

# PRODUCER PLAYBOOK

Cigna Individual and Family Plans

Together, all the way.®



Cigna customers get peace of mind knowing their health insurance is there for all aspects of their health – whether they are healthy or sick. As a Cigna Producer, you are a key part of this partnership and you can expect our support every step of the way.



**WE'RE HERE TO HELP**

**Sales Support • 877.244.6215 • [CignaforBrokers.com](http://CignaforBrokers.com)**

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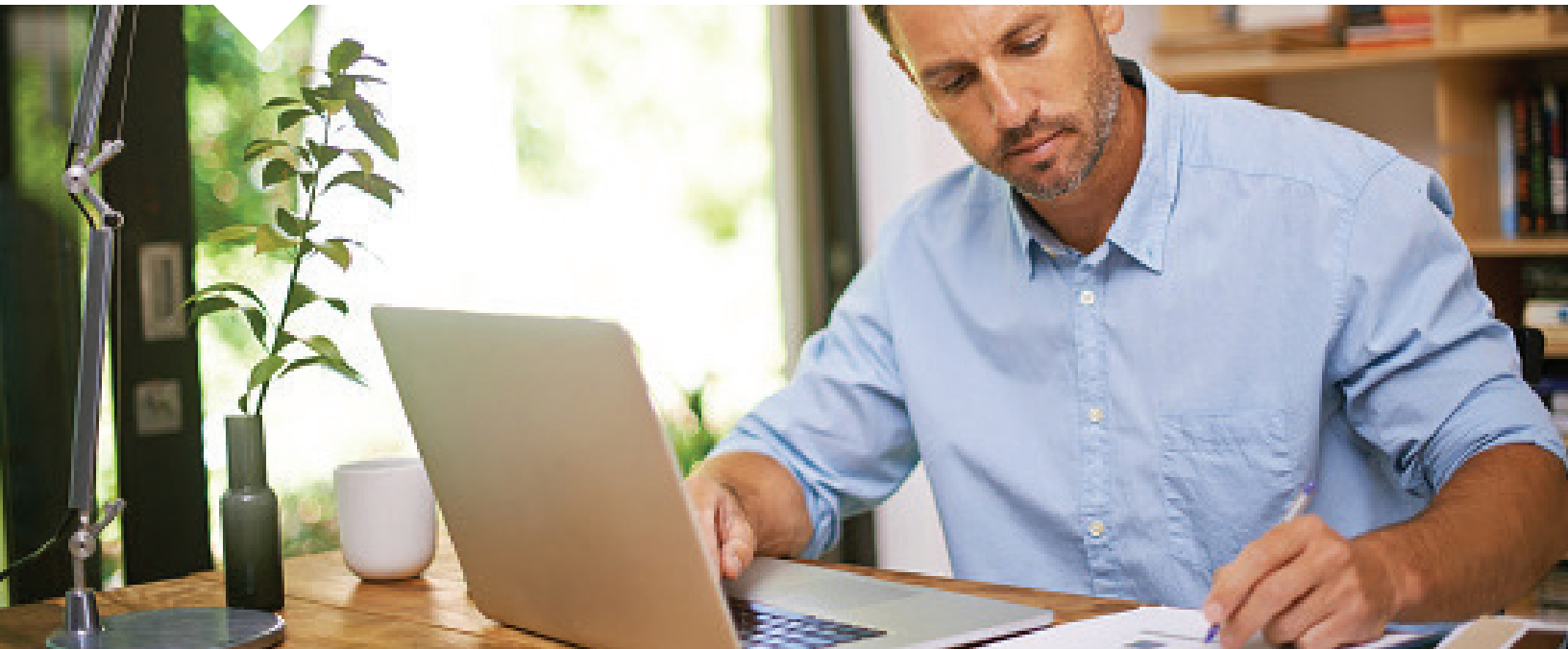
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## RESOURCES



### **CignaforBrokers.com**

Find what you need, fast. **CignaforBrokers.com** is your virtual home office. Get the most up-to-date forms for your state, along with:

- › Quoting and applying information
- › Commissions and book of business details
- › Producer training
- › Brochures and marketing pieces
- › News and updates

**Producer news and notices.** Email communications are sent to give you the most up-to-date information. It's important that we have your current and correct contact information so that you can receive important communications, including email confirmations when you submit business.

Need to update your contact information? Email the Producer Compliance Life Cycle Team at **AgentLicensingISG@Cigna.com**.



**For technical support,  
please call 877.Cigna15  
(877.244.6215).**

Cigna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

## CUSTOMER INFORMATION

### 10-day Free Trial

After the applicant reviews the policy, if they are not satisfied for any reason, they can call Cigna at the number on their policy within 10 days. Cigna will refund any premium they've paid (including contract fees or other charges) less the cost of any services paid on their behalf, or on behalf of any of their covered dependents.

### Insufficient Funds Charge

The applicant is responsible for an additional charge of \$45 for any check or electronic funds transfer that is returned to Cigna unpaid.

### Age and Dependent Requirements

All applicants applying for coverage must meet age, dependent status and residency requirements.

- ▶ Since September 23, 2010, the PPACA has required all health plans to provide coverage without limits to dependents until their 26th birthday.\*
- ▶ The PPACA Extended Dependent Coverage rule applies to all health insurance plans, including medical, behavioral and pharmacy benefits. The rule does not apply to "excepted benefits" under the Health Insurance Portability and Accountability Act, such as dental or vision benefits offered separately from medical health benefits.
- ▶ In addition, young adults qualify for this coverage even if they no longer live with a parent, are not a dependent on a parent's tax return or are no longer students. Both married and unmarried young adults can qualify for the dependent coverage extension, although that coverage does not extend to a young adult's spouse or children. Student, military or marital status does not affect dependent eligibility.

- ▶ According to a changed tax code rule, we interpret a dependent for purposes of this requirement to mean a son, daughter, stepson, stepdaughter or eligible foster child of the taxpayer.
- ▶ Policyholder's or spouse's children, regardless of age, who are enrolled prior to age 26 and are incapable of self-support due to a medically certified continuing behavioral or physical disability, and are dependent upon the insured for support can continue coverage with written proof of disability and dependency within 61 days after the child's 26th birthday. Cigna may require written proof of such disability or dependency thereafter.

### Signature Requirements

All applicants and dependents age 18 and older must sign and date the application.

- ▶ The application must be received by us within 30 days from the signature date.

### Residency Requirements

- ▶ Must be a citizen or national of the United States, or a noncitizen who is lawfully present in the United States, and is reasonably expected to be a citizen, national or a noncitizen who is lawfully present for the entire period for which enrollment is sought.
- ▶ Citizens/expatriates who have been living and working outside the United States and who are in process of returning to the United States are eligible to apply. The requested effective date must be after their return to the United States.
- ▶ Customers must reside in our service area.

\* Some states require that insurance policies provide dependent coverage beyond age 26; these rules and any associated restrictions apply after age 26.

## PRODUCER QUALIFICATIONS



### Definitions

An Insurance Producer refers to a person or agency required to be licensed to sell, solicit or negotiate insurance on behalf of Cigna.

### Licensing, Appointments and Contracting

To be an authorized Cigna Insurance Producer, you must:

- › Comply with Insurance Producer licensing laws in all states in which the Insurance Producer will be selling, soliciting and negotiating.
- › Be appointed by Cigna as an Insurance Producer, where applicable.
- › Execute a Universal Producer Agreement or Acknowledgement of Contractual Obligation.
  - Sole Proprietors or Agencies must execute Cigna's Universal Producer Agreement to sell, solicit and negotiate on Cigna's behalf.
  - Insurance Producers who are employed by an agency must execute Cigna's Acknowledgement of Contractual Obligation to sell, solicit and negotiate on Cigna's behalf.

### Federally Facilitated Marketplace Registration

If an Insurance Producer will be selling, soliciting and negotiating Cigna products on the Federally Facilitated Marketplace "FFM", in addition to these requirements, individual Insurance Producers must complete FFM registration annually which includes:

- › Registering on the CMS portal
- › Completing training
- › Signing the required Agreement(s) with CMS.

Cigna receives notification directly from CMS of all Insurance Producers who complete the annual training. Firms do not require annual certification.

### State Health Insurance Exchange Registration

If an Insurance Producer will be selling, soliciting and negotiating Cigna products on any of the State Health Insurance exchanges, in addition to the requirements noted above, individual Insurance Producers must complete any training/certification requirements as defined by the state.

## PRODUCER QUALIFICATIONS CONTINUED

### Errors and Omissions

Per the terms of the Universal Producer Agreement, all Insurance Producers must, at all times during the term of the Agreement, maintain professional liability errors and omissions insurance not less than \$50,000 per occurrence and \$250,000 annual aggregate.

### Loss of Control of Policyholder Information

Insurance Producers must notify Cigna of any loss of control of personal data, violation of use and disclosure of protected health information (PHI) or confidential information. This includes any breach or suspected breach of PHI or confidential information, in accordance with the notification terms of the Universal Producer Agreement.

Personal Information is an individual's name, consisting of the individual's first name or first initial, in combination with:

- › Social Security number.
- › Driver's License number.
- › A bank/credit/debit card or account number.

Loss of Control is the unauthorized access to, unauthorized acquisition of, or disappearance of any personal information. This includes computerized data and the unauthorized access to and/or acquisition of that computerized data that compromises the security or confidentiality of personal Information.

Examples of Loss of Control include an intrusion of your computer system by an unauthorized third party and lost or stolen:

- › Unencrypted laptop
- › Unencrypted thumb drive or CD
- › Unencrypted PDA
- › Application forms

On becoming aware of a loss of control of personal data or violation of use and disclosure of PHI or confidential information, the Insurance Producer should report the incident immediately to:

**Cigna Enterprise Privacy Office**

**Fax: 855.565.8105**

**Email: [CignaHealthCarePrivacyOffice@Cigna.com](mailto:CignaHealthCarePrivacyOffice@Cigna.com)**

### Agreement and Appointment Termination

Failure to comply with the qualifications enumerated above or any unethical/criminal conduct by the Insurance Producer may result in the termination of an Insurance Producer's Agreement and appointments with Cigna.

The terminated Insurance Producer will be mailed a termination notification, which will identify the effective termination date. Once terminated, an Insurance Producer will no longer receive payment of commissions.

## MEDICAL PLANS



### Cigna's Connect Network

Cigna's Connect health insurance plans deliver quality care, centered around the customer, because we give them access to personal care and attention from the quality providers in the Connect Network in your local area.

The customer will choose an in-network primary care provider (PCP) who will get to know their needs, direct them to specialists when needed and ensure that all of their providers are communicating and coordinating their care.\*\* They can access the provider directory at [Cigna.com/ifp-providers](https://www.cigna.com/ifp-providers).

### Application to Enroll or Change Coverage

The Patient Protection and Affordable Care Act of 2010 (PPACA) specifies that an eligible person must enroll for coverage or change plans during the Annual Open Enrollment Period. Those who fail to enroll or change plans during the Open Enrollment Period must wait until the next Open Enrollment Period to enroll in a plan or to change plans.

\*\* PCP selection encouraged with auto assignment in Kansas City, KS, St. Louis, MO and Kansas City, MO; Specialists referrals from PCP are encouraged in Kansas City, KS, Jackson, TN, St. Louis, MO, Kansas City, MO, and Memphis, TN.

However, if a person experiences a triggering event (see below), the triggering event starts a 60-day Special Enrollment Period during which an eligible person can enroll and an insured person can add dependents and change coverage. The Open Enrollment Period and Special Enrollment Period are explained below.

### Annual Open Enrollment Period

This is a specified period of time each year during which individuals who are eligible as described above can apply to enroll for coverage or change coverage from one plan to another.

To be enrolled for coverage under this Plan, you must submit a completed and signed application for coverage under this Policy/Service Agreement for the applicant and any eligible dependent(s), and the Exchange must receive that application during the Annual Open Enrollment Period.

### Special Enrollment Periods

To apply outside of the Open Enrollment Period, an applicant must experience a Qualifying (Triggering) Life Event and has 60 days from the date of that event (including the date of the actual event) to apply for coverage or make a change to an existing plan.



## MEDICAL PLANS CONTINUED

Persons who enroll during a Special Enrollment Period will have coverage effective dates determined as follows.

- › For an application made between the first and the 15th day of any month, the effective date of coverage will be the first day of the following month.
- › For an application made between the 16th and the last day of the month, the effective date of coverage will be the first day of the second following month.

Please note: In the case of birth, adoption or placement for adoption, coverage is effective on the date of birth, adoption, placement for adoption or placement in foster care. In the case of marriage or in the case where an individual loses minimum essential coverage, coverage is effective on the first day of the following month.

### Qualifying (Triggering) Life Events

- › An individual and any dependents losing minimum essential health coverage
- › Loss of employer-sponsored health plan coverage due to termination, reduction in work hours, divorce, separation, Medicare entitlement, death or loss of dependent child status
- › An individual gaining or becoming a dependent through marriage, birth, adoption or placement for adoption
- › An eligible dependent spouse or child loses coverage under an employer-sponsored health plan due to divorce, legal separation from his or her spouse or parent becoming entitled to Medicare or death of his or her spouse or parent
- › An eligible individual loses his or her dependent child status under a parent's employer-sponsored health plan
- › An individual who was not previously a citizen, national or lawfully present individual gains such status (only applicable for plans sold on the Health Insurance Marketplace)
- › An individual experiencing an error in enrollment

- › An individual adequately demonstrating that the plan or issuer substantially violated a material provision of the contract in which he or she is enrolled
- › An individual becoming newly eligible or newly ineligible for advance payments of the premium tax credit, or experiencing a change in eligibility for cost-sharing reductions
- › New coverage becoming available to an individual or enrollee as a result of a permanent move
- › An Indian, as defined by section 4 of the Indian Health Care Improvement Act, may enroll in a qualified health plan or change from one qualified health plan to another one time per month (only applicable to the Marketplace)
- › An eligible individual or enrollee demonstrates to the Exchange, in accordance with guidelines issued by the U.S. Department of Health and Human Services (HHS), that he or she meets other exceptional circumstances as the Exchange may provide (only applicable to the Marketplace).

### **IMPORTANT: Customers may have to verify their information**

At the time of application, customers must attest that the information provided on the application is true, including the facts that qualify for a Special Enrollment Period. Customers may be required to provide documents that prove eligibility to enroll based on the life event experience.

Starting in 2019, most people who qualify for a Special Enrollment Period and want to change plans may have a limited number of plan “metal” categories to choose from (instead of all four) during their Special Enrollment Period.

This means if a customer wants to change plans during a Special Enrollment Period, they may need to select a new plan within the same plan category as their current plan, or wait until the next Open Enrollment if they want to change to a plan in a different category.

## MEDICAL PLANS CONTINUED

### Prior Authorization

Cigna provides a comprehensive personal health solution medical management program which focuses on improving quality outcomes and maximizes value for its customers.

Prior authorization can be obtained by the policyholder, a family member(s) or the provider by calling the number on the back of the ID card.

A customer may call the Member Services number on the back of the Cigna ID card or check **myCigna.com**, under “View Medical Benefit Details,” for more detailed information regarding services that require prior authorization.

Failure to obtain prior authorization prior to an elective admission to a hospital or certain other facilities may result in a penalty or lack of coverage for services provided.

**The programs below require prior authorization.**

### Step Therapy

Certain medications in the Step Therapy program need approval from Cigna before they're covered by the plan. In Step Therapy, customers need to try the most cost-effective, appropriate medications available before the plan covers more expensive brand-name medications to treat the condition.

Typically, customers start by taking generics or lower-cost preferred brands. Generic medications have the same strength and active ingredients as brand-name medications, but often cost much less – in some cases, up to 80%–85% less. In Step Therapy, customers have to follow a series of steps before higher-cost, brand-name medication may be covered by the plan.

Step Therapy medications will have an (ST) next to them on the Cigna Individual & Family Plans' Drug List. When customers fill a prescription for a Step Therapy medication (the higher-cost brand), we'll send the customers and the doctor a letter that outlines the steps needed to take before the next refill.

You can find more information in the Documents and Forms section of **CignaforBrokers.com**.

### Inpatient Admissions

Prior authorization is required for all nonemergency inpatient admissions, and certain other admissions, to be eligible for benefits. Inpatient prior authorization reviews both the necessity for the admission and the need for continued stay in the hospital. Emergency admissions will be reviewed post admission.

### Outpatient Procedures

Certain outpatient procedures and services require review and prior authorization to be eligible for benefits.

Outpatient prior authorization should only be requested for nonemergency procedures or services, at least four working days (Monday through Friday) prior to having the procedure performed or the service rendered.

**Prior authorization does not guarantee payment of benefits.** Coverage is always subject to other requirements of the policy/service agreement limitations and exclusions, payment of premium and eligibility at the time care and services are provided. Retrospective review: If prior authorization was not performed, Cigna will use retrospective review to determine if a scheduled or emergency admission was medically necessary. In the event the services are determined to be medically necessary, benefits will be provided as described in the policy. If it is determined that a service was not medically necessary, the insured person is responsible for payment of the charges for those services.

## DENTAL PLANS



### Enrollment Period

Applicants can purchase Cigna Dental 1000 and Cigna Dental 1500 plans anytime during the year through Cigna.

### Enrollment Start Dates

For dental plans purchased with a Cigna medical plan, the effective date of a dental plan can be the first day of the following month after submitting an application. Or, when indicated up to the last effective date for the open enrollment period, as long as it is submitted on or before the 15th of the prior month.

For dental plans purchased without a medical plan, including in states where Cigna Medical plans are not sold, applications submitted through the last day of the month prior will have an effective date of the first of the following month, or when indicated.

### Brighter Score Feature

At Cigna, we are committed to helping customers maximize their dental plans and avoid costly surprises. We think customers should have access to some of the information they may be accustomed to, conveniences such as appointment scheduling, insightful customer reviews and transparent pricing.

We are bringing our dental customers new tools and enhanced features on **myCigna.com** through the Brighter Score® feature, including:

- ▶ The Brighter Score feature, which compares dentists. Each score is derived from factors such as affordability, patient experience and professional history.
- ▶ Dental office reviews and comparisons. Customers can find detailed information such as dentist profiles, many with pictures and video content. They can read patient reviews and submit their own reviews after their appointment.
- ▶ Online appointment scheduling so customers can easily book appointments with participating dentists at their convenience.\*\*\*
- ▶ Enhanced searches and transparent pricing that allows customers to find a dentist by procedure or group of procedures. Information is personalized for their plans and shows pricing, including coinsurance, copays and deductibles.
- ▶ Easy access to information anytime, anywhere – from a computer, smartphone or tablet.

Customers will need to be registered at **myCigna.com** to use these new tools.

\*\*\* Actual features may vary by dentist. Appointment scheduling feature is limited to only those dentists who offer this service.

## DENTAL PLANS CONTINUED

### Cigna Dental Oral Health Integration Program (OHIP)

The OHIP program reimburses out-of-pocket costs for specific dental services used to treat gum disease and tooth decay.\* The program is for customers with certain medical conditions that have been found to be associated with gum disease. There's no additional cost for the program – those who qualify are reimbursed after meeting their deductible.

Cigna dental plan customers being treated for a qualifying condition are eligible to enroll in the program. They do not have to be enrolled in a Cigna medical plan to be eligible for this program. However, they do have to be enrolled in the OHIP program to receive benefits.

They must currently be under treatment by a doctor for any of the following conditions.

- › Heart disease
- › Stroke
- › Diabetes
- › Pregnancy
- › Chronic kidney disease
- › Organ transplants
- › Head and neck cancer radiation

#### How it works

1. Customers enroll in the program.
2. At dentist visit, they pay the usual copay or coinsurance amount.
3. The dentist will send Cigna a claim.
4. We review the claim and will refund the copay or coinsurance for eligible dental services.
5. Claims are reimbursed in about 30 days after they are received

#### Additional OHIP benefits

After customers enroll in the program, they can receive discounts on prescribed mouthwashes, fluoride gels and toothpastes from their dentist through Cigna Home Delivery Pharmacy<sup>SM</sup>, which will arrange for the items to be sent right to their home.\*\* Customers can also consult with a pharmacist for information on issues that affect oral health and overall health.

#### Enrollment steps

To enroll in the OHIP program, customers can:

- › Fill out the registration form found on **myCigna.com** or **Cigna.com**. They can also call the number on the back of their ID card to have an enrollment form mailed. Only one form needs to be completed once per qualifying condition.
- › Mail in the completed form to Cigna at the address listed on the registration form. They will receive a welcome letter in the mail once they've been enrolled.
- › Visit their dentist and pay the usual copay or coinsurance amount for the covered service. We'll send the reimbursement.

Services received prior to enrollment are not eligible for reimbursement.

\* Reimbursement under the OHIP is subject to plan terms and conditions, including applicable annual benefit maximums and other exclusions and limitations. For costs and details of coverage, see plan documents.

\*\* Pharmacy discounts are available through Cigna Home Delivery Pharmacy only. **This is a discount and is NOT insurance.** This discount is separate from dental benefits and customers are required to pay the entire discounted charge. Customers should check any insurance or other benefits they have before using these discounts, as those benefits may result in lower costs.

## VALUE ADDS



These additional resources and programs are included with any Cigna medical or dental policy.

### myCigna

Having a myCigna® account is a great way for customers to stay on top of their plan. They can access their plan and health information at **myCigna.com** or with the **myCigna App** – anytime, anywhere – to:

- › Find in-network doctors and medical services
- › Track health care spending
- › Look at claims
- › See cost estimates for medical procedures
- › Compare quality of care ratings for doctors and hospitals
- › Get easy-to-use tools to stay healthy

### Healthy Rewards

Healthy Rewards®<sup>1</sup> is a discount. No doctor's referral or claim forms are needed. Customers call **800.870.3470** to find a provider and schedule an appointment. Then, they show their Cigna ID card before paying for services to get these savings.

- › **Routine vision services**<sup>2</sup> – up to 30% off exams and eyeglasses through the Vision Network Savings Program. Customers can access more than 20,000 locations nationwide, including national optical retailers such as:

- JCPenney Optical®
- Sears® Optical
- Target Optical®
- Pearle Vision®

- › **Alternative medicine** – up to 25% off chiropractic, acupuncture and massage services.
- › **Weight and nutrition** – up to 30% off programs, including Jenny Craig® and more.
- › **Fitness clubs**<sup>3</sup> – includes a national network of more than 12,000 fitness clubs and exercise centers that offer a minimum 10% discount off the initiation and/or monthly dues, and a free trial membership or a free introductory session at participating fitness facilities.

- › **Hearing aids and exams**<sup>4</sup> – savings on name-brand hearing aids from Amplifon plus free batteries for two years, and 40% off diagnostic services and testing at more than 3,500 locations nationwide.

1. Healthy Rewards programs are separate from any insurance benefits. A discount program is NOT insurance, and the customer must pay the entire discounted charge. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are independent contractors who are solely responsible for any care or services provided.

2. Eye care discounts and LASIK; July 2018. Subject to change.

3. 10,000 Steps a Day and American Specialty Health; June 2018. Subject to change.

4. Amplifon; July 2018. Subject to change.

## STATE SPECIFIC



### Comparison Grids

For individual medical plans by state market, please go to **CignaforBrokers.com**. You'll see a full view of plan offerings so you can easily compare plans by medal level, premiums and more.

The website also has information and grids about dental plans, and support information about value-add features of the plans. Please note that not all plans are available in all markets, and some states have specific restrictions or limitations.



**For Producer Support,  
please contact  
877.244.6215.**



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