

YOUR NAME

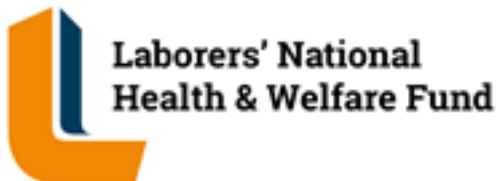
Medical coverage details cannot be shown on this card.
Please view the medical benefit detail page for coverage
information

EMPLOYEE

ID: SOCIAL SECURITY

NUMBER

CIGNA HealthCare



Plan: OPEN ACCESS PLUS

Account Number: 3340262

Effective Date: 09/01/2020

Member Services Number:
1.800.CIGNA24

Mail your medical claims to:

Medical
CIGNA
PO Box 182223 Chattanooga,
TN 37422-7223

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

Hospital Admission: You or your doctor must call the toll-free number listed in the Member Center-Contact CIGNA to request certification prior to any non-emergency hospital admission. In the case of emergency you, your family, or your doctor must call within 24 hours of admission. Failure to do so will affect benefits.

In an EMERGENCY: Seek care immediately. Go directly to the nearest emergency facility or call 911.