX.XXXX ¹⁵ **AWAY FROM HOME CARE**

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

myCigna.com

TPV / Alliance 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**
 PCP: **John Smith**
 PCP name Ln2
 PCP phone: **860.555.1212**

ID card acct name ¹⁰
 RxBIN 600428 RxPCN 06000000
 DOI

NSP logo ⁹ Network Savings Program

Open Access Plus
 No referral required

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

Med/Rx deductible applies ³ 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.

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: 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 MH/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

myCigna.com

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 600428 RxPCN 00600000
 DOI

NSP logo ⁹ Network Savings Program

Indemnity

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

Med/Rx deductible applies ³ Cat#

Cigna.com

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

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

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

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

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: PO Box XXXX, Anytown, USA 12345-6789

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

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

MORE WAYS TO ACCESS PATIENT INFORMATION WHEN YOU NEED IT

USE OUR ELECTRONIC TOOLS

- Access our secure websites:
 - Cigna for Health Care Professionals (**CignaforHCP.com**) for patients with Cigna ID cards
 - Secured Provider Portal (**GWHCignaforHCP.com**) for patients with GWH-Cigna ID cards
- Connect to us through electronic data interchange (EDI):
Visit **Cigna.com > Health Care Professionals > Resources for Health Care Professionals > Doing Business with Cigna > How to Submit Claims to Cigna** to learn more
- Call our automated phone system **1.800.88Cigna (882.4462)**

CONDUCT ADMINISTRATIVE TRANSACTIONS ONLINE

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

- Access patient eligibility and benefits
- Estimate patient liability
- 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

Read more about our electronic tools at **Cigna.com > Health Care Professionals > Network Benefits > Learn more about Cigna eServices.**



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