



Cigna Fundamental Medicare (HMO) offered by Cigna

ANNUAL NOTICE OF CHANGES FOR 2021

You are currently enrolled as a member of Cigna-HealthSpring Advantage (HMO). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Sections 2.1 and 2.4 for information about benefit and cost changes for our plan.
- Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 2.3 for information about our *Provider and Pharmacy Directory*.
- Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area.
 - Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
 - Review the list in the back of your Medicare & You handbook.
 - Look in Section 4.2 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2020, you will be enrolled in Cigna Fundamental Medicare (HMO).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. ENROLL: To change plans, join a plan between **October 15** and **December 7, 2020**

- If you don't join another plan by **December 7, 2020**, you will be enrolled in Cigna Fundamental Medicare (HMO).
- If you join another plan by **December 7, 2020**, your new coverage will start on **January 1, 2021**. You will be automatically disenrolled from your current plan.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Customer Service number at 1-800-668-3813 for additional information. (TTY users should call 711.) Hours are October 1 – March 31, 8:00 a.m. – 8:00 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8:00 a.m. – 8:00 p.m. local time. Messaging service used weekends, after hours, and on federal holidays.
- To get information from us in a way that works for you, please call Customer Service (phone numbers are in Section 8.1 of this booklet). We can give you information in Braille, in large print, and other alternate formats if you need it.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Cigna Fundamental Medicare (HMO)

- Cigna-HealthSpring is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring depends on contract renewal.
 - When this booklet says “we,” “us,” or “our,” it means Cigna. When it says “plan” or “our plan,” it means Cigna Fundamental Medicare (HMO).
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Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for Cigna Fundamental Medicare (HMO) in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at www.cignamedicare.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
Monthly plan premium	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	\$3,400	\$3,900
Doctor office visits	Primary care visits: \$0 copayment per visit Specialist visits: \$30 copayment per visit	Primary care visits: \$0 copayment per visit Specialist visits: \$30 copayment per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	\$500 copayment per stay	\$600 copayment per stay

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SECTION 1 We Are Changing the Plan's Name

On January 1, 2021, our plan name will change from Cigna-HealthSpring Advantage (HMO) to Cigna Fundamental Medicare (HMO).

Members of our plan will receive a new Member ID card in the mail by December 31, 2020. All new member communications you receive for 2021 will reflect your new plan name.

SECTION 2 Changes to Benefits and Costs for Next Year**Section 2.1 Changes to the Monthly Premium**

Cost	2020 (this year)	2021 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Part B Premium Reduction	We will reduce your monthly Medicare Part B Premium by up to \$125	We will reduce your monthly Medicare Part B Premium by up to \$125

Section 2.2 Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2020 (this year)	2021 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	\$3,400	\$3,900 Once you have paid \$3,900 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider and Pharmacy Directory* is located on our website at www.cignamedicare.com. You may also call Customer Service for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. **Please review the 2021 *Provider and Pharmacy Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 2.4 Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2021 Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
Authorizations	Authorization may not be required for the following benefits/services: <ul style="list-style-type: none"> – Chiropractic services (Medicare-covered) – Diabetic services and supplies – Other Health Care Professional – Physician specialist 	Authorization may be required for the following benefits/services: <ul style="list-style-type: none"> – Chiropractic services (Medicare-covered) – Diabetic services and supplies – Other Health Care Professional – Physician specialist
Acupuncture for chronic lower back pain	Not covered.	Authorization rules may apply. Referral is required. You pay a copayment of \$20 for each Medicare-covered acupuncture visit.
Emergency care	You pay a copayment of: \$120 for Medicare-covered emergency room visits. \$120 for worldwide emergency room visits and worldwide emergency transportation.	You pay a copayment of: \$90 for Medicare-covered emergency room visits. \$90 for worldwide emergency room visits and worldwide emergency transportation.
Health and wellness education programs HealthWise	Not covered.	You pay a copayment of \$0 for access to video and written content on a variety of health and wellness topics through the Cigna Medicare website.
Inpatient hospital care	You pay a copayment of \$500 for each Medicare-covered hospital stay.	You pay a copayment of \$600 for each Medicare-covered hospital stay.
Outpatient diagnostic tests and therapeutic services and supplies	Authorization rules may apply. You pay a copayment of \$0 or \$150 for Medicare-covered diagnostic radiology services (not including X-rays). \$0 for mammography and ultrasounds. \$150 for all other diagnostic and nuclear medicine radiological services.	Authorization rules may apply. Authorization not required for COVID-19 related testing. You pay a copayment of \$0 or \$200 for Medicare-covered diagnostic radiology services (not including X-rays). \$0 for mammography and ultrasounds. \$200 for all other diagnostic and nuclear medicine radiological services.
Outpatient hospital observation	You pay a copayment of \$195 for Medicare-covered outpatient hospital observation.	You pay a copayment of \$250 for Medicare-covered outpatient hospital observation.

Cost	2020 (this year)	2021 (next year)
Outpatient mental health care	You pay a copayment of: \$30 for Medicare-covered individual or group therapy visit. \$30 for Medicare-covered individual or group therapy visit with a psychiatrist. \$30 for Medicare-covered Telehealth-Behavioral health visit. Catasys OnTrak™ program not covered.	You pay a copayment of: \$0 for Medicare-covered individual or group therapy visit. \$0 for Medicare-covered individual or group therapy visit with a psychiatrist. \$0 for Medicare-covered Telehealth-Behavioral health visit. \$0 for Catasys OnTrak™ program, based on the diagnosis of anxiety, depression, or substance use disorder.
Outpatient rehabilitation services	You pay a copayment of \$30 for Medicare-covered Physical Therapy visits. Virtual Physical Therapy visits not covered.	You pay a copayment of \$30 for Medicare-covered in-person or virtual Physical Therapy visits.
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers	You pay a copayment of: \$0 or \$195 for each Medicare-covered outpatient hospital facility visit. \$0 for any surgical procedures (i.e. polyp removal) during a colorectal screening. \$195 for all other Outpatient Services not provided in an Ambulatory Surgical Center. \$0 or \$150 for each Medicare-covered ambulatory surgical center visit. \$0 for any surgical procedures (i.e. polyp removal) during a colorectal screening. \$150 for all other Ambulatory Surgical Center (ASC) services.	You pay a copayment of: \$0 or \$250 for each Medicare-covered outpatient hospital facility visit. \$0 for any surgical procedures (i.e. polyp removal) during a colorectal screening. \$250 for all other Outpatient Services not provided in an Ambulatory Surgical Center. \$0 or \$200 for each Medicare-covered ambulatory surgical center visit. \$0 for any surgical procedures (i.e. polyp removal) during a colorectal screening. \$200 for all other Ambulatory Surgical Center (ASC) services.
Partial hospitalization services	You pay a copayment of \$35 for Medicare-covered partial hospitalization program services.	You pay a copayment of \$45 for Medicare-covered partial hospitalization program services.
Physician/Practitioner/Other Health Care Professional services	Referral not required for Medicare-covered Other Health Care Professional visit.	Referral required for Medicare-covered Other Health Care Professional visit.
Post-hospital meals	You pay a copayment of \$0 for the post-hospital meal benefit.	The benefit name is changing to Home-delivered meals . You pay a copayment of \$0 for home-delivered meals after discharge from a qualified hospital or skilled nursing facility stay.
Skilled nursing facility (SNF) care	You pay a copayment of: – Days 1-10: \$0 per day – Days 11-20: \$20 per day – Days 21-100: \$178 per day For each Medicare-covered SNF stay.	You pay a copayment of: – Days 1-20: \$0 per day – Days 21-100: \$184 per day For each Medicare-covered SNF stay.

Cost	2020 (this year)	2021 (next year)
Special supplemental benefits for the chronically ill – Meals for ESRD members	Not covered.	Authorization is required. Referral is required. You pay a copayment of \$0 for 56 meals, over 28 days, once each year for End-Stage Renal Disease (ESRD) members enrolled in an ESRD-related case management program.
Transportation	You pay a copayment of \$0 for unlimited trips to plan-approved locations every year.	You pay a copayment of \$0 for up to 50 one-way trips to plan-approved locations every year.
Urgently needed services	You pay a copayment of \$120 for worldwide emergency/urgent care and worldwide emergency transportation.	You pay a copayment of \$90 for worldwide emergency/urgent care and worldwide emergency transportation.

SECTION 3 Administrative Changes

Please see the table below for other important changes to your plan.

Description	2020 (this year)	2021 (next year)
Where to send a written complaint about your medical care	Cigna Attn: Member Grievances P.O. Box 2888 Houston, TX 77252-2888	Cigna Attn: Medicare Grievance Dept. P.O. Box 188080 Chattanooga, TN 37422

SECTION 4 Deciding Which Plan to Choose

Section 4.1 If you want to stay in our plan

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Cigna Fundamental Medicare (HMO).

Section 4.2 If you want to change plans

We hope to keep you as a member next year but if you want to change for 2021 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- — OR — You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2021*, call your State Health Insurance Assistance Program (SHIP) (see Section 6), or call Medicare (see Section 8.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Cigna offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change to a different Medicare health plan, enroll in the new plan. You will automatically be disenrolled from our plan.
- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from our plan.

- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 8.1 of this booklet).
 - — *OR* — Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2021.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2021, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2021. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Texas, the SHIP is called Texas Health Information Counseling & Advocacy Program (HICAP).

Texas Health Information Counseling & Advocacy Program (HICAP) is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Texas Health Information Counseling & Advocacy Program (HICAP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Texas Health Information Counseling & Advocacy Program (HICAP) at 1-800-252-9240.

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** Texas has a program called Kidney Health Care Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 6 of this booklet).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance. In Texas, the ADAP is the Texas HIV Medication Program. Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. To contact the Texas HIV Medication Program, please call 1-800-255-1090.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Texas HIV Medication Program at 1-800-255-1090.

SECTION 8 Questions?

Section 8.1 Getting Help from our plan

Questions? We're here to help. Please call Customer Service at 1-800-668-3813. (TTY only, call 711.) We are available for phone calls October 1 – March 31, 8:00 a.m. – 8:00 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8:00 a.m. – 8:00 p.m. local time. Messaging service used weekends, after hours, and on federal holidays. Calls to these numbers are free.

Read your 2021 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2021. For details, look in the 2021 *Evidence of Coverage* for Cigna Fundamental Medicare (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.cignamedicare.com. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.cignamedicare.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*).

Section 8.2 Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

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.

Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about 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/plan-compare.)

Read *Medicare & You 2021*

You can read *Medicare & You 2021 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.

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