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 Providers > Coverage and Claims > ID Cards.

Important information about this guide

Please note: Some Cigna ID cards include a “G” in the upper-right corner, and may have different service channels, including customer service phone numbers and claim appeal addresses.

Sample standard Cigna ID card images are shown in this guide. However, the actual content may vary to conform to a state’s legislative and regulatory requirements. An ID card is not a guarantee of coverage, and benefits should be verified.

Always be sure to check the back of your patient’s ID card for the correct contact information. You can also refer to the Important contact information page in the back of this guide, or refer to the Cigna Reference Guide for physicians, hospitals, ancillaries, and other health care professionals by logging in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides.

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### Managed Care Plans

#### Network: Network Open Access

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<thead>
<tr>
<th>PCP Required</th>
<th>Referral Required</th>
<th>Away from Home Care</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encouraged</td>
<td>No</td>
<td>No</td>
<td>For more information, see the next page.</td>
</tr>
</tbody>
</table>

#### Network: Open Access Plus

<table>
<thead>
<tr>
<th>PCP Required</th>
<th>Referral Required</th>
<th>Away from Home Care</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encouraged</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### Networks: HMO Open Access or POS Open Access

<table>
<thead>
<tr>
<th>PCP Required</th>
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<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encouraged</td>
<td>No</td>
<td>No</td>
<td>For more information, see the next page.</td>
</tr>
</tbody>
</table>

For more information, see the next page.
Managed care plans
Managed care plans are designed to manage cost, utilization, and quality. Depending on the plan, customers may have coverage for participating providers only, or have both in-network and out-of-network benefits. Some plans require referrals for specialty care and the selection of a primary care provider (PCP).

Network: Network Open Access
Plans that use this network offer customers access to participating providers, with no referrals required.
› Flexible plan designs allow for an array of cost-sharing options, including copayments, coinsurance, and deductibles.
› Customers can select a PCP to help coordinate care; it’s recommended, but not required.
› Referrals are not required to see participating specialists.
› Precertification may still be required for certain services and procedures.
› No out-of-network coverage, except for emergencies.*
For a directory of providers who participate in this network, visit Cigna.com > Find a Doctor.

Network: Open Access Plus
Plans that use this network offer customers access to a large, national network of providers. The plans include health advocacy programs to help customers engage in wellness initiatives and manage chronic conditions.
› Customers can select a PCP to help coordinate care; it’s recommended, but not required.
› Referrals are not required to see specialists.
› Precertification may still be required for certain services and procedures.
For a directory of providers who participate in this network, visit Cigna.com > Find a Doctor.

Networks: Health Maintenance Organization (HMO)
Open Access or Point of Service (POS) Open Access
Plans that use these networks offer customers access to local providers and a variety of different benefit options. The plans include negotiated network-specific discounts and fee schedules, along with robust medical management, to help reduce use of nonessential procedures.
› Customers can select a PCP to help coordinate care; it’s recommended, but not required.
› Referrals are not required to see specialists.
› Precertification may still be required for certain services and procedures.
For a directory of providers who participate in these networks, visit Cigna.com > Find a Doctor.

Key
Refer to this key for explanations of the information found on the sample Cigna ID cards featured in this brochure.
1 Use this ID number for all claims and inquiries.
2 Indicates a seamless network where a patient can receive in-network care on a regional or statewide basis.
3 For patients with coinsurance, submit claims to Cigna or its designee, and receive an explanation of payment (EOP), which will show any remaining amount due from the patient.
4 Collect any copayment at the time of service.
5 May read as: “Cigna Health and Life Insurance Company” or “Connecticut General Life Insurance Co.” or “Cigna HealthCare of XXXX, Inc.”
6 ID cards with the Cigna Care Network® logo indicate the patient’s liability varies based on the provider’s Cigna Care designation status. Refer to the online provider directory at Cigna.com > Find a Doctor to determine a physician’s Cigna Care designation status.
7 Effective date of coverage.
8 Name of patient’s primary care provider (PCP).
9 Network Savings Program (NSP) logo indicates that out-of-network discounts may be available to the customer.
10 Employer name.
11 If a third party administers services in conjunction with Cigna, the ID card may include multiple logos, and show a different claim address or telephone number on the back of the card.
12 Precertification requirements may be shown as either “Inpatient Admission” or “Inpatient Admission and Outpatient Procedures.”
13 Submit claims to the claim submission address shown on the card.
14 Call the customer service number(s) indicated on the card. Some plans have dedicated numbers for accessing information. Always check the card for the correct number or refer to the Important contact information page in this guide.
15 “Away From Home Care” indicates the patient has access to the Cigna national Away From Home Care feature.
16 Indicates shared administration repricing.
17 Union identifier.
18 Client-specific network (CSN) logo.

* Emergency services as defined in their plan.
Networks: HMO, POS, or HMO POS

<table>
<thead>
<tr>
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<th>Referral required</th>
<th>Away from Home Care</th>
<th>Out-of-network benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LocalPlus</td>
<td>Encouraged</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>LocalPlusIN</td>
<td>Encouraged</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

For more information, see the next page.

Networks: LocalPlus® or LocalPlusIN

<table>
<thead>
<tr>
<th>PCP required</th>
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<th>Out-of-network benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encouraged</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Encouraged</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

For more information, see the next page.
Networks: LocalPlus® or LocalPlusIN

Plans that use these networks offer customers access to participating providers in their local area, or in any area in the country where one exists, for coverage at the in-network cost.

› In areas where these networks are not available, customers can access care through our Away From Home Care feature for coverage at the in-network cost.

› If customers choose to access care from providers outside the LocalPlus network (or outside the Away From Home Care feature when the LocalPlus network isn’t available), they will likely pay more. (Customers with the LocalPlusIN plan will pay the full cost of their care.*)

› Referrals are not required to see specialists.

› Precertification may still be required for certain services and procedures.

For a directory of providers who participate in these networks, visit Cigna.com > Find a Doctor.

Networks: HMO, POS, or HMO POS

Plans that use these networks offer customers cost savings and access to a local network of providers.

› Customers must select a network-participating PCP to coordinate care for coverage at the in-network cost.

› Referrals are required to see specialists except OB/GYNs.

› HMO POS plans include benefits and features similar to HMO plans, plus out-of-network coverage at reduced benefit levels.

For a directory of providers who participate in these networks, visit Cigna.com > Find a Doctor.

Key

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

1 Use this ID number for all claims and inquiries.

2 Indicates a seamless network where a patient can receive in-network care on a regional or statewide basis.

3 For patients with coinsurance, submit claims to Cigna or its designee, and receive an explanation of payment (EOP), which will show any remaining amount due from the patient.

4 Collect any copayment at the time of service.

5 May read as: “Cigna Health and Life Insurance Company” or “Connecticut General Life Insurance Co.” or “Cigna HealthCare of XXXX, Inc.”

6 ID cards with the Cigna Care Network® logo indicate the patient’s liability varies based on the provider’s Cigna Care designation status. Refer to the online provider directory at Cigna.com > Find a Doctor to determine a physician’s Cigna Care designation status.

7 Effective date of coverage.

8 Name of patient’s primary care provider (PCP).

9 Network Savings Program (NSP) logo indicates that out-of-network discounts may be available to the customer.

10 Employer name.

11 If a third party administers services in conjunction with Cigna, the ID card may include multiple logos, and show a different claim address or telephone number on the back of the card.

12 Precertification requirements may be shown as either “Inpatient Admission” or “Inpatient Admission and Outpatient Procedures.”

13 Submit claims to the claim submission address shown on the card.

14 Call the customer service number(s) indicated on the card. Some plans have dedicated numbers for accessing information. Always check the card for the correct number or refer to the Important contact information page in this guide.

15 “Away From Home Care” indicates the patient has access to the Cigna national Away From Home Care feature.

16 Indicates shared administration repricing.

17 Union identifier.

18 Client Arranged Deal (CAD) network logo.

* Except for emergency services as defined by their plan.
### Managed Care Plans (Continued)

#### Networks: Network or Network POS

<table>
<thead>
<tr>
<th>PCP required</th>
<th>Referral required</th>
<th>Away from Home Care</th>
<th>Out-of-network benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>POS</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

For more information, see the next page.

#### Networks: PPO or EPO

<table>
<thead>
<tr>
<th>PCP required</th>
<th>Referral required</th>
<th>Away from Home Care</th>
<th>Out-of-network benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>EPO</td>
<td>Encouraged</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

For more information, see the next page.
Networks: Network or Network POS
Plans that use these networks offer customers cost savings, local convenience, and choice.
› Customers must select a network-participating PCP to coordinate care for coverage at the in-network cost.
› Referrals are required to see specialists except OB/GYNs.
› Network POS plans include benefits and features similar to Network plans, plus out-of-network coverage at reduced benefit levels.
For a directory of providers who participate in these networks, visit Cigna.com > Find a Doctor.

Networks: PPO or Exclusive Provider Organization (EPO)
Plans that use these networks offer customers access to participating providers across the country.

PPO:
› Both in- and out-of-network benefits are available.
› Customers can access services from providers who do not participate in the network, but will assume additional costs and be reimbursed at a lower coinsurance level.

EPO:
› No out-of-network coverage, except in emergencies.*
› Referrals are not required to see network-participating specialists.
For a directory of providers who participate in these networks, visit Cigna.com > Find a Doctor.

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

1 Use this ID number for all claims and inquiries.
2 Indicates a seamless network where a patient can receive in-network care on a regional or statewide basis.
3 For patients with coinsurance, submit claims to Cigna or its designee, and receive an explanation of payment (EOP), which will show any remaining amount due from the patient.
4 Collect any copayment at the time of service.
5 May read as: “Cigna Health and Life Insurance Company” or “Connecticut General Life Insurance Co.” or “Cigna HealthCare of XXXX, Inc.”
6 ID cards with the Cigna Care Network® logo indicate the patient’s liability varies based on the provider’s Cigna Care designation status. Refer to the online provider directory at Cigna.com > Find a Doctor to determine a physician’s Cigna Care designation status.
7 Effective date of coverage.
8 Name of patient’s primary care provider (PCP).
9 Network Savings Program (NSP) logo indicates that out-of-network discounts may be available to the customer.
10 Employer name.
11 If a third party administers services in conjunction with Cigna, the ID card may include multiple logos, and show a different claim address or telephone number on the back of the card.
12 Precertification requirements may be shown as either “Inpatient Admission” or “Inpatient Admission and Outpatient Procedures.”
13 Submit claims to the claim submission address shown on the card.
14 Call the customer service number(s) indicated on the card. Some plans have dedicated numbers for accessing information. Always check the card for the correct number or refer to the Important contact information page in this guide.
15 “Away From Home Care” indicates the patient has access to the Cigna national Away From Home Care feature.
16 Indicates shared administration repricing.
17 Union identifier.
18 Client-specific network (CSN) or Client Arranged Deal (CAD) network logo.

* Emergency services as defined in their plan.
### Managed Care Plans (Continued)

**Network: Cigna SureFit**

To find the market-specific network name that will appear on the ID card, refer to the table below. In the first column, identify your market area. In the second column, you will see the corresponding market-specific network name that should appear on the Cigna SureFit ID card.

<table>
<thead>
<tr>
<th>Market</th>
<th>Market-specific network name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Florida (Orlando)</td>
<td>Cigna SureFit (available in Orlando through AdventHealth)</td>
</tr>
<tr>
<td>Colorado (Boulder, Denver, and Colorado Springs)</td>
<td>Cigna SureFit (available in Colorado through HealthCare Alliance of the Front Range)</td>
</tr>
<tr>
<td>Kansas</td>
<td>Cigna SureFit – Kansas City</td>
</tr>
<tr>
<td>South Florida</td>
<td>Cigna SureFit – South Florida</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PCP required</th>
<th>Referral required</th>
<th>Away from Home Care</th>
<th>Out-of-network benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

For more information, see the next page.
Network: Cigna SureFit®

Plans that use this network offer customers access to local physician and hospital groups for personal, patient-centered care.

› Customers must select a network-participating PCP to coordinate their care.
› Referrals are required to see specialists.
› No out-of-network coverage or Away From Home Care, except in emergencies.*

For a directory of providers who participate in these networks, visit Cigna.com > Find a Doctor.

* Emergency services as defined in their plan.
You may have to show this card when you receive care. This does not guarantee coverage. Not using this card correctly is fraud. For emergencies, call 911 or get immediate care. Contact your doctor if you get emergency services. If you don’t know if your situation is an emergency, call your doctor or our 24/7 Health Information Line. Customers: Your plan may limit or exclude out-of-network (CON) benefits. Check your plan documents for preauthorization or other requirements that may apply to services from CON Providers. Health Care Professionals: Check your provider contract for preauthorization requirements.

For more information, see the next page.
Individual & Family Plans

Cigna offers Individual & Family Plans with medical, pharmacy, and (when applicable) pediatric dental benefits in Arizona, Colorado, Florida, Illinois, Kansas, Missouri, North Carolina, Tennessee, Utah, and Virginia. Depending on the plan, customers will have access to providers who participate in our Connect network. The network name will appear on the top right of the ID card.

**Network: Connect**

Plans that use this network offer customers access to providers in their local area.

› Customers do not have to select a PCP but are encouraged to coordinate their care with a network-participating PCP.
› Referrals are encouraged but not required to see specialists.
› No out-of-network coverage or Away From Home Care, except in emergencies.**

For a directory of providers who participate in this network, visit Cigna.com/IFP-Providers.

**Network: Cigna Plus**

Plans that use this network offer customers access to providers in their local area.

› Customers must select a network-participating PCP to coordinate their care.*
› Referrals are required to see specialists.*
› No out-of-network coverage or Away From Home Care, except in emergencies.**

For a directory of providers who participate in this network, visit Cigna.com/IFP-Providers. These listings will be available and labeled as “Cigna Plus” within the network selection options.

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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.
6. ID cards with the Cigna Care Network® logo indicate the patient’s liability varies based on the provider's Cigna Care designation status. Refer to the online provider directory at Cigna.com > Find a Doctor to determine a physician’s Cigna Care designation status.
7. Effective date of coverage.
8. Name of patient’s primary care provider (PCP).
9. Network Savings Program (NSP) logo indicates that out-of-network discounts may be available to the customer.
10. Employer name.
11. If a third party administers services in conjunction with Cigna, the ID card may include multiple logos, and show a different claim address or telephone number on the back of the card.
12. Precertification requirements may be shown as either “Inpatient Admission” or “Inpatient Admission and Outpatient Procedures.”
13. Submit claims to the claim submission address shown on the card.
14. Call the customer service number(s) indicated on the card. Some plans have dedicated numbers for accessing information. Always check the card for the correct number or refer to the Important contact information page in this guide.
15. “Away From Home Care” indicates the patient has access to the Cigna national Away From Home Care feature.
16. Indicates shared administration repricing.
17. Union identifier.
18. Client-specific network (CSN) logo.

* PCP selection and referrals are required in Illinois.
** Emergency services as defined in their plan.
This card does not guarantee coverage or payment.

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

[Customer Service (Toll Free Number ---) (TTY 711)]

[Provider Services <Phone Number>]
[Authorization/Referral <Phone Number>]
[Provider Medical Claims <Address>]
[Pharmacy Help Desk <Phone Number>]
[Pharmacy Claims <Address>]
[Dental Services <Phone Number>]
[Provider Dental Claims <Address>]

For more information, see the next page.
**Medicare Plans**

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

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

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**Key**

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

1. Use this ID number for all claims and inquiries.
2. Effective date of coverage.
3. Name of patient's primary care provider (PCP).
4. Collect any copayment at the time of service.
5. Dental Coverage.
6. Prescription Drug Coverage.
7. Submit claims to the claim submission address shown on the card.
8. Call the customer service number(s) indicated on the card. Some plans have dedicated numbers for accessing information. Always check the card for the correct number.
CIGNA GLOBAL HEALTH BENEFITS® PLANS

Medical Benefits Abroad

Policy No:
Employer:

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

www.CignaEnvoy.com

Network Savings Program

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

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

Members and Providers

US Provider: Payor ID# Cigna – 62306
Fax Claims: 800.243.6998 (toll-free) or 001.302.797.3150 (direct fax)
Contact: 800.243.1348 (toll-free) or 001.302.797.3535 (outside the U.S.) or 302.797.3535 (inside the U.S.)
Mail Claims: Cigna PO Box 15111, Wilmington, DE 19850-5111
Courier: Cigna 300 Bellevue Parkway, Wilmington DE 19809-3718
Website: www.CignaEnvoy.com

AWAY FROM HOME CARE

CIGNA GLOBAL HEALTH BENEFITS® PLANS

Networks in the U.S.: PPO or OAP

Cigna Global Health Benefits plans that use these networks offer medical coverage to individuals, for unexpected illness and injuries that occur while traveling in the U.S. on international business outside of their home or permanent assignment country.

Networks outside the U.S.: Vary by location

Cigna Global Health Benefits plans that use these networks offer medical coverage outside the U.S. for globally mobile customers, including U.S. expatriates and inpatiates to the U.S., and their dependents.

Preferred Care Network in the U.S.: Cigna HealthCare PPO

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

Members and Providers

US Provider: Payor ID# Cigna – 62306
Fax Claims: 800.243.6998 (toll-free) or 001.302.797.3150 (direct fax)
Contact: 800.243.1348 (toll-free) or 001.302.797.3535 (outside the U.S.) or 302.797.3535 (inside the U.S.)
Mail Claims: Cigna PO Box 15111, Wilmington, DE 19850-5111
Courier: Cigna 300 Bellevue Parkway, Wilmington DE 19809-3718
Website: www.CignaEnvoy.com

AWAY FROM HOME CARE

PCP required
Encouraged

Referral required
No

Away from Home Care
Yes

Out-of-network benefits
Yes

For more information, see the next page.
Cigna Global Health Benefits® plans

We offer Cigna Global Health Benefits plans for globally mobile employees, including U.S. expatriates and inpatriates to the U.S. There are multiple coverage options encompassing medical, business travel medical, dental, life, accidental death and dismemberment, and a range of ancillary coverage. The network name will appear on the ID card.

For more information and to access the directory of participating providers, visit CignaEnvoy.com.

Key

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

1 Use this ID number for all claims and inquiries.
2 Indicates a seamless network where a patient can receive in-network care on a regional or statewide basis.
3 For patients with coinsurance, submit claims to Cigna or its designee, and receive an explanation of payment (EOP), which will show any remaining amount due from the patient.
4 Collect any copayment at the time of service.
5 May read as: “Cigna Health and Life Insurance Company” or “Connecticut General Life Insurance Co.” or “Cigna HealthCare of XXXX, Inc.”
6 ID cards with the Cigna Care Network® logo indicate the patient’s liability varies based on the provider’s Cigna Care designation status. Refer to the online provider directory at Cigna.com > Find a Doctor to determine a physician’s Cigna Care designation status.
7 Effective date of coverage.
8 Name of patient’s primary care provider (PCP).
9 Network Savings Program (NSP) logo indicates that out-of-network discounts may be available to the customer.
10 Employer name.
11 If a third party administers services in conjunction with Cigna, the ID card may include multiple logos, and show a different claim address or telephone number on the back of the card.
12 Precertification requirements may be shown as either “Inpatient Admission” or “Inpatient Admission and Outpatient Procedures.”
13 Submit claims to the claim submission address shown on the card.
14 Call the customer service number(s) indicated on the card. Some plans have dedicated numbers for accessing information. Always check the card for the correct number or refer to the Important contact information page in this guide.
15 “Away From Home Care” indicates the patient has access to the Cigna national Away From Home Care feature.
16 Indicates shared administration repricing.
17 Union identifier.
18 Client-specific network (CSN) logo.
Networks: Vary by plan

CIGNA CHOICE FUND® PLANS

Network: Shared Administration Open Access Plus, Shared Administration PPO, or LocalPlus

SHARED ADMINISTRATION REPRICING PLANS

Network: Shared Administration Open Access Plus, Shared Administration PPO, or LocalPlus

For more information, see the next page.
Cigna Choice Fund® plans

These plans combine an employer-funded health reimbursement account (HRA) or employer/employee-funded tax-advantaged health savings account (HSA) with PPO, EPO, Open Access Plus, LocalPlus, or indemnity plans. Customers will have access to providers who participate in the network aligned to their plan.

Networks: Vary by plan

Plans that use these networks offer customers access to a suite of providers, and allow them to be in charge of how and when they spend their health fund dollars.

› Referrals are not required to see specialists.
› Typically, no copayments are required.
› Providers should bill Cigna directly.
› Precertification may still be required for certain services and procedures.

For a directory of providers who participate in these networks, visit Cigna.com > Find a Doctor.

Shared Administration Repricing plans

Shared Administration Repricing plans are offered by the Cigna Taft-Hartley and Federal Business Segment. They are designed for Taft-Hartley and federal plan employers that want to continue processing and paying their own claims, and retain customer and provider services, or use a third-party administrator to perform these functions.

Networks: Shared Administration Open Access Plus, Shared Administration PPO, or LocalPlus

Plans that use these networks offer customers access to a national network of providers.

› Referrals are not required to see specialists.
› Both in- and out-of-network benefits are available. Customers can access providers that participate in a national network, which includes Away From Home Care.

For a directory of providers who participate in these networks, visit CignaSharedAdministration.com.

Key

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

1. Use this ID number for all claims and inquiries.
2. Indicates a seamless network where a patient can receive in-network care on a regional or statewide basis.
3. For patients with coinsurance, submit claims to Cigna or its designee, and receive an explanation of payment (EOP), which will show any remaining amount due from the patient.
4. Collect any copayment at the time of service.
6. ID cards with the Tiered Benefits® logo indicate the patient’s liability varies based on the provider’s Cigna Care designation status. Refer to the online provider directory at Cigna.com > Find a Doctor to determine a physician’s Cigna Care designation status.
7. Effective date of coverage.
8. Name of patient’s primary care provider (PCP).
9. Network Savings Program (NSP) logo indicates that out-of-network discounts may be available to the customer.
10. Employer name.
11. If a third party administers services in conjunction with Cigna, the ID card may include multiple logos, and show a different claim address or telephone number on the back of the card.
12. Precertification requirements may be shown as either “Inpatient Admission” or “Inpatient Admission and Outpatient Procedures.”
13. Submit claims to the claim submission address shown on the card.
14. Call the customer service number(s) indicated on the card. Some plans have dedicated numbers for accessing information. Always check the card for the correct number or refer to the Important contact information page in this guide.
15. “Away From Home Care” indicates the patient has access to the Cigna national Away From Home Care feature.
16. Indicates shared administration repricing.
17. Union identifier.
18. Client Arranged Deal (CAD) network logo.
The sample below shows an ID card for a customer with a Cigna-administered plan. If it displays a Strategic Alliance logo,* the customer may use that Strategic Alliance’s network when outside the service area for Cigna network-participating providers.

Sample ID cards for Cigna’s Strategic Alliances

These samples show ID cards for people whose health plans are administered by one of our Strategic Alliances with Allegiance, HealthPartners, MVP, PriorityHealth, or Tufts. The Cigna logo on the card indicates they may visit a Cigna-participating provider when in the Cigna service area.

*Logos include Allegiance, HealthPartners, MVP, PriorityHealth, and Tufts. For more information, see the next page.
Strategic alliance plans
Cigna has entered into strategic alliances with several nationally recognized health care companies. These plans give our customers access to an alliance’s network of providers and discounts in specific geographic areas. They also provide the alliance’s customers with access to Cigna’s national provider network and discounts outside their specific geographic area.

Networks: Vary by plan
› Referrals are not required to see specialists.
› Precertification may still be required for certain services and procedures.
› Claims should be submitted to the payer ID on the customer’s ID card.

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

1 Use this ID number for all claims and inquiries.
2 Indicates a seamless network where a patient can receive in-network care on a regional or statewide basis.
3 For patients with coinsurance, submit claims to Cigna or its designee, and receive an explanation of payment (EOP), which will show any remaining amount due from the patient.
4 Collect any copayment at the time of service.
5 May read as: “Cigna Health and Life Insurance Company” or “Connecticut General Life Insurance Co.” or “Cigna HealthCare of XXXX, Inc.”
6 ID cards with the Cigna Care Network® logo indicate the patient’s liability varies based on the provider’s Cigna Care designation status. Refer to the online provider directory at Cigna.com > Find a Doctor to determine a physician’s Cigna Care designation status.
7 Effective date of coverage.
8 Name of patient’s primary care provider (PCP).
9 Network Savings Program (NSP) logo indicates that out-of-network discounts may be available to the customer.
10 Employer name.
11 If a third party administers services in conjunction with Cigna, the ID card may include multiple logos, and show a different claim address or telephone number on the back of the card.
12 Precertification requirements may be shown as either “Inpatient Admission” or “Inpatient Admission and Outpatient Procedures.”
13 Submit claims to the claim submission address shown on the card.
14 Call the customer service number(s) indicated on the card. Some plans have dedicated numbers for accessing information. Always check the card for the correct number or refer to the Important contact information page in this guide.
15 “Away From Home Care” indicates the patient has access to the Cigna national Away From Home Care feature.
16 Indicates shared administration repricing.
17 Union identifier.
18 Client-specific network (CSN) logo.
Networks: LocalPlus and Open Access Plus

Sample ID Cards

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

Open Access Plus Plans

<table>
<thead>
<tr>
<th>Member</th>
<th>Log in at nosa.com/member or on the Oscar mobile app, or call 855-672-2799</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>Open Access Plus Bronze $3000 (No referral required)</td>
</tr>
<tr>
<td>Provider &amp; pharmacist services</td>
<td>Phone: 855-672-2799</td>
</tr>
<tr>
<td>Pharmacy by Express Scripts</td>
<td>RxBIN: 003858, Payor ID: OSCAR, A4 e-Payor ID: 623508, RxGRP: CIGNA, Dental ID: CIGRX03</td>
</tr>
<tr>
<td>LocalPlus Plans</td>
<td></td>
</tr>
<tr>
<td>John Doe</td>
<td>Open Access Plus Bronze $3000 (No referral required)</td>
</tr>
<tr>
<td>Provider &amp; pharmacist services</td>
<td>Phone: 855-672-2799</td>
</tr>
<tr>
<td>Pharmacy by Express Scripts</td>
<td>RxBIN: 003858, Payor ID: OSCAR, A4 e-Payor ID: 623508, RxGRP: CIGNA, Dental ID: CIGRX03</td>
</tr>
<tr>
<td>LocalPlus Plans</td>
<td></td>
</tr>
<tr>
<td>John Doe</td>
<td>LocalPlus Bronze $3000 (No referral required)</td>
</tr>
<tr>
<td>Provider &amp; pharmacist services</td>
<td>Phone: 855-672-2799</td>
</tr>
<tr>
<td>Pharmacy by Express Scripts</td>
<td>RxBIN: 003858, Payor ID: OSCAR, A4 e-Payor ID: 623508, RxGRP: CIGNA, Dental ID: CIGRX03</td>
</tr>
</tbody>
</table>

PCP required: Encouraged
Referral required: No
Away from Home Care: No
Out-of-network benefits: Varies by plan

LocalPlus Plans

<table>
<thead>
<tr>
<th>Member</th>
<th>Log in at nosa.com/member or on the Oscar mobile app, or call 855-672-2799</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>Open Access Plus Bronze $3000 (No referral required)</td>
</tr>
<tr>
<td>Provider &amp; pharmacist services</td>
<td>Phone: 855-672-2799</td>
</tr>
<tr>
<td>Pharmacy by Express Scripts</td>
<td>RxBIN: 003858, Payor ID: OSCAR, A4 e-Payor ID: 623508, RxGRP: CIGNA, Dental ID: CIGRX03</td>
</tr>
<tr>
<td>LocalPlus Plans</td>
<td></td>
</tr>
<tr>
<td>John Doe</td>
<td>LocalPlus Bronze $3000 (No referral required)</td>
</tr>
<tr>
<td>Provider &amp; pharmacist services</td>
<td>Phone: 855-672-2799</td>
</tr>
<tr>
<td>Pharmacy by Express Scripts</td>
<td>RxBIN: 003858, Payor ID: OSCAR, A4 e-Payor ID: 623508, RxGRP: CIGNA, Dental ID: CIGRX03</td>
</tr>
<tr>
<td>LocalPlus Plans</td>
<td></td>
</tr>
<tr>
<td>John Doe</td>
<td>LocalPlus Gold $2750 (No referral required)</td>
</tr>
<tr>
<td>Provider &amp; pharmacist services</td>
<td>Phone: 855-672-2799</td>
</tr>
<tr>
<td>Pharmacy by Express Scripts</td>
<td>RxBIN: 003858, Payor ID: OSCAR, A4 e-Payor ID: 623508, RxGRP: CIGNA, Dental ID: CIGRX03</td>
</tr>
</tbody>
</table>

PCP required: Encouraged
Referral required: No
Away from Home Care: No
Out-of-network benefits: Varies by plan
Cigna + Oscar

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

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

Networks: Vary by plan

› Referrals are not required to see specialists.
› Precertification may still be required for certain services and procedures. For more information please call 855-672-2789.
› Claims should be submitted to the address or e-payer ID on the customer’s ID card.
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 48 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 more information, see the next page.

*This ID card will not display the name of a PCP if one is chosen.
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.
6. ID cards with the Cigna Care Network® logo indicate the patient’s liability varies based on the provider’s Cigna Care designation status. Refer to the online provider directory at Cigna.com > Find a Doctor to determine a physician’s Cigna Care designation status.
7. Effective date of coverage.
8. Name of patient’s primary care provider (PCP).
9. Network Savings Program (NSP) logo indicates that out-of-network discounts may be available to the customer.
10. Employer name.
11. If a third party administers services in conjunction with Cigna, the ID card may include multiple logos, and show a different claim address or telephone number on the back of the card.
12. Precertification requirements may be shown as either “Inpatient Admission” or “Inpatient Admission and Outpatient Procedures.”
13. Submit claims to the claim submission address shown on the card.
14. Call the customer service number(s) indicated on the card. Some plans have dedicated numbers for accessing information. Always check the card for the correct number or refer to the Important contact information page in this guide.
15. “Away From Home Care” indicates the patient has access to the Cigna national Away From Home Care feature.
16. Indicates shared administration repricing.
17. Union identifier.
18. Tiered Benefits logo.

Indemnity plans
These plans give customers the freedom to choose any provider.

› No network requirements.
› Referrals are not required to see specialists.
The myCigna® App

The myCigna® App gives Cigna customers a simple way to personalize, organize, and access their important health and coverage information – on the go. Your patients may present their Cigna ID card claims information and coverage eligibility to you via the app on their smartphone or tablet.

Sample ID card information you might see on your patients’ myCigna App

ID card features
- Quickly view ID card information (front and back) for family members
- Easily print, email, or scan right from a smartphone or tablet

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

Provider directory
- Locate network-participating doctors and health care facilities
- Access maps for instant driving directions

Health wallet
- Store and organize all contact information for doctors, hospitals, and pharmacies
- Add providers to contact list right from a claim or directory search

Claims
- View and search recent and past medical, dental, and pharmacy claims
- Bookmark and group claims for easy reference

Trackers
- View in-network and out-of-network medical and dental year-to-date deductibles, as well as out-of-pocket and annual maximums

Coverage
- See plan coverage and benefit information for medical, dental, pharmacy, behavioral health, substance abuse, and disability
- Access and view health fund balances
- Review plan deductibles, coinsurance, and copayments

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.

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 number shown below to request “pre-certification.” 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:
Send Medical Claims To:
866.494.2111 (24 hours a day, 365 days a year)
Cigna
Kennett, MO 63857

Payer ID: #62308
Additional app features (continued)

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

* Prices are not guaranteed, nor is the display of a price a guarantee of coverage. Medication costs and coverage may vary at the time prescriptions are filled at the pharmacy, and pricing at individual pharmacies may vary. Coverage and pricing terms are subject to change.

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

More ways to access patient information when you need it

Use our electronic tools
› Log in to the Cigna for Health Care Professionals website (CignaforHCP.com)
› Connect with us through electronic data interchange (EDI): Visit Cigna.com/EDIVendors to learn more
› Call our automated phone system: 800.88Cigna (882.4462)

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.

Conduct administrative transactions electronically
Cigna's convenient eServices tools help you manage the administrative details of health care.
› Access patient eligibility and benefits
› Estimate patient out-of-pocket costs
› View and submit precertification requests
› Check claim status
› Enroll online for electronic funds transfer (EFT), then view, print, and share online remittance reports the same day you receive electronic payments
› Receive electronic remittance advices and automatically load them to your accounts receivable system
› Submit questions about fee schedules and specific patient benefits

Customers can download the free myCigna App**

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

Find the contacts you need to get in touch with us for information about your patients with Cigna coverage.*

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

<table>
<thead>
<tr>
<th>If you want to:</th>
<th>Use the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update your contact or demographic information, or notify us of errors/changes to the way you are currently listed in our provider directories, including:**</td>
<td>Submit demographic changes to Cigna electronically by logging in to <a href="https://www.cignaforhcp.com/working-with-cigna/directory-update">CignaforHCP.com &gt; Working With Cigna &gt; Directory Update</a>. If you have not registered, please go to the <a href="https://www.cignaforhcp.com/working-with-cigna/connecting-your-practice">registration page</a> to begin the process. Or Practitioner &amp; Group Changes: Fax: 877.358.4301 Email: <strong><a href="mailto:Intake_PDM@cigna.com">Intake_PDM@cigna.com</a></strong> Hospital &amp; Ancillary Changes: Fax: 646.459.2180 Email: <strong><a href="mailto:CPOCIMs@cigna.com">CPOCIMs@cigna.com</a></strong></td>
</tr>
<tr>
<td>› Name</td>
<td></td>
</tr>
<tr>
<td>› Type/Degree</td>
<td></td>
</tr>
<tr>
<td>› Specialty</td>
<td></td>
</tr>
<tr>
<td>› Product and network tier</td>
<td></td>
</tr>
<tr>
<td>› National Provider Identifier (NPI) number</td>
<td></td>
</tr>
<tr>
<td>› Medical group or hospital affiliation</td>
<td></td>
</tr>
<tr>
<td>› Office email address</td>
<td></td>
</tr>
<tr>
<td>› Address</td>
<td></td>
</tr>
<tr>
<td>› Office phone number</td>
<td></td>
</tr>
<tr>
<td>› Whether you are accepting new patients</td>
<td></td>
</tr>
</tbody>
</table>

| Perform online transactions:*** | Cigna for Health Care Professionals website: [CignaforHCP.com](https://www.cignaforhcp.com) |
| › Verify patient eligibility and benefits and generate a Benefit Reference Number (BRN) |  |
| › Look up procedure code to obtain coinsurance, maximums, and determine if precertification is required |  |
| › Predict the total cost of service and patient liability for specific medical procedures |  |
| › Request precertification for services |  |
| › Inquire about precertification for services |  |
| › View claim-coding policies and payment guidelines |  |
| › Review medical or pharmacy coverage positions |  |
| › View the prescription drug list |  |
| › View sample ID cards |  |
| › Obtain a Reference Guide |  |
| › Request a copy of your contract |  |
| › Request fee schedule information |  |
| › Request claim reconsideration or appeal |  |
| › Submit preservice precertification appeals |  |

### Exceptions

If you are located in the following markets, submit updates electronically on [CignaforHCP.com](https://www.cignaforhcp.com) or as directed below.

#### U.S. Virgin Islands
Email: **Intake_PDM@cigna.com**
Fax: 340.774.7175
Mail: V.I. Equicare, Inc.
V.I. Medical Foundation Bldg, Ste 209A
PO Box 9620
St. Thomas, VI 00801

#### California
Email: **CA_DirectoryCompliance@Cigna.com**

#### Michigan
Lower Peninsula (Priority Health)
Website: [Priorityhealth.com > Provider > Provider Manual > Find provider forms > Change notification forms](https://www.priorityhealth.com/ProviderManual/FindProviderForms/ChangeNotificationForm)
Upper Peninsula (Upper Peninsula Health Plan)
Website: [Uphp.com > Providers > Forms and Links > Other Forms > Information Update Form](https://www.uphp.com/Providers/FormsLinks/OtherForms/InformationUpdateForm)
<table>
<thead>
<tr>
<th>If you want to:</th>
<th>Use the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform transactions using a multipayer website or vendor via electronic data interchange (EDI):***</td>
<td>Refer to Cigna.com/EDIvendors for a list of directly connected Cigna vendors.</td>
</tr>
</tbody>
</table>
| › Verify patient eligibility and coverage  
› Inquire about patient coverage and covered services  
› Check the status of a claim  
› Request precertification for services  
› Submit claims electronically  
› Receive electronic remittance advice  
› View list of EDI vendors | |
| Enroll to receive electronic funds transfer (EFT) or direct deposit | Log in to CignaforHCP.com > Working with Cigna > Electronic Funds Transfer > Enroll in Electronic Funds Transfer (EFT) Options. |
| Perform telephone transactions:*** | Phone: 800.88Cigna (882.4462)  
For patients with "G" ID cards:  
Phone: 866.494.2111  
Customer Service numbers are also included on the patient’s ID card. |
| › Learn about electronic services  
› Verify patient eligibility and coverage  
› Check the status of a claim  
› Request precertification for services  
› Request an exception to the prescription drug list  
› In the Texas market, request the Texas SB 418 Written Verification; a representative is available Monday to Friday, from 6 a.m. to 6 p.m. and from 9 a.m. to 12 p.m. on weekends and holidays | |
| Submit a paper claim | Refer to patient’s ID card |
| Submit or inquire about an appeal or dispute | Phone: 800.88Cigna (882.4462)  
Website: CignaforHCP.com  
Fax: 877.815.4827  
Mail: Cigna National Appeals  
PO Box 188011  
Chattanooga, TN 37422  
For patients with "G" ID cards:  
Fax: 877.804.1679  
Mail: Cigna National Appeals  
PO Box 188062  
Chattanooga, TN 37422-8062 |
| Submit or inquire about provider credentialing** | Phone: 800.88Cigna (882.4462) |
| Obtain information about organ and tissue transplant network | Cigna LifeSOURCE Transplant Network*  
Phone: 800.668.9682  
Website: CignaLifeSOURCE.com |
| Contact a dental network | Phone: 800.Cigna24 (244.6224)  
Website: CignaforHCP.com  
For patients with "G" ID cards:  
Phone: 866.494.2111 |
<p>| Obtain other telephone numbers and addresses | Refer to the patient’s ID card |</p>
<table>
<thead>
<tr>
<th>Other important contacts:</th>
<th>Use the following:</th>
</tr>
</thead>
</table>
| Evernorth Behavioral Health                   | Phone: 800.926.2273  
|                                               | Website: [Provider.Evernorth.com](http://Provider.Evernorth.com)                  |
| Home delivery pharmacy                        | Cigna Home Delivery Pharmacy: 800.285.4812  
|                                               | Express Scripts Pharmacy, a Cigna company: 800.211.1456                         |
| Accredo, a Cigna specialty pharmacy           | Accredo Physician Service Center: 844.516.3319  
|                                               | Website: [Accredo.com > Prescribers](http://Accredo.com > Prescribers)          |
| Medical management (including precertification)| Phone: 800.88Cigna (882.4462)  
|                                               | Website: [CignaforHCP.com](http://CignaforHCP.com)                              |
|                                               | For patients with "G" ID cards:  
|                                               | Phone: 866.494.2111  
|                                               | Customer service numbers are also included on the patient’s ID card.            |
| eviCore healthcare (diagnostic cardiology,  | Diagnostic cardiology, high-tech radiology, musculoskeletal, and gastroenterology  
| durable medical equipment, gastroenterology,  | Phone: 888.693.3297  
| high-tech radiology, home health, home        | Website: [eviCore.com](http://eviCore.com)                                     |
| infusion, integrated oncology, musculoskeletal,| Radiation therapy and integrated oncology  
| radiation therapy services, and sleep services)| Phone: 866.668.9250  
|                                               | Website: [eviCore.com](http://eviCore.com)                                     |
|                                               | Home health, DME & Sleep Management Services (effective 02.01.21)  
|                                               | Phone: 800.298.4806  
|                                               | Website: [evicore.com/ep360](http://evicore.com/ep360)                          |
| Pharmacy prior authorizations                 | Exceptions  
|                                               | For CareLink customers in MA and RI and Cigna customers in Hawaii and Puerto Rico, use the following contact information:  
|                                               | Phone: 800.88Cigna (882.4462)  
|                                               | Website: [CignaforHCP.com](http://CignaforHCP.com)                              |
| Specialty pharmacy condition counseling       | Electronic medical record or electronic health record: CoverMyMeds® or Surescripts®  
|                                               | Website: [CoverMyMeds.com/epa/Cigna](http://CoverMyMeds.com/epa/Cigna)          |
|                                               | Phone: 800.244.6224                                                             |
|                                               | Accredo Therapeutic Resource Centers: 844.516.3319  
|                                               | Cigna specialty condition counseling: 800.633.6521                             |

* Excluding customers with third-party administrator plans.  
** Excluding providers contracted through a Cigna Strategic Alliance.  
*** Not all transactions are available for all Cigna plans.