

Clarity by Cigna Healthcare

Frequently asked questions

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. The plan will be administered by Allegiance, a wholly owned subsidiary of Cigna Healthcare.

Questions and answers

1. What is Clarity by Cigna Healthcare?

The Clarity plan (Clarity) is a copay-only medical plan that gives customers access to providers that participate in the Cigna Healthcare Open Access Plus (OAP) network. The plan covers all types of care – from office visits to surgical procedures to imaging. Before scheduling an appointment, customers may use the myCigna® app or portal to search for care and view their total out-of-pocket costs as a single copay.

2. What is the role of Allegiance in administration of Clarity?

Allegiance will manage core plan operations, including benefit plan setup, claims processing, customer service, utilization management/case management clinical support, care management, and provider payments and communications.

3. Why am I in network for Clarity?

You are in network because you participate in the Cigna Healthcare OAP network. All existing OAP network contract terms – including reimbursement, electronic payment processes, and applicable value-based arrangements – will apply to your patients covered under Clarity.

4. What is a copay-only plan?

A copay-only plan does not have deductibles or coinsurance. Payments follow your existing network contract rates. The customer's copay does not affect your contracted fee schedule.

5. When will Clarity be effective?

[Clarity](#) will be effective July 1, 2026.

6. Will this plan affect my existing contract?

No. All terms of your current Cigna Healthcare network contract will remain unchanged.

7. Will my patients with Clarity coverage have an ID card?

Yes. Customers will have a digital ID card accessible on their mobile devices. See sample ID card images below (provided for illustrative purposes only).



8. How will I verify benefits for a customer with Clarity coverage?

There are several ways you can verify eligibility and benefits:

- Electronic data interchange (EDI): 270/271 transaction (payer ID 81040)
- Allegiance provider portal: www.AskAllegiance.com/VOB
- Phone: 855.999.1525, Monday–Friday, 8:00 a.m.– to 7:00 p.m. ET

9. Where do I request prior authorization for my patients with the Clarity coverage?

Most prior authorization requests should be submitted through the [Allegiance provider portal](#).

The exception is when customers participate in a surgical encounter program (sometimes called a bundled payment program), which simplifies the billing process for customers. To learn more about surgical encounters and their prior authorization requirements, call **800.342.6510**.

10. Do I need to do anything different when submitting claims?

No, but it is essential that you submit claims with accurate provider and location details to ensure the copay adjudicates correctly.

11. Where should I submit claims?

There are two ways you can submit claims:

Mail

Cigna Healthcare
PO Box 188061
Chattanooga, TN 37422-8061

Electronically

Payer ID: 62308

12. How can I check the status of claims?

Claim status can be checked using:

- EDI: 276/277 transaction (payer ID 81040)
- Allegiance portal: www.AskAllegiance.com/VOB
- Phone: 855.999.1525, Monday–Friday, 8:00 a.m.– to 7:00 p.m. ET

13. Do I need to collect the patient's copay at the time of service?

Copays are typically collected by the health care provider at the time of service. In some cases, providers may collect a partial copay or bill the customer after the visit.