



**Cigna PPO**

**Feist Consulting**

**Group Name: Feist Consulting LLC**

**Group #: FCL**

**CIGNA #: 0220409**

**Effective Date: 01/01/2021**

**Member Name: LATASHA BARRETT**

**ID Number: FCL147522214**

**Plan Type: Low**

**Ded: \$7600/\$15200**

**Office Visit: \$25**

**Specialist: \$0 after Ded**

**UC/ER: \$75/\$500**

**Rx Co-pay: \$20/\$0 after Ded**

**RxBIN: 017449**

**RxPCN: 6792000**

**RxGRP: PRXLEA**

**"S" For Eligibility & Benefits verification call: 1-888-721-2128**

1193-LE 29A8 (C/RE-ISSUE) LEA006447-FCLL--- M(D)(V)

20201030T26 Sh: 0 Bin 1  
J065 Env [1] BlkPck 1 CSets 1 of 1



20201030T26 Sh: 0 Bin 1  
J065 Env [1] BkPck 1 Csets 1 of 1

11304E29A91CIRE-ISSUE) LEA006447FCILL---M(DVVO)



**Members:** Carry this card at all times. Before hospital admission or surgery (outside the physician's office) or for other services as specified in your plan your physician must call for pre-treatment authorization (precertification). Failure to comply may result in a reduction of benefits. Emergency hospital admissions must be reported within 48 hours or by the next regular working day following admission (72 hours in some states).

**Providers:** Precertification must be obtained for services as specified in the member's plan. For precertification, call the number shown on this card.

**Notice:** Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed. Please call the number on this card to verify eligibility.

**Benefits are not insured by Cigna or affiliates.**

To find a Cigna provider, please visit [www.cigna.com](http://www.cigna.com)

**MagellanRx**  
MANAGEMENT.

**Eligibility & Benefits: 1-888-721-2128**  
**[www.leadingedgeadmin.com](http://www.leadingedgeadmin.com)**

Leading Edge Administrators

*Customer Service:* 1-888-721-2128

*Pre-Certification:* 1-888-721-2128

*HealthWallet:* 1-800-308-5178

MagellanRx Management:

[www.magellanrx.com](http://www.magellanrx.com)

*Member Helpline:* 1-800-443-5715

*Pharmacy Helpline:* 1-800-443-5715

Submit Rx Claims to: 4801 E Washington Street,  
Suite 100, Phoenix, AZ 85034

**Submit Medical Claims to:**

P.O. Box 188061

Chattanooga, TN 37422-8061

Electronic Payer ID#: 62308



**LEADING EDGE**  
ADMINISTRATORS

**AWAY FROM HOME CARE**