HOW TO FILE A CLAIM FOR WELLNESS INCENTIVE BENEFITS

Cigna Accidental Injury Insurance

Your Cigna Accidental Injury insurance plan comes with a Wellness Incentive benefit. This benefit is paid for each covered person who completes at least one wellness treatment, health screening test or preventive care service. This benefit is limited to one per year per covered person. Review your plan materials for information about these coverages.

How to file a claim

Claims should be reported as soon as possible. Claims can be reported by one of the following methods.

Complete and file your claim by phone

- **Call 800.754.3207** to speak with one of our dedicated customer service representatives

Complete and file your claim online

- Visit the Cigna website **SuppHealthClaims.com**

Complete and file your claim by fax, email or mail

- **Download** a Wellness Incentive claim form at **SuppHealthClaims.com**
- **Fax** documents to our fax line at **1.866.304.3001**
- **Email** scanned documents to **SuppHealthClaims@Cigna.com**
- **Mail** documents to
  Cigna Supplemental Health Solutions
  P.O. Box 188028
  Chattanooga, TN 37422

Together, all the way.®

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When should I file my claim?

Claims should be reported as soon as possible after the completion of your exam or test. Standard policy provisions call for the notification of claims from within 31 days of the visit. Claims outside of these time frames will still be evaluated for their timeliness, but must be reported within one year. Once we've received notification of claim by phone or receipt of claim form by fax, email or mail, we can begin reviewing and processing the claim.

What information will I need?

Make sure you have this information handy:

- Personal information, such as your name, address, phone number, birth date, Social Security number and email address[1]
- Employment information, such as employer's name, email address, date of hire and job title
- Doctor and hospital information – The name, address and phone number of the doctor or facility you're using for this service
- Type of exam or test performed and the date of service
- Itemized medical bills, if available

What happens after I file my claim?

We assign your claim to a designated claim manager. If they have any questions or need additional information, they will contact you or the provider to obtain the needed information.

How long does it take to process my claim?

After we receive all requested information, we will pay your claim quickly – in days, not weeks.

Please note the claim process starts when all information is received in full by Cigna.

How am I notified of the decision?

If the claim is approved, you'll receive an explanation of benefits (EOB).

If the claim is denied, you'll receive an EOB or letter explaining why the claim was denied and instructions on how to appeal the denial.

Who can answer my questions?

Customer service representatives are available to answer any of your questions, call **800.754.3207** between 7:00 am and 7:00 pm, CST.

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1. For dependents, name, address, birthdate and social security number.

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