

2024 Customer Handbook

Cigna Healthcare Medicare Advantage
PPO Plans





Welcome to Cigna Healthcare.

Thank you for choosing Cigna HealthcareSM for your Medicare Advantage plan. We're here to support you in your health journey. In this handbook, you'll find information about how to make the most of your plan – from getting started and finding the right care and prescriptions to taking advantage of plan services and extra benefits. We recommend you keep this book for reference in the future.

Questions? We're here to help.

- **Customer Service**

Call **1-888-281-7867 (TTY 711)**, 8 a.m. – 8 p.m. local time, October 1 – March 31, seven days a week, and April 1 – September 30, Monday – Friday. Our automated phone system may answer your call during weekends, on holidays and after hours.

- **24-Hour Health Information Line**

Call **1-866-576-8773 (TTY 711)**, 24 hours a day, seven days a week. Talk one-on-one with a Nurse Advocate* to help answer your medical or prescription drug questions or direct you to the appropriate provider.**

Thank you for choosing us.

New customers can expect a Welcome Call from our dedicated Welcome Team soon. They'll make sure you understand your benefits, help you schedule any appointments and answer any questions you may have. Also, our Welcome Emails highlight key benefits and resources to help you make the most of your new plan.

*Nurse Advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice in any capacity as a health advocate.

**The Cigna Healthcare Health Information Line is not a substitute for calling 911. If you're experiencing a health emergency, call 911 or go to your nearest emergency room.

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Four easy steps to get started



STEP 1:

Create your online account at myCigna.com.

Register or log in at myCigna.com[®] to access your personal health plan information and review your plan's benefits and coverage. Download the free **myCigna App**[®] to your tablet or smartphone.



STEP 2:

Schedule your yearly health check-up.

It's important to meet with your doctor once a year for a health check-up to review your overall health and well-being and build a plan to help you get healthier. Call your doctor's office directly to schedule your yearly health check-up. During your check-up, make sure you:

- Ask if you're taking the right prescriptions and over-the-counter medications – and check the dosages.
- Tell your doctor about any recent health changes or life events.



STEP 3:

Complete your Health Risk Assessment (HRA).

The HRA is a series of questions about your health and lifestyle. It helps us match you to the health and wellness services that fit you best. Your responses are private and only shared with your care team. The information you provide will be used to create a personalized care plan that can be shared with your doctor and other health care providers. Complete your HRA in one of two ways:

- By phone. **1-800-331-6769 (TTY 711)**, Monday – Friday, 8 a.m. – 5 p.m. CT.
- By mail. We will send you a copy when your yearly assessment is due. Complete the form and return it in the postage paid envelope.



STEP 4:

Get your recommended preventive screenings.

Based on your yearly health check-up and the results of your HRA, your doctor will recommend a list of preventive screenings for you to complete this year. Call your doctor's office to schedule your recommended preventive screenings.

Benefits of your myCigna online account

Manage your plan quickly and easily – at home or on the go – with **myCigna**.

You'll be able to instantly:

- View your Cigna Healthcare Medicare Advantage benefits.
- Manage your profile and preferences.
- View your drug list.
- Find a doctor, including telehealth.
- Find a network pharmacy.
- Review your claim history and Explanation of Benefits (EOB) details.
- Manage your prescriptions.
- Price a medication.
- Access your Healthy Rewards® discount programs.
- View and print your ID card.
- Complete your incentive program registration.

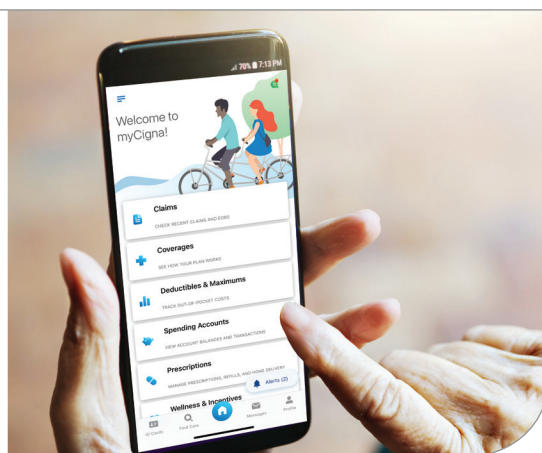
How to register:

1. Visit [myCigna.com](https://mycigna.com).
2. Select **Register** and follow the prompts.

Already have an account?

Log in to get started.

Download the free **myCigna App** to your tablet or smartphone.



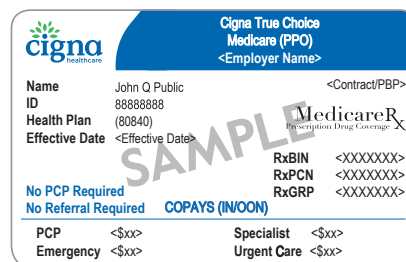
Additional online tools and resources

You can also visit us online at CignaMedicare.com/group/MAresources to find a provider or pharmacy, view your drug list, access plan information and more, with no registration required.

- **Find a doctor.** Search by state, county and plan type to find in-network primary care and specialty care providers.
- **Find a pharmacy.** Find pharmacies near you by searching with your zip code.
- **Access customer forms.** Access a range of forms, such as reimbursement claim forms, personal medication lists and more.

Your Cigna Healthcare Medicare Advantage ID card

Present your Cigna Healthcare ID card whenever you receive medical care, fill a prescription, or use other covered benefits and services. Make sure your name and your doctor's name are printed correctly on your card.



If you need to make a change on your Cigna Healthcare ID card, call customer service. Depending on your plan, your card may look different than the one pictured.

Getting care

Find a doctor.

We make it easy to find a doctor to meet your needs.

Your Cigna Healthcare Medicare Advantage PPO plan offers the freedom to use in-network or out-of-network providers, as long as they participate in Medicare and accept the plan, with no referrals required. Unlike many other PPO plans, you pay the same cost-share to see an in-network provider or out-of-network provider.

Your benefits travel with you to other Cigna Healthcare Medicare Advantage PPO networks across the country. When traveling, use the zip code you're in to search for available PPO providers in our network.



How your medical coverage works

With the Cigna True Choice Medicare Advantage PPO plan, you have the option of using in-network or out-of-network providers, as long as they participate in Medicare and accept the plan. Accepting the plan means the doctor is willing to treat you and bill

Cigna Healthcare, even if they are not contracted with Cigna Healthcare as an in-network Medicare Advantage provider. Unlike many other PPO plans, with this plan you pay the same cost-share to see an in-network provider or out-of-network provider.

Using an in-network provider

- An in-network provider is a doctor or other health care professional who has a contract with Cigna Healthcare to see Medicare-eligible patients.
- When you see an in-network provider, you pay your copay or coinsurance according to your plan benefits and your health care provider bills Cigna Healthcare for the rest of the cost of your service(s). The in-network provider is paid according to their contract with Cigna Healthcare.
- All in-network Cigna Healthcare Medicare Advantage PPO providers participate in Medicare and already accept the Cigna Healthcare plan as part of their contract with us.
- In-network providers must continue to see you if you are an existing patient. An in-network provider may choose not to see you if you are not an existing patient and they are not accepting new Medicare patients at that time.

Using an out-of-network provider

- An out-of-network provider is a doctor or other health care professional who does not currently have a contract with Cigna Healthcare to see Medicare-eligible patients.
- You can see any out-of-network provider who participates in Medicare and accepts the plan. Accepting the plan means the doctor is willing to treat you and bill Cigna Healthcare.
- When you see an out-of-network provider, you pay your plan's copay or coinsurance. Cigna Healthcare will pay for the rest of the cost of your covered service(s), including any excess charges, up to the limit set by Medicare.
- In some cases, an out-of-network provider may refuse to directly bill Cigna Healthcare and ask that you pay the full allowable amount set by Medicare. If that happens, you can pay the doctor and then submit your claim to Cigna Healthcare for reimbursement. Cigna Healthcare will reimburse you for the cost of your covered service(s), including any excess charges, up to the limit set by Medicare, less your copay or coinsurance.
- In the event your doctor says they will not accept the plan, call customer service and let us know. Cigna Healthcare will reach out to the doctor on your behalf to explain how the plan works. In most cases, this will resolve the issue.



Get to know your Primary Care Provider (PCP).

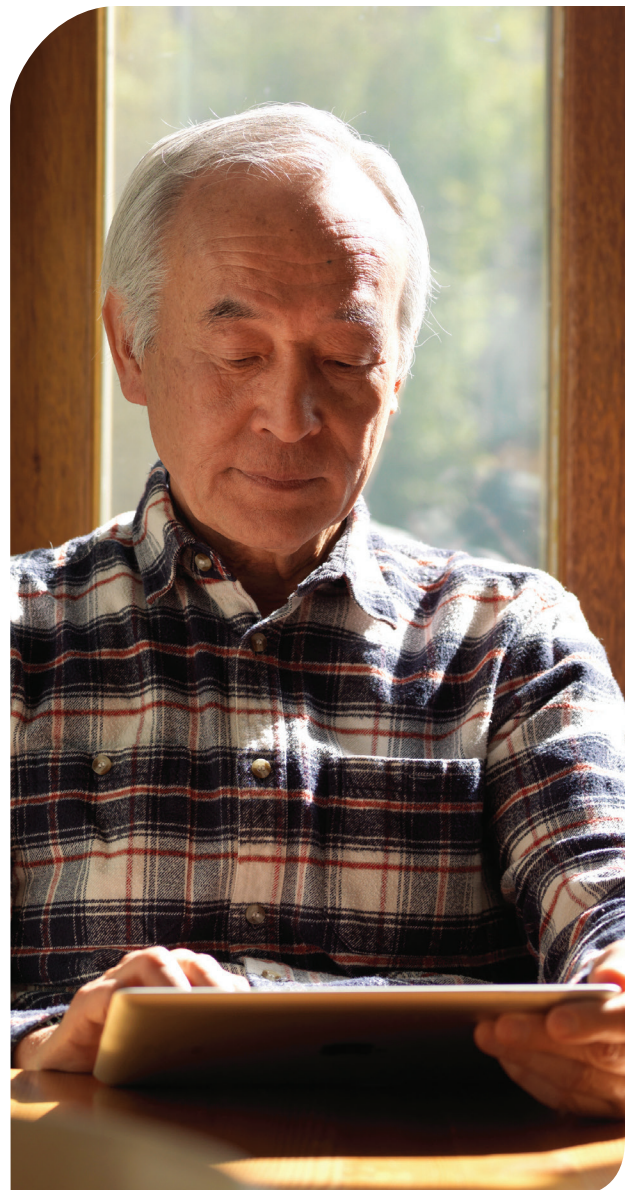
Your PCP serves as your personal guide through your health journey. They know your medical history and monitor all your tests, prescriptions and preventive care needs – and can coordinate care with other providers or specialists if needed.

We encourage you to select a PCP from our network, but you're not required to do so. To select a PCP, log in to your **myCigna** account from the app or online and select **Find a Doctor**.

Prior authorizations






Some services or medications may need prior authorization. Prior authorization is approval that your provider must get from Cigna Healthcare before you can receive specific services, procedures, medications and medical equipment. Prior authorizations ensure that you receive care from providers who share our commitment to quality care. Review your Evidence of Coverage (EOC) Snapshot to see which services require prior authorization. Talk with your provider or call customer service for more information.

You don't need to get a referral when you get care from in-network or out-of-network providers. However, before getting services, you may want to ask for a pre-visit coverage decision to confirm that the services you are getting are covered and are medically necessary. Without a pre-visit coverage decision, you may find out later the services are not covered or medically necessary. If coverage is denied, you will be responsible for the full cost of the service. To learn more about a pre-visit coverage decision, review your Evidence of Coverage (EOC) or call customer service.



Your care options

Getting the right care at the right time is important to your health and can save you time and money. **Always call your doctor's office first if you have an illness or injury that is not life-threatening.** They will schedule an appointment or tell you where to go to get the right care. If you cannot wait to see your doctor, understand your care options.

 Primary care provider	 24- hour Health Information Line	 Telehealth (virtual care) services*	 Urgent care	 Emergency room Or call 911
\$	Free	\$	\$\$	\$\$\$
Always call your provider's office first <ul style="list-style-type: none"> • Yearly health check-up • Preventive screenings • Non-urgent new or existing health conditions 	1-866-576-8773 (TTY 711) 24 hours a day, seven days a week <ul style="list-style-type: none"> • Ask general health or medication questions • Get recommendations on where to get care 	Virtual care through MDLIVE® Visit MDLIVE.com / CignaMedicare or the MDLIVE link in your myCigna App 1-866-918-7836 <ul style="list-style-type: none"> • Allergies • Cough • Headache • Sore throat • Other minor illnesses 	Non-life-threatening conditions that can't wait <ul style="list-style-type: none"> • Minor cuts and burns • Sprains and strains • X-rays • Low back pain • Minor asthma attacks 	Emergencies or symptoms that can't wait <ul style="list-style-type: none"> • Chest or abdominal pain • Shortness of breath or difficulty breathing • Sudden numbness • Major burns • Broken bones

Costs are based on in-network facilities.

*Telehealth (virtual care) services are available to treat non-life-threatening conditions only. Call 911 if you're experiencing a medical emergency.

Preventive screenings

Prevention and early detection can help you lower your chance of serious illness, avoid hospitalization and manage your medical symptoms. We want to make sure you get all the preventive screenings recommended by your doctor. To help you stay on track, we'll send you reminders in the mail and in your customer newsletter. The chart below lists many common recommended screenings. Your doctor may recommend different screenings based on your health.

	Preventive screening	Frequency
Everyone	Health risk assessment (HRA)	Every year
	Yearly health check-up	Every year
	Blood pressure screening	At least once per year
	PCP follow-up post-ER visit	Within 7 days
	PCP follow-up post-discharge from admission	Within 30 days
	Flu shot	Every year
	Pneumonia shot*	Two shots given 6–12 months apart
Colon health	Colonoscopy OR	Every 10 years
	Flexible sigmoidoscopy OR	Every 5 years
	In-home stool DNA test (Cologuard) OR	Every 3 years
	In-home stool test	Every year
Women's health	Mammogram	At least every 2 years
	Bone density test	At least once after age 67 or within 6 months after a fracture
Diabetes management	Blood sugar monitoring (HbA1c)	At least once a year
	Kidney health evaluation	Every year
	Retinal eye exam	Every year if positive or every other year if negative
Cardiovascular disease management	Preventive cholesterol treatment with statin medication	Ongoing/continuous

*Even if you received your pneumonia shot in the past, ask your doctor about the most up-to-date recommendations.

Earn incentive rewards.

With the Cigna Medicare Advantage Incentives program, you can earn up to \$200 on your **Cigna Healthy Today**SM card for completing healthy activities (see chart below). After completing your yearly health check-up, you qualify for additional incentives as determined by your plan and provider. For each wellness activity you complete, you can earn additional reward dollars loaded on your **Cigna Healthy Today** card.

We will mail you information about your plan's incentives program and instructions on how to attest to your check-up. You can also log in to myCigna.com and select **View Incentives** for more information.

Maximum reward total for 2024: \$200		Reward	Limit
STAY HEALTHIER	Yearly health check-up Must complete to earn any rewards	\$30	1 per year
	Mammogram	\$25	1 per year
	Diabetes management Must complete two different diabetic screenings	\$30	1 per year
	Colorectal screening Get one screening	\$15 (1- or 3-year) \$30 (5- or 10-year)	1 per year
	Bone density screening	\$25	1 per year
	Immunization* Get a flu, COVID-19 or pneumonia shot at a provider's office	\$10	1 per year
STAY ENGAGED	Community engagement** Do an activity to connect with others	\$10*	1 per year
	Cigna Healthcare online engagement Do any activity at myCigna.com	\$5	1 per quarter, up to \$20 each year
STAY ACTIVE with Silver&Fit	Get started with Silver&Fit® (fitness center, coaching, home kit)	\$10	1 per year
	Keep going with Silver&Fit (complete workouts, coaching, videos)	\$10	1 per quarter, up to \$40 each year
STAY PREPARED	PCP selection Confirm your primary care provider by calling customer service at the phone number on your Cigna Healthcare ID card	\$10	1 time

Note: Reward dollars are intended to be used on health and wellness products only. Rewards will be posted to your Cigna Healthy Today card. Visit CignaHealthyToday.com for more details, or call 1-866-851-1579 (TTY 711) for card balance.

*You must tell us you completed the Immunization activity to earn the incentive by calling customer service or filling out the online form. Vaccines administered in a provider's office will use claims to validate. Vaccines administered in a pharmacy or another location other than a provider's office will require attestation.

**You must tell us you completed the Community engagement activity to earn the incentive. Log in at myCigna.com and click the "View Incentives" button on the "Wellness" tab, or call us at the phone number on your Cigna Healthcare ID card.

Getting prescriptions

Your Cigna Healthcare Medicare Advantage plan may include prescription drug coverage. We want to make it easy to get your prescriptions filled.


Find out if your drug is covered.

Search our online Price a Medication tool on **myCigna** to see if your medications are covered. You can also review the drug list for your plan at CignaMedicare.com/group/MAresources.

Find out how much your drugs will cost.

Cigna Healthcare groups each medication into one of four tiers on your plan. The amount you pay for a medication depends on which tier your drug is in. To check how much your medications cost, use the Price a Medication tool at myCigna.com or on the **myCigna App**.

Note: Some features are not available on **myCigna** until your coverage begins.

 **Cost savings tip:** Generally, the lower the tier, the less you pay. Ask your doctor if an alternative to a drug you are taking is available in a lower tier.

Find a pharmacy near you.

Your plan's prescription drug coverage includes a nationwide network of more than 62,000* pharmacies to help keep your prescription costs down. These include retail and home delivery pharmacies.

To find an in-network pharmacy, visit CignaMedicare.com/group/MAresources.

*Based on internal analysis of Cigna Healthcare nationwide Medicare pharmacy network, June 2023.

Home delivery pharmacy

Home delivery provides the convenience of having your medications delivered to you.

Home delivery from a preferred pharmacy offers benefits, such as:

- Fewer trips to the pharmacy and free delivery
- Lower out-of-pocket costs on many medications
- Fewer refills with a three-month (90- or 100-day) supply and an automatic refill option

You may use any in-network home delivery service to fill prescriptions for all drug list medications. You are not required to use home delivery services to get an extended supply of any medication that is on your drug list.

Home delivery with Express Scripts® Pharmacy

To set up your account, make sure you have your Cigna Healthcare ID card and medication list nearby.



Log in to [myCigna.com](https://mycigna.com) or the **myCigna App** and select **Prescriptions** to review home delivery information.



Or call Express Scripts® Pharmacy at **1-877-860-0982 (TTY 711)**, 24 hours a day/365 days a year.

Express Scripts® Pharmacy is the home delivery pharmacy of EVERNORTHSM Health Services. Evernorth is a division of The Cigna GroupSM. Other pharmacies are available in our network.



Plan services

Get the most out of what your plan offers. Here are a few highlights of programs and services available to you as a Cigna Healthcare customer.



Behavioral health services - We recognize that emotional health is an essential part of your overall health care. If you need help with behavioral health issues, such as depression, anxiety or substance abuse, we're here to support you. Get help finding behavioral health care providers and understand costs and your care choices. You don't need a referral for in-network health care facilities, but prior authorization may be required.

To speak with a Care Manager, call **1-866-382-0518 (TTY 711)**, Monday – Friday, 8 a.m. – 5 p.m. ET.



Support for chronic conditions – Cigna Healthcare customers with certain health needs may qualify for one of our chronic and complex care support programs. Customers who qualify get the added benefit of a dedicated care manager who helps coordinate care, review medication and therapies, provide dietary support, and find community resources and education. Chronic condition support is designed to help customers with conditions such as kidney disease, COPD, depression and diabetes. Complex care support is designed to help customers with multiple chronic conditions.

To speak with a Care Manager, call **1-866-382-0518 (TTY 711)**, Monday – Friday, 8 a.m. – 5 p.m. ET.



Medicare Diabetes Prevention Program (MDPP) - This program helps prevent type 2 diabetes through behavior changes and healthier lifestyle choices, such as physical activity, training support and weight loss strategies. To find out if you qualify, talk to your provider during your yearly health check-up or call customer service.

Diabetic supplies

If you're managing diabetes, Cigna Healthcare makes it easier and more affordable to get monitoring and testing supplies. Your plan covers preferred-brand diabetic supplies plus home delivery options.



Preferred blood glucose monitors

Your plan covers one preferred blood glucose monitor and one preferred continuous glucose (blood sugar) monitor (CGM) every two years (authorization rules may apply). Preferred brands include:

- Abbott Diabetes Care: FreeStyle Lite, FreeStyle Freedom Lite, FreeStyle Precision Neo, FreeStyle Libre 2 (CGM), FreeStyle Libre 3 (CGM) and FreeStyle Libre 14-Day (CGM)
- LifeScan Diabetes Care: OneTouch Ultra 2, OneTouch Verio Flex and OneTouch Verio Reflect
- Dexcom: Dexcom G6 (CGM), Dexcom G7 (CGM)



Preferred diabetes test strips

- Your plan covers 200 preferred-brand test strips every 30 days.
- Preferred brands include Abbott and LifeScan. If you need additional test strips, you may submit an exception request by calling customer service.



Additional diabetic supplies, depending on your plan

- You may have medical coverage for control solution, lancets and lancet devices.
- You may have prescription drug coverage for syringes, needles, alcohol swabs, 2x2 gauze and insulin injection devices.
- Some or all of these supplies may be available at no cost to you or subject to coinsurance.



How to get your diabetic supplies

- Use home delivery to get your diabetic supplies delivered at no added cost to you. Ask about 30-, 60- and 90-day supplies. Call Express Scripts® Pharmacy at **1-877-860-0982 (TTY 711)**, 24 hours a day/365 days a year.
- You may also visit any in-network retail pharmacy.

If you need help getting your diabetic supplies, let us know. Call **1-866-382-0518 (TTY 711)**, Monday – Friday, 8 a.m. – 5 p.m. ET to speak with a Care Manager for assistance.

Note: If you get non-preferred-brand supplies, you may be responsible for the full cost. Cigna Healthcare may cover non-preferred brands in medically necessary situations. For complete diabetic-supply and cost-sharing information, refer to your EOC Snapshot at CignaMedicare.com/group/MAresources or call customer service.

Extra benefits



Stay fit with Silver&Fit.

Get healthier with the Cigna Healthcare fitness benefit provided by the Silver&Fit® Healthy Aging and Exercise program. Enjoy one, some or all of the following at no cost to you:

- National network of 18,000+ fitness centers
- The ability to change fitness centers at any time
- Digital workout resources, including daily online video classes plus a library of 1,500+ on-demand workout videos
- Home-based fitness kit options, including wearable fitness tracker, yoga and strength kits
- One-on-one healthy aging coaching and resources

To learn more or enroll in Silver&Fit, call **1-888-886-1992 (TTY 711)**, Monday – Friday, 8 a.m. – 9 p.m. ET, or visit **SilverandFit.com**.



Caregiver support

Your plan includes a caregiver support benefit for you, if you are a caregiver yourself, or your caregiver to help manage times of crisis as well as everyday challenges. This includes one-on-one coaching and personalized resources, including care team coordination, nutrition and stress management, to ensure you and your family have the knowledge, recommendations and support you need. It also includes access to an online application to stay in touch with your caregiver coach, share information with others on the caregiver team, and access support and resources.

To learn more about this benefit or set up a one-on-one phone counseling session, call Evernorth at **1-800-223-9414 (TTY 711)**, 7 a.m. – 7 p.m. CT, Monday – Friday. Or visit **CaregiverBridge.com**.



Home Delivered Meals

We'll take care of the cooking when you're not well enough to do it yourself. Get meals delivered right to your front door after a hospital or skilled nursing facility stay so you can focus on feeling better. This benefit provides 14 nutritious meals delivered to your home following a qualified discharge at no cost to you, up to three times per year. After you're discharged from the hospital or skilled nursing facility, our meal provider will contact you to schedule delivery.

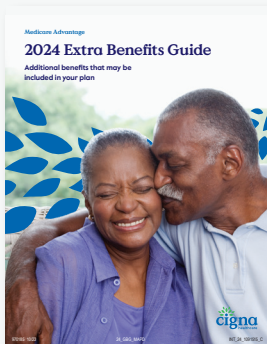
To learn more about this benefit, call customer service at **1-888-281-7867 (TTY 711)**.



Home life resources and referral services

Quick and convenient access to trusted local resources for assistance with everyday needs. Topics include aging, fraud and theft, healthy eating, home repair and improvements, pet care, and more. Resources and referral services are available online or over the phone.

Visit **CignaMA.helpwhereyouare.com** and type CignaMA in the Company Code field to get started. You can also call customer service at **1-888-281-7867 (TTY 711)**.



Extra Benefits Guide

Your plan includes coverage for additional benefits. Your Extra Benefits Guide provides more information on how to use and take advantage of all the extra benefits included in your plan. We've included the guide in this mailing.

Your plan also includes a benefit card that gives you easy access to your incentive rewards and any additional allowance benefits included in your plan. Learn how to use your **Cigna Healthy Today** card in your Extra Benefits Guide.

Plan documents

Evidence of Coverage (EOC)

Your EOC outlines the rules and policies for your Cigna Healthcare Medicare Advantage plan. Your EOC Snapshot provides specific benefit details for your plan. You can view your EOC and EOC Snapshot online at [myCigna.com](https://mycigna.com). If you have any questions about your plan's coverage, please call customer service at **1-888-281-7867 (TTY 711)**.

Annual Notice of Changes (ANOC)

As a continuing customer, you'll receive an ANOC in the fall each year by mail. This ANOC lets you know about any additions or changes to your plan for the upcoming benefit year.

Explanation of Benefits (EOB)

To help you keep track of your health costs, we generate an EOB for every month you receive medical or prescription drug services. Cigna Healthcare is required to generate EOBs to summarize your benefit costs so you know what costs to expect.

Medical EOB

A medical EOB is a notification that will show how your claim was processed. Your medical EOB will show you provider details, service dates, additional details and notes, and what you may be billed. Remember, an EOB is not a bill. Cigna Healthcare does not send bills.

Prescription Drug EOB

A prescription drug EOB is a notification that will show how your plan paid your prescription bills during a given month. This monthly statement will show the billed charges, how much the plan paid and the amount that you paid. We will only generate a prescription drug EOB if you used your plan's prescription drug benefit recently.

You can review your medical and prescription drug claims and EOBs online at [myCigna.com](https://mycigna.com). For questions about your EOB, call Cigna Healthcare customer service. Please have a copy of your EOB in front of you when you call. This will help us answer your questions.



Go paperless.

Get some of your plan documents delivered by email. Log in to your **myCigna** account, select **My Profile and Preferences**, and then select **Communication Preferences** and then "Yes" under **Paperless Preference**.

Notices and forms

Claims and reimbursements

You can request reimbursement for the cost of your allowance benefits or if you believe you've paid more than your share for covered medical services or drugs. To submit a claim for reimbursement, follow these steps.*

Medical services (Part C)

1. Complete the Direct Member Reimbursement (DMR) claim form located online at [CignaMedicare.com/group/MAresources](https://www.cignamedicare.com/group/MAresources). Submit a separate form for each request.
2. Attach all payment receipts. If you do not have a detailed receipt for each claimed service, call your doctor or provider for a replacement receipt or a patient printout. The receipt must show proof of payment and/or show signature from provider.
3. Make sure to make a copy for your records.
4. Mail your claim or reimbursement request to us:
Cigna Healthcare
Attn: Direct Member Reimbursement,
Medical Claims
P.O. Box 20002
Nashville, TN 37202

Prescription drugs (Part D)

1. Complete the Prescription Drug Reimbursement Claim Form located online at [CignaMedicare.com/group/MAresources](https://www.cignamedicare.com/group/MAresources). Submit a separate form for each request.
2. Attach bill(s) and documentation of any payment(s) you have made.
3. Make sure to make a copy of any bills and/or receipts for your records.
4. Mail your claim or reimbursement request to us:
Cigna Healthcare
Attn: Medicare Part D
P.O. Box 14718
Lexington, KY 40512-4718



If you have questions about any bills you've received, claims or reimbursement requests, or if you need a copy of the DMR claim form, call customer service. For more information about submitting a claim or reimbursement request, refer to your Evidence of Coverage (EOC).

*Notes:

- If you are submitting a claim request for someone other than yourself, include the required Appointment of Representation (AOR), Power of Attorney or Executor of Estate form. The AOR form can be found at [CMS.gov/medicare/cms-forms/cms-forms/downloads/cms1696.pdf](https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms1696.pdf).
- Claims that have missing information may be denied.
- For medical services or items, you must submit your claim to us within 12 months of the date you received the service or item; for prescription drugs (or other pharmacy service/item), you must submit your claim to us within three years of the date you received the drug, service or item.
- Remember to send detailed receipts or an invoice printout. Cash register receipts alone are not acceptable.



1-888-281-7867 (TTY 711)

myCigna.com



Express Scripts Pharmacy is Evernorth Health Services' home delivery pharmacy. Evernorth Health Services is a division of The Cigna Group. Out-of-network/non-contracted providers are under no obligation to treat Cigna Healthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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This information is not a complete description of benefits. Contact your health plan for more information.

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