

# Key

The ID cards shown are samples and may vary.

- 1 Use this ID number for all claims and inquires.
- 2 ◇ Indicates a seamless network where a covered individual can receive in-network care on a regional or statewide basis.
- 3 Submit claims to CIGNA or its designee and receive an Explanation of Payment (EOP), which will show any remaining amount due from covered individual.
- 4 Collect any copayment at the time of service.
- 5 May read as "Connecticut General Life Insurance Co." or "CIGNA HealthCare of XXXX, Inc."
- 6 ID cards with the CIGNA Care Network® logo indicate the covered individual'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 Primary Care Physician (PCP) when chosen by a covered individual.
- 9 Network Savings Program Logo indicates that out-of-network discounts may apply based upon the covered individual's subscriber state.

## Managed Care Plans: Primary Care Physician – Coordinated Plans

### HMO or POS

CIGNA Care Network (6) ◇ (2)

CIGNA HealthCare of XXXXX, Inc. (5)  
 IIN 600428 Control 00600000  
 Account: 1234567  
 Issuer (80840)  
 Coverage Effective Date: 01-01-2009 (7)  
 ID: U23456789 01 (1)  
 Name: John Public  
 PCP: John Smith (8)  
 PCP Phone: XXX-XXX-XXXX  
 ABC Company  
 Doc Name

**HMO (or POS)**

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

Coinsurance Applies (3)

myCIGNA.com NETWORK SAVINGS PROGRAM LOGO (9) NMCWEBA

- 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

### Network

CIGNA Care Network (6) ◇ (2)

Connecticut General Life Insurance Co. (5)  
 IIN 600428 Control 00600000  
 Account: 1234567  
 Issuer (80840)  
 Coverage Effective Date: 01-01-2009 (7)  
 ID: U23456789 01 (1)  
 Name: John Public  
 PCP: John Smith (8)  
 PCP Phone: XXX-XXX-XXXX  
 ABC Company  
 Doc Name

**Network**

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

Coinsurance Applies (3)

myCIGNA.com NETWORK SAVINGS PROGRAM LOGO (9) NMCWEBA

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

## Indemnity Plans

CIGNA Care Network (6)

Connecticut General Life Insurance Co. (5)  
 IIN 600428 Control 00600000  
 Account: 1234567  
 Issuer (80840)  
 Coverage Effective Date: 01-01-2009 (7)  
 ID: U23456789 01 (1)  
 Name: John Public  
 ABC Company  
 Doc Name

**Indemnity**

Rx	\$10/20/40
Rx Indiv Deduct	\$50
Indiv Deduct	\$300
Family Deduct	\$500 (3)
Hospital Deduct	\$200
ER Deduct	\$50
Medical	80%/20%

Med/Rx Deductible Applies

myCIGNA.com NETWORK SAVINGS PROGRAM LOGO (9) NMCWEBA

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

## CIGNA Choice Fund® Plan

CIGNA Care Network (6)

Connecticut General Life Insurance Co. (5)  
 IIN 600428 Control 00600000  
 Account: 1234567  
 Issuer (80840)  
 Coverage Effective Date: 01-01-2009 (7)  
 ID: U12345679 01 (1)  
 Name: John Public  
 PCP: John Smith (8)  
 PCP Phone: XXX-XXX-XXXX  
 ABC Company  
 Doc Name

**Choice Fund OA Plus**

No Referral Required	
PCP Visit	20% (3)
Specialist	20%
Hospital ER	20%
Vision	Yes
Rx	30%/40%/50%

Med/Rx Deductible Applies

myCIGNA.com NETWORK SAVINGS PROGRAM LOGO (9) NMCWEBA

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

## Reverse side of CIGNA ID Cards

### 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.

#### INPATIENT ADMISSION AND OUTPATIENT PROCEDURES:

Your Network provider must call the toll-free number listed below or log on to [www.signaforhcp.com](http://www.signaforhcp.com) to precertify the above services. Refer to your plan documents for your precertification 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.

**Reminder to Providers:** Please do not collect deductible or coinsurance at time of service.

**For Pharmacy:** (ABC CO.) Call 1.XXX.XXX.XXXXX (NOT A CIGNA COMPANY)

**For Vision:** (ABC CO.) Call 1.XXX.XXX.XXXXX (NOT A CIGNA COMPANY)

**Send Claims to:** TPV Name, P.O. BOX XXXX, ANYTOWN, USA XXXXX-XXXX  
CSN Name, P.O. BOX XXXX, ANYTOWN, USA XXXXX-XXXX  
Med Grp Name, P.O. Box XXXX, ANYTOWN, USA XXXXX-XXXX

**All Others:** P.O. 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.

**AWAY FROM HOME CARE**

## Reverse side of Fundamental Care and Starbridge ID Cards

### www.starbridgechoices.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.

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**

All others to: CIGNA HealthCare, P.O. Box 5909, Scranton, PA 18505  
Payor 62308

**Contact Customer Service: 1.800.XXX.XXXX**

**Contact the CIGNA 24-hour Nurseline: 1.866.909.3461**

**Provider:** Insured 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.

#### **This notice applies to residents of Louisiana:**

Notice: Your share of the payment for health care services may be based on the agreement between your health plan and your provider. Under certain circumstances, this agreement may allow your provider to bill you for amounts up to the provider's regular billed charges.

**AWAY FROM HOME CARE**

- **Precertification requirements** are shown as either 'Inpatient Admission' or 'Inpatient Admission and Outpatient Procedures.'
- Please refer to the **claim submission address and telephone numbers** indicated on the back of each card. Some plans, including **Fundamental Care, Starbridge and CIGNA Medicare Access (PFFS)**, have dedicated phone numbers for accessing benefits, eligibility and claim status information. Please refer to each card for the correct information.
- **'Away From Home Care'** indicates a covered individual has access to the CIGNA national network.

# Managed Care Plans: Open Access Plans

## HMO Open Access or POS Open Access

myCIGNA.com

CIGNA Care Network <sup>6</sup>

Connecticut General Life Insurance Co. <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  
Doc Name

**HMO (or POS) Open Access**

No Referral Required <sup>4</sup>

PCP Visit	\$15
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
- 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

## Network Open Access

myCIGNA.com

CIGNA Care Network <sup>6</sup>

Connecticut General Life Insurance Co. <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  
Doc Name

**Network Open Access**

No Referral Required <sup>4</sup>

PCP Visit	\$15
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

## Open Access Plus In-network

myCIGNA.com

CIGNA Care Network <sup>6</sup>

Connecticut General Life Insurance Co. <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  
Doc Name

**OA Plus In-Network**

No Referral Required

PCP Visit	10%
Specialist	20%
Hospital ER	20%
Vision	Yes
Rx	30%/40%/50%

Network Coinsurance: <sup>3</sup>

In	90%/10%
Out	70%/30%

Med/Rx Deductible Applies <sup>9</sup>

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

NMCWEBA

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

## PPO Plans

### PPO or EPO

myCIGNA.com

CIGNA Care Network <sup>6</sup>

Connecticut General Life Insurance Co. <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  
ABC Company  
Doc Name

**PPO (or EPO)**

Dr. Visit	\$15
Specialist	\$15
Hospital ER	\$50
Urgent Care	\$25
Vision	Yes
Rx	\$10/20/40
Rx Indiv Deduct	\$50

Network Coinsurance: <sup>3</sup>

In	90%/10%
Out	80%/20%

Med/Rx Deductible Applies <sup>9</sup>

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

NMCWEBA

- 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

Provider Network: CIGNA HealthCare PPO  
Connecticut General Life Insurance Company <sup>5</sup>

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

ID: AMI

Name: Member Name

Account Number: 123456789

Employer Name:  
Employer Number:

**FUNDAMENTAL Care**  
A CIGNA HealthCare Product  
www.FundamentalCare.com

Doctor Visit \$25 <sup>4</sup>  
Specialist \$25

Network Coinsurance: <sup>3</sup>

In	80%/20%
Out	80%/20%

Beech Street. A VIANT NETWORK

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

### Starbridge®

TPV / Alliance Logo

Starbridge Limited-benefit health plan  
Starbridge Choices Limited-Benefit Medical Plan  
www.starbridgechoices.com

Provider Network: CIGNA HealthCare PPO  
Connecticut General Life Insurance Company <sup>5</sup>

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

ID: AMI

Name: Member Name

Account Number: 2466518

Group Name:  
Group Number:

Doctor Visit \$25 <sup>4</sup>  
Specialist \$25

Network Coinsurance: <sup>3</sup>

In	80%/20%
Out	80%/20%

Beech Street. A VIANT NETWORK

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

**CIGNA**  
Medicare Access®

	Office Visit	<\$10>	4
	Specialist	<\$25>	
<Group> <3456789>	Emergency	<\$50>	

  

ID# <U1213456789 01>	1
Name <Joe B Smith>	H2762-4638c
Issuer <XXXXXX>	PBP# <PBP>

CIGNA Medicare Access is insured by Connecticut General Life Insurance Company.

[www.cignamedicare.com](http://www.cignamedicare.com)

**Customer Service:** <1-800-577-9410>    **Medical Claims:** <PO Box 696018  
<1-800-576-1314>    San Antonio, TX  
86033    78269-6018>

Please call Customer Service to notify CIGNA of all facility admissions and to learn about programs that may be of assistance.

**Provider:** Treating a member under CIGNA's PFFS plan means acceptance of our Terms and Conditions of payment. Please call Customer Service or visit our website at [www.cignamedicare.com](http://www.cignamedicare.com) for more information.

## Strategic Alliances

TPV Logo

Client Logo

Connecticut General Life Insurance Co. 5 **PPO**

IIN 600428 Control 00600000	Dr. Visit \$15	4
Account: 1234567	Specialist \$15	
Issuer (80840)	Hospital ER \$50	
Coverage Effective Date: 07/01/2009 7	Urgent Care \$25	
ID: <b>U23456789 01</b> 1	Vision Yes	
Name: <b>John Public</b>	Rx \$10/20%/40%/100%	
	Rx Indiv Deduct \$50	
	Network Coinsurance:	
	In 80%/10%	
	Out 80%/20%	
	Med/Rx Deductible Applies	

NETWORK SAVINGS PROGRAM LOGO 9

MNCWEBA

■ 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.

**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.

**INPATIENT ADMISSION:**  
Your Network provider must call the toll-free number listed below to precertify the above services. Refer to your plan documents for your precertification 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.  
Coinsurance/deductible is paid directly to the doctor/facility by CIGNA using individual's available health funds.

Carve out 1 Pmt Line  
Carve out 2 Pmt Line

Send claims to:  
CAD Name, P.O. BOX XXXX, ANYTOWN, USA 12345-6789  
TPV Name, P.O. BOX XXXX, ANYTOWN, USA 12345-6789  
All Others, P.O. BOX XXXX, ANYTOWN, USA 12345-6789

**Customer Service: 1.800.XXX.XXXX    MH/SA: 1.800.XXX.XXXX**

AWAY FROM HOME CARE

## Shared Administration (SAR)

TPV Logo

Client Logo

Legal Entity

IIN RX Bin Control RX Contr	Account: Acct Nu	
Issuer (80840)	Coverage Effective Date: XX/XX/XXXX 7	
ID: <b>123456789 01</b> 1		
Name: <b>James Smith</b>		
<b>S</b>		

NETWORK SAVINGS PROGRAM LOGO 9

MNCWEBA

**Provider Network: CIGNA HealthCare PPO**

Dr. Visit	\$10	4
Specialist	\$20	
Coinsurance		
In-Network	90%/10%	
Out-of-Network	70%/30%	
Rx	30%/40%/50%	
Deductible Applies		

**This Plan is Self-Funded by:**  
**Fund Name**  
Fund #: Fund Number

SAR

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