

Clarity: Cigna Healthcare Co-pay only medical plan

For health care providers

Cigna Healthcare® is launching a new copay-only medical plan, Clarity, that is designed to simplify health care, improve convenience, and have predictable costs for customers without limiting access to high-quality care.

About the plan

- Clarity will empower customers to make informed health care decisions with upfront pricing, verified patient reviews with a user-friendly, AI-assisted digital experience available via the myCigna® app and website.
- Providers who participate in the Open Access Plus (OAP) network will be in network for customers with Clarity coverage.
- The plan is administered on the Allegiance platform, a wholly owned Cigna Healthcare third-party administrator.
- Clarity plans include medical and behavioral coverage. Pharmacy coverage is optional.

Eligibility, benefits, and claims

Providers can use the following options:

- Register for the [Allegiance Provider Portal](#) for digital access.
- **Allegiance Provider Service** and [AskAllegiance.com/VOB](#) is available from 8:00 a.m. to 7:00 p.m. ET, Monday through Friday, at **855.999.1525**.
- For Health Insurance Portability and Accountability Act (HIPAA) electronic data interchange (EDI) transactions 270/271 and 276/277, providers should have their clearinghouse contact Availity at [Availity.com](#).

Process	Contact	Additional information
Benefit verification, copay, and plan information	Allegiance	Allegiance Provider Service 855.999.1525 AskAllegiance.com/VOB 270/271 EDI transactions, use Payer ID: 81040
Pre-treatment reviews and prior authorization	Allegiance Care Management	800.342.6510
Claim submission	Cigna Healthcare	PO Box 188061 Chattanooga, TN 37433-8062 Payer ID: 62308
Claim processing, status, and payment	Allegiance	855.999.1525 276/277 EDI transactions, use Payer ID: 81040 AskAllegiance.com/VOB
Payment refunds	Allegiance	PO Box 4387 Missoula, MT 59806

Customer ID cards

Customers with Clarity plan coverage will have a digital ID card* accessible on their mobile phones.



*Sample ID card images are for illustrative purposes only.

Eligibility and benefit request transactions for variable copays Practitioner and location searches

To support both **practitioner-specific** and **location-specific variable copays** on a single 271 X12 benefits and eligibility inquiry response, it is recommended that the 270 request include the following:

Recommended identification elements

- The **National Provider Identifier (NPI)** should be submitted in the **NM109 element** with an **XX qualifier**
- The **Taxpayer Identification Number (TIN)** should be submitted in the **REF segment**, with:
 - **REF01 = TJ** (Tax Identification Number qualifier)
 - **REF02 = TIN value**
- The **address associated with the TIN** should be included in the:
 - **N3 segment (street address)**
 - **N4 segment (city, state, ZIP)**
- **Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) codes** should be submitted to support more accurate benefit determination.

Provider loop examples

- **Practitioner Visits/Services (Type 1 NPI)**
 - NM1*1P*1*LastName*FirstName****XX*NPI~
- **Facility/Service Locations (Type 2 NPI) (e.g., Advanced Imaging, Urgent Care, Diagnostic Labs, PT/OT)**
 - NM1*1P*2*LastName****XX*NPI~
- **Recommended for All Service Types**
 - **TIN and Address**
 - REF*TJ*TIN~
 - N3*AddressStreet~
 - N4*AddressCity*AddressState*AddressZip~
 - **Service Type (CPT/HCPCS Example)**
 - EQ**CJ:70332***1~
- Including these elements helps enable the return of **more precise Clarity copay values** in the 271 response.

Note: In the **271 response**, the **Clarity plan name will be returned in EB05**.

Questions?

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