



The University of Vermont
UVM Retiree Medicare Advantage Plan Changes

Frequently Asked Questions #2

Below are questions that have been asked by UVM retirees since the announced plan to move retiree medical and prescription drug benefits from Vermont Blue Advantage to Cigna Group Medicare effective 1/1/23.

1. **Is my health care provider in the Cigna network?** With Cigna Medicare Advantage PPO, you can see any in-network or out-of-network provider with no referrals, as long as they accept Medicare. The retiree cost-share will be the same to see an in-network provider or out-of-network provider.

Finding a participating provider, facility or pharmacy is easy.

Existing customers can search for a provider using the 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)**. If your doctor is not in-network and has questions about accepting the plan, let Cigna know. Cigna Customer Service will reach out on your behalf.

2. **Are the drugs I specifically use covered and will they have the same co-pays?** The new Cigna Medicare Advantage plan aligns with your current coverage, including the pharmacy copayments. However, there may be minor differences in the formulary. See Question #36 for more details.
3. **What will be my reduced premium be for January 2023?** Retiree premiums will decrease by approximately 60% starting with your January bill. The exact amount will be indicated on the bill usually sent in December. This premium amount will be fixed and will not change for three years.
4. **I could not attend the information sessions on Sept. 20 and 22. Were they recorded for later viewing?** Yes, the September 20th information session was recorded and is posted on the UVM HR Website on the Retirement Resources page under News & Updates.
5. **Is the plan change only for those age 65 or older?** Yes, only those who are UVM eligible and Medicare eligible. If you are retired and under age 65, your medical plan will be the same as active employees, The Blue Cross Blue Shield of Vermont VHP plan.

6. **Is the UVM plan different from other Medicare Advantage plans that are heavily advertised?** Yes - the UVM is different. This plan is different and should not be confused with individual Medicare Advantage plans. It is a special plan with more generous health plan features than those that are publicly advertised. The plans publicly advertised are offered to individuals only. UVM's plan is a Group Medicare plan and customized for UVM to have low co-pays, deductibles and a special pharmacy drug list. UVM highly recommends you stay in the UVM group Medicare plan, however, if you consider making a change, be very careful. You may want to consider consulting a professional qualified benefits advisor. Do a careful comparison of the specific medical and pharmacy benefits as compared to UVM. Don't be overly focused on non-medical benefits like free meals, rides to doctors, zero premium, etc. Stay focused on how the specific medical plans compare.
7. **What are details the new Hearing Aid benefit effective 1/1/23?** Cigna partners with Hearing Care Solutions (HCS) to provide routine hearing exams/evaluations, fittings, and distribution of hearing aids. Retirees can call Hearing Care Solutions to find a provider in their area and/or schedule and appointment. However, **retirees can see any provider in or out of network**. HCS will process both in and out of network claims including: annual routine hearing exam, hearing aid evaluation, hearing aid device up to the \$3,000 hearing aid allowance amount every two years.
8. **What are the details of the new Vision benefit effective 1/1/23?** Cigna partners with EyeMed to provide routine eye exams and eyewear (lenses, frames or contacts). However, **retirees can see any provider in or out of network**. EyeMed will process in and out of network claims including: routine eye exam and lenses, frames, or contacts up to \$250 annual allowance
9. **What are the details of the new Silver & Fit fitness benefit?** After 1/1/23, retirees can go to SilverandFit.com and choose a fitness center and/or select one Home Fitness Kit. There will be access to 16,000+ participating fitness centers, including exercise classes, cycling, and yoga studios, with the ability to change fitness centers at any time at no cost to the retirees and dependents. If your local gym is not in the network, you can nominate them and they will be contacted to join.
10. **Are there any gyms around here?** Retirees can go to SilverandFit.com and choose a fitness center and/or select one Home Fitness Kit. If your local gym is not in the network, you can nominate them and they will be contacted to join.
11. **Does it cover Silver Sneakers?** Cigna's plans offer Silver&Fit® Fitness Program at no cost for a fitness memberships. Silver Sneakers is a different program. Silver & Fit is similar to Silver Sneakers but also includes additional benefits such as healthy aging coaching, home-based kit options and more.
12. **Do these extra benefits cover just the retiree or also all dependents?** Hearing, vision and fitness benefits apply to each covered person independently. All Medicare-eligible

retirees, spouses and/or dependents enrolled in the Medicare Advantage plan are covered.

- 13. I have heard Cigna has a reputation of not making payments to providers, can you respond?** This issue has been raised but it does not apply to their Cigna Group Medicare plans. Out of network Medicare providers are paid at 100% of Medicare rates. However, related to non-Medicare plans, there is a recent dispute in Connecticut about how some out of network claims have been paid.

It is important to note that in some cases, providers submit the claim to the wrong Cigna department (even though the retiree shows the new Cigna ID card) and the claim is not paid. When the provider receives the claim denial from Cigna, they bill the retiree. In these cases, the retiree needs to call Cigna Medicare Customer Service to have this issue resolved. Usually, in cases like this one, Cigna calls the provider and educates them on how the claim needs to be submitted so they can pay it.

- 14. I live in another state outside Vermont, will Cigna cover out of network providers?**

Any health care provider that accepts Original Medicare coverage can accept Cigna Group Medicare Advantage. This applies to California, Vermont and all other states.

- 15. How can Cigna charge so much less than Vermont Blue Advantage?** Cigna is committed to a long term relationship with the University of Vermont. Our commitment to clinical quality, cost savings and customer satisfaction allow us to deliver the immediate and long term savings. We are confident these trends will continue due to our Stars performance that rewards Cigna Medicare Advantage for high quality and customer satisfaction.

- 16. How will customer service work at Cigna?** Cigna Group Medicare Advantage customer service has a separate Group customer service team and telephone number so retirees will work with a specially-trained team of individuals who have access to your plan documents and information about UVM.

- 17. Where will the call center be located?** The Cigna Group Medicare Advantage call team is located in the United States. The Cigna work model allows individual to work virtually from locations around the country.

- 18. Will they be fully trained in the UVM plan details and to handle specific inquiries?** Yes. The Group Medicare Advantage customer service team will be trained on the UVM plan and have access to the UVM plan documents.

- 19. Will the pre-enrollment call number have these UVM specific details?** The pre-enrollment number will be the same as the ongoing Group Medicare Advantage Customer Service number to ensure this group of specially-trained individuals can assist the UVM retirees during implementation and going forward. Retirees will be able to call this

number as soon as we can get finalized benefits loaded into the system and communications created. This is expected by late October.

- 20. How will issues be escalated? Will UVM have an advocate or person in which to go to escalate and resolve issues?** A person at Cigna has been designated the point of contact for all escalated inquiries going forward. Retirees can contact Group Medicare Advantage customer service who will reach out to her if there is a need for escalation. If the retiree reaches out to UVM directly, those inquiries will be forwarded to the Cigna representative and she will resolve and coordinate outreach to the retiree.
- 21. Is the new plan a PPO?** Yes. The Cigna Group Medicare Advantage is a Passive PPO plan which allows retirees obtain care from providers who participate in the Cigna Medicare PPO network or accept original Medicare. Out-of-network coverage has the same cost share as in-network.
- 22. What are the worldwide travel benefits?** Yes. The plan includes emergent and urgent care worldwide, with a \$0 copay and up to \$50,000 annually. The current Vermont Blue Advantage plan has a \$50,000 lifetime maximum.
- 23. Will the new coverage "travel" with us, i.e., cover us when we travel out of area and/or move out of area?** Yes. Cigna's Medicare Advantage Passive PPO plan provides coverage in all 50 states as well as Washington DC, Puerto Rico, and the US Virgin Islands. Retirees who live in or outside the service area are able to see any provider who accepts Medicare with no referrals required.
- 24. Is chiropractic care and acupuncture covered?**
Yes, Cigna Group Medicare covers acupuncture and chiropractic care. The plan will also cover routine chiropractic care up to 6 visits per year and one set of x-rays up to 3 views.

Discounts are available through Healthy Rewards for routine acupuncture and chiropractic care beyond 6 visits per year.
- 25. Will there be coverage be for naturopaths and independent licensed mental health counselors?** Yes, the plan will cover naturopaths (\$10 copay per visit for the J Plan and \$0 copay for the Medicomp plan) and independent licensed mental health counselors with a \$0 copay for both plans.
- 26. Will naturopaths be able to serve as primary care physicians?**
Yes, however, Primary Care Physicians are not required under the Cigna Group Medicare Advantage plan. Please note Cigna does require certain billing codes for Yearly Health Check-up (or equivalent comprehensive exam) completion to qualify for the wellness incentive.
- 27. What about coverage for Osteopaths?** Yes. Osteopathic providers are covered. Osteopathic provider services will be covered the same as either a PCP or specialist.

28. If we chose to leave for a period of time to use an alternate employer plan, could we come back to the UVM plan upon retirement from that employer?

UVM retirees who have left the UVM retiree medical plan can choose to return to the UVM plan during the annual open enrollment. They may also return when affected by a qualifying life event.

29. What if someone is already enrolled in the VBA SASH program? Will they be able to continue in that program or is there an equivalent program with Cigna? Cigna does not offer SASH but provides home based services and clinical support programs. If you would like support from Cigna's clinical support team or home-based care, please reach out to customer service when that number is made available later this month.

30. Will we be informed of any phone numbers essential to contact Cigna? Yes. Cigna Customer service number will be included in upcoming communications later in October and listed on a back of your ID Card US. Customer service representatives are available Monday through Friday from 8:00 a.m. to 8:00 p.m. local time. From October 1 through March 31, customer service advocates (CSAs) are also available on Saturdays and Sundays.

31. Will balance billing be allowed? No, as long as the provider accepts Medicare and the service provided is covered by Medicare and/or the Cigna Medicare Advantage plan.

32. Does any “medicare accepting provider” include labs/radiology/out-patient surgical centers? Yes. Details of covered services will be explained in the Evidence of Coverage document you will receive in a separate mailing

33. When will we get our new Medical Cards? You will receive the Cigna Medicare Advantage card prior to January 1, 2023. This will come in a plain white windowed envelope for security reasons (like a new credit card would).

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. After January 1st, 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. You will also be able to request replacement ID cards by calling Customer Service.

34. What is your target date for sending out the detailed coverage information?

Cigna will send informational kits in late October including detailed coverage information.

35. As a Medicare Advantage Plan, will we still have to pay for Medicare Part B separately, or is that now covered? Retirees are required to continue to pay their Medicare Part B premiums on their own through Social Security.

36. What are the drug formulary changes? Will you post the formulary soon? Yes, you may see minor formulary differences. Cigna will send informational kits in early November including a formulary addendum and ways to view the base formulary online.

The drug formulary is already available online. It is the Group Medicare **Enhanced 2023 Drug list**. Visit www.cigna.com/medicare/member-resources/group-plans-resources and look under Cigna Group Medicare Plans Drug List Formulary for the Group Medicare **Enhanced 2023 Drug List**.

In accordance with CMS requirements, Cigna provides a temporary supply of medication, ensuring that members do not experience a lapse in current treatment. This temporary coverage provides time for you to speak with your doctor and discuss prescription drug list alternatives—or to obtain a coverage exception. Cigna’s Part D plans offer the following transitional coverage:

A one-time, up-to-30-day supply of medication is provided during the initial 90-days following January 1, 2023 for medications filled at retail pharmacies.

37. Will the VSP Voluntary Vision plan enrollment cancel automatically? Yes. For those who enrolled last year in this plan, it will run through 12/31/22 then end. Your last premium payment will be for the month of December 2022.

38. Will the plan continue to provide coverage for drugs that are not typically covered by Medicare, such as weight loss or smoking cessation medications? The plan will continue to cover non-Part D drugs including:

- Cough and cold
- Erectile Dysfunction
- Prescription Vitamins
- Weight loss and gain
- Non-sedating antihistamines

Smoking cessation drugs are not currently covered. If you use tobacco, but do not have signs or symptoms of tobacco-related disease, Cigna covers two counseling quit attempts within a 12-month period as a preventive service with no cost to you. Each counseling attempt includes up to four face-to-face visits.

39. Is there no PCP requirement? No, Primary Care Physicians (PCP) are not required and you do not need a referral to see a specialist.

40. Will copays for medication remain the same? Yes, the new Cigna Medicare Advantage plan aligns with your current coverage, including the pharmacy copayments. However, there may be minor differences in the formulary.

41. **Will a recording of previous meetings be posted and where?** The September 20th Zoom information session was recorded and is posted on the UVM HR website under Retiree, Retirement Resources, News & Updates.
42. **If a chiropractor chooses to not be affiliated with Cigna, can we still submit directly for reimbursement?** Yes. Contact Cigna Medicare Advantage Customer Service for assistance or visit www.cigna.com/medicare/member-resources/customer-forms to find the Medical Reimbursement Claim Form. Print and send the form along with supporting documentation of your visit and payment to Cigna, Attn: Claims, P.O. Box 20002, Nashville, TN 37202-9640.
43. **When will detailed information be sent out?** Cigna will send an informational kit to in late October, including detailed coverage information.
44. **Did I hear correctly that UVM Health Network providers are not in network?**
With Cigna Medicare Advantage PPO, you can see any in-network or out-of-network provider with no referrals, as long as they accept Medicare with the same cost-share to see an in-network provider or out-of-network provider.
- UVM Health Network is not directly contracted as an in-network provider but have agreed to see our Cigna Group Medicare Advantage customers out-of-network.
45. **Will the \$100 per person yearly deductible for medications remain the same?** No, this is a plan change effective January 1, 2023. The Cigna Group Medicare Advantage plan does not have a pharmacy deductible.
46. **Who will the pharmacy provider?** The pharmacy benefit manager will be Express Scripts with Cigna. Express Scripts is also the current pharmacy manager with Vermont Blue Advantage. It happens that Express Scripts is actually owned by Cigna.
47. **Will we still pay our premium by monthly check?** The retiree premium process will not change and you will continue to be billed by UVM.
48. **I also have UVM dental insurance, will that change?** As UVM retirees already have a dental plan, this will not change and there will be no change to UVM dental premiums in 2023.
49. **How and where can a directory of in-network providers and the new drug formulary be accessed?** Provider directory can be found on this website: <https://www.cigna.com/medicare/member-resources/group-plans-provider-network>.

Also, once enrolled in our plan, you can use your personalized member website, myCigna or myCigna mobile app.

50. **Will Cigna provide a tele-behavioral health benefit for UVM retirees?** Yes, Virtual Services and MD LIVE are included at \$0 copay.

51. **Will we still be able to use Kinney Drugs for prescriptions?** Yes.

52. **Are you going to have more Question & Answer meetings?**

Cigna will present information sessions to be held in-person and virtually at four different times:

- Two virtual **Zoom meetings** are scheduled for Tuesday, November 1 at 11 a.m. and 1 p.m. EST. For log-in instructions and a link to the Zoom meetings, visit the UVM Retiree Benefits page online at <https://www.uvm.edu/hrs/retirement> under the News & Updates section.
- Two **in-person meetings** will be held on campus at Waterman Memorial Lounge (room 338) on Wednesday, November 2 at 10 a.m. and 1 p.m. EST.

For those who cannot attend, a recorded meeting will be posted online shortly afterwards on the UVM HR website at <https://www.uvm.edu/hrs/retirement> under the News & Updates section.