



**CIGNA OPEN ACCESS PLUS
The Corps Network (TCN)**

Plan Type: Open Access Plus Plan # 3338030

Name: _____

ID # _____

Primary Care Office Visit co-pay: 20% Emergency Room 20%
Specialist Office Visit co-pay 20%

SUBMIT MEDICAL CLAIMS TO: **MEMBERS AND PROVIDERS:**

P.O. Box 182223 For Benefits & Eligibility
Chattanooga, TN 37422-7223 Call 1-866-494-2111

Prescriptions through CIGNA Pharmacy Management

RxBIN: 017010 RxPCN: 02150000

Present this temporary ID card until your new card arrives