

'EXPRESS' EXPRESS APP 2.0

EXPRESS APP 2.0 is here!

WORK AT THE
SPEED OF SUCCESS

Now available!

Together, all the way.®

CSB-9-0043-EXT



Express App 2.0

The Homepage



Send Forms

Welcome, TEST AGENT 1

START A NEW QUOTE

Zip Code

Date of Birth

Age

Gender

Please Select

QUICK QUOTE/APPLY



Start A New Quote

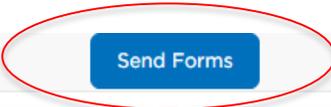
- Fresh, clean design
- **Fast** product quotes for multiple products and multiple applicants
- **View all of your prospects** right away on the Homepage
- Simply click on the prospect to access your **incomplete** quotes and applications
- **Floating resource links** throughout quoting and application process, for extra assistance

*For agent use only

doe [refresh] [list] [grid]

DATE	LAST NAME	FIRST NAME	PHONE NUMBER	DATE OF BIRTH	ZIP CODE	STATE	APP	LAST DISPOSITION
2019-10-01	DOE	JOHN	555-555-5555	1950-04-06	38120	TN	hasApplication	Quote
2019-10-10	DOE	JANE	555-555-5555	1954-09-05	77708	TX	hasApplication	Quote

Policy Selection



- Getting Started
- Policy Selection**
- End Quote

Policy Selection initial premium \$0.00

Medicare Supplement (CHLIC)
Private health insurance designed to supplement original Medicare.
Insured by Cigna Health and Life Insurance Company

Medicare Supplement (ARLIC)
Private health insurance designed to supplement original Medicare.
Insured by American Retirement Life Insurance Company

Flexible Choice Cancer/Heart Attack & Stroke

A Flexible Choice insurance policy helps you focus on your recovery, not your finances. Provides lump-sum benefits for diagnosis of cancer and/or heart conditions and stroke with the flexibility to add multiple riders for recurrence, restoration and more.
Insured by Loyal American Life Insurance Company

Cancer - Lump Sum

Heart - Lump Sum

Individual Whole Life
Insured by Loyal American Life Insurance Company

APPLICANT 1

First Name

Last Name

Date of Birth

Age

Gender (M/F)

APPLICANT 2 +



Policy Selection

Medicare Supplement

- [Charter identification](#) makes it easy to identify Medicare Supplement products
- Select and deselect the box next to the applicant as needed, to [activate and proceed](#) to an application
- Select or de-select [Household Discount](#)
- Each product quote includes the state specific [brochure](#), value-added services [brochure](#) (where applicable) as well as ability to view a [blank application](#) for that state and product

Send Forms

Policy Selection
initial premium \$168.45

Medicare Supplement (CHLIC)

Private health insurance designed to supplement original Medicare. Insured by Cigna Health and Life Insurance Company

Applicant 1

Rate Class*

Preferred
 Preferred
 Standard

Payment Method / Mode
 EFT - Monthly

Plan A
\$98.72

Plan F
\$127.98

Plan HDF
\$34.50

Plan G
\$99.81

Plan N
\$81.40

Applicant 2

Rate Class*
 Preferred

Payment Method / Mode
 EFT - Monthly

Plan A
\$115.79

Plan F
\$150.11

Plan HDF
\$40.47

Plan G
\$116.50

Plan N
\$94.89

*For attained age and issue age, during Open Enrollment (OE) and guaranteed issue, plans should be quoted at the Preferred (nontobacco user) rate for the applicant's age, regardless of tobacco use.

Household Discount
 -\$12.68

NOTE: If another member of your household is applying for or currently has a Medicare Supplement plan with Cigna Health and Life Insurance Company or an affiliated company, you may qualify for a household discount; see the Outline of Coverage for details. You will be required to provide the name and Social Security Number (SSN) of the individual(s) living at your current address during the application process.

[View Blank Application \(CHLIC\)](#)
[View Brochure \(CHLIC\)](#)

START APPLICATION >

FAQs/Support
CSB Agent Guide
Declinable Drug List
CMS Guide to Health Insurance for People with Medicare
AgentView

- [Send Forms](#) floating button to easily send out Required Documents and Proposals (where approved)
- Easily view and enter customer information for [Applicant 1 and 2](#) on the right hand side of Selection page. Both applicants can be quoted on the same Policy Selection page
- Select the [Payment](#) method/mode (can vary by product and applicant)
- Toggle between [rate classes](#) during the initial quote phase. As the Broker goes through the application, the app will [dynamically adjust](#) to reflect OE/GI/UW as needed based on applicant answers
- Click "[Start Application](#)" to begin application
- [Resources](#) (DDL, CSB Agent Guide, CMS Guide, etc.) float at bottom throughout quoting/application process

Policy Selection

Multiple Med Supp charters with multiple applicants

Policy Selection initial premium \$301.10

Medicare Supplement (CHLIC)
Private health insurance designed to supplement original Medicare. Insured by Cigna Health and Life Insurance Company

Applicant 1 Rate Class* Preferred Payment Method / Mode EFT - Monthly

Coverage Applied for

Plan A \$102.99	Plan F \$127.45	Plan HDF \$36.49	Plan G \$101.54	Plan N \$84.98
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Applicant 2 Rate Class* Preferred Payment Method / Mode EFT - Monthly

Coverage Applied for

Plan A \$120.80	Plan F \$149.50	Plan HDF \$42.80	Plan G \$118.52	Plan N \$99.05
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*For attained age and issue age, during Open Enrollment (OE) and guaranteed issue, plans should be quoted at the Preferred (nontobacco user) rate for the applicant's age, regardless of tobacco use.

Household Discount -\$9.59

i NOTE: If another member of your household is applying for or currently has a Medicare Supplement plan with Cigna Health and Life Insurance Company or an affiliated company, you may qualify for a household discount; see the Outline of Coverage for details. You will be required to provide the name and Social Security Number (SSN) of the individual(s) living at your current address during the application process.

[View Blank Application \(CHLIC\)](#)
[View Brochure \(CHLIC\)](#)

APPLICANT 1

First Name
JANE

Last Name
DOE

Date of Birth
01/01/1950

Age
69

Gender (M/F)
Female

APPLICANT 2

First Name Medicare Supplement (ARLIC)
Private health insurance designed to supplement original Medicare. Insured by American Retirement Life Insurance Company

Last Name Applicant 1

Date of Birth
01/01/19

Gender
Male

Applicant 1 Rate Class* Standard II Payment Method / Mode EFT - Monthly

Coverage Applied for

Plan A \$221.24	Plan F \$271.02	Plan G \$242.71	Plan N \$191.05
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Applicant 2 Rate Class* Preferred Payment Method / Mode EFT - Monthly

Coverage Applied for

Plan A \$171.50	Plan F \$201.25	Plan G \$167.65	Plan N \$124.57
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*For attained age and issue age, during Open Enrollment (OE) and guaranteed issue, plans should be quoted at the Preferred (nontobacco user) rate for the applicant's age, regardless of tobacco use. Please note the Standard II (nontobacco user) and Standard III (tobacco user) rate classes apply to ARLIC only.

Household Discount -\$12.62

i NOTE: If another member of your household is applying for or currently has a Medicare Supplement plan with American Retirement Life Insurance Company or an affiliated company, you may qualify for a Household Discount; see the Outline of Coverage for details. Please provide the name and Social Security number of the individual(s) living at your current address.

Per Applicant One-time Policy Fee: \$6.00

[View Blank Application](#)
[ARLIC Medicare Supplement Brochure](#)
[Value Add Brochure](#)

[START APPLICATION](#)

• When quoting couples (for multiple Med Supp quotes or multiple products), enter information for quote in the Applicant 1 and Applicant 2 boxes on the right of the Policy Selection screen.

• Scroll down to see all products available for the state indicated



- Select and deselect the box next to Applicant 1 and 2 as applicable
- When an applicant box is selected, this indicates which applicant is applying for which product
- For Med Supp, please make sure you have selected only one charter and one plan per applicant

Policy Selection

Lump Sum Cancer

- **Scroll down** to see all products available for the state indicated



- Select and expand each product selection by checking the **green box**
- Quote and apply for **multiple products**, including applicable riders
- **Multiple payment methods and modes** for multiple products can be selected

Policy Selection
initial premium **\$16.00**

Insured by Loyal American Life Insurance Company

▼ Cancer - Lump Sum

Provides lump sum benefits for any cancer diagnosis and maximum rider flexibility.
Insured by Loyal American Life Insurance Company

Take a look at these Key Features!

	Payment Mode/Method		Total Lump Sum Cancer Premium
	EFT - Monthly		\$16.00
Coverage Type		Benefit Amount	
Individual		\$5,000	\$16.00
<input type="checkbox"/> Cancer Recurrence Benefit Rider			\$1.30
<input type="checkbox"/> Lump Sum Heart/Stroke Rider	\$5,000		\$16.75
<input type="checkbox"/> *Hospital Indemnity Rider	\$100		\$8.55
<input type="checkbox"/> *Intensive Care Unit Rider	\$100		\$1.70
<input type="checkbox"/> *Hospital and Intensive Care Unit Indemnity Rider	\$100		\$9.70

[View Blank Application](#)
[Flexible Choice Cancer Brochure](#)

*PLEASE ADVISE THE APPLICANT: THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

START APPLICATION >

Change Answers

Completing the Application

- Use the Navigation Bar to **skip around** as needed
- **Do not** use the back browser button to skip around
- **To change an answer** on a previously completed page, simply click on the tab that you need to change the answers to (Some fields will be **'locked'** after completing the page in order for the application to dynamically adjust to the correct application scenario)
- Click on **'Change Answers'**.
- The fields will **unlock** and allow the agent to easily **modify** previously entered answers
- Click **Next** to continue, or if no change was made, simply click on the next tab in the Nav Bar

Getting Started

Applicant Information ✓

Medicare Supplement (JANE) \$34.50

Additional Info & Medicare ✓

Open Enrollment/Guaranteed Issue Questions ✓

Guaranteed Issue Right

Review Plan Selection

Household Members

Marketing HIPAA

Billing Information

Agent Certification

Replacement Notice

State Required Form(s)

Review And Accept

Product GUID & Definition XML

Medicare Supplement (JOHN) \$127.98

Additional Info & Medicare

Review Plan Selection

Household Members

Marketing HIPAA

Billing Information

Open Enrollment/Guaranteed Issue Questions

i NOTE: If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for Guaranteed Issue of a Medicare Supplement insurance policy or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare Supplement plans. Please send a copy of the notice from your prior insurer with the case number to (888) 695-2591. The case number will be provided via email after submission.

PLEASE ANSWER ALL QUESTIONS

To the best of your knowledge:

Did you turn age 65 in the last six (6) months?

Yes No

Did you enroll in Medicare Part B in the last six (6) months?

Yes No

Are you covered for medical assistance through the state Medicaid program? (Note to Applicant: if you are participating in a "Spend-Down Program" and have not met your "Share of Cost", please answer NO to this question.)

Yes No

Have you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan or a Medicare HMO or PPO)?

Yes No

Fill in your START and END dates below (if you are still covered under this plan, leave the END date blank).

Start Date

End Date

CHANGE ANSWERS

NEXT →



Guaranteed Issue Right

Completing the Application



Send Forms

AUSTIN, TX

Getting Started

Applicant Information ✓

Medicare Supplement (JANE) \$34.50

Additional Info & Medicare ✓

Open Enrollment/Guaranteed Issue Questions ✓

Guaranteed Issue Right

Review Plan Selection

Household Members

Marketing HIPAA

Billing Information

Agent Certification

Replacement Notice

State Required Form(s)

Review And Accept

Product GUID & Definition XML

Medicare Supplement (JOHN) \$127.98

Additional Info & Medicare

Review Plan Selection

Household Members

Marketing HIPAA

Billing Information

Guaranteed Issue Right ←

i NOTE: If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for Guaranteed Issue of a Medicare Supplement insurance policy or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare Supplement plans.

Based on your answers to the Open Enrollment/Guaranteed Issue Questions, we have determined you may qualify for Guaranteed Issue under one of the following rights. Please choose the condition below that best describes the Guarantee Issue situation:

Please Choose a GI Right:

You have Original Medicare and a Medicare SELECT policy. You move out of the Medicare SELECT policy's service area. Call the Medicare SELECT insurer for more information about your options.

Your Medigap insurance company goes bankrupt and you lose your coverage or your Medigap policy coverage otherwise ends through no fault of your own.

You leave a Medicare Advantage Plan or drop a Medigap policy because the company has not followed the rules or they misled you. State Specific Guaranteed Issue Right.

Above Conditions Do Not Apply (Continue as Underwritten).

Texas State Specific GI Right: ←

- Individuals are guaranteed issue into a Medicare Supplement plan when losing Medicaid.

i Guarantee Issue proof will be required.

SAVE

NEXT >

- GI Right page will appear with various selections for broker to choose, if applicable
- GI Plan Selections will include the **state specific scenarios**
- If a GI right is **not applicable** to your customer, click on “above conditions do not apply (continue as underwritten)”



Review Plan Selection

Completing the Application

- Review Plan Selection tab functionality will allow agent to make changes and any apply necessary updates to plans mid-application without returning to the Home Page
- The agent can update billing mode, add or deselect HHD, and change plan selection (within same charter), on the Review Plan Selection page.
- For changes to Med Supp charter, dob, zip, or gender, the agent will need to start a new quote by clicking on the blue Express App icon on top left of screen. This info can only be updated in the Start A New Quote box.

Cigna | EXPRESS APP Send Forms AUSTIN, TX

Getting Started

- Applicant Information ✓
- Medicare Supplement (JANE) \$44.32
- Additional Info & Medicare ✓
- Open Enrollment/Guaranteed Issue Questions ✓
- Guaranteed Issue Right ✓

Review Plan Selection

Household Members

Marketing HIPAA

Billing Information

Agent Certification

Replacement Notice

State Required Form(s)

Review And Accept

Product GUID & Definition XML

Medicare Supplement (JOHN) \$164.53

Additional Info & Medicare

Household Members

Marketing HIPAA

Billing Information

Agent Certification

Review Plan Selection

Medicare Supplement (CHLIC)
Private health insurance designed to supplement original Medicare.
Insured by Cigna Health and Life Insurance Company

Please Note: Based on your answers, your rate class may have been updated and/or your premium may have changed. Please review and verify the updated rates with your customer.

Note: If your applicant has a GI right to a plan that is shown below as an underwritten plan, please use a paper application to apply for this plan as guaranteed issue.

Payment Mode/Method
EFT - Monthly

Guaranteed Issue Plans	
<input type="checkbox"/> Plan A	\$115.28
<input type="checkbox"/> Plan F	\$149.45
<input checked="" type="checkbox"/> Plan HDF	\$40.29
Medically Underwritten Plans	
<input type="checkbox"/> Plan G	\$127.74
<input type="checkbox"/> Plan N	\$104.21

Household Discount

*If another member of your household is applying for or currently has a Medicare Supplement plan with Cigna Health and Life Insurance Company or an affiliated company, you may qualify for a household discount; see the Outline of Coverage for details.

page context
MEDSUPP

By selecting "NEXT" the Agent attests that he/she explained that the applicant is entitled by law to any of the guaranteed issue plans (listed above) without medical underwriting. By choosing to be underwritten, the applicant risks being denied a plan and risks losing his or her guaranteed issue status unless, after being denied, a new application is submitted to an insurer before the expiration of the guaranteed issue time period.

NEXT >

Medical Questions Completing the Application

- Multiple applicants and products are **stacked** in the Navigation Bar
- Medical questions will only appear in the Nav Bar based on the answers to OE/GI questions, and **the tool will help determine** if the applicant is Underwritten
- If the answer to a medical question is Yes, the tool will either state "Field Declined, does not qualify", or provide instructions to return to the **Policy Selection Screen**, by clicking the Express App home button, to apply for Std II or Std III rate classes (where applicable)
- The agent can go through **each application separately**, or jump back and forth between each app by clicking on a tab in the Navigation Bar

Medical Questions

It is important that you provide truthful and accurate answers to the questions in this section as your answers form the basis of our determination of your eligibility for this coverage. Failure to provide complete and accurate information, if it is determined to be material to our assessment, may result in future denial of benefits and/or rescission of this coverage.

PART A. MEDICAL QUESTIONS - If the answer to any question in Part A is YES, you are not eligible for coverage. If you answered NO to all questions in this Section, please continue to Part B.

Are you currently confined, scheduled for admission, or in the last two (2) years have you been confined to a nursing facility or assisted living facility?

Yes No

Do you currently receive home health care services or, in the last two (2) years, have you received home health care services for more than three (3) separate periods of care?

Yes No

Do you currently have a terminal illness or are you currently in the hospital, pending hospital admission, or have you been hospitalized more than two (2) times in the last two (2) years?

Yes No

Do you currently receive assistance bathing, transferring, toileting, eating, dressing, or are you bedridden; or have you been advised by a medical professional to use the assistance of a wheelchair, walker, or motorized mobility aid?

Yes No

Do you have now or in the last two (2) years have you been treated for (including surgery) or advised by a medical professional to have treatment or surgery for the following conditions: internal cancer, leukemia, malignant melanoma, Hodgkin's disease, or lymphoma?

Yes No

angina, atherosclerosis, arteriosclerosis, peripheral vascular disease, heart attack, irregular heartbeat, atrial fibrillation, cardiomyopathy, congestive heart failure, angioplasty, stent placement, carotid artery disease, coronary artery disease (CAD), heart valve surgery, coronary bypass, cardiac pacemaker, implantable or subcutaneous defibrillator? (You should answer NO if your only treatment is with maintenance medication.)

Yes No

FIELD DECLINED: The applicant does not qualify for a Medicare Supplement Plan with Cigna Health and Life Insurance Company. However they may qualify with American Retirement Life Insurance Company in our Standard II and III rate classes. Please return to the product selection screen to see if the applicant qualifies by clicking the home button.

Parkinson's disease, myasthenia gravis, cerebral palsy, muscular dystrophy, multiple sclerosis or amyotrophic lateral sclerosis (Lou Gehrig's disease)?

Yes No

SAVE **NEXT >**

Review And Accept Submitting the Application

- Enter the Requested Effective Date
- Enter the Applicant's Social Security number and Medicare Card number (as applicable)
- Answer all 'Yes' or 'No' questions as required
- Green check marks on the Navigation bar will indicate each section is complete
- The agent will only be able to click "Submit" if all of the sections are complete with a green check mark
- To submit the application for processing, click the "Submit" button.
- To submit an additional application shown in the nav Bar, click the corresponding tab in the Nav Bar to proceed
- If an applicant does not wish to proceed with an application, do not click on Submit.

Submitting the Application

Submit Complete

Cigna | EXPRESS APP ←

MOODY, AL

Getting Started	
Applicant Information	✓
Medicare Supplement (DFGDFG)	\$146.06
Additional Info & Medicare	
Open Enrollment/Guaranteed Issue Questions	✓
Review Plan Selection	✓
Medical Questions	✓
Marketing HIPAA	✓
Med Supp HIPAA	✓
Billing Information	✓
Agent Certification	✓
Arbitration	✓
Review And Accept	✓
Submit	
Medicare Supplement (JOHN)	\$127.98
Additional Info & Medicare	
Review Plan Selection	

Submit

Successfully Submitted Your Application. Your Application ID is EX000005EK. This is not your applicant's CSB case number. You will receive an email once the application is received and assigned to New Business for processing that will include your applicant's CSB case number. Your application ID may be used in the event that technical troubleshooting is needed.

ATTENTION: Please check the Navigation bar for any additional applicants or products to be applied for. If additional coverage is to be applied for, please click on ADDITIONAL INFORMATION under the next product in the Navigation Bar. To return to the homepage, click on the blue EXPRESS APP home button.

- To submit an **additional application** queued in the Navigation Bar, click on Additional Info for the next applicant
- The **Application ID** should only be used in the case of technical troubleshooting during processing. This will not be the customer's case number or policy number. The case number will arrive separately via email.
- To return to the **homepage** and start a **new quote**, click on the blue Express App icon, above the Navigation Bar

Phone sales: saving time and money

Benefit of doing business with CSB

Complete the *entire* application, over the phone!



Call your customer.

- Fill out the application in **EXPRESS APP** while talking to your customer.



Conduct a Phone Verification (PV).

- If the sale requires a Phone Verification, conference in your customer and call the PV line at the point of sale. If no PV is required, skip this step.



Submit the application.

- **Submit** the application via **EXPRESS APP** or fax.



Benefits of Phone Sales:

- ✓ Improved efficiency
- ✓ Write business in both Resident and Non-Resident licensed states
- ✓ Increase your book of business
- ✓ Cover more ground quickly
- ✓ All CSB products are eligible for Phone Sales



EXPRESS APP 2.0

EXPRESS APP 2.0 is here!

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SPEED OF SUCCESS

Now available!

Together, all the way.®

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