
SUMMARY

This section explains the different products CIGNA Healthcare member utilize. CIGNA has 3 types of products Physician Coordinated Plans known as the GateKeeper Plan, Open Access Plans, and PPO/Indemnity Plans. CIGNA Nevada is administered by Managed Care Consultants, (MCC).

CIGNA GATEKEEPER (GPPO) PLAN

CIGNA's Gatekeeper plan is a PPO plan that is a "HMO" look-a-like. This means that members choose a Primary Care Provider, (PCP), to monitor their care. PCP's are also responsible to coordinate referrals to specialists when they are medically necessary. The PCP listed on the front of the member's card can identify the Gatekeeper member. This is the only plan that relays on PCP coordinated care administered by MCC. When seeing a member as a PCP, always view the member's ID card. Make sure that your name is listed as the PCP on the ID card. If the name is different, the member may call **Member Services at 1-800-832-3211** and change their PCP at any time. There are no restrictions to PCP changes.

The following are characteristics of the GPPO ID Card.

- PCP Coordinated Care
- Referrals Required
- Precertifications Required (Reviewed by MCC Utilization Management)
- In-Network Coverage Only
- Can not bill members for Covered In-Network Services
- Most Copayments listed on members ID card.
- Fully Insured Plan / Self Funded plans

CIGNA OPEN ACCESS PLANS

CIGNA OPEN ACCESS PLAN is a PPO plan that can be identified by words "Open Access" clearly stated on the member's ID card. These members may elect to see any physician as long as they are In-Network. No referrals are required for this plan. Precertification is reviewed by Intracorp. The phone number is located on the back of the member's ID card.

The following are characteristics of Open Access:

- No Referrals
- Precertification Required
- In-Network Coverage Only
- Do not bill members for Covered In-Network services
- Most Copayments listed on the members ID card
- Fully Insured / Self Funded Plans

CIGNA PPO/INDEMNITY PLANS

CIGNA PPO/Indemnity Plans can be identified by the lack of a PCP's name on the front of the member's ID card. These members may elect to see any physician as long as they are In-Network, (Some groups have out of Network benefits, this can be verified by Member Services or the back of the member's card.) No referrals are required for this plan. Precertification is reviewed by Intracorp. The phone number is located on the back of the member's ID card.

The following are characteristics of Open Access:

- Self Directed No PCP
- No Referrals required
- Precertification Required for Hospital Admissions and designated outpatient services.
- Some groups have both In-Network and out of Network Coverage
- Do not bill members for Covered In-Network services
- Most Copayments listed on the members ID card
- Indemnity plans members are responsible for filing claim
- Fully Insured / Self Funded Plans