

**Committee on Energy and Commerce**  
**U.S. House of Representatives**  
 Witness Disclosure Requirement - "Truth in Testimony"  
 Required by House Rule XI, Clause 2(g)

<b>1. Your Name:</b> Brian Evanko		
<b>2. Are you testifying on behalf of the Federal, or a State or local government entity?</b>	Yes	No X
<b>3. Are you testifying on behalf of an entity that is not a government entity?</b>	Yes X	No
<b>4. Other than yourself, please list which entity or entities you are representing:</b> Cigna Corp.		
<b>5. Please list any Federal grants or contracts (including subgrants or subcontracts) that you or the entity you represent have received on or after October 1, 2011:</b> Please see attached		
<b>6. If your answer to the question in item 3 in this form is "yes," please describe your position or representational capacity with the entity or entities you are representing:</b> Segment Lead, US Individual Health		
<b>7. If your answer to the question in item 3 is "yes," do any of the entities disclosed in item 4 have parent organizations, subsidiaries, or partnerships that you are not representing in your testimony?</b>	Yes X	No
<b>8. If the answer to the question in item 3 is "yes," please list any Federal grants or contracts (including subgrants or subcontracts) that were received by the entities listed under the question in item 4 on or after October 1, 2011, that exceed 10 percent of the revenue of the entities in the year received, including the source and amount of each grant or contract to be listed:</b> Cigna did not receive any federal grants or contracts after October 1, 2011 which exceeded 10 percent of Cigna Corp revenue in the year received		
<b>9. Please attach your curriculum vitae to your completed disclosure form.</b> Please see attached		

Signature: \_\_\_\_\_



Date: 5/6/2014

**Question 5**

Cigna-HealthSpring Federal Contracts under Medicare Advantage/Part D Programs

<b>Contract Number</b>	<b>State</b>	<b>Organization Name</b>	<b>Plan Type</b>
H0354	Arizona	CIGNA HEALTHCARE OF ARIZONA, INC.	HMO/HMOPOS
H0439	Georgia	CIGNA HEALTHCARE OF GEORGIA, INC.	HMO/HMOPOS
H3945	Arkansas / Indiana	CIGNA HEALTH AND LIFE INSURANCE COMPANY	HMO/HMOPOS
H7020	South Carolina	CIGNA HEALTHCARE OF SOUTH CAROLINA, INC.	HMO/HMOPOS
H9725	North Carolina	CIGNA HEALTHCARE OF NORTH CAROLINA, INC.	HMO/HMOPOS
H0150	Alabama	HEALTHSPRING OF ALABAMA, INC.	HMO/HMOPOS
H1415	Illinois	HEALTHSPRING OF TENNESSEE, INC.	HMO/HMOPOS
H2108	Delaware, Maryland, Wash D.C	BRAVO HEALTH MID-ATLANTIC INC.	HMO/HMOPOS
H2165	Georgia /Texas	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	HMO/HMOPOS
H2676	Arkansas / Texas	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	Local PPO
H3949	Pennsylvania	BRAVO HEALTH PENNSYLVANIA INC.	HMO/HMOPOS
H4125	Oklahoma	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	HMO/HMOPOS
H4407	Mississippi	HEALTHSPRING OF TENNESSEE, INC.	HMO/HMOPOS
H4454	Tennessee	HEALTHSPRING OF TENNESSEE, INC.	HMO/HMOPOS
H4513	Texas	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	HMO/HMOPOS
H4528	Texas	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	HMO/HMOPOS

H4871	Arkansas	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	Local PPO
H5410	Florida	HEALTHSPRING OF FLORIDA	HMO/HMOPOS
H6972	Arkansas	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	HMO/HMOPOS
H7787	Texas	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	Local PPO
H7811	Texas	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	HMO/HMOPOS
H6751	Illinois	HEALTHSPRING OF TENNESSEE, INC.	Medicare-Medicaid (MMP) HMO
S5932	National (34 Regions)	HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.	PDP
S5617	National (34 Regions)	CIGNA HEALTH AND LIFE INSURANCE COMPANY	PDP