

Cigna® True Choice Medicare (PPO)

Medicare Advantage PPO medical plans with integrated
Part D prescription drug coverage



FREQUENTLY ASKED QUESTIONS

**Helpful information for Cigna
Medicare Advantage PPO customers**

Together, all the way.®





Questions?

We've got answers.

Thank you for being a Cigna True Choice customer. We're here to help you at every step of your journey toward better health and well-being. Part of our commitment includes making sure you have answers to frequently asked questions. And if you have a question that's not answered here, please call Customer Service at **1-888-281-7867 (TTY 711)**.

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GENERAL INFORMATION

Q: What is a Medicare Advantage plan?

A: Medicare Advantage plans are another way to get your Medicare Part A and Part B coverage plus additional benefits. Medicare Advantage plans are sometimes called Part C or MA plans. The Centers for Medicare & Medicaid Services (CMS) contracts with health insurers such as Cigna to offer these comprehensive health insurance plans to Medicare-eligible enrollees.

Your Cigna® True Choice Medicare (PPO) plan is a Medicare Advantage plan.

Q: Do I still have to pay Medicare premiums?

A: Retirees are required to continue to pay their Medicare premiums through Social Security in addition to premiums to your employer.

Q: How can I request a copy of my Cigna ID card?

A: To request a new ID card, call Customer Service at **1-888-281-7867 (TTY 711)**. You can also view or print your ID card at **myCigna.com**. With the myCigna app, you can also share your ID card via email or text.

Q: What is the Income-Related Monthly Adjustment Amount (IRMAA)?

A: Some people may have to pay an extra dollar amount to the Social Security Administration because of their yearly income. If your income is above \$88,000* for an individual or married individuals filing separately, or above \$176,000* for married couples, you must pay an extra amount for your Medicare coverage.

If you are impacted, the Social Security Administration will send you a letter telling you what the amount will be and how to pay it. You will need to pay this amount to the Social Security Administration office and not your plan.

*For up-to-date income ranges, visit www.Medicare.gov/Drug-Coverage-Part-D/Costs-For-Medicare-Drug-Coverage/Monthly-Premium-For-Drug-Plans.

ONLINE TOOLS AND RESOURCES

Q: What online tools and resources are available to me as a Cigna Medicare Advantage customer?

A: After you enroll, visit your personalized online customer portal at **myCigna.com** or with the **myCigna** app to:

- › View your Cigna Medicare Advantage benefits.
- › Manage your profile and preferences.
- › View your drug list.
- › Find a doctor, including telehealth.
- › Find a network pharmacy.
- › Review claim history and Explanation of Benefits (EOB) details.
- › Manage your prescriptions.
- › Price a medication.
- › Access your Healthy Rewards™ discount programs.
- › View and print your ID card.
- › Complete your incentive program registration and choose your gift card.

If you need help registering with **myCigna.com**, please call our myCigna help desk at **1-800-853-2713 (TTY 711)**.

You can also visit **CignaMedicare.com/group/MAresources** with no registration required to:

- › Find a doctor. Search by state, county and plan type to find in-network primary care and specialty care providers.
- › Find pharmacies near you by searching with your ZIP code.
- › Access a range of forms, such as reimbursement claim forms, personal medication lists and more.

Q: Can I use a previous myCigna account to access my Cigna Medicare Advantage plan?

A: If you already have a **myCigna** account, you can continue to use it without re-registering. When you log in to **myCigna**, you'll see new menu options for Medicare Medical and Medicare Pharmacy in your Coverage menu, along with any previous coverage you had.

If you have a dependent, they may need to re-register and create a new account to see their new Medicare coverage. This is because Medicare requires each eligible person to have Medicare coverage on an individual basis.

If your dependent needs help registering with **myCigna.com**, they can call our myCigna help desk at **1-800-853-2713 (TTY 711)**.

PROVIDER ACCESS

Q: Where can I find a list of providers who accept the plan?

A: Existing customers can search for a provider using our online provider directory at **myCigna.com**.

Prior to enrollment, you can also visit **CignaMedicare.com/group/MAresources**. Click on "Find a Medicare Advantage Provider" to search for a provider or download a provider directory for your state.

Whether you view our online provider directory through **myCigna.com** or **CignaMedicare.com/group/MAresources**, you'll access the same online directory with the most up-to-date information. If you have questions or need help, call Customer Service at **1-888-281-7867 (TTY 711)**.

Q: If my doctor is not in-network, what is the best way to determine if they are willing to accept the plan?

A: Call Customer Service at **1-888-281-7867 (TTY 711)** and we will reach out to the doctor on your behalf to explain how the plan works and answer any questions.

Q: How can providers learn about Cigna Medicare Advantage PPO plans?

A: Providers can learn more about the Cigna True Choice plan by viewing our Provider Manual at **MedicareProviders.Cigna.com**.

Providers can find information about verifying eligibility, filing claims and joining the Cigna True Choice network.

Providers can also call Provider Customer Service for help at **1-800-230-6138**.

Q: What do I do if my doctor says they do not accept the Cigna True Choice Medicare (PPO) plan?

A: You can see any out-of-network provider who participates in Medicare and accepts the plan. Accepting the plan means the doctor is willing to treat you and bill Cigna, even though they are not contracted with Cigna as an in-network Medicare Advantage provider.

Providers can learn more about the Cigna True Choice Medicare (PPO) plan by viewing our out-of-network Provider Manual at **MedicareProviders.Cigna.com** > Provider Manuals > 2021 Out-of-Network PPO Manual.

If your doctor won't accept or bill the plan, call Customer Service at **1-888-281-7867 (TTY 711)** for assistance. Cigna will reach out to the doctor on your behalf to explain how the plan works.



Q: How do I get reimbursed if I was required to pay up front for services from an out-of-network provider?

A: An out-of-network provider may refuse to bill Cigna directly and ask that you pay the full allowable amount set by Medicare. If you pay the provider up front, you will need to submit your claim to Cigna for reimbursement, less your copay or coinsurance.

Cigna reimbursement payments are made at 100% of Medicare-allowable charges, based on Medicare-allowable services and your benefit plan. If you pay for services up front and your provider charged more than 100% of what is allowed by Medicare, you may not be fully reimbursed by Cigna.

To submit a medical claim for reimbursement, follow these steps:

1. Complete the Direct Member Reimbursement (DMR) claim form located online at **CignaMedicare.com/group/MAresources**. Submit a separate form for each request.
2. Attach all payment receipts. If you do not have a detailed receipt for each claimed service, call your doctor or provider for a replacement receipt or a patient printout. The receipt must show proof of payment and/or the provider's signature.
3. Make sure to make a copy for your records.
4. Mail your claim or reimbursement request to us at:

Cigna

Attn: Direct Member Reimbursement, Medical Claims

PO Box 20002

Nashville, TN 37202

The DMR claim form must be submitted within one year of the date you received the specific service or benefit. If your DMR claim form is incomplete, it will be returned to you and will cause delays in processing.



Q: How does my provider verify eligibility and benefits for my Cigna True Choice Medicare (PPO) plan?

A: Cigna offers providers multiple provider customer service phone numbers and websites across our product lines. Your Cigna True Choice Medicare (PPO) plan is a Medicare Advantage plan, and it is important that providers use the correct resources.

Providers can verify Medicare Advantage eligibility and benefits 24/7 through our interactive voice response system at **1-800-230-6138**. Providers can also speak with Cigna Medicare Advantage Provider Customer Service at the same number, Monday – Friday, 8 a.m. – 5 p.m. CST.

Always present your Cigna ID card to providers when you receive services. Your ID card includes the correct provider customer service number for your plan.

In-network providers can also verify eligibility and benefits online by visiting **MedicareProviders.Cigna.com**.

Q: How does my provider submit claims for my Cigna True Choice Medicare (PPO) plan?

A: Your Cigna True Choice Medicare (PPO) plan is a Medicare Advantage plan. Providers can view information on Medicare Advantage electronic claim submission and billing guidelines by visiting **MedicareProviders.Cigna.com**.

Providers can also call Cigna True Choice Provider Customer Service with claim and billing questions at **1-800-230-6138**, Monday – Friday, 8 a.m. – 5 p.m. CST.

CLAIMS AND COVERAGE

Q: How do I determine if a specific medical service is covered and what it will cost?

A: Visit us online at **myCigna.com** to review your coverage details or review the EOC Snapshot that was mailed to you. If you have questions, call Customer Service at **1-888-281-7867 (TTY 711)** and we can tell you if a service is covered and verify benefits for the service.

Q: What medical services require prior authorization?

A: If you have questions about prior authorization, call Customer Service at **1-888-281-7867 (TTY 711)**.

Providers can learn more about prior authorization requirements by visiting **MedicareProviders.Cigna.com** > Forms and Practice Support > Prior Authorization Requirements.

Q: Who can assist with questions I have about claims?

A: For help with questions about claims, call Customer Service at **1-888-281-7867 (TTY 711)**.

Q: When will I receive my Explanation of Benefits (EOB) in the mail or be able to view it on myCigna?

A: As a Medicare requirement, EOBs are produced and mailed at the end of the month following the month when claims are processed. After the EOB is mailed, it will also appear on **myCigna.com**.

For example, the EOB for a medical claim processed in June will be mailed at the end of July and then will appear on **myCigna** in early August.

You will also receive a prescription drug EOB to show how your plan paid your prescription bills during a given month. This monthly statement will show the billed charges, how much the plan paid and the amount that you paid. You will only receive a prescription drug EOB if you used your Cigna Medicare Advantage plan's prescription drug benefit recently.

Q: How do I obtain approval for durable medical equipment (DME) and supplies?

A: Your provider will need to submit an order to a Cigna Medicare preferred DME vendor. After receiving the order, the vendor will seek authorization from Cigna by providing clinical information. Upon approval, the DME and/or supplies will be shipped to you.

From the time Cigna receives the authorization request, the approval process takes up to 14 days for standard requests and 72 hours for expedited requests. After Cigna provides approval, the vendor will begin the fulfillment/shipping process. End-to-end timing can vary depending on the DME vendor fulfilling the order.

For a list of preferred DME vendors, call Customer Service at **1-888-281-7867 (TTY 711)**.



PRESCRIPTION DRUGS

Q: How do I know if a drug is covered under my prescription drug coverage or under my medical coverage?

A: Medicare covers different types of medications in different ways. Some medications are covered under your Cigna Medicare Advantage plan's Part B medical coverage. Many other medications are covered by your Cigna Medicare Advantage plan's Part D prescription drug coverage.

Your medical benefits cover:

- › Certain medications, such as antigens (allergy injections), blood products (plasma protein and plasma expanders), hemophilia drugs and intra-articular injections
- › Durable medical equipment (DME), such as diabetic test strips, inhalers and wheelchairs

Your prescription drug benefits cover:

- › Medications you may take regularly to manage conditions such as heart disease, high cholesterol and asthma
- › Medications you may take for a short time, such as antibiotics

Sometimes, where or why you receive a medication or service determines how it's covered. In general, your pharmacist or health care provider will determine whether to bill the claim for the drug in question under the Medicare Part B or Part D portion of your Cigna coverage.

Q: How do I know the cost of my new medication on my plan?

A: With the Price a Medication tool on **myCigna.com**, you can price medications by entering a drug name and dosage. After you log in, go to Prescriptions > Price a Medication.

The Price a Medication tool will return out-of-pocket costs at local pharmacies near you as well as Express Scripts® Pharmacy home delivery pricing for comparison purposes.

The tool will provide alternate drugs that may be available and provide messaging if there are any restrictions on the drug.

You can also call Customer Service at **1-888-281-7867 (TTY 711)** and we can help you understand the cost of a medication.

Q: How do I use Express Scripts Pharmacy for home delivery?

A: To set up an account with Express Scripts Pharmacy, please have your Cigna ID card and medication list on hand and visit **myCigna.com** or call Express Scripts Pharmacy at **1-877-860-0982 (TTY 711)**, Monday – Friday, 7 a.m. – 11 p.m. CST.

If you were already an Express Scripts Pharmacy customer when you joined Cigna True Choice Medicare (PPO), you can transfer your existing prescription(s) to your new patient profile by calling Express Scripts Pharmacy.

Express Scripts Pharmacy is a Cigna company. Other pharmacies are available in our network.

Q: Why do some drugs require an authorization to be covered?

A: For certain prescription drugs, we have additional requirements for coverage or limits on our coverage. These requirements and limits ensure that individuals use these drugs in the most effective way and also help us control drug plan costs, which keeps your drug coverage more affordable. A team of health care providers and pharmacists developed these requirements and limits to help us provide quality coverage to our customers. The requirements for coverage or limits on certain drugs are listed as follows:

- › **What is prior authorization?** We require you to get prior authorization (prior approval) for certain drugs. This means that authorized health care providers will need to get approval from us before you fill your prescription. If they don't get approval, we may not cover the drug.
- › **What is a quantity limit?** For certain drugs, we limit the amount of the drug that we will cover per prescription or for a defined period of time. For example, we may limit a specific drug to 30 tablets per 30 days.
- › **What is step therapy?** In some cases, we require that you first try one drug to treat your medical condition before we will cover another drug for that condition. For example, if drug A and drug B both treat your medical condition, we may require your health care provider to prescribe drug A first. If drug A does not work for you, then we will cover drug B.

For help with questions about prescription drug authorizations, call Customer Service at **1-888-281-7867 (TTY 711)**.

WELLNESS INCENTIVES

Q: How does the incentive program work?

A: As a Cigna Medicare Advantage customer, you can earn a reward for completing your yearly health check-up. Gift card rewards are available from Amazon.com, Target or Walmart.

The yearly health check-up must be completed to participate in the incentive program. After you complete your wellness exam, you may be eligible for more incentives for completing additional preventive screenings and exams recommended by your doctor.

After you complete your yearly health check-up, you can request your incentive online at **myCigna.com** or by mailing in an incentive form (you should have received a form at the start of the plan year). Rewards for other activities will be issued automatically based on claims received from your providers after your yearly health check-up reward is processed.

To get started, visit **myCigna.com** or call Customer Service at **1-888-281-7867 (TTY 711)**.

Q: What is the yearly health check-up? How is it different from Medicare's annual wellness visit?

A: Cigna's yearly health check-up is an extensive physical exam including a medical history collection. It may also include any of the following: vital signs, observation of general appearance, a head and neck exam, a heart and lung exam, an abdominal exam, a neurological exam, a dermatological exam, and an extremities exam.

Coverage for this benefit is in addition to the Medicare-covered annual wellness visit and the "Welcome to Medicare" Preventive Visit.



Help is always here.

If you have any questions, Customer Service is here to help. We go above and beyond to make sure you have everything you need to understand and get the most from your plan.

Call **1-888-281-7867 (TTY 711)**, October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week, and April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Our automated phone system may answer your call during weekends, holidays and after hours.



Out-of-network/non-contracted providers are under no obligation to treat Cigna members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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