

UHWF Local 143

Member

Employee:

ID #:

Group #: WUHWF143

"S"

Dependent

Medical Plan

Effective Date:

Coverage: Employee :

Plan: \$ PLAN



Cigna
PPO

Cigna

www.myCigna.com

Office Visit Co-Pay \$.



1094-LC 1928 IC(R) WUHWF143-1-PP05000-00001-CIG2004-M(CIG2004)D(V)0

20190730TF3 Sh: 0 Bin 2
J009 Env [8] BlkPck 1 CSets 1 of 1

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J009 Env [8] BkPck 1 Csets 1 of 1

1094-LC 11E4 ICR) WUHW-143-1-PP05000-00001-CIG2004-MCIG2004D0V0

Medical Claims Submission

EDI: Payer ID 62308
Mail: Cigna
PO Box 188061
Chattanooga, TN 37422-8061
To find a Cigna provider please visit
www.myCigna.com

To verify eligibility and benefits call
800-346-1223 or
www.loomisco.com

Out of Area

If you need to see a provider and you are traveling or attending school outside your health plan's service area, call MultiPlan at 888-342-7427.



Pre-Notification

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

PROVIDERS: Precertification must be obtained for all hospital admissions or for other services as specified in the member's plan. For precertification, call 800-346-1223.

NOTE: Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed. Please call the number on this card to verify eligibility. Benefits are not insured by Cigna or affiliates.

AWAY FROM HOME CARE



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J009 Env [8] BkPck 1 Csets 1 of 1

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AWAY FROM HOME CARE