



CIGNA MEDICARE ADVANTAGE PLANS

2022 customer ID cards at a glance*

Medicare Advantage Prescription Drug Preferred Provider Organization (MAPD PPO)

	<Plan Name> <Plan Type>	
<Contract/PBP/segment>		
Name	<Customer Full Name>	
ID	<Customer ID>	
Health Plan	(80840)	
Effective Date	<Effective Date>	
		MedicareRx Prescription Drug Coverage
[No PCP Required]		RxBIN <XXXXXXX>
[No Referral Required]	COPAYS	RxPCN <XXXXXXX>
		RxGRP <XXXXXXX>
PCP	<\$xx>	Specialist <\$xx>
Emergency	<\$xx>	Urgent care <\$xx>

This card does not guarantee coverage or payment.
<barcode>

[Services may require [a referral or] [an] authorization by the Health Plan.]
[Medicare limiting charges apply.]

[Customer Service <--Toll Free Number ---> (TTY 711)]

[Provider Services <Phone Number>

[Authorization/Referral <Phone Number>

[Provider Medical Claims <Address>

[Pharmacy Help Desk <Phone Number>



[Pharmacy Claims <Address>

[Dental Services <Phone Number> (TTY: 711)]

[Provider Dental Claims <Address>

[<URL>]

Medicare Advantage PPO

	<Plan Name> <Plan Type>	
<Contract/PBP/segment>		
Name	<Customer Full Name>	
ID	<Customer ID>	
Health Plan	(80840)	
Effective Date	<Effective Date>	
		Part B Drugs
[No PCP Required]		RxBIN <XXXXXXX>
[No Referral Required]	COPAYS	RxPCN <XXXXXXX>
		RxGRP <XXXXXXX>
PCP	<\$xx>	Specialist <\$xx>
Emergency	<\$xx>	Urgent care <\$xx>

This card does not guarantee coverage or payment.
<barcode>

[Services may require [a referral or] [an] authorization by the Health Plan.]
[Medicare limiting charges apply.]

[Customer Service <--Toll Free Number ---> (TTY 711)]

[Provider Services <Phone Number>

[Authorization/Referral <Phone Number>

[Provider Medical Claims <Address>



[Dental Services <Phone Number> (TTY: 711)]

[Provider Dental Claims <Address>

[Pharmacy Help Desk <Phone Number>

[<URL>]

Medicare Advantage only

	<Plan Name> <Plan Type>	
<Contract/PBP/segment>		
Name	<Customer Full Name>	
ID	<Customer ID>	
Health Plan	(80840)	
Effective Date	<Effective Date>	
PCP	<PCP Name>	
PCP Phone	<Phone Number>	
PCP Network	<Network>	
		Part B Drugs
[No Referral Required]		RxBIN <XXXXXXX>
[No Referral Required]	COPAYS	RxPCN <XXXXXXX>
		RxGRP <XXXXXXX>
PCP	<\$xx>	Specialist <\$xx>
Emergency	<\$xx>	Urgent care <\$xx>

This card does not guarantee coverage or payment.
<barcode>

[Services may require [a referral or] [an] authorization by the Health Plan.]
[Medicare limiting charges apply.]

[Customer Service <--Toll Free Number ---> (TTY 711)]

[Provider Services <Phone Number>

[Authorization/Referral <Phone Number>

[Provider Medical Claims <Address>

[Dental Services <Phone Number>(TTY: 711)]

[Provider Dental Claims <Address>

[Pharmacy Help Desk <Phone Number>

[<URL>]

Together, all the way.®



*To view other Cigna ID cards, go to [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) view >2022 Provider Manual > (pages 114-118)

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.