

FUJI CARRIER NAME: CIGNA PREFERRED MEDICARE

CARRIER CODE: COM526

**** ALL AMI LOCATIONS ARE NOW ACCEPTING CIGNA MEDICARE PRODUCTS ****

***NOT ACCEPTED AT AMI ATLANTICARE LOCATIONS* (MANAHAWKIN & HAMMONTON)**

MAPD

		Cigna HealthSpring Advantage HMO	
ID	<Customer ID>	<contract/FBP>	
Name	John Public		
Health Plan	(80840)	[MedicareRx]	
[Effective Date: 01/01/2020]	Prescription Drug Coverage		
PCP	<PCP's Name>		
PCP Phone	<XXX-XXX-XXXX>	[RxBIN: <XXXXXXX>]	
PCP Network	<Network>	[RxCN: <XXXXXXX>]	
[No Referral Required]	COPAYS	[RGRP: <XXXXXXX>]	
PCP	<\$XX>	Specialist	<\$XX>
Emergency	<\$XX>	Urgent Care	<\$XX>

This card does not guarantee coverage or payment.

<barcode>

Customer Service: 1-800-668-3813 (TTY 711)
[Services may require [a referral or] [an] authorization by the Health Plan.]
[Medicare limiting charges apply.]

Provider Services: <Phone Number>
Authorization/Referral: <Phone Number>
Provider Medical Claims: <Address>
[Pharmacy Help Desk: <Phone Number>
Pharmacy Claims: <Address>
[Dental Services: <Phone Number> <(TTY)>
Provider Dental Claims: <Address>]

<URL>

This card is used for all plans **except** True Choice, EGWP, Leon and Arizona plans.

MA

		<Plan Name> <Plan Type>	
ID	<Customer ID>	<contract/FBP>	
Name	<Customer Full Name>		
Health Plan	(80840)		
[Effective Date: <Effective Date>]			
PCP	<PCP's Name>		
PCP Phone	<XXX-XXX-XXXX>	[Part B Drugs]	
PCP Network	<Network>	[RxBIN: <XXXXXXX>]	
[No Referral Required]	COPAYS	[RxCN: <XXXXXXX>]	
PCP	<\$XX>	Specialist	<\$XX>
Emergency	<\$XX>	Urgent Care	<\$XX>

This card does not guarantee coverage or payment.

<barcode>

Customer Service: <-- Toll Free Number --> (TTY 711)
[Services may require [a referral or] [an] authorization by the Health Plan.]
[Medicare limiting charges apply.]

Provider Services: <Phone Number>
Authorization/Referral: <Phone Number>
Provider Medical Claims: <Address>
[Dental Services: <Phone Number> <(TTY)>
Provider Dental Claims: <Address>
[Pharmacy Help Desk: <number>]

<URL>

PPO

		Cigna HealthSpring True Choice PPO	
ID	<Customer ID>	<contract/FBP>	
Name	John Public		
Health Plan	(80840)	[MedicareRx]	
[Effective Date: 01/01/2020]	Prescription Drug Coverage		
No PCP Required		[RxBIN: <XXXXXXX>]	
No Referral Required	COPAYS	[RxCN: <XXXXXXX>]	
PCP	<\$XX>	Specialist	<\$XX>
Emergency	<\$XX>	Urgent Care	<\$XX>

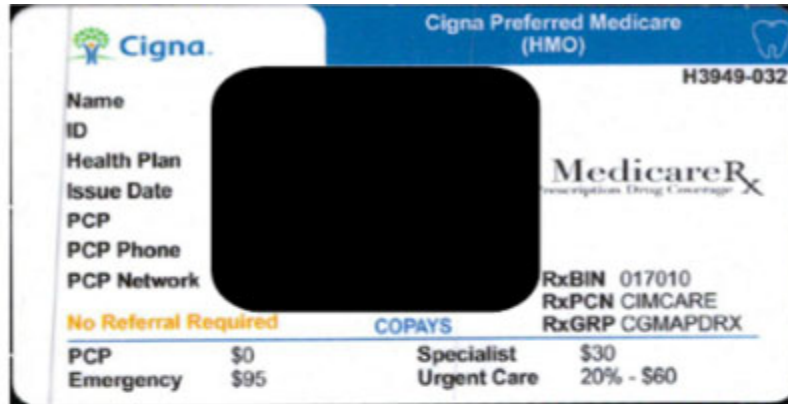
This card does not guarantee coverage or payment.

<barcode>

Customer Service: 1-800-668-3813 (TTY 711)
[Services may require an authorization by the Health Plan.]
[Medicare limiting charges apply.]

Provider Services: <Phone Number>
Authorization: <Phone Number>
Provider Medical Claims: <Address>
[Pharmacy Help Desk: <Phone Number>
Pharmacy Claims: <Address>
[Dental Services: <Phone Number> <(TTY)>
Provider Dental Claims: <Address>]

<URL>



This card does not guarantee coverage or payment.



Services may require an authorization by the Health Plan.

Customer Service 1-800-668-3813 (TTY 711)
Provider Services 1-800-230-6138
Authorization 1-888-454-0013
Provider Medical Claims Cigna PO Box 981706 El Paso, TX 79998

Pharmacy Help Desk 1-800-922-1557
Pharmacy Claims Cigna Attn: Medicare Part D
PO Box 14718 Lexington, KY 40512-4718
Dental Services 1-866-213-7295 (TTY 711)
Provider Dental Claims Cigna PO Box 188037 Chattanooga, TN 37422-8037

CignaMedicare.com

Note: Please e-mail billquestion@aminj.com if you have any questions or concerns.

**Aetna Assure Premier Plus
(HMO D-SNP)**



Member Name:

Member ID:

Effective Date:

Issued Date:

PCP: \$0 Copay

Specialist: \$0 Copay

Emergency Room: \$0 Copay

Urgent Care: \$0 Copay

Dental: \$0 Copay

Issuer: 80840

Rx Bin: 610502

PCN: MEDDAET

Rx Grp: RXAETD

PCP Name:

PCP Phone:

MedicareRx
Prescription Drug Coverage

Dental Provider: LIBERTY Dental

H6399-001

Important Information: In case of an emergency, call 911 or go to the nearest emergency room (ER). Prior authorization is not required for emergency services.

For Members

Member Services:	1-844-362-0934 (TTY: 711)
Behavioral Health Crisis:	1-844-362-0934 (TTY: 711)
Care Management:	1-844-362-0934 (TTY: 711)
24-Hour Nurse Advice:	1-844-362-0934 (TTY: 711)
Dental Services:	1-844-362-0934 (TTY: 711)
Website:	AetnaBetterHealth.com/New-Jersey-hmosnp

For Providers

Medical	Pharmacy
Eligibility Verification: 1-844-362-0934 (TTY: 711)	Pharmacy Help Desk: 1-800-238-6279 (TTY: 711)
Prior Authorization: 1-844-362-0934 (TTY: 711)	Claim Inquiry: 1-844-362-0934 (TTY: 711)

Submit claims to:
Aetna Assure Premier Plus (HMO D-SNP)
P.O. Box 61925
Phoenix, AZ 85082-1925

H6399-001