

How to file a claim.

File your claim quickly and easily at myCigna.com[®] or on the [myCigna](#)[®] App.*



How to prepare your claim

Refer to the product-level **Claim Filing Checklists** for information and documentation to prepare ahead of filing a claim. Each checklist highlights the specific documentation needed to process your claim. Once you've obtained the necessary information, you can start your claim.

TIP: Consider filing your claim after completing all medical care related to your medical event. You can file anytime during the plan year.

After you file

Once all requested information is received, a Claims Advocate will review your claim and follow up if additional information is required to process the claim.

How am I notified of the decision?

If the claim is approved, you will receive an Explanation of Benefits (EOB) or approval letter advising you of the decision. If the claim is denied, you will receive an EOB or letter explaining why the claim was denied and instructions on how to appeal the denial. The documents will be available in the claim status section on [myCigna](#).

TIP: Enroll in direct deposit to receive your benefit payment faster. Benefits are paid directly to you** via check or direct deposit if you enroll.

To easily file your claim online:

1. Log in to [myCigna.com](#)
2. Under the "Coverage" tab at the top of the screen, select "Supplemental Health"
3. Scroll to the bottom of the page and click "Submit a claim"
4. Complete the online claim form

myCigna also allows you to:

- Enroll in direct deposit
- View personalized Supplemental Health plan information
- Track the status of claims
- Monitor and respond to correspondence
- View Explanations of Benefits (EOBs)



Log in online at myCigna.com or the [myCigna App](#)[®] to file a claim.

*Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com. App/online store terms and mobile phone carrier/data charges apply.

**Benefits may be paid directly to anyone you designate, such as a hospital, upon assignment.

THESE POLICIES PAY LIMITED BENEFITS ONLY. THEY ARE NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DO NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

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