

Your ID Card: What you need to know



Member

Group Name Here

Group #:
10001

Employee:
EMPLOYEE NAME HERE

Employee ID#:
1234567890

Medical Plan

Eligibility/Benefits/Precertification Questions call: 1-833-440-7628



Benefits are not insured by Cigna or affiliates

To locate a Cigna provider go to: www.cigna.com

Benefits administered by Benefit Plan Administrators, Inc. (BPA) using the Cigna provider network.

0217857
"S"

Plan Benefits

In-Network

PCP/Specialist: 100% AD*
ER: 100% AD*
Urgent Care: 100% AD*
Deductible Ind/Fam: \$2,800/\$5,600
Coinsurance: 100% AD*
Out of Pocket Ind/Fam: \$4,000/\$8,000

*AD = After Deductible

This plan is compliant with all provisions of the Patient Protection and Affordable Care Act (PPACA). Please refer to the plan document for a comprehensive list of exclusions and covered benefits at www.bpatpa.com. For an updated list of Preventive Services, please visit www.healthcare.gov.

Telephonic Primary Care Services are available to you through HealthiestYou, at NO COST TO YOU.
Please visit: www.healthiestyou.com
Or Call: 1-866-703-1259

NETWORK

Cigna is your **network** and will appear on your ID card.



This is your Pharmacy Provider

PHARMAVAIL

This is the number you will call for Pharmacy issues.

For Mail Order Pharmacy, see Medvantx mail order form. When calling Medvantx tell them you have PharmAvail through your plan.

Medical Claims Submission

Cigna
P.O. Box 188061
Chattanooga, TN 37422-8061
Cigna EDI# 62308

Cigna has multiple networks. Your plan is paired with the Cigna PPO network. To find a Cigna provider, please visit www.cigna.com.

Benefits are not insured by Cigna or affiliates.

Verification/Precertification

IMPORTANT REQUIREMENTS

MEMBERS:
Carry this card at all times. Before hospital admission(s) or any other services, as specified in your plan document, your physician must call for pre-treatment authorization (precertification). Failure to comply may result in a reduction of benefits, and/or penalties. Emergency hospital admissions must be reported within 48 hours or by the next regular working day following admission, 72 hours in some states (Please verify what your local regulations are).


PROVIDERS:
Precertification must be obtained for all hospital admission (s), or any other services, as specified in the member's plan. For precertification, call the number shown on the card.

NOTICE:
Possession of this card, or obtaining precertification, does not guarantee coverage, or payment, for the service, or procedure, to be reviewed. Please call the number on this card to verify eligibility.

ELIGIBILITY, BENEFITS, & PRECERTIFICATION QUESTIONS:
Call BPA at 1-833-440-7628

PROVIDERS CAN REGISTER AT WWW.BPATPA.COM 7 DAYS A WEEK FOR ELIGIBILITY, BENEFITS, AND CLAIM STATUS

Pharmacy Plan



1-800-933-3734
Pharm: 1-866-950-9949

Pharmavail
Bin #: 610114
PCN: PV
Rx GRP: 90000BPA
Member ID #: 9000300024