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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### Network: Network Open Access

<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>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>For more information, see the next page.</td>
</tr>
</tbody>
</table>

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

<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>No</td>
<td>No</td>
</tr>
<tr>
<td>Encouraged</td>
<td>No</td>
<td>No</td>
<td>Yes</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.
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: LocalPlus® or LocalPlusIN

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

For more information, see the next page.

### Networks: HMO, POS, or HMO POS

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

**Networks: Network or Network POS**

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

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

For more information, see the next page.

**Networks: PPO or EPO**

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

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

For more information, see the next page.
**Networks: Network or Network POS**

Plans that use these networks offer customers cost savings, local convenience, and choice.

- Customers must select a network-participating PCP to coordinate care for coverage at the in-network cost.
- Referrals are required to see specialists except OB/GYNs.
- Network POS plans include benefits and features similar to Network plans, plus out-of-network coverage at reduced benefit levels.

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

**Networks: PPO or Exclusive Provider Organization (EPO)**

Plans that use these networks offer customers access to participating providers across the country.

**PPO:**

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

**EPO:**

- No out-of-network coverage, except in emergencies.*
- Referrals are not required to see network-participating specialists.

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

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* Emergency services as defined in their plan.

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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) or Client Arranged Deal (CAD) network logo.
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>Arizona (Phoenix)</td>
<td>Cigna SureFit with Arizona Care Network</td>
</tr>
<tr>
<td>California (Southern California)</td>
<td>Cigna SureFit—Southern California</td>
</tr>
<tr>
<td>Central Florida (Orlando)</td>
<td>Cigna SureFit available in Orlando through AdventHealth Partners Network</td>
</tr>
<tr>
<td>Colorado (Boulder, Denver, and Colorado Springs)</td>
<td>Cigna SureFit</td>
</tr>
<tr>
<td>Kansas and Missouri (Kansas City)</td>
<td>Cigna SureFit—Kansas City</td>
</tr>
<tr>
<td>Mid-Atlantic (Northern Virginia, Richmond and Washington, DC)</td>
<td>Cigna SureFit with the Performance One Network</td>
</tr>
<tr>
<td>Missouri (St. Louis)</td>
<td>Cigna SureFit—Saint Louis</td>
</tr>
<tr>
<td>South Florida</td>
<td>Cigna SureFit—South Florida</td>
</tr>
</tbody>
</table>

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

For more information, see the next page.
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.

* Emergency services as defined in their plan.

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.
### Network: Connect

**Cigna Health and Life Insurance Company MedicalRx**

<table>
<thead>
<tr>
<th>Group: 00881200</th>
<th>Issuer: (80840)</th>
<th>Name: JOHN H DOE</th>
</tr>
</thead>
<tbody>
<tr>
<td>RxRef No:</td>
<td>Florida Connect</td>
<td></td>
</tr>
</tbody>
</table>

**Primary Care** 100%  
**Specialist** 100%  
**Urgent Care** 100%  
**ER** 100%  
**Hospital** 100%

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

**Customers:** myCigna.com  
**Health Care Professionals:** CignaDentInCP.com

**Network: Cigna Plus**

**Cigna HealthCare of Illinois, Inc. MedicalRx**

<table>
<thead>
<tr>
<th>Group: 00881700</th>
<th>Issuer: (80840)</th>
<th>Name: JOHN H DOE</th>
</tr>
</thead>
<tbody>
<tr>
<td>RxRef No:</td>
<td>Cigna Plus</td>
<td></td>
</tr>
</tbody>
</table>

**Primary Care** 100%  
**Specialist** 100%  
**Urgent Care** 100%  
**ER** 100%  
**Hospital** 100%

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

**Customers:** myCigna.com  
**Health Care Professionals:** CignaDentInCP.com

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**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.

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.
**MEDICARE PLANS**

**Network: Prescription Drugs**

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)

**Network: Medicare Advantage**

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)

**Network: PPO**

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)

---

**PCP required**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>PCP required</th>
<th>Referral required</th>
<th>Prescription Drug Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>MA</td>
<td>Yes</td>
<td>Yes*</td>
<td>Part B</td>
</tr>
<tr>
<td>MAPD</td>
<td>Yes</td>
<td>Yes*</td>
<td>Part D</td>
</tr>
<tr>
<td>PPO</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

*Referral requirements are indicated on the customer’s Cigna ID Card.

*Select service areas do not require the use of referrals.

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

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

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. Prescription Drug Coverage.
6. Submit claims to the claim submission address shown on the card.
7. 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.
### Medicaid Eligible Only

<table>
<thead>
<tr>
<th><strong>Member Name</strong></th>
<th><strong>RxBIN</strong></th>
<th><strong>RxPCN</strong></th>
<th><strong>RxBIN</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Member ID</strong></td>
<td><strong>&lt;Member ID&gt;</strong></td>
<td><strong>&lt;Member ID&gt;</strong></td>
<td><strong>&lt;Member ID&gt;</strong></td>
</tr>
<tr>
<td><strong>Medicaid ID</strong></td>
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<td><strong>Member ID</strong></td>
<td><strong>&lt;Member ID&gt;</strong></td>
<td><strong>&lt;Member ID&gt;</strong></td>
<td><strong>&lt;Member ID&gt;</strong></td>
</tr>
<tr>
<td><strong>Member Name</strong></td>
<td><strong>&lt;Name&gt;</strong></td>
<td><strong>&lt;Name&gt;</strong></td>
<td><strong>&lt;Name&gt;</strong></td>
</tr>
<tr>
<td><strong>PCP Name</strong></td>
<td><strong>&lt;Provider Name&gt;</strong></td>
<td><strong>&lt;Provider Name&gt;</strong></td>
<td><strong>&lt;Provider Name&gt;</strong></td>
</tr>
<tr>
<td><strong>PCP Phone</strong></td>
<td><strong>&lt;Provider Phone #&gt;</strong></td>
<td><strong>&lt;Provider Phone #&gt;</strong></td>
<td><strong>&lt;Provider Phone #&gt;</strong></td>
</tr>
</tbody>
</table>

**Member Cannot Be Charged**

Cost sharing/Copays: $0 for acute care, behavioral health, LTSS, and pharmacy

*Medicare and Texas Medicaid.*

In case of emergency, call 911 or go to the closest emergency room.

En caso de emergencia, llame al 911 o vaya a la sala de emergencia más cercana.

Available 24 hours a day, 7 days a week

Disponible las 24 horas del día, los 7 días de la semana

For more information, see the next page.

### Medicare and Medicaid Dual Eligible Member

<table>
<thead>
<tr>
<th><strong>Member Name</strong></th>
<th><strong>RxBIN</strong></th>
<th><strong>RxPCN</strong></th>
<th><strong>RxBIN</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Member ID</strong></td>
<td><strong>&lt;Member ID&gt;</strong></td>
<td><strong>&lt;Member ID&gt;</strong></td>
<td><strong>&lt;Member ID&gt;</strong></td>
</tr>
<tr>
<td><strong>Medicaid ID</strong></td>
<td><strong>&lt;Member Medicaid ID&gt;</strong></td>
<td><strong>&lt;Member Medicaid ID&gt;</strong></td>
<td><strong>&lt;Member Medicaid ID&gt;</strong></td>
</tr>
<tr>
<td><strong>Member ID</strong></td>
<td><strong>&lt;Member ID&gt;</strong></td>
<td><strong>&lt;Member ID&gt;</strong></td>
<td><strong>&lt;Member ID&gt;</strong></td>
</tr>
<tr>
<td><strong>Member Name</strong></td>
<td><strong>&lt;Name&gt;</strong></td>
<td><strong>&lt;Name&gt;</strong></td>
<td><strong>&lt;Name&gt;</strong></td>
</tr>
<tr>
<td><strong>PCP Name</strong></td>
<td><strong>&lt;Provider Name&gt;</strong></td>
<td><strong>&lt;Provider Name&gt;</strong></td>
<td><strong>&lt;Provider Name&gt;</strong></td>
</tr>
<tr>
<td><strong>PCP Phone</strong></td>
<td><strong>&lt;Provider Phone #&gt;</strong></td>
<td><strong>&lt;Provider Phone #&gt;</strong></td>
<td><strong>&lt;Provider Phone #&gt;</strong></td>
</tr>
</tbody>
</table>

**Member Services/Servicios al Miembro:**

Behavioral Health/Salud del Comportamiento: 1-877-725-2539

Service Coordination/Coordinación de Servicios: 1-877-725-2688

Hearing Impaired/Personas con Problemas de la Audición: 7-1-1

For Prior Authorization/De Autorización Previa: 1-877-653-0331

Website/Sitio Web: careplantx.cigna.com

Pharmacy Help Desk: 1-800-622-1557

Send Claims to: P.O. Box 981709, El Paso, TX 79998-1709

Claim Inquiry: 1-877-653-0331

For more information, see the next page.
Medicaid Plans

Cigna works with the state of Texas to help people and families get health coverage in the Texas STAR+PLUS Program. STAR+PLUS is a Texas Medicaid managed care program that provides health care, acute care and long term services and supports. Through STAR+PLUS, Cigna provides members with many quality health care services. We work closely with our network of health care providers to ensure our members get personalized care and benefits that meet their health needs.

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

Key

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

Medicaid Eligible Only

2. Member’s Medicaid Member ID#, issued by HHSC.
3. Member’s name.
4. Name of member’s primary care provider (PCP).
5. Phone number of member’s primary care provider (PCP).
6. Date member is assigned to their PCP.
7. Member Services phone number, available Monday to Friday, 8 a.m. to 5 p.m. Central Time.
8. TTY number for Hearing Impaired Members. For additional Hearing Impaired services, please contact TTY/Texas Relay at 1-800-735-2989 (English) or 1-800-662-4954 (Spanish).
9. Service Coordination Department phone number.
12. Submit claims to the claim submission address shown on the card.

Medicare and Medicaid Dual Eligible

2. Member’s Medicaid Member ID#, issued by HHSC.
3. Member’s name.
4. Member Services phone number, available Monday to Friday, 8 a.m. to 5 p.m. Central Time.
5. TTY number for Hearing Impaired Members. For additional Hearing Impaired services, please contact TTY/Texas Relay at 1-800-735-2989 (English) or 1-800-662-4954 (Spanish).
6. Service Coordination Department phone number.
9. Submit claims to the claim submission address shown on the card.
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.

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

All benefits are subject to verification of eligibility, definitions, exclusions, and contract limitations. 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.)
302.797.3535 (inside the U.S.)
Mail Claims: Cigna PO Box 15111, Wilmington, DE 19850-5111
Website: 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 limitations. 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: 1.800.243.6998 (toll-free) or 001.302.797.3150 (direct fax)
Contact: 1.800.243.1348 (toll-free) or 001.302.797.3535 (outside the U.S.)
302.797.3535 (inside the U.S.)
Mail Claims: Cigna PO Box 15111, Wilmington, DE 19850-5111
Website: www.CignaEnvoy.com

Networks outside the U.S.: Vary by location

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

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

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

Customers and Health Care Facilities / Doctors

US Health Care Facilities / Doctors: Payor ID Cigna – 62308
Fax: AT&T access code + 800.243.6868 or 302.797.3150
Contact: AT&T access code + 800.441.3868 or 302.797.3100
Mail: Cigna International, P.O. Box 15050, Wilmington, DE 19853-5050 USA
Online Claims: Visit www.CignaEnvoy.com to submit a claim online

Network Savings Program

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

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

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

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

Networks: Vary by plan

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

SHARED ADMINISTRATION REPRICING PLANS

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

|         | Choice Fund OA Plus | No referral required | PCP visit 15%/20% | Specialist 15%/20% | Network ER 15%/20% | Vision 20% | Rx 30%/40%/50% | Network Coinsurance: In 90%/10% Out 70%/30% | Med/Rx deductible applies |
|---------|---------------------|----------------------|-------------------|-------------------|-------------------|-----------|-------------|----------------------------------+------------------------|
| PCP required | Encouraged          | No                   | No                | No                | Yes               | Yes       | Yes         | Yes                               | Yes                    |
| Referral required | No                   | No                   | No                | No                | No                | No        | No          | No                                | No                     |
| Away from Home Care | Yes                   | Yes                  | Yes               | Yes               | Yes               | Yes       | Yes         | Yes                               | Yes                    |
| Out-of-network benefits | Yes                   | Yes                  | Yes               | Yes               | Yes               | Yes       | Yes         | Yes                               | Yes                    |
Cigna Choice Fund® plans

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

Networks: Vary by plan

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

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

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

Shared Administration Repricing plans

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

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

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

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

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

Key

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

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

Networks: Vary by plan

The sample below shows an ID card for a customer with a Cigna-administered plan. If it displays a Strategic Alliance logo,* the customer may use that Strategic Alliance’s network when outside the service area for Cigna network-participating providers.

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 HealthPartners, Tufts Health Plan, MVP Health Care, or Priority Health (effective January 1, 2021). The Cigna logo on the card indicates they may visit a Cigna-participating provider when in the Cigna service area.

*Logos include HealthPartners, Tufts Health Plan, Priority Health (effective January 1, 2021), and MVP.

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.
CIGNA + OSCAR

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

Haskell Doe
Open Access Plus Bronze $4500 INF HSA
(No referral required)

Member plan information
Member ID OSC012345678-01
Group ID BIZ00061269
Cigna ID 0224764
Coverage start date 01/01/2020

In-network cost before / after deductible
Oscar Care virtual visits $0 / $0
Primary care 100% / $70
Specialist 100% / $90
Urgent care 100% / $90
Emergency room 100% / 30%

Member Care Team
Message us by logging into the Oscar app or hioscar.com or call 855-672-2789

LocalPlus Plans

Haskell Doe
LocalPlus Bronze $6000 INF
(No referral required)

Member plan information
Member ID OSC012345678-01
Group ID BIZ00061269
Cigna ID 0224764
Coverage start date 01/01/2020

In-network cost before / after deductible
Oscar Care virtual visits $0 / $0
Primary care $70 / $70
Specialist 100% / 50%
Urgent care 100% / 50%
Emergency room 100% / 50%

Member Care Team
Message us by logging into the Oscar app or hioscar.com or call 855-672-2789

PCP required Referral required Away from Home Care Out-of-network benefits
Encouraged No Yes Yes
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.
› Claims should be submitted to the payer ID on the customer’s ID card.
You may be asked to present this card when you receive care. The card does not guarantee coverage. You must comply with all terms and conditions of the plan. Willful misuse of this card is considered fraud.

INPATIENT ADMISSION:
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 instructions and directions on follow-up care within ### hours.

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

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

For Pharmacy, call ABC Company 800.XXX.XXXX (Not a Cigna Company)
For Vision, call ABC Company 800.XXX.XXXX (Not a Cigna Company)

Send Claims to: PO Box XXXX, Anytown, USA 12345-6789
Customer Service: 800.XXX.XXXX                MH/SA: 800.XXX.XXXX

For more information, see the next page.

*This ID card will not display the name of a PCP if one is chosen.
Indemnity plans
These plans give customers the freedom to choose any provider.
› No network requirements.
› Referrals are not required to see specialists.

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

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

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

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

<table>
<thead>
<tr>
<th>ID Card Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quickly view ID card information (front and back) for family members</td>
</tr>
<tr>
<td>Easily print, email, or scan right from a smartphone or tablet</td>
</tr>
</tbody>
</table>

**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

**Health Care Professionals:** Visit www.CignaforHCP.com or call 1.866.494.2111.

**In an Emergency:** Seek care immediately. Go directly to the nearest emergency facility or call 911.

**Hospital Admission:** Prior to any non-emergency hospital admission, you or your doctor must call the toll-free Customers and Health Care Professionals number shown below to request “precertification.” In the case of an emergency, you, your family, or your doctor must call within 48 hours of hospital admission. Failure to contact Cigna will affect your coverage.

**For coverage info:** Review your coverage on the myCigna website or mobile app, or call 866.494.2111.
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)

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

Learn more
To access our educational resources, log in to CignaforHCP.com > Resources > eCourses. Select courses about EDI, eligibility and benefits, estimating patient out-of-pocket costs, precertification, electronic claim submission, claim status inquiry, enrolling in and managing EFT, online remittance reports, and more.

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**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 CignaforHCP.com &gt; Working With Cigna &gt; Update Directory Information. If you have not registered, please go to the registration page to begin the process. Or Practitioner &amp; Group Changes: Email: <a href="mailto:Intake_PDM@cigna.com">Intake_PDM@cigna.com</a> Fax: 877.358.4301 Hospital &amp; Ancillary Changes: Fax: 646.459.2180 Exceptions If you are located in the following markets, submit updates electronically on CignaforHCP.com or as directed below. U.S. Virgin Islands Email: <a href="mailto:Intake_PDM@cigna.com">Intake_PDM@cigna.com</a> 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: <a href="mailto:CA_DirectoryCompliance@Cigna.com">CA_DirectoryCompliance@Cigna.com</a></td>
</tr>
<tr>
<td>› Name ▶ Type/Degree ▶ Specialty ▶ Product and network tier ▶ National Provider Identifier (NPI) number ▶ Medical group or hospital affiliation ▶ Office email address ▶ Address ▶ Office phone number ▶ Whether you are accepting new patients</td>
<td>Cigna for Health Care Professionals website: CignaforHCP.com</td>
</tr>
</tbody>
</table>

Perform online transactions:***

› Verify patient eligibility
› Inquire about patient coverage and covered services
› 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

Perform transactions using a multipayer website or vendor via electronic data interchange (EDI):***

› 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

Refer to Cigna.com/EDIvendors for a list of directly connected Cigna vendors.
<table>
<thead>
<tr>
<th>If you want to:</th>
<th>Use the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enroll to receive electronic funds transfer (EFT) or direct deposit</td>
<td>Log in to <a href="http://CignaforHCP.com">CignaforHCP.com</a> &gt; Working with Cigna &gt; Electronic Funds Transfer &gt; Enroll in Electronic Funds Transfer (EFT) Options.</td>
</tr>
<tr>
<td>Perform telephone transactions:***</td>
<td>Phone: 800.88Cigna (882.4462)</td>
</tr>
<tr>
<td>› Learn about electronic services</td>
<td>For patients with “G” ID cards: Phone: 866.494.2111</td>
</tr>
<tr>
<td>› Verify patient eligibility and coverage</td>
<td>Customer Service numbers are also included on the patient’s ID card.</td>
</tr>
<tr>
<td>› Check the status of a claim</td>
<td></td>
</tr>
<tr>
<td>› Request precertification for services</td>
<td></td>
</tr>
<tr>
<td>› Request an exception to the prescription drug list</td>
<td></td>
</tr>
<tr>
<td>› 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</td>
<td></td>
</tr>
<tr>
<td>Submit a paper claim</td>
<td>Refer to patient’s ID card</td>
</tr>
<tr>
<td>Submit or inquire about an appeal or dispute</td>
<td>Phone: 800.88Cigna (882.4462)</td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://CignaforHCP.com">CignaforHCP.com</a></td>
</tr>
<tr>
<td></td>
<td>Fax: 877.815.4827</td>
</tr>
<tr>
<td></td>
<td>Mail: Cigna National Appeals</td>
</tr>
<tr>
<td></td>
<td>PO Box 188011</td>
</tr>
<tr>
<td></td>
<td>Chattanooga, TN 37422</td>
</tr>
<tr>
<td></td>
<td>For patients with “G” ID cards: Phone: 877.804.1679</td>
</tr>
<tr>
<td></td>
<td>Fax: 877.804.1679</td>
</tr>
<tr>
<td></td>
<td>Mail: Cigna National Appeals</td>
</tr>
<tr>
<td></td>
<td>PO Box 188062</td>
</tr>
<tr>
<td></td>
<td>Chattanooga, TN 37422-8062</td>
</tr>
<tr>
<td>Submit or inquire about provider credentialing**</td>
<td>Phone: 800.88Cigna (882.4462)</td>
</tr>
<tr>
<td>Obtain information about organ and tissue transplant network</td>
<td>Cigna LifeSOURCE Transplant Network®</td>
</tr>
<tr>
<td></td>
<td>Phone: 800.668.9682</td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://CignaLifeSOURCE.com">CignaLifeSOURCE.com</a></td>
</tr>
<tr>
<td>Contact a dental network</td>
<td>Phone: 800.Cigna24 (244.6224)</td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://CignaforHCP.com">CignaforHCP.com</a></td>
</tr>
<tr>
<td></td>
<td>For patients with “G” ID cards: Phone: 866.494.2111</td>
</tr>
<tr>
<td>Obtain other telephone numbers and addresses</td>
<td>Refer to the patient’s ID card</td>
</tr>
<tr>
<td>Other important contacts:</td>
<td></td>
</tr>
<tr>
<td>Cigna Behavioral Health</td>
<td>Phone: 800.926.2273</td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://CignaforHCP.com">CignaforHCP.com</a></td>
</tr>
<tr>
<td>Home delivery pharmacy</td>
<td>Cigna Home Delivery Pharmacy: 800.285.4812</td>
</tr>
<tr>
<td></td>
<td>Express Scripts Pharmacy, a Cigna company: 800.211.1456</td>
</tr>
<tr>
<td>Accredo, a Cigna specialty pharmacy</td>
<td>Accredo Physician Service Center: 844.516.3319</td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://Accredo.com">Accredo.com</a> &gt; Prescribers</td>
</tr>
<tr>
<td>Other important contacts:</td>
<td>Use the following:</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------------</td>
</tr>
</tbody>
</table>
| 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, gastroenterology, high-tech radiology, integrated oncology, musculoskeletal, and radiation therapy services)  
Effective February 1, 2021, eviCore will begin managing home health, durable medical equipment (DME), home infusion, and sleep services for Cigna customers. | **Diagnostic cardiology, high-tech radiology, musculoskeletal, and gastroenterology**  
Phone: 888.693.3297  
Website: [eviCore.com](http://eviCore.com)  
**Radiation therapy and integrated oncology**  
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)  
**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) |
| Pharmacy prior authorizations | Electronic medical record or electronic health record: CoverMyMeds®  
or Surescripts®  
Website: [CoverMyMeds.com/epa/Cigna](http://CoverMyMeds.com/epa/Cigna)  
Phone: 800.244.6224 |
| Specialty pharmacy condition counseling | Accredo Therapeutic Resource Centers: 844.516.3319  
Cigna specialty condition counseling: 800.633.6521 |

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