

NetworkNews

November 2010

FOR HEALTH CARE PROFESSIONALS PARTICIPATING IN THE CIGNA AND GWH-CIGNA NETWORKS

Health Care Reform Legislation

Several provisions of the Patient Protection and Affordable Care Act (PPACA) became effective on September 23, 2010, and additional provisions will take effect January 1, 2011. Read below for information on provisions that may impact you.

Preventive Care – effective for plan years beginning on or after September 23, 2010

The CIGNA companies have revised their standard preventive care coverage in their insurance policies and HMO service agreements to comply with the new PPACA preventive care mandate. A large number of preventive care services required to be covered with no patient cost-sharing were already covered by CIGNA administered plans prior to the mandate becoming effective.

Services designated as preventive care include periodic well visits, routine immunizations and routine screenings for symptom-free or disease-free individuals. Preventive care services also generally include immunization and screening services for symptom-free or disease-free individuals at increased risk for a particular disease.

Many CIGNA administered plans will cover the full cost of preventive care with no patient copayment or coinsurance.

What You Need To Do

- Determine if your patient's CIGNA administered plan covers preventive care at 100%:
 - Visit the CIGNA for Health Care Professionals website (www.cignaforhcp.com) to verify benefit and eligibility information, or call 1.800.88CIGNA (882.4462).
 - For patients with a GWH-CIGNA or Great-West ID card, visit the Secured Provider Portal (www.GWHCIGNAforHCP.com), or call 1.866.494.2111.
- Submit preventive care services claims with the ICD-9 diagnosis code in the primary (first) diagnosis code on the claim form:
 - If claims for preventive care services are submitted with diagnosis codes that represent treatment of illness or injury as the primary diagnosis on the claim, the service will not be identified as preventive care and the claim will not be processed under the enhanced preventive care coverage.
 - Use procedure codes designated as "Preventive Medicine Evaluation and Management Services" to differentiate preventive services from problem-oriented Evaluation and Management office visits (99381-99397, 99461, 99401-99404, S0610, S0612).

For additional details about this provision and a list of services to which it applies, refer to our Preventive Care Fact Sheet available under the 'Health Care Professionals' tab on www.informedonreform.com.

You can also visit <http://www.healthcare.gov/center/regulations/prevention/taskforce.html>, or <http://www.healthcare.gov/center/regulations/prevention/recommendations.html>.

Over-the-Counter (OTC) Reimbursement – effective for plan years beginning on or after January 1, 2011

Beginning January 1, 2011, over-the-counter (OTC) drugs and medicines will no longer qualify for reimbursement from health plan spending accounts without a prescription from a health care professional.

If you have patients with a Health Reimbursement Account (HRA), Health Savings Account (HSA) or Flexible Spending Account (FSA), and you determine the patient needs an OTC medicine other than insulin and diabetic supplies, you may be asked to provide a prescription* for the OTC medicine you advise them to take.

Under this new legislation, a prescription is required in order for the patient to receive reimbursement for any qualified OTC purchases made with funds from their health account.

For additional details about this provision, refer to our OTC Reimbursement Fact Sheet available under the 'Health Care Professionals' tab on www.informedonreform.com.

* A "prescription" is defined by the U.S. government as a written or electronic order for a medicine or drug that meets the legal requirements of a prescription in the state in which the medical expense is incurred and is issued by an individual legally authorized to dispense prescriptions in that state.

For More Information

Visit www.informedonreform.com often to obtain the latest information about the PPACA. New information will be added and updated as the legislation evolves. ■

Health Care Reform?



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Demographic Changes: One Submission for Both Networks

CIGNA is making it easier for health care professionals who participate in both the CIGNA and GWH-CIGNA networks to submit demographic changes. Health care professionals in the GWH-CIGNA network will now use the CIGNA channels of submissions, regardless of contract integration status. When demographic changes are submitted, the updates will now be made to both networks. We use this information to publish online provider directories, send communications to health care professionals, and to process claims.



Network	Update
CIGNA	No change. Use the same region-specific CIGNA fax number and email that you currently use.
GWH-CIGNA	Use the region-specific CIGNA fax number and email.
Both Networks	Use the region-specific CIGNA fax number and email.

Use the following submission channels based on your location:

Northeast Connecticut, Delaware, Illinois, Indiana, Iowa, Maine, Massachusetts, Michigan, Minnesota, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, West Virginia, Wisconsin	Fax: 1.877.358.4301 Email: providerdata@cigna.com
Southeast Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, Virginia, Virgin Islands, Washington DC	Fax: 1.888.208.7159 Email: pdm Tampa@cigna.com
West Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming	Fax: 1.860.687.7336 Email: pdmglendale@cigna.com

Demographic changes may also be submitted by mail using the forms found on the secure health care professional websites:

CIGNA	GWH-CIGNA Network
www.cignaforhcp.com > eServices > Provider Directory Changes	www.GWHCIGNAforHCP.com > Update Your Profile



Treatment Decision Support Tools and Services

It's important for people to have information and services to help them make more informed health care choices. As a physician, you're in a prime position to influence your patients' health outcomes and encourage them to improve their health. That's why we want to make sure you're aware of CIGNA tools and resources that can complement your care and treatment plans.

CIGNA offers access to a number of online interactive treatment decision support tools that can help your patients understand their condition and evidence-based treatment options, and be better prepared for discussions with you. These resources include the Dialog CenterSM from Health Dialog, and Healthwise[®] Health Crossroads[®]. Using these tools, your patients can be guided through decision paths that describe the benefits and risks of each treatment option and provide questions or discussion points to discuss with you. Some also provide patient narratives and testimonials.

Individuals with CIGNA coverage can call the toll-free telephone number on the back of their ID card or visit www.myCIGNA.com to learn more about these and other programs available.

For additional information, call the CIGNA Customer Service Center at 1.800.88CIGNA (882.4462). ■

New CIGNA Paper Claim and Correspondence Addresses and Fax Numbers

If you submit paper medical claims or correspondence to CIGNA, note that some mailing addresses and fax numbers are changing effective January 1, 2011. Refer to the tables below for new addresses and fax numbers.

CIGNA ID cards will continue to show the current Scranton, PA address for claims and correspondence submission until they are updated throughout 2011. **Disregard the Scranton, PA address on the ID card and submit all medical claims and correspondence to the appropriate Chattanooga, TN address shown to the right.** The Chattanooga address should be selected based on the address currently used for claims and correspondence submissions. For example, claims previously sent to PO Box 5200, Scranton PA, should be sent to PO Box 182223, Chattanooga TN after January 1, 2011. Medical claims and correspondence for patients with GWH-CIGNA or Great-West ID cards are not affected by this change.

Medical claims or correspondence mailed to a Scranton address listed below after December 31, 2010, will be redirected by the United States Postal Service to the Chattanooga location. Please make the appropriate changes to the addresses and fax numbers effective January 1, 2011. ■



Helping People with Alcohol Problems

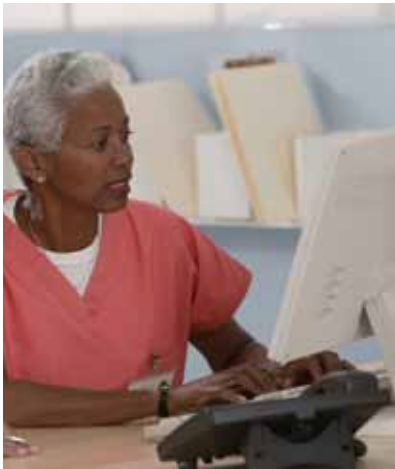
The National Institute on Alcohol Abuse and Alcoholism, a division of the National Institutes of Health, offers free Continuing Education credits for physicians and nurses who complete the Medscape course, "Video Cases: Helping Patients Who Drink Too Much", on the National Institute on Alcohol Abuse and Alcoholism website: http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/CME_CE.htm. ■

Current Mailing Address	New Mailing Address (effective January 1, 2011)
PO Box 4319 Scranton, PA 18505	PO Box 188016 Chattanooga, TN 37422
PO Box 5124 Scranton, PA 18505	PO Box 188015 Chattanooga, TN 37422
PO Box 5200 Scranton, PA 18505	PO Box 182223 Chattanooga, TN 37422
PO Box 5201 Scranton, PA 18505	PO Box 188018 Chattanooga, TN 37422
PO Box 5225 Scranton, PA 18505	PO Box 188011 Chattanooga, TN 37422
PO Box 5250 Scranton, PA 18505	PO Box 188006 Chattanooga, TN 37422
PO Box 5400 Scranton, PA 18505	PO Box 188014 Chattanooga, TN 37422
PO Box 5610 Scranton, PA 18505	PO Box 188017 Chattanooga, TN 37422
PO Box 5710 Scranton, PA 18505	PO Box 188050 Chattanooga, TN 37422
PO Box 5725 Scranton, PA 18505	PO Box 188012 Chattanooga, TN 37422
PO Box 5780 Scranton, PA 18505	PO Box 188009 Chattanooga, TN 37422
PO Box 5905 Scranton, PA 18505	PO Box 188004 Chattanooga, TN 37422
PO Box 5909 Scranton, PA 18505	PO Box 188004 Chattanooga, TN 37422
PO Box 6000 Scranton, PA 18505	PO Box 188010 Chattanooga, TN 37422
PO Box 6010 Scranton, PA 18505	PO Box 188007 Chattanooga, TN 37422

Affected Area	Current Fax Number	New Fax Number (effective January 1, 2011)
Flexible Spending Account (FSA) Substantiation Receipts	570.496.5443	859.410.2424
General Mail Fax Process	570.496.2945	859.410.2422
High Dollar Itemized Bills	570.496.5440	859.410.2421
Medical Expense Reimbursement Plan (MERP)	570.496.5403	859.410.2420
McKinsey	570.496.5445	859.410.2423
National Appeals	570.496.5423 or 866.254.9406	859.410.2419
Newell Rubbermaid	570.496.5419	859.410.2425
Shared Administration (SAR)	570.496.5422	859.410.2418

Integration Update

Through information in this newsletter and direct communications, we are committed to keeping you informed about the changes we've made as a result of our acquisition of the former Great-West Healthcare.



Secured Provider Portal URL Change

The Secured Provider Portal (SPP) offers secure and easy access to real-time transactions and information for your patients with GWH-CIGNA and Great-West ID cards. You can access the website at our new address, www.GWHCIGNAforHCP.com.

If you are not a registered user, register today for online access to many administrative tasks that can help you and your staff get the information you need quickly for your patients with GWH-CIGNA and Great-West ID cards. The former address, www.greatwesthealthcare.com/providers, is being phased out but will be available into 2011. ■


Service Differences

Continue to follow separate processes and procedures until you are notified otherwise, even if you participate in both the CIGNA and GWH-CIGNA networks.

- Vendor relationships (e.g., radiology and laboratory services) are not the same in each network. Refer to the provider directory located on the respective secure websites for accurate referral information:

CIGNA	www.cignaforhcp.com
GWH-CIGNA	www.GWHCIGNAforHCP.com

- Call and claim services are separate. Refer to the patient's ID card for the correct claim address, payer ID number and customer service telephone number.


GWH-CIGNA
Open Access
Plus

XYZ Company
IIN 600428
Control 05180000

Issuer 80840
Group Plan 00654321
Member Five

ID 100000005
COPAY:
Primary Care \$30 Specialist \$40
Urgent Care \$65 Preventive Care \$20
PCP: **None Selected**
No Referral Required

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

Members and Providers Call
1-866-494-2111

For plan & benefit details, please visit myCIGNAforhealth.com

The GWH-CIGNA network indicator in the upper right corner of the card indicates that the patient accesses the GWH-CIGNA network. Always use the website, phone number and claim address found on the ID card.

Network Differences

As we progress toward integrating the CIGNA and GWH-CIGNA networks into one, our goal is to strengthen the networks to offer more choice to our customers. At this time, the networks remain separate. Your patients with the GWH-CIGNA and Great-West ID cards access the GWH-CIGNA network, however it is different from the standard CIGNA network.

The ID cards that your patients carry have changed. Always use the information on the ID card for the correct network, service, claim and call information.

Covered services provided by health care professionals to individuals with GWH-CIGNA or Great-West ID cards are considered in-network if:

- You have an agreement with a former Great-West Healthcare company; or
- You have an agreement with a CIGNA HealthCare HMO or Connecticut General Life Insurance Company **and you have been notified in writing** that participants covered under plans formerly administered by Great-West Healthcare are now covered under your CIGNA participating provider agreement.

If you do not meet the above criteria, then covered services are considered out of network for individuals with GWH-CIGNA and Great-West ID cards. ■



CIGNA To Use New Legal Entity Name

Beginning in November 2010, CIGNA will begin a gradual transition from the widespread use of Connecticut General Life Insurance Company (CGLIC) to the use of a new legal entity to underwrite certain types of contracts and documents. The new legal entity, **CIGNA Health and Life Insurance Company (CHLIC)**, will become another important legal underwriting entity over time.

Our business strategy has evolved, and so we are adding a new legal entity to ensure closer alignment with CIGNA's focus on providing health solutions for our customers. The use of "Connecticut General" can be confusing to you and your patients and is not automatically associated with the CIGNA brand used in most of our external-facing communications. Using CIGNA Health and Life Insurance Company supports our brand by including the word "CIGNA."

The addition of a new legal entity will mean that the legal lines and legal name of the company that appear on communication materials may be different from what you see today.

The addition of a new legal entity will mean that the legal lines and legal name of the company that appear on communication materials may be different from what you see today. CHLIC will begin to appear on patient ID cards, Explanation of Payment forms and checks, remittance advice, websites, correspondence, and other communication materials as they are redesigned and reprinted. We will continue to communicate any changes you may see as a result of the new legal entity. ■

Important Update – CIGNA Medicare Access® (PFFS)

Individual PFFS plans will no longer be offered by CIGNA in 2011

All insurers that wish to offer Medicare Advantage products are required to have a contracted network of health care professionals and hospitals in most parts of the country, beginning January 1, 2011.

CIGNA has chosen to focus on other core business initiatives and, therefore, will not offer an **individual** network-based Medicare Advantage product in 2011.

All current individual PFFS customers will remain fully covered under their current plan with their current benefits intact through December 31, 2010. All current group PFFS customers will be fully covered through the end of their contract term (which for some customers will extend until July 2011).

■ **This decision does not affect our Arizona Medicare HMO business**, which will continue to be offered to individuals and groups.

■ **This decision does not affect our CIGNA Medicare Rx business**, which will continue to be offered to individuals in 2011.

All CIGNA individual PFFS customers must elect new coverage for 2011 by either enrolling in another insurer's Medicare Advantage plan or returning to Original Medicare. However, you may still see CIGNA PFFS patients through July 2011 if they are enrolled in a group plan.

Current CIGNA individual PFFS customers will be notified of this change by letter, which should include the names and

phone numbers of other carriers in their area (based on information we receive from CMS) that offer Medicare Advantage plans.

In April 2010, CIGNA announced an alliance with Humana to offer their Medicare Advantage network products to employer groups. For information about Humana Medicare Advantage plans, network contracting, claims, benefits, or eligibility, call Humana's Group Medicare Customer Center number on the back of the patient's Humana Medicare Advantage ID card (for most groups, the number is 1.866.396.8810.) For contract and credentialing questions only, go to www.humana.com, or call 1.800.626.2741. ■



Rx Savings Messenger

In October 2010, CIGNA Pharmacy Management began sending customers detailed information about ways they can save money on their currently prescribed maintenance prescription medications. The Rx Savings Messenger program educates customers about lower-cost, clinically appropriate alternative medications and demonstrates the possible savings opportunities available through the CIGNA Home Delivery Pharmacy. The letters include charts that identify the current drug the customer is taking and the amount the customer is currently paying. The charts also show real-time pricing of generic and alternative drugs, and pricing through the CIGNA Home Delivery Pharmacy – all based on the customer's specific pharmacy plan.

Here's a sample of a chart customers will receive:

	Current Drug Abilify	Alternative Risperidone	Alternative Seroquel	Alternative Seroquel XR	Alternative Zyprexa	Alternative Zyprexa/Zydis
Cost per fill (1-month supply)	\$55	\$10	\$40	\$45	\$38	\$42
Retail Annual Savings	--	\$540	\$180	\$120	\$204	\$156
Cost per fill (3-month supply)	\$135	\$25	\$100	\$110	\$95	\$105
CIGNA Home Pharmacy Annual Savings	\$120	\$560	\$260	\$220	\$280	\$240

Your patients may share this information with you and look to you to help them make an informed decision about maintenance prescription medications. ■

ADMINISTRATIVE

Modifier and Payment Policies

CIGNA applies its reimbursement and modifier policies to claims submitted to Great-West Healthcare. While the policies have been integrated, continue to follow the existing procedures for submitting claims.

CIGNA will update the Modifier 25 Policy and Modifier 59 Policy documentation requirements on February 21, 2011. Look for a significant reduction in the supporting documentation requirements.

Visit the CIGNA for Health Care Professionals website to view the policies, complete lists of current code combinations that require supporting documentation when modifiers 25 or 59 are billed, and more information (www.cignaforhcp.com > Resources > Clinical Reimbursement Policies and Payment Policies). You will need to complete the registration process to log in if you are not already registered for the website. Go to www.cignaforhcp.com and click **Register Now**, located in the left side bar. You can also access the list through the Secured Provider Portal, www.GWHCIGNAforHCP.com. ■

CIGNA Medicare Access®

CIGNA Medicare Access® plan participants have an ID card showing the plan name on the front, while the back of the card contains payer ID, address and the dedicated Customer Service number.

Call CIGNA Medicare Access Customer Service at 1.800.577.9410 to verify eligibility, benefits or claims status.

The correct payer ID for CIGNA Medicare Access electronic claims is 86033. All CIGNA Medicare Access electronic claims submitted using a payer ID other than 86033 will be rejected.

If your system uses the claim mailing address to identify where your electronic claims are sent, use the mailing address below to be sure your claims are sent to payer ID 86033:

CIGNA Medicare Access
PO Box 696018
San Antonio, TX 78269-6018 ■

UPDATES

Tools for Improving Claim Processing

CIGNA uses ClaimCheck®, a code auditing software, to expedite accurate claim processing. On February 21, 2011, CIGNA will update ClaimCheck 8.5 to Knowledge Base Version 46 and National Correct Coding Initiative (NCCI) Version 16.2 Column 1/Column 2 (Incidental) and Mutually Exclusive code edits.

You may view both ClaimCheck and NCCI code edits by using Clear Claim Connection™. This disclosure tool allows users to enter Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes and immediately view the code audit results prior to submitting a claim. Clear Claim Connection shows NCCI edit definitions and the rationale behind a ClaimCheck edit.

More ClaimCheck and Clear Claim Connection information is available on the CIGNA for Health Care Professionals website (www.cignaforhcp.com > eServices > View Claim Coding Edits). You will need to complete the registration process to log in if you are not already registered for the website. Go to www.cignaforhcp.com and click **Register Now**, located in the left side bar.

You can also access the list through the Secured Provider Portal (www.GWHCIGNAforHCP.com > Tools & Resources > Clinical Edit Verification). Visit the website to learn more about code edits on claims associated with the GWH-CIGNA ID cards.

Note: Claim coding edit results are guidelines and are not a guarantee of claim payment. ■

Update: Reference Guides

CIGNA's 2010 Reference Guides containing our administrative guidelines are now available. The 2010 CIGNA Reference Guides combine information for physicians, hospitals, ancillary facilities, and other health care professionals.

Access the new 2010 Reference Guide at either of the websites below. State-specific guides are also updated and posted, where applicable. You must be a registered user to access these sites.

- www.cignaforhcp.com > Resources > Reference Guides > Health Care Professional Reference Guides
- www.GWHCIGNAforHCP.com > Tools & Resources > Healthcare Professional Reference Guide
- Call 1.877.662.8041 to request a paper copy or a CD-ROM.

To promote administrative ease, the 2010 Reference Guide now includes information pertaining to participants covered under former Great-West Healthcare plans. Please discontinue use of the separate Great-West Healthcare Reference Guides and refer to the 2010 CIGNA Reference Guide for all CIGNA business.

We welcome your feedback to help with ongoing improvements and are conducting a brief online survey specific to the 2010 Reference Guide. Go to the CIGNA for Health Care Professionals website (www.cignaforhcp.com > Resources > Reference Guides > Health Care Professional Reference Guides) to access the survey. The survey is also available on the Secured Provider Portal (www.GWHCIGNAforHCP.com > Tools & Resources > Healthcare Professional Reference Guide).

As a reminder, you must be a registered user of the CIGNA for Health Care Professionals website and the Secured Provider Portal to access the survey. To register:

- CIGNA for Health Care Professionals website – www.cignaforhcp.com and click **Register Now** located in the left side bar.
- Secured Provider Portal – www.GWHCIGNAforHCP.com and click **Register Now** located in the top left side bar. ■

Use the Network

CIGNA contractually requires participating providers to direct participant referrals to other participating contracted physicians and facilities, except in the case of an emergency, as otherwise required by law, or unless approved by CIGNA in advance of the service being provided.

Referring participants to other participating providers helps preserve the intent of the participant to remain

in-network for care. This maximizes the benefits available through their CIGNA plans and helps them to minimize their out-of-pocket expenses.

For a complete listing of:

- CIGNA participating physicians and facilities, access the CIGNA online provider directory at www.cigna.com.
- Participating physicians and facilities who provide in-network services to individuals with GWH-CIGNA ID cards, access the online provider directory at www.GWHCIGNAforHCP.com. ■

Precertification of Coverage

CIGNA continually reviews its precertification process and requirements in an effort to help support access to quality care for plan participants. Services requiring precertification are typically updated semi-annually during the first and third quarters. The next planned update to the list of services that require precertification will be on January 17, 2011. This update will include existing codes, as well as new codes that become effective January 1, 2011.

Log in to www.cignaforhcp.com > Precertification under Popular Links to view the list of services requiring precertification of coverage.

You will need to complete the registration process to log in if you are not registered for the website. Go to www.cignaforhcp.com and click **Register Now**, located in the left side bar. You can also access the list through the Secured Provider Portal, www.GWHCIGNAforHCP.com.

Reminder: CIGNA uses one combined precertification list for CIGNA participants including participants with GWH-CIGNA and Great-West ID Cards. The process for obtaining precertification has not changed. Continue to follow the process you use today to request precertification. ■

Codes that will require precertification:

54161, 62290, 64622, 64626

Codes that will no longer require precertification*:

0054T**, 0055T**, 0062T, 0063T, 0206T, 0064T, 0066T, 0067T, 0068T, 0069T, 0070T, 0077T, 0084T, 0086T, 0087T, 0144T, 0145T, 0146T, 0147T, 0148T, 0149T, 0150T, 0151T, 0170T, 0192T, 0194T, 11960, 20985**, 65756, 65757, 75558, 75560, 75562, 75564, 93278, 93701, 95012, C9245, C9249, C9251, C9252, E2399, J1565, Q2023, S0345, S0346, S0347, S9001

* Codes removed from the precertification list may still be reviewed for coverage and separate reimbursement when the claim is submitted.

** CPT codes 0054T, 0055T and 20985 will deny for payment as incidental to any other procedure although it no longer requires precertification.



Go Green! Go Electronic!



Would you like to reduce paper in your office? Sign up now to receive certain announcements and important information from us right in your email box. When you register for the secure CIGNA for Health Care Professionals website, www.cignaforhcp.com, you can:

- **Share, print and save** – electronic communications make it easy to circulate copies
- **Access information anytime, anywhere** – view the latest updates and time-sensitive information online when you need to

By registering, you will receive some correspondence electronically, including *Network News* and other select communications. Certain correspondence will still be sent via regular mail.

If you are a registered user, please check the **My Profile** page to make sure your information is current.

If you are not a registered user, but would like to begin using the CIGNA for Health Care Professionals website and receive electronic updates, go to www.cignaforhcp.com and click on **Register Now**. ■



Access the Archives!

Visit www.cigna.com > Health Professionals > Newsletters to access articles from previous issues of *Network News*. Article topics are listed for each of the archived issues.

To access the current *Network News* on the Secured Provider Portal, visit www.GWHCIGNAforHCP.com > Health Care Professional Newsletter > Important Updates. ■

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