THE RIGHT CARE. AT THE RIGHT TIME. IN THE RIGHT SETTING.

How the precertification process works for inpatient and outpatient services.

When your doctor recommends nonemergency care, your health plan may require "precertification" beforehand. Precertification means getting approval for coverage from the health plan before getting care. Your plan may require this for services such as routine hospital stays or certain outpatient procedures. In precertification, Cigna reviews medical criteria to determine if the service is covered under your plan.

Who is in charge of getting precertification?

- If your doctor is in the Cigna network, he or she starts the process by contacting Cigna and providing the needed information for review.
- If your doctor is not in the Cigna network, and your plan includes coverage for out-of-network care, you should start the process. First, call the number on the back of your Cigna ID card. Your doctor may be asked for more information.

What happens next?

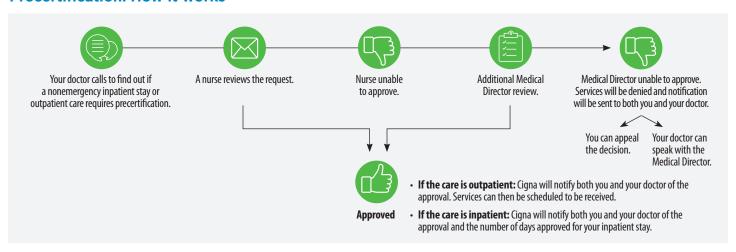
The request is reviewed using established medical criteria for that procedure. After this review, one of two things will happen.

Approved. If the request meets the criteria, your doctor will get approval.

Not approved. Sometimes the request doesn't meet the required medical criteria, based on the information given. If this happens:

- Both you and your doctor will get a written letter explaining:
 - The reason for the denial
 - How you can appeal the decision
 - A number to call if you have any questions
- Your doctor will also get a faxed notice. He or she can talk about the decision with Cigna's Medical Director, if needed.

Precertification: How it works





At Cigna, we're with you every step of the way. For more information, visit myCigna.com. Or call the number on the back of your Cigna ID card.

Together, all the way.



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