Express App

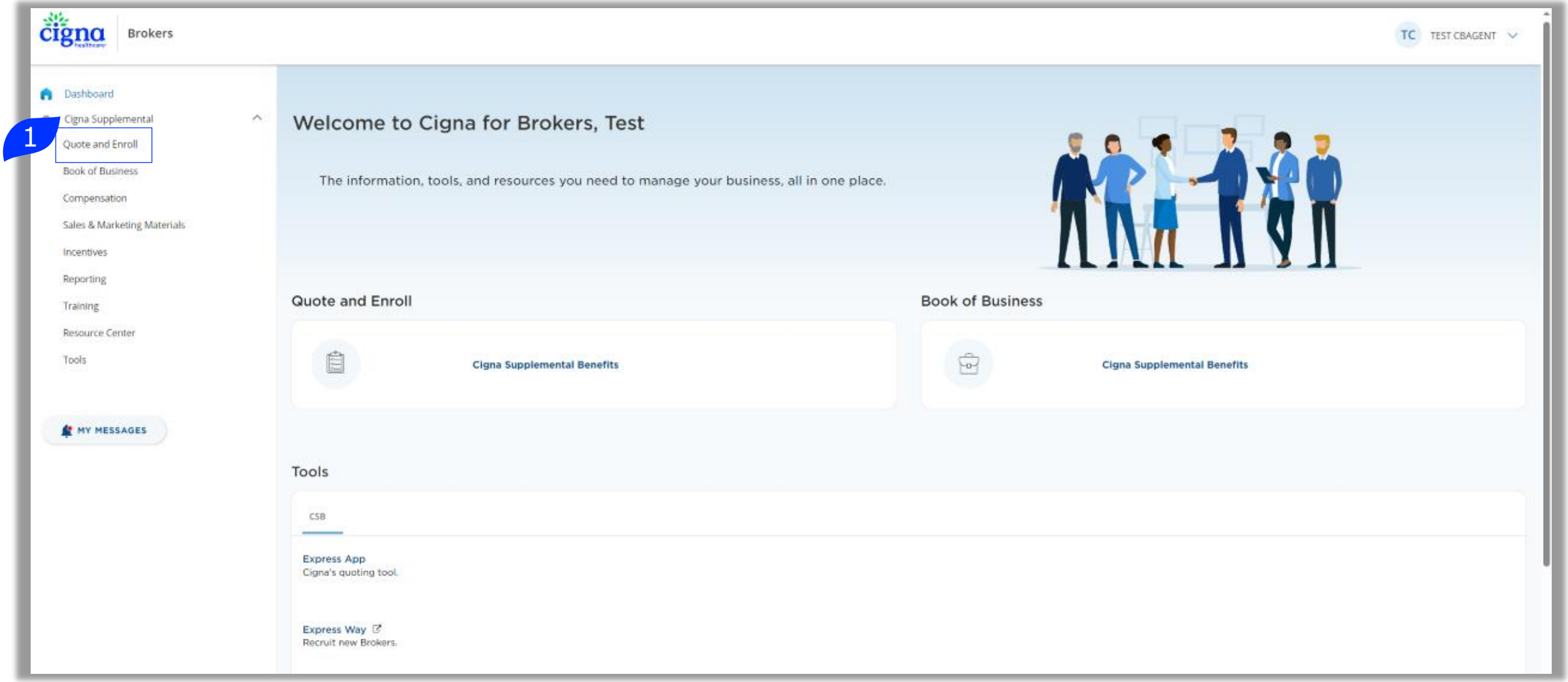
Agent/Broker Use Only

Express App 2.0

- Flexibility to write business under virtually any scenario
- Minimize submission errors with dynamic capabilities to walk you through all application scenarios
- Easily access your prospects on the Homepage
- Floating resource links throughout the application process to provide support
- Navigation pane helps you follow along with the application pages, and allows you to move back and forth between different sections as necessary

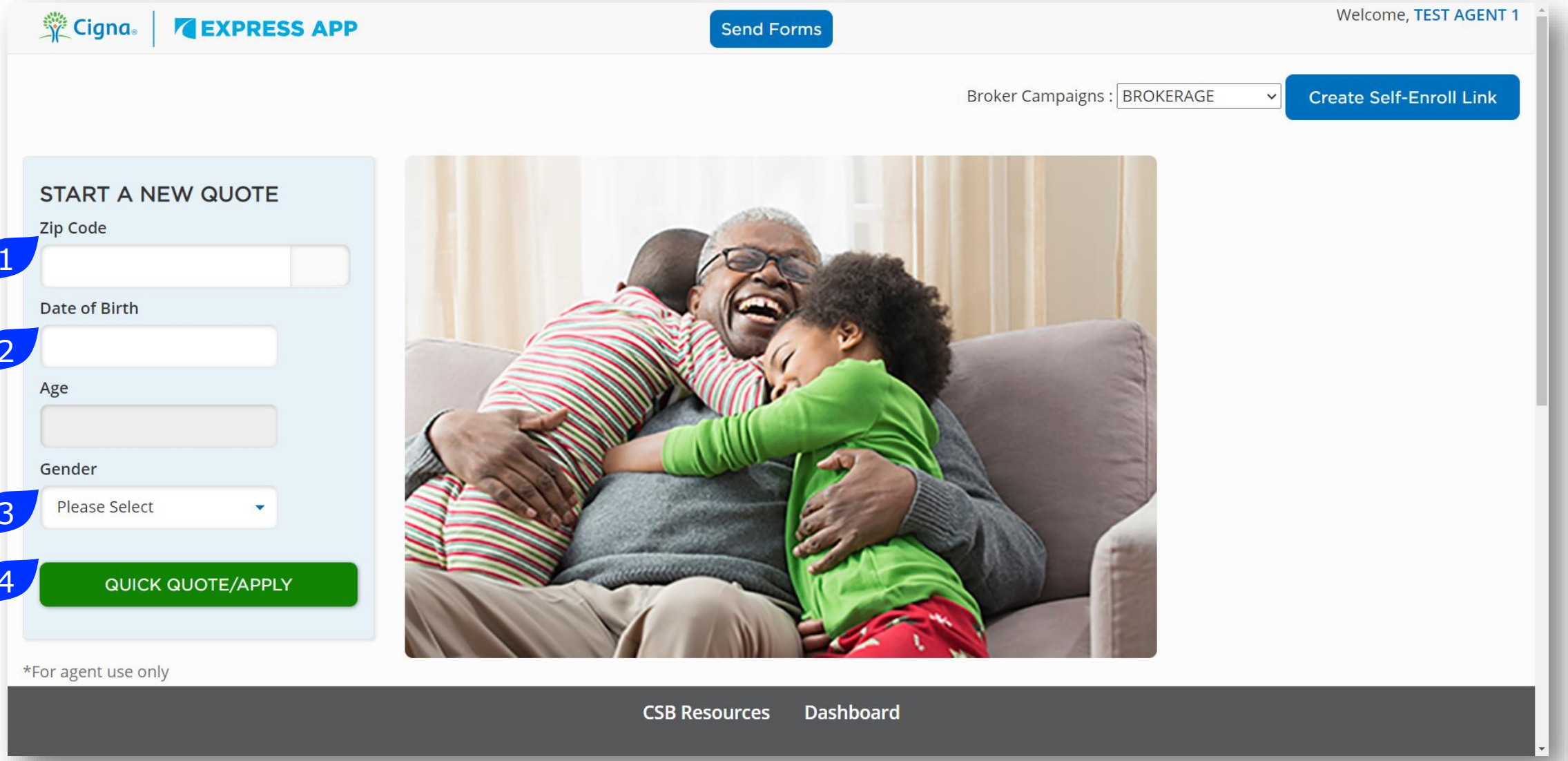
www.CignaforBrokers.com

CSB Homepage

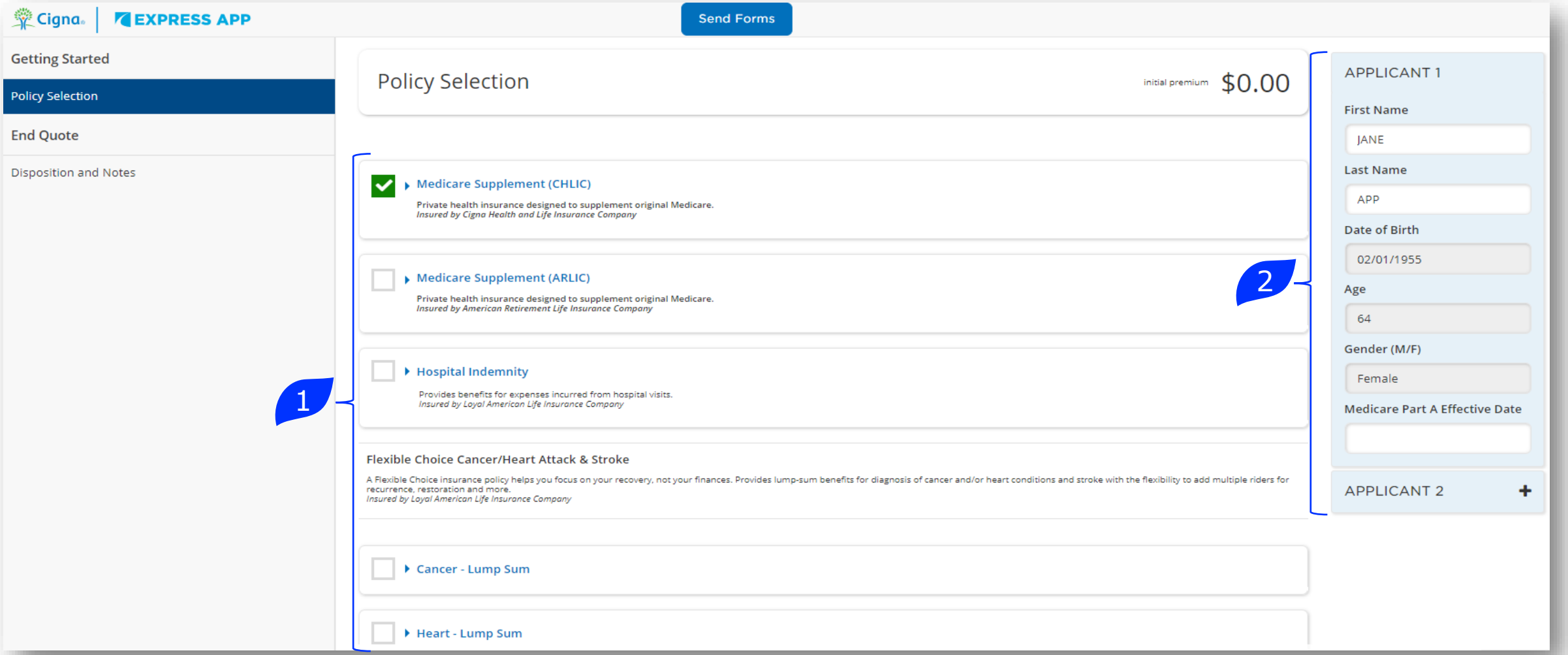


www.CignaforBrokers.com

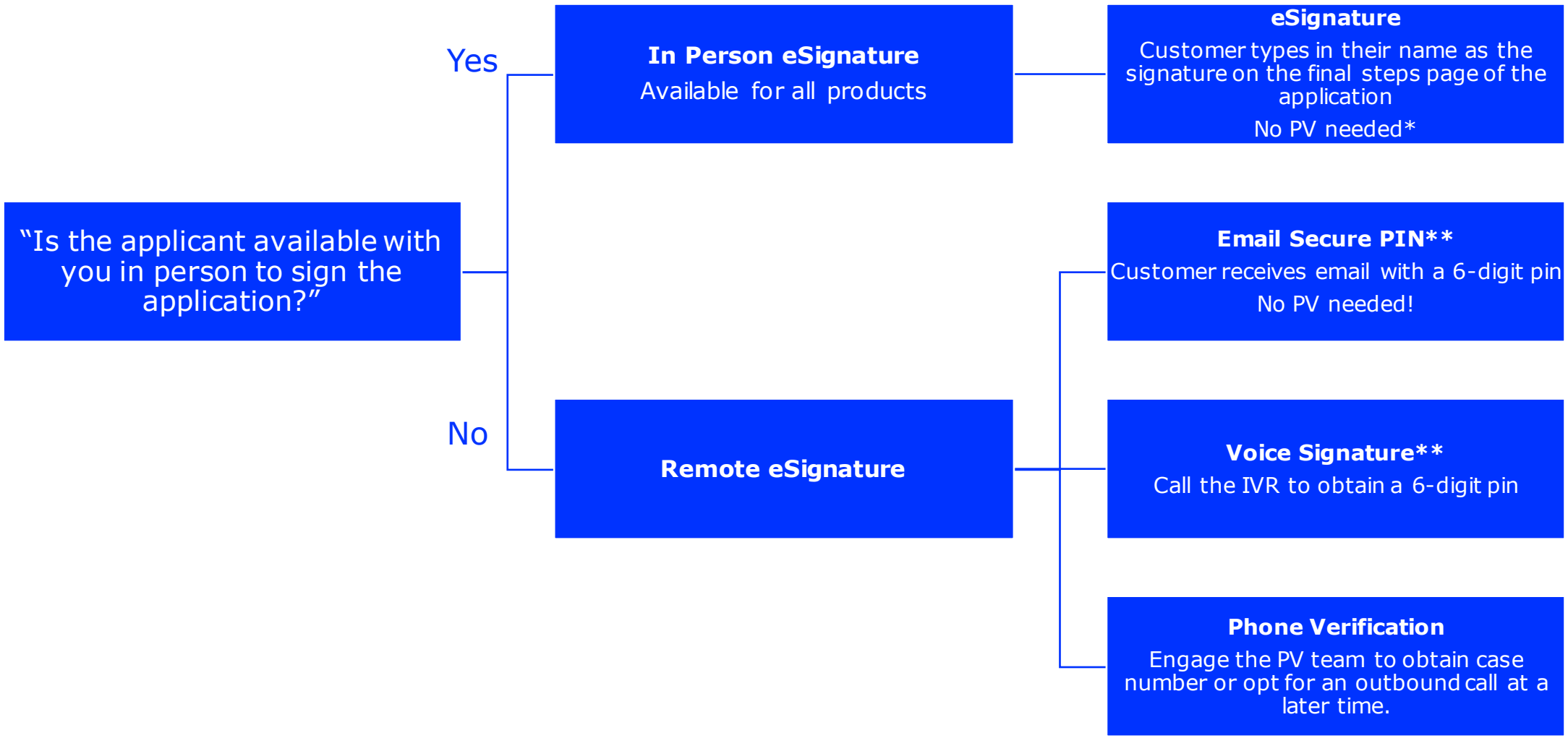
Express App 2.0



Policy Selection



eSignature Feature Breakdown



*Individual Whole Life and Short-Term Care policies require a phone verification whether in person or remote.
**Available only for UW Med Supp applications

Self-Enroll Link
Personalized Link

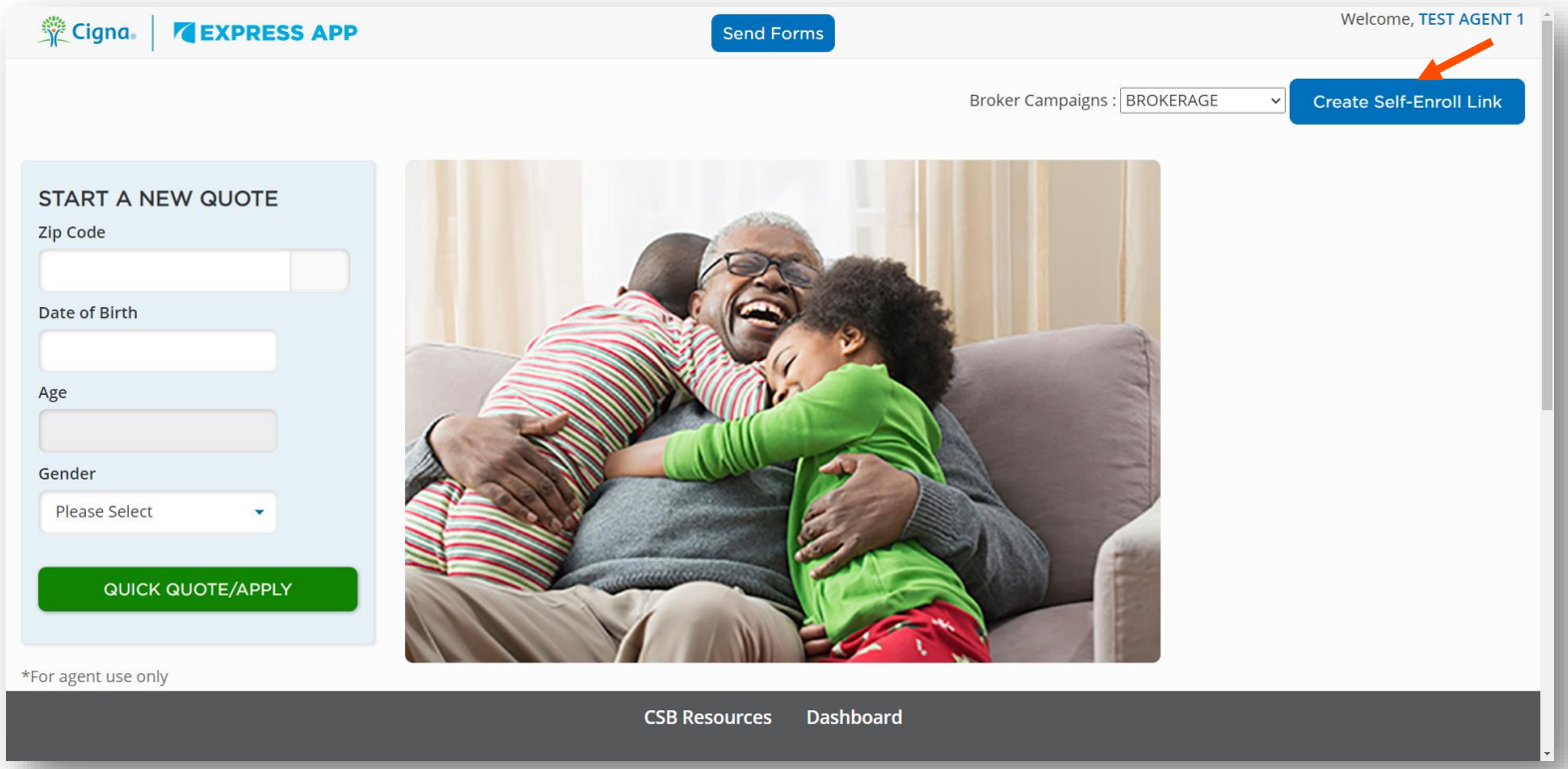
Self-Enroll Link

Share CSB Products with your customers, leverage for cross selling strategies, and receive credit when customers self-enroll

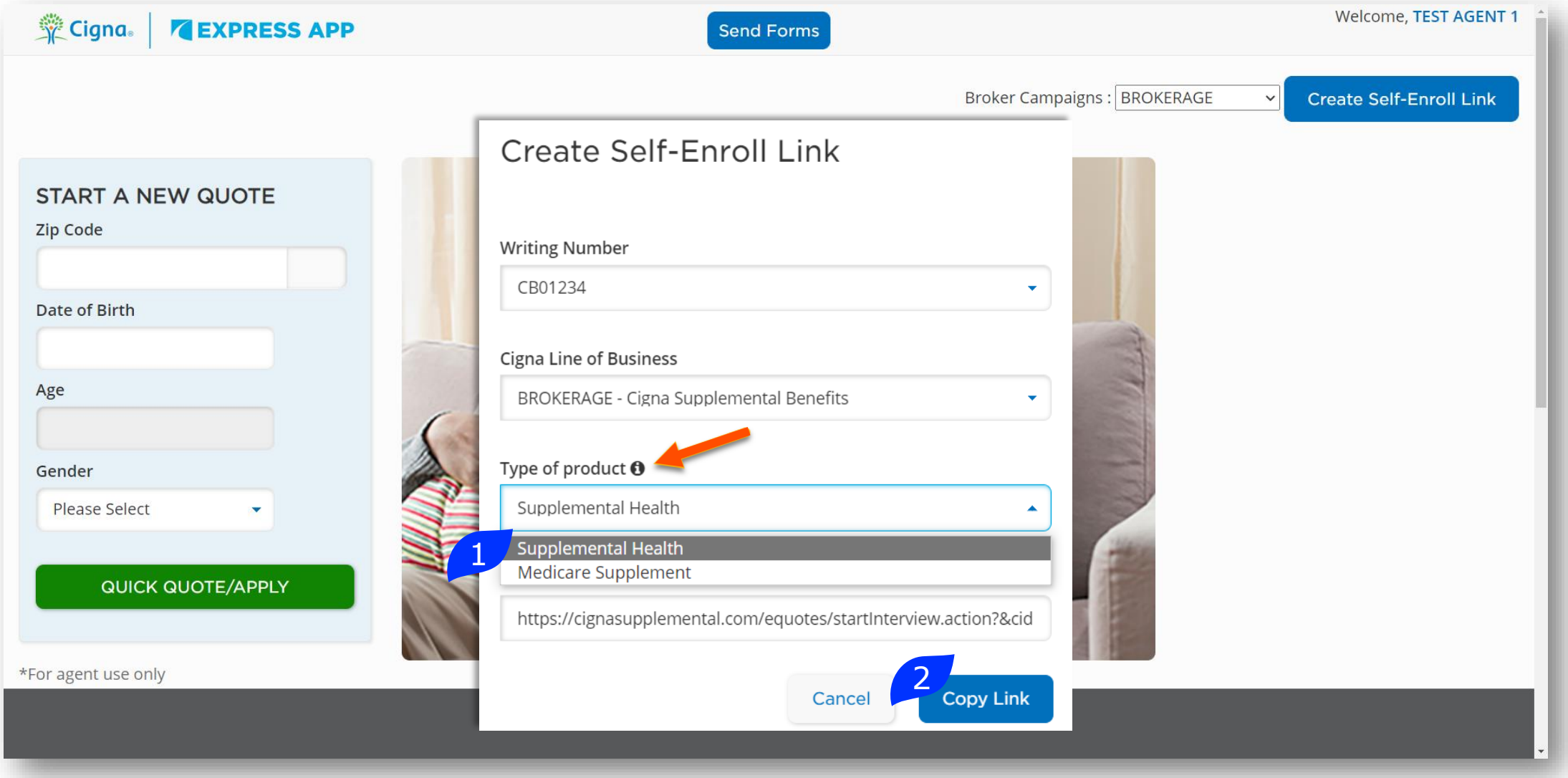
1. Use the Create Self-Enroll link on Express App

> Ways to Share:

- Add to your Email Signature
- Email communication
- Social Media
- Personal Website



Choose Product and Copy Link



Static Broker Link Breakdown

You can now decipher what the static broker link is for an agent without having to log in and generate it.

Example:
https://cignasupplemental.com/equotes/startInterview.action?&cid=sbl&campaign_ID=**BROKERAGE**&ee=**ANCORG**&agentWritingNo=**CB01234**&companyCode=**12**

Campaign_ID
- Can be found in the top right corner on ExpressApp

EE
- ANCORG – Supplemental Product Offering
- CSBORG – Medicare Supplement

AgentWriting_Number
- Agent writing number

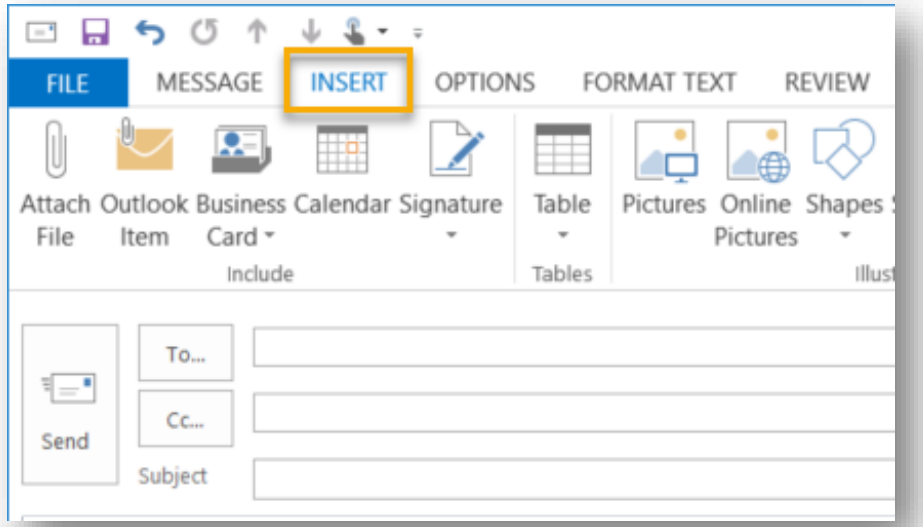
Company_Code
- Identifies the company assigned. This can be found on the commission statement.

Customize Link in Email

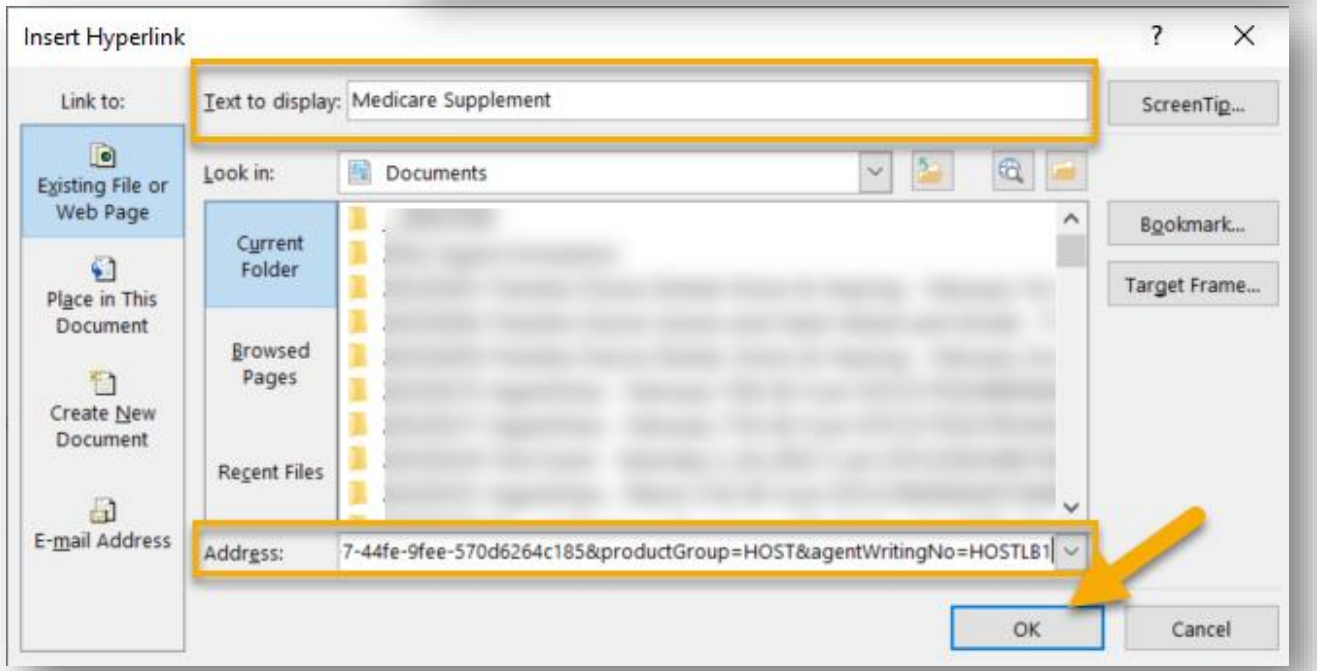
Outlook Customized Email

1. Customize the text for your Static Broker Link
   A. Go to Outlook email
   B. Open a new email message and click on the body of the email
   C. Click the "Insert" tab and select the hyperlink icon
   D. In the Insert Hyperlink Window:
      I. Text to display = i.e. Medicare Supplement
      II. Address = Paste your Static Broker Link
   E. Click OK

Step C



Step D & E



Outlook Customized Email

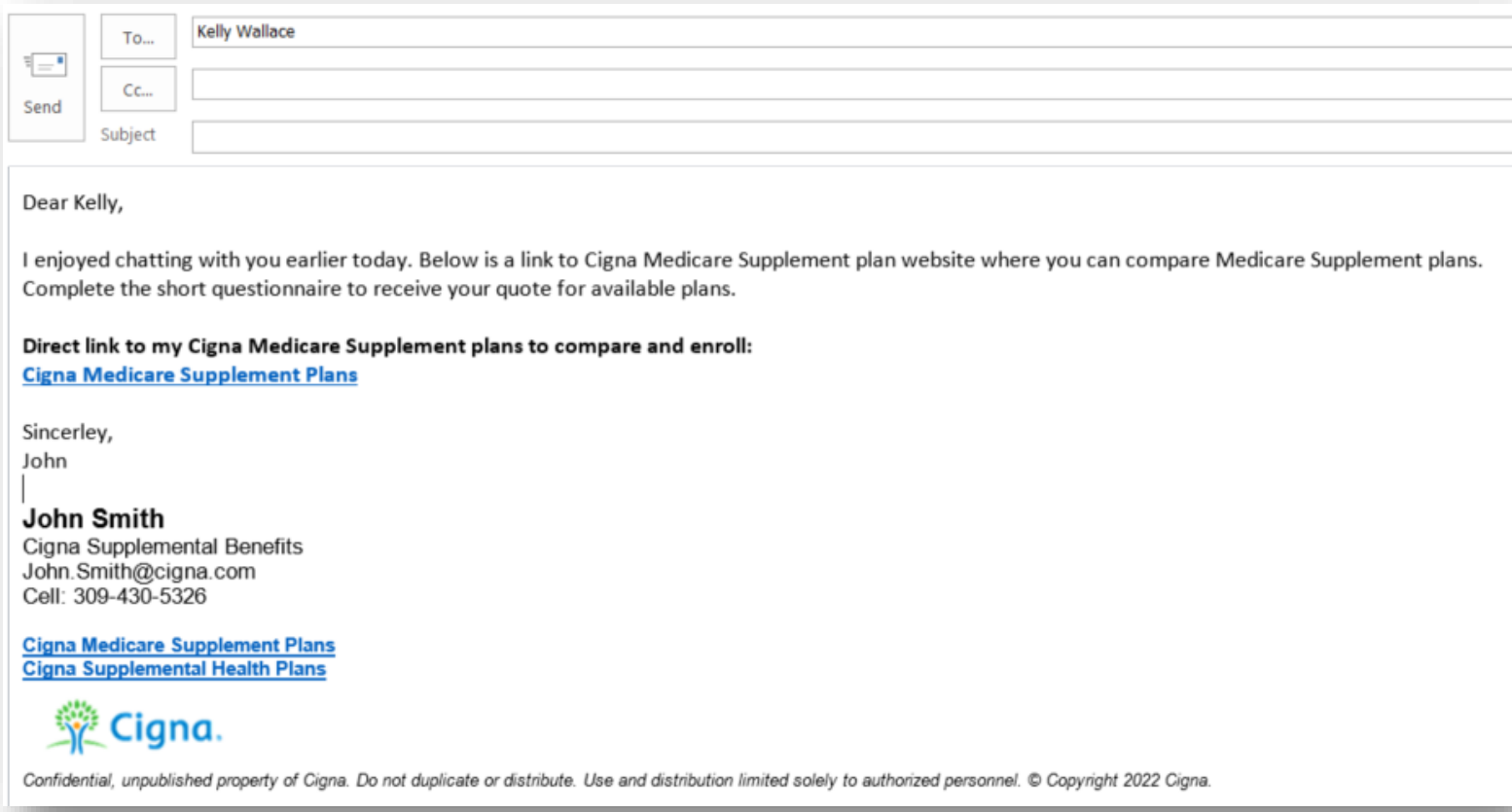
2. Sample email containing the Static Broker Link

*Add to your email signature so that the Static Broker Link is included in all email communications

*Enrollment will be tied to you and your commissions

> Actively see in Express App:

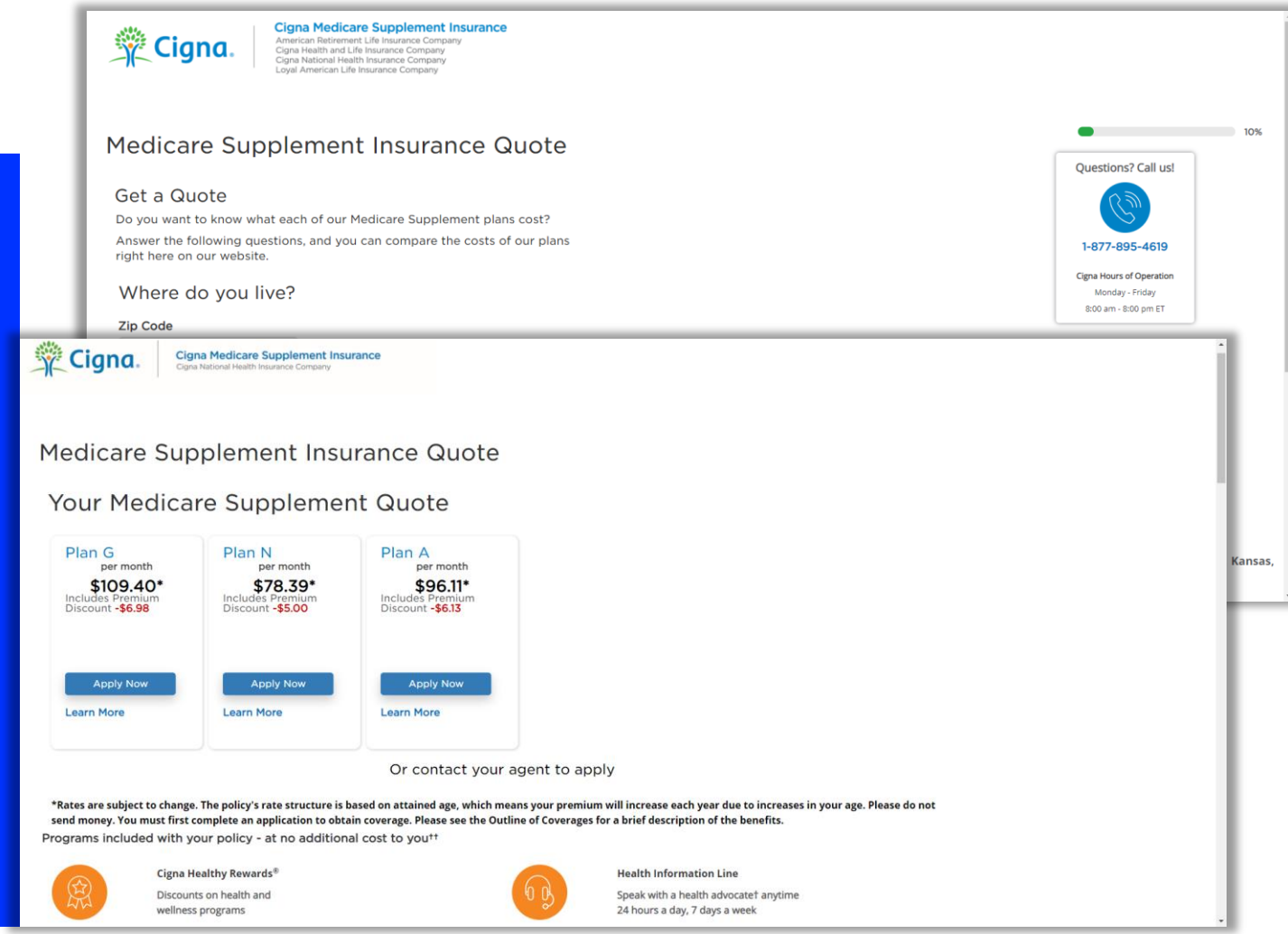
- Any progress that has been completed by the applicant by clicking on the lead
- Submitted application



Self-Enroll Link Customer Experience

Customer Experience

1. Customer is directed to a consumer facing site
2. Complete a questionnaire
   - Zip code
   - Name
   - Date of Birth
   - Gender
   - Medicare Information
   - Checks for Guarantee Issue
   - Available Discounts
   - Email and Phone number
3. Receive a Quote
4. Enroll in a Plan



Personalized Link

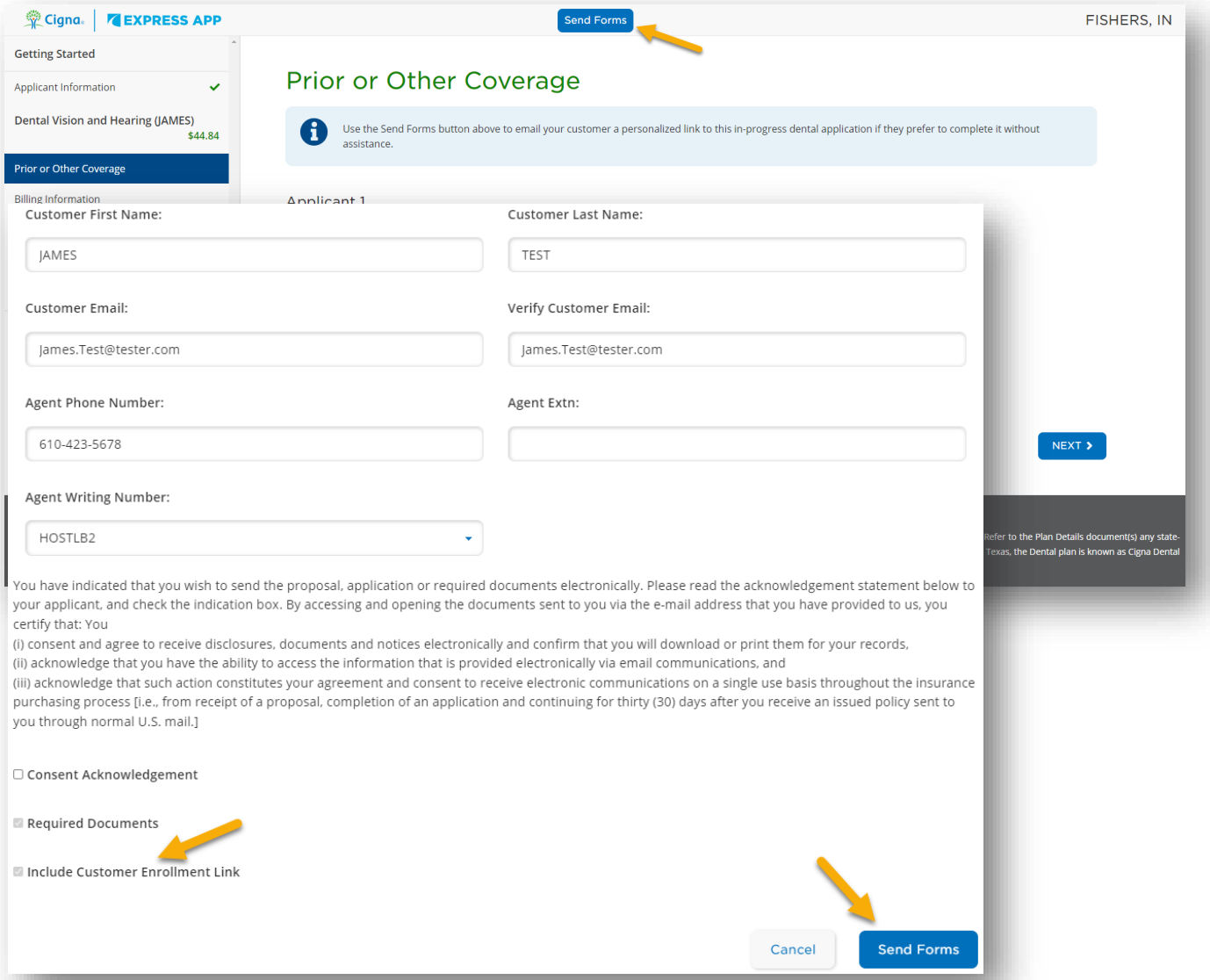
Personalized Link

Use the Personalized Link to send an application for customer completion

1. Start the Application in Express App
2. Complete the Applicant Information
3. Use Send Forms

Personalized Link Requirements:

- Available only for
  - Flexible Choice Dental, Vision & Hearing
  - Medicare Supplements[1]
- Requires monthly bank draft
- Payor must be the person enrolling
- Must send separate personalized link when multiple enrollees

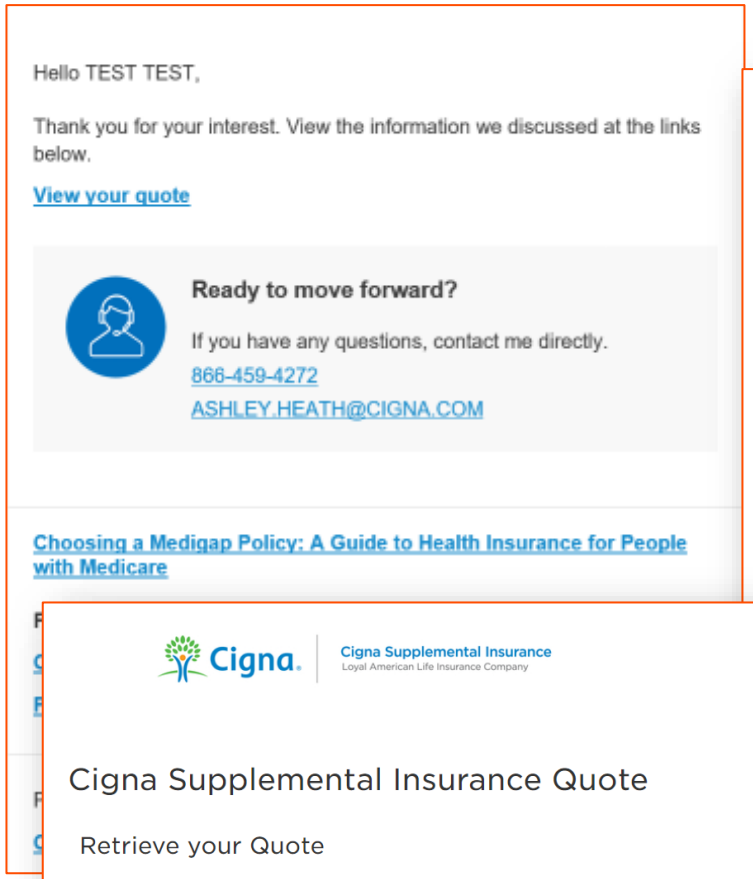


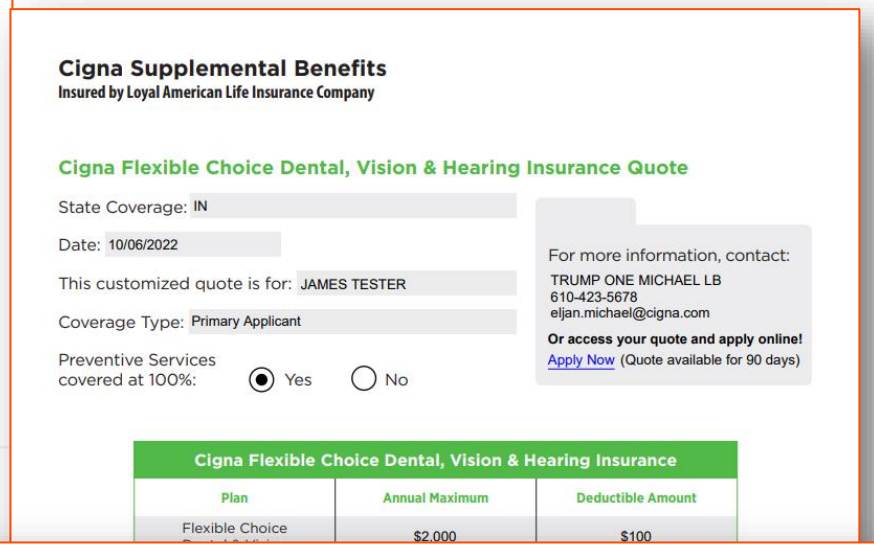
1. Exceptions Loyal AK and DC.

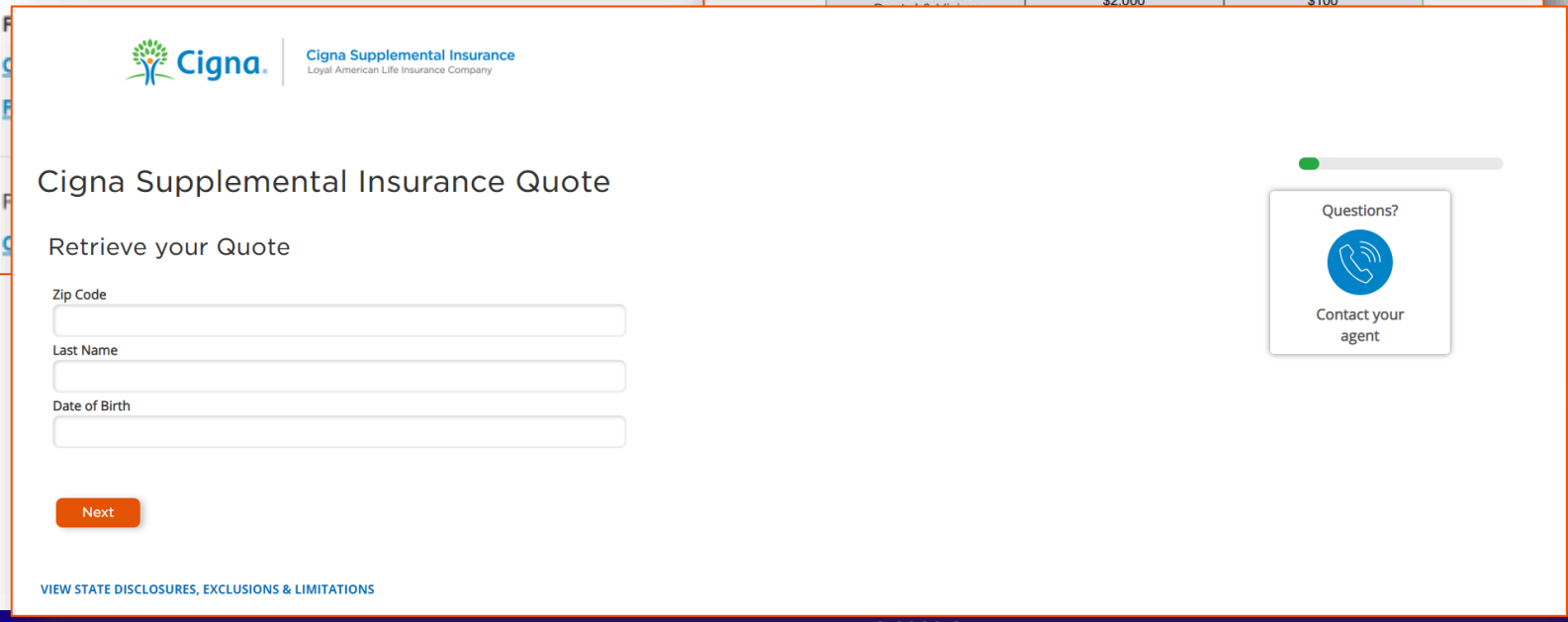
Personalized Link Customer Experience

Customer Experience

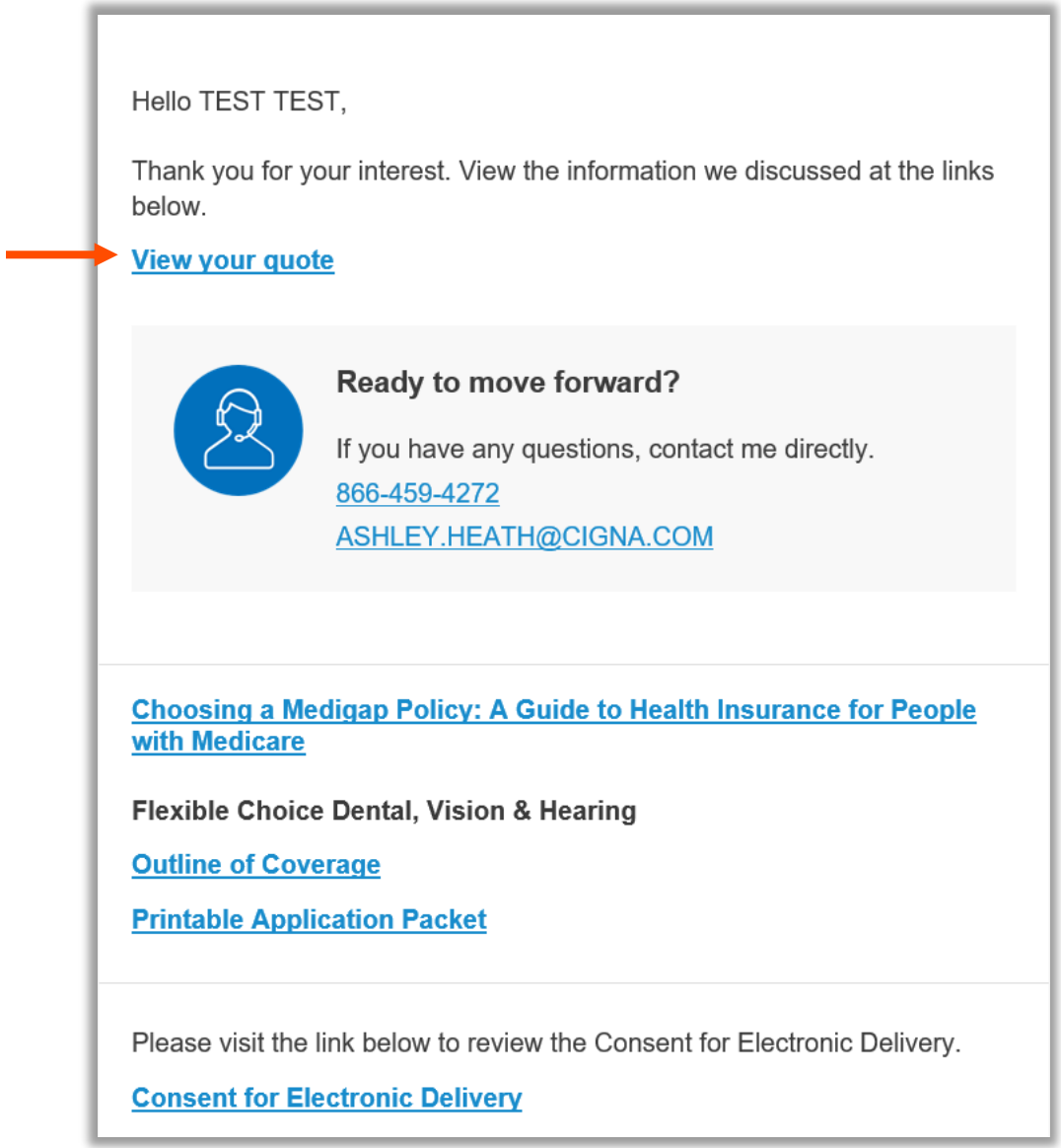
1. Customer receives an email
2. Clicks on Proposal Information
3. Selects Apply Now
4. Directed to the consumer facing site to complete the application
5. All content captured by the Agent on the application is retained for the customers review, completion and submission







PROPOSAL EMAIL



Hello TEST TEST,

Thank you for your interest. View the information we discussed at the links below.

View your quote

Ready to move forward?

If you have any questions, contact me directly.

866-459-4272

ASHLEY.HEATH@CIGNA.COM

Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare

Flexible Choice Dental, Vision & Hearing

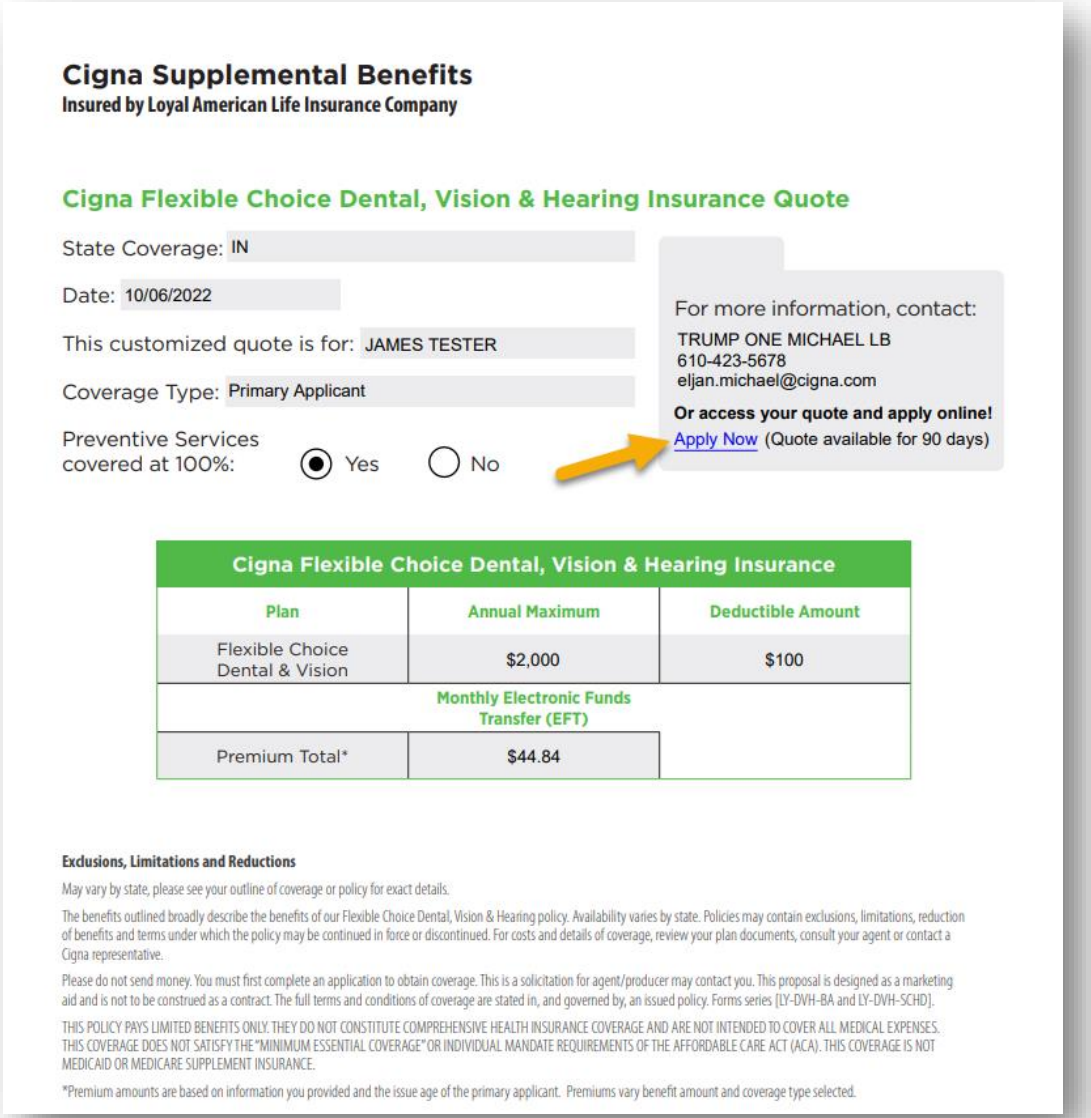
Outline of Coverage

Printable Application Packet

Please visit the link below to review the Consent for Electronic Delivery.

Consent for Electronic Delivery

APPLY NOW



Cigna Supplemental Benefits
Insured by Loyal American Life Insurance Company

Cigna Flexible Choice Dental, Vision & Hearing Insurance Quote

State Coverage: IN

Date: 10/06/2022

This customized quote is for: JAMES TESTER

Coverage Type: Primary Applicant

Preventive Services covered at 100%: (•) Yes ( ) No

For more information, contact:
TRUMP ONE MICHAEL LB
610-423-5678
eljan.michael@cigna.com

Or access your quote and apply online!
Apply Now (Quote available for 90 days)

Cigna Flexible Choice Dental, Vision & Hearing Insurance		
Plan	**Annual Maximum**	**Deductible Amount**
Flexible Choice Dental & Vision	$2,000	$100
	Monthly Electronic Funds Transfer (EFT)	
Premium Total*	$44.84	

Exclusions, Limitations and Reductions

May vary by state, please see your outline of coverage or policy for exact details.

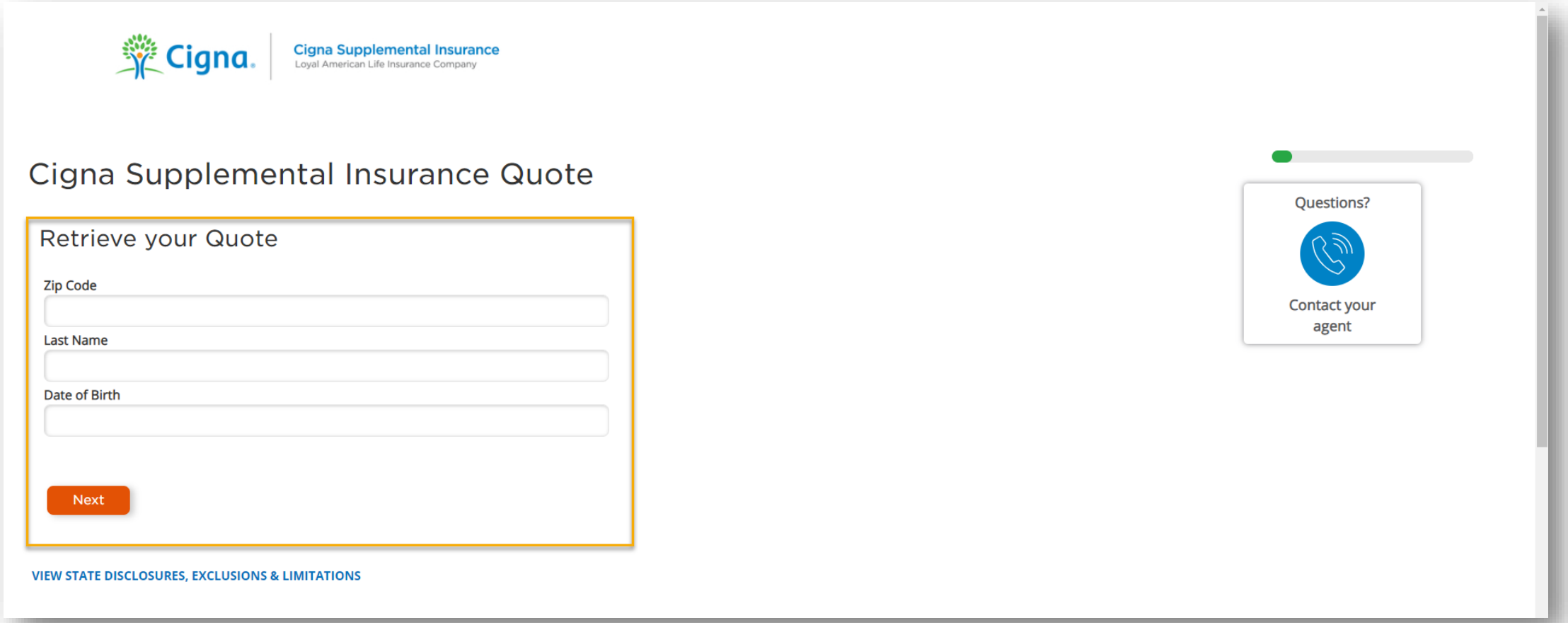
The benefits outlined broadly describe the benefits of our Flexible Choice Dental, Vision & Hearing policy. Availability varies by state. Policies may contain exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. For costs and details of coverage, review your plan documents, consult your agent or contact a Cigna representative.

Please do not send money. You must first complete an application to obtain coverage. This is a solicitation for agent/producer may contact you. This proposal is designed as a marketing aid and is not to be construed as a contract. The full terms and conditions of coverage are stated in, and governed by, an issued policy. Forms series [LY-DVH-BA and LY-DVH-SCHD].

THIS POLICY PAYS LIMITED BENEFITS ONLY. THEY DO NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

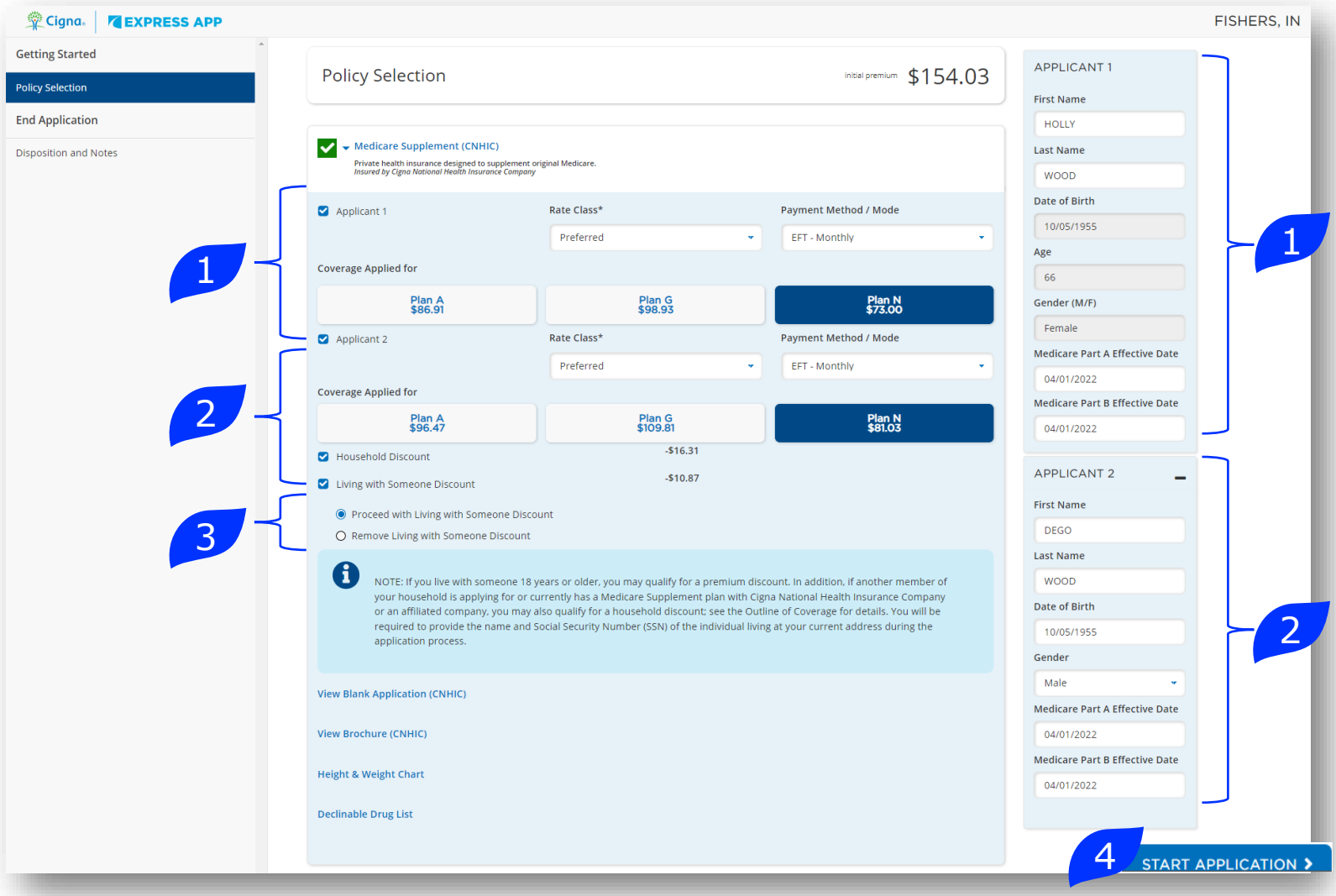
*Premium amounts are based on information you provided and the issue age of the primary applicant. Premiums vary benefit amount and coverage type selected.

CONSUMER SITE

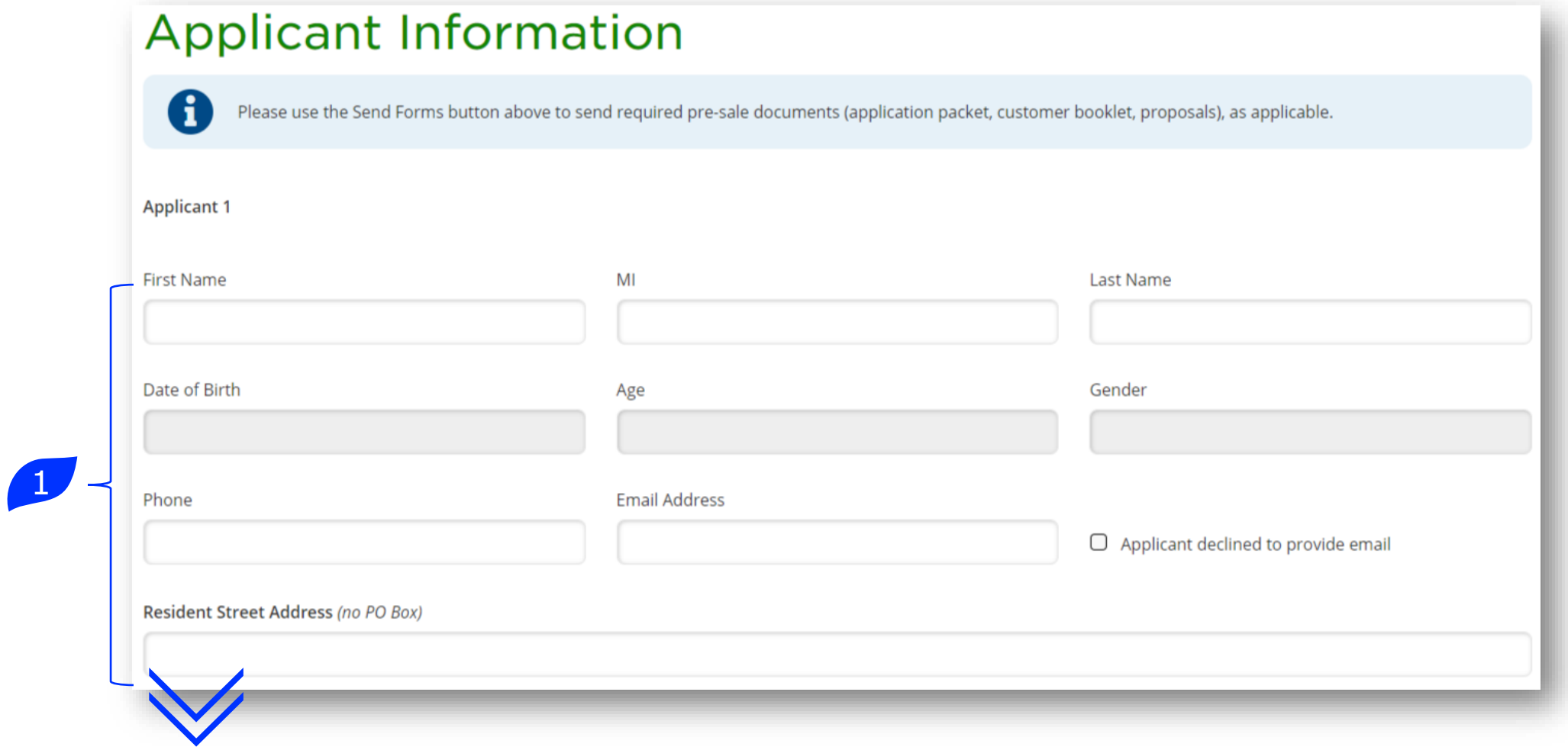


Medicare Supplement

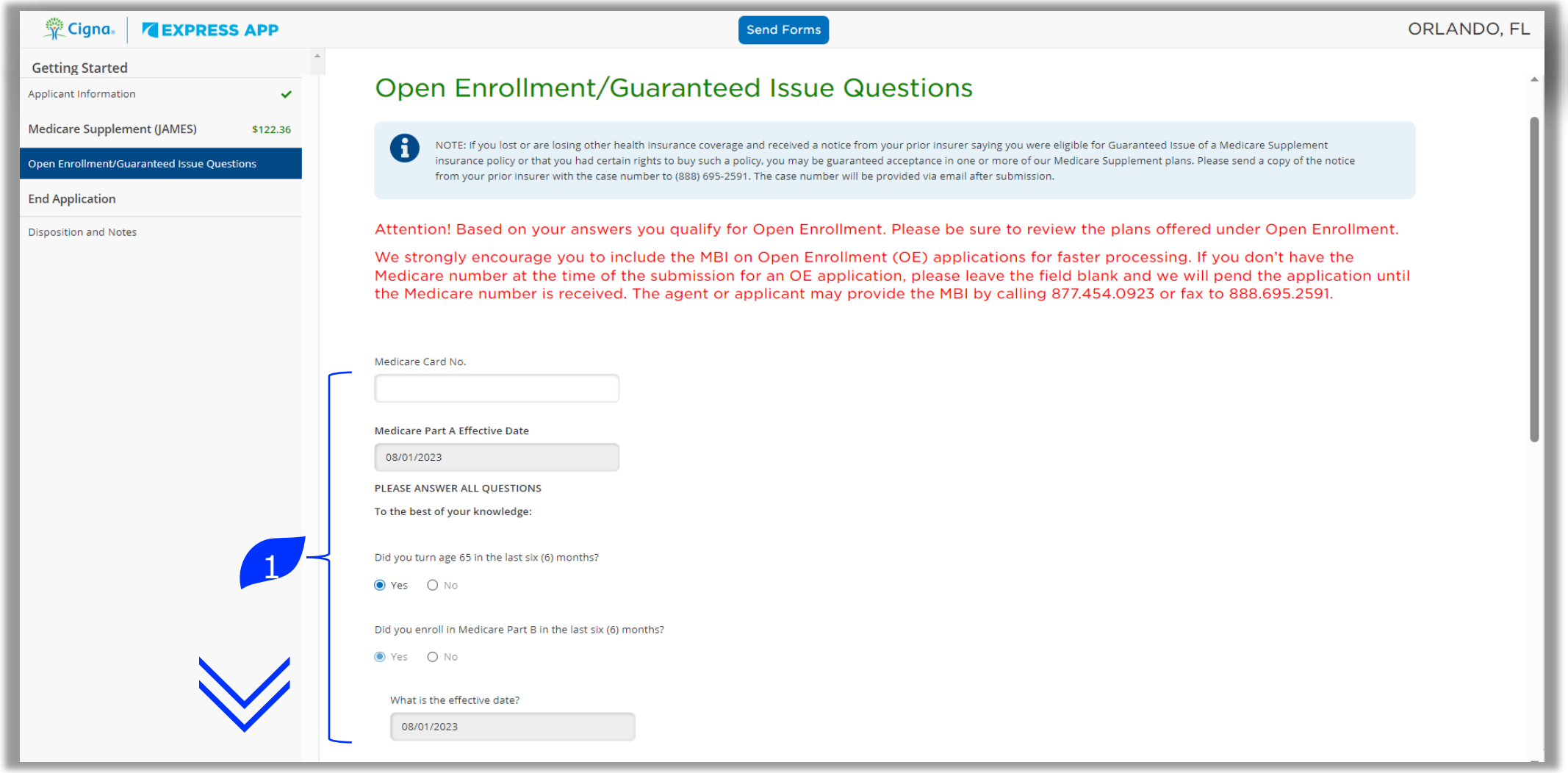
Medicare Supplement



Contact information and email

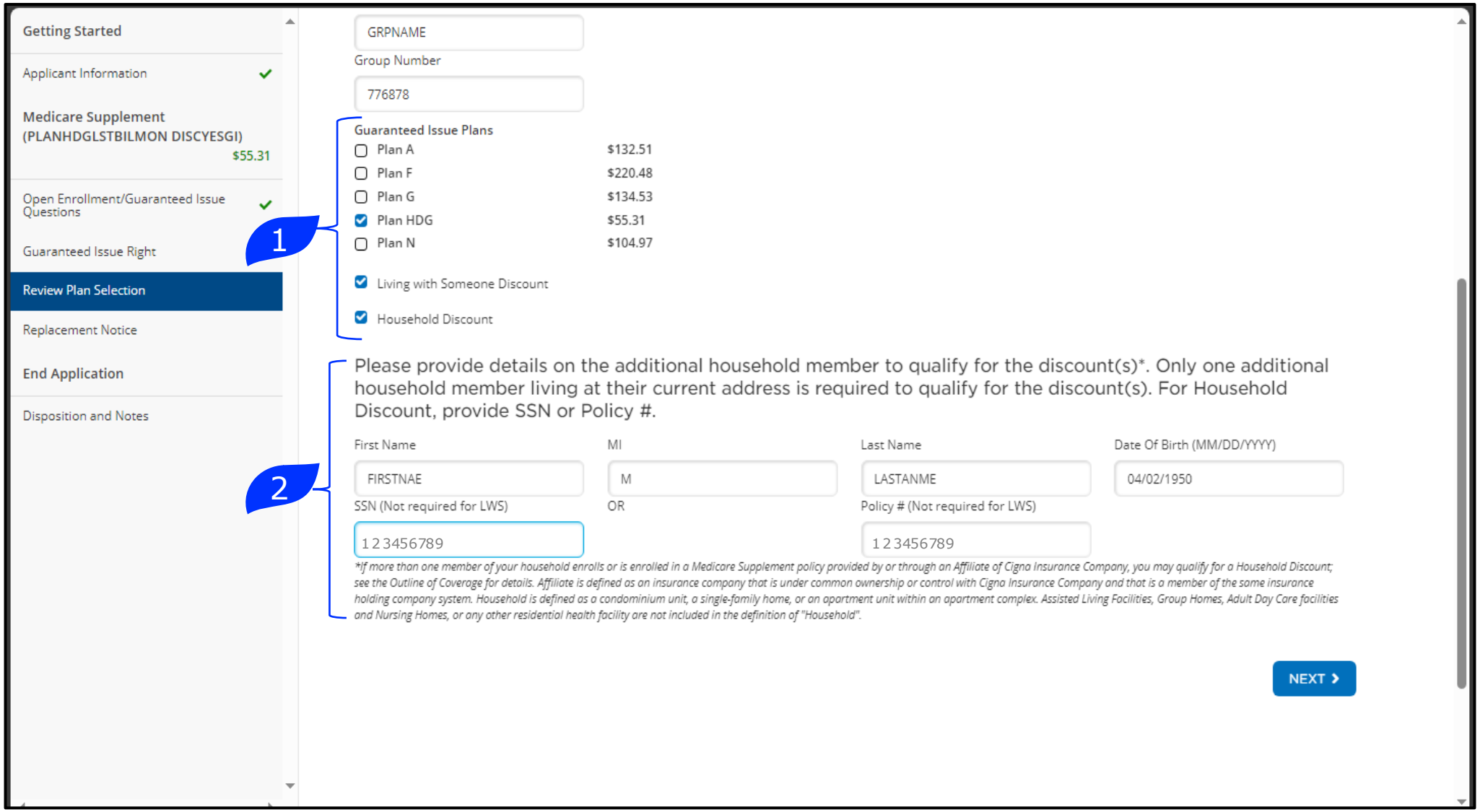


Open Enrollment Guaranteed Issue Questions



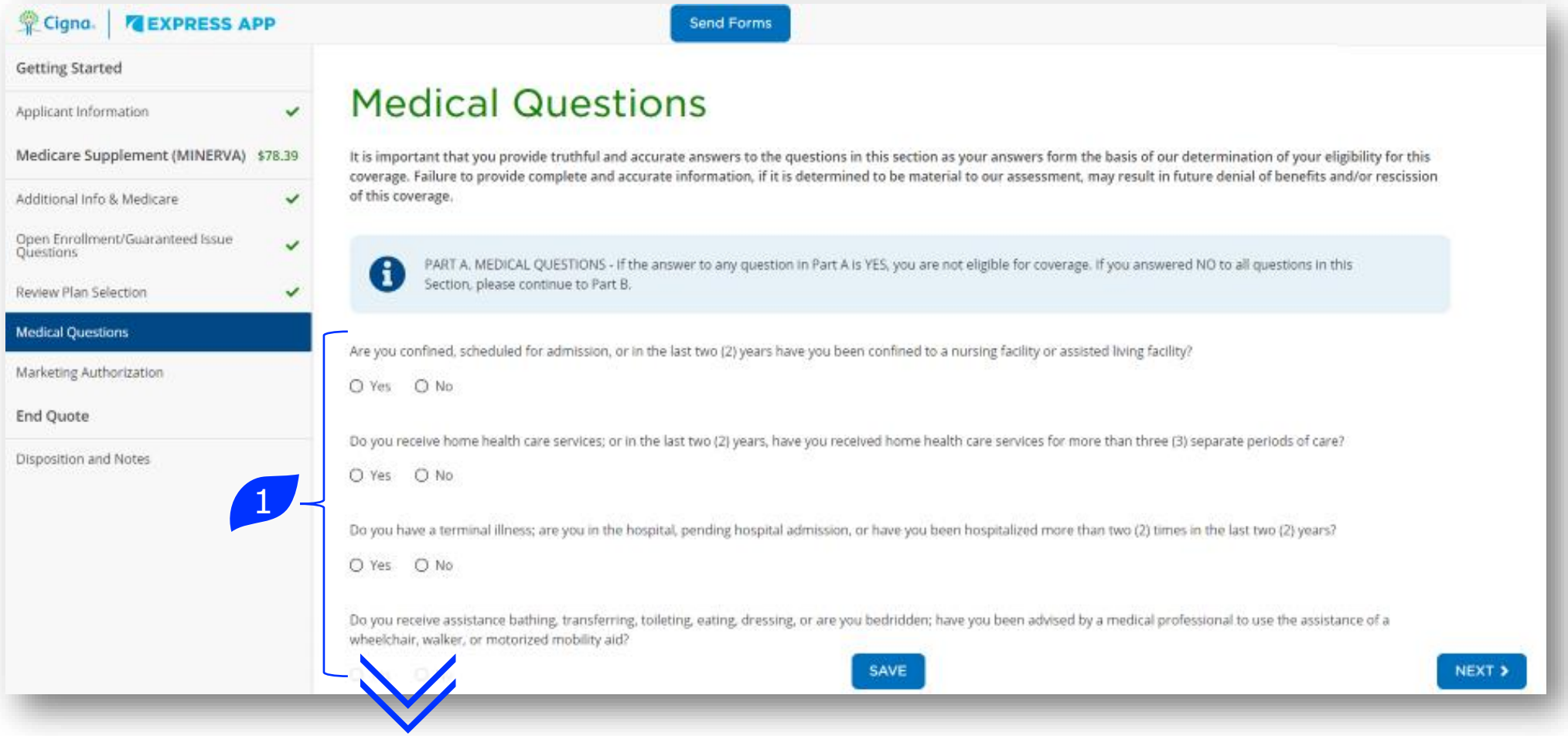
Some state applications may have additional fields

Review Plan Selection



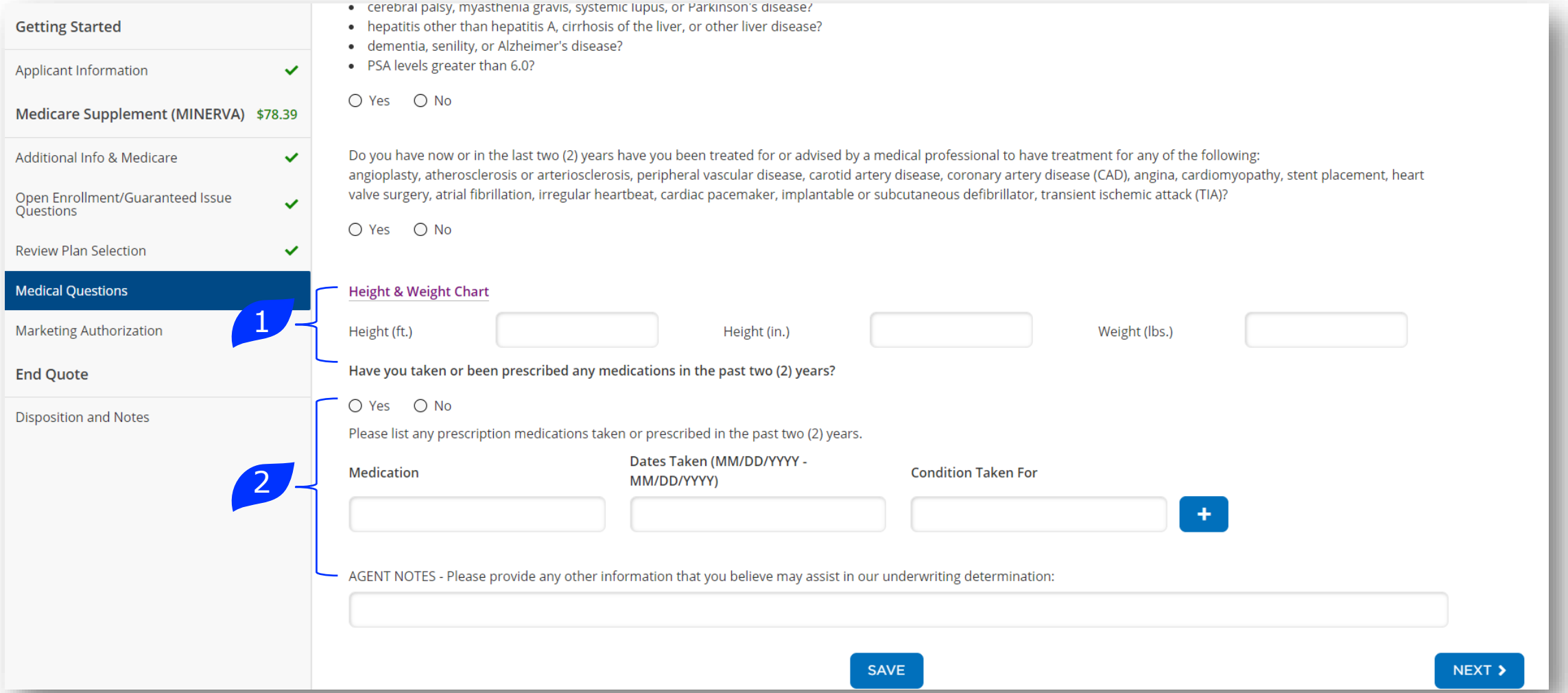
Some state applications may have additional fields

Medical Questions



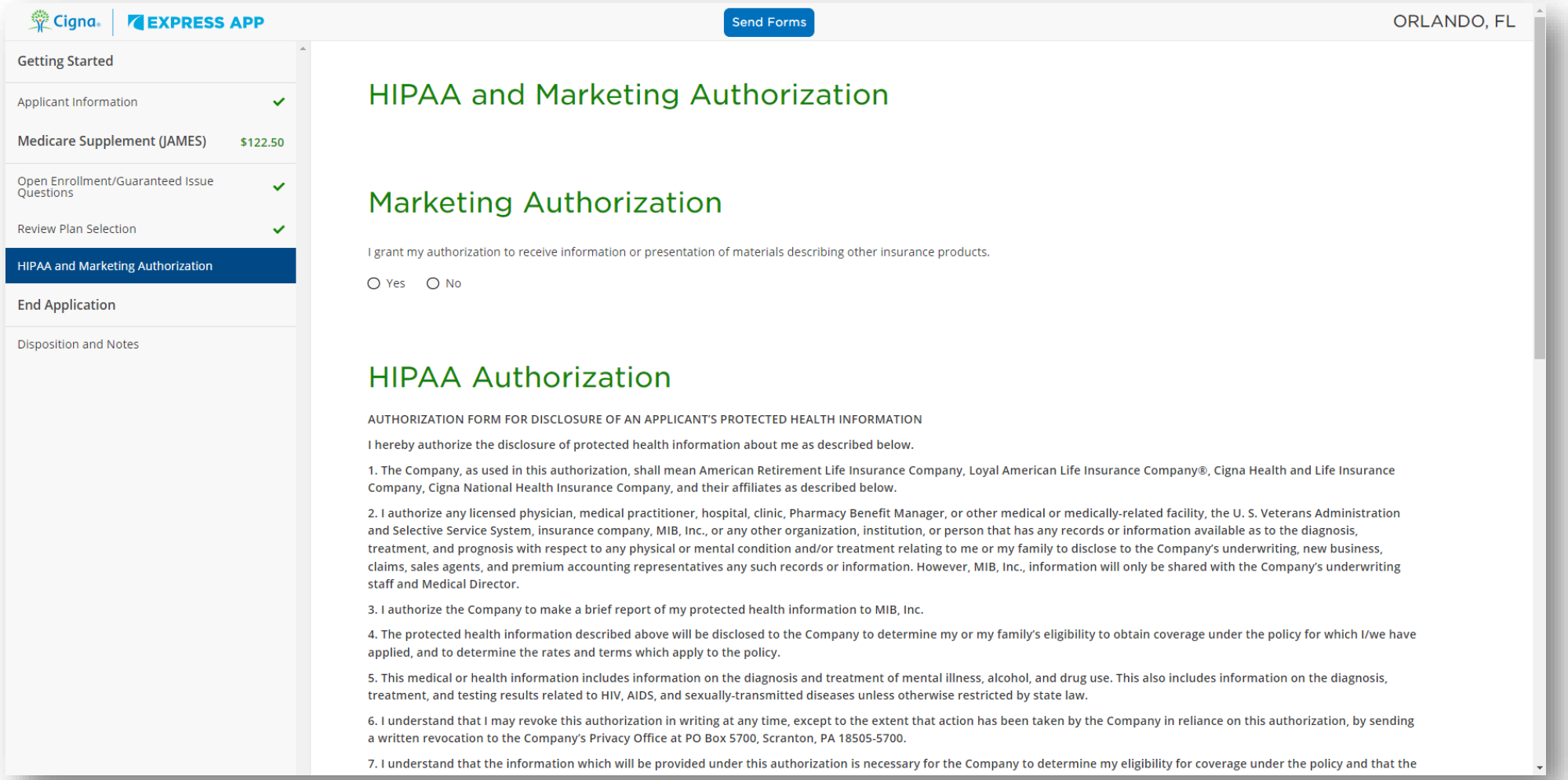
Some state applications may have additional fields

Medical Questions – Height & Weight and Medications

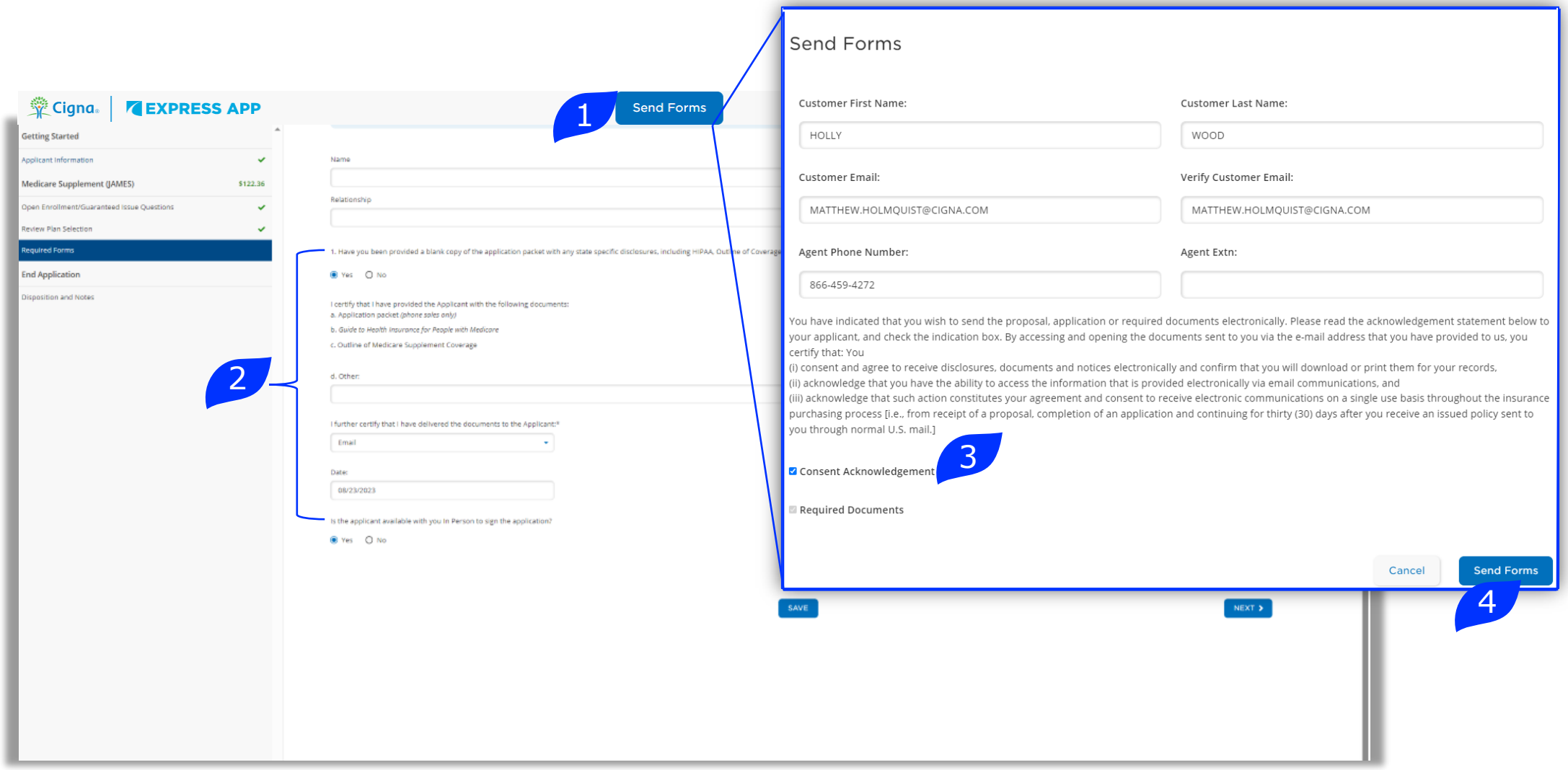


Some state applications may have additional fields

Required Forms Page – HIPAA and Marketing Authorization

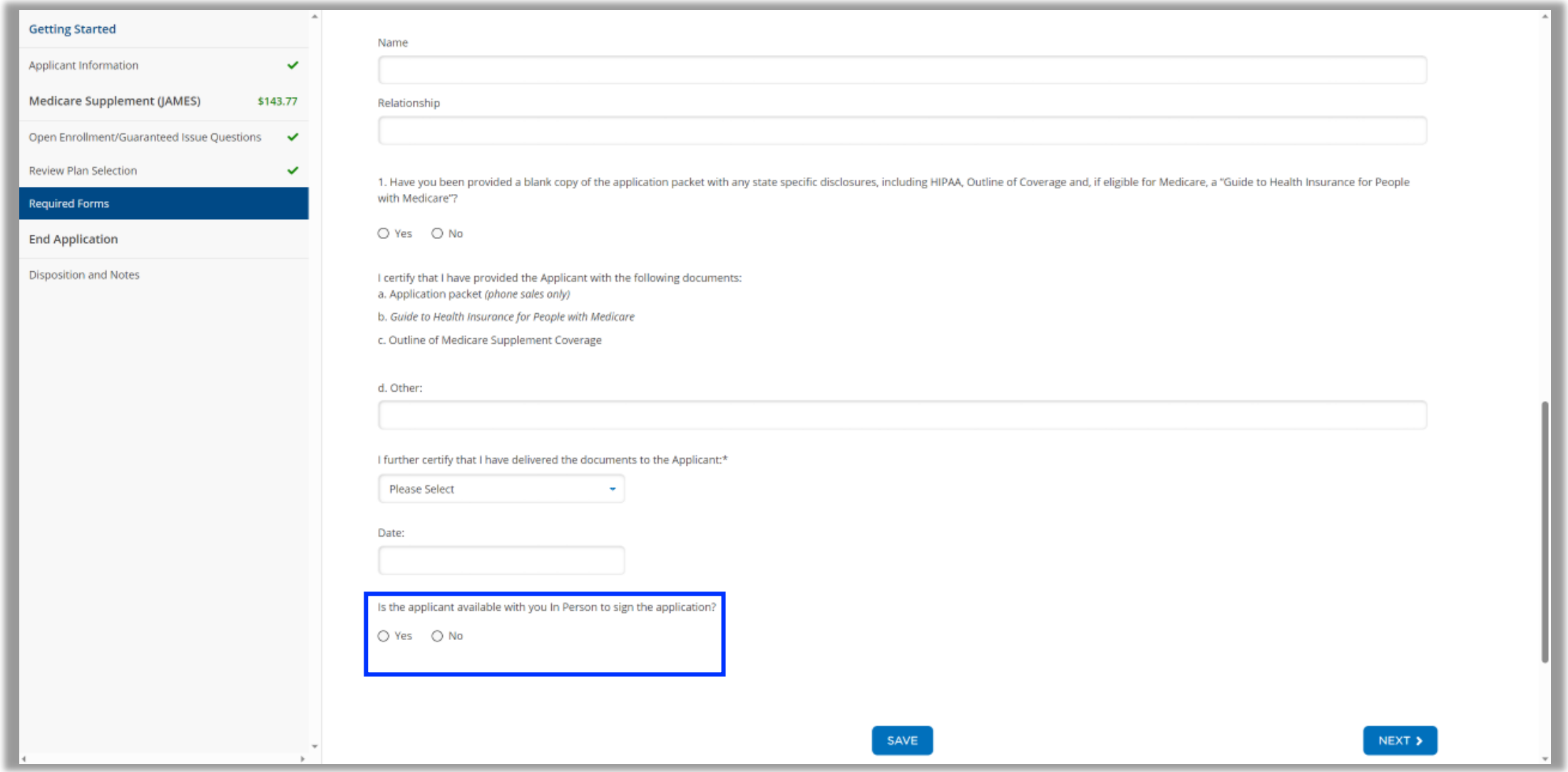


Required Forms Page - Agent Certification & Send Forms

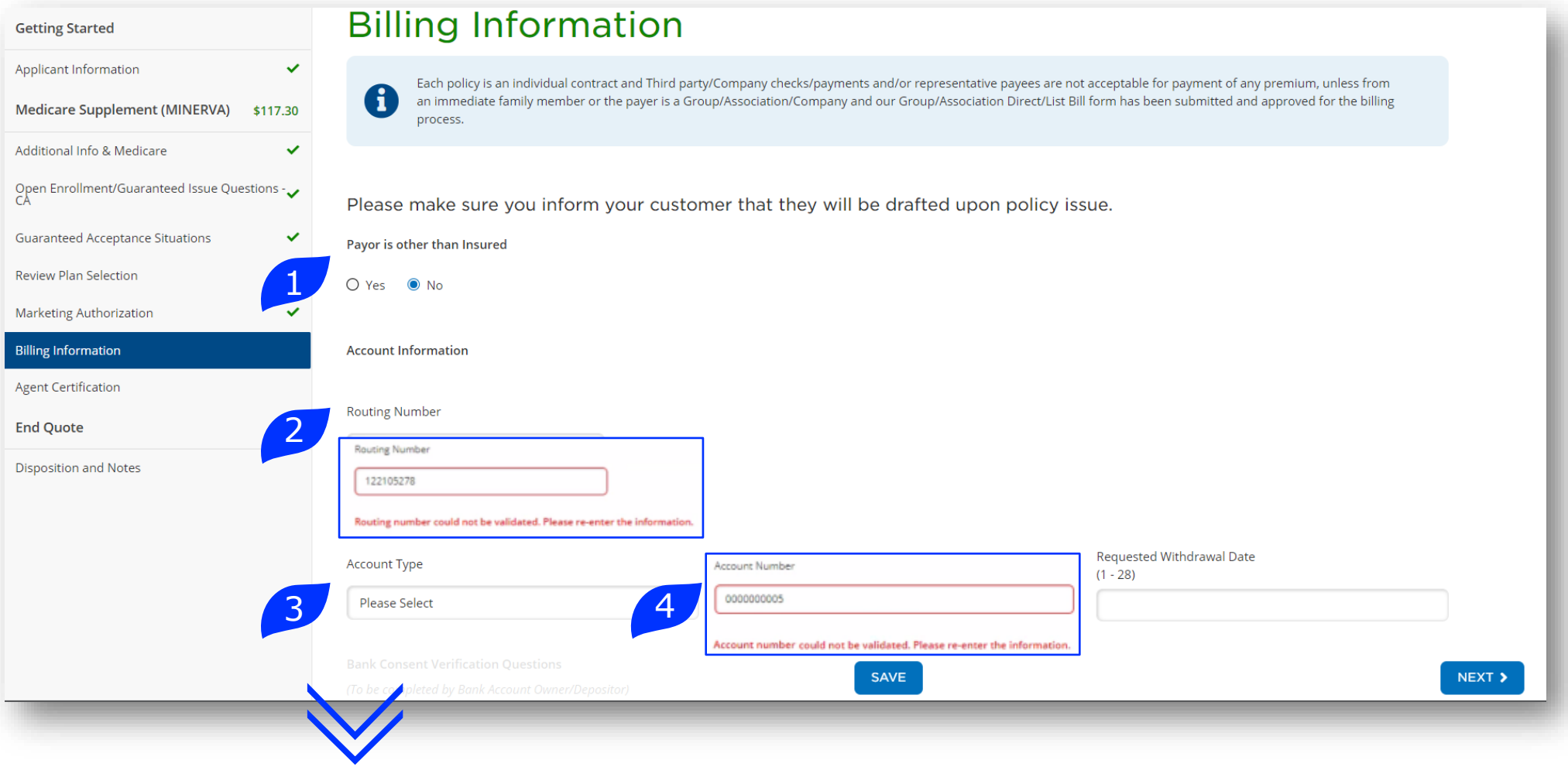


Some state applications may have additional fields

Required Forms page - In Person eSignature

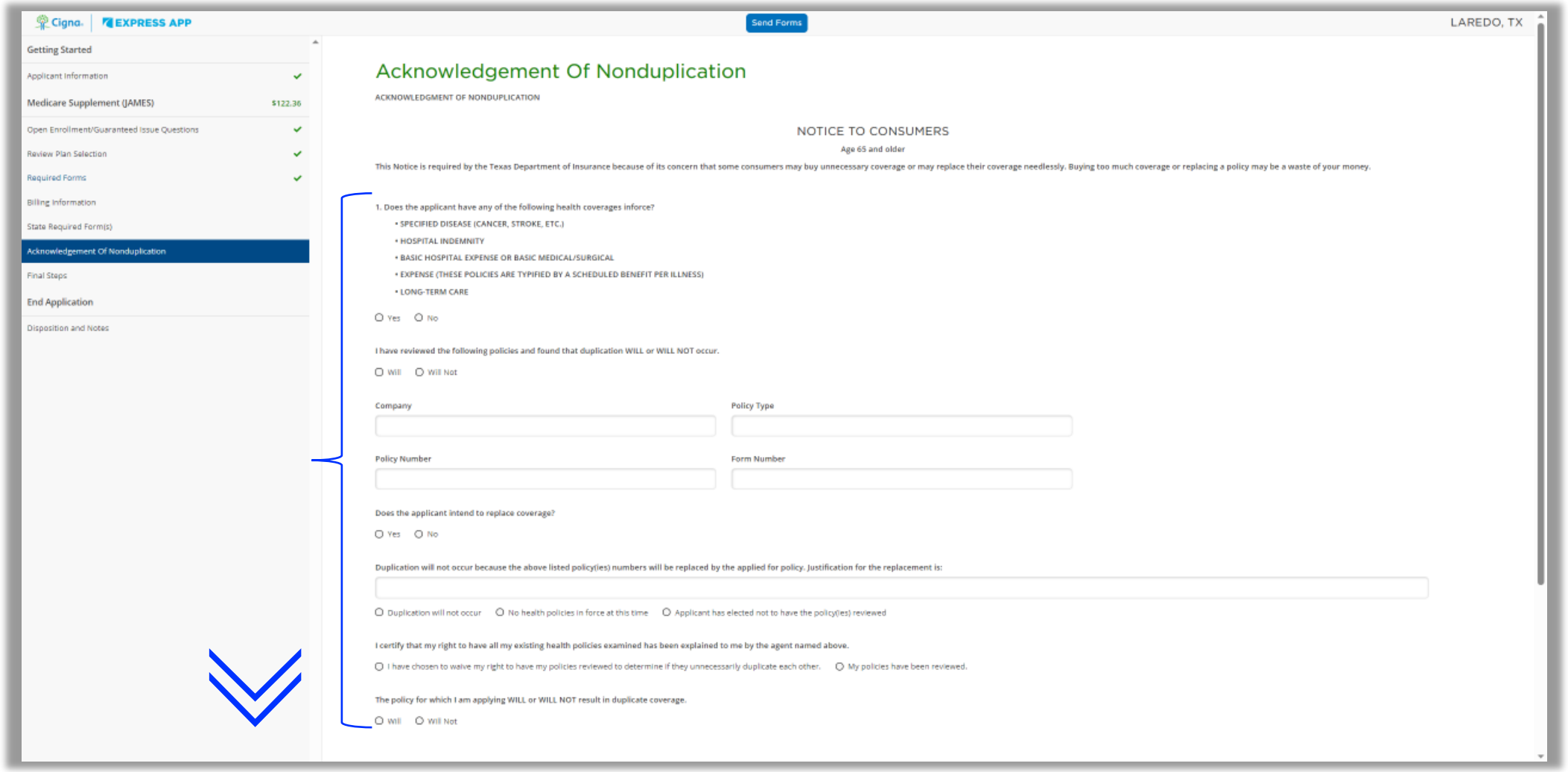


Billing Information



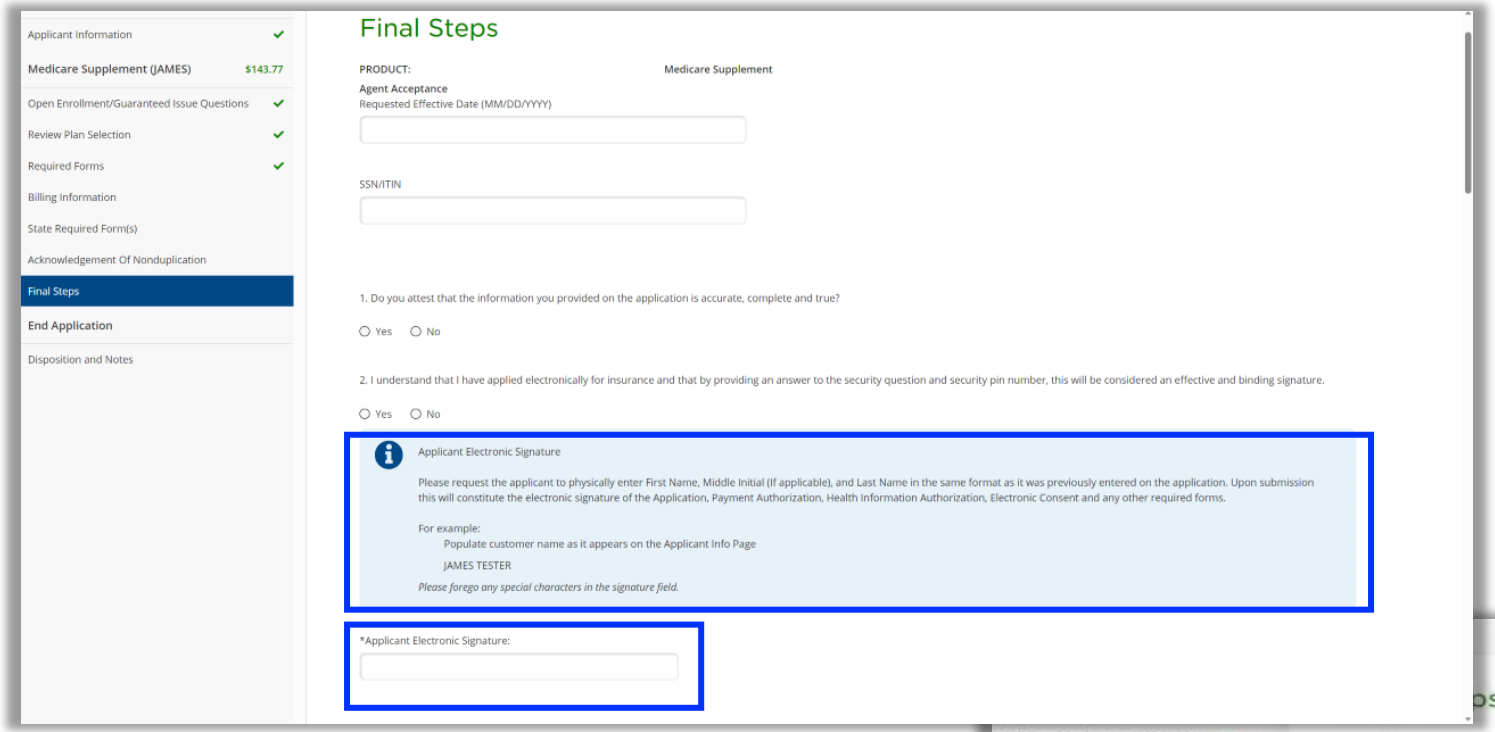
Some state applications may have additional fields

Acknowledgement of Nonduplication

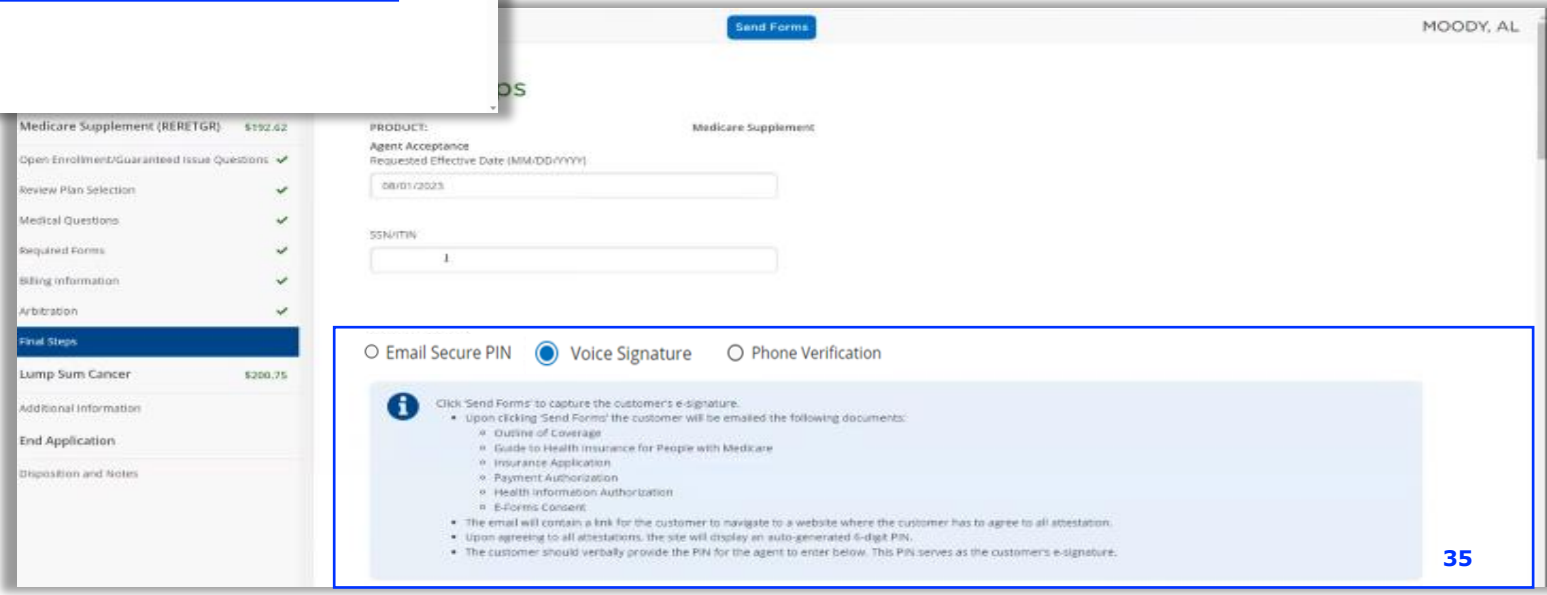


Final Steps – eSignature options

In-Person



Remote



Some state applications may have additional fields

In-Person eSignature

When can I do an In-Person eSignature?

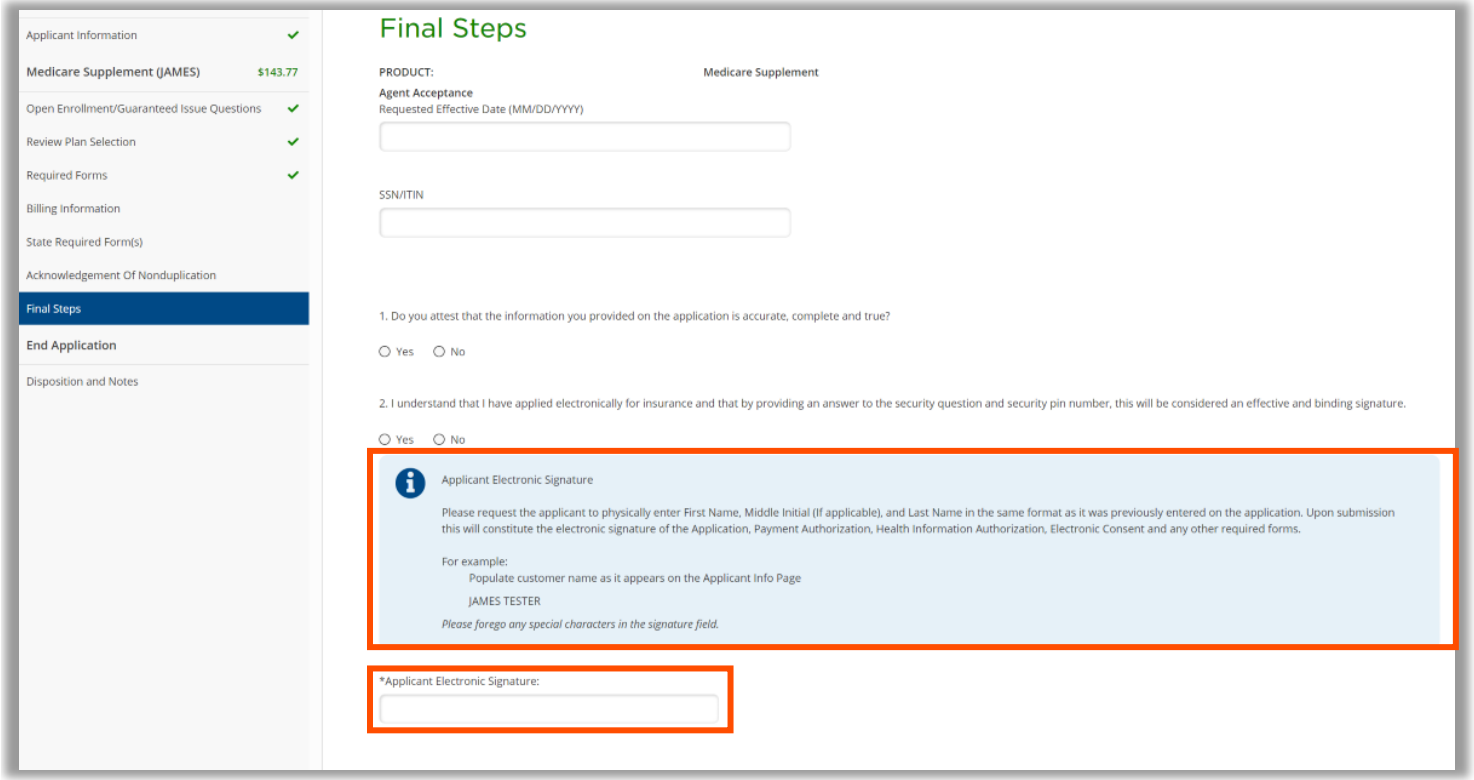
- ✓ In-person eSignature is available for all in person applications regardless if going through underwriting or not.
- ✓ Must be physically in person (Webex/Zoom meetings are not valid)

How do I capture the eSignature?

- ✓ Customer types their name as signature on the Final Steps page, verifying the information is accurate & accepting disclosures

What other steps do I need to take?

- ✓ No other steps are needed. In fact, this option replaces the phone verification for all in person sales except for Individual Whole Life and Short-Term Care, making it a better experience for both you and our customers.



Remote eSignature

What are the Remote eSignature options?

✓ Available in 3 distinct options
- Email + Secure Pin
- Voice Signature
- Phone Verification

Remote eSignature: Email +Secure Pin

Who is **Email +Secure Pin** available for?

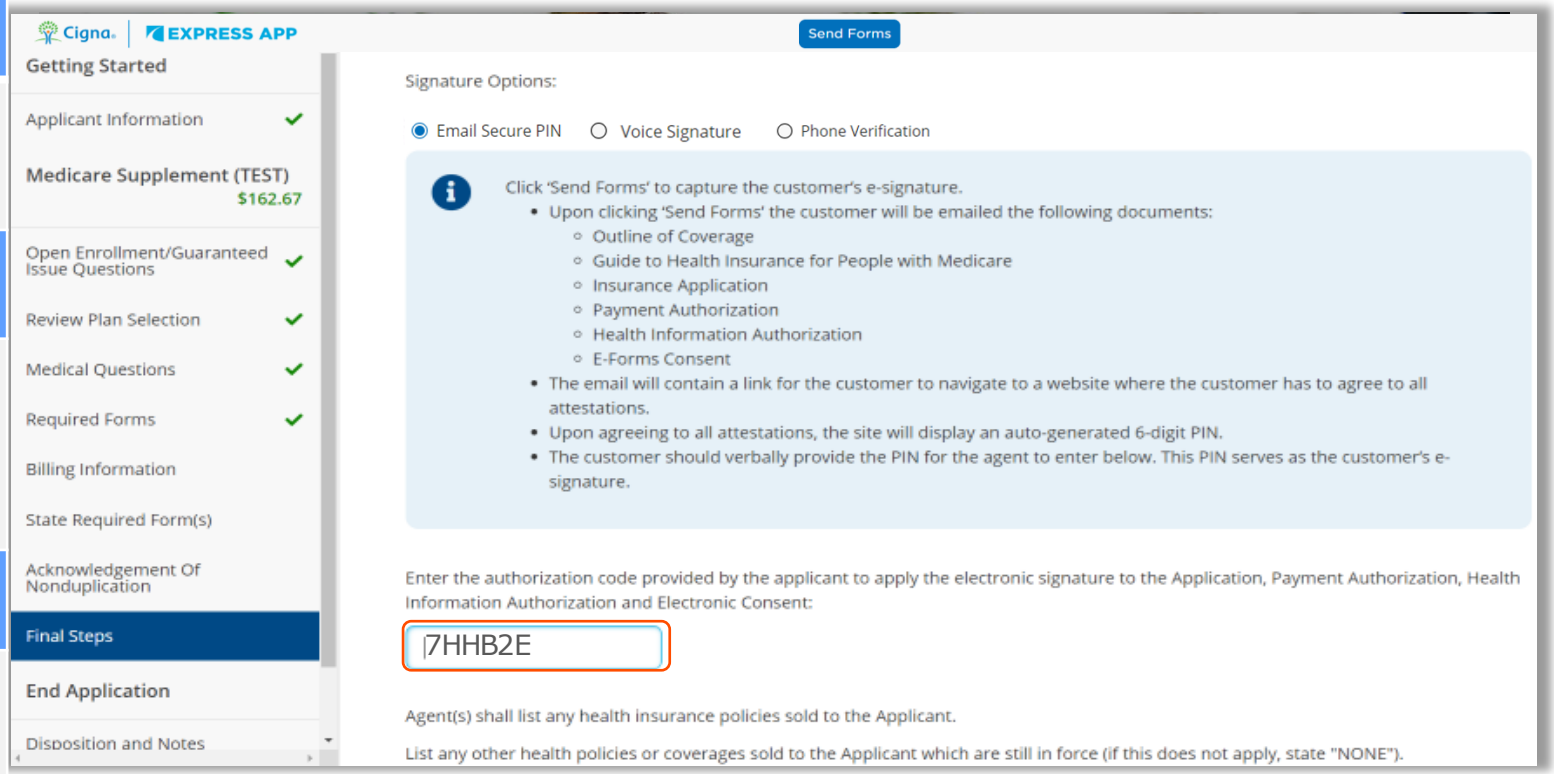
✓ Available only for underwritten (UW) Medicare Supplement applications.

How do I complete the Email + Secure Pin step?

✓ Select "Send Forms" button to email the customer all required documents along with a link with attestations and the 6-digit pin
✓ Have customer verbally provide this to you and enter it on the application.

What other steps do I need to take?

✓ No other steps are needed. In fact, this option replaces the phone verification for all Med Supp remote sales, making it a better experience for both you and our customers.



Remote eSignature: Voice Signature

Who is **Voice Signature** available for?

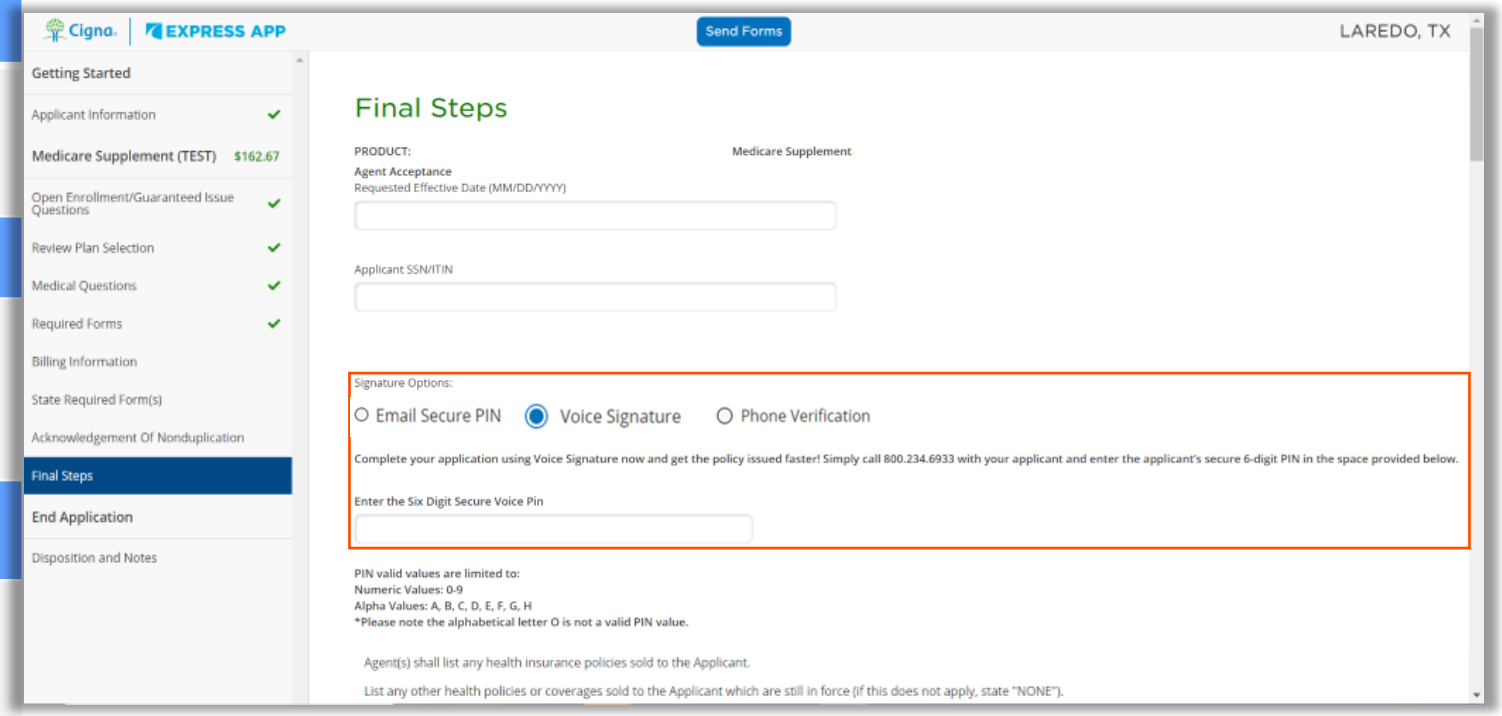
✓ Available only for underwritten (UW) Medicare Supplement applications.

How do I complete the Voice Signature step?

✓ Call 800-234-6933 on a three-way line
✓ Have customer verify their information to the IVR.
✓ Capture the 6-digit secure voice pin provided

What other steps do I need to take?

✓ No other steps are needed. In fact, this option replaces the phone verification for all Med Supp remote sales, making it a better experience for both you and our customers.



Phone Verification

What is a Phone Verification (PV)?

- ✓ Phone Interview that the applicant must[1,2] complete
- ✓ Acts as an electronic signature
- ✓ Verifies medical questions

Where do I call?

- ✓ PV Line 866.825.4822 Monday – Friday 7 a.m. to 6 p.m. CT

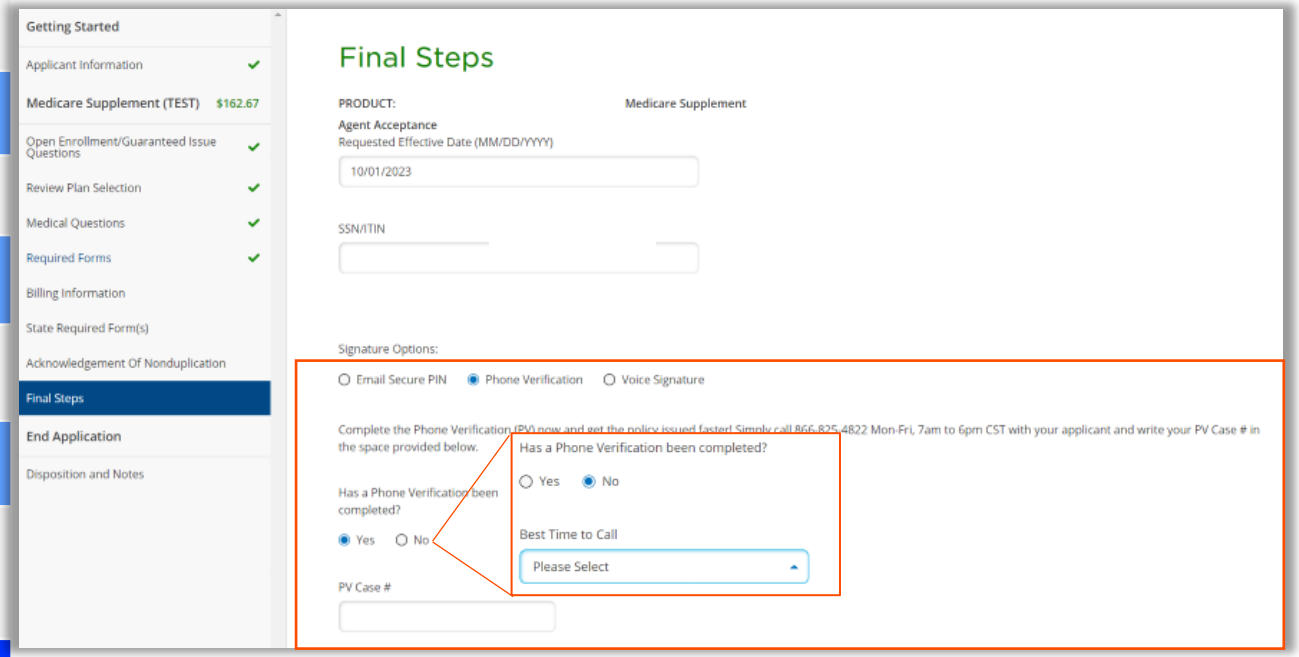
What is a Case Number?

- ✓ Confirmation of the PV
- ✓ Provided to applicant to be included on application

Complete the PV at point of sale

- ✓ Applications processed faster
- ✓ Commissions paid faster

For Pre-Qualification questions, speak to an Underwriting Specialist @ 877.454.0923, option 3
FAQs and additional information available @ CignaforBrokers.com



1. Only applicable to Individual Whole Life, Short-Term Care or over $50,000 in combined Supplemental Health coverage remote sales
2. When an underwritten Medicare Supplement customer cannot complete other eSignature options.

Phone verification

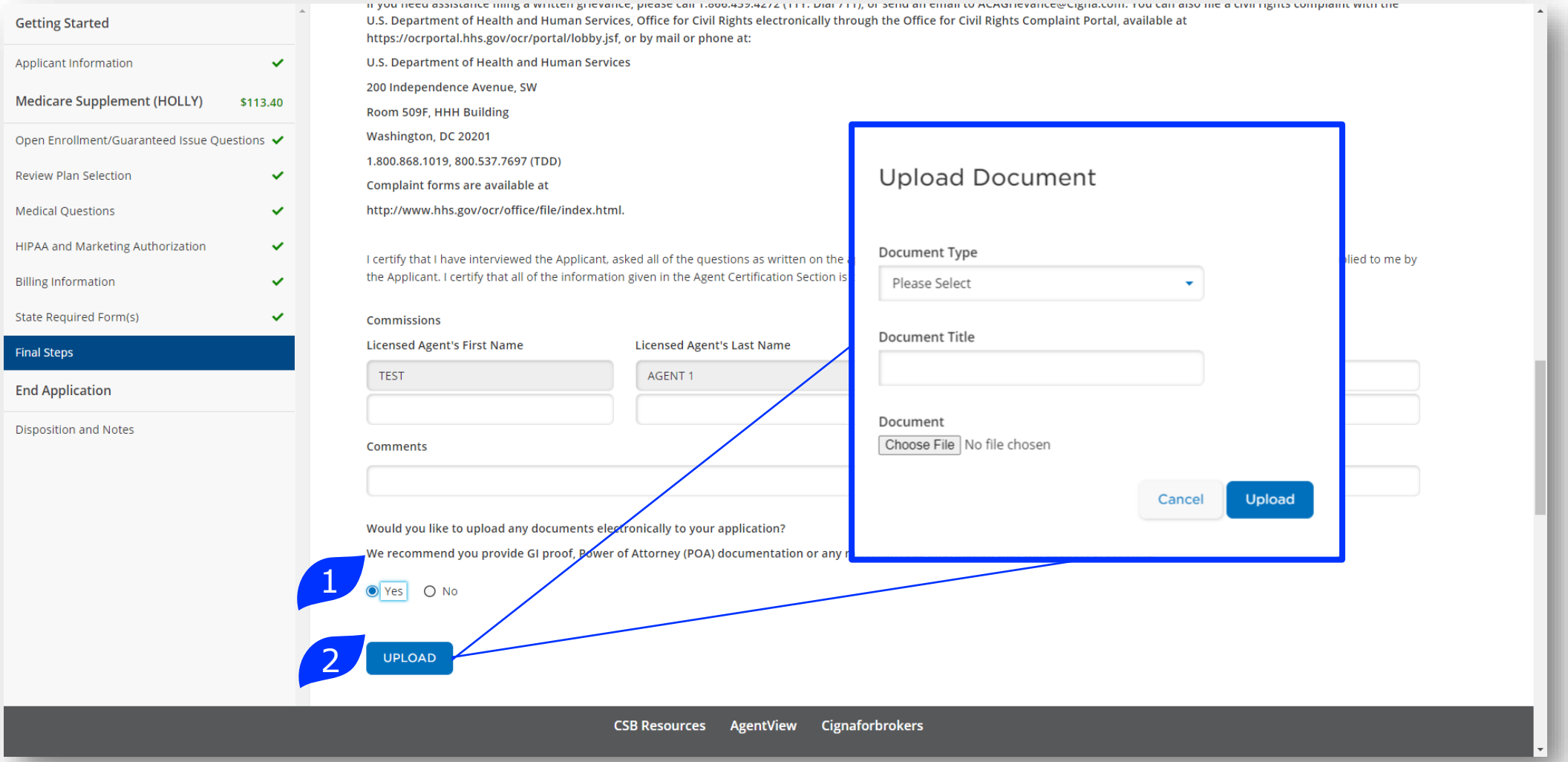
When does my customer need a PV?

Live PV: 7am to 6pm Central, Mon – Fri 866-825-4822				
Product		**EXPRESS APP (no Wet Signature)**	**Phone/Fax (no wet signature)**	**Paper/Fax (with wet signature)**
Medicare Supplement	OE/GI	Not needed[1]	Live PV	Not needed[1]
	Underwritten	Not needed[2]	Live PV	Live PV
Cancer, Heart Attack & Stroke, Hospital Indemnity, and Accident		**Not needed[3]**	**Live PV**	**Not needed**
Individual Whole Life		Live PV	Live PV	Live PV

For Pre-Qualification questions, you can speak to an Underwriting Specialist by calling New Business at 877.454.0923, option 3.

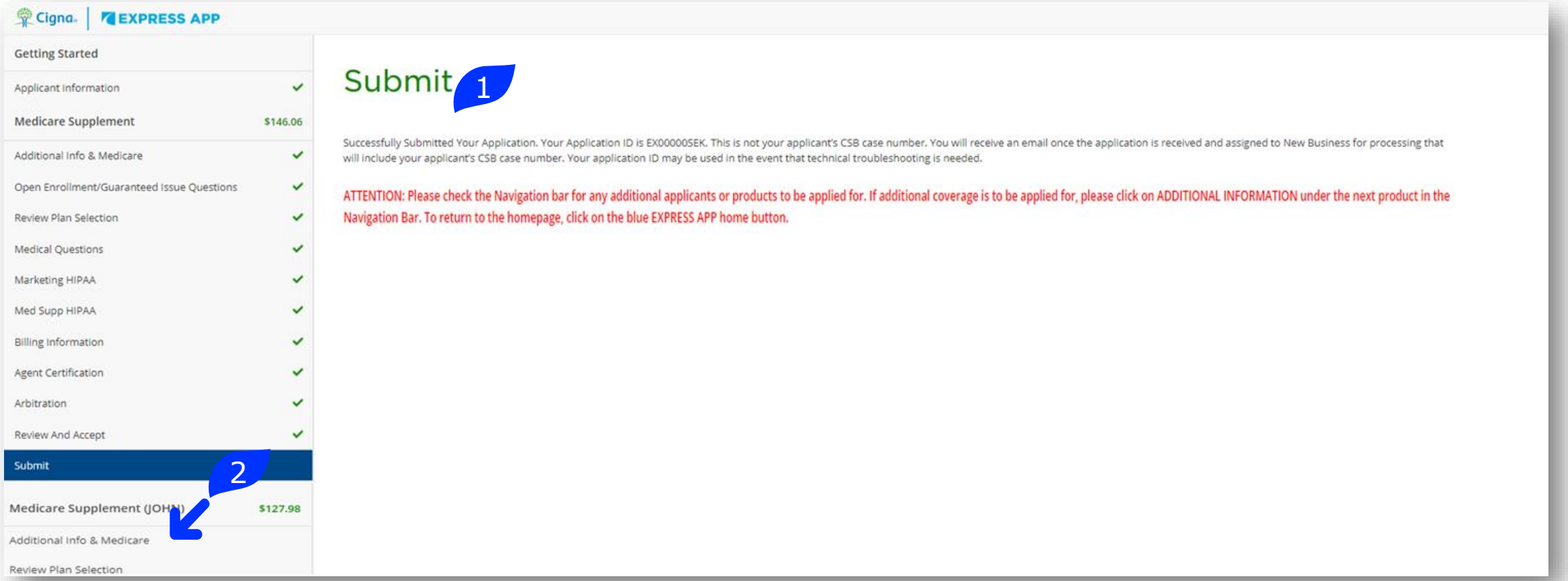
1. Applicant verification in lieu of a PV.
2. Only if Email + Secure Pin could not be complete
3. Flexible Choice over $50,000 require live PV when not in person.

Document Upload



Some state applications may have additional fields

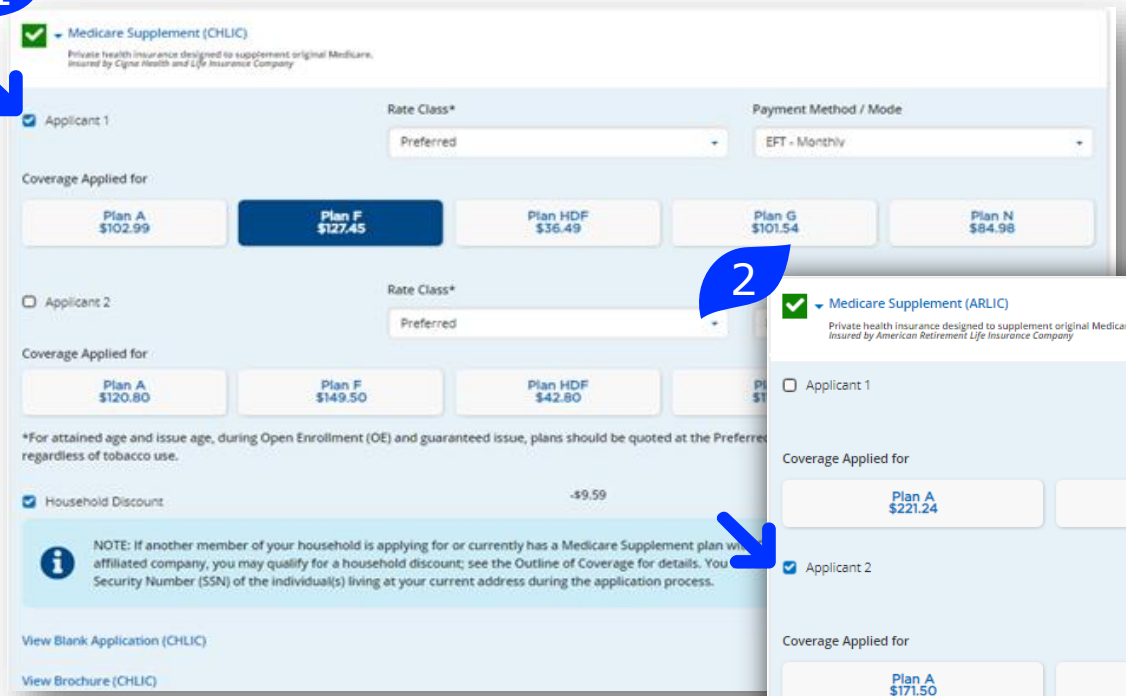
Submitting the application



Additional Scenarios

Multiple applicants and charters

1



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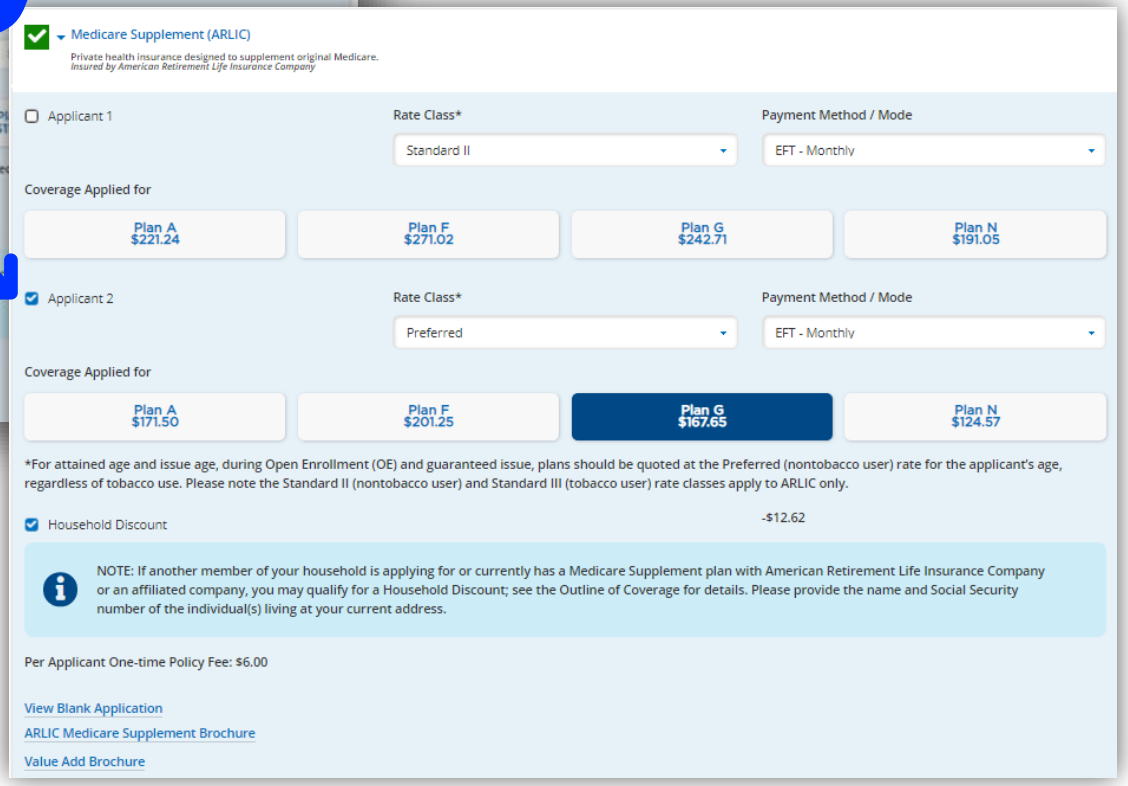
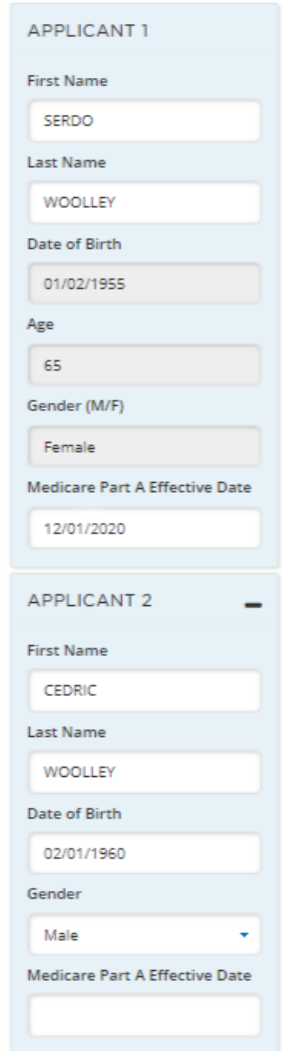




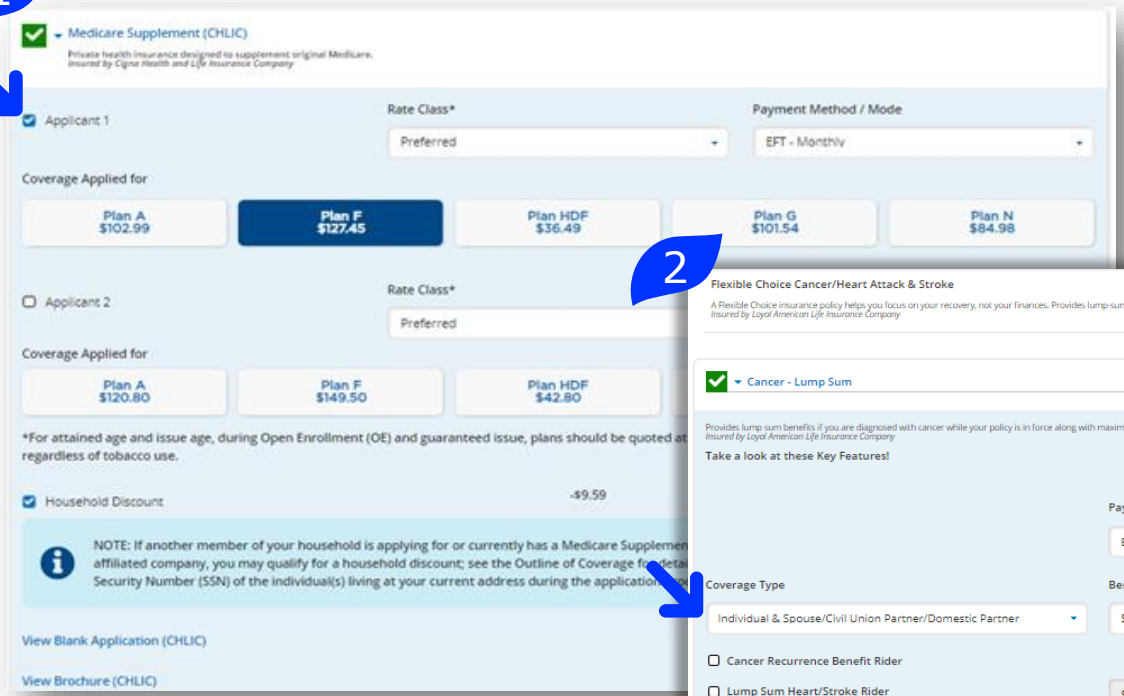
3

START APPLICATION ›

cigna healthcare

Multiple applicants and products

1



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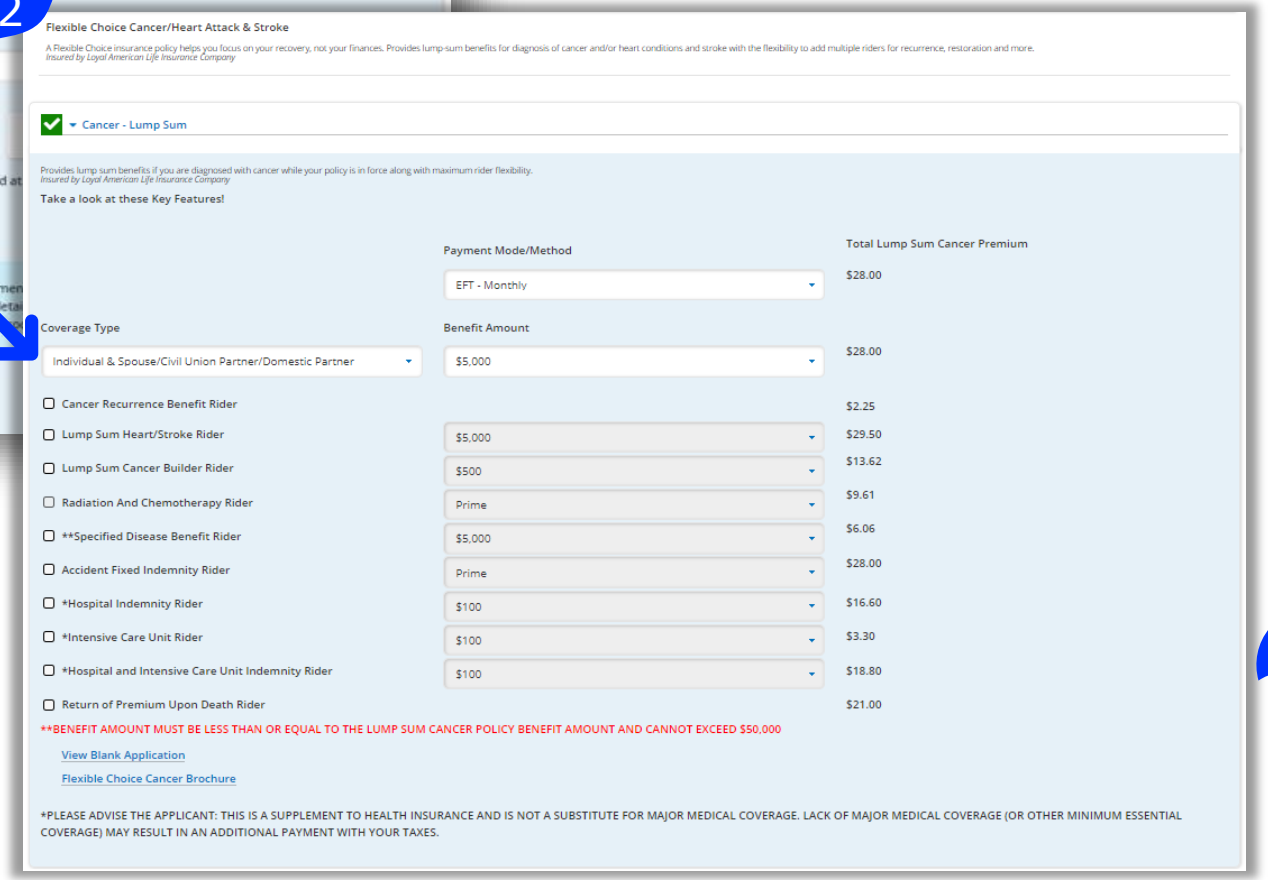


Scroll down to see all products available for the state indicated

APPLICANT 1

First Name: SERDO

Last Name: WOOLLEY

Date of Birth: 01/02/1955

Age: 65

Gender (M/F): Female

Medicare Part A Effective Date: 12/01/2020

APPLICANT 2

First Name: CEDRIC

Last Name: WOOLLEY

Date of Birth: 02/01/1960

Gender: Male

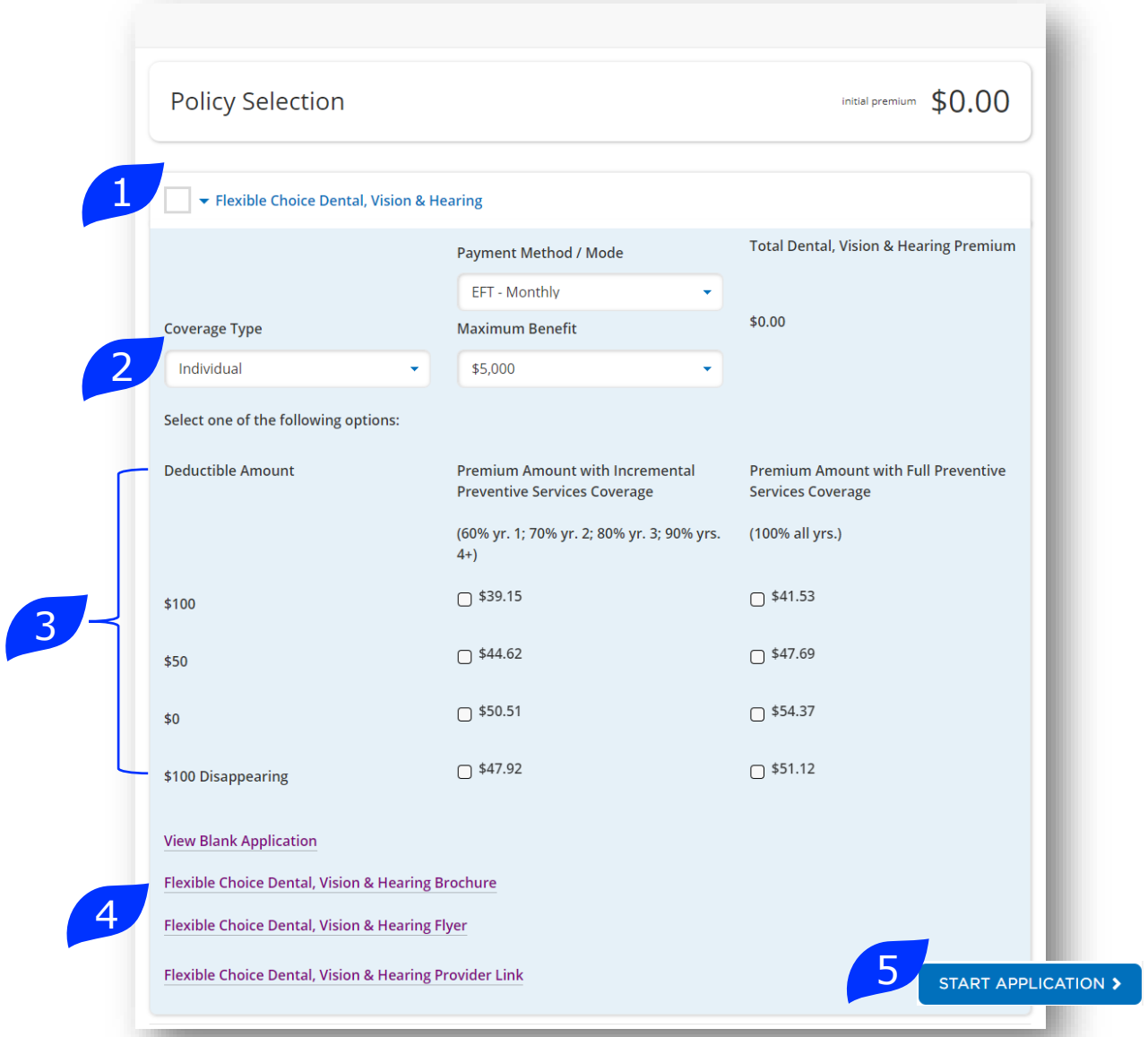
Medicare Part A Effective Date:

3

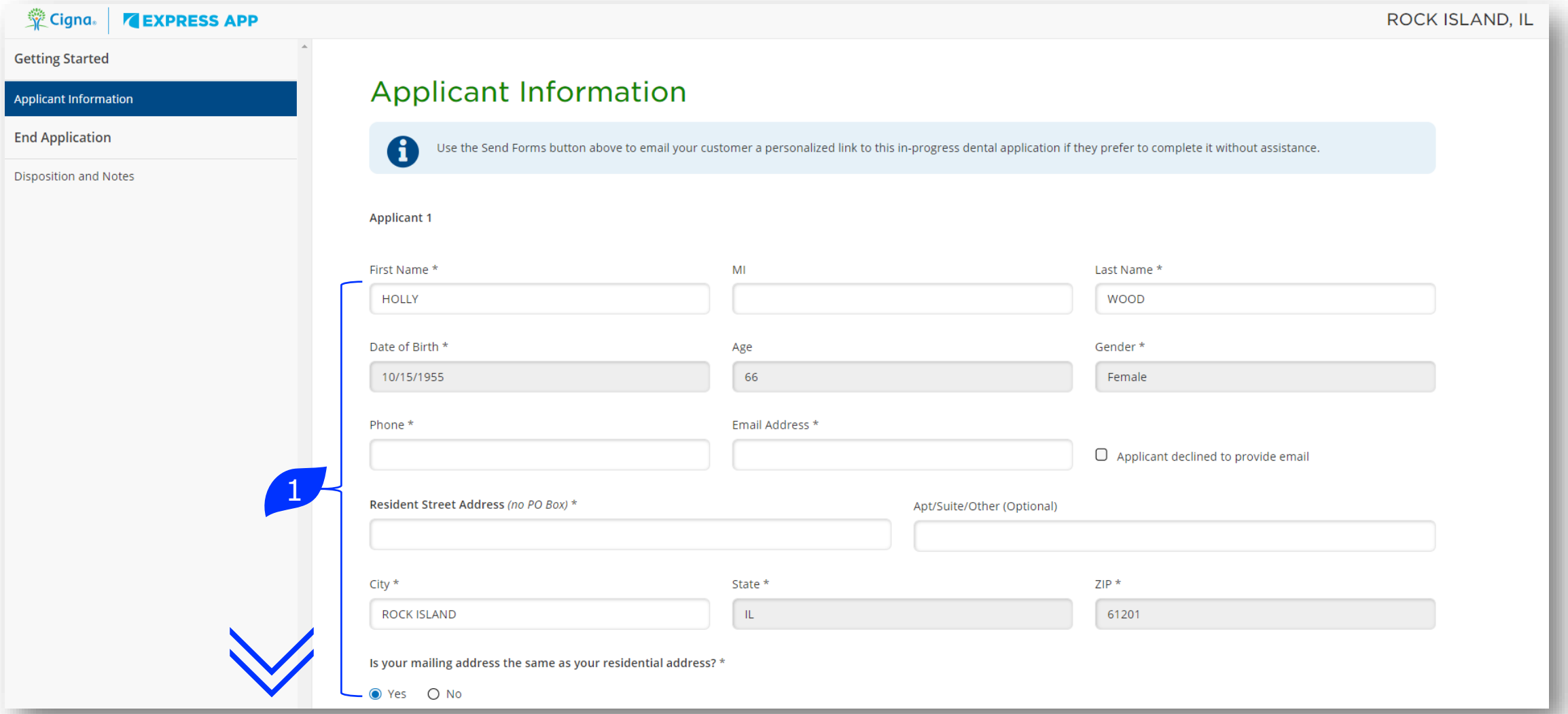
START APPLICATION ›

Flexible Choice Dental, Vision, & Hearing

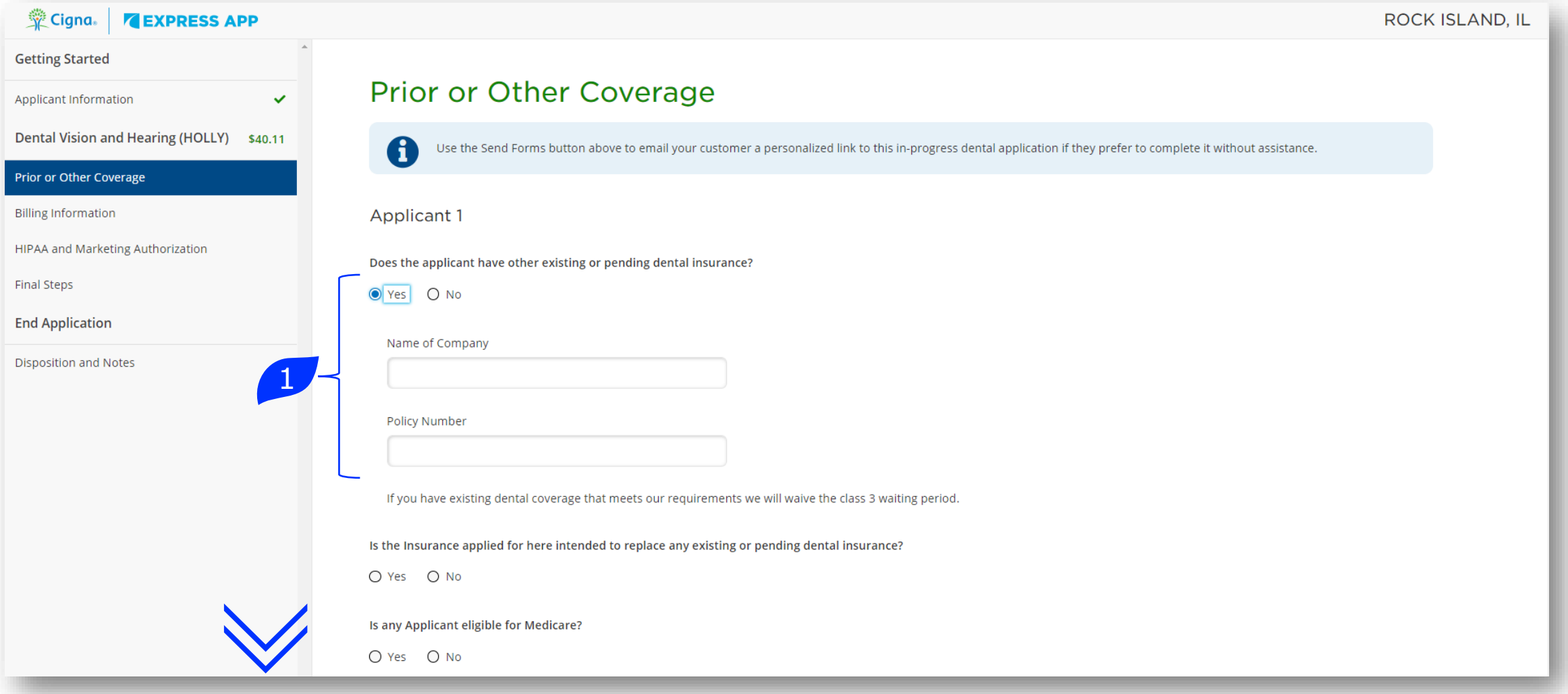
Dental, Vision, & Hearing Policy Selection



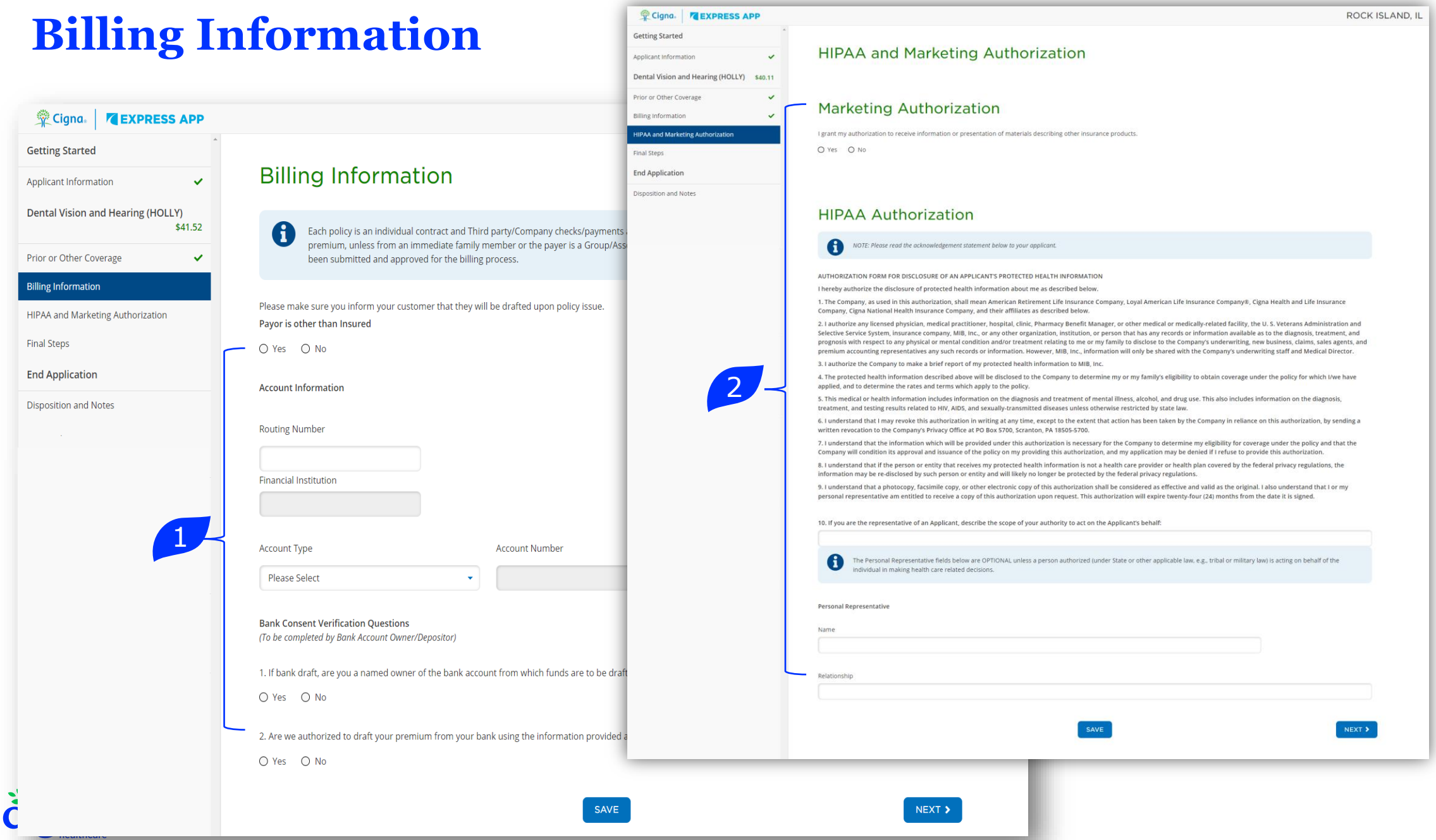
Applicant Information



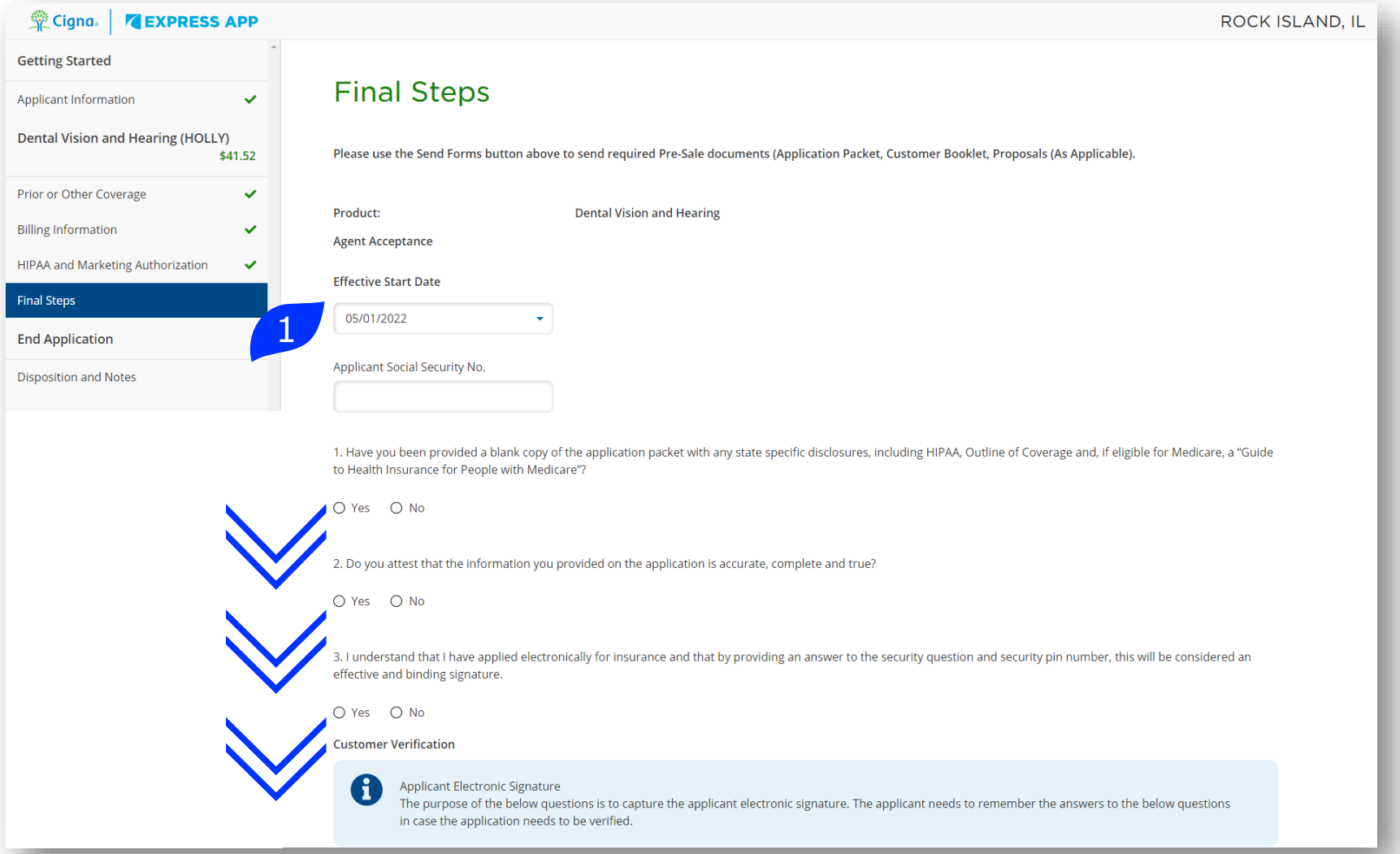
Prior or Other Coverage



Billing Information

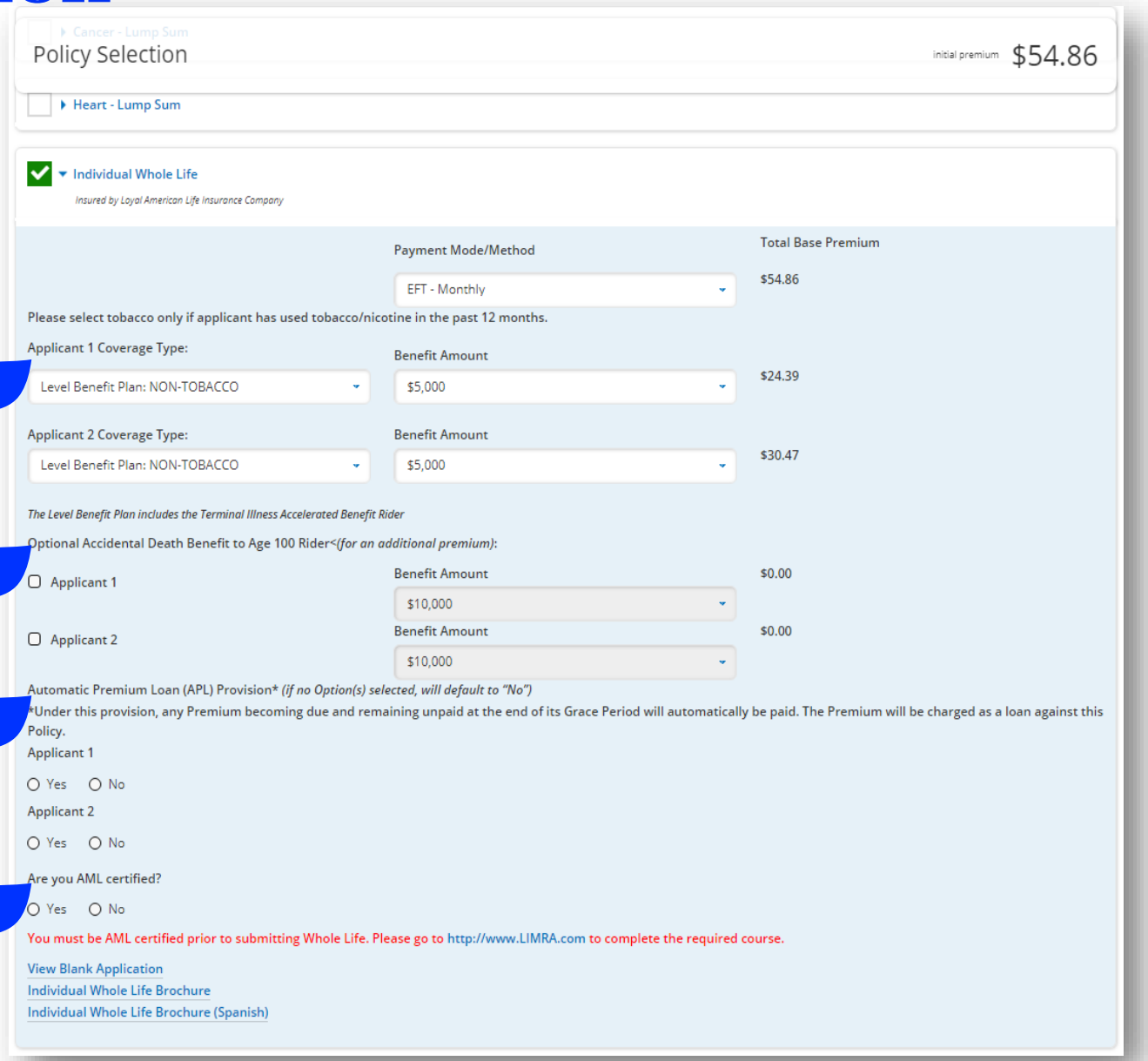


Final Steps

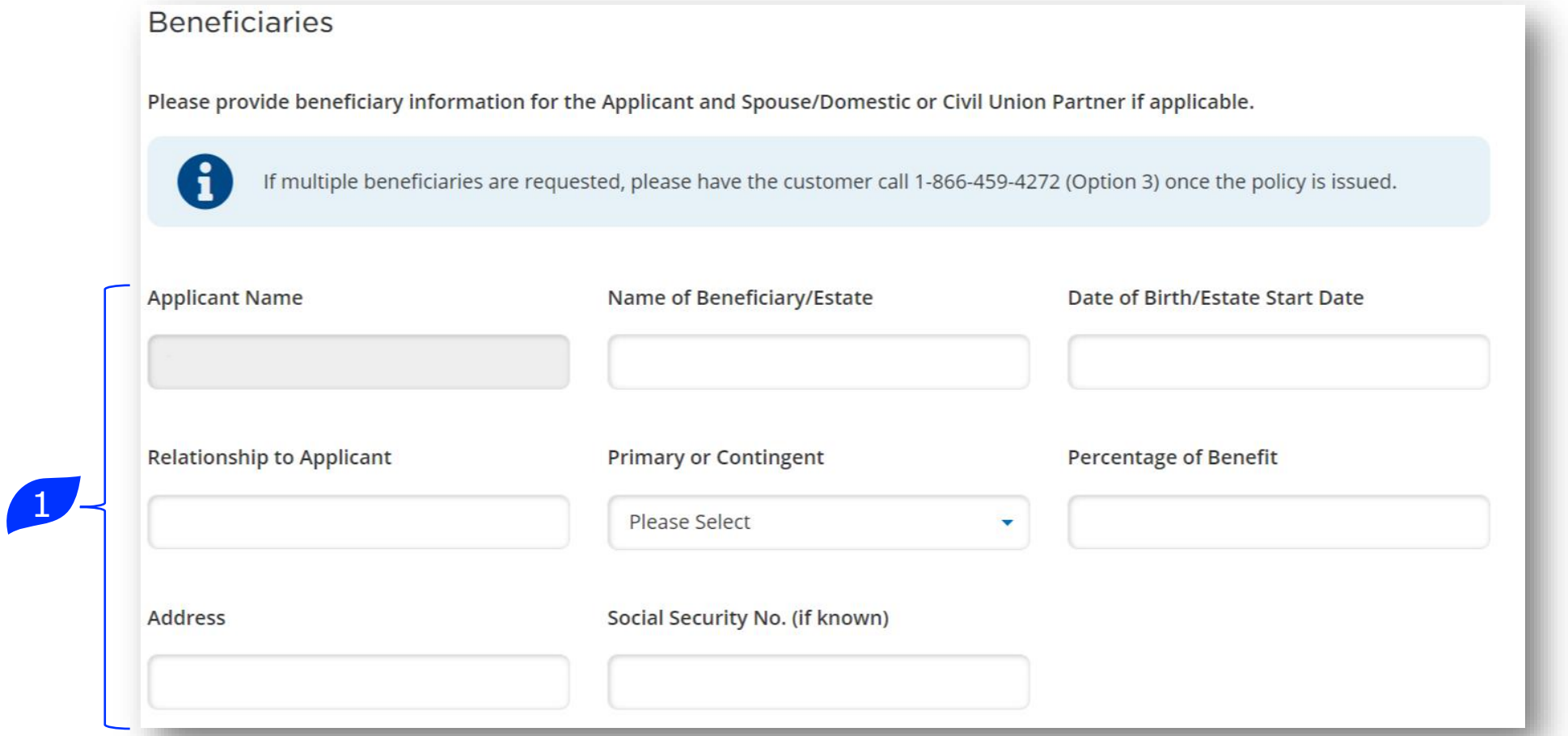


Individual Whole Life

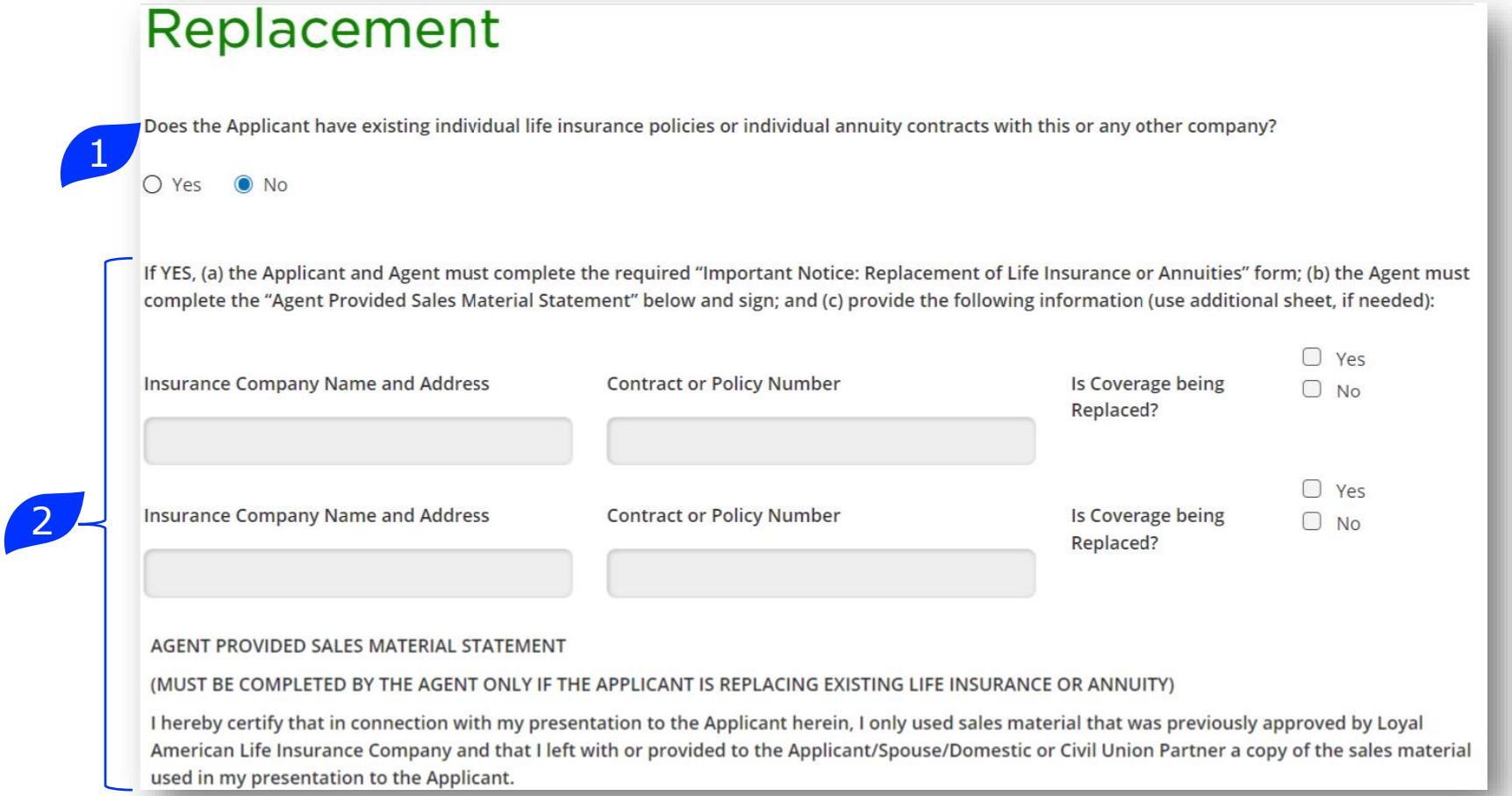
Policy Selection



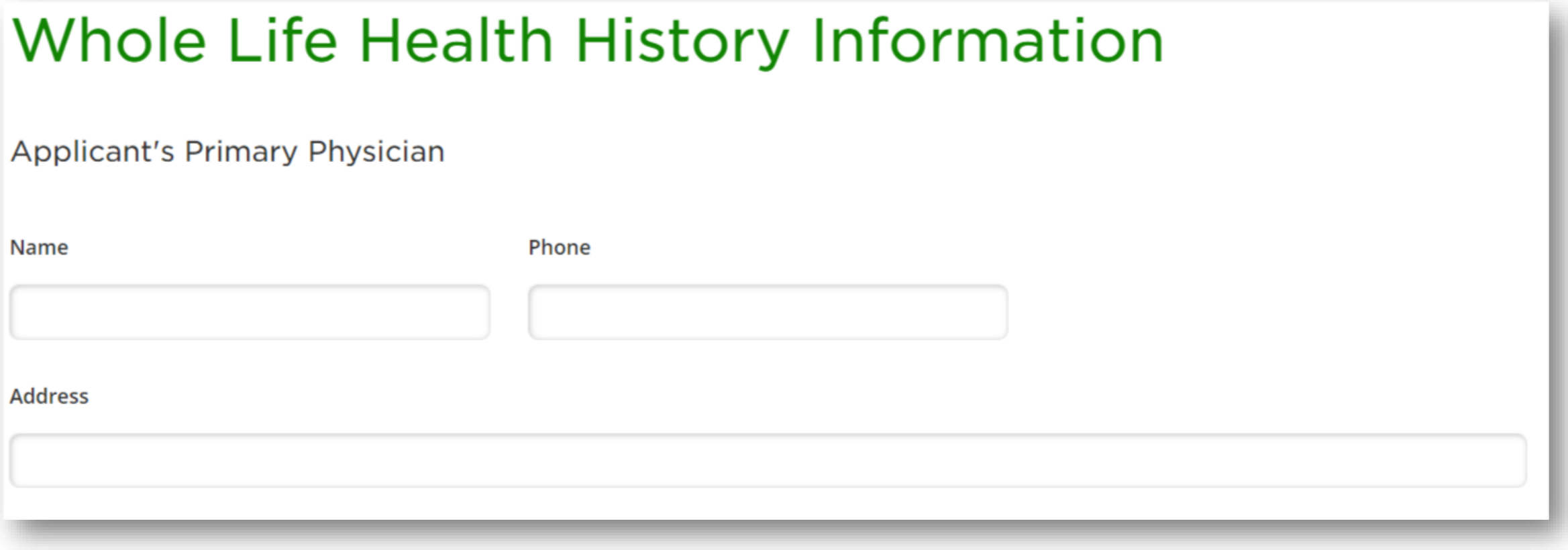
Beneficiaries



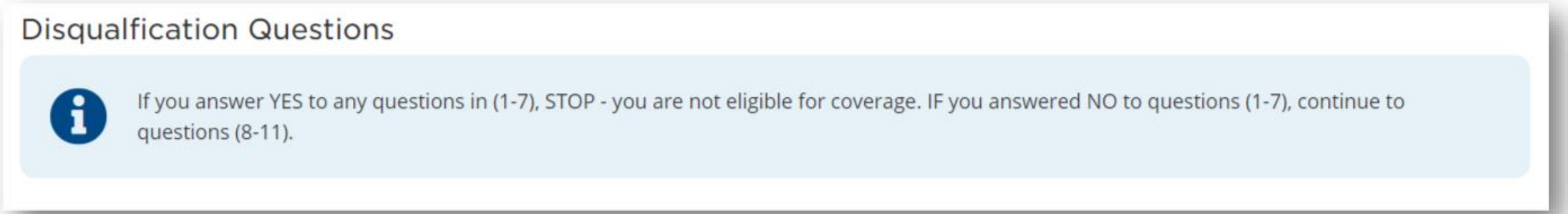
Replacement



Health History Information – Physician Information



Health History Information – Disclaimer



Health History Information – Questions 1-7

1

Has any Applicant been diagnosed or treated by a member of the medical profession as having diabetes which was diagnosed prior to the age of 30 or diabetes requiring more than 50 units of insulin to control, or suffered complications from diabetes such as diabetic coma, insulin shock, or diabetic neuropathy?

○ Yes ○ No

Within the past two (2) years, has any Applicant been diagnosed or treated by a member of the medical profession for any of the following: (a) Emphysema, Chronic Obstructive Pulmonary Disease (COPD), or chronic bronchitis; (b) stroke or Transient Ischemic Attack (TIA); (c) kidney disease other than kidney infection or kidney stones; (d) Multiple Sclerosis or Parkinson's Disease?

○ Yes ○ No

Within the past four (4) years, has any Applicant been diagnosed or treated by a member of the medical profession for cancer (except basal cell carcinoma)?

○ Yes ○ No

Within the past year, has any Applicant been treated, counseled, or been recommended to seek treatment for alcoholism, alcohol abuse, or any drug or substance abuse?

○ Yes ○ No

Within the past two (2) years, has any Applicant been diagnosed or treated by a member of the medical profession for congestive heart failure, unresolved aneurysm, any respiratory condition requiring the use of oxygen, any kidney disease requiring dialysis, chronic hepatitis, cirrhosis, other liver disease, or chronic pancreatitis?

○ Yes ○ No

Has any Applicant ever been diagnosed as having or treated by a member of the medical profession for Alzheimer's disease or dementia?

○ Yes ○ No

In the past twelve (12) months, has any Applicant been diagnosed or treated by a member of the medical profession for cancer (except basal cell carcinoma) or has any Applicant ever had a recurrence of or metastasis of cancer (except basal cell carcinoma)?

○ Yes ○ No

Field Declined: A "yes" answer on this question has caused a field decline. In order to move forward with other insurable applicants, please go back to the Product Selection screen and start a new application.

Health History Information – Questions 8-11

A "yes" answer to questions (8-11) will qualify your customer for Modified once you hit "next" to move forward. Please make sure to confirm the premium from the navigation bar with your customer prior to submitting.

1

Has any Applicant been diagnosed or treated by a member of the medical profession as having diabetes which was diagnosed prior to the age of 30 or diabetes requiring more than 50 units of insulin to control, or suffered complications from diabetes such as diabetic coma, insulin shock, or diabetic neuropathy?

○ Yes ○ No

Within the past two (2) years, has any Applicant been diagnosed or treated by a member of the medical profession for any of the following: (a) Emphysema, Chronic Obstructive Pulmonary Disease (COPD), or chronic bronchitis; (b) stroke or Transient Ischemic Attack (TIA); (c) kidney disease other than kidney infection or kidney stones; (d) Multiple Sclerosis or Parkinson's Disease?

○ Yes ○ No

Within the past four (4) years, has any Applicant been diagnosed or treated by a member of the medical profession for cancer (except basal cell carcinoma)?

○ Yes ○ No

Within the past year, has any Applicant been treated, counseled, or been recommended to seek treatment for alcoholism, alcohol abuse, or any drug or substance abuse?

○ Yes ○ No

Notice and Customer Information Form

Notice and Customer Information Form

To help the government fight the funding of terrorism and money laundering activities, Federal law requires us to obtain all relevant customer-related information necessary to run an effective anti-money laundering program.

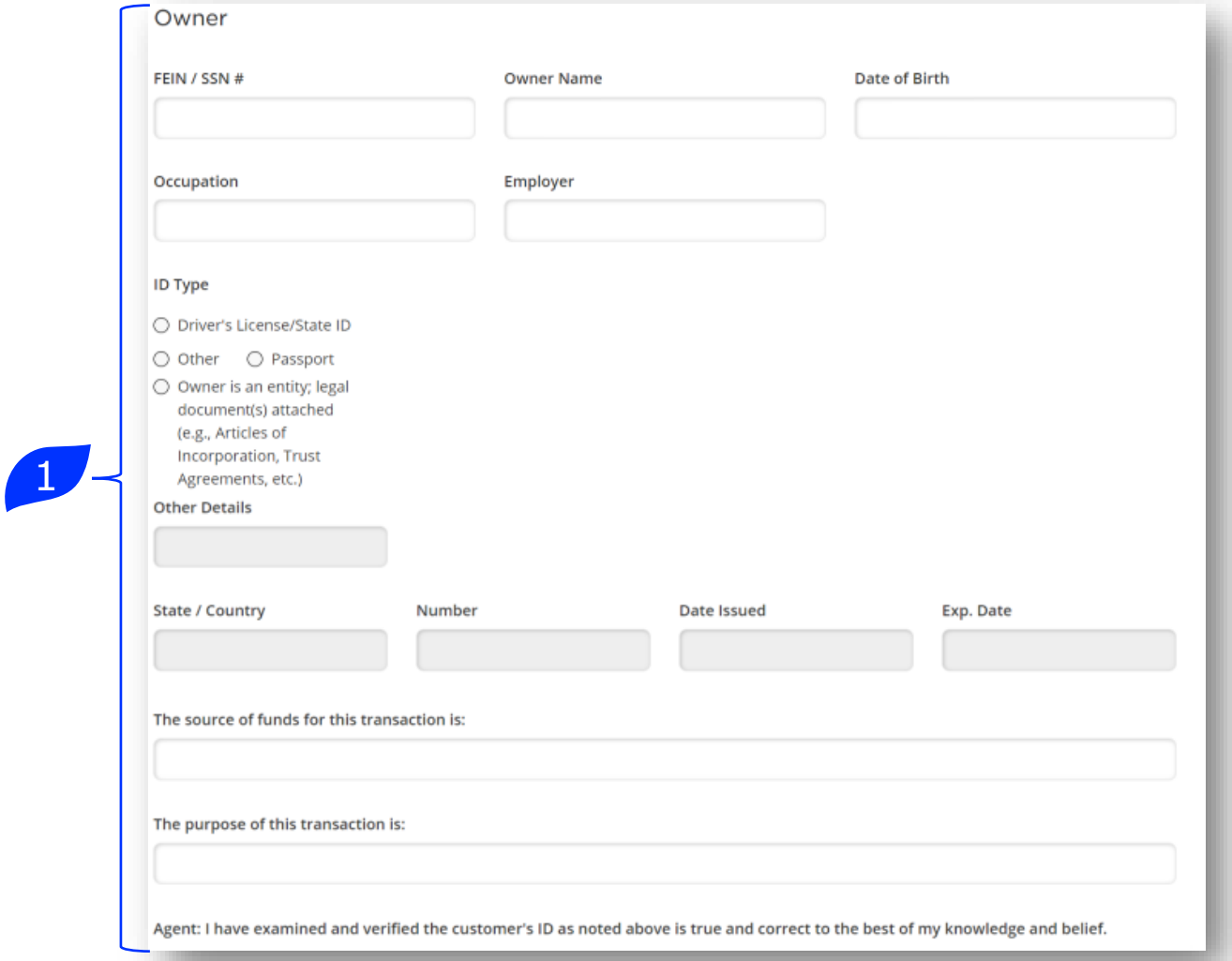
What this means to you: When submitting an application/order ticket/request form, we ask that the producer obtain the client's name, street address, date of birth, tax identification number, and other customer-related information that will allow us to identify the customer and fulfill our obligations under Federal law. Picture documentation, such as a driver's license or other identifying documents, will be used to verify the information given at the time of the sale.

By acknowledging receipt of this Notice and Customer Information Form, the undersigned authorizes any law enforcement agency, public or private institution, information service bureau, or other entity contacted by the Company identified above to furnish information sufficient to confirm the personal information of the undersigned as required by Federal law. This information is confidential and will not be used for any other purpose. The undersigned hereby releases all persons, agents and agencies, and entities providing confirming information from any and all liability arising out of the request for or the release of confirming information.

The owner information section must be completed in its entirety. If identification documents are not available, the customer must sign the form and the information will be verified by the Company.

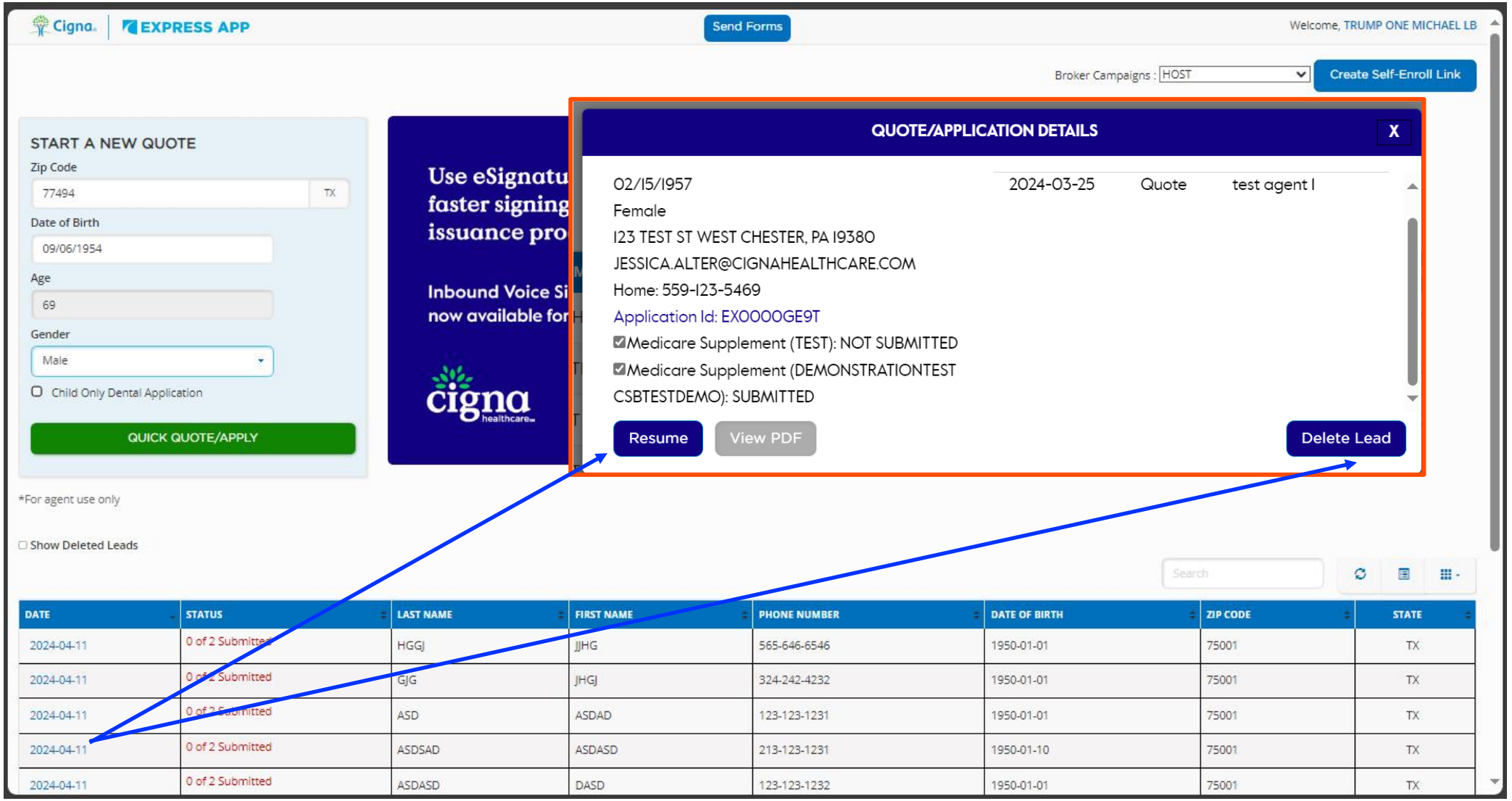
The following information must be obtained for each tax identification number or social security number disclosed on the application for insurance.

Notice and Customer Information Form



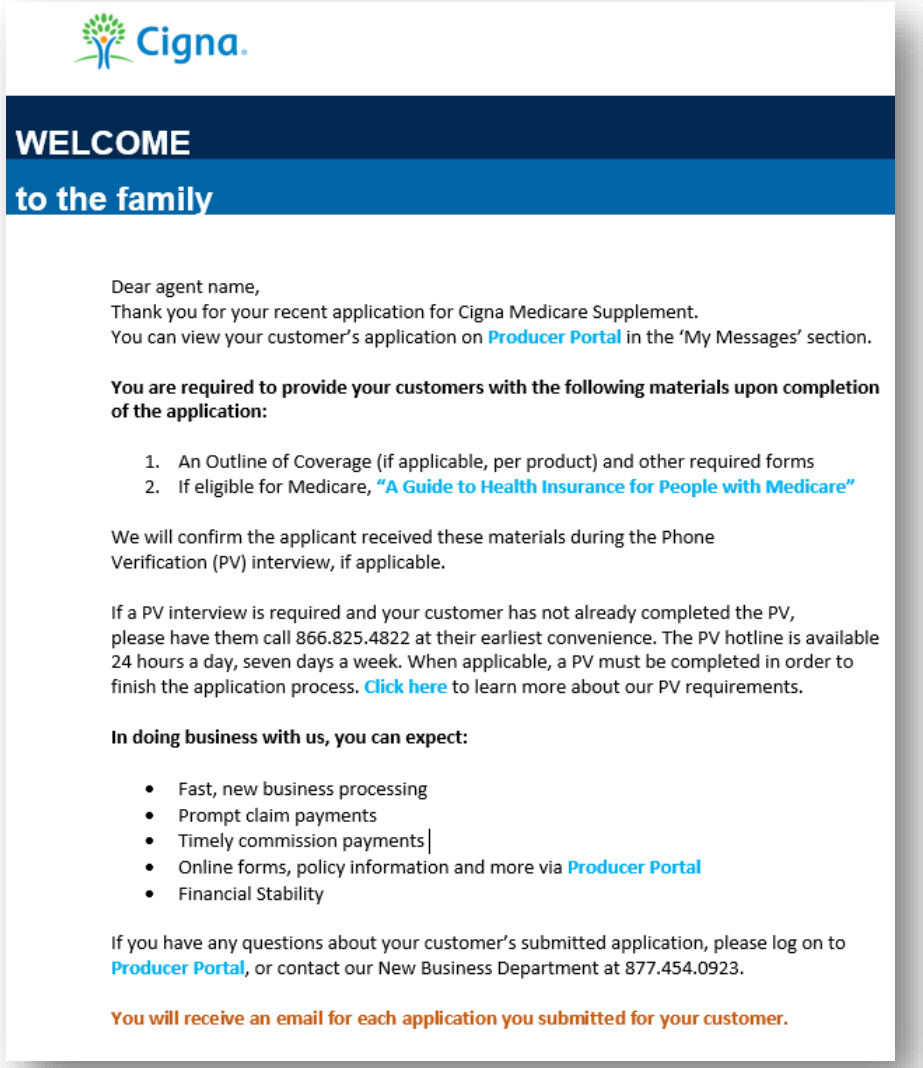
Additional Information

Resume/delete an incomplete quote or application



Application confirmation

Agent email confirmation



Cigna.

WELCOME

to the family

Dear agent name,
Thank you for your recent application for Cigna Medicare Supplement.
You can view your customer's application on Producer Portal in the 'My Messages' section.

You are required to provide your customers with the following materials upon completion of the application:

1. An Outline of Coverage (if applicable, per product) and other required forms
2. If eligible for Medicare, **"A Guide to Health Insurance for People with Medicare"**

We will confirm the applicant received these materials during the Phone Verification (PV) interview, if applicable.

If a PV interview is required and your customer has not already completed the PV, please have them call 866.825.4822 at their earliest convenience. The PV hotline is available 24 hours a day, seven days a week. When applicable, a PV must be completed in order to finish the application process. Click here to learn more about our PV requirements.

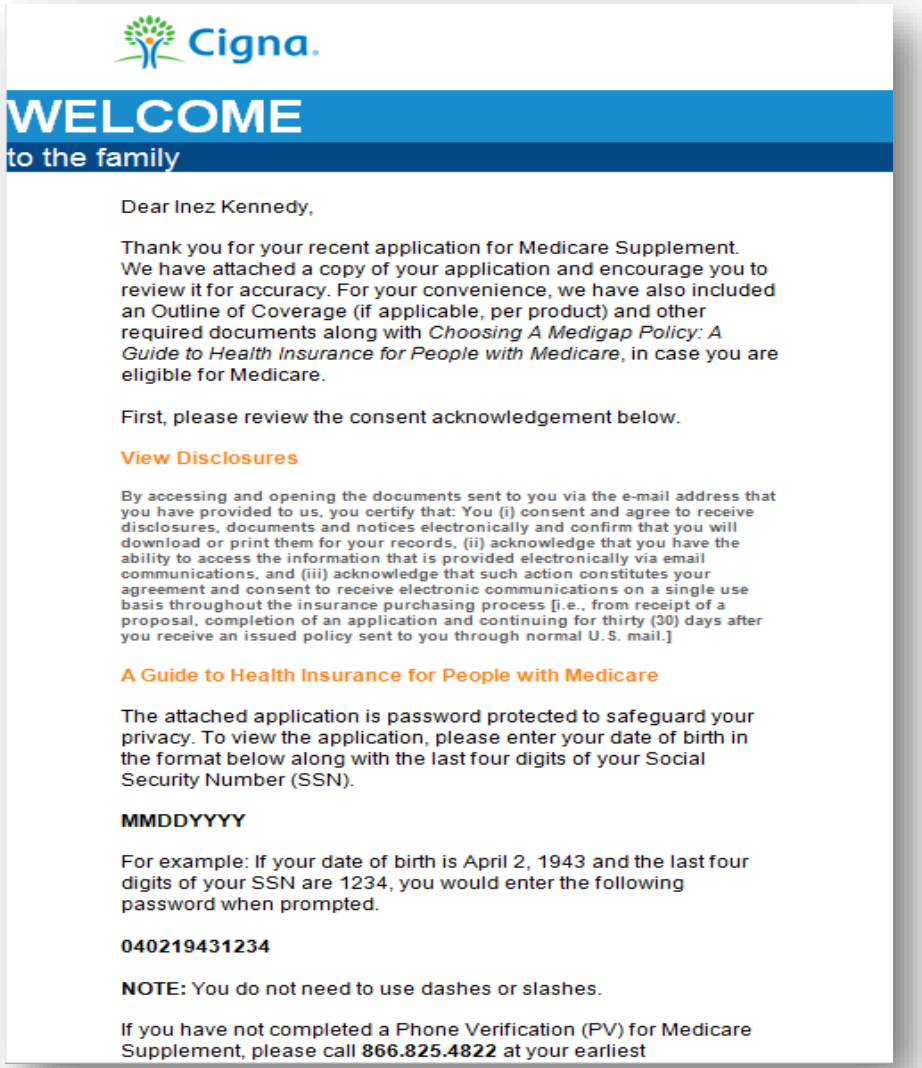
In doing business with us, you can expect:

- Fast, new business processing
- Prompt claim payments
- Timely commission payments
- Online forms, policy information and more via Producer Portal
- Financial Stability

If you have any questions about your customer's submitted application, please log on to Producer Portal, or contact our New Business Department at 877.454.0923.

You will receive an email for each application you submitted for your customer.

Applicant email confirmation



Cigna.

WELCOME

to the family

Dear Inez Kennedy,

Thank you for your recent application for Medicare Supplement. We have attached a copy of your application and encourage you to review it for accuracy. For your convenience, we have also included an Outline of Coverage (if applicable, per product) and other required documents along with *Choosing A Medigap Policy: A Guide to Health Insurance for People with Medicare*, in case you are eligible for Medicare.

First, please review the consent acknowledgement below.

View Disclosures

By accessing and opening the documents sent to you via the e-mail address that you have provided to us, you certify that: You (i) consent and agree to receive disclosures, documents and notices electronically and confirm that you will download or print them for your records, (ii) acknowledge that you have the ability to access the information that is provided electronically via email communications, and (iii) acknowledge that such action constitutes your agreement and consent to receive electronic communications on a single use basis throughout the insurance purchasing process [i.e., from receipt of a proposal, completion of an application and continuing for thirty (30) days after you receive an issued policy sent to you through normal U.S. mail.]

A Guide to Health Insurance for People with Medicare

The attached application is password protected to safeguard your privacy. To view the application, please enter your date of birth in the format below along with the last four digits of your Social Security Number (SSN).

MMDDYYYY

For example: If your date of birth is April 2, 1943 and the last four digits of your SSN are 1234, you would enter the following password when prompted.

040219431234

NOTE: You do not need to use dashes or slashes.

If you have not completed a Phone Verification (PV) for Medicare Supplement, please call **866.825.4822** at your earliest

cigna healthcare

Medicare supplement rates

Rate classes

- Quotes will be displayed for all available rate-classes on the Policy Selection page
- Medical Questions will appear within the application as necessary based on the applicants answer to OE/GI questions, DOB, and Part B effective date

Tobacco question

- The tobacco question appears in the application, either in Applicant Info or Medical questions, depending on the state
- The rate class will adjust as necessary based on applicants answer to tobacco question
- Any necessary updates, based on the applicants answers, will appear on the Review Plan screen

OE / GI / UW

- The applicant rate class will dynamically adjust during the application process, based on applicants answers to:
- DOB, Part B effective date, OE/GI determination questions, Questions about current or previous medical coverage

Review Plan Selection

Review Plan Selection

- New addition to allow for review of the plan selection at various points in the application process
- Based on the applicants answers to the OE, GI and Tobacco questions, new plan selection/premium rates may be required or advised
- This page gives the ability for the agent to make necessary changes to Plan selection (within the same Charter), HHD selection, billing mode, etc.

Multiple Applicants

Multiple applicants

- Applicant 1 and Applicant 2 will appear stacked on Navigation Bar
- Navigation Bar allows agent to follow along the app pages for each Applicant consecutively, as well as skip back and forth between different sections of multiple applicant pages if necessary
- Agent will be able to Submit each application separately. The agent will need to click "Submit" for each application being submitted.
- Applicant 1 and Applicant 2 (etc.) can quote and apply for varying multiple products and situations, consecutively
  - i.e. – Applicant 1 can apply for Plan F Guarantee Issue on CHLIC and Applicant 2 can apply for Underwritten Standard II Plan G on ARLIC, consecutively during the same application process. These applications will be stacked in the Navigation Bar as the agent goes through the tool
- Multiple payment methods and modes for multiple applicants and products can be selected (Medicare Supplement)

Changing an application in process

Changes during the application process

- To Change Medicare Supplement Charter while in an application, Add and Remove Benefits, Add or Change Supplemental Health Riders, or Add Applicants to saved prospects and in-process applications, the agent can click on the saved Prospect from the Home page (by clicking on the blue Express App link while in an application)
- This will take the agent back to the Policy Selection screen, where they can update the Policy and Plan selections for the application/s they are completing
- After updating, the agent should click "start application" to take them back in to the application. The updates to Policy Selection will apply.
- The agent will need to click 'Next' on each page to reconfirm any saved information.

FAQ
Express App 2.0

Accessing the tool, prospects, and starting a quote

Q: How to access Express App 2.0?

- Log in to Producer Portal @ Cignaforbrokers.com and select quote and enroll

Q: How can the agent find the applications they submitted through Express App 2.0?

- Submitted applications can be accessed in *Producer Portal ->My Messages*

Q: How does 'Send Forms' work in Express App 2.0?

- The agent will be able to email the Required Forms (and Proposals, if available) via Send Forms, to the customer at any time during the quoting and applying process.

Accessing the tool, prospects, and starting a quote

Q: How can the agent access their prospects, incomplete applications and incomplete quotes?

- All of the agents "prospects" are saved and viewable on the Home Page. The agent will be able to click on the prospect to resume incomplete applications. The agent is also able to sort their prospects on the Home Page. All information entered on an incomplete application will be auto-saved after the agent hits the "Next" button. There is also a "Save" button the agent can click before exiting.

Q: How long will Prospects be saved in Express App 2.0?

- Prospects will be stored 90 days

Q: Will Express App 2.0 be able to quote Under 65 Med Supp customers?

- No. The tool will advise the agent that the product is not available. Agent will need to quote manually from rate sheets in Agent View and submit via paper app.

Multiple applicants

Q: Do couples have to be in the same situation (i.e. both OE or both GI) to apply at the same time?

- No. Applicant 1 and Applicant 2 (etc.) can quote and apply for varying multiple products and situations during the same quoting/applying process.
  - i.e. – Applicant 1 can apply for Plan G Guarantee Issue on CHLIC and Applicant 2 can apply for Underwritten Standard II Plan G on ARLIC, during the same quoting/applying process.
  - i.e. – Applicant 1 can apply for Plan G Open Enrollment on CHLIC and both Applicant 1 and Applicant 2 can apply for a Couple Ancillary plan during the same quoting/applying process.
  - Multiple payment methods, modes and multiple effective dates for multiple applicants and products can be selected.
  - Multiple products and applicants' applications will be stacked in the Navigation Bar
  - The Agent will be able to Submit each application completed as a separate application (will click "submit" for each application)

Q: How does the agent quote multiple applicants?

- Use the Applicant boxes on the right-hand side of the Policy Selection screen to enter in additional applicant information for the quote
- Multiple products and applicants' applications will be stacked in the Navigation Bar
- Dependent information will be asked on the Applicant Info tab.

Guarantee Issue and Open Enrollment

Q: Will Medical Questions appear in Express App 2.0 if the applicant is in an OE or GI?

- No, Medical Questions will only appear if it is an Underwritten application.

Q: Will the agent need to click on an OE, GI, or UW button to let the tool know what type of application it is?

- No. The applicant enrollment type and rate class will dynamically adjust during the application process, based on applicants answers to DOB, Part B effective date, OE/GI determination questions, and Questions about current or previous medical coverage.

Q: Will the agent be able to see the different state specific GI scenarios for that state?

- Yes. Specific State specific scenarios have been built in to the tool and will appear in the Guarantee Issue scenario selection screen.

Q: Will the agent be able to upload GI proof in Express App 2.0?

- Yes, using the Document Upload feature on the Review and Accept page. Based on the answers on the application agents will be prompted to upload documentation for GI or POA.
- You can also use the Document Upload feature to respond to RFIs and upload documentation on AgentView.

Making changes to an in-progress application

Q: How do I change the Part B effective date, RX info, prior carrier info, or other info (not dob, zip, gender)?

- Use the navigation bar to go to the page that needs to be updated. Click on "Change answers". This will open up the fields to be updated.
- **Do not use back button on browser.**

Q: How do I change the Charter selection, Date of Birth, Zip Code, or Gender of the applicant, prior to the application being submitted?

- For changes to Charter, dob, zip, or gender – for all application types – the agent will need to start a new quote by clicking on Express App logo on top left of screen. This info can only be updated on the Start A New Quote box.

Q: How do I change the Medicare Supplement Plan selection, Billing Info or add the LWS/HHD prior to the application being submitted?

- The agent can update billing mode, add or deselect LWS/HHD, and change Plan selection (within same charter), on the **Review Plan Selection page.**

Completing an application

Q: How do I update the customers billing mode during a Medicare Supplement application?

- The agent can update a billing mode on the Review Plan Selection page for that application.
- For Supplemental Health applications, the agent will need to click on the blue Express App link and return to the Quote Screen to update and start a new application.

Q: Does Express App 2.0 'Auto-Save'?

- Yes. The tool will auto-save any page that has been completed after hitting "Next". Prospects can be accessed on the Home Page. To save an incomplete page before exiting, click "Save".

Q: Will the agent need to enter a social security number and also a Medicare Card number?

- Medicare supplement applications require a Medicare number and, where required by the state, a Social Security number.

Completing an application

Q: On HIPAA and Marketing HIPPA forms, is the Personal Representative field required?

- No, it is not required. In addition, we have added a tool-tip to explain what a personal representative is.

Q: How do I make a correction on a submitted application after it has been received by New Business?

- Through the New Business RFI process.

Q: Will the agent need to "Verify" each page of the application?

- The agent will need to click "next" to move on to the next page.
- The tool will not allow the agent to click "Submit" without all required fields and pages being completed.

Q: What if the customer does not have an email address to enter on the application?

- Customers can apply in Express App 2.0 without having an email address. The agent will need to ensure they are supplying their customer with any required documents via postal mail or another alternative to email.

Completing an application

Q: Will the customer need to complete a Phone Verification?

- Yes, as applicable. Current business rules to Phone Verifications are still in place. In addition, Express App 2.0 will provide the Phone Verification phone number at the end of the application process, when applicable.

Q: How does an agent submit the customers application in Express App 2.0?

- On the Review and Accept page – agent will click "Submit"
- The agent can only access the "Submit" button if EVERYTHING required on the app has been completed.
- Agent will need to click "Submit" for **each** application they are completing.
- If a customer does not want to continue with an application, return to the home page and do not submit the application.

Q: After submitting an application, how long until the confirmation email is sent?

- Confirmation emails will be sent for submitted applications, every 15 minutes, 24/7/365.
- The agent should expect one confirmation email per application submitted.

The Incentives

Wincentives 2024

Rewards to take your business to the next level

See CignaforBrokers.com for full rules and details.

1,000

targeted leads with a direct mail campaign for every fourth application you write each month for underwritten Medicare Supplement plans F, G, N and Open Enrollment Plan N.

Eligible in AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KY, LA, MD, ME, MI, MO, MS, NC, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, WV and WY. From January 1, 2024 to December 31, 2024.

$25

Bonus for every application you write each month for Accident Treatment, Cancer Treatment, Choice Accident, Flexible Choice Cancer and Heart Attack & Stroke, and Flexible Choice Hospital Indemnity.

Eligible in all states where product is sold. Minimum of five applications. Incentives retroact to first application. From January 1, 2024 to December 31, 2024.

$100

Bonus for every underwritten Medicare Supplement Plans F, G, N and Open Enrollment Plan N application you write each month.

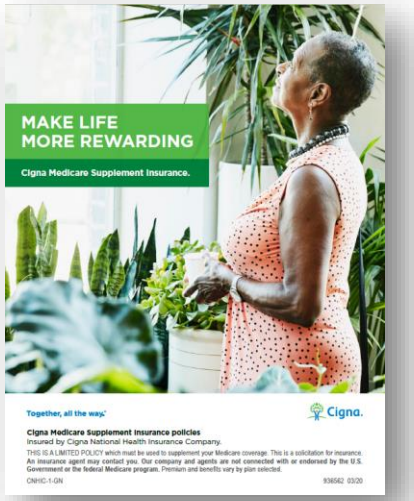
Eligible in AK, AL, AR, AZ, CT, DE, FL, GA, HI, IA, ID, IL, KS, KY, LA, MD, MS, NC, NE, NH, NJ, NM, NV, OH, OK, PA, SD, TX, UT, VA, VT and WY. Minimum of four applications. Incentives retroact to first application. From January 1, 2024 to December 31, 2024.

$25

Bonus for every application you write each month for Flexible Choice Dental, Vision & Hearing application.

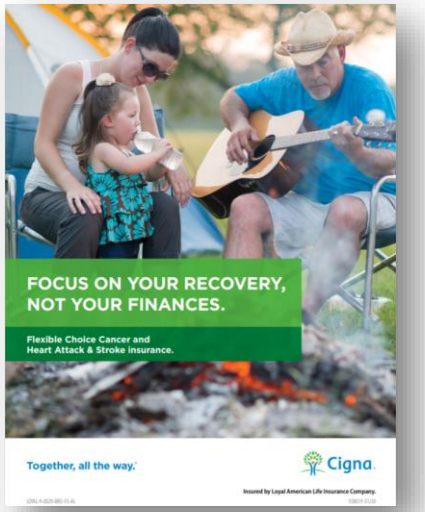
Eligible in all states where product is sold. Minimum of five applications. Incentives retroact to first application. From January 1, 2024 to December 31, 2024.

Cigna Supplemental Benefits Product Portfolio



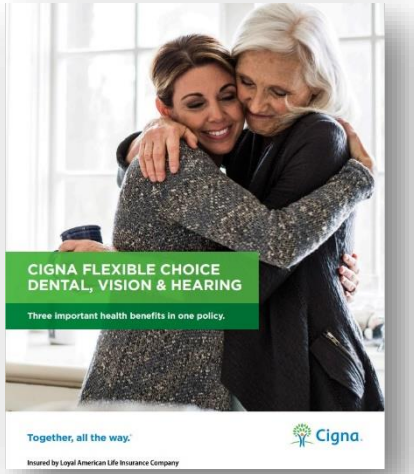
Medicare Supplement

For customers who are enrolled in Medicare Parts A & B, we offer Medicare Supplement coverage to help pay out-of-pocket expenses plus value added service programs.



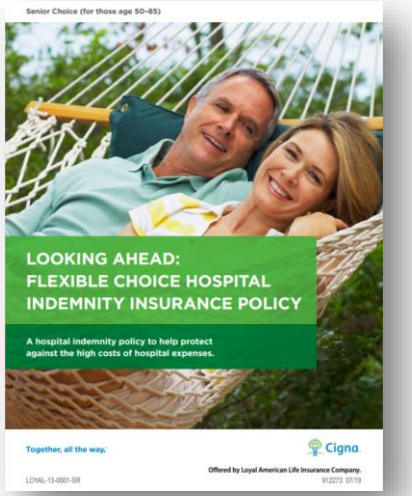
Flexible Choice Dental, Vision & Hearing

Covers care that goes above and beyond routine check-ups and protects you from high out-of-pocket costs.



Flexible Choice Cancer and Heart Attack & Stroke

Provide lump-sum benefits for diagnosis of cancer and/or heart conditions and stroke with the flexibility to add multiple riders for recurrence, restoration, specified disease, accidents and more.



Flexible Choice Hospital Indemnity

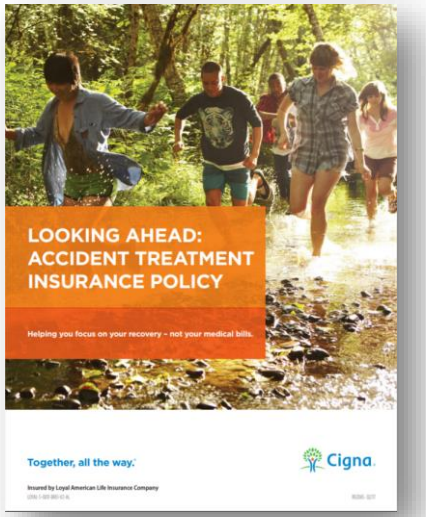
Indemnity benefits to help pay for a broad range of hospital expenses.

Access the Cigna Supplemental Product Portfolio with additional details here

Cigna Supplemental Benefits Product Portfolio

Cancer Treatment

Indemnity benefits to help pay for a broad range of cancer treatments, care and associated costs.



Accident Treatment

Indemnity benefits to help pay for a broad range of treatments when injured in a covered accident.

Individual Whole Life

Designed to help pay final expenses with Level and Modified benefits to provide coverage under a variety of health conditions.

Choice Accident

Indemnity benefits to help pay for a broad range of treatments when injured in a covered accident with options to cover parents and disabilities incurred from the injury.

Access the Cigna Supplemental Product Portfolio with additional details here

Contact List

Cigna Supplemental Benefits

Contact	Phone	Fax	Email
Agent Resource Center	877.454.0923		CSBNewBusiness@Cigna.com
Phone Verification (PV) hotline	866.825.4822		CSBNewBusiness@Cigna.com
All claims	866.459.1755	512.531.1480	
New business	877.454.0923	888.695.2591	CSBNewBusiness@Cigna.com
Underwriting	877.454.0923		CSBNewBusiness@Cigna.com
Commissions	877.454.0923	512.590.6045	CSBCommissions@Cignahealthcare.com
Agent Contracting	877.454.0923	888.832.4154	CSBLicensing@Cignahealthcare.com
Website login assistance	877.454.0923		CSBNewBusiness@Cigna.com
Product availability	877.454.0923		CSBAgentMarketing@Cigna.com
Customer services	877.454.0923	888.670.0146	CSBSupport@Cigna.com
FaxApp submission		877.704.8186	
Premium accounting		888.670.0146	CSBPremiumReferrals@Cigna.com
Supplies			Refer to Cigna for Brokers to order.

Addresses

Mailed Applications
Cigna Supplemental Benefits
PO Box 5725
Scranton, PA 18505-5725

Overnight and Express Mail
Cigna Supplemental Benefits
11501 Alterra Parkway
Austin, TX 78758

Customer Services
PO Box 5700
Scranton, PA 18505-5700

Thank you for your partnership!