



This is a summary of health services covered by Cigna-HealthSpring CarePlan for 2017. This is only a summary. Please read the Member Handbook for the full list of benefits.

- ❖ Cigna-HealthSpring CarePlan 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 Texas Medicaid.
- ❖ Under Cigna-HealthSpring CarePlan you can get your Medicare and Texas Medicaid services in one health plan. A Cigna-HealthSpring 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.
- ❖ Limitations and restrictions may apply. For more information, call Cigna-HealthSpring CarePlan Member Services or read the Cigna-HealthSpring CarePlan Member Handbook.
- ❖ The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits may change on January 1 of each year.
- ❖ You can get this information for free in other languages. 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. Usted puede obtener esta información en otros idiomas de manera gratuita. Llame al 1-877-653-0327 (TTY: 7-1-1), 7 días de la semana, de 8 a.m. a 8 p.m. hora del Centro. La llamada es gratuita.
- ❖ You can get this information 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.
- ❖ Certain written materials are available in Spanish. You can request to receive materials in Spanish or an alternate format, now and in the future 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.



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Cigna-HealthSpring CarePlan: **Summary of Benefits**

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Cigna-HealthSpring CarePlan: Summary of Benefits

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	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-HealthSpring CarePlan Service Coordinator?	A Cigna-HealthSpring 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?	Long-term services and supports 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.
Will you get the same Medicare and Texas Medicaid benefits in Cigna-HealthSpring CarePlan that you get now?	<p>You will get your covered Medicare and Texas Medicaid benefits directly from Cigna-HealthSpring 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-HealthSpring 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 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 and getting your current services for six months. After that, you will need to see doctors and other providers in the Cigna-HealthSpring CarePlan network. When you join our plan, if you are taking any Medicare Part D prescription drugs that Cigna-HealthSpring CarePlan does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Cigna-HealthSpring CarePlan to cover your drug, if medically necessary.</p>



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Frequently Asked Questions (FAQ)	Answers
<p>Can you go to the same doctors you see now?</p>	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Cigna-HealthSpring CarePlan and have a contract with us, you can keep going to them. Providers with an agreement with us are “in-network.” You must use the providers in Cigna-HealthSpring CarePlan’s network. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Cigna-HealthSpring CarePlan 's plan.</p> <p>To find out if your doctors are in the plan’s network, call Member Services or read Cigna-HealthSpring CarePlan’s Provider and Pharmacy Directory.</p> <p>If Cigna-HealthSpring CarePlan is new for you, you can continue seeing the doctors you go to now for 90 days. For long-term services and supports (LTSS) you can keep seeing your doctors and getting your current services for six months.</p>
<p>What happens if you need a service but no one in Cigna-HealthSpring CarePlan’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Cigna-HealthSpring CarePlan will pay for the cost of an out-of-network provider.</p>
<p>Where is Cigna-HealthSpring CarePlan available?</p>	<p>The service area for this plan includes: Hidalgo County, Texas. You must live in this area to join the plan.</p>
<p>Do you pay a monthly amount (also called a premium) under Cigna-HealthSpring CarePlan?</p>	<p>You will not pay any monthly premiums to Cigna-HealthSpring CarePlan for your health coverage.</p>
<p>What is prior authorization?</p>	<p>Prior authorization means that you must get approval from Cigna-HealthSpring CarePlan before you can get a specific service or drug or see an out-of-network provider. Cigna-HealthSpring 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>



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What is a referral?	<p>A referral means that your primary care provider must give you approval to see someone that is not your primary care provider. If you don't get approval, Cigna-HealthSpring CarePlan may not cover the services. There are certain specialists in which you do not need a referral, such as women's health specialists. For more information on when a referral is necessary, see the Member Handbook.</p>
Who should you contact if you have questions or need help?	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Cigna-HealthSpring CarePlan Member Services:</p> <p>CALL 1-877-653-0327 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, please leave a message and a representative will return your call on the next business day.</p> <p>In case of emergency, dial 9-1-1 or go to the nearest emergency room. Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 7-1-1 Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m. Central Time.</p>



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Cigna-HealthSpring CarePlan: Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help? (continued)	<p>If you have questions about your health, please call the Nurse Advice Call line:</p> <p>CALL 1-855-418-4552 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>TTY 7-1-1 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 Calls to this number are free. 24 hours a day, 7 days a week</p> <p>TTY 7-1-1 Calls to this number are free. 24 hours a day, 7 days a week</p>



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Cigna-HealthSpring CarePlan: Summary of Benefits

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 <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor	Visits to treat an injury or illness	\$0	Authorization required only for out-of-network providers and certain services. Referral not required for services provided by other health professionals in a PCP setting. Services covered up to the Medicaid coverage limit.
	Wellness visits, such as a physical	\$0	
	Transportation to a doctor's office	\$0	Authorization may be required in situations where the travel distance to provider exceeds the mileage limit. Unlimited round trip transportation provided for plan-approved locations when other transportation cannot be accessed. Service Coordinators will arrange for transportation services when state transportation services are unavailable.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor (continued)	Specialist care	\$0	Authorization required only for out-of-network providers and certain services. A referral may be required. Contact the plan for details.
	Care to keep you from getting sick, such as flu shots	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$0	
You need medical tests	Lab tests, such as blood work	\$0	Authorization rules may apply. A referral may be required for certain services. Contact the plan for details. Services covered up to the Medicaid coverage limit.
	X-rays or other pictures, such as CAT scans	\$0	Authorization rules may apply. No prior authorization needed for x-ray. A referral may be required for certain services contact the plan for details. Services covered up to the Medicaid coverage limit.
	Screening tests, such as tests to check for cancer	\$0	



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Cigna-HealthSpring CarePlan: Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition</p>	<p>Generic drugs (no brand name)</p>	<p>\$0 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please see Cigna-HealthSpring CarePlan's List of Covered Drugs (Drug List) for more information.</p> <p>Retail Pharmacy</p> <p>Contact your plan if you have questions when less than a one-month supply is dispensed.</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (30-day) supply - two-month (60-day) supply - three-month (90-day) supply <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p>Mail Order</p> <p>Contact your plan if you have questions about cost sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (30-day) supply of drugs - three-month (90-day) supply of drugs <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p>See the <i>List of Covered Drugs</i> or visit www.CarePlanTX.com for more information.</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Brand name drugs</p>	<p>\$0 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please see Cigna-HealthSpring CarePlan's List of Covered Drugs (Drug List) for more information.</p> <p>Retail Pharmacy</p> <p>Contact your plan if you have questions when less than a one-month supply is dispensed.</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (30-day) supply - two-month (60-day) supply - three-month (90-day) supply <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p>Mail Order</p> <p>Contact your plan if you have questions about cost sharing or billing when less than a one-month supply is dispensed.</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (30-day) supply of drugs - three-month (90-day) supply of drugs <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p>See the <i>List of Covered Drugs</i> or visit www.CarePlanTX.com for more information</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	Over-the-counter drugs	\$0	There may be limitations on the types of drugs covered. Please see Cigna-HealthSpring CarePlan's List of Covered Drugs (Drug List) for more information.
	Medicare Part B prescription drugs	\$0	Read the Member Handbook for more information on these drugs.
<p>You need therapy after a stroke or accident</p>	Occupational, physical, or speech therapy	\$0	<p>Authorization rules may apply. A referral may be required. Contact the plan for details. For individuals not enrolled in and receiving HCBS STAR+PLUS Waiver services.</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	\$50,000 (US currency) combined limit per year for emergency and urgent care services provided outside the U.S. and its territories. Emergency transportation must be medically necessary.
	Ambulance services	\$0	Authorization rules may apply for non-emergency Medicare services required.
	Urgent care	\$0	\$50,000 (US currency) combined limit per year for emergency and urgent care services provided outside the U.S. and its territories. Emergency transportation must be medically necessary.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need hospital care</p>	Hospital stay	\$0	<p>Authorization rules may apply. A referral may be required. Contact the plan for details. Our plan covers 120 days for an inpatient hospital stay. Our plan also covers 60 lifetime reserve days. These are "extra" days that we cover. If your hospital stay is longer than 120 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 120 days.</p>
	Doctor or surgeon care	\$0	<p>Authorization rules may apply. A referral may be required. Contact the plan for details.</p>
<p>You need help getting better or have special health needs</p>	Rehabilitation services	\$0	<p>Authorization rules may apply. A referral may be required. Contact the plan for details.</p>
	Medical equipment for home care	\$0	<p>Authorization rules may apply.</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs (Continued)	Skilled nursing care	\$0	Authorization rules may apply. Our plan covers an unlimited number of days in a Skilled Nursing Facility (SNF).
You need eye care	Eye exams	\$0	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) One (1) routine eye exam every two (2) years
	Glasses or contact lenses	\$0	One (1) pair of contact lenses every two (2) years OR One (1) pair of eyeglasses (frames and lenses) every two (2) years
You need dental care	Dental check-ups	\$0	<ul style="list-style-type: none"> - One (1) cleaning every six (6) months - One (1) oral exam every six (6) months - One (1) bitewing x-ray every year - One (1) full mouth & panoramic x-ray every 36 months For additional dental benefits, please see Chapter 4 of your Member Handbook.



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<p>You need hearing/auditory services</p>	Hearing screenings	\$0	<p>A referral may be required. Contact the plan for details.</p> <p>Routine hearing exam</p>
	Hearing aids	\$0	<p>A referral may be required. Contact the plan for details.</p> <p>One (1) hearing aid every 5 years (including fitting and evaluation) from the month it is dispensed, either the left or the right may be reimbursed but not both in the same 5 year period.</p>
<p>You have a chronic condition, such as diabetes or heart disease</p>	Services to help manage your disease	\$0	<p>Authorization rules may apply.</p> <p>A referral may be required. Contact the plan for details.</p>
	Diabetes supplies and services	\$0	<p>Authorization rules may apply.</p> <p>A referral may be required. Contact the plan for details.</p> <p>Diabetes monitoring supplies Diabetes self-management training Therapeutic shoes or inserts</p>



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You have a mental health condition	Mental or behavioral health services	\$0	Authorization rules may apply. Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay. Up to 30 outpatient visits for in-network providers only.
You have a substance abuse problem	Substance abuse services	\$0	Authorization rules may apply. Group therapy visit Individual therapy visit
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Authorization rules may apply. Our plan covers an unlimited number of days for an inpatient hospital stay.
You need durable medical equipment (DME)	Wheelchairs	\$0	Authorization rules may apply.
	Canes	\$0	Authorization rules may apply.
	Crutches	\$0	Authorization rules may apply.
	Walkers	\$0	Authorization rules may apply.
	Oxygen	\$0	Authorization rules may apply.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home	Meals brought to your home	\$0	This service is only available on specific waivers. Authorization rules may apply.
	Home services, such as cleaning or housekeeping	\$0	This service is only available on specific waivers. Authorization rules may apply.
	Changes to your home, such as ramps and wheelchair access	\$0	This service is only available on specific waivers. Authorization rules may apply.
	Personal care assistant (You may be able to employ your own assistant. Call Member Services for more information.)	\$0	This service is only available on specific waivers. Authorization rules may apply.
	Training to help you get paid or unpaid jobs	\$0	This service is only available on specific waivers. Authorization rules may apply.
	Home health care services	\$0	Authorization rules may apply.
	Services to help you live on your own	\$0	Authorization rules may apply.
	Adult day services or other support services	\$0	This service is only available on specific waivers. Authorization rules may apply.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need a place to live with people available to help you</p>	Assisted living or other housing services	\$0	This service is only available on specific waivers. Authorization rules may apply.
	Nursing home care	\$0	This service is only available on specific waivers. Authorization rules may apply.
<p>Your caregiver needs some time off</p>	Respite care	\$0	<p>Authorization rules may apply.</p> <p>Member will have access to eight hours annually of respite services for family caregiver. MMP Members, excluding STAR+PLUS waiver members. Eight hours of respite care offered one time per 12 month period.</p>



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Other services that Cigna-HealthSpring CarePlan covers

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Other services covered by Cigna-HealthSpring CarePlan	Your costs for <i>in-network</i> providers
<p>24-hr Nurse Advice Call Line Toll-free access to experienced registered nurses 24 hours a day/365 days per year for immediate, reliable information for any health concern.</p>	\$0
<p>Fitness Benefit Members will have the ability to join a fitness facility that is in network. Members will have access to FitnessCoach. Members can receive a Home Exercise kit to work out in the privacy of their homes. Members select up to two (2) of the seven (7) Home Fitness Kit options, once per twelve (12) months. If a Member chooses to join a fitness facility, they cannot receive a Home Fitness Kit.</p>	\$0



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Other services covered by Cigna-HealthSpring CarePlan	Your costs for <i>in-network</i> providers
<p>Health and Wellness Products</p> <ul style="list-style-type: none"> - A.M./P.M. 7-day Pillbox: A pillbox that has 14 compartments; seven (7) compartments for a.m. medicines and seven (7) for compartments for p.m. medicines. One (1) pillbox per member per 12 month time period. - Clip-on lamp: One (1) clip-on lamp per year. - Fleece lap blanket: One (1) fleece lap blanket per year. - First Aid Kit, One (1) first aid kit per year. Includes: carrying case, scissors, safety pins, bandage fasteners, alcohol swabs, tweezers, pill bottle, gloves, ear swab, roll of tape, roll of cotton, gauze pad, assortment of bandages (latex free), sewing needle, thread and two buttons. - Cold & Flu Kit: Items include: carrying case, one (1) thermometer, two (2) hand sanitizer wipes, one (1) tissue packet, one (1) Blistex medicated lip ointment. One (1) cold and flu kit per member in a 12 month period. - Pregnant and Infant Care: Book for Expecting Moms. One (1) book for expecting moms per member in a 12 month period. - Reacher/grabber: One (1) reacher/grabber per year. - Vinyl Gloves: One (1) box of vinyl gloves per month. 	<p>\$0</p>



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Other services covered by Cigna-HealthSpring CarePlan	Your costs for <i>in-network</i> providers
<p>Meal Benefit Authorization rules may apply.</p> <p>Cigna-HealthSpring has a covered meal program. After you are discharged from a hospital stay (for traumatic or chronic illness), Cigna-HealthSpring will have 10 nutritional meals delivered to your home, with the goal of making your transition to home more comfortable and safe.</p> <p>The one-time delivery will be packaged in Styrofoam coolers with dry ice and will be delivered free of charge to you. The meal benefit must be ordered by an attending provider or the member's Service Coordinator immediately after leaving the hospital as an inpatient.</p> <p>Additional meal benefit may be covered under LTSS benefit.</p>	<p>\$0</p>
<p>Over-the-Counter (OTC) Allowance Members will be given \$20 each month to use for over-the-counter medicines that do not require a prescription. Unused balances will not accumulate month-to-month and members will only be able to make one order per month. Members are required to contact our OTC benefit vendor to access this benefit.</p> <p>Please visit our website to see our list of over-the-counter items.</p>	<p>\$0</p>



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Other services covered by Cigna-HealthSpring CarePlan	Your costs for <i>in-network</i> providers
Personal Emergency Response System (PERS) Cigna-HealthSpring offers members Emergency Response System access in their home for rapid response to medical emergencies.	\$0



If you have questions, please call Cigna-HealthSpring 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 www.CarePlanTX.com.

Cigna-HealthSpring CarePlan: Summary of Benefits

Benefits covered *outside* of Cigna-HealthSpring CarePlan

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

Other services covered by Medicare or Texas Medicaid	Your costs
Some hospice care services	\$0 You pay nothing for hospice care from a Medicare certified hospice. You may have to pay part of the cost for drugs and respite care.
Non-emergency medical transportation services	\$0
Pre-admission screening and resident review (PASRR)	\$0



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Cigna-HealthSpring CarePlan: Summary of Benefits

Benefits *not* covered by Cigna-HealthSpring 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.

Benefits <i>not</i> covered by Cigna-HealthSpring CarePlan, Medicare, or Texas Medicaid	
Surgical treatment for morbid obesity, except when it is medically needed and Medicare pays for it.	Not covered.
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.
Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.	Not covered.
Reversal of sterilization procedures and sex change operations.	Not covered.
Acupuncture.	Not covered.
Naturopath services (the use of natural or alternative treatments).	Not covered.



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Cigna-HealthSpring CarePlan: Summary of Benefits

Your rights as a member of the plan

As a member of Cigna-HealthSpring 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 restraint or seclusion
 - Not be billed by network providers.
- **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
 - 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-HealthSpring 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 medical care timely



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Cigna-HealthSpring CarePlan: **Summary of Benefits**

- 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
- **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-HealthSpring CarePlan Member Handbook. If you have questions, you can also call Cigna-HealthSpring CarePlan Member Services.

If you have a complaint or think we should cover something we denied



If you have questions, please call Cigna-HealthSpring 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 www.CarePlanTX.com.

Cigna-HealthSpring CarePlan: **Summary of Benefits**

If you have a complaint or think Cigna-HealthSpring CarePlan should cover something we denied, call Cigna-HealthSpring 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-HealthSpring CarePlan Member Handbook. You can also call Cigna-HealthSpring CarePlan Member Services.

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-HealthSpring CarePlan
Attention: Appeals, Complaints, and Grievances Department
P.O. Box 211088
Bedford, Texas 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: 1-888-593-4482

You can write us at: Cigna-HealthSpring CarePlan
Part D Appeals
P.O. Box 24207
Nashville, Tennessee 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-HealthSpring CarePlan Appeals
P.O. Box 211088
Bedford, Texas 76095



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Cigna-HealthSpring CarePlan: **Summary of Benefits**

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-HealthSpring 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.

To report fraud, waste, or abuse, choose one of the following:

- Call the OIG Hotline at 1-800-436-6184;
- Visit <https://oig.hhsc.state.tx.us/> and pick "Click Here to Report Waste, Abuse, and 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.



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Cigna-HealthSpring CarePlan: **Summary of Benefits**

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



If you have questions, please call Cigna-HealthSpring 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 www.CarePlanTX.com.