

CIGNA Medicare Select Plus Rx® (HMO)

A Medicare Advantage HMO Medical Plan with Part D Prescription Drug Coverage

Getting the Most Out of Your Plan

When you enroll in CIGNA Medicare Select Plus Rx (HMO), you'll receive the benefits and services that make a real difference in the quality of your health care. What's more, your plan includes health education classes, discounts on health and wellness products, and an after-hours nurse line to help you make getting and staying healthy more affordable and easier than ever. We even have resources to help you address any coverage, appeal, grievance or contract concern that may arise.

Cigna Medical Group (CMG) Health Education Classes

CMG is committed to helping you stay healthy through engaging health education and disease management classes. And because they're included in your benefits, they're *free*.

Classes include:

- Diabetes self-management training
- Chronic disease self-management
- Healthy eating
- Nutrition counseling for medical conditions
- Tai Chi
- Tobacco cessation counseling and referral
- Fall prevention
- Weight-to-go! weight management

For program information or to find a class near you, contact us today: 602-861-7260 or CMGHealthEducation@cigna.com.

Enrolling in Your CIGNA Medicare Select Plus Rx Plan

In general, if your enrollment application is received by CIGNA by the last day of the month, your enrollment will be effective the first day of the following month.

Four Easy Ways to Enroll:

1. Phone

1-800-592-9231
(TTY: 1-800-987-8816)
7 days a week
8 am – 8 pm

2. Online

Enroll online at cignamedicare.com

3. Mail

Mail a completed enrollment form to:
CIGNA Medicare
Select Plus Rx
Attn: CMAC
25500 N. Norterra Dr.
Phoenix, AZ 85085

4. Fax

Fax a completed enrollment form to
1-866-275-1365.

For more information, call CIGNA.



Healthy Rewards®

Available to all CIGNA Medicare Select customers, Healthy Rewards can make staying healthy easier and more affordable. Healthy Rewards programs and discounts are a separate value-added service with your CIGNA Medicare Select Plus Rx benefits, and therefore do not apply to your plan copayments and coinsurance.

Valuable discounts on health and wellness products and services include:

- Weight management and nutrition programs, including Jenny Craig®, Weight Watchers® and Curves®
- Tobacco cessation services
- Alternative medicine programs, such as acupuncture, chiropractic care and massage therapy
- Vitamins and health-and-wellness products from drugstore.com
- Healthy lifestyle books and magazines

The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the CIGNA Medicare Select Plus Rx grievance process.

Cigna Medical Group Medicare After-Hours Nurse Line

When you need to reach your Cigna Medical Group doctor, but he's unavailable or it's after hours – the Medicare Nurse Line is staffed with a team of registered nurses to help answer your immediate health care questions.*

After Hours: Call the Medicare Nurse Line at 602-787-3299

Regular Business Hours: Contact your Cigna Medical Group physician's office

**The Cigna Medical Group Medicare Nurse Line is not intended to triage emergency situations. If you have an emergency, immediately dial 911 or visit your nearest emergency room.*

CIGNA Medicare Select Plus Rx Plan

For more information please call us

1-800-592-9231

(TTY: 1-800-987-8816)

7 days a week, 8 am – 8 pm



CIGNA Medicare Select Plus Rx Quality Improvement Program (QIP)

The CIGNA Medicare Select Plus Rx Quality Improvement Program (QIP) promotes and supports systematic assessments and quality improvement programs in all phases of our business. Always striving to improve the quality of services provided by our health care facilitation and service system, CIGNA HealthCare and Intracorp provide a robust quality and medical management program for customers like you who receive benefits through CIGNA HealthCare's Medicare Advantage plans.

Through the quality-monitoring standards provided through QIP and the principles it upholds, we're able to regularly identify opportunities to improve process and the quality of care and service we provide.

Quality Improvement Goals

- Promote and build quality into CIGNA HealthCare's and Intracorp's organizational structure and process.
- Maintain an effective quality committee structure that fosters communication across matrix areas, collaboratively work towards achieving established goals, monitor progress of improvement efforts towards these goals, and provide necessary oversight and leadership reporting.
- Monitor and evaluate patient care and services according to established goals and metrics, and ensure identification and analysis of opportunities for improvement.
- Enhance consistency in quality program activities.
- Support programs that encourage patient-centered, timely, efficient, effective, equitable and safe care.
- Maintain compliance with accreditation standards and local, state and federal regulatory requirements.

Coverage Decisions, Appeals and Grievances

Coverage Decisions

A coverage decision is a decision CIGNA makes about benefits and coverage or about the amount CIGNA pays for medical services and prescription medications. You, your doctor or named representative can also contact us and request a coverage decision. In some cases we might decide that certain services or medications are not covered or are no longer covered. An appeal process is available to you when you request a review of our adverse coverage decisions.

Appeals

An appeal is a formal request to change an adverse coverage decision. You, your doctors or a named representative have the right to appeal any adverse coverage decision. Each appeal is reviewed extensively to ensure coverage decisions are fair and have followed the rules properly. Level 2 appeals are available for all initial (Level 1) appeal decisions that are denied; and are conducted by an independent organization not connected to CIGNA. Should you remain dissatisfied after your Level 2 appeal decision, three additional levels of appeal are available to you.

All expedited pre-service appeals can be submitted by phone, fax or in writing. Additional appeals must be submitted by fax or in writing.



Grievances

CIGNA has a complaint process to manage various concerns that may arise, including quality of care, waiting times and customer service. To exercise this right, you or a named representative must file your complaint with CIGNA no later than 60 calendar days after the incident occurred. Every effort will be made to resolve complaints within five (5) calendar days of the file date. If we are unable to resolve your complaint in this timeframe or to your satisfaction, it will be handled as a 'grievance'. The CIGNA Medicare Grievance Department investigates all grievances and will respond within 30 calendar days from the date the complaint was originally received. We may extend the timeframe by up to 14 calendar days upon request or if we justify a need for additional information and the delay is in your best interest. Customer Service or the Medicare Grievance Department will remain in contact with you and provide information regarding next steps, if necessary.

For more information regarding coverage decisions, appeals and grievances please refer to your Evidence of Coverage document.

Complaints can be submitted by phone, fax or in writing. Written complaints will be managed through formal procedures.

CIGNA HealthCare of Arizona Contract Facts

- CIGNA HealthCare of Arizona Inc. is a Medicare Advantage organization operating under annual contract (1 year at a time).
- Areas of service can be terminated.
- CIGNA HealthCare of Arizona and the Centers for Medicare & Medicaid Services (CMS) can either renew or terminate Medicare Advantage programs annually.
- Letters of termination with Medicare options and coverage end date will be mailed within 90 days of program end.
- The date of termination is at the sole discretion of CMS.

Please note that CIGNA Medicare Select Plus Rx benefits and cost sharing may change from year to year.

Want to Know More?

For more information regarding management of services and costs, quantity of appeals and grievances filed by members, method of payment to doctors, or a description of our financial condition, including recent audit statement summaries, please call CIGNA Medicare Select Plus Rx.

For more information regarding the CIGNA Medicare Select Plus Rx plan:
Call: 1-800-592-9231 (TTY: 1-800-987-8816). Hours: 8 am – 8 pm, 7 days a week

To receive this information in another format, or in Spanish or another language, please call this number.

Para recibir esta información en otro formato, en Español o otro lenguaje, por favor llame al número que esta escrito por encima.

"CIGNA Medicare Services," "CIGNA Medicare Select Plus Rx" (HMO), "CIGNA Medicare Select" (HMO) and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. CIGNA Medicare Select and CIGNA Medicare Select Plus Rx plans are offered by operating subsidiary CIGNA HealthCare of Arizona, Inc., and not by CIGNA Corporation. CIGNA HealthCare of Arizona, Inc. is a Medicare Advantage organization with a Medicare contract. As of the date of publication, CIGNA Medicare Select and CIGNA Medicare Select Plus Rx plans are offered to employers and individuals in Maricopa County and certain zip codes within Apache Junction and Queen Creek, Arizona only. All models are used for illustrative purposes only.

