

Understanding your ID Card

This is the network your plan uses.
National CIGNA PPO Network!

This is your Employers name, or the name of the Association that you joined

PPO



Group: ASSOCATION / EMPLOYER NAME

Member Name: John Doe

Member ID: 123456789

Dependents:

Jane Doe (Spouse)

Dependent information only appears on temporary ID cards.
Hard copy ID cards will only show the name of the primary account holder.

Group ID: 987654

Copay: Preventive \$0

Primary Care \$40

Specialist \$75

Urgent Care \$90

This is the ID
that Identifies
your employer
or association.

These are
the copays
for your
plan.



BIN: 01875

RXGRP: BENEFIT

PROCESSOR: SCCL01

Pharmacy Help Desk: 888-209-7148

Provide this
information
when visiting
a pharmacy.

ScriptClaim is
the Pharmacy
Benefit Manager
(PBM).

Important- Providers : Please submit all claims with Member ID and Group ID. If you have any questions regarding claims, benefits, prior authorizations or to confirm eligibility, please contact 844-462-6334. **PLEASE SEE INSTRUCTIONS ON THE BACK OF THIS ID CARD**

When setting an appointment, or visiting an in network provider, please inform them to contact the phone number above to verify benefits. It is a common mistake for providers to try and verify benefits directly in CIGNA's portal. This plan utilizes CIGNA, it is not insured by CIGNA. If a provider tries to verify with CIGNA directly they will be told that your plan is not active.

Understanding your ID Card

This website will show all of CIGNA's networks, please select PPO or utilize the step by step instructions provided in your welcome email to find a provider. You may also call MBATPA at the phone number provided, and they can help locate an in network provider

This Plan Requires Pre-Treatment Authorization / Precertification.

Before hospital admission or any surgery or other services performed by your plan, your physician must call for pre-treatment authorization (precertification). Failure may result in reduction of benefits. Emergency hospital admissions must be reported within 48 hours or by the next regular working day following admission (72 hours in some states).

→ **To Find a Provider:** Please visit www.mycigna.com or call 844-462-6334.

Members: Please show this card when you or your eligible dependents receive services. If you have questions regarding claims, benefits, prior authorizations or to confirm eligibility, please contact 844-462-6334.

Providers: Please submit all claims with Member ID and Group ID. If you have questions regarding claims, benefits, prior authorizations or to confirm eligibility, please contact 844-462-6334.

Please submit all claims to:

CIGNA
P.O. Box 188061
Chattanooga, TN 37422-8051
Payer ID: 62308



MBATPA is the third party administrator for your plan.

Your provider will submit your claims to CIGNA so that you receive CIGNA's network discount before copays, coinsurance, and deductibles are applied.