



2023 Annual Transfer Exceptions Form

Effective January 1, 2023, all Cigna Medicare Surround Plan enrollees will be moved to the Cigna True Choice Medicare Advantage PPO (MAPD-PPO), with limited exceptions.

The MAPD-PPO has been custom designed to provide the same or better benefits than the Surround plan. However, we recognize there may be situations in which changing plans could cause a hardship. So, if you meet one of the criteria listed on the reverse side, complete and submit this form to Employee Benefit Services **no later than Wednesday, November 30, 2022**, in one of the following ways:

- Email – Print and take a picture of it, then email it to benefits@mnps.org
- Fax – (615) 214-8665
- Mail or Deliver – MNPS Employee Benefits, 2601 Bransford Ave., Nashville 37204
- Bring with you – Give to a Cigna representative at one of the 2023 retiree benefits meetings to be held later this fall

Employee Benefit Services will review your request and let you know if you qualify to stay in the Surround plan.

If you meet one of the criteria listed but fail to submit a completed Exceptions Form by the deadline, you will be enrolled in the MAPD-PPO, and you will not be able to stay in the Surround plan in 2023.

What is your contact information?

First and last name	
Date of birth	
Telephone number	
Email address	
Home address	
Preferred contact method	<input type="checkbox"/> Phone <input type="checkbox"/> Email

Turn over to complete form

I, _____ (name), request to stay enrolled in the Cigna Medicare Surround Plan in 2023 because (check one):

- I live outside the Cigna MAPD-PPO service area.
- One or more of my current health care providers are not in the MAPD-PPO network and will not agree to bill Cigna. My out-of-network provider's contact information is:

Your provider's full name	
Specialty	
Practice name	
Address	
Telephone number	

Your provider's full name	
Specialty	
Practice name	
Address	
Telephone number	

- I am in the middle of a treatment plan that would be disrupted with a plan change. Describe the treatment plan and provider's contact information in the space below. (**Note:** Not all treatment plans will qualify for an exception. Examples of acceptable treatment plans include (but are not limited to): newly diagnosed or relapsed cancer for which you are receiving chemotherapy, radiation therapy or reconstruction; recent major surgery still in the follow-up period, generally 6-8 weeks; or in active treatment for an acute condition, such as a heart attack, stroke or unstable chronic condition.)

Description of treatment plan:	
Your treating provider's full name and contact information:	