

SALES NOTIFICATION FORM

PPO network

Please send this completed form to PS_Sales@Cigna.com.

SUBMITTER INFORMATION

 New Business

 Revision

 Submitted By:

 Today's Date:

TPA INFORMATION

 Legal Name:

 Physical Address:

 Main Phone #: Main Fax #:

 Sales/Account Manager Contact: Phone #: email:

 Implementation Contact: Phone #: email:

 Claims Contact: Phone #: email:

If billing address is different than above, please provide address in space provided below.

 Network Billing Contact: Phone #: email:

 Network Billing Address:

 PBM Billing Contact: Phone #: email:

 PBM Billing Address:

 Dental Billing Contact: Phone #: email:

 Dental Billing Address:

 MI Surcharge Billing Contact: Phone #: email:

 MI Surcharge Billing Address:

 Customer Service 800 Phone #: TPA (Administrator) License # Exempt? (Y/N)

License must be held in case state of situs.

If "Exempt," a copy of the state exemption letter must be supplied.

GROUP INFORMATION

 Cigna Group Number:

 Legal Name:

 Group Eff. Date:

 Physical Address:

 Industry/SIC: Tax ID #:

 Plan Renewal Month:

 TPA Assigned Group #:

COMPLIANCE INFORMATION

Correct information in this section is critical to ensure Cigna can meet state and federal compliance obligations for its Utilization Management and PBM services. Failure to accurately complete this section may result in UM letters, appeals processing, and PBM being out of compliance.**

Group Funding Type with TPA: Self-Funded (ASO) ERISA Self-Funded (ASO) Non-ERISA Fully Insured Group ERISA Fully Insured Group Non-ERISA
 Fully Insured Individual ERISA Fully Insured Individual Non-ERISA Fully Insured Student Plan Self-Funded Student Plan

List all Self-Funded ASO Situs States: (please provide valid USPS state code) List all Fully Insured Situs States:

Group PPACA Status: Grandfathered Non-grandfathered Exempt

Type of Organization: Association Corporation Partnership Public/Government
 Church/Religious Tribal Multiple Employer Trust/Trust Student Health Plan

Legal Names of Affiliated Companies (Including Affiliated Insurers)

BROKER INFORMATION

Broker Name: Brokerage Firm Name:

Mailing Address:

Phone #: email:

PRODUCTS PURCHASED

Cigna PPO Network:
 PEPM Rate: \$ # of EE lives:

Cigna Care Network (CCN):
 PEPM Rate: \$ # of EE lives:
 (PEPM same as network rate)

LifeSOURCE Transplant Network (required with medical coverage):
 Exception (please explain; include name of fully insured transplant product)

Stop Loss:
 Individual (Specific) Aggregate
 Individual (Specific) PEPM Rate \$ # of EE lives
 Aggregate PEPM Rate \$ # of EE lives

OONSP:

Medicare-based Maximum Reimbursable Charge (MRC2).

Select % of Medicare Reimbursed rate for 110% 200%
 Out-of-Network claims not captured by OONSP. 150%

Cigna Case Management
 PEPM Rate: \$

Members transitioning to Cigna Case Management or Transplant*?
 Number of members

**If yes, please fill out the Clinical Transition Information Form for all members transitioning.*

Cigna Pharmacy:
 # of EE Lives
 PBM Michigan Surcharge

Cigna Dental Network:
 PPO Shared Administration: # of EE lives:
 PPO Shared Administration Plus: # of EE lives:
 PEPM Rate: \$

Cigna EAP:
 Telephone Only (TEL) # of EE lives:
 One to three Face-to-Face (FTF) # of EE lives:
 PEPM Rate: \$

Please list other networks or variations in rates in the Additional Information section below.

NETWORK BENEFIT VERIFICATION

- SPD has been reviewed and is compliant with Cigna Network requirements
- SPD has been reviewed and is NOT compliant with Cigna Network requirements

If benefits are NOT compliant with Cigna Network requirements, please note the specific benefit(s) in the "Additional Information" section on this form.

Network Utilization:

- | | |
|--|--|
| <input type="checkbox"/> PPO – Cigna Network #2004 | <input type="checkbox"/> TPN – MVP Health Care #4405 |
| <input type="checkbox"/> PPO – Cigna Care Network #4430 | <input type="checkbox"/> TPN – PHCS (KY) #4412 |
| <input type="checkbox"/> TPN – Center Care #4411 | <input type="checkbox"/> TPN – PHCS (MI) #4418 |
| <input type="checkbox"/> TPN – Connect Care #4419 | <input type="checkbox"/> TPN – PHCS (MO) #4427 |
| <input type="checkbox"/> TPN – Community Health Network #4424 | <input type="checkbox"/> TPN – PHCS (NY) #4417 |
| <input type="checkbox"/> TPN – Health Alliance Plan #4406 | <input type="checkbox"/> TPN – PHCS (PA) #4401 |
| <input type="checkbox"/> TPN – Health Care Alliance Pool #4410 | <input type="checkbox"/> TPN – PHCS (WV) #4403 |
| <input type="checkbox"/> TPN – Health Partners #4407 | <input type="checkbox"/> TPN – Sagamore Health Network #4402 |
| <input type="checkbox"/> TPN – Idaho Physicians Network #4414 | <input type="checkbox"/> TPN – Sparrow Physicians Health #4421 |
| <input type="checkbox"/> TPN – MDX Hawaii Network #4404 | <input type="checkbox"/> TPN – Upper Peninsula Health #4420 |
| <input type="checkbox"/> TPN – Midlands Choice #4413 | <input type="checkbox"/> TPN – Valley Preferred #1607 (No Product) |
| <input type="checkbox"/> TPN – Mississippi Health Partners #4400 | |

Additional Information & Special Requirements (variation in work processes, special products, non-standard procedures or circumstances that may impact operations or servicing of this client):

