

PRESALE REQUEST FORM

Today's Date Payer Name Submitted by Phone #

RFP Due Date Payer Sales Contact Name Phone #

Client Effective Date Client Name Client Headquarters Location

Street Address City State Zip

Total EE Count Total EE on Plan Nature of Business (SIC code) Situs State

Self-Funded Yes No Retirees Covered Yes No Is Payer the Incumbent Administrator Yes No

Current Administrator Current Network Current PBM

Broker Name Broker Firm Name

Broker Mailing Address:

Broker Phone #: SSN/TIN/National Producer #:

Broker e-mail:

Please answer the following questions for all Medical Network requests:

1. What is the Lifetime Maximum? \$
2. Is Cigna's Network the sole network being offered to the client? Yes No
3. Is the client a health care professional - e.g., Health System, Hospital, Facility, Provider? Yes No
4. Does the benefit plan have any of the following:
 - a. Scheduled Benefit Plan - also known as a tiered benefit plan with 3 or more tiers? Yes No
 - b. Client Specific Network - e.g., employer has a specific contract with a local hospital or health system? Yes No
 - c. A minimum of 70% in-network coinsurance on all services? Yes No
 - d. A minimum of 10% benefit differential between in- and out-of-network coinsurance on all services? Yes No
5. Is the group domiciled and/or have over 50% of membership in the Alliance Networks service area [Health Alliance Plan (MI), Health Partners (MN, WI, and ND), MVP (NY)]? Yes No

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company.

6. Is this a tribal organization? Yes No

If Yes, what percentage of the membership is tribal?

7. Is the group requesting an exception to using the Cigna LifeSOURCE Transplant Network® (required with medical coverage)? Yes No

If Yes, please explain (for groups with a fully insured transplant policy, please indicate carrier and provide Cigna with a copy of the policy).

Please select all requested PreSale analytics below (standard turn-around times noted):

Network:

- Geo Access (4 business days)
- CPT Analysis (3 business days)
- Discount Analysis (3-digit zip) (3 business days)
- Disruption (5 business days)
- Repricing (11 business days)
- RFP (10 business days)

Pharmacy:

- Disruption (7 business days)
- Repricing (7 business days)
- RFP (10 business days)

Dental:

- Geo Access (4 business days)
- Disruption (7 business days)
- Repricing (11 business days)
- RFP (10 business days)

Cigna Care Network (CCN):

- Geo Access (4 business days)
- Disruption:
 - CCN - 18 (18 Specialties) (7 business days)
 - CCN - 21 (18 Specialties + 3 Primary Care) (7 business days)

Stop Loss:

- Individual (Specific) and Aggregate (7 business days)
- Individual (Specific) Only (7 business days)

Employee Assistance Program (EAP):

- Telephone Only (TEL) (5 business days)
- 1 - 3 Face-to-Face (FTF) (5 business days)

Other/Special Instructions:

PLEASE SUBMIT REQUEST TO: PS_Sales@Cigna.com

All non-standard product requests must be submitted via the **Exception Gateway** prior to requesting analytics.

