

Sample ID Cards

Front



**Cigna-HealthSpring
CarePlan of Illinois
(Medicare-Medicaid Plan)**

Member Name: TIFFANY FLOYD
Member ID: 345678912
Health Plan (80840):

MedicareRx
The Original Drug Coverage

PCP: KAP JNO
PCP Phone: 1-773-275-7900
CMS H6751-001

RxID: 777777717
RxBIN: 610011
RxPCN: HTHSPRING

Back



Members
Customer Service: 1-866-487-4331 Hearing Impaired (TTY): 711
Care Coordination: 1-866-487-3002 Vision: 1-800-428-8789
Behavioral Health: 1-866-780-8546 Dental: 1-800-259-3081
Website: www.careplanil.com

Medical Providers **Pharmacy Providers**
Provider Services: 1-866-486-6065 Help Desk: 1-855-577-6519
Authorization/Referral: 1-866-487-4330 Send claims to:
Cigna-HealthSpring Cigna-HealthSpring
PO Box 981804 Attn: Pharmacy Services
El Paso, TX 79998 PO Box 20002
Nashville, TN 37202