

COMPANY NAME

Group number: L000000

SUBSCRIBER NAME

Subscriber ID: AH0000000

Coverage: Subscriber + Spouse

Medical plan: PPO

Your network:



To find a provider visit www.mycigna.com. No referral Required.
Cigna has multiple networks. Your plan utilizes the Cigna Open Access Plus network.



Pharmacy benefit: "S" Cigna

RXBIN: 000000

RXPCN: 00000000

RXGRP: 0000000



Member and Pharmacist Helpline:

800.325.1404

www.mycigna.com

Customer Service and Eligibility

888.292.0272

Mon.-Thu. 7:30-7:00,

Fri. 8:00-5:00, Sat. 9:00-12:00 C.S.T.

Please visit www.alliedbenefit.com to access your summary plan description for coverage details, limitations and exclusions.

This card does not guarantee coverage or eligibility. Benefits are not insured by Cigna or affiliates.

We encourage you to use a PCP as a valuable resource and personal health advocate.

For medical services that require prior authorization, please call:

800.392.5150

Please see plan description for details on how to preauthorize and avoid a possible penalty.

Open Access Plus

Medical claims:

EDI: Electronic Payer ID 62308

Mail: Cigna

PO Box 188061

Chattanooga, TN

37422-8061

888.292.0272

www.NGBSselffunded.com

Providers: Please visit

www.ngbselffunded.com to verify eligibility, check claim status, or access plan description for coverage details, limitations and exclusions.

AWAY FROM HOME CARE

Prescription claims:

Mail: Connecticut General Life Insurance Company

Pharmacy Service Center

P.O. Box 188053

Chattanooga, TN 37422-8053

myCigna.com

Present the Prescription Card to fill your prescription at any participating retail pharmacy. Notice that benefits are not insured by Cigna or affiliates.