

In-network vs. out-of-network access to care.



How your Cigna® True Choice Medicare (PPO) plan works.

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

In-network providers

A doctor or health care professional who contracts with Cigna Healthcare to see Medicare patients.

- You pay your copay or coinsurance according to your benefits, and your health care provider bills Cigna Healthcare for the rest. Provider is paid according to their contract with Cigna Healthcare.
- In-network Cigna True Choice Medicare (PPO) providers participate in Medicare and already accept Cigna Healthcare as part of their contract.
- They must continue to see you if you're an existing patient.
- They may choose not to see you if you're not an existing patient and they are not accepting new Medicare patients at that time.



Important:

If your provider has questions about your plan, please show them the reverse side of this flyer. We've provided information to help answer questions they may have.

Out-of-network providers

A doctor or health care professional who doesn't currently contract with Cigna Healthcare to see Medicare patients.

- You can see any out-of-network provider that participates in Medicare and accepts the plan. Accepting the plan means the doctor is willing to treat you and bill us.
- You pay your copay or coinsurance. We will pay the rest of the cost of your covered services, including excess charges, up to the Medicare-set limit.
- An out-of-network provider may refuse to directly bill us, and ask that you pay the full allowable amount set by Medicare. If that happens, you pay the doctor, then submit your claim to us for reimbursement, less your copay or coinsurance.
- If your doctor won't accept the plan, call Customer Service at the phone number below. We will reach out to the doctor on your behalf to explain how the plan works. In most cases, this will resolve the issue.

Questions? Customer Service can help. Call **1-888-281-7867 (TTY 711)**.

October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time.

Out-of-network/non-contracted providers are under no obligation to treat Plan 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.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group. The Cigna names, logos, and marks, including THE CIGNA GROUP and CIGNA HEALTHCARE are owned by Cigna Intellectual Property, Inc. Subsidiaries of The Cigna Group contract with Medicare to offer Medicare Advantage HMO and PPO plans and Part D Prescription Drug Plans (PDP) in select states, and with select State Medicaid programs. Enrollment in a Cigna Healthcare product depends on contract renewal.

Information for providers.

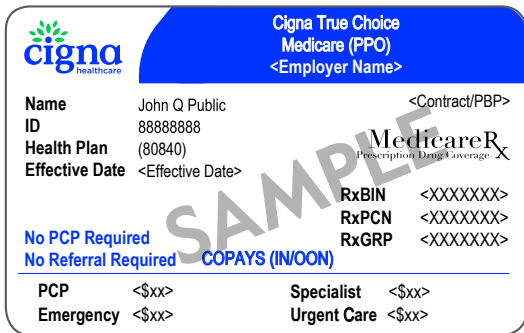


Cigna Healthcare Medicare Advantage Preferred Provider Organizations.

Did you know?

Cigna Healthcare Medicare Advantage Preferred Provider Organization (PPO) plan customers can go to any participating or nonparticipating Medicare provider without a referral. That means you can:

- Accept patients with these ID cards; look for “PPO” plan type in the blue section of the card



- Collect copayment or coinsurance at time of service, depending on the patient’s plan
- Submit claims to Cigna Healthcare for covered services and receive one payment; see [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > **Provider Manual** > **Nonparticipating Providers** for further information

Claims processing

- Electronic claims submission:
Change Healthcare/Availity (Payor ID: 63092 or 52192)
 - SSI Group/Capario/Vizient/ZirMed/Office Ally/Gateway EDI (Payor ID: 63092)
 - Relay Health (Professional claims CPID: 2795 or 3839, Institutional claims CPID: I556 or I978)
- Paper claims submission:
Cigna Healthcare Medicare Advantage
P.O. Box 20002, Nashville, TN 37202

Important information

- Prior Authorization (PA)
PA is only required for in-network and out-of-network services listed at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > **Prior Authorization**
This allows Cigna Healthcare to confirm that these services are covered and are medically necessary for:
 - Inpatient hospital and skilled nursing admissions*
 - Outpatient procedures, services and supplies
- **This patient has coverage through an employer group plan. Patients with coverage through employer groups pay the same out of pocket for in-network and out-of-network covered services.**

Contact information

- To verify eligibility and benefits or precertification for Cigna Healthcare Medicare Advantage patients, call **1-800-230-6138** Monday through Friday, 8:00 a.m. – 5:00 p.m. CST.
- To view our nonparticipating provider manual, visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > **Provider Manual** > **Nonparticipating Providers**.
- To learn more about becoming a contracted provider, visit [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > **Forms and Practice Support** > **Network Interest Forms – Practitioner**.

* PA allows us to inform you about our patient support programs that may help your patients.

All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Express Scripts, Inc., or their affiliates.