Dear Valued Partner,

To Scope or Not to Scope?

Actually, agents have asked the question, "Do I need a new Scope of Appointment (SOA) if I'm visiting a client for whom I have already completed an SOA?"

The simple answer is "Yes!"

The Centers for Medicare & Medicaid Services (CMS) requires agents to obtain a Scope of Appointment for each particular appointment or face to face meeting. A completed Scope of Appointment is valid for the one visit. It is not for a period of time, such as 30, 60 or 90 days. It does have an expiration date—the minute that particular visit is completed. So remember if a customer wants you to come back for another visit, you must have a newly completed Scope of Appointment.

As a reminder, in our continuing quest for sales excellence and in meeting CMS requirements, we have launched an exciting process regarding Scope of Appointments (SOA). CMS requires that plans and agents complete a SOA for every appointment, even those that do not result in a sale, and save the SOA for 10 years.

We have developed a simple telephonic method to relieve you of this burden while demonstrating to CMS that we are in compliance with this requirement. We call this process the TeleScope.

The process:
- Prospect dials TeleScope (1-866-398-6055) or prospect is with the agent utilizing three-way-calling
- The TeleScope Representative will ask for the following information:
May I please have your First, Last Name?
May I please have your Address & Telephone Number?
May I please have the Time/Date of appointment?
May I please have the First & Last Name of the Agent & the Agent ID? (The agent ID must be known by caller at time of Telescope or the SOA will not be recorded)

- Once the TeleScope is complete, an email will be sent to the agent confirming the TeleScope and providing the confirmation number. The agent must keep their confirmation number for verification in case there are issues with processing.
- The agent must enter the TeleScope confirmation number on page 4 of the Enrollment Form in the section marked "Internal Use"...any blank space that's available is acceptable.

****This process takes approximately 5-6 minutes to complete****

Hours of Operation: Jan 1st-September 1st, 2013- 8am-6pm ET- Monday-Friday

Cigna considers this to be a service we are offering to our agents to:
- Relieve agent from the burden of storing and filing SOA forms
- Eliminate confusion with the prospect when asked to sign a document prior to actually having an appointment
- Protect the agent from improperly completing SOA forms which would be classified as a CMS violation
- Ensure that SOA’s are completed prior to the appointment in accordance with CMS guidelines unless one of the allowed exceptions is met.

If you have questions, please contact your Medicare Broker Sales Executive.

Thank you,

Anthony Miguel and Keri Hall
Medicare Broker Sales Executives
Cigna Medicare of Arizona

<table>
<thead>
<tr>
<th>For all Cigna Medicare Select Plus Rx Plans</th>
<th>Routine Lab Costs and Facilities</th>
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Dear Valued Agent,

As you know, effective January 1st, 2013, Cigna contracted with Private Practice PCP's to offer Primary Care outside of the CMG (Cigna Medical Group). We’ve had many questions about Routine Lab, so please see below for answer.

Cigna Medicare Select Plus Rx members who choose a Private Practice PCP as their Primary Care Physician, may be referred to a CMG facility or Sonora Quest location for Routine Lab work (this is dependent upon the PCP who is
ordering the Routine Lab). Whether the Routine Lab is ordered from a CMG facility or Sonora Quest location, the copay will be $0.

If you have questions, please contact your Medicare Broker Sales Executive.

Thank you,

Anthony Miguel and Keri Hall
Medicare Broker Sales Executives
Cigna Medicare of Arizona

For additional information, please contact your Medicare Broker Sales Executive:

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