

Maine Bureau of Insurance  
Bulletin 377  
Any Willing Pharmacy Reporting Form  
**Insurance Companies**

E-mail your response as a PDF attachment to [Barbra.L.Garboski@maine.gov](mailto:Barbra.L.Garboski@maine.gov).

Company Name:	Cigna Health and Life Insurance Company
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\_\_\_ Check here if your company does **NOT** provide or administer network pharmacy benefits in Maine.

**A. Compliance Officer with Responsibility for Maine Pharmacy Operations:**

Name:	Elizabeth Connor
Title:	Compliance Senior Advisor
Mailing Address:	900 Cottage Grove Road, B6LPA
	Hartford, CT 06152
Direct Phone Number:	412-312-9603
Fax: Number	
Email Address:	Elizabeth.Wing@evernorth.com

**B. Please identify any mail order pharmacies that participate in your network.** *(copy and paste table as needed for additional participant)*

Name:	ESI Mail Pharmacy Service, Inc. dba Express Scripts
Mailing Address:	1 Express Way, St. Louis, MO 63121
Website:	www.express-scripts.com

**C. Pharmacy Contracting Contact Information:**

Name:	Elizabeth Connor
Title:	Legal Compliance Senior Advisor
Mailing Address:	900 Cottage Grove Road, B6LPA
	Hartford, CT 06152
Direct Phone Number:	412-312-9603
Fax: Number	
Email Address:	www.Cigna.com

**D. Please identify any pharmacy benefit administrators (PBMs) that administer pharmacy benefits through your pharmacy network.** *(copy and paste table as needed for additional participant)*

Name:	Cigna Health and Life Insurance Company
Mailing Address:	900 Cottage Grove Road, B6LPA
	Hartford, CT 06152

Website:	<a href="http://www.Cigna.com">www.Cigna.com</a>