

# FUJI CARRIER NAME : CIGNA CARRIER CODE: CIG003

ID starts with an **U** or **N**

myCigna.com

Legal Entity Name <sup>①</sup>

Coverage Effective Date: MM/DD/CCYY <sup>②</sup>

Group: 1234567

Issuer (80840)

ID: U23456789 01 <sup>③</sup>

Name: **John Public**

PCP: James Smith <sup>④</sup>  
PCP Name Ln2

PCP Phone: XXX.XXX.XXX

ID Card Account Name <sup>⑤</sup>

RxBIN Rx Bin RxPCN Rx Contr

<sup>⑦</sup>

**Client Logo**

HMO (or POS)

|                 |              |
|-----------------|--------------|
| PCP Visit       | \$15         |
| Specialist      | \$15         |
| Hospital ER     | \$50         |
| Urgent Care     | \$25         |
| Vision          | Yes          |
| Rx              | 41/\$20/\$40 |
| Rx Indiv Deduct | \$50         |

Coinsurance Applies <sup>⑨</sup>

<sup>⑥</sup>

DOI

SAR

**KEY**

Select an item number in this key to view its location on the sample ID card.

- ① May read as: "Cigna Health and Life Insurance Company" or "Connecticut General Life Insurance Co." or "Cigna HealthCare of XXXX, Inc."
- ② Effective date of coverage.
- ③ Use this ID number for all claims and inquiries.
- ④ Name of patient's primary care provider (PCP).
- ⑤ Employer name

**WWW.CIGNA.COM**

You may be asked to present this card when you receive care. The card does not guarantee coverage. You must comply with all terms and conditions of the plan. Willful misuse of this card is considered fraud.

**INPATIENT ADMISSION:** <sup>①</sup>

Your provider must call the toll-free number listed below to pre-certify the above services. Refer to your plan documents for your pre-certification requirements. Failure to do so may affect benefits. In an emergency, seek care immediately, then call your primary care doctor as soon as possible for further assistance and directions on follow-up care within ### hours.

Med Group: Sunset Med Group

Send claims to: 123 Main Street, Suite 999, Anytown, USA 12345-6789 <sup>②</sup>

For Pharmacy, call ABC Company 1.800.XXX.XXXX (Not a Cigna Company)

For Vision, call ABC Company 1.800.XXX.XXXX (Not a Cigna Company)

Cigna: PO Box XXXX, Anytown, USA 12345-6789

**KEY**

Select an item number in this key to view its location on the sample ID card.

- ① Precertification requirements may be shown as either "Inpatient Admission" or "Inpatient Admission and Outpatient Procedures."
- ② Submit claims to the claim submission address shown on the card.

Member Services: 1.800.XXX.XXXX      MH/SA: 1.800.XXX.XXXX

C