

# How to Enter Other Insurance Information on MyCigna.com

1. Log in to [www.MyCigna.com](http://www.MyCigna.com).
2. Click on the 'Profile' link at the top of the page:

The screenshot shows the MyCigna.com website interface. At the top left is the Cigna logo. To the right, the user is logged in as 'Hi Borg' and the 'Profile' link is circled in red with a red arrow pointing to it. Other navigation links include 'Contact', 'Forms', 'Español', and 'Log Out'. Below the navigation is a search bar with a 'SEARCH' button. A horizontal menu contains several options: 'REVIEW MY COVERAGE +', 'MANAGE CLAIMS & BALANCES +', 'FIND A DOCTOR OR SERVICE', 'CIGNA HOME DELIVERY PHARMACY', 'ESTIMATE HEALTH CARE COSTS', and 'MANAGE MY HEALTH +'. Below this menu is a banner for 'EAP SERVICES' with the text: 'If you need help or another perspective to life's many challenges contact your Employee Assistance Program at 1-800-237-2904'. Below the banner are three promotional cards: 'ID cards' (Request a new ID card or print a temporary one. Get your card), 'Earn Points, Get Rewards' (The Cigna Incentive Points program rewards you for taking steps to improve your health. Start today), and 'Claims & account balances' (View your claims and track your balances).

3. Under the 'Other Insurance' section (on the lower, right hand side of the page), Click on the 'Change' link.



Hi Borg | Profile | Contact | Forms | Español | Log Out

 [SEARCH](#)

- REVIEW MY COVERAGE +
- MANAGE CLAIMS & BALANCES +
- FIND A DOCTOR OR SERVICE
- CIGNA HOME DELIVERY PHARMACY
- ESTIMATE HEALTH CARE COSTS
- MANAGE MY HEALTH +

Home » Manage My Profile

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## Manage My Profile

### Site Password

Your Password [Change](#)

### Email & Document Delivery Preferences

Email Address & Email Subscriptions [Change](#)  
Document Delivery Preferences - Paper or online? Decide what documents and notifications you'd like to receive and how. [Change](#)

### Reimbursement Preferences

Direct Deposit for Claim Reimbursements [Change](#)

### Shared Account Access

View and/or manage how you share your account information with others on your plan [View or Change](#)

### ID Cards

Print or Request Medical ID Card(s) [Print or Request](#)

### Name & Address Updates

Moved recently? Changed your name? [Make Changes](#)

### Cigna Home Delivery Pharmacy Customer Profile

Manage shipping address information and credit card payment information. [Change](#)

### Other Insurance

You or your dependents may have multiple types of coverage. Letting us know will help us pay your claims faster. [Change](#)

### RELATED LINKS

- [Your Forms](#)
- [Contact Cigna](#)

### NEED HELP

### FAQ



**SOMEONE ELSE MANAGING YOUR FAMILY'S**

[Change](#)



#### 4. Select the family member that needs to be updated and click on the 'View/Change' link:



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- REVIEW MY COVERAGE +
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- ESTIMATE HEALTH CARE COSTS
- MANAGE MY HEALTH +

Home » Manage My Profile » Change Other Insurance Information

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## Change Other Insurance Information

Please review the Other Insurance Information shown below. If this information is incorrect, use the "View/Change" link to correct it. When this information is correct it's easier for us to pay your claims faster and with more accuracy.

OTHER INSURANCE INFORMATION					
Last Name:	First Name:	Relationship:	Other Insurance:	Verification Date:	Details:
WARNER	BORG	Subscriber	None	02/01/2007	<a href="#">View/Change</a>
WARNER	CORP	Spouse / Partner	Unknown	01/09/2008	<a href="#">View/Change</a>
WARNER	BELLWOOD	Dependent	Unknown	01/09/2008	<a href="#">View/Change</a>

**NEED HELP**

- For help finding something on the site please call 1.800.853.2713
- For help with plan and coverage information please call 1.800.237.2904

[Customer Service Email Form](#)



**5. Complete the following below:**

- a. Under “Other Insurance”, select either:
  - i. “Yes (Cigna)” – if the family is covered by another Cigna plan, other than the BorgWarner plan
  - ii. “Yes” – if the member is covered by other insurance
- b. Under “Last Verification Date”, enter in today’s date.

**6. Click on the “Add Coverages” button at the bottom of the screen.**

## Change Other Insurance Information

**i** Please review the Other Insurance Information we have on file. If this information is incorrect, use the "Submit" button to provide updates or the "Add Coverage" button to provide additional coverage information. With this information, we can process your claims faster and more accurately.

Information for: Corp Warner

Other Insurance:

None

Last Verification Date:

01/09/2008

Medicare Health Insurance Claim Number:

**i** For Medicare A, B & C, enter the Medicare Health Insurance Claim Number using capital letters and numbers.

ADD COVERAGES

SUBMIT

CANCEL

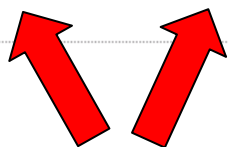
### NEED HELP

**i** For help finding something on the site please call 1.800.853.2713

**i** For help with plan and coverage information please call 1.800.237.2904

[Customer Service Email Form](#)

**Note:** For TTY/TDD service for hard of hearing and deaf callers, call 711 for Telecommunications Relay Service.



**7. Complete all the information below:**

- a. Coverage Type - Select “Medical” or “Dental”
- b. Carrier Type - Select the appropriate carrier type. Most likely, this will be “other insurance”
- c. Effective date- Enter the effective date of the other insurance
- d. Policy Number - Enter the policy number of the other insurance
- e. Primary Insurance for Customer - Select “Yes”
- f. Rule that applies when determining which insurance is primary - Select “own plan”.

**8. Click on the ‘Submit’ button at the bottom of the page.**

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Coverage Type:

Choose ▾

Carrier Type:

Choose ▾

Effective Date:

Cancel Date:

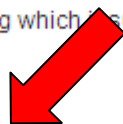
Policy Number:

Primary Insurance for Customer?

Choose ▾

Rule that applies when determining which insurance is primary:

Choose ▾



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ADD COVERAGES

SUBMIT

CANCEL