

# Cigna-HealthSpring Broker Directory

## Broker Portal

<https://broker.hsconnectonline.com/Account/Login?ReturnUrl=%2f>

## Cigna HealthSpring Producers University and Agent Resources

<https://www.cignahealthspringsproducers.com/Apps/Medicare/Default.aspx?ReturnUrl=%2fApps%2fMedicare%2fCustom%2fHealthSpring%2fResources.aspx>

HAAL – HealthSpring Agent Assistance Line

1-866-442-7516

Cigna-HealthSpring Enrollment

Cigna-HealthSpring Commissions

## Drug Cost Tool

[https://cigna.destinationrx.com/compare/medicare/Home?WT.z\\_nav=medicare/part-d/drug-list-formulary;Body;Pharmacy/Drug%20Search%20Tool](https://cigna.destinationrx.com/compare/medicare/Home?WT.z_nav=medicare/part-d/drug-list-formulary;Body;Pharmacy/Drug%20Search%20Tool)

## Ordering Supplies

<https://custompoint.rrd.com/xs2/prelogin?CMPID=1064&qwerty=17082906>

## Cigna-HealthSpring Provider Look up Tool

<https://providersearch.hsconnectonline.com/OnlineDirectory>

## DRX Broker Site

<https://cignahealthspring.destinationrx.com/PlanCompare/Professional/Type1/2017/Compare/Home>

## Top 100 Drugs for the MAPD formulary

<http://hsintranet/Sales/spm/SitePages/CHS%20Sales%20Home%20Page.aspx>

## Telescope Line

866-398-6055

Clark Thompson- **Georgia West**

Cigna Health-Spring Broker Sales Manager

[clark.thompson@healthspring.com](mailto:clark.thompson@healthspring.com)

404-275-6891

Bob Mager- **Georgia East**

Cigna Health-Spring Broker Sales Manager

[robert.mager@healthspring.com](mailto:robert.mager@healthspring.com)

404-989-2748

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## 2017 Top 100 MAPD Formulary Drugs

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
ALBUTEROL SULFATE NEB 0.083%	2	CARVEDILOL TAB 12.5MG	1	FINASTERIDE TAB 5MG	2
ALENDRONATE SODIUM TAB 70MG	1	CARVEDILOL TAB 25MG	1	FLUOXETINE HCL CAP 20MG	2
ALLOPURINOL TAB 100MG	1	CARVEDILOL TAB 3.125MG	1	FLUTICASONE PROPIONATE SPR 50MCG	2
ALLOPURINOL TAB 300MG	1	CARVEDILOL TAB 6.25MG	1	FUROSEMIDE TAB 20MG	1
ALPRAZOLAM TAB 0.25MG	2	CEPHALEXIN CAP 500MG	1	FUROSEMIDE TAB 40MG	1
ALPRAZOLAM TAB 0.5MG	2	CIPROFLOXACN HCL TAB 500MG	1	GABAPENTIN CAP 100MG	2
ALPRAZOLAM TAB 1MG	2	CITALOPRAM HYDROBROMIDE TAB 20MG		GABAPENTIN CAP 300MG	2
AMIODARONE HCL TAB 200MG	2	CITALOPRAM HYDROBROMIDE TAB 40MG		GABAPENTIN TAB 600MG	1
AMLODIPINE BESYLATE TAB 10MG	1	CLONAZEPAM TAB 0.5MG		GLIMEPIRIDE TAB 4MG	1
AMLODIPINE BESYLATE TAB 2.5MG	1	CLONAZEPAM TAB 1MG		GLIPIZIDE TAB 10MG	1
AMLODIPINE BESYLATE TAB 5MG	1	CLONIDINE HCL TAB 0.1MG	1	GLIPIZIDE TAB 5MG	2
AMOXICILLIN/ CLAVULANATE POTASSIUM TAB 875MG	2	CLOPIDOGREL TAB 75MG	2	HYDROCHLOROTHIAZIDE TAB 12.5MG	1
AMOXICILLIN CAP 500MG	1	CYCLOBENZAPRINE HCL TAB 10MG	3	HYDROCHLOROTHIAZIDE TAB 25MG	3
ACETAMINOPHEN/ CODEINE TAB 300-30MG	2	DIGOXIN TAB 125MG	2	HYDROCODONE/ACETAMINOPHEN TAB 10-325MG	3
ATENOLOL TAB 25MG	1	DONEPEZIL HCL TAB 10MG	2	HYDROCODONE/ACETAMINOPHEN TAB 5-325MG	3
ATENOLOL TAB 50MG	1	DULOXETINE HCL CAP 30MG	2	HYDROCODONE/ACETAMINOPHEN TAB 7.5-325	1
ATORVASTATIN CALCIUM TAB 10MG	1	DULOXETINE HCL CAP 60MG	2	IBUPROFEN TAB 800MG	2
ATORVASTATIN CALCIUM TAB 20MG	1	ELIQUIS TAB 5MG	NF	ISOSORBIDE MONONITRATE TAB 30MG ER	3
ATORVASTATIN CALCIUM TAB 40MG	1	ESCITALOPRAM OXALATE TAB 10MG	2	JANUVIA TAB 100MG	3
ATORVASTATIN CALCIUM TAB 80MG	1	ESOMEPRAZOLE MAGNESIUM CAP 40MG DR	2	LANTUS INJ 100/ML	3
AZITHROMYCYIN TAB 250MG	2	FAMOTIDINE TAB 20MG	2	LANTUS INJ SOLOSTAR	2
BACLOFEN TAB 10MG	1	FENOFIBRATE TAB 160MG	2	LATANOPROST SOL 0.005%	

**For Agent Use Only. Not for prospect or customer distribution. Analysis based on prior year drug utilization of 2016 MAPD Formulary. This does not apply to Arizona Plans, Special Needs Plans, or PDP Plans. Tier may vary by dosage. If you do not see the dosage listed, please check the comprehensive formulary online for the correct tier. This is not a complete list of drugs covered by our plan. For a complete listing, please call 1-800-668-3813 8 a.m. to 8 p.m. 7 days a week. The Formulary may change at any time. You will receive notice when necessary.**

## 2017 Top 100 MAPD Formulary Drugs

Drug Name	Tier	Drug Name	Tier	Drug Name	Tier
LEVOFLOXACIN TAB 500MG	2	METFORMIN TAB 1000MG	1	PREDNISONE TAB 10MG	1
LEVOHYROXIN SODIUM TAB 100MCG	1	METFORMIN TAB 500MG	1	PREDNISONE TAB 20MG	1
LEVOHYROXIN SODIUM TAB 125MCG	1	METFORMIN TAB 500MG ER	1	PREDNISONE TAB 5MG	1
LEVOHYROXIN SODIUM TAB 25MCG	1	METHYLPRED TAB 4MG	2	PROAIR HFA AER	3
LEVOHYROXIN SODIUM TAB 50MCG	1	METOPROL TAR TAB 100MG	1	RANITIDINE TAB 150MG	1
LEVOHYROXIN SODIUM TAB 75MCG	1	METOPROL TAR TAB 25MG	1	SERTRALINE TAB 100MG	2
LEVOHYROXIN SODIUM TAB 88MCG	1	METOPROL TAR TAB 50MG	1	SERTRALINE TAB 50MG	2
LISINOPRIL/HYDROCHLOROTHIZIDE TAB 20-12.5	1	METOPROLOL TAB 100MG ER	2	SIMVASTATIN TAB 10MG	1
LISINOPRIL/HYDROCHLOROTHIZIDE TAB 20-25MG	1	METOPROLOL TAB 25MG ER	2	SIMVASTATIN TAB 20MG	1
LISINOPRIL TAB 10MG	1	METOPROLOL TAB 50MG ER	2	SIMVASTATIN TAB 40MG	1
LISINOPRIL TAB 2.5MG	1	MIRTAZAPINE TAB 15MG	2	SMZ/TMP DS TAB 800-160	1
LISINOPRIL TAB 20MG	1	MONTELUKAST TAB 10MG	2	SPIRIVA CAP HANDIHLR	NF
LISINOPRIL TAB 40MG	1	NAPROXEN TAB 500MG	1	SPIRONOLACT TAB 25MG	1
LISINOPRIL TAB 5MG	1	NITROFURANTN CAP 100MG	2	SYMBICORT AER 160-4.5	NF
LORAZEPAM TAB 0.5MG	2	OMEPRAZOLE CAP 20MG	2	TAMSULOSIN CAP 0.4MG	2
LORAZEPAM TAB 1MG	2	OMEPRAZOLE CAP 40MG	2	TIZANIDINE TAB 4MG	2
LOSARTAN POT TAB 100MG	1	OXYBUTYNIN TAB 5MG	1	TRAMADOL HCL TAB 50MG	2
LOSARTAN POT TAB 25MG	1	OXYCOD/APAP TAB 10-325MG	3	TRAZODONE TAB 100MG	1
LOSARTAN/HCT TAB 100-25	1	OXYCOD/APAP TAB 5-325MG	3	TRAZODONE TAB 50MG	1
LOVASTATIN TAB 20MG	1	PANTOPRAZOLE TAB 40MG	2	TRIAMT/HCTZ TAB 37.5-25	1
LOVASTATIN TAB 40MG	2	POT CHLORIDE CAP 10MEQ ER	1	WARFARIN TAB 5MG	1
MECLIZINE TAB 25MG	2	POT CL MICRO TAB 20MEQ ER	1	ZETIA TAB 10MG	4
MELOXICAM TAB 15MG	1	PRAVASTATIN TAB 20MG	1	ZOLPIDEM TAB 10MG	3
MELOXICAM TAB 7.5MG	1	PRAVASTATIN TAB 40MG	1		

# Ways HAAL Can Help You



## Your Quick-Reference Guide

HAAL is Cigna-HealthSpring's Help Center and it is staffed by employees who are happy to provide valuable support to our active Internal and Contracted agents.

### Here are some of the things HAAL can help with:

- ✓ Scope of Appointment number
- ✓ Help with Producers' University (training portal)
- ✓ Password resets for e-Agent
- ✓ Answers to your "first-level" commissions, licensing, and appointments questions
- ✓ Your licensing and appointment status
- ✓ Request Provider and Formulary Directories
- ✓ Help with resolving RFI issues
- ✓ Help with updating your phone number and email address
- ✓ Contact information (local markets, departments, etc.)
- ✓ Assistance with Custom Point
- ✓ Help with the eEnrollment application
- ✓ Plan information
- ✓ Commissions
- ✓ ID Cards/Welcome Kits
- ✓ Update PCPInfo

HAAL can provide help with these things too, but...

#### Only with the prospect's permission

- Medicare Parts A and B effective dates
- Medicaid level and ID number
- Low Income Subsidy (LIS) percentage and level
- Late Enrollment Penalty
- Date of birth and home address
- Confirmation of full legal name
- HICN number
- Loss of coverage date for any type of health coverage
- ESRD status

#### Only when speaking to the Writing Agent or Broker on record

- Your customer's application status
- The enrollee's plan premium and Out of Pocket costs

## Now for the things that HAAL can't provide

- Assistance for customers—please have them contact Customer Services
- Advice on either how to sell our products or choosing the best plan for your prospect
- Help with IT issues
- Help updating your mailing (or physical) address—please contact Contracting for that



### How and when you can reach HAAL:



**Email**  
[HAAL@HealthSpring.com](mailto:HAAL@HealthSpring.com)



**ArizonaCustomerService**  
 800-627-7534



**Help Center**  
 1-866-442-7516  
 \*Bilingual reps on staff  
 \*All calls are recorded

8:00 am to 8:00 pm – Local Time  
 Monday – Friday, February 15<sup>th</sup> to September 30<sup>th</sup>



**TeleScope (SOA)**  
 1-866-398-6055  
 \*Bilingual reps on staff  
 \*All calls are recorded



**Hours**  
**Regular hours for Lock-In**  
 Monday – Friday  
 7:00am-6:00pm CST



**CustomerService**  
 1-800-668-3813  
 8:00 am to 8:00 pm – Local Time  
 Monday – Friday  
 8:00 am to 6:00 pm Saturday,  
 February 15th to September 30th  
 8:00 am to 8:00 pm – Local Time  
 7 days a week, October 1st to February 14th

**Extended AEP hours**  
**Oct. 1, 2017 – Nov. 30, 2017**  
 Monday – Saturday  
 7:00am-9:00pm CST

Sunday  
 9:30am – 6:00pm CST

**Dec. 1 – Dec. 7, 2017**  
**(Last week of AEP)**  
 Every day  
 7:00am – 9:00pm CST

\*Note: eAgent not available for AZ enrollments

**Together, all the way.<sup>™</sup>**

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# Preferred Pharmacy Network



## Your Quick-Reference Guide

### Pharmacies with preferred cost sharing

NEW FOR 2017: Most MAPD Plans will offer *preferred cost-sharing*

#### Highlights:

**Rx** Customers have access to both the Preferred and Standard pharmacies, allowing them to decide which pharmacy best meets their needs

**\$** Customers have option and incentive (lower copays) to utilize pharmacies in the Preferred Network

 Pharmacies with preferred cost sharing will be identified in the Pharmacy Directory: <http://www.cigna.com/medicare/part-d/pharmacy-options>

 Several large chain + regional and local pharmacies

#### Additional Notes:

- Applies to retail only, does not apply to mail order
- Tier 5 – Specialty drugs
  - Limited to 30 d/s (no 90 day fills)
  - > \$670/month
- Does not apply to D-SNP (only standard co-pays apply to D-SNP plans)  
CVS, Rite Aid, Sam's Club – Standard Pharmacy Network
- Be sure to point out this important change to customers and explain the cost saving opportunity of choosing a preferred pharmacy.



#### Questions?

Contact HAAL at **866.442.7516**  
Or your local Sales Manager

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RMA Reviewed: 05/08/2017

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# Georgia Market 2018 Service Area Map

■ H0439-003-001

Barrow	Fayette	Morgan
Butts	Forsyth	Newton
Cherokee	Franklin	Oconnee
Clarke	Fulton	Oglethorpe
Clayton	Greene	Paulding
Cobb	Gwinnett	Rockdale
DeKalb	Henry	Spaulding
Douglas	Madison	Watton

■ H0439-003-002

Banks	Floyd	Lumpkin
Bartow	Gordon	Pickens
Chattooga	Habersham	Polk
Coweta	Hall	Stephens
Dawson	Jackson	White

TotalCare available in all counties except Henry.



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# Network Highlights

Athens Regional Medical Center Barrow  
 Regional Medical Center Cartersville  
 Medical Center Clearview Regional  
 Medical Center DeKalb Hospital System  
 Emory Hospital System Eastside Medical  
 Center Elbert Memorial Hospital Fairview  
 Park Hospital Floyd Medical Center  
 Glancy Rehab Center Gwinnett Hospital  
 System Grady Memorial Hospital Gordon  
 Hospital Habersham Medical Center  
 Mountain Lakes Medical Center Newton  
 Medical Center  
 Oconee Regional Medical Center  
 Northside Hospital System Oconee  
 Regional Medical Center Piedmont  
 Hospital System Redmond Regional  
 Medical Center St Marys Hospital System  
 WellStar Hospital System  
 NE Georgia Regional

Market/ Region	Hospitals	PCPs	Specialists	Totals
Georgia	56	1679	4869	7605

- ✓ Largest Medicare Advantage Network Within Our Service Area
- ✓ 61 ASC Locations
- ✓ Only hospital not in-network is Rockdale Hospital.

This information is subject to change based on CMS review. It is solely for broker use and may not be used for purposes of marketing or sales.

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# SCOPE OF APPOINTMENT

A Quick-Reference Guide

## Meeting the Scope of Appointment (SOA) Requirement

### Call it in! (Telescope)

Use Telescope to record the SOA for the vast majority of your appointments. This is the most convenient, preferred way to complete the SOA.

Note: A 3-way call with you, your prospect and our Telescope agent is recommended.

- 1** Dial the Telescope Line at **1-866-398-6055**.
- 2** The prospect (or Authorized Representative) provides the following information:
  - Customer's first and lastname
  - Customer's address and phone number
  - Time and date of upcoming appointment
  - Agent's first and last name
  - Agent ID (that's your writing number)
  - Your initial method of contact
- 3** Our Telescope agent will give you a confirmation number as verification that the SOA has been recorded.
- 4** You'll need to enter this confirmation number in the **Scope of Appointment ID number** field on the enrollment form before faxing or electronically submitting the application.
- 5** You should not go on the appointment unless you've received the recorded permission from the Telescope Representative.

# Complete a Paper SOA Form

Download a copy of the form from the Resource Library on Cigna-HealthSpring's Producer University (<https://cignahealthspringproducers.com/Apps/Medicare/Resources.aspx>)

Use a paper SOA only when an advance call to the TelescopeLine is **unreasonable**.

**Use a paper SOA form ONLY for situations in which the Prospect:**

- attends your Seminar or Sales Event and wants a follow-up presentation afterwards
- is a “walk-in” - walks into your office to request a presentation
- is unplanned but attends your appointment
- needs a presentation immediately to make the end-of-the-month deadline
- has children who need to be involved, but they are only available “today”
- is going away for an extended time and needs to see the presentation immediately

## Sample Completed SOA - Page One

1. Beneficiary signs and dates the form.

SCOPE OF SALES APPOINTMENT CONFIRMATION FORM															
															
Beneficiary or authorized representative signature and signature date:															
Signature <u>Sample Signature</u> Date <u>1/1/2017</u>															
If you are the authorized representative, please sign above and print below:															
Name _____ Relationship _____															
<input type="checkbox"/> <b>STAND-ALONE MEDICARE PRESCRIPTION DRUG PLANS (PART D)</b> Medicare Prescription Drug Plan (PDP) - A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-for-Service Plans, and Medicare Medical Savings Account Plans.															
<input checked="" type="checkbox"/> <b>MEDICARE ADVANTAGE PLANS (PART C) AND COST PLANS</b> <b>35</b> Medicare Health Maintenance Organization (HMO) - A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies). Medicare Preferred Provider Organization (PPO) Plan - A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost. Medicare Special Needs Plan (SNP) - A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.															
<b>TO BE COMPLETED BY AGENT</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Agent name: <u>Sample Agent</u></td> <td style="width: 50%;">Beneficiary name: <u>Sample Beneficiary</u></td> </tr> <tr> <td>Agent phone: <u>988-244-4444</u></td> <td>Beneficiary phone (optional): <u>222-222-2222</u></td> </tr> <tr> <td>Initial method of contact: (Indicate here if beneficiary was a walk-in) <u>Prospect Called</u></td> <td>Beneficiary address (optional): <u>123 Freedom Lane, Any Town, 45454</u></td> </tr> <tr> <td>Agent's signature: <u>Sample Agent</u></td> <td>Date appointment completed: <u>1/15/2017</u></td> </tr> <tr> <td>Plan(s) the agent represented during this meeting: <u>PAPD Plan (Part C, HMO)</u></td> <td>Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:  <input type="checkbox"/> Immediate appointment requested  <input type="checkbox"/> Unplanned prospect  <input type="checkbox"/> Telescope line closed / after hours  <input type="checkbox"/> Children / caregivers have limited time         </td> </tr> <tr> <td colspan="2">Plan use only:</td> </tr> <tr> <td colspan="2">If applicable, confirmation number:</td> </tr> </table>		Agent name: <u>Sample Agent</u>	Beneficiary name: <u>Sample Beneficiary</u>	Agent phone: <u>988-244-4444</u>	Beneficiary phone (optional): <u>222-222-2222</u>	Initial method of contact: (Indicate here if beneficiary was a walk-in) <u>Prospect Called</u>	Beneficiary address (optional): <u>123 Freedom Lane, Any Town, 45454</u>	Agent's signature: <u>Sample Agent</u>	Date appointment completed: <u>1/15/2017</u>	Plan(s) the agent represented during this meeting: <u>PAPD Plan (Part C, HMO)</u>	Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting: <input type="checkbox"/> Immediate appointment requested <input type="checkbox"/> Unplanned prospect <input type="checkbox"/> Telescope line closed / after hours <input type="checkbox"/> Children / caregivers have limited time	Plan use only:		If applicable, confirmation number:	
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Plan use only:															
If applicable, confirmation number:															

3. Agent fills in the bottom section as shown.

## SOA Page Two

**IMPORTANT:** The disclaimer page is an important part of the form. You must fax BOTH PAGES of the SOA form along with the application or at the same time that you submit the electronic enrollment.

Top two reasons for non-compliant SOAs:

4. Agent didn't include the customer's initials on the scope of appointment form.
5. Agent failed to provide the initial method of contact.

Please Note:

If using a generic SOA form, make sure that it has a CMS approval number in the footer of the document that looks like this:

SAMPLE\_XX\_XXXX\_XX  
CMS SAMPLE  
XX/XX/XXXX

The Centers for Medicare & Medicaid Services requires licensed sales agents to document the scope of a marketing appointment prior to any face-to-face licensed sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative. This form is valid for only one face-to-face appointment. Any reschedule, cancellation, or another appointment with the individual will require a new scope to be obtained. Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

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To learn more about satisfying the SOA requirement, please launch the Scope of Appointment training in the recommended section of "My Learning" on Producers' University: <https://CignaHealthSpringProducers.com>



**Questions?**

Contact HAAL at **866.442.7516**

**Together, all the way.™**

# eAgent Website Guide



## Quick Reference Guide

**It's amazing what you can do on eAgent!**

**Whether you're in your office or out on the road, you can:**

- See all your scheduled appointments
- View details about your leads and customers
- View your Scopes of Appointment
- Track your submitted applications
- See the list of training courses you've completed
- Link directly to AHIP and Producer's University
- Look up physicians in our most up-to-date Provider Directory
- You can easily download the reports you've generated to a PDF or Excel file.



**Before you begin using eAgent**, it's best to be in Private Browsing mode which prevents you from receiving application errors.

To begin a Private Browsing session, use the shortcuts designated below for your browser:

Internet Explorer – Ctrl + Shift + P  
 Chrome – Ctrl + Shift + N  
 Mozilla Firefox – Ctrl + Shift + P

## Logging In

- 1 To launch the site, go to:  
<http://broker.cignahealthspring.com>
- 2 Enter your User Name (Agent ID) and Password (Welcome Email).
- 3 The first time you log in, create a Password that has:
  - Between 8 and 20 characters
  - At least one lowercase letter
  - At least one numeric character
  - No spaces
- 4 Questions? Contact your Sales Manager or call HAAL at 866-422-7516.

## Menu Bar

The Menu bar is located across the top of every page.

Just click on the heading to access information regarding:  
**Leads, Applications, Appointments, SOA's , Reports, News , Site Links, or Your Profile**

Lead - My Leads													
Lead ID	First Name	Last Name	Lead Status	Address 1	Address 2	City	State	Zip	Phone	Cell	Current Date	Created Date	
149,655	NLHSOBILL-ES	TESHS186-1110	Closed	691 5th Ave E		Dunlap	TN	37172	+1(111) 800-1113				
149,654	NLHSOBILL-ES	TESHS186-1110	Closed	7421 Kembrough Rd		Clarksville	TN	37163	+1(111) 800-1113				
149,653	NLHSOBILL-ES	TESHS186-1110	Closed	111 Farrel St		Jackson City	TN	373-5	+1(111) 800-1113				
149,652	NLHSOBILL-ES	TESHS183-1110	Closed	240 Oakley Akers Rd		Alma	TN	38545	+1(111) 800-1113				
149,651	NLHSOBILL-ES	TESHS182-1110	Closed	1529 Hurricane Creek Rd		Mr Evans	TN	37181	+1(111) 800-1113				
149,650	NLHSOBILL-ES	TESHS183-1110	Closed	412 Mathews Ct		Hanover	TN	37287	+1(111) 800-1113				
149,649	NLHSOBILL-ES	TESHS179-1110	Closed	400 1st Ave		Truane	AK	72172	+1(111) 800-1113				
149,648	NLHSOBILL-ES	TESHS179-1110	Closed	691 Pollock Ln		Marion	AK	72264	+1(111) 800-1113				
149,647	NLHSOBILL-ES	TESHS179-1110	Closed	364 Taylor Ln		Woodbury	TN	37190	+1(111) 800-1113				
149,646	NLHSOBILL-ES	TESHS177-1110	Closed	38477 State Route 1M		Groveland	TN	37139	+1(111) 800-1113				
149,655	NLHSOBILL-ES	TESHS176-1110	Closed	675 Whetstone Ln		Lester City	TN	37172	+1(111) 800-1113				
149,654	NLHSOBILL-ES	TESHS175-1110	Closed	2328 Jefferson Ave		Knoxville	TN	37917	+1(111) 800-1113				
149,653	NLHSOBILL-ES	TESHS174-1110	Closed	561 Shewound Dr		Spencer	TN	38535	+1(111) 800-1113				
149,652	NLHSOBILL-ES	TESHS173-1110	Closed	1236 Oakie Rd		Holman	TN	37340	+1(111) 800-1113				
149,651	NLHSOBILL-ES	TESHS172-1110	Closed	802 Kembrough Rd		Laketon	TN	37387	+1(111) 800-1113				
149,650	NLHSOBILL-ES	TESHS171-1110	Closed	1517 Perschke		Wetzelton	TN	37207	+1(111) 800-1113				
149,649	NLHSOBILL-ES	TESHS170-1110	Closed	505 Lark Rd		Virginia	MS	20077	+1(111) 800-1113				
149,648	NLHSOBILL-ES	TESHS169-1110	Closed	111 Lark Rd		Brandon	MS	39042	+1(111) 800-1113				
149,647	NLHSOBILL-ES	TESHS168-1110	Closed	747 Grand St		Carroll	MS	38948	+1(111) 800-1113				

## Here's How to Access ... Your leads and upcoming appointments

- 1 Hover over the **My Leads** heading.
- 2 Click the **My Leads** heading itself to view all of your leads.

OR

- 3 Click **Upcoming Appointments** to view the appointments you have scheduled

Lead ID	First Name	Last Name	Lead Status
1,449,665	NLHSOBILL-ES	TESHS186-1110	Closed
1,449,664	NLHSOBILL-ES	TESHS185-1110	Closed

- 4 Double click the lead or appointment to view more details about it.

For this example, we double clicked on a lead.

**Note:** As a security protection, eAgent will automatically log you out after 5 minutes of inactivity. eAgent will give you a warning prompt, and soon after logs you out automatically. Any unsaved information is lost.

This is a common occurrence, so save changes as you work!

## Here's How to Access ... Your Applications

- 1 Hover over the My Applications heading.
- 2 Click the My Applications heading itself to display all your applications.

If you wish to select a specific application from the all-inclusive list that appears, double-click the line for that application to view additional details.

## Here's How to Access ... Your Scope of Appointments (SOAs)

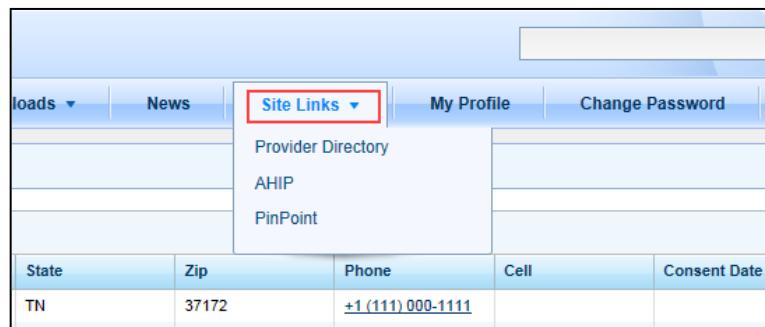
- 1 Hover over the My Scope of Appointments heading.
- 2 Click the My Scope of Appointments heading itself to display all your SOAs.

## Here's How to Access ... Your Reports

- 1 Hover over the Report Downloads heading to generate and download the various reports listed on the dropdown menu.
- 2 Once you generate a report in eAgent, it can be exported into a PDF or Excel file by clicking on the Export this Report button at the top left of the report's screen. Follow the prompts for format choices and select Export.

## Site Links to our Provider Directory, AHIP, and Producer's University

For links to the most recent Provider Directory, to access our training courses on Producer's University, and to go to the AHIP website for your online test exams, hover over Site Links and select the link you require.



## Telephonic Enrollments

- 1 Hover over the My Telephonic Enrollment menu item.
- 2 Click New Enrollment Script

A new window will open with an "Important Reminder" message.

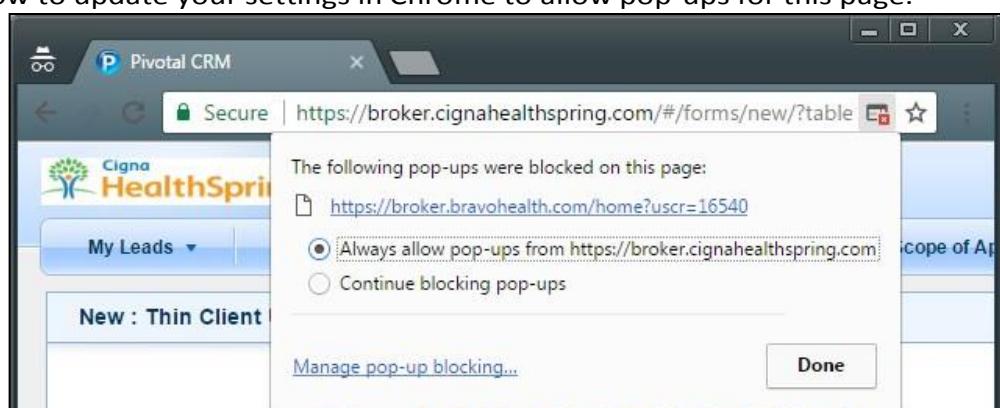
- 3 Click Accept.
- 4 The Customer Search page will display where you can enter zip code, last name, and application year.



Once you enter the info, it should allow you access to the telephonic enrollment script for the corresponding state.

If you cannot see the telephonic script section, this may be due to one of the following issues:

- Your browser may be blocking pop-ups, as the telephonic enrollment script opens in a new window. Here is a screenshot showing how to update your settings in Chrome to allow pop-ups for this page.



- You may not have the right designation within our systems. Please reach out to your topline agency to validate your status.

If you have any further issues or questions with eAgent, contact HAAL:



Need Help? Here's how and when you can reach HAAL:



**Email**

[HAAL@HealthSpring.com](mailto:HAAL@HealthSpring.com)



**Customer Service**

1-800-668-3813

8:00 am to 8:00 pm – Local Time  
Monday – Friday



**Help Center**

1-866-442-7516

\*Bilingual reps on staff  
\*All calls are recorded

8:00 am to 6:00 pm Saturday,  
February 15th to September 30th



**TeleScope (SOA)**

1-866-398-6055

\*Bilingual reps on staff  
\*All calls are recorded

**Hours**

**Regular hours for Lock-In**

Monday – Friday

7:00am-6:00pm CST



**Extended AEP hours**

**Oct. 1, 2017 – Nov. 30, 2017**

Monday – Saturday

7:00am-9:00pm CST

Sunday

9:30am – 6:00pm CST

**Dec. 1 – Dec. 7, 2017**

**(Last week of AEP)**

Every day

7:00am – 9:00pm CST

**Together, all the way.™**

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Cigna  
**HealthSpring**®

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# Hearing Aid Guide



## Your Quick-Reference Guide

### Hearing Aid Cheat Sheet

- ✓ IL and IN do not have any hearing benefits through HCS, except for the 50% discount off certain hearing aids. To see what hearing aids are eligible for the for all markets, including IN, IL, and TN, go to <http://hearingcaresolutions.com/hearing-care-solutions-hearing-aids/>
- ✓ For all other markets the 50% discount is worked into the overall benefit, meaning if the customer purchases one of the hearing aids offered at: <http://hearingcaresolutions.com/hearing-care-solutions-hearing-aids/>
- ✓ CHS/HCS will pay \$500 per hearing aid per ear up to \$1000 with a 50% discount as well. Below is a chart that helps explain how this benefit works:

Hearing Aid Tech Level	Suggested Retail	What CHS/HCS pays	Additional Discount HCS Provides	Member Out of Pocket
Premier Plus	\$4,200	\$500	\$2,100	\$1,600
Premier	\$2,950	\$500	\$1,200	\$1,250
Advanced	\$2,000	\$500	\$700	\$300
Value	\$1,500	\$500	\$700	\$300

**Together, all the way.<sup>SM</sup>**



# NATIONAL ANCILLARY SUPPLEMENTAL PROGRAMS

FITNESS edition 2018



Personalized  
Quality Care



Additional Benefits



Affordable Choices

## **Cigna-HealthSpring Silver&Fit® Exercise and Healthy Aging Program Overview**

- ✓ [Silver&Fit® partnership and overview](#)
- ✓ [Program benefits](#)
- ✓ [How to engage](#)
- ✓ [2018 benefits](#)

### **Audience**

- Cigna employees

### **Opportunity**

- Educate internal matrix partners on program value at critical times



# FITNESS BENEFITS AND PARTNERSHIP



**22%**

**Reduction in mortality risk  
in elderly adults who  
exercise.**

*British Journal of Sports  
Medicine*

## Understanding the benefits of exercise

Regular exercise is more important to your health as you age. There are a number of physical and mental benefits of exercising, even if you don't start until your senior years:

- Maintain or lose weight.
- Reduces the impact of illness and chronic disease.
- Enhances mobility, flexibility, and balance in older adults.
- Improves sleep.
- Boosts mood and self-confidence.
- Helps prevent memory loss, cognitive decline, and dementia.

## Our partnership

We partner with **American Specialty Health (ASH) Fitness, Inc.** to provide easy access to fitness programs for our customers under the **Silver&Fit® Exercise and Healthy Aging**

**Program.** Under our program, customers have access to fitness facilities and instructor-led classes, exercise centers, or home fitness kits (two per year) so they can exercise in the comfort of their own home.



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# SILVER&FIT® OVERVIEW

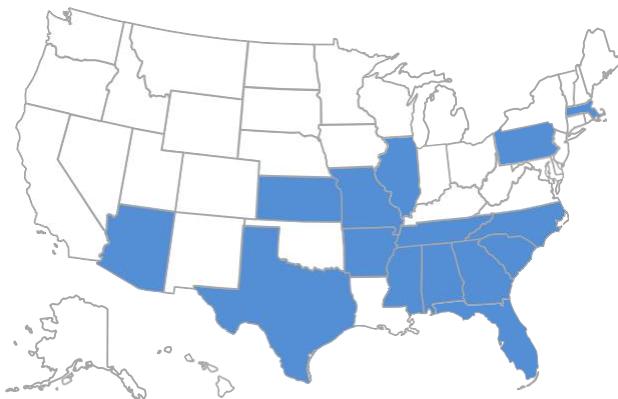
## Understanding our program

### Fitness facilities

- **Full Coed:** Full standard membership; including cardiovascular and resistance training machines, with additional benefits of Silver&Fit® endorsed exercise classes.
- **Basic Coed:** Standard membership access to cardiovascular and resistance training machines.
- **Gender-Specific:** Standard membership to same gender facilities.
- **ActiveOptions:** Instructor-led classes in non-traditional locations: parks, community centers, recreation centers, etc.

### Additional features

- Silver&Fit Connected!™ — ability to track workouts at a facility or through many wearable fitness devices\* or apps.
- Rewards! — earn rewards for fitness activities.
- Healthy Aging classes (online or DVD).
- The Silver Slate® quarterly newsletter.
- Other web tools, such as a facility search, health articles, challenges, and more.



### Program availability

**Fitness benefits for Leon (FL) are managed locally.**  
**See 2018 benefit section for additional details.**

\*Purchase price of wearable devices not included

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# PROGRAM BENEFITS – CUSTOMER

80%+

**Adults in the United States who do not meet the recommended guidelines for physical activity.**

*fitness.gov*

## How these programs help our customers

- Provide access to an expanded network of participating fitness facilities and instructor-led classes, exercise centers, or home fitness kits.<sup>1</sup>
- Offer fitness benefits at no additional cost to help encourage an active, healthy lifestyle.

## How it works

- Customers receive a fitness card in their post-enrollment packet.
  - Customers should take their card directly to their local Silver&Fit® network fitness facility to enroll.<sup>2</sup>
- **Phone:** 1.888.886.1992
- **Online:** [www.SilverandFit.com](http://www.SilverandFit.com)
- Once enrolled, the customer will receive a Silver&Fit® welcome packet in the mail, including the name of their chosen facility.
- Customers can nominate a facility or change facilities (once per month) by calling or going online to Silver&Fit®. New selections are effective the first of the following month.

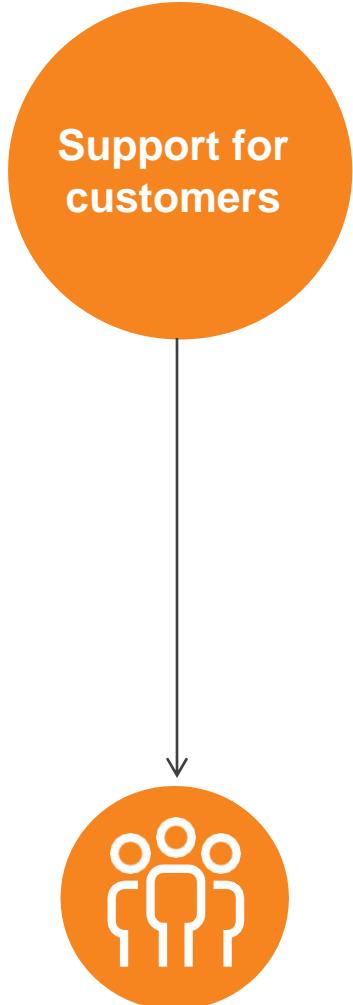
**Note:** If a selected facility leaves the network, affected customers will receive a 30-day advance notice letter (when possible), which includes a listing of the 10 closest network facilities.

1. Customers that change their mind and elect to join a fitness facility instead, can keep the Silver&Fit® home fitness kit.
2. Customers do not have to call, however, if they do they will be advised to go directly to the facility

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# SILVER&FIT SUPPORT



## Silver&Fit® support available to customers

### Silver&Fit®

- **Phone:** 1.888.886.1992  
8:00 a.m. – 9:00 p.m. (EST)  
Monday – Friday
  - Enrollment, disenrollment, and general questions
- **Online:** [www.silverandfit.com](http://www.silverandfit.com)
  - Enrollment, facility locator, facility selection
  - Switch facilities
  - Silver&Fit® Connected!
  - Fitness challenges
  - Accountability tool

## Silver&Fit® support available to providers

Providers interested in participating with Silver&Fit® can contact ASH directly:

- **Online:** [www.ashlink.com/ASH/public/Providers/Network/join\\_fitness.aspx](http://www.ashlink.com/ASH/public/Providers/Network/join_fitness.aspx)
- **Phone:** 1.888.886.1992  
8:00 a.m. – 9:00 p.m. (EST)  
Monday – Friday



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# 2018 Silver&Fit® BENEFITS

SITE	PLAN NAME	CONTRACT and PBP#	BENEFIT DESIGN
<b>ALABAMA MARKET</b>			
Alabama	Cigna-HealthSpring TotalCare (HMO SNP)	H0150-007-000	\$0 copay
Alabama	Cigna-HealthSpring Advantage (HMO)	H0150-012-000	\$0 copay
Alabama	Cigna-HealthSpring Preferred (HMO)	H0150-024-001	\$0 copay
Alabama	Cigna-HealthSpring Preferred (HMO)	H0150-024-002	\$0 copay
S. Mississippi	Cigna-Healthspring Preferred SMS (HMO)	H4407-025-001	\$0 copay
S. Mississippi	Cigna-Healthspring Preferred SMS (HMO)	H4407-025-002	\$0 copay
N. Florida	Cigna-Healthspring Advantage (HMO)	H5410-004-000	\$0 copay
N. Florida	Cigna-Healthspring Premier (HMO-POS)	H5410-018-000	\$0 copay
<b>ARIZONA MARKET</b>			
Arizona	Cigna-HealthSpring Preferred (HMO)	H0354-001-000	\$0 copay
Arizona	Cigna-HealthSpring Preferred (HMO)	H0354-024-000	\$0 copay
Arizona	Cigna-HealthSpring Achieve Plus (HMO SNP)	H0354-027-000	\$0 copay
<b>GEORGIA MARKET</b>			
Georgia	Cigna-HealthSpring Preferred (HMO)	H0439-003-001	\$0 copay
Georgia	Cigna-HealthSpring Preferred (HMO)	H0439-003-002	\$0 copay
<b>ILLINOIS MARKET</b>			
Illinois	Cigna-HealthSpring Advantage (HMO)	H1415-013-000	\$0 copay
Illinois	Cigna-HealthSpring Premier (HMO-POS)	H1415-021-000	\$0 copay
Illinois	Cigna-HealthSpring Primary (HMO)	H1415-024-000	\$0 copay

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# NATIONAL ANCILLARY SUPPLEMENTAL PROGRAMS

VISION edition 2018



Personalized Quality Care



Additional Benefits



Affordable Choices

## Cigna-HealthSpring Vision Overview

- ✓ [Vision partnership and overview](#)
- ✓ [Program benefits](#)
- ✓ [Prior authorization and claims](#)
- ✓ [How to engage](#)
- ✓ [2018 benefits](#)
- ✓ [Illinois market medical optometry service codes](#)

### Audience

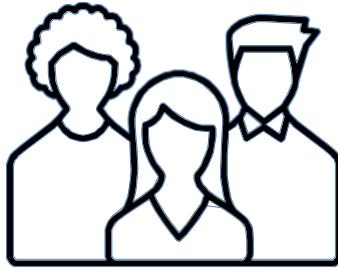
- Cigna employees

### Opportunity

- Educate internal matrix partners on program value at critical times



# VISION INDUSTRY & PARTNERSHIP



75% of adult Americans utilize vision corrective devices  
-Vision Council of America

## Driving the need to manage cost and care

### Vision services

- Vision insurance industry is a \$35B market<sup>1</sup>
- Expected to grow 3% annually with projection attributed to:<sup>1</sup>
  - Regulatory changes
  - Aging population

## Types of vision care

### Routine

### Vision/Eye Exams/Routine Well Eye Care

- Examination of the eyes to determine the health of the eyes and related structures, visual acuity, and a patient's refractive state.
- Services are considered a wellness benefit, and not covered under preventative or medical products.
- Routine vision care coverage includes a comprehensive eye exam and depending on plan design, may provide coverage for hardware (frame, lenses OR contact lenses)

### Primary Medical Eye Care Services (non-routine)

Medical eye care is the examination, treatment and management of an eye condition or disease such as cataracts, glaucoma, diabetic retinopathy, macular degeneration, infections, eye pain or injury

<sup>1</sup> IBISWorld



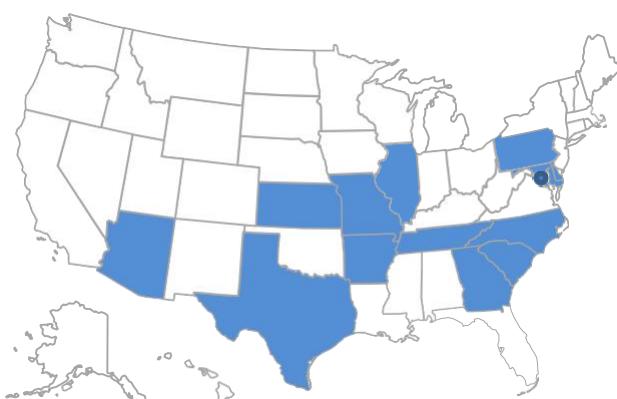
# VISION OVERVIEW

## Understanding our partnership

Our vision program partner, **Superior Vision**:



- Utilizes evidence-based utilization management to ensure surgical procedures are medically appropriate
- Leverages claims review and editing techniques that eliminate unnecessary and duplicative procedure payments
- Uses a sophisticated process to monitor fraud, waste and abuse, utilizing both pre-payment and post-payment measures
- Provides a nationwide network with over 4,070 locations for convenient vision service access



## Services we delegate

- Claims
- Credentialing
- Customer service
- Network contracting
- Utilization management

### Program availability

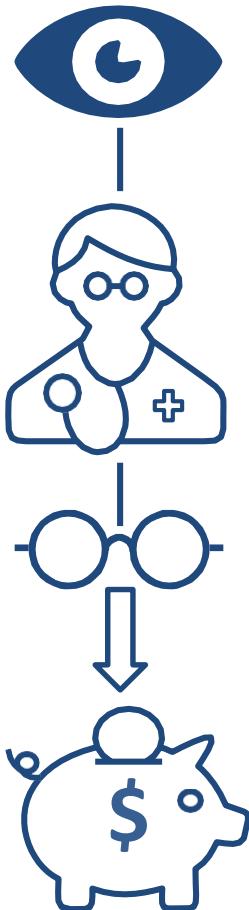
Routine vision benefits in AL, N. FL, MS are managed locally. Leon County (FL) and Maricopa and Pinal in AZ also managed locally.

See 2018 benefit section for additional details.



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# PROGRAM BENEFITS – CUSTOMER



## How these programs help our customers

- Provide expanded access to membership in order to provide adequate, accessible coverage for urban, suburban, and rural customers.
- Provide programs that are designed to ensure customers receive quality, medically necessary care that is consistent with benefit plans.
- Offer a balanced program concentrating on the patient's choice paired with greatest value.

## What's covered

- Comprehensive eye exams (including refractions)
- Yearly glaucoma screenings
- Flexible frame and lenses
- Contacts
- Medicare covered - after cataract surgery glasses (lenses and frames) or contacts), from in-network providers
  - Mid-Atlantic, Pennsylvania, and KS/MO (Kansas City) markets cover medical surgical eye care
  - Illinois market also covers medical optometry services, see service code listing for more details

## Additional Discount\*

Members may receive a courtesy discount of up to 20% from Superior Vision providers' usual and customary charges for non-covered eye wear, including eyewear exceeding the wellness eyewear benefit. **Disposable contact lenses and eyewear after cataract surgery are excluded from this discount offer.**

\*Certain restrictions may apply; for example, eyewear purchased from a WalMart Vision Center, is not eligible for this discount.



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# PRIOR AUTHORIZATION AND CLAIMS



Professional Services

Facility Services\*

## Prior authorization process

Superior Vision performs all prior authorizations for vision services when required, and sends us daily files that are loaded into QNXT.

## Supplemental benefit claim flow

**Professional services** are the financial responsibility of Superior Vision and follow this claim flow:

- Provider submits claim to Superior Vision
- Superior Vision checks for prior authorization when applicable
- Superior Vision pays or denies provider
- Superior Vision sends us encounter data
- We issue the customer explanation of benefits (EOB)

**Facility services** are our financial responsibility and follow this claim flow:

- Provider submits claim to us
- Our claims system reviews for authorization
- We pay or deny the provider directly
- We issue the customer EOB

**Note:** Services must be provided by a contracted provider to be covered under the benefit plan.

TX7787 also covers out-of-network services.

\*Medical optometry services for the Illinois market are managed by and the financial responsibility of Superior Vision for non-IPA members. See service listing for more details.



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# SUPPORT FOR CUSTOMERS AND PROVIDERS



## Superior Vision support available to customers

### Superior Vision

**Phone:** 1.888.886.1995

- 24-hour IVR support
- Live support offered 8:00 a.m. – 8:00 p.m. (EST)  
Monday-Friday



## Superior Vision support available to providers

### Superior Vision

**Phone:** 1.866.819.4298

- Live support offered 9 a.m. – 5:00 p.m. (EST)  
Monday-Friday

Providers interested in participating can contact Superior Vision directly:

- **Online:**

[www.superiorvision.com/provider/join\\_network?a=1](http://www.superiorvision.com/provider/join_network?a=1)

- **Phone:** 1.800.507.3800 option 7



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# 2018 SUPERIOR VISION BENEFITS

SITE	PLAN NAME	CONTRACT AND PBP #	BENEFIT DESIGN
<b>ARIZONA MARKET (TUCSON)</b>			
Arizona	HMO	H0354-024-000	<b>Maximum Allowance:</b> \$150 every year <b>Contact Lenses:</b> Unlimited <b>Eye Glasses (Lenses and Frames):</b> 1 every year <b>Eye Glass Lenses:</b> 1 every year <b>Eye Glass Frames:</b> 1 every year
<b>GEORGIA MARKET</b>			
Georgia (Atlanta)	HMO	H0439-002-000	<b>Maximum Allowance:</b> \$100 every year <b>Contact Lenses:</b> Unlimited <b>Eye Glasses (Lenses and Frames):</b> 1 Every year, <b>Eye Glass Lenses:</b> 1 every year <b>Eye Glass Frames:</b> 1 every year
Georgia	HMO	H0439-003-001	<b>Maximum Allowance:</b> \$150 every year <b>Contact Lenses:</b> Unlimited
Georgia	HMO	H0439-003-002	<b>Eye Glasses (Lenses and Frames):</b> 1 Every year, <b>Eye Glass Lenses:</b> 1 every year <b>Eye Glass Frames:</b> 1 every year
<b>NORTH CAROLINA MARKET</b>			
North Carolina	HMO	H9725-003-000	<b>Maximum Allowance:</b> \$200 every year <b>Contact Lenses:</b> Unlimited <b>Eye Glasses (Lenses and Frames):</b> 1 Every year, <b>Eye Glass Lenses:</b> 1 every year <b>Eye Glass Frames:</b> 1 every year
North Carolina	HMO	H9725-001-000	<b>Maximum Allowance:</b> \$100 every year <b>Contact Lenses:</b> Unlimited
South Carolina	HMO	H7020-004-001	<b>Eye Glasses (Lenses and Frames):</b> 1 Every year, <b>Eye Glass Lenses:</b> 1 every year <b>Eye Glass Frames:</b> 1 every year
<b>KANSAS CITY MARKET</b>			
Kansas City	HMO	H9460-001-000	<b>Maximum Allowance:</b> \$100 every year <b>Contact Lenses:</b> Unlimited
Kansas City	HMO	H9460-002-000	<b>Eye Glasses (Lenses and Frames):</b> 1 every year <b>Eye Glass Lenses:</b> 1 every year <b>Eye Glass Frames:</b> 1 every year



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# NATIONAL ANCILLARY SUPPLEMENTAL PROGRAMS

HEARING edition 2018



Personalized  
Quality Care



Additional Benefits



Affordable Choices

## Cigna-HealthSpring Hearing Overview

- ✓ [Hearing partnership and overview](#)
- ✓ [Program benefits](#)
- ✓ [Service coordination and claims](#)
- ✓ [How to engage](#)
- ✓ [2018 benefits](#)

### Audience

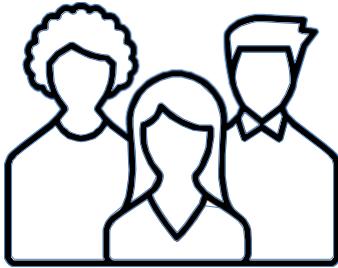
- Cigna employees

### Opportunity

- Educate internal matrix partners on program value at critical times



# HEARING BENEFITS & PARTNERSHIP



48 million Americans have hearing loss.  
At age 65 one out of three experience hearing loss.  
-Johns Hopkins Medicine

## Driving the need to manage cost and care

### Hearing aid devices

- Increased 8.7% in 2016 for a total unit dispensing of 3.65 million in the United States.<sup>1</sup>
- Risk factors for hearing loss attributed to:<sup>1,2</sup>
  - Patient Protection and Affordable Care Act (PPACA)
  - High hearing loss population
    - Diabetes epidemic
    - Rising use of mobile music devices
    - Aging population

## Our partnership and delegations

We partner with **Hearing Care Solutions (HCS)** to provide easy access to routine hearing exams, and fitting, evaluation, and distribution of hearing aids for our customers.

Hearing Care Solutions is delegated for the following:

- Claims
- Credentialing
- Customer service
- Network contracting



1. [Hearingreview.com](http://Hearingreview.com)
2. [Healthline.com](http://Healthline.com)

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# HEARING OVERVIEW

## Understanding our partnership

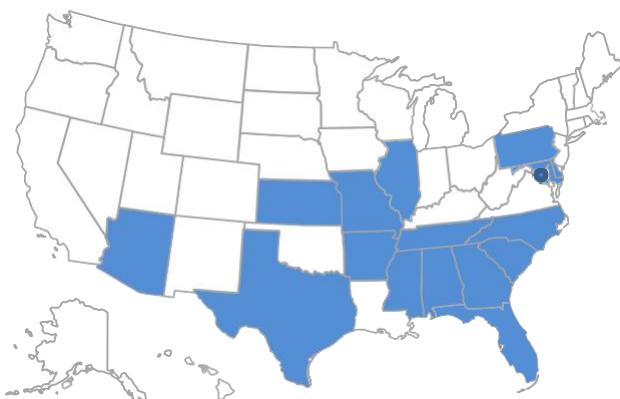
Our hearing program partner **Hearing Care Solutions**:

- Brings 35 years of hearing industry experience, focused on individual care.
- Has access to a wide selection of major manufacturers, offering a vast number of hearing aid models to our customers.

Manufacturers include:

- Beltone
- Oticon
- ReSound
- Rexton
- Siemens
- Sonic
- Widex

- Provides a nationwide network with over 2,000 locations for convenient hearing service access.
- Offers fixed pricing for hearing aids based on level technology, not the style of the device.



### Program availability

**Hearing benefits in Maricopa (AZ), Pinal (AZ), Leon (FL), Miami-Dade (FL) counties are managed locally.**

See 2018 benefit section for additional details



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# PROGRAM BENEFITS – CUSTOMER

**\$1,913**

**Average 2015 savings per hearing aid for Hearing Care Solutions patients**

## How these programs help our customers

- Provide expanded access to membership in order to provide adequate, accessible coverage for urban, suburban, and rural customers.
- Provide programs that are designed to ensure customers receive quality, medically necessary care that is consistent with benefit plans.
- Offer a balanced program concentrating on patient choice paired with quality and fixed pricing.

## What's included

HCS program includes a routine hearing exam and the following hearing aid benefits:\*

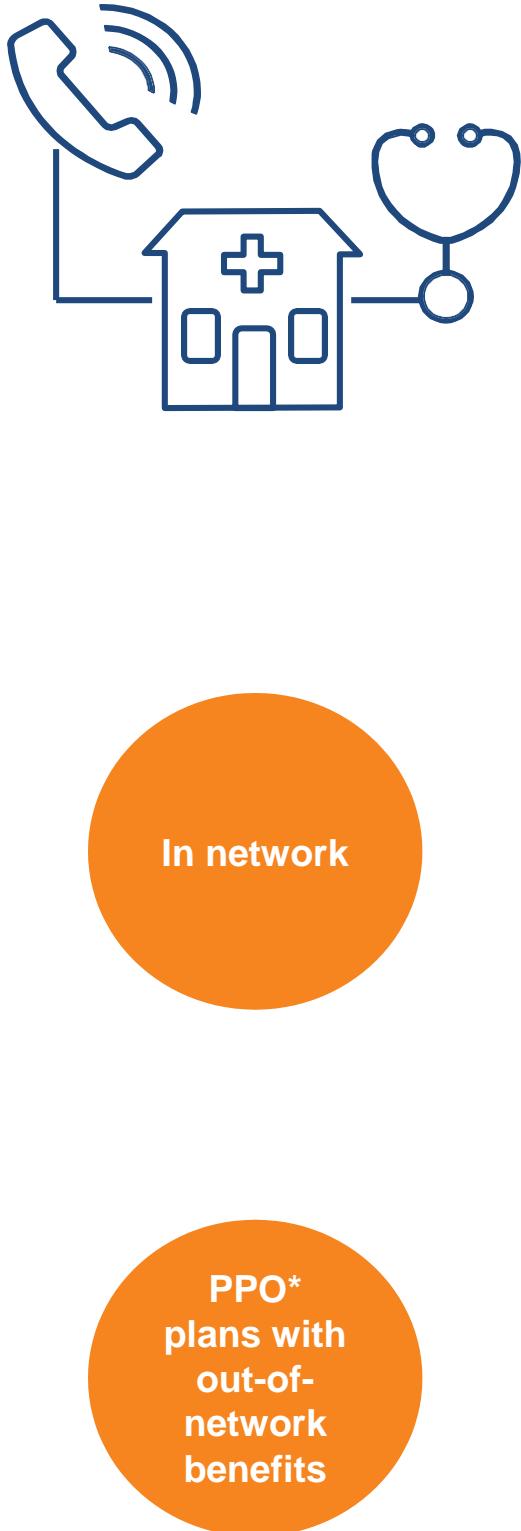
- Three-year comprehensive warranty, including coverage for loss and damage
  - HCS private label devices include a four-year comprehensive warranty
- Two-year supply of batteries, 128 cells per device
- Custom ear molds
- Professional services, including testing, fitting, programming and support
- Minimum 60-day evaluation period
- Routine, in-office services for the first year

\*Optional features such as Bluetooth and remote controls are available for an additional charge, to be paid by the customer.



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# SERVICE COORDINATION AND CLAIMS



## How it works

To ensure that customers receive the special HCS pricing and services, all appointments are to be scheduled through the toll-free number:

- Customers call the Cigna HealthSpring dedicated line: 1.866.872.1001
- HCS representative locates nearest clinic based on zip code and assists with scheduling an appointment
- Customer receives a HCS Patient Handbook outlining information about hearing loss, hearing aids and what to expect at their first appointment
- Customer receives services

## Claim payment

In-network services must be provided by a contracted HCS provider and follow this claim flow:

- Provider submits claim to HCS
- HCS pays provider
- HCS sends us encounter data
- We issue the customer explanation of benefits (EOB)

Out-of-network services are those provided by a Medicare participating provider that is not contracted with HCS and follow this claim flow:

- Provider submits claim to us
- We pay the provider directly
- We issue the customer EOB



\*Preferred Provider Organization (PPO)

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# HEARING CARE SOLUTIONS SUPPORT



## Hearing Care Solutions support available to customers

### Hearing Care Solutions

- **Phone:** 1.866-872-1001  
8:00 a.m. - 8:00 p.m. (EST) Monday-Friday
- **Dedicated online site:**  
[www.hearingcaresolutions.com/cigna-healthspring-health-plan](http://www.hearingcaresolutions.com/cigna-healthspring-health-plan)



## Hearing Care Solutions support available to providers

Providers interested in participating can contact Hearing Care Solutions directly:

- **Phone:** 1.877-583-2842
- 8:00 a.m. - 9:00 p.m. (EST) Monday-Friday
- **Online:** [hearingcaresolutions.com/provider-application/](http://hearingcaresolutions.com/provider-application/)



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# 2018 HEARING CARE SOLUTIONS BENEFITS

SITE	PLAN NAME	CONTRACT and PBP #	BENEFIT DESIGN
<b>ARIZONA MARKET</b>			
Arizona (Tucson Only)	Cigna-HealthSpring Preferred (HMO)	H0354-024-000	<p><b>Routine Hearing Exam:</b> \$0 copay/one hearing test every year</p> <p><b>Fitting/Evaluation for Hearing Aid:</b> \$0 copay /one fitting evaluation per hearing aid every 3 years</p> <p><b>Hearing Aids Frequency:</b> one per ear every 3 years</p> <p><b>Maximum Allowance:</b> \$250 allowance per device per ear every 36 months for a maximum allowance of \$500.</p>
<b>GEORGIA MARKET</b>			
Georgia	Cigna-Healthspring TotalCare (HMO SNP)	H0439-002-000	<p><b>Routine Hearing Exam:</b> \$0 copay/one hearing test every year</p> <p><b>Fitting/Evaluation for Hearing Aid:</b> \$0 copay /one fitting evaluation per hearing aid every 3 years</p> <p><b>Hearing Aids Frequency:</b> one per ear every 3 years</p> <p><b>Maximum Allowance:</b> \$250 allowance per device per ear every 36 months for a maximum allowance of \$500.</p>
Georgia	Cigna-HealthSpring Preferred (HMO)	H0439-003-001	<p><b>Routine Hearing Exam:</b> \$0 copay/one hearing test every year</p> <p><b>Fitting/Evaluation for Hearing Aid:</b> \$0 copay /one fitting evaluation per hearing aid every 3 years</p> <p><b>Hearing Aids Frequency:</b> one per ear every 3 years</p> <p><b>Maximum Allowance:</b> \$250 allowance per device per ear every 36 months for a maximum allowance of \$500.</p>
Georgia	Cigna-HealthSpring Preferred (HMO)	H0439-003-002	<p><b>Routine Hearing Exam:</b> \$0 copay/one hearing test every year</p> <p><b>Fitting/Evaluation for Hearing Aid:</b> \$0 copay /one fitting evaluation per hearing aid every 3 years</p> <p><b>Hearing Aids Frequency:</b> one per ear every 3 years</p> <p><b>Maximum Allowance:</b> \$700 allowance per device per ear every 36 months for a maximum allowance of \$1400.</p>



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# NATIONAL ANCILLARY SUPPLEMENTAL PROGRAMS

DENTAL edition 2018



Personalized Quality Care



Additional Benefits



Affordable Choices

## Cigna-HealthSpring Dental Overview

- ✓ [Dental partnership and overview](#)
- ✓ [Program benefits](#)
- ✓ [Network and claims](#)
- ✓ [How to engage](#)
- ✓ [2018 benefits](#)

### Audience

- Cigna employees

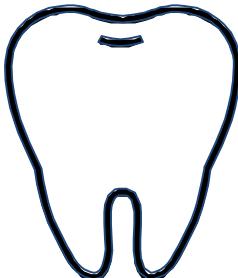
### Opportunity

- Educate internal matrix partners on program value at critical times



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# DENTAL COVERAGE BENEFITS & PARTNERSHIP



Only 64% of Americans have dental coverage, 25% of covered individuals receive coverage through public programs.<sup>1</sup>

## Driving the need to manage cost and care

### Dental coverage

114 million Americans do not have dental coverage. Individuals without coverage are more likely to experience the following:<sup>1</sup>

- Increase in extractions, dentures, and gum disease
- 67% more likely to develop heart disease
- 50% more likely to develop osteoporosis
- 29% more likely to develop diabetes

Uninsured individuals also have a greater chance of visiting the emergency room for dental-related treatment.

## Our partnership and delegations

We partner with **DentaQuest** to provide easy access to preventive and comprehensive dental services for our customers.

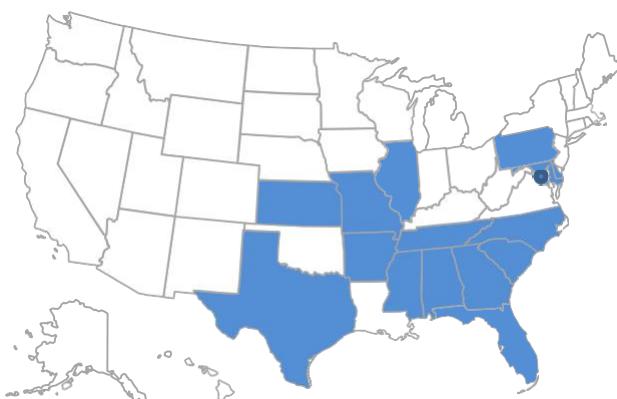
DentaQuest is delegated for the following:

- Claims
- Credentialing
- Customer service
- Network contracting
- Utilization management

1. National Association of Dental Plans



# DENTAL OVERVIEW



## Program availability

 DentaQuest

## Dental service plans

### Preventive:

- Diagnostics (exam, X-rays)
- Preventive (cleaning)

### Preventive Plus:

- Diagnostics (exam, X-rays)
- Preventive (cleaning)
- Restorative (fillings)
- Prosthodontics (denture repairs only)
- Oral surgery (extractions)

### Comprehensive:

- Diagnostics (exam, X-rays)
- Preventive (cleaning)
- Restorative (fillings, crowns)
- Periodontics (periodontal scaling and root planing)
- Full mouth debridement
- Periodontal
- Prosthodontics (dentures, repairs, and relines)
- Oral surgery (extractions, alveoloplasty, fistula closure, primary closure of sinus perforation, drainage of abscess, excision of hyperplastic tissue)

Please review [2018 benefits](#) for market-specific coverage and limitations.



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# PROGRAM BENEFITS – CUSTOMER



## How these programs help our customers

- Provide expanded access to membership in order to provide adequate, accessible coverage for urban, suburban, and rural customers.
- Provide programs that are designed to ensure customers receive quality, medically necessary care that is consistent with benefit plans.
- Offer a balanced program concentrating on preventive services and affordable dental care.

## Customer materials

Customers will receive the following program materials directly from DentaQuest:

- Benefit Summary
- Dental Directory
- Dental ID card
- Dental Member Handbook



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# NETWORK AND CLAIMS



## Dental network

Providers are directly contracted with DentaQuest. We leverage this network to provide access to quality, affordable dental health care to our customers.

### Providers interested in joining the network

**DentaQuest**

**Phone:** 1.800.233.1468



## Claim submission process

In-network services must be provided by a contracted provider, both in-network and out-of-network\* services follow this claim flow:

- Provider submits claim to DentaQuest
- DentaQuest pays provider
- DentaQuest sends us encounter data
- We issue the customer Explanation of Benefits (EOB)

## Claim submission address

**DentaQuest**

12121 Corporate Parkway

Mequon, WI 53092

## Maximum allowable benefit

The maximum allowable amount is the limit on the cost of dental services paid by our dental partner that a customer may receive during the calendar year.

\*Only applies to preferred provider organization (PPO) plans with out-of-network benefits as outlined in 2018 benefits section.



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# SUPPORT FOR CIGNA EMPLOYEES



## Appeals

DentaQuest is not delegated for customer appeals and grievances.

In the event that an appeal is received by DentaQuest, all case material including, but not limited to, medical record documentation necessary for adjudication of appeals related to service denials will be forwarded to the Cigna-HealthSpring Appeals Department on the date of receipt of the appeal. All customer records need to be sealed in an envelope marked “Confidential” and forwarded to Cigna-HealthSpring by the most efficient means available for delivery within three business days.

Unless the request is for an expedited appeal, send the information to:

Email: [FAX-SOL@healthspring.com](mailto:FAX-SOL@healthspring.com)

Fax: 1.800.931.0149

## Grievances

Any grievances received by Cigna-HealthSpring should be forwarded to the Cigna-HealthSpring Grievance team for proper recording and to open the formal grievance process. The Cigna-HealthSpring Grievance team will reach out directly to DentaQuest for records and provider communications needed for resolution. Email subject line should also include market from which the complaint was received.

### DentaQuest:

[complaintsandgrievances@dentaquest.com](mailto:complaintsandgrievances@dentaquest.com)

*If the above process does not resolve the issue, please contact the dedicated service contact from our [national ancillary team directory](#).*



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# SUPPORT FOR CUSTOMERS



## Support available to customers

Customer Service handles all calls related to customer eligibility, help finding a participating provider, claim status, and general information regarding the customer's dental benefits. Customers can also go online for assistance.

### DentaQuest

#### Online: [www.dentaquest.com](http://www.dentaquest.com)

- “Find a dentist”
- “Medicare/Medicaid”
- Select state
- Follow the listed instructions for selecting the right plan and geographic area.

#### Phone:

AL: 1.800.241.6554

FL: 1.800.256.0848

GA: 1.800.274.0143

IL: 1.800.259.3081

MA/PA: 1.888.423.2949

MO (Kansas City): 1.866.913.0949

MS: 1.800.274.4950

NC: 1.800.282.7768

N. GA: 1.800.284.7132

SC: 1.800.284.2138

TN: 1.800.284.7132

TX: 1.866.288.1573

7:00 a.m. – 7:00 p.m. (EST)

Monday – Friday



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# 2018 DENTAQUEST BENEFITS (con't)

SITE	PLAN NAME	CONTRACT AND PBP #	BENEFIT DESIGN
<b>GEORGIA MARKET</b>			
Georgia	HMO	H0439-002	<b>Preventive Dental:</b> \$0 copay. Includes 1 oral exam every 6 months, 1 cleaning every 6 months, 1 setup bitewing x-rays per year, and 1 full mouth and panoramic x-ray every 36 months.
Georgia	HMO	H0439-003-001	<b>Preventive and Preventive Plus with \$1000 maximum</b> diagnostic and preventive, restorative, fillings, extractions, prosthodontics (denture repairs only). Endodontics not covered.
Georgia	HMO	H0439-003-002	<b>\$20-75 copay for restorative and extraction services.</b>
<b>ILLINOIS MARKET</b>			
Illinois	HMO	H1415-024	<b>Preventive and Preventive Plus: \$1000 annual maximum</b> \$0 copay, includes diagnostic and preventive, restorative, fillings, extractions, prosthodontics (denture repairs only). Endodontics not covered.
<b>KANSAS CITY MARKET</b>			
Kansas City MO	HMO	H9460-001-000	<b>Preventive Dental:</b> \$0 copay. Includes 1 oral exam every 6 months, 1 cleaning every 6 months, 1 setup bitewing x-rays per year, and 1 full mouth and panoramic x-ray every 36 months.
Kansas City MO	HMO	H9460-002-000	
<b>MA/PA MARKET</b>			
Mid-Atlantic	HMO	H2108-001-000	<b>Preventive Dental:</b> \$0 copay. Includes 1 oral exam every 6 months, 1 cleaning every 6 months, 1 setup bitewing x-rays per year, and 1 full mouth and panoramic x-ray every 36 months.
Mid-Atlantic	HMO	H2108-020-000	<b>Preventive and Comprehensive: \$2,000 annual maximum:</b> Includes 1 oral exam every 6 months, 1 cleaning every 6 months, 1 setup bitewing x-rays per year, and 1 full mouth and panoramic x-ray every 36 months. Fillings every 12 months, crowns every 60 months. Periodontics, Extractions, Oral Surgery Covered. Dentures covered (removable-only). Endodontics not covered. <b>\$0 copay for comprehensive services.</b>
Mid-Atlantic	HMO	H2108-022-000	<b>Preventive and Comprehensive: \$1,000 annual maximum:</b> Includes 1 oral exam every 6 months, 1 cleaning every 6 months, 1 setup bitewing x-rays per year, and 1 full mouth and panoramic x-ray every 36 months. Fillings every 12 months, crowns every 60 months. Periodontics, Extractions, Oral Surgery Covered. Dentures covered (removable-only). Endodontics not covered.
Mid-Atlantic	HMO	H2108-028-000	<b>\$0 copay for comprehensive services.</b>
Mid-Atlantic	HMO	H2108-029-000	
Mid-Atlantic	HMO	H2108-030-000	
Mid-Atlantic	HMO	H2108-032-000	
Mid-Atlantic	HMO	H2108-033-000	<b>Preventive Dental:</b> \$0 copay. Includes 1 oral exam every 6 months, 1 cleaning every 6 months, 1 setup bitewing x-rays per year, and 1 full mouth and panoramic x-ray every 36 months.



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# NATIONAL ANCILLARY SUPPLEMENTAL PROGRAMS

TRANSPORTATION edition 2018



Personalized Quality Care



Additional Benefits



Affordable Choices

## Cigna-HealthSpring Transportation Overview

- ✓ [Transportation benefits and partnership](#)
- ✓ [Program benefits](#)
- ✓ [Service coordination](#)
- ✓ [Additional benefit detail and claims](#)
- ✓ [New Lyft offering](#)
- ✓ [How to engage](#)
- ✓ [Trip reasons](#)
- ✓ [2018 benefits](#)

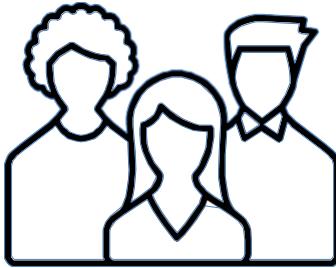
### Audience

- Cigna employees

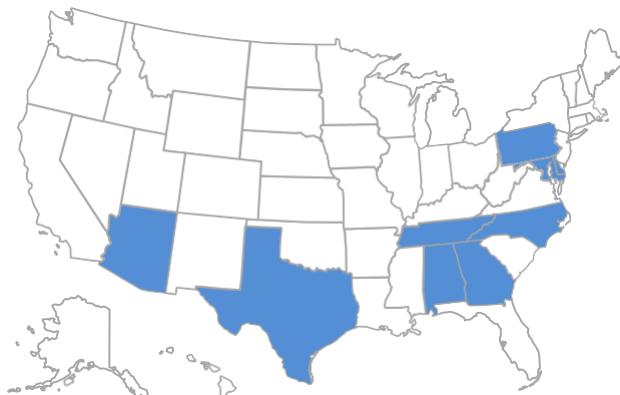
### Opportunity

- Educate internal matrix partners on program value at critical times

# TRANSPORTATION BENEFITS & PARTNERSHIP



3.6 million Americans miss or delay medical care due to lack of transportation.  
-Wallace & Hughes



## Program availability

- Miami-Dade (FL) and Pima county (AZ) are managed locally.  
See 2018 benefit section for additional details.

1 Centers for Disease Control and Prevention

## Driving the need to manage cost and care

### Non-emergent transportation

Many elderly customers as well as Medicaid customers are not able to drive or do not own a vehicle.

- 78% of the U.S. adult population have at least one chronic condition<sup>1</sup>
- People with chronic conditions like asthma, arthritis, and diabetes require more frequent medical treatment

## Our partnership

We partner with **Access2Care (A2C)**, an industry recognized transportation manager to provide easy access to high-quality non-emergency medical transportation for our customers.

Access2Care is responsible for the following:

- Claims
- Customer service
- Network supplier
- Utilization management



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# PROGRAM BENEFITS – CUSTOMER



## How these programs help our customers

- Provide expanded access to membership in order to provide adequate, accessible coverage for urban, suburban, and rural customers.
- Provide programs that are designed to ensure customers receive quality, medically necessary care that is consistent with benefit plans.
- Offer a balanced program concentrating on the most appropriate form of transportation paired with lowest cost

## What's included

Access2Care program includes non-emergency transportation to various medical and non-medical appointments, see Trip Reasons section for more details:

- **Doctor's office** or other **provider locations**
- **Home from emergency room** - customer must be discharged, transportation vendors cannot discharge the customer
- **Pharmacy stops** - while enroute from medical visit to customer home, must be within 10 miles of pick-up location or customer residence (**not** considered a secondary stop for benefit purposes).  
Prescriptions must be called in prior to pick up.
- **Cigna-HealthSpring customer orientation** - 72-hrs notice required
- **Dental visits** - for customers with Cigna-HealthSpring dental coverage
- **Fitness locations**



# SERVICE COORDINATION



## How it works

Routine transportation is available Monday through Saturday, 7:30 a.m. to 9:30 p.m. (EST).

- Customers call at least 2 business days in advance to schedule routine trips
  - A trip is defined as one-way transportation under 70 miles from start to finish
  - If a customer needs a return ride, it would be considered a second trip
- Customers should be ready one hour before their scheduled appointment, one and a half hours if located in a high traffic area
- A contracted transportation vendor will arrive to take the customer to their appointment.

**Note:** Transportation vendors are required to display the name of their company on the vehicle, Access2Care will not appear on the vehicle.

- If a return trip is necessary, customers should call the number on the card provided by the driver and they will be picked up within one hour.

## Special notes

- Customers traveling alone must be 18 or older. If a single caregiver with more than one minor, Cigna-HealthSpring authorization is required, and A2C must be notified when the trip is scheduled.
- Customers are allotted one adult escort. If that escort is also a Cigna-HealthSpring customer accessing an approved service, the trip will be applied to both customer's benefit limits.



# ADDITIONAL BENEFIT DETAILS AND CLAIMS



## Cancellations

If a customer needs to cancel a trip they must call Access2Care **at least two hours** before the scheduled pick-up time. If the trip is not cancelled or the call is less than 2 hours from the scheduled pick-up time, **the trip will count toward the customer's benefit limit.**

## Claims

In-network services must be provided by a contracted Access2Care provider. The Cigna-HealthSpring benefit allows for a 60 mile benefit limit (allowing up to 70 miles to allow for variance in mapping systems) and will reimburse Access2Care through a capitation arrangement.

- Provider submits claim to Access2Care
- Access2Care pays provider
- Access2Care sends us encounter data
- We issue the customer's explanation of benefits (EOB)

**When authorized**, any trip over 70 miles must be authorized by Cigna-HealthSpring, and will be reimbursed to Access2Care utilizing the above process.

If Cigna-HealthSpring approves a trip over the customer's benefit limit, Access2Care will be reimbursed through the claim system and count as medical costs for financial purposes.



# LYFT OFFERING

## Access2Care has partnered with Lyft

Customers with the transportation benefit have the opportunity to use Lyft for their transportation needs. Customers who want to use Lyft and have a good experience with their first trip are assigned to Lyft for future trips.

### Benefits

#### Customer benefits:

- **Shorter wait time on return rides** - on average, drivers arrive in less than ten minutes from call
- **No multi-loading** - customer spends less time, on average, going to an appointment

#### Overall benefits:

- **Real-time visibility** - A2C can communicate directly with a driver
- **80-20 rule:** with routine trips being handled by Lyft, A2C can focus more attention on non-ambulatory customers or customers requiring assistance, resulting in better access for our customers.
- Higher customer satisfaction and reduced complaints

#### Current program exclusions

- Customers using wheelchairs or with special needs, such as walkers
- Customers are frail or have cognitive challenges
- Customers with acute conditions or those needing door-to-door assistance, escorting them to dialysis or chemotherapy visits
- Customers who do not want to use Lyft



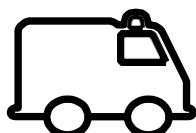
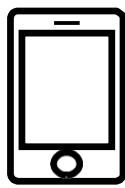
# LYFT OFFERING PROCESS



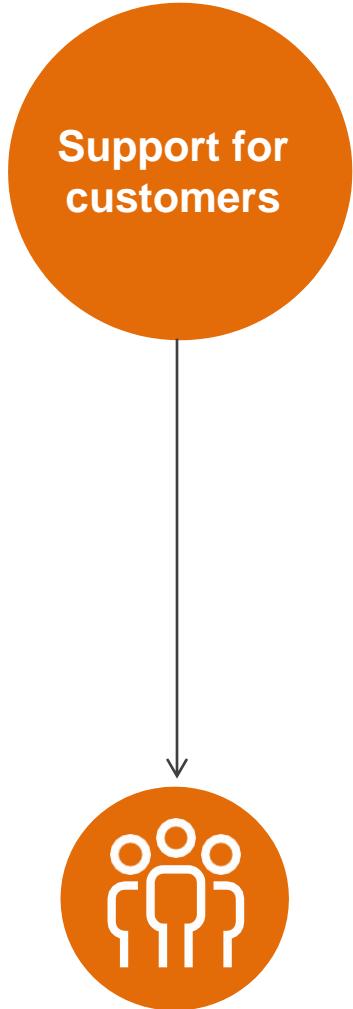
## How it works

When a customer is identified as qualifying for Lyft based on geographic availability and is not listed as program exclusion:

- A2C calls the customer to explain Lyft.
- The customer is asked if they use a cell phone that receives text messages and if they would like to use Lyft for their next transport.
- If the customer expresses concern about Lyft, then Lyft is recorded in the system as an excluded provider.
- Customers can request that Lyft be assigned for their next trip.
- When the first round-trip is completed, A2C calls the customer to ask about their Lyft experience.
- If the customer has a positive experience, Lyft will automatically be assigned as their preferred provider for all future trips.



# ACCESS2CARE SUPPORT



## Access2Care support available to customers

### Access2Care

AL:	1.866.575.3737
AZ:	1.800.285.8818
GA:	1.866.382.0513
NC:	1.888.238.4272
TN:	1.866.780.8554
E. AR:	1.866.267.9408
TX:	1.866.214.5126
PA:	1.888.223.7578
MD, DE, DC:	1.888.235.8146

**Routine trips:** 9:00 a.m. - 6:00 p.m. (EST)

Monday - Friday

Urgent trip requests, cancellations, and trip information is available 365/24/7, including weekends and holidays.

## Access2Care support available to providers

Providers interested in participating can contact Access2Care directly:

- **Online:** [www.access2care.net/contact](http://www.access2care.net/contact)



# TRIP REASONS

Trip Reasons	Approved	Denied
Abortion	X	
Adult Day Care	X	
Alcohol Abuse Evaluation	X	
Alcohol Rehabilitation	X	
Alcoholics Anonymous Meeting	X	
Allergy (Doctor visit, Testing, Injections)	X	
Alternative Health (e.g. Acupuncture)	X	
Cardiac Rehabilitation	X	
Chemotherapy	X	
Chiropractor	X	
Community Psych Rehab	X	
Cosmetic Surgery	X	
Counselor	X	
Court Order Exam or Appointment	X	
Dental Exam	X	
Dental Services	X	
Diabetic Supplies and Education	X	
Dialysis	X	
Drug Abuse Evaluation to Enter Treatment	X	
Drug Rehabilitation	X	
Durable Medical Equipment	X	
Experimental Medical Procedures/Drugs	X	
Family Planning Clinic Services	X	
Family Practitioner	X	
Federally Qualified Health Centers (FQHC)	X	
Fitness Center	X	
Health Plan sponsored event	X	
Hearing Aid Repair	X	
Hearing Aids	X	
Hospital - Admission	X	
Hospital - Discharge	X	
Hospital - Outpatient Services	X	
Hospital to Hospital	X	
Hospital Visitation	X	
Immunizations	X	
Infertility Services	X	
Laboratory Services	X	
Lamaze Classes (or similar birthing class)	X	
Lead Screening/Testing	X	

Trip Reasons	Approved	Denied
Mammogram	X	
Nursing Home to Nursing Home	X	
O2 Care /Oxygen Supplies	X	
OB/GYN Services	X	
Occupational Therapy	X	
Ophthalmologist (Glaucoma & Cataract)	X	
Ophthalmology	X	
Optical - Contact Lenses	X	
Optical - Eyeglasses	X	
Optical Exams	X	
Orthodontics	X	
Orthotic Services	X	
Pain Management	X	
Pediatric Services	N/a	N/A
Pharmacy*	X	
Physical Therapy	X	
Physician Services	X	
Podiatry/Palliative Care	X	
Prosthetic services	X	
Psychiatric Facility	X	
Psychiatric Services	X	
Psychiatrist	X	
Psychologist	X	
Psychosocial rehabilitation	X	
Radiation Treatments	X	
Radiology Services (i.e. x-rays)	X	
Rural Health Clinic (RHC)	X	
Self Help Group Meetings	X	
Sleep Study	X	
Smoking Cessation	X	
SSI Determination Medical Appts	X	
Support Groups	X	
Transportation from an Urgent Care Center	X	
Transportation to an Urgent Care Center	X	
Vocational Rehabilitation	X	
Weight Control Programs	X	
WIC Appointments - After Pregnancy	X	
WIC Appointments-During Pregnancy	X	

\* Only authorized as a stop on the way home from a medical appointment, see page 3 for more detail.



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# 2018 TRANSPORTATION BENEFITS

SITE	PLAN NAME	CONTRACT AND PBP #	BENEFIT DESIGN
Alabama	<b>ALABAMA MARKET</b>		
	HMO	H0150-007-000	20 one-way trips every year - \$0 co-pay
Georgia	<b>GEORGIA MARKET</b>		
	HMO SNP	H0439-002-000	10 one-way trips every year - \$0 co-pay
Mid-Atlantic	<b>MA/PA MARKET</b>		
	HMO	H2108-001-000	10 one-way trips every year - \$0 copay
Mid-Atlantic	HMO SNP	H2108-020-000	50 one-way trips every year - \$0 copay
Pennsylvania	HMO	H3949-009-000	Unlimited one-way trips every year - \$0 copay
Pennsylvania	HMO SNP	H3949-016-000	36 one-way trips every year - \$0 copay
Pennsylvania	HMO SNP	H3949-024-000	40 one-way trips every year - \$0 copay
Pennsylvania	HMO	H3949-028-000	10 one-way trips every year - \$0 Copay
Pennsylvania	HMO	H3949-030-000	10 one-way trips every year - \$0 copay
North Carolina	<b>NORTH CAROLINA MARKET</b>		
	HMO SNP	H9725-003-000	40 one-way trips every year - \$0 co-pay
Tennessee	<b>TENNESSEE MARKET</b>		
	HMO/SNP	H4454-020-000	30 one-way trips every year - \$0 co-pay
Tennessee	HMO	H4454-028-000	20 one-way trips every year - \$0 co-pay
Tennessee	HMO	H4454-035-000	40 one-way trips every year - \$0 co-pay
Arkansas	HMO	H4454-034-000	10 one-way trips every year - \$0 co-pay
Texas	<b>TEXAS MARKET</b>		
	HMO	H4513-009-000	50 one-way trips every year - \$0 co-pay
Texas	HMO	H4513-025-000	
Texas	HMO	H4513-010-000	Unlimited one-way trips every year - \$0 co-pay
Texas	HMO	H4513-027-000	
Texas	HMO/SNP	H4513-029-000	50 one-way trips every year - \$0 co-pay

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# NATIONAL ANCILLARY SUPPLEMENTAL PROGRAMS

OVER-THE-COUNTER edition 2018



Personalized Quality Care



Additional Benefits



Affordable Choices

## Cigna-HealthSpring Over-The-Counter Overview

- ✓ [Over-the-counter medication and health products industry overview](#)
- ✓ [Program benefits](#)
- ✓ [How to engage](#)
- ✓ [2018 benefits](#)

### Audience

- Cigna employees

### Opportunity

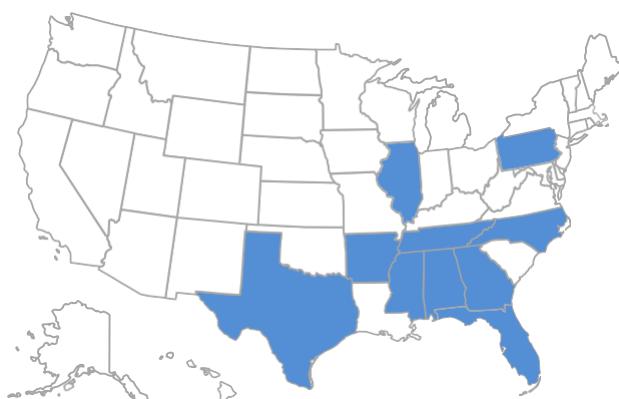
- Educate internal matrix partners on program value at critical times



# OVER-THE-COUNTER INDUSTRY OVERVIEW

2.9B

**Annual retail trips to purchase OTC products**  
-IRI Consumer Insights



## Program availability

Leon county in FL is managed locally.  
2018 benefit section for additional details.

## Benefits of over-the-counter delivery

We partner with **Convey Health Solutions** to provide easy access and availability of over-the-counter (OTC) medications and products for our customers through the Cigna-HealthSpring CarePack benefit.

- 81% of adults use OTC medicines as a first response for minor ailments.<sup>1</sup>
- OTC medicines provide 24/7 access, leading to \$102B in annual savings within the U.S. healthcare system.<sup>1</sup>

**Convey Health Solutions** has been a recognized industry expert for over a decade, and is delegated for Cigna-HealthSpring customer service.

# PROGRAM OVERVIEW AND PROCESS – CUSTOMER

## Program overview



The CarePack benefit provides home delivery of OTC medications and products for Cigna-HealthSpring customers. Covered items may include:

### OTC medications:

- aspirin
- acetaminophen
- vitamins
- Bacitracin

### Health related products:

- nicotine patches
- disposable underpads
- compression hose
- nasal strips

## How it works

Customer's quarterly allowance is available the beginning of the quarter. Orders are limited to one order per customer per month. Customers should:

1. Check their Cigna-HealthSpring *Evidence of Coverage* to view quarterly CarePack allowance.
2. Choose from the list of covered medications and products in the [catalog](#). The cost of the order must be equal to or less than the account balance.
3. Call to order: 1.866.851.1579\*  
Monday – Friday, 8:00 a.m. – 9:00 p.m. (EST)
4. Verify their address.

Covered items are shipped free of charge and arrive within two weeks.

Returns are not accepted. If an item is damaged or defective, a Convey Health Solutions override is required and replacement order may be issued. Any unused quarterly allowance can roll forward to the next quarter, but must be used by December 31<sup>st</sup> or will be forfeited.

\*OTC Center is closed on Memorial Day, Labor Day, Thanksgiving Day and Christmas Day, and closes early on Christmas Eve and New Year's Eve.



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# SUPPORT FOR CUSTOMERS



## Convey Health Solutions support available to customers

### Convey Health Solutions

- **Phone:** 1.866.851.1579\*

Monday – Friday, 8:00 a.m. – 9:00 p.m. (EST)

\*OTC Center is closed on Memorial Day, Labor Day, Thanksgiving Day and Christmas Day, and closes early on Christmas Eve and New Year's Eve.



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# 2018 CAREPACK BENEFITS

SITE	PLAN NAME	CONTRACT & PBP #	BENEFIT ALLOWANCE
<b>ALABAMA MARKET</b>			
Alabama	Cigna-Healthspring TotalCare (HMO SNP)	H0150-007-000	\$75 every quarter, with quarterly roll over
Alabama	Cigna-HealthSpring Preferred (HMO)	H0150-024-001	
Alabama	Cigna-HealthSpring Preferred (HMO)	H0150-024-002	
South Mississippi	Cigna-HealthSpring Preferred SMS (HMO)	H4407-025-001	\$12 every quarter, with quarterly roll over
South Mississippi	Cigna-HealthSpring Preferred SMS (HMO)	H4407-025-002	
North Florida	Cigna-Healthspring TotalCare (HMO SNP)	H5410-013-000	\$30 every quarter, with quarterly roll over
<b>GEORGIA MARKET</b>			
Georgia	Cigna-Healthspring TotalCare (HMO SNP)	H0439-002-000	\$30 every quarter, with quarterly roll over
<b>MAPA MARKET</b>			
Mid Atlantic	Cigna-HealthSpring Preferred (HMO)	H2108-022-000	
Mid Atlantic	Cigna-HealthSpring Preferred (HMO)	H2108-028-000	
Mid Atlantic	Cigna-HealthSpring Achieve (HMO SNP)	H2108-029-000	
Mid Atlantic	Cigna-HealthSpring Achieve (HMO SNP)	H2108-030-000	\$10 every quarter, with quarterly roll over
Mid Atlantic	Cigna-HealthSpring Preferred Plus (HMO)	H3949-13-000	
Pennsylvania	Cigna-HealthSpring Achieve (HMO SNP)	H3949-024-000	
Pennsylvania	Cigna-HealthSpring Preferred (HMO)	H3949-030-000	
Pennsylvania	Cigna-Healthspring TotalCare (HMO SNP)	H3949-009-000	\$120 every quarter, with quarterly roll over
<b>NORTH CAROLINA MARKET</b>			
North Carolina	Cigna-Healthspring TotalCare (HMO SNP)	H9725-003-000	\$45 every quarter, with quarterly roll over

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