

SUMMARY OF BENEFITS

2021

Cigna CarePlan (Medicare-Medicaid Plan)

Member Services

1-877-653-0327 (TTY: 7-1-1)

7 days a week

8 a.m. to 8 p.m. Central Time

careplantx.cigna.com



Cigna CarePlan (Medicare-Medicaid Plan): Summary of Benefits 2021

Introduction

This document is a brief summary of the benefits and services covered by Cigna CarePlan. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Cigna CarePlan. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers



This is a summary of health services covered by Cigna CarePlan for 2021. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You may get a copy of the Member Handbook by calling Member Services at 1-877-653-0327 (TTY: 7-1-1), 7 days a week, 8 a.m. to 8 p.m. Central Time. Or, go to the Cigna CarePlan website at careplantx.cigna.com.

- ❖ Under Cigna CarePlan you can get your Medicare and Texas Medicaid services in one health plan. A Cigna CarePlan Service Coordinator will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the *Member Handbook*.
- ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-653-0327 (TTY: 7-1-1), 7 days a week, 8 a.m. to 8 p.m. Central Time. The call is free. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-653-0327 (TTY: 7-1-1), los 7 días de la semana, de 8 a.m. a 8 p.m., hora del Centro. La llamada es gratuita.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-877-653-0327 (TTY: 7-1-1), 7 days a week, 8 a.m. to 8 p.m. Central Time. The call is free.
- ❖ We will update your personal record and maintain your preferred language or format as a standing request. In the future, when you call Member Services, we will verify this information. You may ask us to update it at any time.
- ❖ For information on Cigna CarePlan and other options for your health care, call MAXIMUS at 1-800-964-2777, Monday to Friday, 8 a.m. to 6 p.m. Central Time. TTY users should call 1-800-735-2989.
- ❖ All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including HealthSpring Life & Health Insurance Company, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc.
- ❖ Cigna-HealthSpring CarePlan is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.
- ❖ Express Scripts Pharmacy is a trademark of Express Scripts Strategic Development, Inc. Other Pharmacies/Physicians/Providers are available in our network.
- ❖ Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.



If you have questions, please call Cigna CarePlan at 1-877-653-0327 (TTY: 7-1-1), 7 days a week, 8 a.m. to 8 p.m. Central Time. The call is free. For more information, visit careplantx.cigna.com.

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B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid. A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports, and other providers. It also has Service Coordinators to help you manage all your providers and services. They all work together to provide the care you need.
What is a Cigna CarePlan Service Coordinator?	A Cigna CarePlan Service Coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are long-term services and supports (LTSS)?	Long-term services and supports (LTSS) are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.

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Frequently Asked Questions (FAQ)	Answers
Will you get the same Medicare and Texas Medicaid benefits in Cigna CarePlan that you get now?	<p>You will get your covered Medicare and Texas Medicaid benefits directly from Cigna CarePlan. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change.</p> <p>When you enroll in Cigna CarePlan, you and your service coordination team will work together to develop a Plan of Care to address your health and support needs. During this time, you can keep seeing your doctors and getting your current services for 90 days, or until your Plan of Care is complete. For long-term services and supports (LTSS), you can continue to receive your LTSS services for six months. After that, you will need to see doctors and other providers in the Cigna CarePlan network. When you join our plan, if you are taking any Medicare Part D prescription drugs that Cigna CarePlan does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Cigna CarePlan to cover your drug, if medically necessary.</p>
Can you go to the same doctors you see now?	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Cigna CarePlan and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” You must use the providers in Cigna CarePlan’s network.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Cigna CarePlan’s plan. <p>To find out if your doctors are in the plan’s network, call Member Services or read Cigna CarePlan’s <i>Provider and Pharmacy Directory</i>.</p> <p>If Cigna CarePlan is new for you, you can continue seeing the doctors you go to now for 90 days, or until your Plan of Care is complete. For long-term services and supports (LTSS), you can keep seeing your doctors for six months.</p>

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Frequently Asked Questions (FAQ)	Answers
What happens if you need a service but no one in Cigna CarePlan's network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Cigna CarePlan will pay for the cost of an out-of-network provider.
Where is Cigna CarePlan available?	The service area for this plan includes: Hidalgo County, Texas. You must live in this area to join the plan.
Do you pay a monthly amount (also called a premium) under Cigna CarePlan?	You will not pay any monthly premiums to Cigna CarePlan for your health coverage.
What is prior authorization?	<p>Prior authorization means that you must get approval from Cigna CarePlan before you can get a specific service or drug or see an out-of-network provider. Cigna CarePlan may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>See Chapter 3 of the <i>Member Handbook</i> to learn more about prior authorization. See the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p>

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Frequently Asked Questions (FAQ)	Answers
<p>Who should you contact if you have questions or need help?</p> <p><i>(Continued on the next page)</i></p>	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Cigna CarePlan Member Services:</p> <p>CALL 1-877-653-0327</p> <p>Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m. Central Time. On Saturdays, Sundays, and Federal holidays except New Year's Day, please leave a message and a representative will return your call on the next business day. You may also contact us via email at WeCanHelp@cigna.com.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 7-1-1</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m. Central Time.</p>

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Frequently Asked Questions (FAQ)	Answers
<p>Who should you contact if you have questions or need help?</p> <p><i>(Continued from previous page)</i></p>	<p>If you have questions about your health, please call the Nurse Advice Call line:</p> <p>CALL 1-855-418-4552</p> <p>Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>TTY 7-1-1</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</p> <p>CALL 1-800-959-4941</p> <p>Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>TTY 7-1-1</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. 24 hours a day, 7 days a week.</p>

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C. Overview of Services

The following chart is a quick overview of what services you may need, your costs and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor	Visits to treat an injury or illness	\$0	Authorization is required only for out-of-network providers and certain services.
	Wellness visits, such as a physical	\$0	
	Transportation to a doctor's office	\$0	Authorization is required. Unlimited round-trip transportation provided to plan-approved locations when state transportation cannot be accessed and is not covered by Medicaid. Member Services will assist in arranging transportation.
	Specialist care	\$0	Authorization is required.
	Acupuncture	\$0	Authorization is required for up to 20 Medicare-covered acupuncture visits per year.
	Care to keep you from getting sick, such as flu shots	\$0	
	"Welcome to Medicare" preventive visit (one time only)	\$0	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Lab tests, such as blood work	\$0	Authorization rules may apply.
	X-rays or other pictures, such as CAT scans	\$0	Authorization rules may apply.
	Screening tests, such as tests to check for cancer	\$0	
You need drugs to treat your illness or condition <i>(This service is continued on the next page)</i>	Generic drugs (no brand name)	\$0 for a 30-day supply.	<p>There may be limitations on the types of drugs covered. Please see Cigna CarePlan's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>You can get your drugs from a Retail Pharmacy or through Mail Order in the following ways:</p> <ul style="list-style-type: none"> • One-month (30-day) supply of drugs • Two-month (60-day) supply of drugs • Three-month (90-day) supply of drugs <p>The cost for a 60-day supply or 90-day supply is the same as the cost for a 30-day supply.</p> <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition</p> <p><i>(Continued)</i></p>	Brand name drugs	\$0 for a 30-day supply.	<p>There may be limitations on the types of drugs covered. Please see Cigna CarePlan's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>You can get your drugs from a Retail Pharmacy or through Mail Order in the following ways:</p> <ul style="list-style-type: none"> • One-month (30-day) supply of drugs • Two-month (60-day) supply of drugs • Three-month (90-day) supply of drugs <p>The cost for a 60-day supply or 90-day supply is the same as the cost for a 30-day supply.</p> <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p>
	Over-the-counter drugs	\$0	<p>There may be limitations on the types of drugs covered. Please see Cigna CarePlan's <i>List of Covered Drugs</i> (Drug List) for more information.</p>
	Medicare Part B prescription drugs	\$0	<p>Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Authorization is required.
You need emergency care	Emergency room services	\$0	You can get emergency services from network providers or out-of-network providers without first getting prior authorization. \$50,000 (U.S. currency) combined limit per year for emergency and urgent care services provided outside the U.S. and its territories.
	Ambulance services	\$0	Authorization for non-emergency Medicare covered services required.
	Urgent care	\$0	If you require urgently needed care, you should first try to get it from a network provider. However, when you cannot get to a network provider, you can use out-of-network providers for urgent care services without first getting prior authorization. \$50,000 (U.S. currency) combined limit per year for emergency and urgent care services provided outside the U.S. and its territories.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Hospital stay	\$0	Authorization is required for an inpatient stay. Our plan covers 30 additional days per benefit period for an inpatient hospital stay.
	Doctor or surgeon care	\$0	Authorization rules may apply.
You need help getting better or have special health needs	Rehabilitation services	\$0	Authorization rules may apply.
	Medical equipment for home care	\$0	Authorization is required for all rentals and any DME purchase over \$500 per line item.
	Skilled nursing care	\$0	Authorization is required. No prior hospital stay required.
You need eye care	Eye exams	\$0	Outpatient doctor services for the diagnosis and treatment of diseases and injuries of the eye. For people at high risk of glaucoma, the plan will pay for one glaucoma screening each year. One eye exam annually.
	Glasses or contact lenses	\$0	One pair of glasses (lenses and frames) or contact lenses every two years.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care	Dental check-ups	\$0	<p>Authorization rules may apply.</p> <ul style="list-style-type: none"> • Oral exams – periodic oral evaluations and limited/comprehensive exams • Prophylaxis (cleanings) • Bitewing x-ray • Intraoral periapical x-ray • Full mouth panoramic x-ray or intraoral complete series <p>Frequency limits vary depending on the type of covered service. Some exclusions may apply.</p> <p>\$2,000 max coverage limit every year. Unused amounts of the annual allowance do not carry forward to future benefit years.</p>
You need hearing/auditory services	Hearing screenings	\$0	The plan pays for hearing and balance tests done by your provider. They are covered as outpatient care when you get them from a physician, audiologist, or other qualified provider.
	Hearing aids	\$0	<p>Authorization rules may apply.</p> <p>The plan will pay for hearing aids for one ear every five years.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Authorization rules may apply.
	Diabetes supplies and services	\$0	Authorization rules may apply. <ul style="list-style-type: none"> • Diabetes monitoring supplies • Diabetes self-management training • Therapeutic shoes or depths shoes
You have a mental health condition	Mental or behavioral health services	\$0	Authorization rules may apply. Up to 30 outpatient visits for in-network providers only.
You have a substance abuse problem	Substance abuse services	\$0	Authorization rules may apply. The plan covers outpatient services (group or individual).
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Authorization is required. The plan will pay for medically necessary mental health care services that require a hospital stay.
You need durable medical equipment (DME) <i>(This service is continued on the next page)</i>	Wheelchairs	\$0	Authorization is required for all rentals and any DME purchase over \$500 per line item.
	Nebulizers	\$0	Authorization is required for all rentals and any DME purchase over \$500 per line item.
	Crutches	\$0	Authorization is required for all rentals and any DME purchase over \$500 per line item.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) <i>(Continued)</i>	Walkers	\$0	Authorization is required for all rentals and any DME purchase over \$500 per line item.
	Oxygen equipment and supplies	\$0	Authorization is required for all rentals and any DME purchase over \$500 per line item.
You need help living at home <i>(This service is continued on the next page)</i>	Meals brought to your home	\$0	<p>This service is only available for home and community-based (HCBS) Waiver Members.</p> <p>Authorization is required.</p> <p>Meals are limited to 1 to 2 per day.</p>
	Home services, such as cleaning or housekeeping	\$0	<p>This service is only available for HCBS Waiver Members.</p> <p>Authorization is required.</p>
	Changes to your home, such as ramps and wheelchair access	\$0	<p>This service is only available for HCBS Waiver Members.</p> <p>Authorization is required.</p>
	Personal care assistant (You may be able to employ your own assistant. Call Member Services for more information.)	\$0	Authorization is required.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home <i>(Continued)</i>	Training to help you get paid or unpaid jobs	\$0	This service is only available for HCBS Waiver Members. Authorization is required.
	Home health care services	\$0	Authorization is required.
	Services to help you live on your own	\$0	This service is only available for HCBS Waiver Members. Authorization is required.
	Adult day services or other support services	\$0	This service is only available for HCBS Waiver Members. Authorization is required.
You need a place to live with people available to help you	Assisted living or other housing services	\$0	This service is only available for HCBS Waiver Members. Authorization is required.
	Nursing home care	\$0	This service is only available for HCBS Waiver Members. Authorization is required.
Your caregiver needs some time off	Respite care	\$0	This service is only available for HCBS Waiver Members. Authorization is required.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (This service is continued on the next page)	24-hour Health Information Line	\$0	Cigna CarePlan refers to its Nurse Advice Call Line as the 24-hour Health Information Line. Cigna CarePlan gives you toll-free access to experienced nurses 24 hours a day, 365 days per year for immediate, reliable information for any health concern.
	Over-the-Counter (OTC) Medications and Product	\$0	Members will be allowed \$30 each quarter to use for over-the-counter medicines and health related items that do not require a prescription and are otherwise not covered by Medicaid. Some OTC items require a doctor's recommendation for a specific, diagnosable condition. Members are eligible to use the full quarterly allowance anytime throughout the quarter. Limit one order per Member per month. Unused balances can roll forward each quarter, but must be used by December 31st. Balance does not carry year to year. Members are required to contact our OTC benefit vendor to access this benefit. OTC items may be purchased only for the Member. Please visit our website to see our list of over-the-counter items.
	Temporary Phone Service	\$0	Members enrolled in the Federal Lifeline free Smart Phone program will receive free outbound calls to Cigna Member Services phone number that will not count towards monthly minute allotment.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued)	\$20 gift card for Diabetic Members	\$0	\$20 gift card for eligible diabetic Members completing annual A1C test.
	\$25 gift card for Cervical Cancer Screening	\$0	\$25 gift card for eligible Members completing recommended cervical cancer screening.

D. Services covered outside of Cigna CarePlan

This is not a complete list. Call Member Services to find out about other services not covered by Cigna CarePlan but available through Medicare or Texas Medicaid.

Other services covered by Medicare or Texas Medicaid	Your costs
Some hospice care services	\$0
Nonemergency medical transportation services	\$0
Pre-admission screening and resident review (PASRR)	\$0

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E. Services not covered by Cigna CarePlan, Medicare, or Texas Medicaid

This is not a complete list. Call Member Services or read the *Member Handbook* to find out about other excluded services.

Services not covered by Cigna CarePlan, Medicare, or Texas Medicaid	
A private room in a hospital, except when it is medically needed.	Not covered
Private duty nurses.	Not covered
Personal items in your room at a hospital or a nursing facility, such as a telephone or a television.	Not covered
Full-time nursing care in your home.	Not covered
Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically needed.	Not covered

F. Your rights as a member of the plan

As a Member of Cigna CarePlan, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
 - Get information in other formats (e.g., large print, braille, audio)
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers.

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- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a Primary Care Provider (PCP) and you can change your PCP at any time during the year
 - See a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your doctor advises against it
 - Stop taking medicine
 - Ask for a second opinion. Cigna CarePlan will pay for the cost of your second opinion visit
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - Have interpreters to help with communication with your doctors and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior approval in an emergency
 - See an out of network urgent or emergency care provider, when necessary

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- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
 - Have your personal health information kept private.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - Ask for a state fair hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the **Cigna CarePlan Member Handbook**. If you have questions, you can also call **Cigna CarePlan Member Services**.

G. How to file a complaint or appeal a denied service

If you have a complaint or think Cigna CarePlan should cover something we denied, call Cigna CarePlan at 1-877-653-0327 (TTY: 7-1-1), 7 days a week, 8 a.m. to 8 p.m. Central Time. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Cigna CarePlan *Member Handbook*. You can also call Cigna CarePlan Member Services.

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For Grievances:

You can call us at: 1-877-653-0327 (TTY: 7-1-1), 7 days a week, 8 a.m. to 8 p.m. Central Time.
You can fax us at: 1-877-788-2757
You can write us at: Cigna CarePlan
Attention: Appeals, Complaints, and Grievances Department
PO Box 211088
Bedford, TX 76095

For Part D (Prescription Drug) Appeals:

You can call us at: 1-866-845-6962 (TTY: 7-1-1), Monday to Friday, 8 a.m. to 8 p.m. Central Time.
You can fax us at: 1-866-593-4482
You can write us at: Cigna CarePlan
Part D Appeals
PO Box 24207
Nashville, TN 37202

For Part C (Medical) Appeals:

You can call us at: 1-877-653-0327 (TTY: 7-1-1), 7 days a week, 8 a.m. to 8 p.m. Central Time.
You can fax us at: 1-877-809-0783
You can write us at: Cigna CarePlan Appeals
PO Box 211088
Bedford, TX 76095



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The call is free. For more information, visit careplantx.cigna.com.

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H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Cigna CarePlan Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care providers, or a person getting benefits is doing something wrong. Doing something wrong could be fraud, waste, or abuse, which is against the law. For example, tell us if you think someone is:

- Getting paid for services that weren't given or weren't necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their Texas Medicaid ID.
- Using someone else's Texas Medicaid ID.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

I. Ways to report fraud, waste, or abuse:

- Call the OIG Hotline at 1-800-436-6184;
- Visit oig.hhsc.texas.gov/ and click "Report Fraud" to complete the online form; **or**
- You can report directly to your health plan:
 - MCO's name;
 - MCO's office/director address; **and**
 - MCO's toll-free number.

Cigna CarePlan (Medicare-Medicaid Plan): Summary of Benefits 2021

11. To report fraud, waste, or abuse, gather as much information as possible.

- When reporting about a provider (a doctor, dentist, counselor, etc.), include:
 - Name, address, and phone number of provider
 - Name and address of the facility (hospital, nursing home, home health agency, etc.)
 - Texas Medicaid number of the provider and facility, if you have it
 - Type of provider (doctor, dentist, therapist, pharmacist, etc.)
 - Names and phone numbers of other witnesses who can help in the investigation
 - Dates of events
 - Summary of what happened
- When reporting about someone who gets benefits, include:
 - The person's name
 - The person's date of birth, Social Security Number, or case number if you have it
 - The city where the person lives
 - Specific details about the fraud, waste, or abuse