

# CIGNA Medicare Access Plus Rx® (PFFS)

A Medicare Advantage Private Fee-For-Service Medical Plan  
with Part D Prescription Drug Coverage

## Information about our CIGNA Medicare Access Plus Rx® (PFFS) Plans

### What **people on Medicare** need to know about Private Fee-For-Service plans

#### What are the CIGNA Medicare Access Plus Rx (PFFS) Plans?

CIGNA Medicare Access Plus Rx (PFFS) plans are Medicare Advantage Private Fee-for-Service (PFFS) plans authorized by the Centers for Medicare & Medicaid Services (CMS). A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan, or Original Medicare, and Medicare Advantage HMO or PPO plans. A PFFS plan is a medical plan, offered with or without prescription drug coverage, which replaces Original Medicare Parts A and B and may include other coverage such as hearing exams and preventive care coverage.

#### Do I have to pick a medical health care provider (such as a doctor or hospital) from a network?

No. CIGNA Medicare Access Plus Rx (PFFS) plans give you the freedom to see any health care provider who accepts Medicare payment and our terms and conditions of payment. Before receiving services from any provider, it is important that the provider is aware you have CIGNA Medicare Access Plus Rx (PFFS) plan coverage in place of Original Medicare. This is why you must show your CIGNA Medicare Access Plus Rx (PFFS) plan ID card every time you visit a health care provider.

When you use a medical provider who accepts the CIGNA Medicare Access Plus Rx (PFFS) plan terms and conditions, the provider will bill CIGNA for your covered health care services. You are only responsible for paying the appropriate copays or coinsurance either at the time of service or as directed by the provider.

A Medicare Advantage PFFS plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions at [www.cignamedicare.com](http://www.cignamedicare.com).

If you need to find another provider, you may contact us at 1-800-942-6724 for assistance locating another provider in your area that may accept the plan's terms and conditions of payment.

#### Where can I go for more information?

For more information about PFFS plans see Beneficiary Q & A's at CMS's website [www.cms.hhs.gov/PrivateFeeForServicePlans/](http://www.cms.hhs.gov/PrivateFeeForServicePlans/).

If you have questions about the CIGNA Medicare Access Plus Rx (PFFS) plans, please call Customer Service at 1-800-942-6724 or visit [www.cignamedicare.com](http://www.cignamedicare.com).



# What medical providers need to know about Private Fee-For-Service plans

## What are the CIGNA Medicare Access Plus Rx (PFFS) plans?

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## Is there a network contract for medical providers?

No. You do not need to sign a contract to see CIGNA Medicare Access Plus Rx (PFFS) plan enrollees. A beneficiary enrolled in these plans is free to use any provider who accepts Original Medicare payment, who is willing to treat the enrollee, and who accepts CIGNA's terms and conditions of payment.

Enrollees must inform you, before obtaining services from you, that they have the CIGNA Medicare Access Plus Rx (PFFS) plan for their Medicare coverage. This gives you the right to choose whether or not to accept CIGNA Medicare Access Plus Rx (PFFS) plan enrollees. You have the right to decide, on a patient-by-patient and visit-by-visit basis at the time service is needed, whether to treat CIGNA Medicare Access Plus Rx (PFFS) plan enrollees. Emergencies are an exception to these guidelines.

## Why should a medical provider participate in this CIGNA plan?

CIGNA Medicare Access Plus Rx (PFFS) plans pay based on terms similar to Original Medicare and provide you with one source for claim payment. Because these plans also include additional coverage beyond Original Medicare, more of your revenue is received from CIGNA,

reducing your outstanding patient receivables. These plans are simpler for you because pre-certification is not required. Notification of hospital admissions is requested. Please notify us about any inpatient admission – hospital, rehabilitation or skilled nursing. This is one way our nurses and social workers can let you and individuals know about CIGNA HealthCare programs that may be of assistance during this time.

If you decide to accept the CIGNA Medicare Access Plus Rx (PFFS) plan's terms and conditions of payment, you must bill CIGNA for all covered health care services. Your agreement to CIGNA's terms and conditions of payment is inherent in your decision to treat a CIGNA Medicare Access Plus Rx (PFFS) plan enrollee. You must collect from the enrollee only the appropriate CIGNA Medicare Access Plus Rx (PFFS) plan copays or coinsurance.

If you decide not to accept the CIGNA Medicare Access Plus Rx (PFFS) plan's terms and conditions of payment, you should not provide services to the enrollee, except for emergencies.

## Where can I find the CIGNA Medicare Access Plus Rx (PFFS) plan's terms and conditions of payment?

For our terms and conditions, billing processes and voluntary notification of inpatient admission, visit our website at [www.cignamedicare.com](http://www.cignamedicare.com) or call 1-800-942-6724. We will follow CMS requirements for timely payment of claims.

*If you have questions about CIGNA Medicare Access Plus Rx (PFFS) plans, please contact us at 1-800-942-6724 or visit us at [www.cignamedicare.com](http://www.cignamedicare.com). For more information about PFFS plans see Provider Q & A's at CMS's website, [www.cms.hhs.gov/PrivateFeeForServicePlans/](http://www.cms.hhs.gov/PrivateFeeForServicePlans/).*

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