

Cigna-HealthSpring Broker Directory

Broker Portal

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

Cigna HealthSpring Producers University and Agent Resources

<https://www.cignahealthspringproducers.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

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

404-275-6891

Bob Mager- **Georgia East**

Cigna Health-Spring Broker Sales Manager

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
AZITHROMYCIN 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
LEVOTHYROXIN SODIUM TAB 100MCG	1	METFORMIN TAB 500MG	1	PREDNISONE TAB 20MG	1
LEVOTHYROXIN SODIUM TAB 125MCG	1	METFORMIN TAB 500MG ER	1	PREDNISONE TAB 5MG	1
LEVOTHYROXIN SODIUM TAB 25MCG	1	METHYLPRED TAB 4MG	2	PROAIR HFA AER	3
LEVOTHYROXIN SODIUM TAB 50MCG	1	METOPROL TAR TAB 100MG	1	RANITIDINE TAB 150MG	1
LEVOTHYROXIN SODIUM TAB 75MCG	1	METOPROL TAR TAB 25MG	1	SERTRALINE TAB 100MG	2
LEVOTHYROXIN 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 PCP Info

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



Arizona Customer Service

800-627-7534

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



Help Center

1-866-442-7516

*Bilingual reps on staff

*All calls are recorded

8:00 am to 8:00 pm – Local Time
7 days a week, October 1st to
February 14th



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



Customer Service

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

*Note: eAgent not available for AZ enrollments

Preferred Pharmacy Network



Your Quick-Reference Guide

Pharmacies with preferred cost sharing

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

Highlights:



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

Together, all the way.SM

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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 last name
 - 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.
2. Beneficiary initials the products to be discussed (an "X" in the box is not allowed).
3. Agent fills in the bottom section as shown.



SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

Cigna HealthSpring

Beneficiary or authorized representative signature and signature date:
 Signature: Sample Signature Date: 1/1/2017

If you are the authorized representative, please sign above and print below:
 Name: _____ Relationship: _____

☐ **STAND-ALONE MEDICARE PRESCRIPTION DRUG PLANS (PART D)**
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.

☒ **MEDICARE ADVANTAGE PLANS (PART C) AND COST PLANS**
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.

TO BE COMPLETED BY AGENT	
Agent name: <u>Sample Agent</u>	Beneficiary name: <u>Sample Beneficiary</u>
Agent phone: <u>888-244-4444</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, US #</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>MAPD 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:	

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.

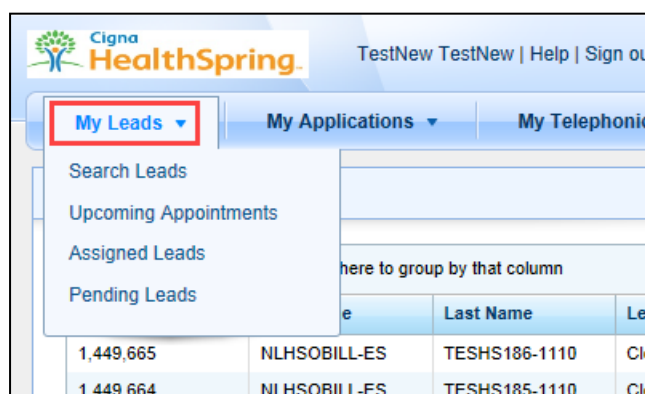
Just click on the heading to access information regarding:

Leads, Applications, Appointments, SOA's, Reports, News, Site Links, or Your Profile

Lead ID	First Name	Last Name	Lead Status	Address 1	Address 2	City	State	Zip	Phone	Cell	Contact Date
1,449,665	NLHSOBILL-ES	TESHS185-1110	Closed	801 5th Ave E		Clarksville	TN	37122	(+1) (111) 000-1111		
1,449,664	NLHSOBILL-ES	TESHS185-1110	Closed	343 Kimbrough Rd		Clarksville	TN	37143	(+1) (111) 000-1111		
1,449,663	NLHSOBILL-ES	TESHS186-1110	Closed	112 Pinetree St		Clarksville	TN	37145	(+1) (111) 000-1111		
1,449,662	NLHSOBILL-ES	TESHS183-1110	Closed	210 Oakley Adams Rd		Albany	TN	38414	(+1) (111) 000-1111		
1,449,661	NLHSOBILL-ES	TESHS182-1110	Closed	1526 Mountaineer Creek Rd		Mc Ewen	TN	37111	(+1) (111) 000-1111		
1,449,660	NLHSOBILL-ES	TESHS181-1110	Closed	412 Mathews Ct		Madison	TN	37207	(+1) (111) 000-1111		
1,449,659	NLHSOBILL-ES	TESHS180-1110	Closed	PO Box 158		Turkey	AR	72472	(+1) (111) 000-1111		
1,449,658	NLHSOBILL-ES	TESHS179-1110	Closed	88 Polaris Ln		Marion	AR	72444	(+1) (111) 000-1111		
1,449,657	NLHSOBILL-ES	TESHS178-1110	Closed	364 Taylor Ln		Winchester	TN	37150	(+1) (111) 000-1111		
1,449,656	NLHSOBILL-ES	TESHS177-1110	Closed	3647 State Route 138		Cookeville	TN	37130	(+1) (111) 000-1111		
1,449,655	NLHSOBILL-ES	TESHS176-1110	Closed	675 Morris Ln		Letcher City	TN	37112	(+1) (111) 000-1111		
1,449,654	NLHSOBILL-ES	TESHS175-1110	Closed	2028 Jefferson Ave		Albany	TN	37107	(+1) (111) 000-1111		
1,449,653	NLHSOBILL-ES	TESHS174-1110	Closed	561 Shenandoah Dr		Spencer	TN	38685	(+1) (111) 000-1111		
1,449,652	NLHSOBILL-ES	TESHS173-1110	Closed	1236 Gaskin Rd		Forest	TN	37345	(+1) (111) 000-1111		
1,449,651	NLHSOBILL-ES	TESHS172-1110	Closed	802 Shadwell Rd		Lakeland	TN	37187	(+1) (111) 000-1111		
1,449,650	NLHSOBILL-ES	TESHS171-1110	Closed	5127 Fairchild Square Ct		Dunwoody	TN	37027	(+1) (111) 000-1111		
1,449,649	NLHSOBILL-ES	TESHS170-1110	Closed	111 Lott Rd		Wiggins	MS	39077	(+1) (111) 000-1111		
1,449,648	NLHSOBILL-ES	TESHS169-1110	Closed	112 Pinetree Dr		Bladen	MS	39042	(+1) (111) 000-1111		
1,449,647	NLHSOBILL-ES	TESHS168-1110	Closed	740 Grand St		Carlisle	MS	39046	(+1) (111) 000-1111		

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



Lead : TESHS185-1110, NLHSOBILL-ES

Profile | Disposition | Applications | Activities

Personal Information

Lead ID: 1,449,664 | First Name: NLHSOBILL-ES | Middle Initial: | Last Name: TESHS185-1110 | Suffix: |
 Address 1: 343 Kimbrough Rd | Address 2: | City: Clarksville | State: TN | County: Montgomery (TN) | Zip: 37043
 Phone: +1 (111) 000-1111 | Cell: |
 Birthday: 7/4/1924 | Part A Effective Date: 1/1/2017 | Part B Effective Date: 1/1/2017 | LIS: ☐

Agent Information

Agency: Test Bravo Health FMO-GA | Agent: TestNew, TestNew

Consent to Contact Information

Consent to Contact: ☐ | Consent to Contact Date: |

Buttons: Save & Close, Apply, Refresh, Delete, Cancel

For this example, we double clicked on a lead.

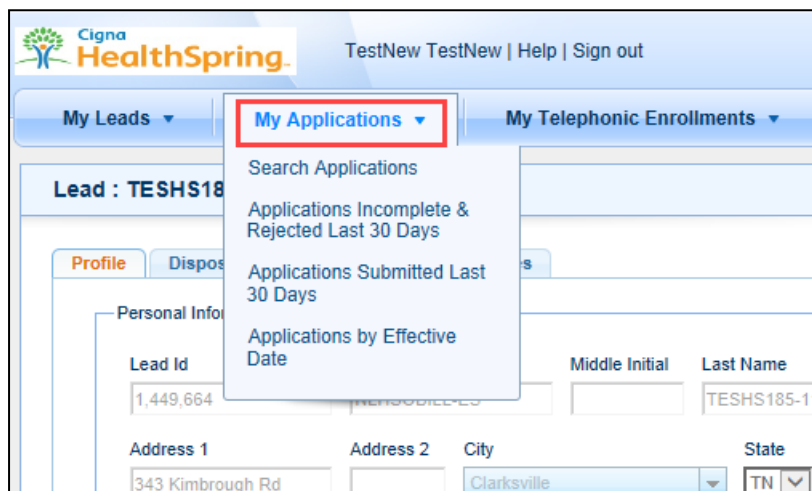
Note: As a security protection, eAgent will automatically log you out after 5 minutes of inactivity. eAgent will give you a warning prompt, and soon after logs you out automatically. Any unsaved information is lost.

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

Here's How to Access ... Your Applications

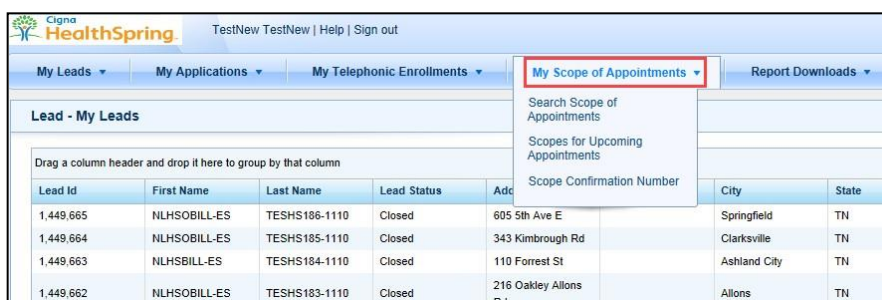
- 1 Hover over the My Applications heading.
- 2 Click the My Applications heading itself to display all your applications.

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.



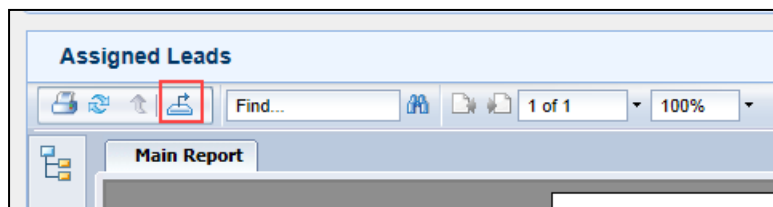
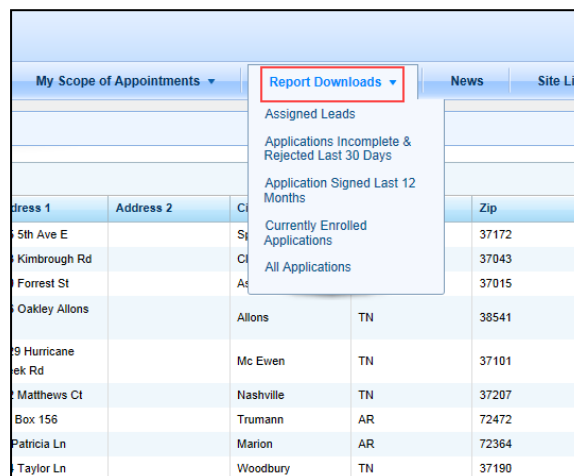
Here's How to Access ... Your Scope of Appointments (SOAs)

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



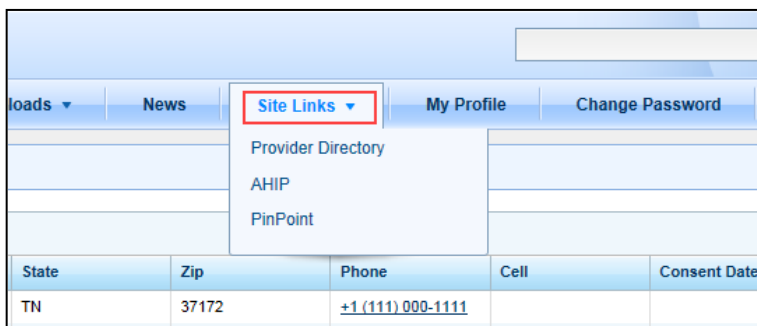
Here's How to Access ... Your Reports

- 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

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

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

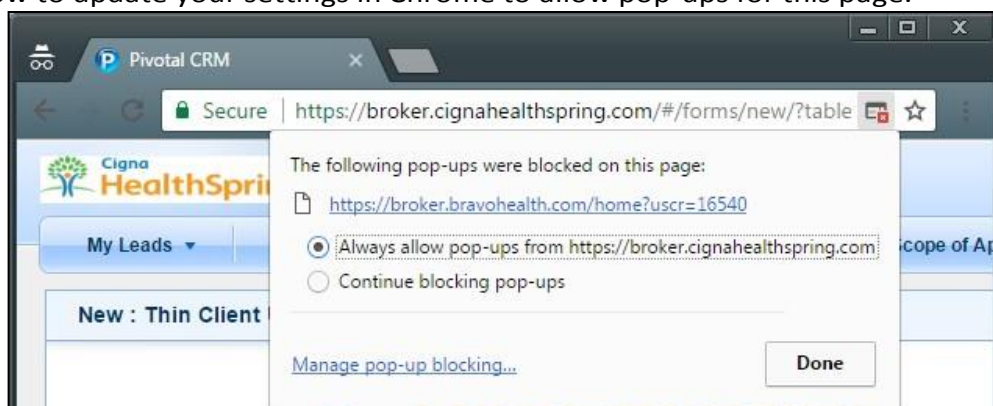
- Click Accept.
- The Customer Search page will display where you can enter zip code, last name, and application year.



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.
- One or more agencies within your hierarchy is missing state appointments, which is preventing you as a down line agent under that hierarchy from initializing scripts in those states. Please contact your topline agency and let them know they will need to submit requests for those appointments.
- 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



Customer Service

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



Help Center

1-866-442-7516

*Bilingual reps on staff

*All calls are recorded



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



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.™



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.



NOT FOR DISTRIBUTION TO CONSUMERS

SILVER&FIT[®] OVERVIEW

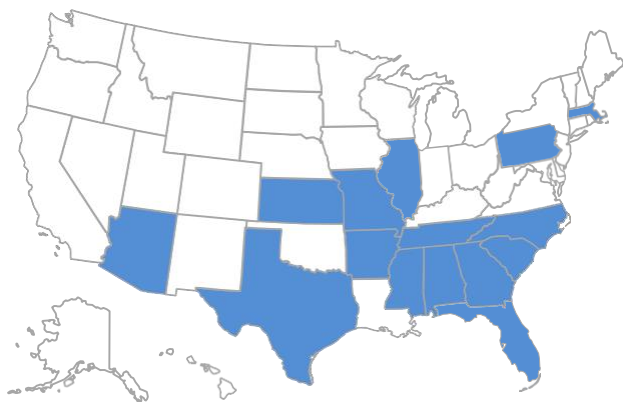
Understanding our program

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.¹
- 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.²
- Phone:** 1.888.886.1992
- Online:** 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

SILVER&FIT SUPPORT



Support for
customers

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
 - 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/joinfitness.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
ALABAMA MARKET			
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
ARIZONA MARKET			
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
GEORGIA MARKET			
Georgia	Cigna-HealthSpring Preferred (HMO)	H0439-003-001	\$0 copay
Georgia	Cigna-HealthSpring Preferred (HMO)	H0439-003-002	\$0 copay
ILLINOIS MARKET			
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 market¹
- Expected to grow 3% annually with projection attributed to:¹
 - 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

VISION OVERVIEW

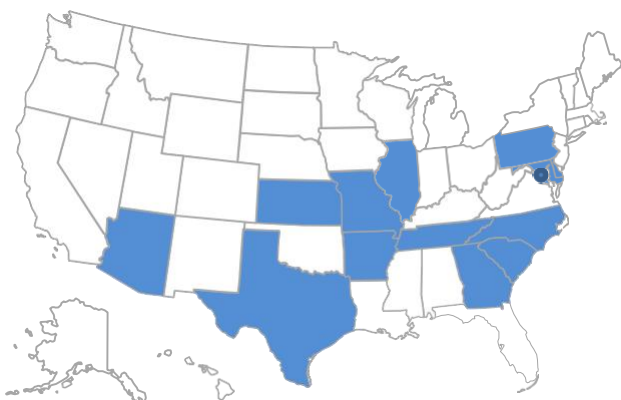


SUPERIOR VISION 

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



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.

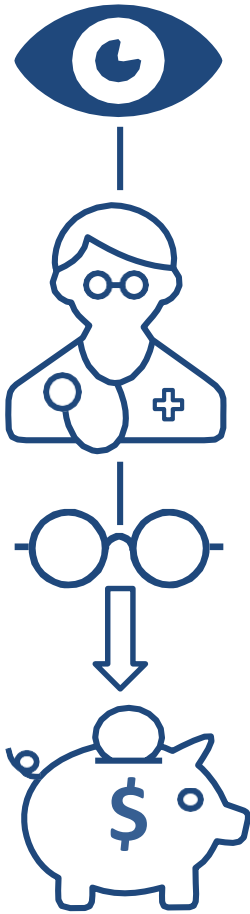
Services we delegate

- Claims
- Credentialing
- Customer service
- Network contracting
- 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 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



Support for customers

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
- **Phone:** 1.800.507.3800 option 7



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2018 SUPERIOR VISION BENEFITS

SITE	PLAN NAME	CONTRACT AND PBP #	BENEFIT DESIGN
Arizona	ARIZONA MARKET (TUCSON)		
	HMO	H0354-024-000	Maximum Allowance: \$150 every year Contact Lenses: Unlimited Eye Glasses (Lenses and Frames): 1 every year Eye Glass Lenses: 1 every year Eye Glass Frames: 1 every year
Georgia (Atlanta)	GEORGIA MARKET		
	HMO	H0439-002-000	Maximum Allowance: \$100 every year Contact Lenses: Unlimited Eye Glasses (Lenses and Frames): 1 Every year, Eye Glass Lenses: 1 every year Eye Glass Frames: 1 every year
Georgia	HMO	H0439-003-001	Maximum Allowance: \$150 every year Contact Lenses: Unlimited
Georgia	HMO	H0439-003-002	Eye Glasses (Lenses and Frames): 1 Every year, Eye Glass Lenses: 1 every year Eye Glass Frames: 1 every year
North Carolina	NORTH CAROLINA MARKET		
	HMO	H9725-003-000	Maximum Allowance: \$200 every year Contact Lenses: Unlimited Eye Glasses (Lenses and Frames): 1 Every year, Eye Glass Lenses: 1 every year Eye Glass Frames: 1 every year
North Carolina South Carolina	HMO	H9725-001-000	Maximum Allowance: \$100 every year Contact Lenses: Unlimited
	HMO	H7020-004-001	Eye Glasses (Lenses and Frames): 1 Every year, Eye Glass Lenses: 1 every year Eye Glass Frames: 1 every year
Kansas City	KANSAS CITY MARKET		
	HMO	H9460-001-000	Maximum Allowance: \$100 every year Contact Lenses: Unlimited
Kansas City	HMO	H9460-002-000	Eye Glasses (Lenses and Frames): 1 every year Eye Glass Lenses: 1 every year Eye Glass Frames: 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.¹
- Risk factors for hearing loss attributed to:^{1,2}
 - 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
2. Healthline.com

HEARING OVERVIEW

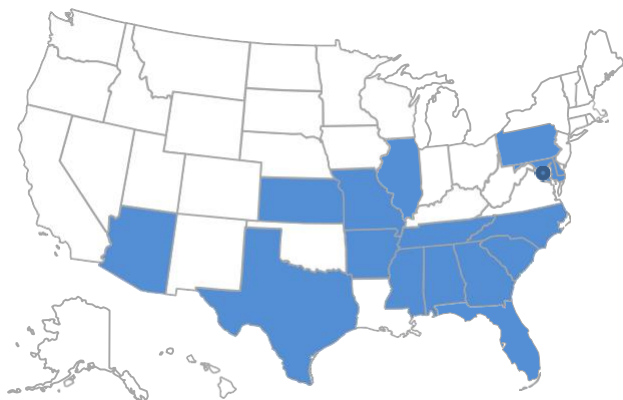
Understanding our partnership

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

In network

PPO*
plans with
out-of-
network
benefits

*Preferred Provider Organization (PPO)



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HEARING CARE SOLUTIONS SUPPORT



Support for
customers

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

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/



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2018 HEARING CARE SOLUTIONS BENEFITS

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



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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](#)

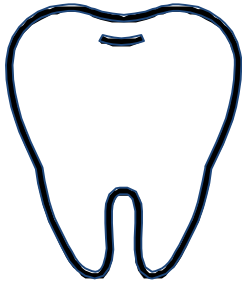
Audience

- Cigna employees

Opportunity

- Educate internal matrix partners on program value at critical times

DENTAL COVERAGE BENEFITS & PARTNERSHIP



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

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:¹

- 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

Dental service plans

Preventive:

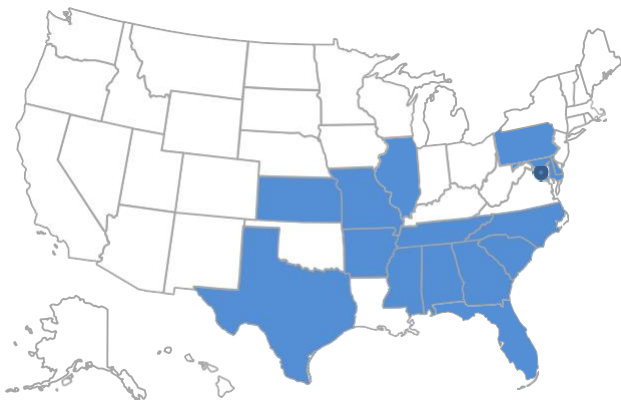
- Diagnostics (exam, X-rays)
- Preventive (cleaning)

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)



Program availability

 DentaQuest

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



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



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



Claims

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.**



NOT FOR DISTRIBUTION TO CONSUMERS

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

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

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



NOT FOR DISTRIBUTION TO CONSUMERS

SUPPORT FOR CUSTOMERS

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

- "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
Georgia	GEORGIA MARKET		
	HMO	H0439-002	Preventive Dental: \$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.
	HMO	H0439-003-001	Preventive and Preventive Plus with \$1000 maximum diagnostic and preventive, restorative, fillings, extractions, prosthodontics (denture repairs only). Endodontics not covered. \$20-75 copay for restorative and extraction services.
Georgia	HMO	H0439-003-002	
Illinois	ILLINOIS MARKET		
	HMO	H1415-024	Preventive and Preventive Plus: \$1000 annual maximum \$0 copay, includes diagnostic and preventive, restorative, fillings, extractions, prosthodontics (denture repairs only). Endodontics not covered.
	KANSAS CITY MARKET		
Kansas City MO	HMO	H9460-001-000	Preventive Dental: \$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	
Mid-Atlantic	MA/PA MARKET		
	HMO	H2108-001-000	Preventive Dental: \$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.
	HMO	H2108-020-000	Preventive and Comprehensive: \$2,000 annual maximum: 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. \$0 copay for comprehensive services.
Mid-Atlantic	HMO	H2108-022-000	Preventive and Comprehensive: \$1,000 annual maximum: 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. \$0 copay for comprehensive services.
Mid-Atlantic	HMO	H2108-028-000	Preventive Dental: \$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	H2108-029-000	
Mid-Atlantic	HMO	H2108-030-000	
Mid-Atlantic	HMO	H2108-032-000	
Mid-Atlantic	HMO	H2108-033-000	



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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

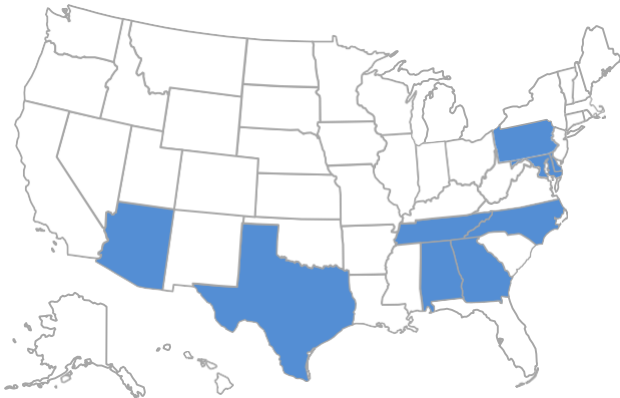
- Educate internal matrix partners on program value at critical times

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.

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 condition¹
- People with chronic conditions like asthma, arthritis, and diabetes require more frequent medical treatment

Our partnership

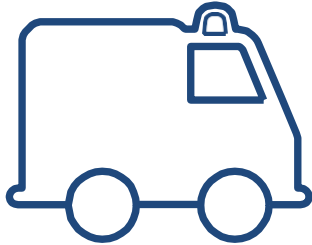
We partner with **Access2Care (A2C)**, an industry recognized transportation manager to provide easy access to high-quality non-emergency medical transportation for our customers.

Access2Care is responsible for the following:

- Claims
- Customer service
- Network supplier
- Utilization management

¹ Centers for Disease Control and Prevention

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



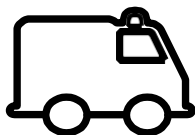
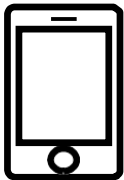
LYFT OFFERING PROCESS



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



Support for
customers

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



TRIP REASONS

Trip Reasons	Approved	Denied	Trip Reasons	Approved	Denied
Abortion		X	Mammogram	X	
Adult Day Care		X	Nursing Home to Nursing Home		X
Alcohol Abuse Evaluation	X		O2 Care /Oxygen Supplies		X
Alcohol Rehabilitation		X	OB/GYN Services	X	
Alcoholics Anonymous Meeting	X		Occupational Therapy	X	
Allergy (Doctor visit, Testing, Injections)	X		Ophthalmologist (Glaucoma & Cataract)	X	
Alternative Health (e.g. Acupuncture)	X		Ophthalmology	X	
Cardiac Rehabilitation	X		Optical - Contact Lenses	X	
Chemotherapy	X		Optical - Eyeglasses	X	
Chiropractor	X		Optical Exams	X	
Community Psych Rehab		X	Orthodontics	X	
Cosmetic Surgery		X	Orthotic Services	X	
Counselor	X		Pain Management	X	
Court Order Exam or Appointment		X	Pediatric Services	N/a	N/A
Dental Exam	X		Pharmacy*	X	
Dental Services	X		Physical Therapy	X	
Diabetic Supplies and Education	X		Physician Services	x	
Dialysis	X		Podiatry/Palliative Care	X	
Drug Abuse Evaluation to Enter Treatment	X		Prosthetic services	X	
Drug Rehabilitation		X	Psychiatric Facility	X	
Durable Medical Equipment		X	Psychiatric Services	X	
Experimental Medical Procedures/Drugs		X	Psychiatrist	X	
Family Planning Clinic Services	X		Psychologist	X	
Family Practitioner	X		Psychosocial rehabilitation		X
Federally Qualified Health Centers (FQHC)	X		Radiation Treatments	X	
Fitness Center	X		Radiology Services (i.e. x-rays)	X	
Health Plan sponsored event	X		Rural Health Clinic (RHC)	X	
Hearing Aid Repair	X		Self Help Group Meetings	X	
Hearing Aids	X		Sleep Study	X	
Hospital - Admission	X		Smoking Cessation	X	
Hospital - Discharge	X		SSI Determination Medical Appts	X	
Hospital - Outpatient Services	X		Support Groups	X	
Hospital to Hospital		X	Transportation from an Urgent Care Center	X	
Hospital Visitation		X	Transportation to an Urgent Care Center	X	
Immunizations	X		Vocational Rehabilitation		X
Infertility Services		X	Weight Control Programs	X	
Laboratory Services	X		WIC Appointments - After Pregnancy		X
Lamaze Classes (or similar birthing class)		X	WIC Appointments-During Pregnancy		X
Lead Screening/Testing		X			

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



2018 TRANSPORTATION BENEFITS

SITE	PLAN NAME	CONTRACT AND PBP #	BENEFIT DESIGN
ALABAMA MARKET			
Alabama	HMO	H0150-007-000	20 one-way trips every year - \$0 co-pay
GEORGIA MARKET			
Georgia	HMO SNP	H0439-002-000	10 one-way trips every year - \$0 co-pay
MA/PA MARKET			
Mid-Atlantic	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 MARKET			
North Carolina	HMO SNP	H9725-003-000	40 one-way trips every year - \$0 co-pay
TENNESSEE MARKET			
Tennessee	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 MARKET			
Texas	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

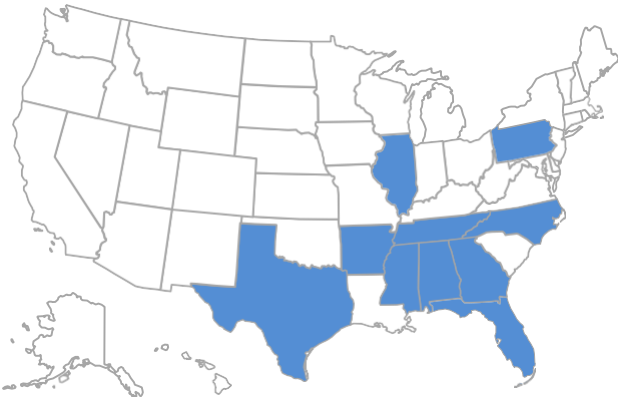
**Annual retail trips to
purchase OTC products**
-IRI Consumer Insights

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.¹
- OTC medicines provide 24/7 access, leading to \$102B in annual savings within the U.S. healthcare system.¹

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



 **Program availability**

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

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 31st 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.



NOT FOR DISTRIBUTION TO CONSUMERS

SUPPORT FOR CUSTOMERS

**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
Alabama	ALABAMA MARKET		
	Cigna-Healthspring TotalCare (HMO SNP)	H0150-007-000	\$75 every quarter, with quarterly roll over
Alabama	Cigna-HealthSpring Preferred (HMO)	H0150-024-001	\$12 every quarter, with quarterly roll over
Alabama	Cigna-HealthSpring Preferred (HMO)	H0150-024-002	
South Mississippi	Cigna-HealthSpring Preferred SMS (HMO)	H4407-025-001	
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
Georgia	GEORGIA MARKET		
	Cigna-Healthspring TotalCare (HMO SNP)	H0439-002-000	\$30 every quarter, with quarterly roll over
Mid Atlantic	MAPA MARKET		
	Cigna-HealthSpring Preferred (HMO)	H2108-022-000	\$10 every quarter, with quarterly roll over
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	
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	\$120 every quarter, with quarterly roll over
Pennsylvania	Cigna-Healthspring TotalCare (HMO SNP)	H3949-009-000	
North Carolina	NORTH CAROLINA MARKET		
	Cigna-Healthspring TotalCare (HMO SNP)	H9725-003-000	\$45 every quarter, with quarterly roll over

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