

2022 CIGNA COMPENSATION GUIDE

Overview of 2022 CMS compensation guidelines,
compensation pay and how to read commission statements.

SENIOR MARKET
ADVISORS 

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Agent Pay AL, AR, AZ, CO, DE, FL,
GA, IL, KS, MD, MO, MS, NC, NM,
OH, OK, SC, TN, TX, UT, VA, WA

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GENERAL KNOWLEDGE

General knowledge surrounding agent/broker compensation schedule guidelines



2022 Compensation Schedule Guidelines

All compensation for 2022 effective applications will be paid at the 2022 compensation rates indicated in the table below. Agent-level compensation for all eligible renewing customers will also be paid based on the 2022 compensation rates, regardless of original effective year. Agency admin fees for renewing customers will be paid based on historical renewal compensation rates in place at the time the customer was originally enrolled; however, if the historical renewal compensation rates exceed the amounts allowable in the current year as published by CMS, the renewal compensation will be automatically adjusted to comply with applicable law.

Note: Agency admin fees for customers originally enrolled under a Cigna Legacy AZ contract will be paid based on 2022 renewal compensation rates.



Initial Compensation vs. Renewal

Per CMS, Initial Compensation is paid only when the beneficiary is a new enrollee to Medicare or MA/MAPD, as validated by the CMS Compensation Reports. All compensation will be paid as renewal compensation unless CMS Compensation Reports indicate the compensation should be Initial Compensation. In addition, compensation will not be received until CMS approves the customer's enrollment.

AGENT COMPENSATION PAY

MA / MAPD Compensation Rates

Cigna Markets: AL, AR, AZ, CO, DE, FL, GA, IL, KS, MD, MO, MS, NC, NM, OH, OK, SC, TN, TX, UT, VA, WA (beginning with January 1, 2022 effective dates)

Sales Entity	Initial Compensation	Replacement/Renewal Compensation
National Independent Agents	\$573	\$287

AGENT COMPENSATION PAY

MA / MAPD Compensation Rates

Cigna Markets: CT/DC/PA (beginning with January 1, 2022 effective dates)

Sales Entity	Initial Compensation	Replacement/Renewal Compensation
CT/DC/PA Independent Agents	\$646	\$323

AGENT COMPENSATION SCHEDULE

MA / MAPD Compensation Rates

Cigna Markets: NJ (beginning with January 1, 2022 effective dates)

Sales Entity	Initial Compensation	Replacement/Renewal Compensation
NJ Independent Agents	\$715	\$358

VIEW STATEMENTS

Example of Statement from Cigna



How to View Statement

Cigna statements are sent via email from commissions@cignamedicare.com. These statements will be in Microsoft Excel format.



Deposit Name

When viewing your bank statement, the commissions deposit will be named, **"HEALTHSPRING"**

HOW TO READ CIGNA STATEMENT

Example of statement from Cigna

Payment Type	Beneficiary Name	Medicare Number	Cigna Member Id	Effective Date	Termination Date	Signature Date	State	Payment Amount	Cigna Agent Id	Agent NPN	Agent	Adjustment Notes
New Application	Doe, John	1ABC23456789	12345678	10/1/21	12/31/78	9/7/21	FL	\$100.00	C123456	123456789	SMITH, JANE	NEW APP PAYMENT
New Application	Doe, John	1ABC23456789	12345678	9/1/21	12/31/78	8/30/21	TX	\$100.00	C123456	123456789	SMITH, JANE	NEW APP PAYMENT
New Application	Doe, John	1ABC23456789	12345678	10/1/21	12/31/78	9/27/21	NC	\$100.00	C123456	123456789	SMITH, JANE	NEW APP PAYMENT
New Application	Doe, John	1ABC23456789	12345678	10/1/21	12/31/78	9/25/21	SC	\$150.00	C123456	123456789	SMITH, JANE	NEW APP PAYMENT
New Application	Doe, John	1ABC23456789	12345678	10/1/21	12/31/78	9/24/21	UT	\$100.00	C123456	123456789	SMITH, JANE	NEW APP PAYMENT
New Application	Doe, John	1ABC23456789	12345678	9/1/21	12/31/78	8/31/21	TX	\$100.00	C123456	123456789	SMITH, JANE	NEW APP PAYMENT
New Application	Doe, John	1ABC23456789	12345678	9/1/21	12/31/78	8/20/21	NC	\$100.00	C123456	123456789	SMITH, JANE	NEW APP PAYMENT
New Application	Doe, John	1ABC23456789	12345678	10/1/21	12/31/78	9/21/21	UT	\$100.00	C123456	123456789	SMITH, JANE	NEW APP PAYMENT
New Application	Doe, John	1ABC23456789	12345678	10/1/21	12/31/78	9/22/21	TX	\$100.00	C123456	123456789	SMITH, JANE	NEW APP PAYMENT
New Application	Doe, John	1ABC23456789	12345678	10/1/21	12/31/78	9/22/21	UT	\$100.00	C123456	123456789	SMITH, JANE	NEW APP PAYMENT
New Application	Doe, John	1ABC23456789	12345678	9/1/21	12/31/78	8/23/21	VA	\$100.00	C123456	123456789	SMITH, JANE	NEW APP PAYMENT
Chargeback	Doe, John	1ABC23456789	12345678	10/1/21	10/1/21	9/17/21	TN	-\$100.00	C123456	123456789	SMITH, JANE	DISENROLLMENT-VOLUNTARY

Payment Type: For example: New Application or Renewal

Beneficiary Name: Beneficiary's name

Medicare Number: Beneficiary Medicare Number

Cigna Member Id: Member identifier with Cigna

Effective Date: Effective date

Termination Date: Termination date (if applicable)

Signature Date: Date application was signed by agent

State: State

Payment Amount: Commission amount paid

Cigna Agent Id: Agent Cigna identifier

Agent NPN: Agent National Producer Number

Agent: Your Name

Adjustment Notes: Notes can include things like CMS True Up, New App, Commissions, etc.

Questions? We're here to help.

Email commissions@medicarehealthbenefits.com

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