

## Cigna® True Choice Medicare (PPO)

Medicare Advantage PPO medical plans with integrated Part D prescription drug coverage

### Online Provider Directory

To view our online provider directory, visit [CignaMedicare.com/group/MAresources](https://CignaMedicare.com/group/MAresources).

### Provider Outreach Form

Complete this form if:

- You're not sure if your providers are in Cigna's Medicare Advantage PPO network.
- You see an out-of-network provider and are not sure if the provider will agree to bill Cigna.
- Your provider has questions about the plan.

Cigna's Provider Outreach Team will reach out on your behalf to explain how the plan works and answer questions they may have. Then we'll follow up with you after we contact your providers. To get started, please provide your contact information and details for any provider(s) you'd like assistance with.

#### Your contact information

|                              |                                |
|------------------------------|--------------------------------|
| Former employer/Plan sponsor | Metro Nashville Public Schools |
| First and last name          |                                |
| Date of birth                |                                |
| Telephone number             |                                |
| Email address                |                                |
| Preferred contact method     |                                |

#### Provider information

|                      |  |
|----------------------|--|
| Provider's full name |  |
| Specialty            |  |
| Practice name        |  |
| Address              |  |
| Telephone number     |  |

|                      |  |
|----------------------|--|
| Provider's full name |  |
| Specialty            |  |
| Practice name        |  |
| Address              |  |
| Telephone number     |  |

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| Address              |  |
| Telephone number     |  |

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|----------------------|--|
| Provider's full name |  |
| Specialty            |  |
| Practice name        |  |
| Address              |  |
| Telephone number     |  |

|                      |  |
|----------------------|--|
| Provider's full name |  |
| Specialty            |  |
| Practice Name        |  |
| Address              |  |
| Telephone number     |  |

You may submit this completed form in one of four ways:

1. **Email** – Print and take a picture of it, then email it to [benefits@mnps.org](mailto:benefits@mnps.org)
2. **Fax** – (615) 214-8665
3. **Mail or Deliver** – Employee Benefit Services, 2601 Bransford Ave., Nashville, TN 37204
4. **Bring with you** – Give to a Cigna representative at one of the 2023 retiree benefits meetings later this fall



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