



# 2011 Quick Guide to CIGNA ID Cards



**PLEASE NOTE:** There are various CIGNA standard ID cards shown in this brochure that are subject to regulatory oversight. As a result, the actual ID card content may vary in order to conform to legislative and regulatory requirements.

**GWH-CIGNA**


11 

**GWH-CIGNA  
Plan Type**

XYZ Company  
RXBIN 600428  
RXPCN 05180000  
Issuer 80840

Group Plan 00654321  
Sample Customer

ID 100000005 **1**

COPA:  
Primary Care \$30 **4**    Specialist \$40  
Urgent Care \$65 **8**    ER \$200  
PCP: **None Selected**  
No Referral Required

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

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


For plan & benefit details, please visit myCIGNAforhealth.com

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

CIGNA has multiple networks. Your plan is paired with the GWH-CIGNA network. To find a GWH-CIGNA provider, please visit your member website at [myCIGNAforhealth.com](http://myCIGNAforhealth.com).

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

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

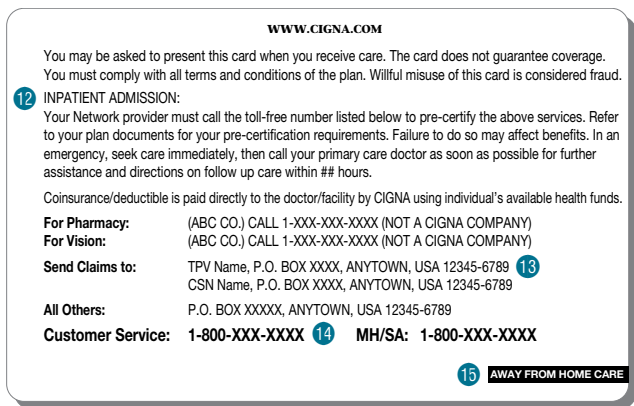
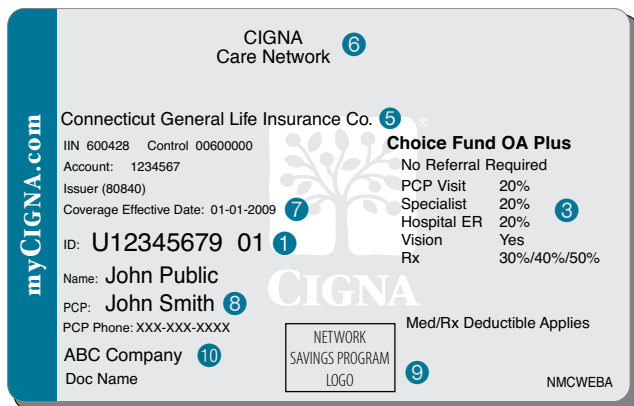
 For providers not in your primary network, visit [multiplan.com](http://multiplan.com)  
For Pharmacists Only 1-800-XXX-XXXX

R318 (5/10)                      Mask 401                      Issue Date: 10/05/10

- PCP selection encouraged
- No referrals required

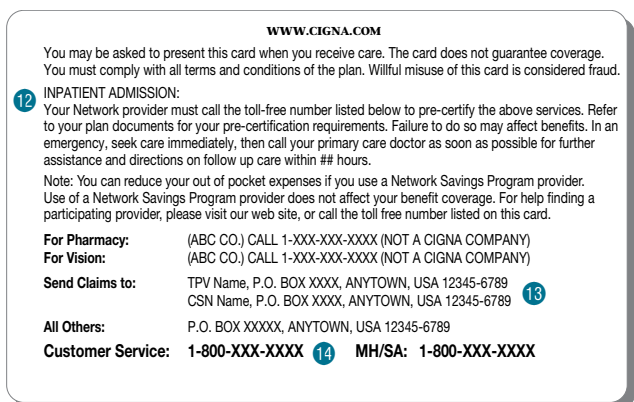
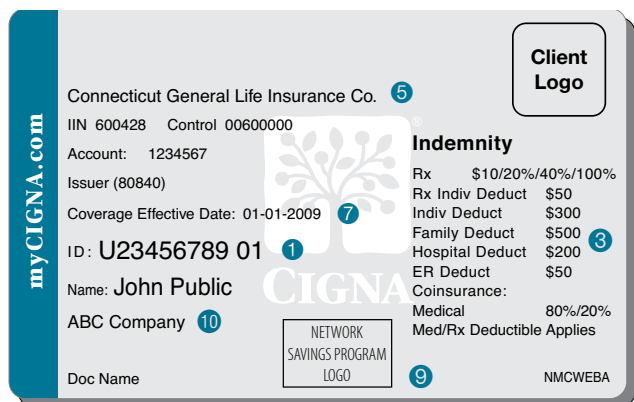
**GWH-CIGNA PLANS**





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

- Coinsurance/deductible should not be collected at the time of service unless you have accessed the CIGNA Cost of Care Estimator® on the CIGNA for Health Care Professionals website ([www.cignaforhcp.com](http://www.cignaforhcp.com)) to obtain an estimate of the patient's costs, and provide a copy of the estimate to the patient



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


- 9 Network Savings Program logo indicates that out-of-network discounts may apply based upon the primary customer's home state.
- 10 Client name.
- 11 If a third party administers services on behalf of CIGNA, the ID card may include multiple logos and may show a different claim address or telephone number on the back of the card.
- 12 Precertification requirements may be shown as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures."
- 13 Submit claims to the Claim Submission address shown on the card.
- 14 Call the Customer Service Number(s) indicated on the card. Some plans have dedicated numbers for accessing information — be sure to check the card for the correct number.
- 15 "Away From Home Care" indicates the patient has access to the CIGNA National Network.
- 16 Indicates Shared Administration.
- 17 Union Bug.

**The ID cards shown are samples and may vary.**

- 1 Use this ID number for all claims and inquiries.
- 2 Indicates a seamless network where a patient can receive in-network care on a regional or statewide basis.
- 3 For patients with coinsurance, submit claims to CIGNA or its designee and receive an Explanation of Payment (EOP), which will show any remaining amount due from patient.
- 4 Collect any copayment at the time of service.
- 5 May read as "Connecticut General Life Insurance Co.," "CIGNA Health and Life Insurance Company" or "CIGNA HealthCare of XXXX, Inc."
- 6 ID cards with the CIGNA Care Network® logo indicate the patient's liability varies based on the health care professional's CIGNA Care Network designation. Refer to the online provider directory to determine CIGNA Care Network designation.
- 7 Effective date of coverage.
- 8 Name of patient's Primary Care Physician (PCP).

Network Open Access

**myCIGNA.com**

TPV Logo <sup>11</sup> CIGNA Care Network <sup>6</sup>  <sup>2</sup>

Connecticut General Life Insurance Co. <sup>5</sup>

IIN 600428 Control 00600000  
 Account: 1234567  
 Issuer (80840)  
 Coverage Effective Date: 01-01-2010 <sup>7</sup>

ID: U23456789 01 <sup>1</sup>

Name: John Public

PCP: John Smith <sup>8</sup>

PCP Phone: XXX-XXX-XXXX

ABC Company <sup>10</sup>

Doc Name

**Network Open Access**

No Referral Required

PCP Visit	\$15 <sup>4</sup>
Specialist	\$15
Hospital ER	\$50
Urgent Care	\$25
Vision	Yes
Rx	\$10/20/40
Rx Indiv Deduct	\$50

Coinsurance Applies <sup>3</sup>

**NETWORK SAVINGS PROGRAM LOGO** <sup>9</sup>

NMCWEBA

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

**WWW.CIGNA.COM**

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

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

**For Pharmacy:** (ABC CO.) CALL 1-XXX-XXX-XXXX (NOT A CIGNA COMPANY)  
**For Vision:** (ABC CO.) CALL 1-XXX-XXX-XXXX (NOT A CIGNA COMPANY)

**Send Claims to:** TPV Name, P.O. BOX XXXX, ANYTOWN, USA 12345-6789 <sup>13</sup>  
 CSN Name, P.O. BOX XXXX, ANYTOWN, USA 12345-6789


**All Others:** P.O. BOX XXXXX, ANYTOWN, USA 12345-6789

**Customer Service: 1-800-XXX-XXXX <sup>14</sup> MH/SA: 1-800-XXX-XXXX**

We encourage you to use a PCP as a valuable resource and personal health advocate. <sup>15</sup> **AWAY FROM HOME CARE**

Open Access Plus

**myCIGNA.com**

TPV Logo <sup>11</sup> CIGNA Care Network <sup>6</sup>  <sup>2</sup>

Connecticut General Life Insurance Co. <sup>5</sup>

IIN 600428 Control 00600000  
 Account: 1234567  
 Issuer (80840)  
 Coverage Effective Date: 01-01-2010 <sup>7</sup>

ID: U23456789 01 <sup>1</sup>

Name: John Public

PCP: John Smith <sup>8</sup>

PCP Phone: XXX-XXX-XXXX

ABC Company <sup>10</sup>

Doc Name

**Open Access Plus**

No Referral Required

PCP Visit	10% <sup>3</sup>
Specialist	20%
Hospital ER	20%
Vision	Yes
Rx	30%/40%/50%

Network Coinsurance:  
 In 90%/10%  
 Out 70%/30%

Med/Rx Deductible Applies

**NETWORK SAVINGS PROGRAM LOGO** <sup>9</sup>

NMCWEBA

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

**WWW.CIGNA.COM**

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**For Vision:** (ABC CO.) CALL 1-XXX-XXX-XXXX (NOT A CIGNA COMPANY)

**Send Claims to:** TPV Name, P.O. BOX XXXX, ANYTOWN, USA 12345-6789 <sup>13</sup>  
 CSN Name, P.O. BOX XXXX, ANYTOWN, USA 12345-6789


**All Others:** P.O. BOX XXXXX, ANYTOWN, USA 12345-6789

**Customer Service: 1-800-XXX-XXXX <sup>14</sup> MH/SA: 1-800-XXX-XXXX**

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HMO or POS Open Access

**myCIGNA.com**

TPV Logo <sup>11</sup> CIGNA Care Network <sup>6</sup>  <sup>2</sup>

CIGNA HealthCare of XXXXX, Inc. <sup>5</sup>

IIN 600428 Control 00600000  
 Account: 1234567  
 Issuer (80840)  
 Coverage Effective Date: 01-01-2009 <sup>7</sup>

ID: U23456789 01 <sup>1</sup>

Name: John Public

PCP: John Smith <sup>8</sup>

PCP Phone: XXX-XXX-XXXX

ABC Company <sup>10</sup>

Doc Name

**HMO (or POS) Open Access**

No Referral Required

PCP Visit	\$15
Specialist	\$15
Hospital ER	\$50 <sup>4</sup>
Urgent Care	\$25
Vision	Yes
Rx	\$10/20/40
Rx Indiv Deduct	\$50

Coinsurance Applies <sup>3</sup>

**NETWORK SAVINGS PROGRAM LOGO** <sup>9</sup>

NMCWEBA

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

**WWW.CIGNA.COM**

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**For Vision:** (ABC CO.) CALL 1-XXX-XXX-XXXX (NOT A CIGNA COMPANY)

**Send Claims to:** TPV Name, P.O. BOX XXXX, ANYTOWN, USA 12345-6789 <sup>13</sup>  
 CSN Name, P.O. BOX XXXX, ANYTOWN, USA 12345-6789

**All Others:** P.O. BOX XXXXX, ANYTOWN, USA 12345-6789

**Customer Service: 1-800-XXX-XXXX <sup>14</sup> MH/SA: 1-800-XXX-XXXX**

We encourage you to use a PCP as a valuable resource and personal health advocate. <sup>15</sup> **AWAY FROM HOME CARE**

HMO or POS

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

www.cigna.com

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**For Vision:** (ABC CO.) CALL 1-XXX-XXX-XXXX (NOT A CIGNA COMPANY)

**Send Claims to:** TPV Name, P.O. BOX XXXX, ANYTOWN, USA 12345-6789 **13**  
CSN Name, P.O. BOX XXXX, ANYTOWN, USA 12345-6789

**All Others:** P.O. BOX XXXXX, ANYTOWN, USA 12345-6789

**Customer Service: 1-800-XXX-XXXX 14 MH/SA: 1-800-XXX-XXXX**

We encourage you to use a PCP as a valuable resource and personal health advocate. **15 AWAY FROM HOME CARE**

Network

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

www.cigna.com

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

**For Pharmacy:** (ABC CO.) CALL 1-XXX-XXX-XXXX (NOT A CIGNA COMPANY)  
**For Vision:** (ABC CO.) CALL 1-XXX-XXX-XXXX (NOT A CIGNA COMPANY)

**Send Claims to:** TPV Name, P.O. BOX XXXX, ANYTOWN, USA 12345-6789 **13**  
CSN Name, P.O. BOX XXXX, ANYTOWN, USA 12345-6789

**All Others:** P.O. BOX XXXXX, ANYTOWN, USA 12345-6789

**Customer Service: 1-800-XXX-XXXX 14 MH/SA: 1-800-XXX-XXXX**

We encourage you to use a PCP as a valuable resource and personal health advocate. **15 AWAY FROM HOME CARE**

KEY

The ID cards shown are samples and may vary.

- 1** Use this ID number for all claims and inquiries.
- 2** Indicates a seamless network where a patient can receive in-network care on a regional or statewide basis.
- 3** For patients with coinsurance, submit claims to CIGNA or its designee and receive an Explanation of Payment (EOP), which will show any remaining amount due from patient.
- 4** Collect any copayment at the time of service.
- 5** May read as "Connecticut General Life Insurance Co.," "CIGNA Health and Life Insurance Company" or "CIGNA HealthCare of XXXX, Inc."
- 6** ID cards with the CIGNA Care Network® logo indicate the patient's liability varies based on the health care professional's CIGNA Care Network designation. Refer to the online provider directory to determine CIGNA Care Network designation.
- 7** Effective date of coverage.
- 8** Name of patient's Primary Care Physician (PCP).
- 9** Network Savings Program logo indicates that out-of-network discounts may apply based upon the primary customer's home state.
- 10** Client name.
- 11** If a third party administers services on behalf of CIGNA, the ID card may include multiple logos and may show a different claim address or telephone number on the back of the card.
- 12** Precertification requirements may be shown as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures."
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- 16** Indicates Shared Administration.
- 17** Union Bug.

PPO or EPO

myCIGNA.com

TPV Logo <sup>11</sup> CIGNA Care Network <sup>6</sup>

Connecticut General Life Insurance Co. <sup>5</sup> **PPO (or EPO)**

IIN 600428 Control 00600000  
 Account: 1234567  
 Issuer (80840)  
 Coverage Effective Date: 01-01-2009 <sup>7</sup>

ID: U23456789 01 <sup>1</sup>

Name: John Public

ABC Company <sup>10</sup>

Doc Name

Dr. Visit \$15 <sup>4</sup>  
 Specialist \$15  
 Hospital ER \$50  
 Urgent Care \$25  
 Vision Yes  
 Rx \$10/20/40  
 Rx Indiv Deduct \$50  
 Network Coinsurance:  
 In 90%/10% <sup>3</sup>  
 Out 80%/20%  
 Med/Rx Deductible Applies

NETWORK SAVINGS PROGRAM LOGO <sup>9</sup>

NMCWEBA

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**For Pharmacy:** (ABC CO.) CALL 1-XXX-XXX-XXXX (NOT A CIGNA COMPANY)  
**For Vision:** (ABC CO.) CALL 1-XXX-XXX-XXXX (NOT A CIGNA COMPANY)

**Send Claims to:** TPV Name, P.O. BOX XXXX, ANYTOWN, USA 12345-6789 <sup>13</sup>  
 CSN Name, P.O. BOX XXXX, ANYTOWN, USA 12345-6789

**All Others:** P.O. BOX XXXXX, ANYTOWN, USA 12345-6789

**Customer Service:** 1-800-XXX-XXXX <sup>14</sup> MH/SA: 1-800-XXX-XXXX

<sup>15</sup> AWAY FROM HOME CARE

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

Fundamental Care

TPV / Alliance Logo <sup>11</sup> Fundamental Care Limited-benefit health plan www.fundamentalcare.com

Primary Network: CIGNA HealthCare PPO  
 Secondary Network: Beech Street  
 Connecticut General Life Insurance Company <sup>5</sup>

Coverage Effective Date: 00/00/0000 <sup>7</sup>

ID: AMI

Name: Name

Account Number: 2466518

Group Name:  
 Group Number:

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

www.fundamentalcare.com

CIGNA

Beech Street. A VIANT NETWORK

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

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

Send Claims to: TPV / Alliance Mailing Address <sup>13</sup>

All others to: CIGNA HealthCare, P.O. Box 188004, Chattanooga, TN 37422 Payor 62308

**Customer Service: 1.800.XXX.XXXX <sup>14</sup>**  
**CIGNA 24-hour Nurseline: 1.866.XXX.XXXX**

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

<sup>15</sup> AWAY FROM HOME CARE

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

Starbridge®

TPV / Alliance Logo <sup>11</sup> Starbridge Limited-benefit health plan www.starbridge.com

Primary Network: CIGNA HealthCare PPO  
 Secondary Network: Beech Street  
 Connecticut General Life Insurance Company <sup>5</sup>

Coverage Effective Date: 00/00/0000 <sup>7</sup>

ID: AMI

Name: Name

Account Number: 2466518

Group Name:  
 Group Number:

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

www.starbridge.com

CIGNA

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Send Claims to: TPV / Alliance Mailing Address <sup>13</sup>

All others to: CIGNA HealthCare, P.O. Box 188004, Chattanooga, TN 37422 Payor 62308

**Customer Service: 1.800.XXX.XXXX <sup>14</sup>**  
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**Provider:** Participant is enrolled in a limited-benefit plan. For hospital services, collect patient responsibility when service is rendered or make financial arrangements with the patient in accordance with your policies.

<sup>15</sup> AWAY FROM HOME CARE

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

■ PCP selection encouraged

**WWW.CIGNA.COM**

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**For Pharmacy:** (ABC CO.) CALL 1-XXX-XXX-XXXX (NOT A CIGNA COMPANY)  
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CSN Name, P.O. BOX XXXX, ANYTOWN, USA 12345-6789 **13**

**All Others:** P.O. BOX XXXXX, ANYTOWN, USA 12345-6789

**Customer Service: 1-800-XXX-XXXX 14 MH/SA: 1-800-XXX-XXXX**

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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.

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Your provider must call the toll-free number listed below to precertify your medical benefits or benefits may be affected. Refer to your plan documents for your plan's precertification requirements. In an emergency, seek care immediately, then notify CareAllies within 48 hours.

**Mail all non-medical claims and correspondence to:** Fund Name  
Fund Address

**13 Submit/Mail Claims to:** P.O. BOX XXXX, ANYTOWN, USA 12345-6789  
TPV N&A Print Line

**Precertification:** Member Svc Nu **Pharmacy Questions:** CALL 1-XXX-XXX-XXXX

**Eligibility, Benefit and Claim Questions:** CALL 1-XXX-XXX-XXXX **14**

**To access the online provider directory, go to [www.cignasharedadministration.com](http://www.cignasharedadministration.com)**

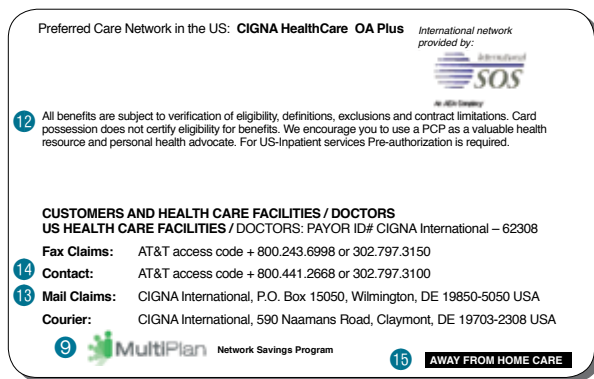
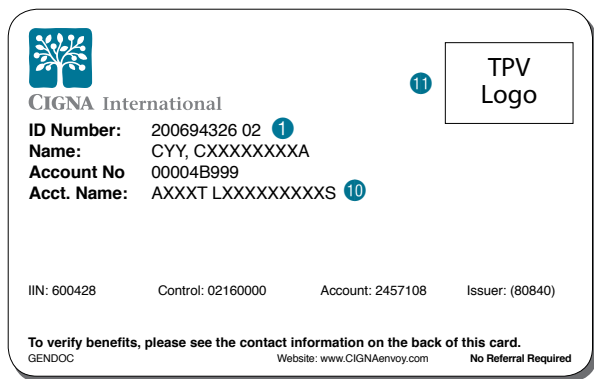
**To access member pharmacy tools, go to [www.mycigna.com](http://www.mycigna.com)**

**AWAY FROM HOME CARE 15** Benefits are not insured by CIGNA HealthCare **17** Union Bug

KEY

**The ID cards shown are samples and may vary.**

- 1** Use this ID number for all claims and inquiries.
- 2** Indicates a seamless network where a patient can receive in-network care on a regional or statewide basis.
- 3** For patients with coinsurance, submit claims to CIGNA or its designee and receive an Explanation of Payment (EOP), which will show any remaining amount due from patient.
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- 16** Indicates Shared Administration.
- 17** Union Bug.



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

**The ID cards shown are samples and may vary.**

- <sup>1</sup> Use this ID number for all claims and inquiries.
- <sup>2</sup> Indicates a seamless network where a patient can receive in-network care on a regional or statewide basis.
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- <sup>6</sup> ID cards with the CIGNA Care Network<sup>®</sup> logo indicate the patient's liability varies based on the health care professional's CIGNA Care Network designation. Refer to the online provider directory to determine CIGNA Care Network designation.
- <sup>7</sup> Effective date of coverage.
- <sup>8</sup> Name of patient's Primary Care Physician (PCP).
- <sup>9</sup> Network Savings Program logo indicates that out-of-network discounts may apply based upon the primary customer's home state.
- <sup>10</sup> Client name.
- <sup>11</sup> If a third party administers services on behalf of CIGNA, the ID card may include multiple logos and may show a different claim address or telephone number on the back of the card.
- <sup>12</sup> Precertification requirements may be shown as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures."
- <sup>13</sup> Submit claims to the Claim Submission address shown on the card.
- <sup>14</sup> Call the Customer Service Number(s) indicated on the card. Some plans have dedicated numbers for accessing information – be sure to check the card for the correct number.
- <sup>15</sup> "Away From Home Care" indicates the patient has access to the CIGNA National Network.
- <sup>16</sup> Indicates Shared Administration.
- <sup>17</sup> Union Bug.

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