

Cigna

True Choice Medicare (PPO)

Answers to common questions.

Helpful information for Cigna Healthcare Medicare Advantage PPO
plan customers



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



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 **I-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 HealthcareSM 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 Healthcare ID card?**

A: To request a new ID card, call customer service at **I-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 \$97,000* for an individual or married individuals filing separately, or above \$194,000* 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.

Online tools and resources

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

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

- View your 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.

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.
- View your drug list.
- Access a range of forms, such as reimbursement claim forms, personal medication lists and more.

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

Q: Can I use a previous myCigna account to access my Cigna Healthcare 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.com**, 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 to answer any questions.

Q: How can providers learn about Cigna Healthcare 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 Healthcare, even though they are not contracted with us 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 > Nonparticipating Provider Manual.

If your doctor won't accept or won't bill the plan, call customer service at **1-888-281-7867 (TTY 711)** for assistance. We 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 Healthcare 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 Healthcare for reimbursement, less your copay or coinsurance.

Cigna Healthcare reimbursement payments are made at 100% of Medicare-allowable charges, based on Medicare-allowable services and your benefit plan. If your provider accepts Medicare, you shouldn't owe anything beyond your plan copay or coinsurance. If you pay for services up front and your provider charges more than 100% of what is allowed by Medicare, you may not be fully reimbursed by Cigna Healthcare. If your provider accepts Medicare and charged you more than your plan cost share, you can request a refund from that provider.

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 Healthcare
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 Healthcare 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 **I-800-230-6138**. Providers can also speak with Cigna Healthcare Medicare Advantage Provider Customer Service at the same number, Monday – Friday, 8 a.m. – 5 p.m. CST.

Always present your Cigna True Choice Medicare (PPO) 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 Healthcare Medicare Advantage Provider Customer Service with claim and billing questions at **I-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 **I-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 **I-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, medical EOBs are generated 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.

Cigna Healthcare also generates prescription drug EOBs 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. Prescription drug EOBs are only generated if you used your 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 Healthcare Medicare preferred DME vendor. After receiving the order, the vendor will seek authorization from Cigna Healthcare by providing clinical information. Upon approval, the DME and/or supplies will be shipped to you.

From the time we receive the authorization request, the approval process takes up to 14 days for standard requests and 72 hours for expedited requests. After we provide 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 Cigna Healthcare Medicare Advantage plan's prescription drug coverage or medical coverage?

A: Medicare covers different types of medications in different ways. Some medications are covered under your plan's Part B medical coverage. Many other medications are covered by your 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
- 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 Healthcare 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 Healthcare ID card and medication list on hand and visit **myCigna.com** or call Express Scripts Pharmacy at **1-877-860-0982 (TTY 711)**, 24 hours a day/365 days a year.

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 the home delivery pharmacy of Evernorth Health Services. Evernorth Health Services is a division of The Cigna Group. 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: With the Cigna Medicare Advantage Incentives program, you can earn up to **\$200** on your **Cigna Healthy TodaySM** card for completing healthy activities (see chart below).

Your yearly health check-up must be completed to participate in the incentive program. After you complete your check-up, you may qualify for more incentives as determined by your doctor.

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

Maximum reward total for 2024: \$200		Reward	Limit
STAY HEALTHIER	Yearly health check-up Must complete to earn any rewards	\$30	1 per year
	Mammogram	\$25	1 per year
	Diabetes management Must complete two different diabetic screenings	\$30	1 per year
	Colorectal screening Get one screening	\$15 (1- or 3-year) \$30 (5- or 10-year)	1 per year
	Bone density screening	\$25	1 per year
	Immunization** Get a flu, COVID-19 or pneumonia shot at a provider's office	\$10	1 per year
STAY ENGAGED	Community engagement*** Do an activity to connect with others	\$10*	1 per year
	Cigna Healthcare online engagement Do any activity at myCigna.com	\$5	1 per quarter, up to \$20 each year
STAY ACTIVE with Silver&Fit	Get started with Silver&Fit® (fitness center, coaching, home kit)	\$10	1 per year
	Keep going with Silver&Fit (complete workouts, coaching, videos)	\$10	1 per quarter, up to \$40 each year
STAY PREPARED	PCP selection Confirm your primary care provider by calling customer service at the phone number on your Cigna Healthcare ID card	\$10	1 time

Note: Reward dollars are intended to be used on health and wellness products only. Rewards will be posted to your Cigna Healthy Today card. Visit [CignaHealthyToday.com](https://www.CignaHealthyToday.com) for more details, or call 1-866-851-1579 (TTY 711) for card balance.

**You must tell us you completed the Immunization activity to earn the incentive by calling customer service or filling out the online form. Vaccines administered in a provider's office will use claims to validate. Vaccines administered in a pharmacy or location other than a provider's office will require attestation.

***You must tell us you completed the Community Engagement activity to earn the incentive. Log in at myCigna.com and click the "View Incentives" button on the "Wellness" tab, or call us at the phone number on your Cigna Healthcare ID card.

Q: How do I receive incentive rewards?

A: 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 will receive a form at the start of the plan year).

After your yearly health check-up reward is processed, rewards for most activities will be issued automatically based on claims received from your providers, and information from myCigna and Silver&Fit.

You must tell us you completed the Immunization activity or the Community Engagement activity to earn those incentives. Log in at **myCigna.com** and click the “View Incentives” button on the “Wellness” tab, 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: The Cigna Healthcare 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.

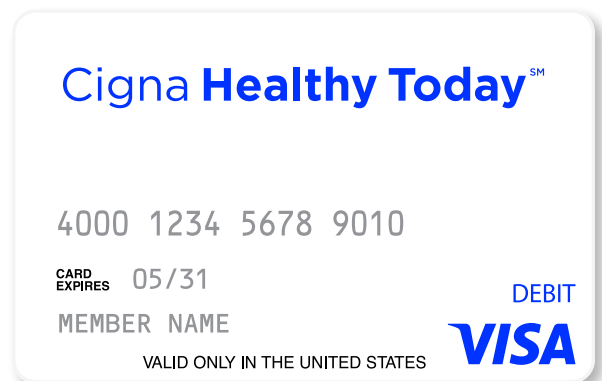
Cigna Healthy Today card

Q: What is the Cigna Healthy Today card?

A: Your Medicare Advantage Plan includes a **Cigna Healthy Today** benefit card. Any incentive reward dollars you earn will automatically be posted to your card and can be used to purchase health and wellness products.

Depending on your plan, additional preloaded benefit allowances may be included on your Cigna Healthy Today card. Review your Benefit Guide or EOC Snapshot for your plan’s coverage details.

You will receive your Cigna Healthy Today card when you join your Cigna Healthcare Medicare Advantage plan. Be sure to keep it in a safe place. If your card is lost or stolen, you can request a replacement by calling the Cigna Healthy Today Service Center at **1-866-851-1579 (TTY 711)**, Monday – Friday, 8 a.m. – 11 p.m. EST.



Q: How can I use my Cigna Healthy Today card?

A: Incentive rewards will be loaded automatically onto your Cigna Healthy Today card as you earn them. You can use your card when paying for health and wellness products at retail stores.

To check your card balance, go to **CignaHealthyToday.com** or call our Cigna Healthy Today card vendor at **1-866-851-1579 (TTY 711)**. You can also log in to **myCigna.com** to view your balance and get more information about your card.

Q: What happens if my Cigna Healthy Today card balance does not cover the cost of my purchase?

A: If you attempt a purchase amount that is greater than your available balance, the cashier will be prompted to ask for an additional form of payment to cover the remaining balance.

Q: Can I use the Cigna Healthy Today card for online purchases?

A: If you would like to use your Cigna Healthy Today card to purchase over the counter (OTC) health-related items online, you can do so at **CignaHealthyToday.com**.

The Cigna Healthy Today card can only be used in-store at participating retail locations. It cannot be used online at retailers' websites or apps.



Notes



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)**, 8 a.m. – 8 p.m. local time. October 1 to March 31: seven days a week; April 1 to September 30: Monday to Friday.

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.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group. The Cigna names, logos, and marks, including THE CIGNA GROUP and CIGNA HEALTHCARE are owned by Cigna Intellectual Property, Inc. Subsidiaries of The Cigna Group contract with Medicare to offer Medicare Advantage HMO and PPO plans and Part D Prescription Drug Plans (PDP) in select states, and with select State Medicaid programs. Enrollment in a Cigna Healthcare product depends on contract renewal.

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