

Cigna Health and Life Insurance Co. Coverage Effective Date: MM/DD/CCYY

Group: 3344942

ID

Cigna

Name s

Open Access Plus No Referral Required Preventive Office \$0 Office Visit \$20 Specialist \$3 \$20 \$30 Emergency Room \$150/\$300

INN DED Ind/Fam \$250/\$500 INN OOP Ind/Fam \$6350/\$12700

Massachusetts Laborers' Health & Welfare Fund Plan A

SAR



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Open Access Plus No Referral Required Preventive Office \$0 Office Visit Specialist Emergency Room \$150/\$300

INN DED Ind/Fam \$500/\$1000 INN OOP Ind/Fam \$6350/\$12700

Massachusetts Laborers' Health & Welfare Fund Plan B

SAR

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:

Your provider must call the toll-free number listed below to precertify your medical benefits or benefits may be affected. Refer to your plan documents for your plan's precertification requirements. In an emergency, seek care immediately, then notify Cigna within 48 hours.

To Pre-certify Inpatient and Outpatient Procedures: 1-855-274-8383

Oncology: Telligen 1-833-226-7275 (not a Cigna Company)

Behavioral Health/SUD: Uprise Health 1-800-522-6763 (not a Cigna Company)

Mail all non-medical claims and correspondence to: Massachusetts Laborers' Health & Welfare Fund PO Box 1501, Burlington, MA 01803

Submit/Mail Claims to: Cigna Payor 62308, P.O. Box 188004. Chattanooga, TN 37422-8004

Eligibility, Benefit and Claim Questions: Please call
To access the online provider directory go to www.mycigna.com 1-800-342-3792

Addiction Hotline (LEAN): 1-844-423-LEAN (5326)

We encourage you to use a PCP as a valuable resource and personal health advocate.

AWAY FROM HOMECARE

