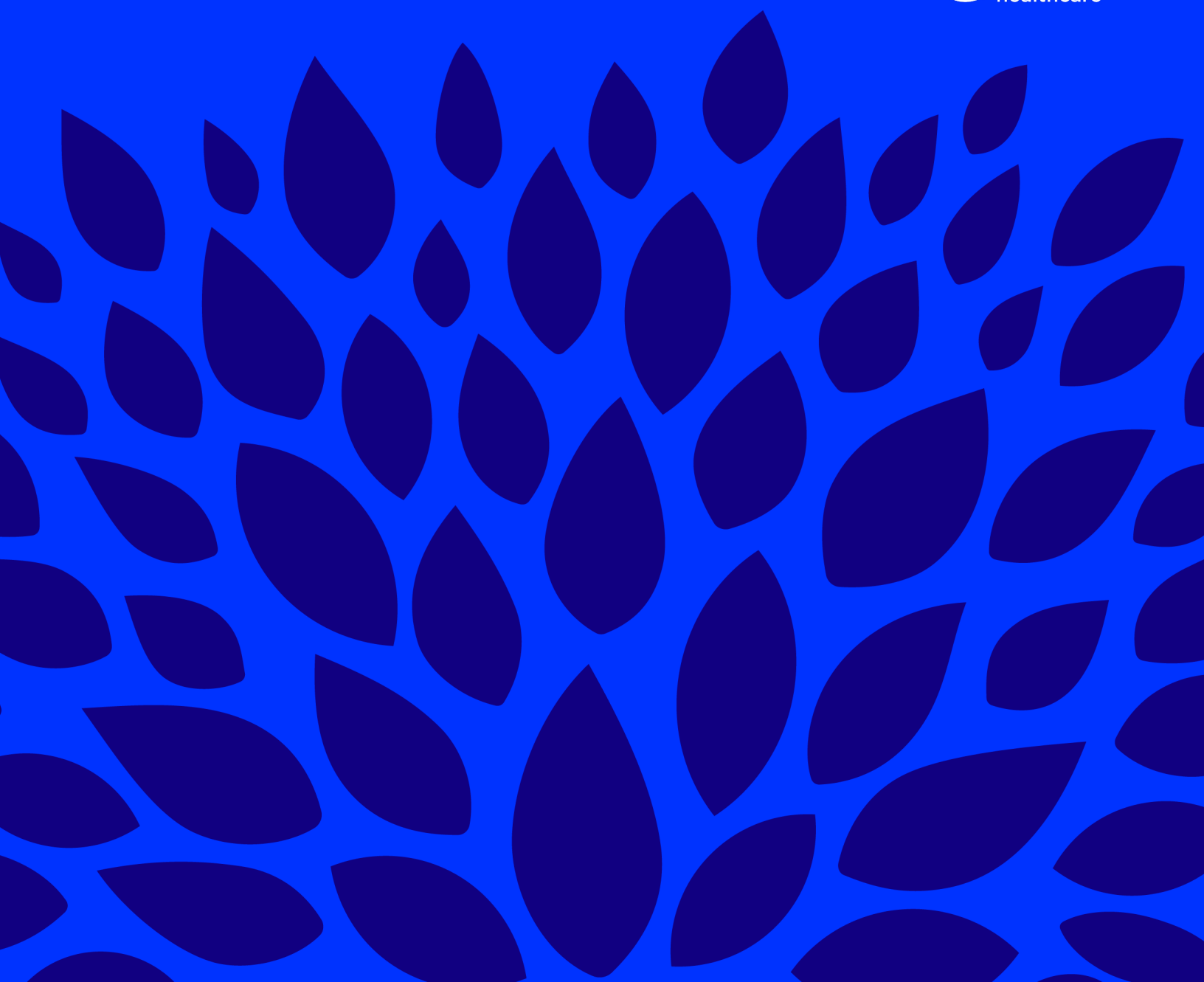
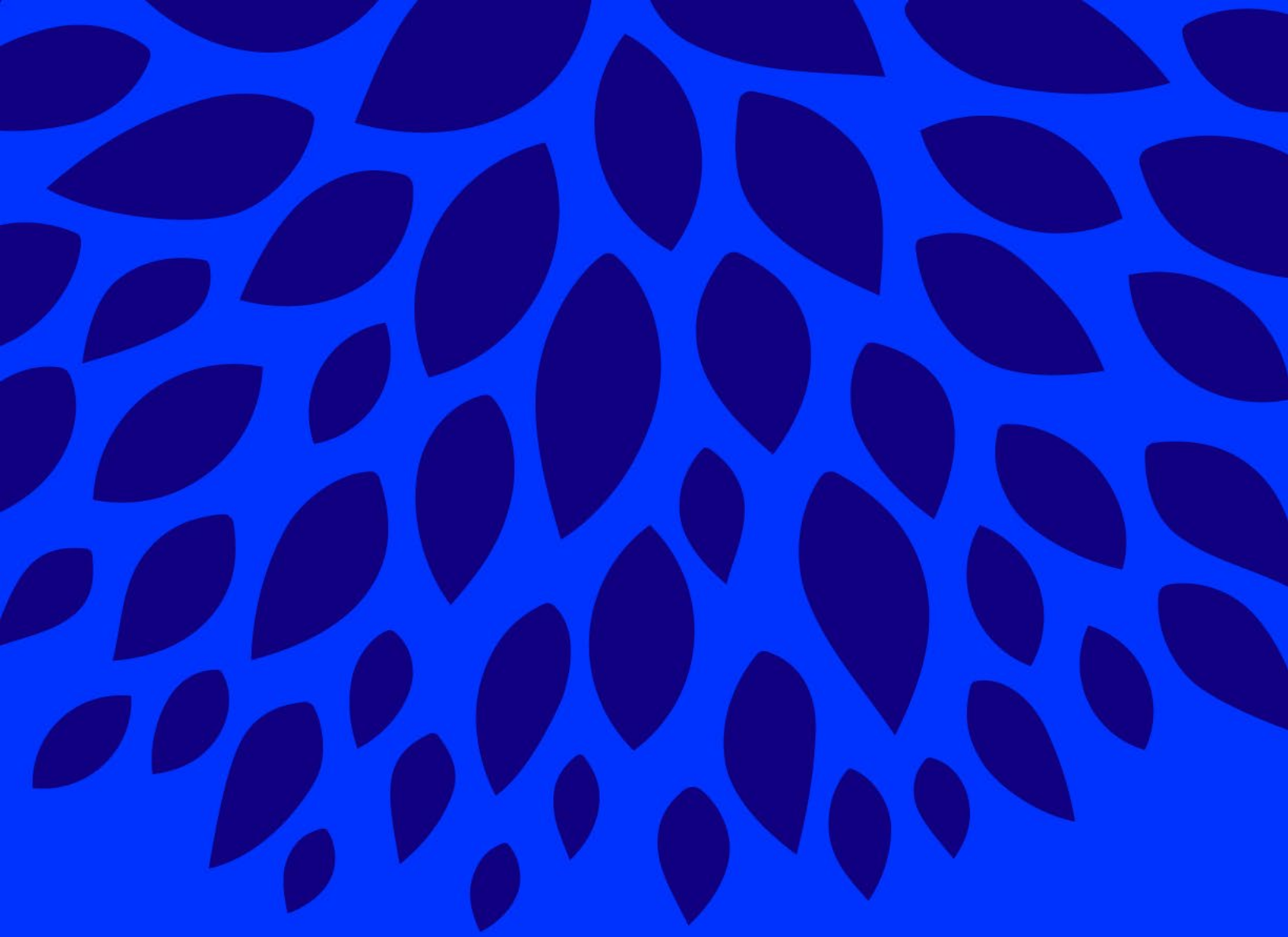


Cigna Healthcare ID cards

Quick guide





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

This brochure can help define and clarify information that appears on our 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 with Cigna Healthcare coverage.

We may occasionally update this brochure during the year. You can download the most current version on the [Coverage and Claims](#) page on [Cigna.com](#).

Important information about this guide

Sample standard 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.

Because some plans have dedicated customer service numbers, always be sure to check the back of your patient's ID card for the correct contact information. You can also refer to the Cigna Healthcare Reference Guide for physicians, hospitals, ancillaries, and other providers for important contact information. To access this guide, log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) and go to Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides.

The acronyms used throughout this document are defined in the [List of acronyms](#) section. A [trademark list](#) is also available at the end of this document.

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Managed care plans

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

For a directory of providers who participate in the networks for our managed care plans, visit [Cigna.com](https://www.cigna.com) > [Find a Doctor](#).

Available plans:

- Network Open Access
- OAP
- HMO Open Access and POS Open Access
- LocalPlus and LocalPlusIN
- HMO, POS, and HMO POS
- Network and Network POS
- PPO and EPO
- Cigna SureFit

Managed care plans (cont.)

Network Open Access

- > Flexible plan designs allow for an array of cost-sharing options, including copays, coinsurance, and deductibles.
- > Customers can select a PCP to help coordinate care; however, it is not required.
- > Referrals are not required to see in-network specialists.
- > Prior authorization may be required for certain services and procedures.
- > There is no out-of-network coverage, except for emergencies!¹

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

1. Emergency services as defined in the customer's benefit plan.

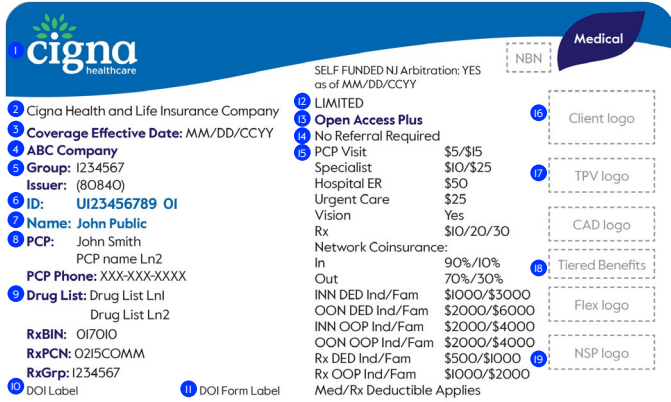
Key

- | | | |
|--|---|---|
| 1 Cigna Healthcare logo | 14 Copay, coinsurance, deductible, or out-of-pocket amounts | 24 Risk group name and claims address (when applicable) |
| 2 Legal entity name | 15 "Coinsurance applies" (shows when there is an in-network inpatient hospital coinsurance benefit) | 25 Client-specific name and address (when applicable) |
| 3 Customer's effective date of coverage | 16 DSA or employer group logo | 26 Customer service phone number |
| 4 Account name | 17 Third-party vendor logo (when applicable based on customer's ZIP code) | 27 Regional mail center address |
| 5 Group number (for administrative purposes) | 18 Client-specific network logo (when applicable) | 28 Third-party vendor name and address (when applicable based on customer's ZIP code) |
| 6 Alternate member identifier followed by a two-digit suffix code | 19 Tiered benefits logo | 29 Vision claims address (when applicable) |
| 7 Customer's name | 20 Network Savings Program logo | 30 Mental health and substance use contact information (when applicable) |
| 8 PCP's name and phone number | 21 Standard eligibility disclaimer | 31 Evernorth Behavioral Health information (when elected by employer group) |
| 9 Formulary name (when required by law) | 22 Prior authorization/emergency disclaimer (may show as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures") | |
| 10 DOI Label (regulatory identifier or funding type, when required by law) | 23 Mental health and substance use statement (when applicable) | |
| 11 DOI Form Label (when required by law) | | |
| 12 Product branding | | |
| 13 Variable benefit message (e.g., No Referral Required) | | |

Managed care plans (cont.)

OAP

- > Customers have access to a large national network of providers.
- > Customers can select a PCP to help coordinate care; however, it is not required.
- > Referrals are not required to see specialists.
- > Prior authorization may be required for certain services and procedures.
- > Health advocacy programs are available to help customers engage in wellness initiatives and manage chronic conditions.



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

Key

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> 1 Cigna Healthcare logo 2 Legal entity name 3 Customer's effective date of coverage 4 Account name 5 Group number (for administrative purposes) 6 Alternate member identifier followed by a two-digit suffix code 7 Customer's name 8 PCP's name and phone number 9 Formulary name (when required by law) 10 DOI Label (regulatory identifier or funding type, when required by law) 11 DOI Form Label (when required by law) 12 "Limited" (shows when limited network applies) | <ul style="list-style-type: none"> 13 Product branding 14 Variable benefit message (e.g., No Referral Required) 15 Copay, coinsurance, deductible, or out-of-pocket amounts 16 Employer group logo 17 Third-party vendor logo (when applicable based on customer's ZIP code) 18 Tiered benefits logo 19 Network Savings Program logo 20 Standard eligibility disclaimer 21 Prior authorization/emergency disclaimer (may show as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures") 22 PCP advocacy message 23 Away from Home Care logo | <ul style="list-style-type: none"> 24 Customer service phone number 25 Prior authorization URL 26 Regional mail center address 27 Third-party vendor name and address (when applicable based on customer's ZIP code) 28 Mental health and substance use contact information (when applicable) 29 OAP (when customer has LocalPlus product) 30 Evernorth Behavioral Health information (when required by state law) 31 Cigna Pathwell Specialty logo (when applicable) |
|--|--|---|

Managed care plans (cont.)

HMO Open Access and POS Open Access

- > Customers have access to local providers and a variety of different benefit options.
- > Customers can select a PCP to help coordinate care; however, it is not required.
- > Referrals are not required to see specialists.
- > Prior authorization may be required for certain services and procedures.
- > Negotiated network-specific discounts and fee schedules and robust medical management are included to help reduce the amount of nonessential procedures.

1 cigna healthcare

2 Cigna Health and Life Insurance Company

3 Coverage Effective Date: MM/DD/CCYY

4 ABC Company

5 Group: I234567

6 Issuer: (80840)

7 ID: UI23456789 OI

8 Name: John Public

9 PCP: John Smith
PCP name Ln2

10 PCP Phone: XXX-XXX-XXXX
Drug List Ln1
Drug List Ln2

11 DOI Label

12 LIMITED

13 Open Access Plus

14 No Referral Required

15 PCP Visit \$5/\$15
Specialist \$10/\$25
Hospital ER \$50
Urgent Care \$25
Vision Yes
Rx \$10/20/30

16 Client logo

17 TPV logo

18 CAD logo

19 Tiered Benefits

20 Flex logo

21 NSP logo

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

Network Coinsurance:
In 90%/10%
Out 70%/30%
INN DED Ind/Fam \$1000/\$3000
OON DED Ind/Fam \$2000/\$6000
INN OOP Ind/Fam \$2000/\$4000
OON OOP Ind/Fam \$2000/\$4000
Rx DED Ind/Fam \$500/\$1000
Rx OOP Ind/Fam \$1000/\$2000
Med/Rx Deductible Applies

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.

21 **INPATIENT ADMISSION (AND OUTPATIENT PROCEDURES)**
Your Network provider must call the toll-free number listed 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. Pharmacy call ABC Company I-XXX-XXX-XXXX (not a Cigna Co.) Vision call ABC Company I-XXX-XXX-XXXX (not a Cigna Co.) Dental call ABC Company I-XXX-XXX-XXXX (not a Cigna Co.) Coinsurance/deductible is paid directly to the doctor/facility by Cigna using individual's available health fund.

22 We encourage you to use a PCP as a valuable resource and personal health advocate.

23 AWAY FROM HOME CARE

24 Call us 24/7/365: 1-XXX-XXX-XXXX

25 Prior Auth URL

26 Send claims to:
PO Box XXXX
Anytown, USA I2345-6789
CAD Name
PO Box XXXX
Anytown, USA I2345-6789

27 TPV Name
PO Box XXXX
Anytown, USA I2345-6789
Cigna Vision, Claims c/o FAA
PO Box 8504
Mason, OH 45040

28 MH/SA I-XXX-XXX-XXXX

29 Open Access Plus

30 CBH Name

31 Cigna Pathwell Specialty myCigna.com

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

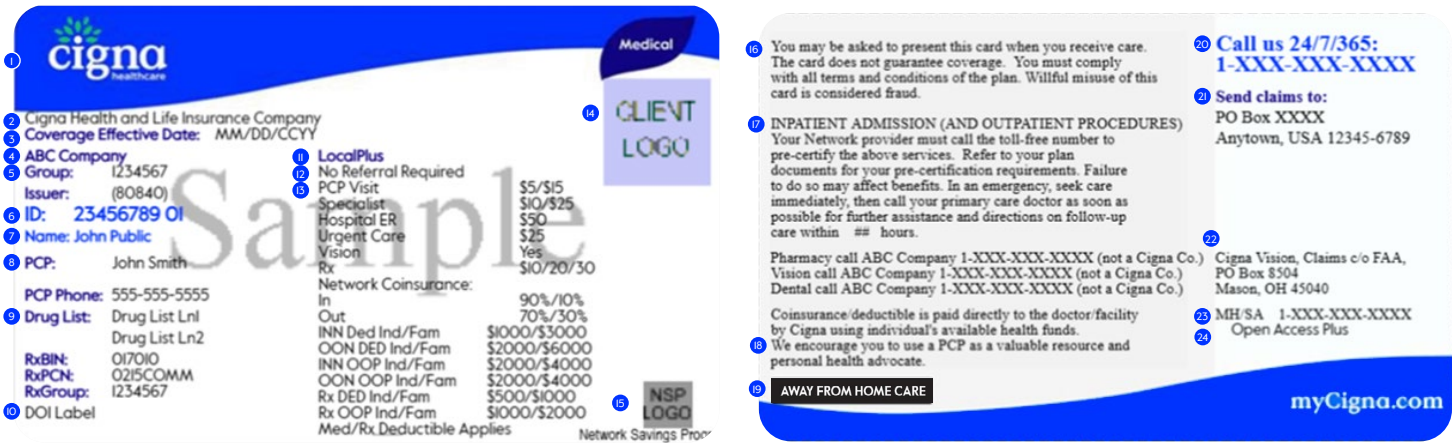
Key

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> 1 Cigna Healthcare logo 2 Legal entity name 3 Customer's effective date of coverage 4 Account name 5 Group number (for administrative purposes) 6 Alternate member identifier followed by a two-digit suffix code 7 Customer's name 8 PCP's name and phone number 9 Formulary name (when required by law) 10 DOI Label (regulatory identifier or funding type, when required by law) 11 DOI Form Label (when required by law) 12 "Limited" (shows when limited network applies) | <ul style="list-style-type: none"> 13 Product branding 14 Variable benefit message (e.g., No Referral Required) 15 Copay, coinsurance, deductible, or out-of-pocket amounts 16 Employer group logo 17 Third-party vendor logo (when applicable based on customer's ZIP code) 18 Tiered benefits logo 19 Network Savings Program logo 20 Standard eligibility disclaimer 21 Prior authorization/emergency disclaimer (may show as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures") 22 PCP advocacy message 23 Away from Home Care logo | <ul style="list-style-type: none"> 24 Customer service phone number 25 Prior authorization URL 26 Regional mail center address 27 Third-party vendor name and address (when applicable based on customer's ZIP code) 28 Mental health and substance use contact information (when applicable) 29 OAP (when customer has LocalPlus product) 30 Evernorth Behavioral Health information (when required by state law) 31 Cigna Pathwell Specialty logo (when applicable) |
|--|---|---|

Managed care plans (cont.)

LocalPlus and LocalPlusIN

- > Customers have access to in-network providers in their local area or any other LocalPlus service area in the country.
- > In areas where the LocalPlus network is not available, customers can access care through our Away from Home Care feature, which provides 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 is not available), they will likely pay more. Customers with the LocalPlusIN plan will pay the full cost of their care.¹
- > Customers can select a PCP to help coordinate care; however, it is not required.
- > Referrals are not required to see specialists.
- > Prior authorization may be required for certain services and procedures.



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

1. Except for emergency services as defined by the customer's benefit plan.

Key

- | | | |
|--|---|--|
| 1 Cigna Healthcare logo | 11 Product branding | 19 Away from Home Care logo |
| 2 Legal entity name | 12 Variable benefit message (e.g., No Referral Required) | 20 Customer service phone number |
| 3 Customer's effective date of coverage | 13 Copay, coinsurance, deductible, or out-of-pocket amounts | 21 Regional mail center address |
| 4 Account name | 14 Employer group logo | 22 Vision claims address (when applicable) |
| 5 Group number (for administrative purposes) | 15 Network Savings Program logo | 23 Mental health and substance use contact information (when applicable) |
| 6 Alternate member identifier followed by a two-digit suffix code | 16 Standard eligibility disclaimer | 24 OAP (when customer has LocalPlus product) |
| 7 Customer's name | 17 Prior authorization/emergency disclaimer (may show as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures") | |
| 8 PCP's name and phone number | 18 PCP advocacy message | |
| 9 Formulary name (when required by law) | | |
| 10 DOI Label (regulatory identifier or funding type, when required by law) | | |

Managed care plans (cont.)

HMO, POS, and HMO POS

- > Customers have access to a local network of providers.
- > Customers must select an in-network PCP to help coordinate care.
- > Referrals are required to see specialists, except for OB/GYN services.
- > HMO POS plans include benefits and features similar to HMO plans, plus out-of-network coverage at reduced benefit levels.

	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

Key

- | | | |
|--|---|---|
| 1 Cigna Healthcare logo | 12 Product branding | 20 Mental health and substance use statement (when applicable) |
| 2 Legal entity name | 13 Variable benefit message (e.g., No Referral Required) | 21 Risk group name and claims address (when applicable) |
| 3 Customer's effective date of coverage | 14 Copay, coinsurance, deductible, or out-of-pocket amounts | 22 Customer service phone number |
| 4 Account name | 15 "Coinsurance applies" (shows when there is an in-network inpatient hospital coinsurance benefit) | 23 Prior authorization URL |
| 5 Group number (for administrative purposes) | 16 Employer group logo | 24 Regional mail center address |
| 6 Alternate member identifier followed by a two-digit suffix code | 17 Network Savings Program logo | 25 Vision claims address (when applicable) |
| 7 Customer's name | 18 Standard eligibility disclaimer | 26 Mental health and substance use contact information (when applicable) |
| 8 PCP's name and phone number | 19 Prior authorization/emergency disclaimer (may show as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures") | 27 Evernorth Behavioral Health information (when elected by employer group) |
| 9 Formulary name (when required by law) | | |
| 10 DOI Label (regulatory identifier or funding type, when required by law) | | |
| 11 DOI Form Label (when required by law) | | |

Managed care plans (cont.)

Network and Network POS

- > Customers must select an in-network PCP to help coordinate care.
- > Customers have access to cost savings, local convenience, and choice.
- > Network POS plans include benefits and features similar to Network plans, plus out-of-network coverage at reduced benefit levels.
- > Referrals are not required to see specialists, except for OB/GYN services.

1 Cigna Healthcare logo

2 Legal Entity Admin

3 Coverage Effective Date: MM/DD/CCYY

4 ABC Company

5 Group: 1234567

6 Issuer: (80840)

7 ID: UI23456789 OI

8 Name: John Public

9 PCP: James Smith

10 PCP Phone: XXX-XXX-XXXX

11 Drug List: Drug List Ln1, Drug List Ln2

12 RxBIN: 017010

13 RxGrp: 0215COMM

14 RxPCN: 1234567

15 POS

16 No Referral Required

17 PCP Visit \$15

18 Specialist \$15

19 Hospital ER \$50

20 Urgent Care \$25

21 Vision Yes

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

23 INN DED Ind/Fam \$1000/\$3000

24 OON DED Ind/Fam \$2000/\$6000

25 INN OOP Ind/Fam \$2000/\$4000

26 OON OOP Ind/Fam \$3000/\$6000

27 Rx DED Ind/Fam \$500/\$1000

28 Rx OOP Ind/Fam \$1000/\$2000

29 Coinsurance Applies

30 Seamless Network logo

31 Client logo

32 TPV logo

33 CSN logo

34 Tiered Benefits

35 NSP logo

22 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.

23 INPATIENT ADMISSION (AND OUTPATIENT PROCEDURES): Your Network provider must call the toll-free number 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.

24 For information about mental health services and coverage, call 1-XXX-XXX-XXXX.
Dental call ABC Company 1-XXX-XXX-XXXX (not a Cigna Co.)
Vision call ABC Company 1-XXX-XXX-XXXX (not a Cigna Co.)
EAP call ABC Company 1-XXX-XXX-XXXX (not a Cigna Co.)

25 Med Group: Sunset Med Group
Send Claims to: 123 Main Street, Suite 9, Anytown, USA 12345-6789

26 Call us 24/7/365: 1-XXX-XXX-XXXX

27 Prior Auth URL

28 Send claims to: P.O. Box XXXX Anytown, USA 12345-6789

29 CSN Name P.O. Box XXXXX Anytown, USA 12345-6789

30 TPV Name P.O. Box XXXXX Anytown, USA 12345-6789

31 Cigna Vision, Claims c/o FAA P.O. Box 8504 Mason, OH 45040

32 MH/SA: 1-XXX-XXX-XXXX

33 CBH Name

myCigna.com

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

Key

- 1** Cigna Healthcare logo
- 2** Legal entity name
- 3** Customer's effective date of coverage
- 4** Account name
- 5** Group number (for administrative purposes)
- 6** Alternate member identifier followed by a two-digit suffix code
- 7** Customer's name
- 8** PCP's name and phone number
- 9** Formulary name (when required by law)
- 10** DOI Label (regulatory identifier or funding type, when required by law)
- 11** SureFit Value Network logo (when applicable based on customer's ZIP code)
- 12** DOI Form Label (when required by law)
- 13** Product branding
- 14** Variable benefit message (e.g., No Referral Required)
- 15** Copay, coinsurance, deductible, or out-of-pocket amounts
- 16** "Coinsurance applies" (shows when there is an in-network inpatient hospital coinsurance benefit)
- 17** Employer group logo
- 18** Third-party vendor logo (when applicable based on customer's ZIP code)
- 19** Client-specific network logo (when applicable)
- 20** Tiered benefits logo
- 21** Network Savings Program logo
- 22** Standard eligibility disclaimer
- 23** Prior authorization/emergency disclaimer (may show as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures")
- 24** Mental health and substance use statement (when applicable)
- 25** Risk group name and claims address (when applicable)
- 26** Customer service phone number
- 27** Prior authorization URL
- 28** Regional mail center address
- 29** Client-specific name and address (when applicable)
- 30** Third-party vendor name and address (when applicable based on customer's ZIP code)
- 31** Vision claims address (when applicable)
- 32** Mental health and substance use contact information (when applicable)
- 33** Evernorth Behavioral Health information (when required by law)

Managed care plans (cont.)

PPO

- > Customers have access to in-network providers across the country.
- > Customers can select a PCP to help coordinate care; however, it is not required.
- > Both in- and out-of-network benefits are available.
- > Customers can access services from providers who do not participate in the network but will incur additional costs and be reimbursed at a lower coinsurance level.

EPO

- > Customers have access to in-network providers across the country.
- > Customers can select a PCP to help coordinate care; however, it is not required.
- > There is no out-of-network coverage, except in emergencies.¹
- > Referrals are not required to see in-network specialists.

1 Cigna Healthcare logo

2 Cigna Health and Life Insurance Company

3 Coverage Effective Date: MM/DD/CCYY

4 XYZ Company

5 Group: I234567

6 Issuer: (80840)

7 ID: UI23456789 OI

8 Name: John Public

9 Drug List: Drug List Ln1
Drug List Ln2

10 DOI Label

11 PPO

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

13 Client logo

14 TPV logo

15 CAD logo

16 Tiered Benefits

17 Flex logo

18 NSP logo

19 AWAY FROM HOME CARE

20 Call us 24/7/365: 1-XXX-XXX-XXXX

21 Send claims to:
PO Box XXXX
Anytown, USA 12345-6789

22 TPV Name
PO Box XXXX
Anytown, USA 12345-6789

23 Cigna Vision, Claims c/o FAA
PO Box 8504
Mason, OH 45040

24 MH/SA: 1-XXX-XXX-XXXX

25 CBH Name

26 Cigna Pathwell SpecialtySM myCigna.com

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

Network Coinsurance:
In 90%/10%
Out 70%/30%
INN DED Ind/Fam \$1000/\$3000
OON DED Ind/Fam \$2000/\$6000
INN OOP Ind/Fam \$2000/\$4000
OON OOP Ind/Fam \$3000/\$6000
Rx DED Ind/Fam \$500/\$1000
Rx OOP Ind/Fam \$1000/\$2000
Med/Rx Deductible Applies

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

1. Emergency services as defined in the customer's benefit plan.

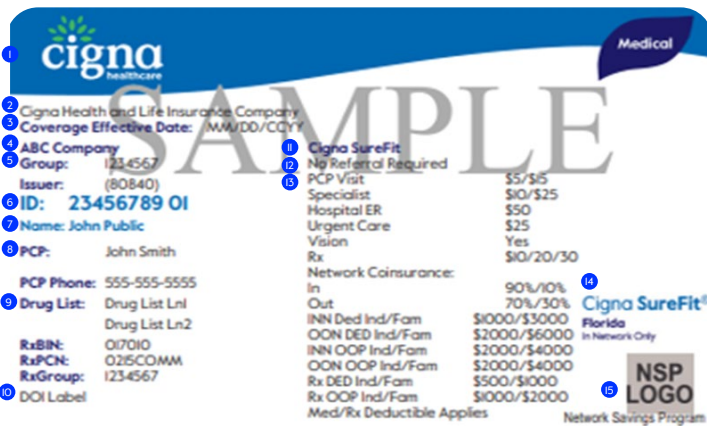
Key

- | | | |
|--|--|--|
| 1 Cigna Healthcare logo | 11 Product branding | 19 Away from Home Care logo |
| 2 Legal entity name | 12 Copay, coinsurance, deductible, or out-of-pocket amounts | 20 Customer service phone number |
| 3 Customer's effective date of coverage | 13 Employer group logo | 21 Regional mail center address |
| 4 Account name | 14 Third-party vendor logo (when applicable based on customer's ZIP code) | 22 Third-party vendor name and address (when applicable based on customer's ZIP code) |
| 5 Group number (for administrative purposes) | 15 Tiered benefits logo | 23 Vision claims address (when applicable) |
| 6 Alternate member identifier followed by a two-digit suffix code | 16 Network Savings Program logo | 24 Mental health and substance use contact information (when applicable) |
| 7 Customer's name | 17 Standard eligibility disclaimer | 25 Evernorth Behavioral Health information (when elected by employer group) |
| 8 Formulary name (when required by law) | 18 Prior authorization/emergency disclaimer (may show as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures") | 26 Cigna Pathwell Specialty logo (when applicable) |
| 9 DOI Label (regulatory identifier or funding type, when required by law) | | |
| 10 DOI Form Label (when required by law) | | |

Managed care plans (cont.)

Cigna SureFit

- > Customers have access to local physician and hospital groups for personal, patient-centered care.
- > Customers must select an in-network PCP to help coordinate care.
- > Referrals are not required to see specialists.
- > There is no out-of-network coverage or Away from Home Care, except in emergencies.¹



16 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.

17 **INPATIENT ADMISSION (AND OUTPATIENT PROCEDURES)**
Your Network provider must call the toll-free number listed 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. Pharmacy call ABC Company 1-XXX-XXX-XXXX (not a Cigna Co.) Vision call ABC Company 1-XXX-XXX-XXXX (not a Cigna Co.) Dental call ABC Company 1-XXX-XXX-XXXX (not a Cigna Co.) Coinsurance/deductible is paid directly to the doctor/facility by Cigna using individual's available health fund.

18 We encourage you to use a PCP as a valuable resource and personal health advocate.

19 **AWAY FROM HOME CARE**

20 **Call us 24/7/365:**
1-XXX-XXX-XXXX

21 **Send claims to:**
PO Box XXXX
Anytown, USA 12345-6789

22 Cigna Vision, Claims c/o FAA
PO Box 8504
Mason, OH 45040

23 MH/SA 1-XXX-XXX-XXXX

myCigna.com

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

¹ Emergency services as defined in the customer's benefit plan.

Key

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> 1 Cigna Healthcare logo 2 Legal entity name 3 Customer's effective date of coverage 4 Account name 5 Group number (for administrative purposes) 6 Alternate member identifier followed by a two-digit suffix code 7 Customer's name 8 PCP's name and phone number 9 Formulary name (when required by law) | <ul style="list-style-type: none"> 10 DOI Label (regulatory identifier or funding type, when required by law) 11 Product branding 12 Variable benefit message (e.g., No Referral Required) 13 Copay, coinsurance, deductible, or out-of-pocket amounts 14 Market-specific network name (e.g., Florida) 15 Network Savings Program logo 16 Standard eligibility disclaimer | <ul style="list-style-type: none"> 17 Prior authorization/emergency disclaimer (may show as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures") 18 PCP advocacy message 19 Away from Home Care logo 20 Customer service phone number 21 Regional mail center address 22 Vision claims address (when applicable) 23 Mental health and substance use contact information (when applicable) |
|--|---|---|

Individual & Family Plans

Individual & Family Plans with medical, pharmacy, and pediatric dental benefits (when applicable) are available 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 the Connect Network.

For a directory of providers who participate in the network for Individual & Family Plans, visit [Cigna.com](https://www.cigna.com) > [Find a Doctor](#).

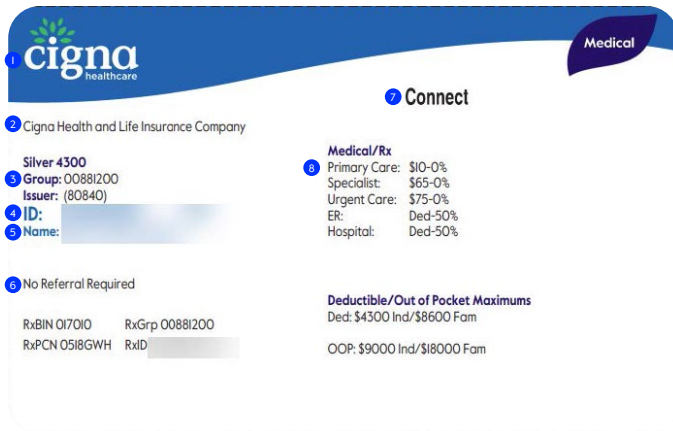
Available plans:

- Cigna Connect

Individual and Family Plans

Cigna Connect

- > Customers have access to providers in their local area.
- > Customers must select an in-network PCP to help coordinate care.
- > Referrals are only required in Illinois, but we encourage customers to have their PCPs coordinate specialty care.
- > There is no out-of-network coverage or Away from Home Care, except in emergencies.¹



PCP required	Referral required	Away from Home Care	Out-of-network benefits
Yes	No ²	No	No

- Emergency services as defined in the customer's benefit plan.
- Referrals are required in Illinois.

Key

- | | |
|---|---|
| <ol style="list-style-type: none"> Cigna Healthcare logo Legal entity name Group number (for administrative purposes) Alternate member identifier followed by a two-digit suffix code Customer's name Variable benefit message (e.g., No Referral Required) Product branding/market (e.g., Florida Connect) Copay, coinsurance, deductible, or out-of-pocket amounts Standard eligibility and prior authorization/emergency disclaimer | <ol style="list-style-type: none"> Cigna Pathwell Specialty logo (when applicable) Benefits and claims phone number Billing and enrollment phone number Regional mail center address and Cigna Healthcare payer ID Pharmacy claims address |
|---|---|

Cigna Global Health Benefits plans

Cigna Global Health Benefits plans offer 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 in-network providers, visit [CignaEnvoy.com](https://www.cignaenvoy.com).

Available plans (networks in the United States):

- PPO
- OAP

Cigna Global Health Benefits plans

PPO and OAP

- > Customers have access to medical coverage for unexpected illness and injuries that occur while traveling in the United States on international business outside of their home or permanent assignment country.
- > Customers can select a PCP to help coordinate care; however, it is not required.
- > Referrals are not required to see specialists.

1  **Medical Benefits Abroad**

2 Policy No:

3 Employer:

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

Teladoc Global Health Complete app

You can now access Global Telehealth 24/7 in addition to visiting a provider.

Code: MBA01350-704161

4 All benefits are subject to verification of eligibility, definitions, exclusions, and contract limitation. Card possession does not certify eligibility for benefits.

Members and Providers

- 5** Contact: 1.800.243.1348 (toll-free) or 001.302.797.3535 (outside the U.S.)
302.797.3535 (inside the U.S.)
- Fax Claims: 1.800.243.6998 (toll-free) or 001.302.797.3150 (direct fax)
- 6** Mail Claims: Cigna Healthcare PO Box 15111, Wilmington, DE 19850-5111
Courier: Cigna Healthcare 300 Bellevue Parkway, Wilmington DE 19809-3718
Website: www.CignaEnvoy.com
US Provider: Payor ID# Cigna Healthcare – 62308

Preferred care network in the U.S.: **Cigna Healthcare PPO**
For U.S. - inpatient services pre-authorization required.

7  MultiPlan. Network Savings Program

8 **AWAY FROM HOME CARE**

Key

- 1 Cigna Healthcare logo
- 2 Policy number
- 3 Employer group name
- 4 Standard eligibility disclaimer
- 5 Customer service phone numbers
- 6 Claims address
- 7 Network Savings Program logo
- 8 Away from Home Care logo

Cigna Choice Fund plans

These plans combine an employer-funded HRA or employer-/employee-funded tax-advantaged HSA with PPO, EPO, OAP, LocalPlus, or indemnity plans. Customers will have access to providers who participate in the network aligned to their plan.

For a directory of providers who participate in the network for Cigna Choice Fund plans, visit [Cigna.com](https://www.cigna.com) > [Find a Doctor](#).

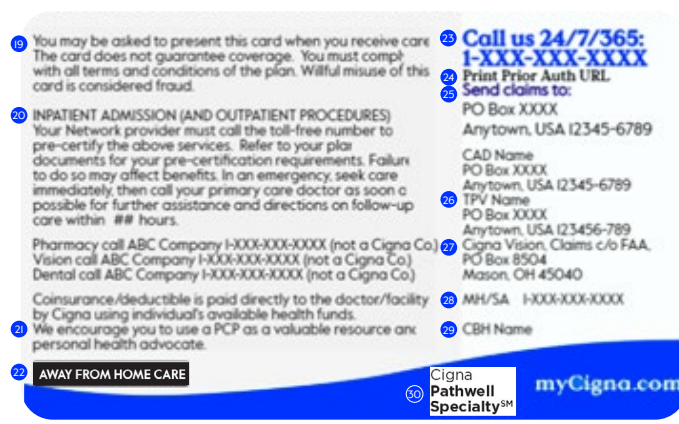
Available plans:

- PPO
- EPO
- OAP
- LocalPlus
- Indemnity

Cigna Choice Fund plans

Indemnity, PPO, EPO, OAP, and LocalPlus

- > Customers have access to a suite of providers.
- > Customers can select a PCP to help coordinate care; however, it is not required.
- > Referrals are not required to see specialists.
- > Typically, no copays are required.
- > Providers should bill Cigna Healthcare directly.
- > Prior authorization may be required for certain services and procedures.
- > Customers are in charge of how and when they spend their health care dollars.



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

Key

- | | | |
|--|---|---|
| 1 Cigna Healthcare logo | 13 Variable benefit message (e.g., No Referral Required) | 23 Customer service phone number |
| 2 Legal entity name | 14 Copay, coinsurance, deductible, or out-of-pocket amounts | 24 Prior authorization URL |
| 3 Customer's effective date of coverage | 15 Employer group logo | 25 Regional mail center address |
| 4 Account name | 16 Third-party vendor logo (when applicable based on customer's ZIP code) | 26 Third-party vendor name and address (when applicable based on customer's ZIP code) |
| 5 Group number (for administrative purposes) | 17 Tiered benefits logo | 27 Vision claims address (when applicable) |
| 6 Alternate member identifier followed by a two-digit suffix code | 18 Network Savings Program logo | 28 Mental health and substance use contact information (when applicable) |
| 7 Customer's name | 19 Standard eligibility disclaimer | 29 Evernorth Behavioral Health information (when elected by employer group) |
| 8 PCP's name and phone number | 20 Prior authorization/emergency disclaimer (may show as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures") | 30 Cigna Pathwell Specialty logo (when applicable) |
| 9 Formulary name (when required by law) | 21 PCP advocacy message | |
| 10 DOI Label (regulatory identifier or funding type, when required by law) | 22 Away from Home Care logo | |
| 11 DOI Form Label (when required by law) | | |
| 12 Product branding | | |

Shared Administration Repricing plans

Cigna Healthcare provides services to individuals covered by Taft-Hartley trusts and Federal Employee Health Benefit plans as part of its Shared Administration Repricing program for self-funded administrative services only benefit plans.

For a directory of providers who participate in the network for Shared Administration Repricing plans, visit [Cigna.com](https://www.cigna.com) > [Find a Doctor](#).

Available plans:

- Shared Administration Repricing OAP
- Shared Administration Repricing PPO
- LocalPlus

Shared Administration Repricing plans

Shared Administration Repricing OAP, Shared Administration Repricing PPO, and LocalPlus

- > Customers have access to a national network of providers.
- > Customers can select a PCP to help coordinate care; however, it is not required.
- > Referrals are not required to see specialists.
- > Both in- and out-of-network benefits are available. Customers also have access to Away from Home Care.

1 Cigna healthcare logo

2 Legal Entity Name
3 Coverage Effective Date: MM/DD/CCYY
4 ABC Company
5 Group: I234567
6 Issuer: (80840)
7 ID: UI23456789 OI
8 Name: John Public
9 S
9 PCP: PCP Name
PCP Name Ln2
10 PCP Phone: I-XXX-XXX-XXXX
11 Drug List: Drug List Ln1
Drug List Ln2
12 Fund #: Fund Number
O17010
13 RxBIN: O215CCOMM
14 RxPCP: I234567
15 DOI Label

SELF-FUNDED NJ Arbitration: YES
as of MM/DD/CCYY

16 To Verify Benefits Please Call:
I-XXX-XXX-XXXX
17 Open Access Plus S
18 No Referral Required
19 PCP Visit \$15
Specialist \$20
Rx 30%/40%/50%
Network Coinsurance:
In 90%/10%
Out 70%/30%

20 Client logo
21 TPV logo

INN DED Ind/Fam \$1000/\$3000
OON DED Ind/Fam \$2000/\$6000
INN OOP Ind/Fam \$2000/\$4000
OON OOP Ind/Fam \$3000/\$6000
Rx DED Ind/Fam \$500/\$1000
Rx OOP Ind/Fam \$1000/\$2000
Deductible Applies

22 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.
23 INPATIENT ADMISSION (AND OUTPATIENT PROCEDURES): Your provider must call the toll-free number to precertify your medical benefits 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 ## hours.
Mail all non-medical claims and correspondence to:
24 SAR Fund Name
PO Box XXXXXX, Anytown, USA I2345-6789
25 To access the online provider directory go to:
www.cignasharedadministration.com
26 We encourage you to use a PCP as a valuable resource and personal health advocate.

27 Precertification:
1-XXX-XXX-XXXX
28 Eligibility, Benefit and Claim Questions:
I-XXX-XXX-XXXX
29 Submit/Mail Claims to:
Cigna Payor 62308
P.O. Box 188004
Chattanooga, TN 37422-8004
30 TPV Name
P.O. Box XXXXX
Anytown, USA I2345-6789
31 Pharmacy Questions: S
I-800-244-6224
Access member pharmacy tools:
www.mycigna.com
32 Open Access Plus

Union Bug logo
AWAY FROM HOME CARE
myCigna.com

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

Key

- 1** Cigna Healthcare logo
- 2** Legal entity name
- 3** Customer's effective date of coverage
- 4** Account name
- 5** Group number (for administrative purposes)
- 6** Alternate member identifier followed by a two-digit suffix code
- 7** Subscriber's/dependent's name
- 8** Shared Administration indicator
- 9** PCP's name and phone number
- 10** Formulary name (when required by law)
- 11** DOI Label (regulatory identifier or funding type, when required by law)
- 12** Benefit verification phone number (if benefits are suppressed)
- 13** Product branding
- 14** Variable benefit message (e.g., No Referral Required)
- 15** Copay, coinsurance, deductible, or out-of-pocket amounts
- 16** Employer group logo
- 17** Third-party vendor logo (when applicable based on customer's ZIP code)
- 18** Standard eligibility disclaimer
- 19** Prior authorization/emergency disclaimer (may show as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures")
- 20** Fund name and nonmedical claims address
- 21** Provider directory link
- 22** PCP advocacy message
- 23** Away from Home Care logo
- 24** Prior authorization phone number
- 25** Eligibility, benefit, and claims phone number
- 26** Cigna Healthcare payer ID and claims address
- 27** Third-party vendor name and address (when applicable based on customer's ZIP code)
- 28** Pharmacy phone number
- 29** OAP (when customer has LocalPlus product)

Strategic alliance plans

Cigna Healthcare has strategic alliances with three nationally recognized health care companies: HealthPartners, MVP Health Care, and Priority Health.

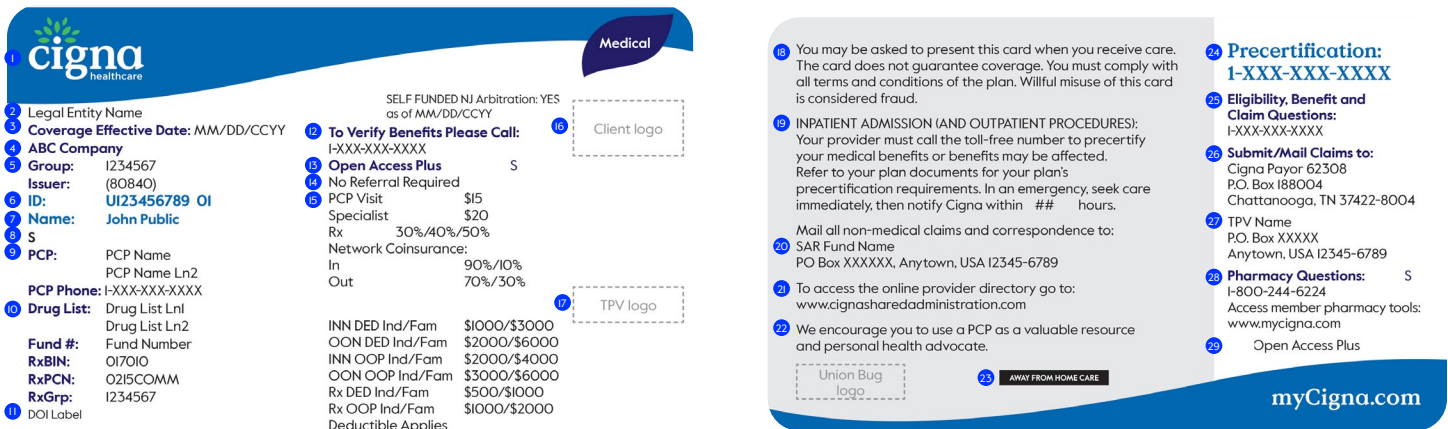
Available plans:

- Cigna Healthcare (network varies by location)
- Alliance (HealthPartners, MVP Health Care, and Priority Health)

Strategic alliance plans

Cigna Healthcare (network varies by location) and alliance (HealthPartners, MVP Health Care, and Priority Health)

- > Cigna Healthcare customers have access to an alliance’s network of providers and discounts in specific geographic areas.
- > The alliance’s customers have access to the Cigna Healthcare national provider network and discounts outside their specific geographic area.
- > Cigna Healthcare customers can select a PCP to help coordinate care; however, it is not required.
- > Referrals are not required to see specialists.
- > Prior authorization may be required for certain services and procedures.
- > Claims should be submitted to the payer ID on the customer’s ID card.



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

Key

- | | | |
|---|---|---|
| 1 Cigna Healthcare logo | 12 Benefit verification phone number (if benefits are suppressed) | 21 Provider directory link |
| 2 Legal entity name | 13 Product branding | 22 PCP advocacy message |
| 3 Customer’s effective date of coverage | 14 Variable benefit message (e.g., No Referral Required) | 23 Away from Home Care logo |
| 4 Account name | 15 Copay, coinsurance, deductible, or out-of-pocket amounts | 24 Prior authorization phone number |
| 5 Group number (for administrative purposes) | 16 Employer group logo | 25 Eligibility, benefit, and claims phone number |
| 6 Alternate member identifier followed by a two-digit suffix code | 17 Third-party vendor logo (when applicable based on customer’s ZIP code) | 26 Cigna Healthcare payer ID and claims address |
| 7 Subscriber’s/dependent’s name | 18 Standard eligibility disclaimer | 27 Third-party vendor name and address (when applicable based on customer’s ZIP code) |
| 8 Shared Administration indicator | 19 Prior authorization/emergency disclaimer (may show as either “Inpatient Admission” or “Inpatient Admission and Outpatient Procedures”) | 28 Pharmacy phone number |
| 9 PCP’s name and phone number | 20 Fund name and nonmedical claims address | 29 OAP (when customer has LocalPlus product) |

Strategic alliance plans (cont.)

Priority Health



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



Deductible				Total out of pocket limits			
In-network		Out-of-network		In-network		Out-of-network	
Indiv.	Family	Indiv.	Family	Indiv.	Family	Indiv.	Family
\$0000	\$0000	\$0000	\$00000	\$0000	\$00000	\$00000	\$00000

priorityhealth.com

Members:

For information on benefits, eligibility, and other questions about your health plan you can call the Customer Service Helpline at 888.389.6645, log in at priorityhealth.com to send us a message or check your plan documents.

For mental health and substance abuse benefits and assistance call 800.673.8043.

To find a provider in your network, log in at priorityhealth.com to access the Find a Doctor tool.

If you're a provider:

Outside of Michigan, call 833.300.3628 for Eligibility/Benefits/Prior Authorization. Within Michigan, call 800.942.4765 for Eligibility/Benefits/Prior Authorization.

Submit medical claims to: Priority Health,
 PO Box 232, Grand Rapids, MI 49501-0232.
 EDI Payer ID 36217

For electronic claims submission instructions, visit priorityhealth.com/claims.

NOTICE: Possession of this card or obtaining prior authorization does not guarantee coverage or payment for the service or procedure reviewed. Please call the number on this card to verify eligibility.

FF This plan is sponsored by Priority Health. Benefits are not insured by Cigna or affiliates

Prescription: Yes
 Rx BIN: 025425
 Rx PCN: PH
 Rx Group #: PHCMRCL



MVP Health Care



MVP VT Plus

Plan Effective Date: 01/01/2024

Subscriber Name
 JOHN SAMPLE
Subscriber ID Number
 812345678 00

Group# 123456
RxBIN 004336
RxPCN ADV
RxGRP MVPMRKT
Primary Care 0%*
Specialist 0%*
Urgent Care 0%*
Emergency Room 0%*

*Deductible may apply.

In-network deductible \$3,000
 In-network out-of-pocket max \$3,000



For plan information, sign in at my.mvphealthcare.com
 Member Customer Care Center: 1-800-348-8515

TTY: 711

Pharmacy Information: 1-800-378-9295

Pharmacy Formulary: MVP Marketplace

Mental Health/Substance Use Disorder Help: 1-800-348-8515

Provider Services Department: 1-800-684-9286

Pharmacies | CVS Caremark®: 1-800-364-6331

mvphealthcare.com/provider

Send Claims to:
 MVP Health Plan, Inc.
 P.O. Box 2207
 Schenectady, NY 12301-2207



HealthPartners



ID 12345678 **Payer ID** 94267 **Group** 35855 **Renews** July
Name JANE A DOE
Care Type Open Access

Office Visit \$25.00
Convenience Care \$10.00
Urgent Care \$25.00
RxBIN 003585 **RxPCN** 24002

Eligibility or Claims Questions
 952-883-5000 or 800-883-2177
HealthPartners Claims
 PO Box 21024
 Eagan, MN 55121

Sign-in for important plan information.
healthpartners.com

Alliance partner of Cigna. Member eligible for in-network care from Cigna OAP providers.

Member Services 952-883-5000 or 800-883-2177

HealthPartners Member Services, PO Box 1309, Minneapolis, MN 55440

For emergencies call 911 and/or get immediate medical attention. For medical advice call the CareLineSM nurse service any time 612-339-3663 or 800-551-0859.

Admissions Fax information to 952-853-8705 or call 800-316-9807

Claims **Payer ID** 94267 healthpartners.com/eservices
 HealthPartners Claims, PO Box 21024, Eagan, MN 55121

Pharmacy healthpartners.com/formulary

	In Network	Out of Network
Deductible (Individual/Family)	\$500/\$1,500	\$7,500/\$22,500
Out of Pocket Max (Individual/Family)	\$3,500/\$7,000	\$15,000/\$30,000



Offered by HealthPartners Insurance Corp

Payer Solutions

Payer Solutions plans are designed for employer groups that want a payer to maintain eligibility, administer benefits, process claims for shared accounts using their own systems and vendors, and provide customer service.

For a directory of providers who participate in our network, visit [Cigna.com](https://www.cigna.com) > [Find a Doctor](#).

Available plans:

- PPO
- OAP
- LocalPlus

Payer Solutions

PPO, OAP, and LocalPlus

- > Customers have access to a national network of providers.
- > Customers can select a PCP to help coordinate care; however, it is not required.
- > Referrals are not required to see specialists.
- > Both in- and out-of-network benefits are available. Customers also have access to Away from Home Care.

PPO

1 Payer Name/LOGO

2 **Group Name:** ABC Company
 3 **Group #:** 0123456 (limited to 10-bytes)
 4 **Cigna Group #:** 020XXXX
 5 **Effective Date:** 01/01/20XX

RxBIN = 017010 (6-bytes)*
 RxPCN = 0519PAYR
 RxGrp = XXXXXXXX
*(equals TPA Org ID#)**

6 **Member Name:**
 7 **ID Number:** (limited to 15-bytes)

8 **Shared Administration PPO**

9 **cigna healthcare**

10 **Shared Administration PPO**

Benefits and Claims Administered by [Payer Name]
 Benefits and Eligibility: XXX-XXX-XXXX

OAP

1 Payer Name/LOGO

2 **Group Name:** ABC Company
 3 **Group #:** 0123456 (limited to 10-bytes)
 4 **Cigna Group #:** 020XXXX
 5 **Effective Date:** 01/01/20XX

RxBIN = 017010 (6-bytes)*
 RxPCN = 0519PAYR
 RxGrp = XXXXXXXX *(equals TPA Org ID#)**
 • **Member and Pharmacist Help Line:**
 800-325-1404

6 **Member Name:**
 7 **ID Number:**(limited to 15-bytes)

8 **No Referral Required**

9 **cigna healthcare**

10 **Shared Administration Open Access Plus**

Benefits and Claims Administered by [Payer Name]
 Benefits and Eligibility: XXX-XXX-XXXX

Medical Claims

EDI #: 62308

11 **Mail:** P.O. Box 188061
 Chattanooga, TN
 37422-8061

To find a provider, please visit
www.mycigna.com

Rx Claims

12 **Pharmacy Service Center**
 P.O. Box 188053 Chattanooga, TN
 37422-8053
 • **Member and Pharmacy Help Line:**
 800-325-1404

Pre-Certification

Call (TPA Name) at 1-888-xxx-xxxx.

13 Possession of this card or obtaining pre-certification does not guarantee coverage or payment for the service or procedure reviewed. Benefits are not insured by Cigna Healthcare or affiliates.

14 See plan description for details. Penalty may apply for failure to precertify according to requirements.

15 **AWAY FROM HOME CARE**

Medical Claims

EDI #: 62308

11 **Mail:** P.O. Box 188061
 Chattanooga, TN
 37422-8061

To find a provider, please visit
www.mycigna.com

Rx Claims

12 **Pharmacy Service Center**
 P.O. Box 188053 Chattanooga, TN
 37422-8053
 • **Member and Pharmacy Help Line:**
 800-325-1404

Pre-Certification

Call (TPA Name) at 1-888-xxx-xxxx.

13 Possession of this card or obtaining pre-certification does not guarantee coverage or payment for the service or procedure reviewed. Benefits are not insured by Cigna Healthcare or affiliates.

14 See plan description for details. Penalty may apply for failure to precertify according to requirements.

15 **AWAY FROM HOME CARE**

Key

- | | |
|---|------------------------------------|
| 1 Payer name and logo | 9 Cigna Healthcare logo |
| 2 Account name | 10 Product branding |
| 3 Account group number (for administrative purposes) | 11 Regional mail center address |
| 4 Cigna Healthcare group number (for administrative purposes) | 12 Pharmacy claims address |
| 5 Customer's effective date of coverage | 13 Standard eligibility disclaimer |
| 6 Customer's name | 14 Prior authorization disclaimer |
| 7 Alternate member identifier followed by a two-digit suffix code | 15 Away from Home Care logo |
| 8 Benefits and eligibility phone number | |

Indemnity plans

Medical indemnity plans are designed to give our customers choices when choosing providers and facilities.

For a directory of providers who participate in our network, visit [Cigna.com](https://www.cigna.com) > [Find a Doctor](#).

Available plans:

- Indemnity

Indemnity plans

Indemnity

- > Customers have the freedom to choose any provider.
- > PCP selection is not required.
- > There are no network requirements.
- > Referrals are not required to see specialists.

1 **cigna** healthcare

2 Legal Entity Admin
3 Coverage Effective Date: MM/DD/CCYY
4 ABC Company
5 Group: I234567
6 ID: UI23456789 OI
7 Name: John Public

10 Indemnity

Rx	\$10/20%/40%/100%
Rx Indiv Deduct	\$50
Indiv Deduct	\$300
Family Deduct	\$500
Hospital Deduct	\$200
ER Deduct	\$50
Coinsurance:	
Medical	80%/20%
DED Ind./Fam	\$1000/\$2000
OOP Ind./Fam	\$2000/\$4000
Rx DED Ind./Fam	\$1000/\$2000
Rx OOP Ind./Fam	\$3000/\$6000

8 Drug List: Drug List Ln1
Drug List Ln2
RxBIN: 017010
RxPCN: 0215COMM
RxGrp: I234567
9 DOI Label

12 Client logo

13 NSP logo

Med/Rx Deductible Applies

14 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.

15 INPATIENT ADMISSION (AND OUTPATIENT PROCEDURES): Your network provider must call the toll-free number 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.

Dental call ABC Company I-XXX-XXX-XXXX (not a Cigna Co.)
Vision call ABC Company I-XXX-XXX-XXXX (not a Cigna Co.)
EAP call ABC Company I-XXX-XXX-XXXX (not a Cigna Co.)

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

16 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.

17 Call us 24/7/365
1-XXX-XXX-XXXX

18 Prior Auth URL
19 Send claims to:
PO Box XXXX
Anytown, USA I2345-6789

20 Cigna Vision, Claims Dept c/o FAA
PO Box 8504
Mason, OH 45040

21 MH/SA: I-XXX-XXX-XXXX

22 CBH Name
Dental CDP

myCigna.com

PCP required	Referral required	Away from Home Care	Out-of-network benefits
No ¹	No	N/A	Yes

I. This ID card will not display the name of a PCP if one is chosen.

Key

- 1** Cigna Healthcare logo
- 2** Legal entity name
- 3** Customer's effective date of coverage
- 4** Account name
- 5** Group number (for administrative purposes)
- 6** Alternate member identifier followed by a two-digit suffix code
- 7** Customer's name
- 8** Formulary name (when required by law)
- 9** DOI Label (regulatory identifier or funding type, when required by law)
- 10** Product branding
- 11** Copay, coinsurance, deductible, or out-of-pocket amounts
- 12** Employer group logo
- 13** Network Savings Program logo
- 14** Standard eligibility disclaimer
- 15** Prior authorization/emergency disclaimer (may show as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures")
- 16** Network Savings Program provider advisory
- 17** Customer service phone number
- 18** Prior authorization URL
- 19** Regional mail center address
- 20** Vision claims address (when applicable)
- 21** Mental health and substance use contact information (when applicable)
- 22** Evernorth Behavioral Health information (when elected by employer group)

Digital ID cards

Cigna Healthcare continues its effort to transition physical ID cards to fully digital! Digital ID cards enable real-time updates for benefit plans and other important information and offer greater efficiency, speed, and security over physical ID cards.

Digital ID cards are not new for Cigna Healthcare. Nearly all of our customers have access to their digital ID card through the myCigna App or the [myCigna.com](https://mycigna.com) website, and many of your patients may already be presenting you with a digital version of their ID card.

Below is an example of what you may see.



For more information and resources about digital ID cards, visit the [Digital ID Cards](#) page on CignaforHCP.com.

I. Some states have mandates that prohibit digital ID cards. Colorado, Texas, Minnesota, New York, Florida, and Georgia have certain exclusions. Patients residing in these states may continue to receive physical ID cards in the mail depending on their plan type.

Provider resources

You can access several resources on CignaforHCP.com to improve your experience and easily access the information you need.

- > **Important Contact Information:** Find the contacts you need to get in touch with us for information about your patients.
- > **Medical Education and Training:** Access our self-service tools to improve your office's efficiency and reduce your administrative burden.
- > **Webinars:** Learn how to navigate CignaforHCP.com and perform time-saving transactions (e.g., eligibility and benefits inquiries, claim status inquiries, electronic funds transfer enrollment).

List of acronyms

EOP: explanation of payment

EPO: Exclusive Provider Organization

HMO: Health Maintenance Organization

HMO POS: Health Maintenance Organization Point of Service

HRA: health reimbursement account

HSA: health savings account

LocalPlusIN: LocalPlus In-Network

OAP: Open Access Plus

OB/GYN: obstetrics/gynecology

PCP: primary care provider

POS: Point of Service

PPO: Preferred Provider Organization

Trademarks

Cigna Choice Fund®

Cigna Global Health Benefits®

Cigna Healthcare®

Cigna Pathwell Specialty®

Cigna SureFit®

Evernorth® Behavioral Health

HealthPartners®

LocalPlus®

MVP® Health Care

myCigna.com®

myCigna® App



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