





**2021 Evidence of Coverage**  
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# CHAPTER 1

*Getting started as a member*

**Chapter 1. Getting started as a member**

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**SECTION 1 Introduction****Section 1.1 You are currently enrolled in Cigna Achieve Medicare (HMO C-SNP), which is a specialized Medicare Advantage Plan (“Special Needs Plan”)**

You are covered by Medicare, and you have chosen to get your Medicare health care and your prescription drug coverage through our plan, Cigna Achieve Medicare (HMO C-SNP).

There are different types of Medicare health plans. Cigna Achieve Medicare (HMO C-SNP) is a Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) approved by Medicare and run by a private company.

Cigna Achieve Medicare (HMO C-SNP) is a specialized Medicare Advantage Plan (a Medicare “Special Needs Plan”), which means its benefits are designed for people with special health care needs. Cigna Achieve Medicare (HMO C-SNP) is designed to provide additional health benefits that specifically help people who have Diabetes Mellitus.

Our plan includes providers who specialize in treating Diabetes Mellitus. It also includes health programs designed to serve the specialized needs of people with this condition. In addition, our plan covers prescription drugs to treat most medical conditions, including the drugs that are usually used to treat Diabetes Mellitus. As a member of the plan, you get benefits specially tailored to your condition and have all your care coordinated through our plan.

Like all Medicare health plans, this Medicare Advantage Special Needs Plan is approved by Medicare and run by a private company.

**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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**Section 1.2 What is the *Evidence of Coverage* booklet about?**

This *Evidence of Coverage* booklet tells you how to get your Medicare medical care and prescription drugs covered through our plan. This booklet explains your rights and responsibilities, what is covered, and what you pay as a member of the plan.

The word “coverage” and “covered services” refers to the medical care and services and the prescription drugs available to you as a member of Cigna Achieve Medicare (HMO C-SNP).

It’s important for you to learn what the plan’s rules are and what services are available to you. We encourage you to set aside some time to look through this *Evidence of Coverage* booklet.

If you are confused or concerned or just have a question, please contact our plan’s Customer Service (phone numbers are printed on the back cover of this booklet).

**Section 1.3 Legal information about the *Evidence of Coverage*****It’s part of our contract with you**

This *Evidence of Coverage* is part of our contract with you about how our plan covers your care. Other parts of this contract include your enrollment form, the *List of Covered Drugs (Formulary)*, and any notices you receive from us about changes to your coverage or conditions that affect your coverage. These notices are sometimes called “riders” or “amendments.”

The contract is in effect for the months in which you are enrolled in our plan between January 1, 2021 and December 31, 2021.

Each calendar year, Medicare allows us to make changes to the plans that we offer. This means we can change the costs and benefits of our plan after December 31, 2021. We can also choose to stop offering the plan, or to offer it in a different service area, after December 31, 2021.

**Medicare must approve our plan each year**

Medicare (the Centers for Medicare & Medicaid Services) must approve our plan each year. You can continue to get Medicare coverage as a member of our plan as long as we choose to continue to offer the plan and Medicare renews its approval of the plan.

**SECTION 2 What makes you eligible to be a plan member?****Section 2.1 Your eligibility requirements**

*You are eligible for membership in our plan as long as:*



- You have both Medicare Part A and Medicare Part B (Section 2.2 tells you about Medicare Part A and Medicare Part B)
- — *and* — you live in our geographic service area (Section 2.3 below describes our service area)
- — *and* — you are a United States citizen or are lawfully present in the United States
- — *and* — you meet the special eligibility requirements described below

### Special eligibility requirements for our plan

Our plan is designed to meet the specialized needs of people who have certain medical conditions. To be eligible for our plan, you must have:

- Diabetes Mellitus — If your doctor has told you that you have a fasting plasma glucose level of:
  - Less than 100 mg/dL
  - Greater than 126 mg/dL
- Please note: If you lose your eligibility but can reasonably be expected to regain eligibility within 2 month(s), then you are still eligible for membership in our plan (Chapter 4, Section 2.1 tells you about coverage and cost sharing during a period of deemed continued eligibility).

## Section 2.2 What are Medicare Part A and Medicare Part B?

When you first signed up for Medicare, you received information about what services are covered under Medicare Part A and Medicare Part B. Remember:

- Medicare Part A generally helps cover services provided by hospitals (for inpatient services, skilled nursing facilities, or home health agencies).
- Medicare Part B is for most other medical services (such as physician's services, home infusion therapy, and other outpatient services) and certain items (such as durable medical equipment (DME) and supplies).

## Section 2.3 Here is the plan service area for our plan

Although Medicare is a Federal program, our plan is available only to individuals who live in our plan service area. To remain a member of our plan, you must continue to reside in the plan service area. The service area is described below.

Our service area includes these counties in Maryland: Anne Arundel, Baltimore, Baltimore City, Harford

If you plan to move out of the service area, please contact Customer Service (phone numbers are printed on the back cover of this booklet). When you move, you will have a Special Enrollment Period that will allow you to switch to Original Medicare or enroll in a Medicare health or drug plan that is available in your new location.

It is also important that you call Social Security if you move or change your mailing address. You can find phone numbers and contact information for Social Security in Chapter 2, Section 5.


## Section 2.4 U.S. Citizen or Lawful Presence

A member of a Medicare health plan must be a U.S. citizen or lawfully present in the United States. Medicare (the Centers for Medicare & Medicaid Services) will notify Cigna if you are not eligible to remain a member on this basis. Cigna must disenroll you if you do not meet this requirement.

## SECTION 3 What other materials will you get from us?

### Section 3.1 Your plan membership card — Use it to get all covered care and prescription drugs

While you are a member of our plan, you must use your membership card for our plan whenever you get any services covered by this plan and for prescription drugs you get at network pharmacies. You should also show the provider your Medicaid card, if applicable. Here's a sample membership card to show you what yours will look like:

|                                                                                   |                      |                                |           |
|-----------------------------------------------------------------------------------|----------------------|--------------------------------|-----------|
|  |                      | <Plan Name>                    |           |
|                                                                                   |                      | <Plan Type>                    |           |
| Name                                                                              | <Customer Full Name> | <Contract/PBP/segment>         |           |
| ID                                                                                | <Customer ID>        |                                |           |
| Health Plan                                                                       | (80840)              | [MedicareRx]                   |           |
| [Effective Date                                                                   | <Effective Date>     | [Prescription Drug Coverage X] |           |
| PCP                                                                               | <PCP Name>           |                                |           |
| PCP Phone                                                                         | <Phone Number>       |                                |           |
| PCP Network                                                                       | <Network>            | RxBIN                          | <XXXXXXX> |
|                                                                                   |                      | RxPCN                          | <XXXXXXX> |
| [No Referral Required]                                                            | COPAYS               | RxGRP                          | <XXXXXXX> |
| PCP                                                                               | <\$xx>               | Specialist                     | <\$xx>    |
| Emergency                                                                         | <\$xx>               | Urgent Care                    | <\$xx>    |

This card does not guarantee coverage or payment.

<barcode>

[Services may require [a referral or] [an] authorization by the Health Plan.]  
 [Medicare limiting charges apply.]

[Customer Service <--Toll Free Number ---> (TTY 711)]

[Provider Services <Phone Number>]

[Authorization/Referral] <Phone Number>

[Provider Medical Claims <Address>]

[Pharmacy Help Desk <Phone Number>]

[Pharmacy Claims <Address>]

[Dental Services <Phone Number>]

[Provider Dental Claims <Address>]

[<URL>]

Do NOT use your red, white, and blue Medicare card for covered medical services while you are a member of this plan. If you use your Medicare card instead of your Cigna Achieve Medicare (HMO C-SNP) membership card, you may have to pay the full cost of medical services yourself. Keep your Medicare card in a safe place. You may be asked to show it if you need hospital services, hospice services, or participate in routine research studies.

**Here's why this is so important:** If you get covered services using your red, white, and blue Medicare card instead of using your Cigna Achieve Medicare (HMO C-SNP) membership card while you are a plan member, you may have to pay the full cost yourself.

If your plan membership card is damaged, lost, or stolen, call Customer Service right away and we will send you a new card. (Phone numbers for Customer Service are printed on the back cover of this booklet.)

### Section 3.2 The Provider and Pharmacy Directory: Your guide to all providers in the plan's network

The *Provider and Pharmacy Directory* lists our network providers and durable medical equipment suppliers.

#### What are “network providers”?

**Network providers** are the doctors and other health care professionals, medical groups, durable medical equipment suppliers, hospitals, and other health care facilities that have an agreement with us to accept our payment and any plan cost sharing as payment in full. We have arranged for these providers to deliver covered services to members in our plan. The most recent list of providers and suppliers is available on our website at [www.cignamedicare.com](http://www.cignamedicare.com).

#### Why do you need to know which providers are part of our network?

It is important to know which providers are part of our network because, with limited exceptions, while you are a member of our plan you must use network providers to get your medical care and services. When you select a Primary Care Physician (PCP), you are also selecting an entire network (a specific group of Plan providers) of specialists and hospitals. Please call Customer Service for details regarding the specialists and hospitals you may use. The only exceptions are emergencies, urgently needed services when the network is not available (generally, when you are out of the area), out-of-area dialysis services, and cases in which our plan authorizes use of out-of-network providers. See Chapter 3 (*Using the plan's coverage for your medical services*) for more specific information about emergency, out-of-network, and out-of-area coverage.

If you don't have your copy of the *Provider and Pharmacy Directory*, you can request a copy from Customer Service (phone numbers are printed on the back cover of this booklet). You may ask Customer Service for more information about our network providers, including their qualifications. You can also see the *Provider and Pharmacy Directory* at [www.cignamedicare.com](http://www.cignamedicare.com), or download it from this website. Both Customer Service and the website can give you the most up-to-date information about changes in our network providers.

### Section 3.3 The Provider and Pharmacy Directory: Your guide to pharmacies in our network

#### What are “network pharmacies”?

Network pharmacies are all of the pharmacies that have agreed to fill covered prescriptions for our plan members.

#### Why do you need to know about network pharmacies?

You can use the *Provider and Pharmacy Directory* to find the network pharmacy you want to use. There are changes to our network of pharmacies for next year. An updated *Provider and Pharmacy Directory* is located on our website at [www.cignamedicare.com](http://www.cignamedicare.com).





















