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 Professionals > Resources > Doing Business with Cigna.

Important information about this guide

Please note: Some Cigna ID cards include “GWH-Cigna” or 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 an individual state’s legislative and regulatory requirements.

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 into the Cigna for Health Care Professionals website (CignaforHCP.com).

Table of contents

Managed care plans........................................................................................................3
  Network Open Access ..........................................................3
  Open Access Plus ..........................................................3
  HMO Open Access and POS Open Access ..................3
  LocalPlus* .........................................................................5
  HMO, POS, and HMO POS ........................................5
  Network and Network POS ........................................5
  PPO or EPO .................................................................7

Individual & Family Plans ..............................................................................7
  Connect Network ..........................................................7
  LocalPlus Network .......................................................9
  Focus Network .............................................................9
  Open Access Plus Network .........................................9

Global Health Benefits plans ........................................................................11
  Networks in U.S.: PPO and OAP ................................11
  Networks Outside U.S.: Vary by location .....................11

Cigna Choice Fund® plans ........................................................................13
  Cigna Choice Fund or Cigna Choice Fund Open Access ....13

Shared Administration Repricing plans .................................................13
  Shared Administration PPO ...........................................13
  Shared Administration Open Access Plus .......................13

Strategic Alliance plans ............................................................................15
  Open Access Plus ........................................................15

Indemnity plans .........................................................................................15
  Indemnity .................................................................15

The myCigna Mobile App .........................................................................18

Important contact information ............................................................20
Network: Network Open Access

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.

Network Open Access
No referral required
PCP Visit $10/$25
Specialist $10/$25
Hospital ER $50
Urgent Care $25
Vision $25
Rx $10/20/40/100%
Rx Indiv Deduct $50
Coinsurance applies

PCP required
Encouraged

Referral required
No

Away from home care
No

Out-of-network benefits
No

For more information, see the next page.

Network: Open Access Plus

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.

Open Access Plus
No referral required
PCP visit $10/$25
Specialist $10/$25
Hospital ER $50
Urgent care $25
Vision $25
Rx $10/20/30
Network Coinsurance:
In 90%/70%
Out 70%/30%
Med/Rx deductible applies
$25

PCP required
Encouraged

Referral required
Yes

Away from home care
Yes

Out-of-network benefits
Yes

For more information, see the next page.

Networks: HMO Open Access and POS Open Access

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.

HMO (or HMO) Open Access
No referral required
PCP Visit $15/$25
Specialist $15/$25
Hospital ER $50
Urgent Care $25
Vision $25
Rx $10/20/40/100%
Rx Indiv Deduct $50
Coinsurance applies

POS (or POS) Open Access
No referral required
PCP Visit $15/$25
Specialist $15/$25
Hospital ER $50
Urgent Care $25
Vision $25
Rx $10/20/40/100%
Rx Indiv Deduct $50
Coinsurance applies

PCP required
Encouraged

Referral required
No

Away from home care
No

Out-of-network benefits
No

For more information, see the next page.
Network Open Access

Plans that use this network offer customers access to health care professionals who participate in the network, 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 specialists in the Cigna network.

Precertification may still be required for certain services and procedures.

Out-of-network coverage for emergencies only.*

For a directory of health care professionals who participate in this network, visit Cigna.com/HCPDirectory.

Open Access Plus

Plans that use this network offer customers direct access to a broad, national network of health care professionals.

They 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 participating or non-participating specialists.

Precertification may still be required for certain services and procedures.

For a directory of health care professionals who participate in this network, visit Cigna.com/HCPDirectory.

Health Maintenance Organization (HMO) Open Access and Point of Service (POS) Open Access

Plans that use these networks offer customers access to local health care professionals and a variety of different benefit options.

They include negotiated network-specific discounts and fee schedules, along with robust medical management, to help reduce use of non-essential 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.

Out-of-network coverage for emergencies only.*

For a directory of health care professionals who participate in these networks, visit Cigna.com/HCPDirectory.

*Emergency services as defined in their plan.

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 health care professional’s Cigna Care designation status. Refer to the online health care professional directory at Cigna.com>
7. Effective date of coverage.
8. Name of patient’s primary care physician (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 Open Access Plus network.
16. Indicates shared administration repricing.
17. Union identifier.
18. Client-specific network (CSN) logo.

*PCP selection and referrals are encouraged in Missouri.
MANAGED CARE PLANS (CONTINUED)

Network: LocalPlus

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</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>No</td>
</tr>
</tbody>
</table>

For more information, see the next page.

Networks: HMO, POS, and HMO POS

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
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<td>HMO: Yes, POS: Yes</td>
</tr>
<tr>
<td>Referral required</td>
<td>HMO: No, POS: No</td>
</tr>
<tr>
<td>Away from home care</td>
<td>HMO: Yes, POS: No</td>
</tr>
<tr>
<td>Out-of-network benefits</td>
<td>HMO: Yes, POS: Yes</td>
</tr>
</tbody>
</table>

For more information, see the next page.

Networks: Network and Network POS

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Referral required</td>
<td>Network: No, POS: No</td>
</tr>
<tr>
<td>Away from home care</td>
<td>Network: Yes, POS: No</td>
</tr>
<tr>
<td>Out-of-network benefits</td>
<td>Network: Yes, POS: Yes</td>
</tr>
</tbody>
</table>

For more information, see the next page.
LocalPlus®

Plans that use this network offer customers access to care through a network that is limited to local doctors, physicians, and hospitals in their home area, plus a suite of wellness services and programs to help customers get on the right path to health.

› Customers must go to health care professionals who participate in the LocalPlus network in their home area, or in any area in the country where one exists, for coverage at the in-network cost.

› In areas where the LocalPlus network is not available, they can access care through our Away From Home Care (OAP) feature for coverage at the in-network cost.

› If customers choose to go to health care professionals outside the LocalPlus network (or outside the Away From Home Care feature when the LocalPlus network isn’t available) they will likely pay more. (With the LocalPlus IN plan, they will pay the full cost of their care.)

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

For a directory of health care professionals who participate in this network, visit Cigna.com/HCPDirectory.

HMO, POS, and HMO POS

Plans that use these networks offer customers cost savings, and access to a local network of health care professionals.

› Customers must select a PCP who participates in the network 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 health care professionals who participate in these networks, visit Cigna.com/HCPDirectory.

Network and Network POS

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

› Customers must select a PCP from a local network 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 health care professionals who participate in these networks, visit Cigna.com/HCPDirectory.

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 health care professional’s Cigna Care designation status. Refer to the online health care professional 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 physician (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 Open Access Plus network.
16. Indicates shared administration repricing.
17. Union identifier.
18. Client-specific network (CSN) logo.
INTERNET ADMISSION AND OUTPATIENT PROCEDURES:
Your network provider must call the toll-free number listed below to pre-certify the above services. Refer to your plan documents for your pre-certification requirements. Failure to do so may affect benefits. In an emergency, seek care immediately, then call your primary care doctor as soon as possible for further assistance and directions on follow-up care within 48 hours.

For pharmacy, call ABC Company 1.800.XXX.XXXX (Not a Cigna Company)
For vision, call ABC Company 1.800.XXX.XXXX (Not a Cigna Company)
Send claims to:
CAD name, PO Box XXXX, Anytown, USA 12345-6789
TPV name, PO Box XXXX, Anytown, USA 12345-6789
All others: PO Box XXXX, Anytown, USA 12345-6789
Customer service: 1.800.XXX.XXXX                MH/SA: 1.800.XXX.XXXX

PCP required  Referral required  Away from home care  Out-of-network benefits
PPO  Encouraged  No  Yes  Yes
EPO  Encouraged  No  Yes  No

For more information, see the next page.

*PCP selection and referrals are encouraged in Missouri.
PPO or EPO
Plans that use these networks offer customers access to participating health care professionals across the country.

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

EPO:
› Out-of-network coverage for emergencies only*
› Referrals are not required to see specialists in the Cigna network.

For a directory of health care professionals who participate in these networks, visit Cigna.com/HCPDirectory.

Individual & Family Plans
Cigna offers Individual & Family Plans with medical, pharmacy, and (when applicable) pediatric dental benefits in Arizona, California, Colorado, Connecticut, Florida, Georgia, Maryland, Missouri, North Carolina, South Carolina, Tennessee, and Texas. Depending on the plan, customers will have access to health care professionals who participate in one of four networks: Connect Network, Focus Network, LocalPlus Network, or Open Access Plus Network. The network name will appear on the top right of the ID card.

Connect Network
Plans that use this network offer customers access to health care professionals in their local area.
› Customers must select a PCP** who participates in the network to coordinate their care.
› Referrals are required to see specialists.**
› Out-of-network coverage, except in emergencies,* and Away From Home Care are not included.

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

* Emergency services as defined in their plan.
** PCP selection and referrals are encouraged in Missouri.

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 health care professional’s Cigna Care designation status. Refer to the online health care professional 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 physician (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 Open Access Plus network.
16. Indicates shared administration repricing.
17. Union identifier.
18. Client-specific network (CSN) logo.
INDIVIDUAL & FAMILY PLANS (CONTINUED)

Network: LocalPlus

Cigna Health and Life Insurance Company
MedicalRe
Group: 00004809
Issuer [00004809]
ID: 9111111800
Name: John Doe
PCP: Cigna Network
No Referral Required
TX CPMP
Rx BIN: 017018
Rx Id: 00880809

PCP required: No
Referral required: Yes
Away from home care: No
Out-of-network benefits: No

For more information, see the next page.

*Cigna Health plans in California, Florida, Georgia, Tennessee, and Texas, as well as Cigna California plans.

**Cigna Vantage* plans in Colorado, Florida, and Texas.

Network: Focus

Cigna Health and Life Insurance Company
MedicalRe
Group: 00484809
Issuer [00484809]
ID: 9111111800
Name: John Doe
PCP: Cigna Network
No Referral Required
TX Focus
Rx BIN: 017018
Rx Id: 00880809

PCP required: No
Referral required: Yes
Away from home care: Yes
Out-of-network benefits: Yes

For more information, see the next page.

Network: Open Access Plus

Cigna Health and Life Insurance Company
MedicalRe
Group: 00003799
Issuer [00003799]
ID: 9111111116
Name: John Doe
PCP: Cigna Network
No Referral Required
TX CAP
Rx BIN: 017018
Rx Id: 00880809

PCP required: No
Referral required: No
Away from home care: No
Out-of-network benefits: No

For more information, see the next page.

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: Check your plan documents for out-of-network (CON) precertification requirements. This may affect your CON benefits. Health Care Professionals: Check your provider contract for precertification requirements.

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: Check your plan documents for out-of-network (CON) precertification requirements. This may affect your CON benefits. Health Care Professionals: Check your provider contract for precertification requirements.

For more information, see the next page.
LocalPlus Network

Plans that use this network offer customers access to health care professionals who participate in the national LocalPlus network.

In areas where the LocalPlus Network is not available, if the customer has a:

- Cigna Vantage® plan
  - In Florida or Texas, out-of-network visits are not covered, except in emergencies.*
  - In Colorado, they can access Away from Home Care using the Open Access Plus network for coverage at the in-network cost.

- Cigna Health plan
  - In California, Florida, Georgia, or Tennessee, they can access Away from Home Care using the Open Access Plus network for coverage at the in-network cost.

- Visits to non-participating health care professionals when in a LocalPlus area will not be covered except for emergencies.*
- Referrals are not required to see specialists.

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

*Emergency services as defined in their plan.

Focus Network

Plans that use this network offer customers access to health care professionals in their local area.

- Customers can select a PCP to help coordinate care; it’s recommended, but not required.
- Referrals are not required to see specialists.
- Customer visits to providers not in the network are considered out-of-network, except in the case of emergency services as defined by their plan.

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

Open Access Plus Network

Plans that use this network offer customers access to health care professionals who participate in the national Open Access Plus network.

- Customers can select a PCP to help coordinate care; it’s recommended, but not required.
- Referrals are not required to see specialists in- or out-of-network.
- Precertification may still be required for certain services and procedures.

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

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 health care professional’s Cigna Care designation status. Refer to the online health care professional directory at Cigna.com>
7. Effective date of coverage.
8. Name of patient’s primary care physician (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 Open Access Plus network.
16. Indicates shared administration repricing.
17. Union identifier.
18. Client-specific network (CSN) logo.
GLOBAL HEALTH BENEFITS PLANS

Networks in U.S.: PPO and OAP

A customer with this card lives in the U.S. and makes frequent visits outside the U.S.

Medical Benefits Abroad

Policy No: [Blank]
Employer: [Blank]

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

www.CignaEnvoy.com

Network Savings Program

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

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

Members and Providers

US Provider: Payor ID# Cigna – 62308
Fax Claims: 1.800.243.6998 (toll-free) or 001.302.797.3150 (direct fax)
Contact: 1.800.243.1348 (toll-free) or 001.302.797.3335 (outside the U.S.)
Mail Claims: Cigna PO Box 15111, Wilmington, DE 19850-5111
Courier: Cigna 300 Bellevue Parkway, Wilmington DE 19809-3718
Website: www.CignaEnvoy.com

Network outside U.S.: Vary by location

A customer with this card lives outside the U.S. and makes frequent visits to the U.S.

Preferred Care Network in the U.S.: Cigna

International network powerhouse

A customer with this card lives in the U.S. and makes frequent visits outside the U.S.

PCP Required Referral Required Away from home care Out-of-network benefits
Encouraged No Yes Yes

For more information, see the next page
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 health care professionals, 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 health care professional’s Cigna Care designation status. Refer to the online health care professional 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 physician (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 Open Access Plus network.
16 Indicates shared administration repricing.
17 Union identifier.
18 Client-specific network (CSN) logo.
### CIGNA CHOICE FUND® PLANS

#### Networks: Cigna Choice Fund or Cigna Choice Fund Open Access Plus

**TPV logo**

Legal entity name

Coverage effective date: MM/DD/CCYY

Group: 1234567

Issue: (80840)

ID: U23456789 01

Name: John Public

PCP: John Smith

PCP Name Ln2

ID card acct name

RxBIN XXXXXX RxPCN XXXXXXXXXXX

DOI

**CSN logo**

Client logo

Choice Fund OA Plus

No referral required

PCP Visit $15

Specialist $20

Hospital ER $20

Vision Rx $90/10%

Network Coniscence:

In $90/10%

Out 70/30%

Med/Rx deductible applies

**Client logo**

For more information, see the next page.

<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>No</td>
<td>No</td>
<td>Yes</td>
<td>Varies by network</td>
</tr>
</tbody>
</table>

#### SHARED ADMINISTRATION REPRICING PLANS

**TPV logo**

Legal entity name

Coverage effective date: MM/DD/CCYY

Group: 1234567

Issue: (80840)

ID: U23456789 01

Name: John Public

This plan is self-funded by:

ID card account name

Fund #: SAB F

RxBIN Rx Bin RxPCN XXXXXXXXXXX

DOI

**Client logo**

Provider network:

Cigna HealthCare PPO

Doctor visit $10

Specialist $20

In-network $90/10%

Out-of-network 70/30%

Rx 30/40/50%

Deductible applies

**Client logo**

For more information, see the next page.

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

### Network: Shared Administration Open Access Plus

**TPV logo**

Legal entity name

Coverage effective date: MM/DD/CCYY

Group: 1234567

Issue: (80840)

ID: U23456789 01

Name: John Public

PCP: James Smith

PCP name Ln2

PCP phone: 800-555-1212

Fund Name

Fund #: Fund number

RxBIN XXXXXX RxPCN XXXXXXXXXXX

DOI

**Client logo**

Open Access Plus

No referral required

PCP visit $15

Specialist $20

Rx 30/40/50%

Network coniscence:

In 90/10%

Out 70/30%

Deductible applies

**Client logo**

For more information, see the next page.

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

#### Network: Shared Administration PPO

**TPV logo**

Legal entity name

Coverage effective date: MM/DD/CCYY

Group: 1234567

Issue: (80840)

ID: U23456789 01

Name: John Public

This plan is self-funded by:

ID card account name

Fund #: SAB F

RxBIN Rx Bin RxPCN XXXXXXXXXXX

DOI

**Client logo**

Provider network:

Cigna HealthCare PPO

Doctor visit $10

Specialist $20

In-network $90/10%

Out-of-network 70/30%

Rx 30/40/50%

Deductible applies

**Client logo**

For more information, see the next page.

<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>No</td>
<td>No</td>
<td>Yes</td>
<td>Varies by network</td>
</tr>
</tbody>
</table>
**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 certain medical plans.

Depending on the plan, customers will have access to health care professionals who participate in one of five networks (PPO, EPO, Open Access Plus, LocalPlus, or indemnity).

**Cigna Choice Fund or Cigna Choice Fund Open Access Plus**

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

- Customers can select a PCP to coordinate care; it’s recommended but not required.
- Referrals are not required to see specialists.
- No copayments are required.
- Health care professionals should bill Cigna directly.
- Precertification may still be required for certain services and procedures.

For a directory of health care professionals who participate in these networks, visit [Cigna.com/HCPDirectory.com](http://Cigna.com/HCPDirectory.com).

**Shared Administration Repricing plans**

The Shared Administration Repricing plan is offered by the Cigna Taft-Hartley and Federal Business Segment. It’s designed for Taft-Hartley and federal plan employers that want to continue processing and paying their claims, retain customer and provider service, or use a third-party administrator to perform these functions.

**Shared Administration PPO and Open Access Plus**

Plans that use these networks offer customers access to a national network of health care professionals.

- Customers can select a PCP to help coordinate care; it’s recommended, but not required.
- Referrals are not required to see specialists.
- Both in- and out-of-network benefits are available. Customers can access health care professionals that participate in a national network that includes Away From Home Care.

For a directory of health care professionals who participate in these networks, visit [Cigna.com/HCPDirectory.com](http://Cigna.com/HCPDirectory.com).

**Key**

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

1. Use this ID number for all claims and inquiries.
2. Indicates a seamless network where a patient can receive in-network care on a regional or statewide basis.
3. For patients with coinsurance, submit claims to Cigna or its designee, and receive an explanation of payment (EOP), which will show any remaining amount due from the patient.
4. Collect any copayment at the time of service.
6. ID cards with the Cigna Care Network® logo indicate the patient’s liability varies based on the health care professional’s Cigna Care designation status. Refer to the online health care professional directory at [Cigna.com](http://Cigna.com)>
7. Effective date of coverage.
8. Name of patient’s primary care physician (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 Open Access Plus network.
16. Indicates shared administration repricing.
17. Union identifier.
18. Client-specific network (CSN) logo.
AWAY FROM HOME CARE

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 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 48 hours.

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

For pharmacy: Call ABC Company 1.800.XXX.XXXX (Not a Cigna Company)
For vision: Call ABC Company 1.800.XXX.XXXX (Not a Cigna Company)
Send claims to: CSN name, PO Box XXXX, Anytown, USA 12345-6789
All other: PO Box XXXX, Anytown, USA 12345-6789
Customer service: 1.800.XXX.XXXX                MH/SA: 1.800.XXX.XXXX

We encourage you to use a PCP as a valuable resource and personal health advocate.
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 health care professionals and discounts in specific geographic areas. They also provide the alliance’s customers with access to Cigna’s national health care professional network and discounts outside their specific geographic area.

› 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.

Indemnity plans
These plans give customers the freedom to choose any health care professional.

› 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.
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 health care professional’s Cigna Care designation status. Refer to the online health care professional 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 physician (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.
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15 “Away From Home Care” indicates the patient has access to the Cigna national Open Access Plus network.
16 Indicates shared administration repricing.
17 Union identifier.
18 Client-specific network (CSN) logo.
The myCigna Mobile App

The myCigna Mobile 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 Mobile App:

ID card features

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

Additional app features:

The myCigna Mobile App includes features that help your patients—and you—have an easier health care experience.

Health care professional directory

- Locate 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 health care professionals 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 and coinsurance
**Additional app features (cont.)**

**Drug search**
- View medication costs based on their plan and see lower-cost alternatives*
- Find closest 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 Mobile 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](http://CignaforHCP.com))
- Connect to us through electronic data interchange (EDI): Visit Cigna.com/EDIVendors to learn more
- Call our automated phone system: 1.800.88Cigna (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.

The Apple logo is a trademark of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc. Android and Google Play are trademarks of Google Inc. Amazon, Kindle, Fire and all related logos are trademarks of Amazon.com, Inc. or its affiliates. Blackberry and Blackberry World are trademarks or registered trademarks of BlackBerry Limited, the exclusive rights to which are expressly reserved. Cigna is not affiliated with, endorsed, sponsored, or otherwise authorized by BlackBerry Limited. The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the app, and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.
**Important contact information**

Find the contacts you need to get in touch with us for information about your patients with Cigna coverage.* Please note that call, claim, and service channels may differ based on the patient’s ID card.

<table>
<thead>
<tr>
<th>If you want to:</th>
<th>Use the following:</th>
</tr>
</thead>
</table>
| Update your contact or demographic information | Email: Intake_PDM@Cigna.com  
Fax: 1.877.358.4301  
Mail: Cigna Provider Data Management  
Two College Park Dr., Hooksett, NH 03106 |
| Perform online transactions:**         | Cigna for Health Care Professionals website:  
CignaforHCP.com |
| - 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).** | Refer to Cigna.com/EDIvendors for a list of directly connected Cigna vendors. |
| - 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 advices|                                                        |
| - View list of EDI vendors             |                                                        |

| Enroll to receive electronic funds transfer (EFT) | • Enroll in EFT and manage EFT accounts with multiple payers, including Cigna, using the Council for Affordable Quality Healthcare* (CAQH) website: https://solutions.CAQH.org  
• Enroll in EFT directly with Cigna by logging in to CignaforHCP.com > Working with Cigna > Enroll in Electronic Funds Transfer (EFT) Options |

* Excluding customers with third-party administrator plans.

** Not all transactions are available for all Cigna plans.
<table>
<thead>
<tr>
<th>If you want to:</th>
<th>Use the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform telephone transactions:**</td>
<td>1.800.88Cigna (882.4462)</td>
</tr>
<tr>
<td>• Learn about electronic services</td>
<td>For patients with GWH-Cigna or “G” ID cards: 1.866.494.2111</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>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>1.800.88Cigna (882.4462)</td>
</tr>
<tr>
<td></td>
<td><strong>Cigna National Appeals</strong></td>
</tr>
<tr>
<td></td>
<td>PO Box 188011</td>
</tr>
<tr>
<td></td>
<td>Chattanooga, TN 37422</td>
</tr>
<tr>
<td></td>
<td>Fax: 1.877.815.4827</td>
</tr>
<tr>
<td></td>
<td><strong>For patients with GWH-Cigna or “G” ID cards:</strong></td>
</tr>
<tr>
<td></td>
<td>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></td>
<td>Fax: 1.877.804.1679</td>
</tr>
<tr>
<td>Submit or inquire about health care professional credentialing</td>
<td>1.800.88Cigna (882.4462)</td>
</tr>
<tr>
<td>Obtain information about the organ and tissue transplant network</td>
<td>Cigna LifeSOURCE Transplant Network*</td>
</tr>
<tr>
<td></td>
<td>CignaLifeSOURCE.com</td>
</tr>
<tr>
<td></td>
<td>1.800.668.9682</td>
</tr>
<tr>
<td>Obtain other telephone numbers and addresses</td>
<td>Refer to the patient’s ID card</td>
</tr>
<tr>
<td><strong>Other important contacts:</strong></td>
<td><strong>Use the following:</strong></td>
</tr>
<tr>
<td>Cigna Behavioral Health</td>
<td>CignaforHCP.com</td>
</tr>
<tr>
<td></td>
<td>1.800.926.2273</td>
</tr>
<tr>
<td>Cigna Dental</td>
<td>Cigna.com</td>
</tr>
<tr>
<td></td>
<td>1.800.Cigna24 (244.6224)</td>
</tr>
<tr>
<td></td>
<td>For patients with GWH-Cigna or “G” ID cards: 1.866.494.2111</td>
</tr>
<tr>
<td>Cigna Home Delivery Pharmacy</td>
<td>1.800.285.4812</td>
</tr>
<tr>
<td>Cigna Specialty Pharmacy Services</td>
<td>1.800.351.3606</td>
</tr>
<tr>
<td>(specialty medications administered by injection or infusion, and certain oral medications)</td>
<td></td>
</tr>
<tr>
<td>Medical management (including precertification)</td>
<td>CignaforHCP.com</td>
</tr>
<tr>
<td></td>
<td>1.800.88Cigna (882.4462)</td>
</tr>
<tr>
<td></td>
<td>For patients with GWH-Cigna or “G” ID cards: 1.866.494.2111</td>
</tr>
<tr>
<td></td>
<td>Customer Service numbers are also included on the patient’s ID card.</td>
</tr>
</tbody>
</table>

**Not all transactions are available for all Cigna plans.**
<table>
<thead>
<tr>
<th>Other important contacts (continued):</th>
<th>Use the following:</th>
</tr>
</thead>
</table>
| eviCore healthcare (formerly CareCore | MedSolutions, Inc.) Use for high-technology radiology, diagnostic cardiology, and pain management precertification (effective January 1, 2016) | eviCore healthcare  
  For precertification requests: myportal.medsolutions.com  
  For customers in AK, HI, and MT: Before 1/1/16 use information below.  
  Exceptions:  
  Strategic alliance customers in MA and RI, all customers in other alliance service areas:  
  CignaforHCP.com  
  1.800.88Cigna (882.4462) |
| Pharmacy prior authorizations  
  (small molecule and specialty drug) | 1.800.244.6224 |
| TheraCare®  
  (specialty therapy management program) | 1.800.633.6521 |