



ANNUAL NOTICE OF CHANGE

2022

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

Together, all the way.®



Cigna CarePlan (Medicare-Medicaid Plan) offered by Cigna

Annual Notice of Changes for 2022

Introduction

You are currently enrolled as a Member of Cigna CarePlan (Medicare-Medicaid Plan). Next year, there will be some changes to the plan's benefits, coverage and rules. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook 2022*.

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A. Disclaimers

- ❖ 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 CarePlan is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.
- ❖ 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 *Cigna CarePlan 2022 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.

B. Reviewing your Medicare and Texas Medicaid coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section E2 for more information.

If you leave our plan, you will still be in the Medicare and Texas Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (go to page 9-11).
- If you do not want to enroll in a different Medicare-Medicaid plan after you leave Cigna CarePlan, you will go back to getting your Medicare and Texas Medicaid services separately.



B1. Additional resources

- **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 Annual Notice of Changes 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.

B2. Information about Cigna CarePlan

- Cigna CarePlan is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.
- Coverage under Cigna CarePlan is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/affordable-care-act/individuals-and-families for more information on the individual shared responsibility requirement.
- Cigna CarePlan is offered by Cigna. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Cigna. When it says “the plan” or “our plan,” it means Cigna CarePlan.

B3. Important things to do:

- **Check if there are any changes to our benefits that may affect you.**
 - Are there any changes that affect the services you use?
 - It is important to review benefit changes to make sure they will work for you next year.
 - Look in sections D1 and D2 for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - Look in section D2 for information about changes to our drug coverage.
 - Your drug costs may have risen since last year.



- Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - To get additional information on drug prices, visit <https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage>. (Click the “dashboards” link in the middle of the Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information.)
 - Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Look in [section C](#) for information about our *Provider and Pharmacy Directory*.
 - **Think about your overall costs in the plan.**
 - How do the total costs compare to other coverage options?
 - **Think about whether you are happy with our plan.**

If you decide to stay with Cigna CarePlan:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to section E2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section E2, pages 9-11 to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2022.

We strongly encourage you to review our current Provider and Pharmacy Directory to find out if your providers or pharmacy are still in our network. An updated Provider and Pharmacy Directory is located on our website at careplantx.cigna.com. You may also call Member Services at 1-877-653-0327 (TTY: 7-1-1), 7 days a week, 8 a.m. to 8 p.m. Central Time for updated provider information or to ask us to mail you a Provider and Pharmacy Directory.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your *2022 Member Handbook*.



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.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We are changing our coverage for certain medical services next year. The following table describes these changes.

	2021 (this year)	2022 (next year)
\$20 Gift Card (Colorectal Screening)	\$20 Gift Card (Colorectal Screening) is not covered.	\$20 Gift Card for Eligible Members who complete a recommended colorectal cancer screening (once per program year).
\$20 Gift card (Diabetic Eye Exam)	\$20 Gift card (Diabetic Eye Exam) is not covered.	\$20 Gift Card for Eligible Members who complete a recommended Diabetic Eye Exam (once per program year).
\$20 Gift Card (Mammogram)	\$20 Gift Card (Mammogram) is not covered.	\$20 Gift Card for Eligible Members who complete a recommended mammogram screening (once per program year).
\$25 Gift Card (Cervical Cancer)	\$25 Gift Card (Cervical Cancer) for eligible Members who have a cervical cancer screening	\$25 Gift Card (Cervical Cancer) is not covered.
Cell Phone	Members who are enrolled in the Federal Lifeline free Smart Phone program will receive free outbound calls to the Cigna Member Services phone number that will not count toward monthly minute allotment.	Members who are enrolled in the Federal Lifeline free Smart Phone program will receive free outbound calls to the Cigna Member Services phone number that will not count toward monthly minute allotment. Newly enrolled Members may also receive one month of extra minutes, data and text messages after confirmation of 90 days of continuous enrollment.
Dietitian Services	Dietitian Services is not covered.	Unlimited medical nutrition therapy telehealth visits with a registered dietitian for qualified Members. This is available to Members who have a BMI value of 32 or higher, are actively engaged in case management services, and have a diagnosis of diabetes, cardiovascular disease, obesity, and/or hyperlipidemia.



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 carepln.cigna.com.

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Employment Specialist	Employment Specialist is not covered.	Assist Members with finding and obtaining employment. Benefit includes the identification of potential employers, interview scheduling, interview preparation, and hiring negotiation.
Fitness Kit	Fitness Kit is not covered.	Cigna will provide a Fitness Kit to Non STAR+PLUS Waiver Members who are enrolled in a recommended Cigna care management program. Kit includes a set of resistance bands (3 strengths) and a Yoga mat.
Home Delivered Meals	Home Delivered Meals is not covered.	10 Home Delivered Meals to Eligible Non STAR+PLUS Waiver Members who have a demonstrated need when discharged from an Inpatient Facility or who are otherwise determined to have a demonstrated need for Meals. Plan approval is required
Housing Specialist	Housing Specialist is not covered.	Assist Members with locating and securing temporary and/ or permanent housing. Benefit includes identification of available housing options, assistance completing housing applications, and linking Members to resources that promote housing stability.
Nursing Facility Welcome Kit	Nursing Facility Welcome Kit is not covered.	Cigna will provide a Welcome Kit to Members upon admission to a LTC Nursing Facility. Kit includes: tote Bag, Water Bottle, Blanket, Playing Cards, Word Search Game and Non-Skid socks.
Nutritional Services	Nutritional Services is not covered.	Online resource that provides Members with affordable meal planning and recipe guidance as well as the ability to purchase groceries and/or prepared meals at discounted prices from major retailers (SNAP eligible).

<p>Personal Assistance Kit</p>	<p>Personal assistance kit is not covered.</p>	<p>Cigna will provide a Personal Assistance Kit for Non S+P Waiver Members who have had a discharge in the last 6 months and have been identified as (at risk) for falls. Kit includes a Long handled shoehorn, Long handled bath sponge, Reacher, Sock aid and Elastic shoe laces.</p> <p>Member can request one personal assistance kit per year.</p>
<p>Personal Emergency Response Services</p>	<p>Personal Emergency Response Services is not covered.</p>	<p>Cigna offers Personal Emergency Response Services to Non STAR+PLUS Waiver Members who meet certain eligibility requirements: a.) Member must have had an Acute or ER Visit in the last 3 months b.) Member must not have caregiver services available to them c.) Member must not be able to use the phone</p>
<p>Respite Care</p>	<p>Respite Care is not covered.</p>	<p>Cigna offers up to 40 hours of Respite care for eligible Non STAR+PLUS Waiver Members in the community who have a non-paid caregiver.</p>
<p>Weight Management Program</p>	<p>Weight Management Program is not covered.</p>	<p>Qualified Members will receive personalized weight loss coaching, a connected smart-scale, and access to a virtual peer support community. This is available to Members who have a BMI value of 32 or higher, are actively engaged in case management services, and have a diagnosis of diabetes, cardiovascular disease, obesity, and/or hyperlipidemia.</p>

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated List of Covered Drugs is located on our website at careplantx.cigna.com. You may also call Member Services at 1-877-653-0327 (TTY: 7-1-1), 7 days a week, 8 a.m. to 8 p.m. Central Time for updated drug information or to ask us to mail you a *List of Covered Drugs*.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to find out if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at 1-877-653-0327 (TTY: 7-1-1), 7 days a week, 8 a.m. to 8 p.m. Central Time to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
 - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, refer to Chapter 9 of the *2022 Member Handbook* or call Member Services at 1-877-653-0327 (TTY: 7-1-1), 7 days a week, 8 a.m. to 8 p.m. Central Time.
 - If you need help asking for an exception, you can contact Member Services or your Service Coordinator. Refer to Chapter 2 and Chapter 3 of the *2022 Member Handbook* to learn more about how to contact your Service Coordinator.
- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply will be for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the *2022 Member Handbook*.)
 - When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you have received a formulary exception to a medication this year, the formulary exception request is approved through the date indicated in the approval letter. A new formulary exception request is only needed if the date indicated on the letter has passed.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2022. Read below for more information about your prescription drug coverage.

We moved some of the drugs on the Drug List to a lower or higher drug tier. To find out if your drugs will be in a different tier, look them up in the Drug List.



The following table shows your costs for drugs in each of our two drug tiers.

	2021 (this year)	2022 (next year)
<p>Drugs in Tier 1</p> <p>(Generic prescription drugs and certain over-the-counter products.)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	Your copay for a one-month (30-day) supply is \$0 per prescription.	Your copay for a one-month (30-day) supply is \$0 per prescription.
<p>Drugs in Tier 2</p> <p>(Brand-name drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	Your copay for a one-month (30-day) supply is \$0 per prescription.	Your copay for a one-month (30-day) supply is \$0 per prescription.

E. How to choose a plan

E1. How to stay in our plan

We hope to keep you as a Member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a Member of our plan for 2022.

E2. How to change plans.

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

These are the four ways people usually end membership in our plan:



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 careplamt.cigna.com.

<p>1. You can change to:</p> <p>A different Medicare-Medicaid Plan</p>	<p>Here is what to do:</p> <p>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. Tell them you want to leave Cigna CarePlan and join a different Medicare-Medicaid plan. If you are not sure what plan you want to join, they can tell you about other plans in your area; OR</p> <p>Send MAXIMUS an Enrollment Change Form. You can get the form by calling MAXIMUS at 1-800-964-2777 (TTY: 1-800-735-2989), Monday to Friday, 8 a.m. to 6 p.m. Central Time if you need them to mail you one.</p> <p>Your coverage with Cigna CarePlan will end on the last day of the month that we get your request.</p>
<p>2. You can change to:</p> <p>A Medicare health plan, such as a Medicare Advantage plan or a Program of All-inclusive Care for the Elderly (PACE)</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-3439. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). <p>You will automatically be disenrolled from Cigna CarePlan when your new plan's coverage begins.</p>

<p>3. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-3439. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). <p>You will automatically be disenrolled from Cigna CarePlan when your Original Medicare coverage begins.</p>
<p>4. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the Health Information Counseling & Advocacy Program of Texas (HICAP) at 1-800-252-3439.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-3439. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). <p>You will automatically be disenrolled from Cigna CarePlan when your Original Medicare coverage begins.</p>

F. How to get help

F1. Getting help from Cigna CarePlan

Questions? We're here to help. Please call Member Services at 1-877-653-0327 (TTY only, call 7-1-1). We are available for phone calls 7 days a week, 8 a.m. to 8 p.m. Central Time. Calls to these numbers are free.

Your 2022 Member Handbook

The *2022 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2022 Member Handbook* will be available by October 15. An up-to-date copy of the *2022 Member Handbook* is always available on our website at careplantx.cigna.com. You may also call Member Services at 1-877-653-0327 (TTY: 7-1-1), 7 days a week, 8 a.m. to 8 p.m. Central Time to ask us to mail you a *2022 Member Handbook*.

Our website

You can also visit our website at careplantx.cigna.com. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

F2. Getting help from MAXIMUS

MAXIMUS can help you get information about Cigna CarePlan, compare Medicare-Medicaid plans, find providers, verify eligibility, and enroll or disenroll you from a Medicare-Medicaid plan. You can call MAXIMUS at 1-800-964-2777 (TTY: 1-800-735-2989), Monday to Friday, 8 a.m. to 6 p.m. Central Time.

F3. Getting help from the HHSC Office of the Ombudsman

The HHSC Office of the Ombudsman helps people enrolled in Texas Medicaid with service or billing problems. The ombudsman's services are free.

- The HHSC Office of the Ombudsman is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- The HHSC Office of the Ombudsman can help you file a complaint or an appeal with our plan. They can help you if you are having a problem with Cigna CarePlan.
- The HHSC Office of the Ombudsman makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The HHSC Office of the Ombudsman is not connected with us or with any insurance company or health plan. The phone number for the HHSC Office of the Ombudsman is 1-866-566-8989.

F4. Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). HICAP is not connected with any insurance company or health plan, and HICAP's services are free.

The HICAP phone number is 1-800-252-3439.

F5. Getting help from Medicare

To get information directly from Medicare:

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov and click on "Find plans.")



Medicare & You 2022

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

F6. Getting help from Texas Medicaid

The phone number for Texas Medicaid is 1-800-252-8263. This call is free. TTY users should call 1-800-753-8583 or 7-1-1.





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