

This chart compares Cigna Healthcare coverage to Original Medicare.

Benefit	Original Medicare	Cigna True Choice Medicare (PPO) H7849-084 ¹	Cigna True Choice Plus Medicare (PPO) H7849-085 ¹	Cigna True Choice Savings Medicare (PPO) H7849-087 ¹	Cigna True Choice Courage Medicare (PPO) H7849-086 ¹
Consider this plan for:	Part A and B only (standard coverage)	Freedom to choose your own doctor with no referrals required; your benefits travel with you to other Cigna Healthcare PPO networks across the country			
Monthly Plan Premium	For 2023, the standard monthly Part B premium is \$164.90 (amount may change for 2024)	\$0 per month	\$32 per month	\$0 per month	\$0 per month
Part B Premium Give Back	Not offered	Not offered	Not offered	\$76 per month	\$50 per month
Prescription Drug Coverage (Part D)	Not covered	\$0 copay for many prescription drugs and \$0 pharmacy deductible	\$0 copay for many prescription drugs and \$0 pharmacy deductible	\$0 copay for many prescription drugs and \$0 pharmacy deductible	Not covered
Primary Care Provider (PCP)	20% coinsurance	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Physician Specialist	20% coinsurance	\$35 copay	\$35 copay	\$40 copay	\$35 copay
Inpatient Hospital	For 2023, the amounts for each benefit period are: Days 1-60: \$1,600 deductible and \$0 per day; Days 61-90: \$400 per day (amounts may change for 2024)	\$320 copay per day for days 1-6; \$0 copay per day for days 7-90	\$340 copay per day for days 1-6; \$0 copay per day for days 7-90	\$305 copay per day for days 1-5; \$0 copay per day for days 6-90	\$350 copay per day for days 1-5; \$0 copay per day for days 6-90
Maximum Out-of-Pocket Cost (MOOP)	No limits	\$5,800 for in-network Medicare-covered benefits	\$6,700 for in-network Medicare-covered benefits	\$6,700 for in-network Medicare-covered benefits	\$6,700 for in-network Medicare-covered benefits
Over-the-Counter (OTC) Items	Not covered	\$115 allowance every 3 months ²	\$130 allowance every 3 months ²	\$60 allowance every 3 months ²	\$60 allowance every 3 months ²
Vision Services	Not covered	\$0 copay for one routine exam every year for your choice of routine eyewear; \$200 allowance every year for routine eyewear ³	\$0 copay for one routine exam every year for your choice of routine eyewear; \$200 allowance every year for routine eyewear ³	\$0 copay for one routine exam every year for your choice of routine eyewear; \$200 allowance every year for routine eyewear ³	\$0 copay for one routine exam every year for your choice of routine eyewear; \$150 allowance every year for routine eyewear ³
Hearing Services	Not covered	\$399-\$1,800 copay per device, limited to 2 devices every year. Actual cost-share will depend on hearing aid selected. ⁴	\$399-\$1,800 copay per device, limited to 2 devices every year. Actual cost-share will depend on hearing aid selected. ⁴	\$399-\$1,800 copay per device, limited to 2 devices every year. Actual cost-share will depend on hearing aid selected. ⁴	\$399-\$1,800 copay per device, limited to 2 devices every year. Actual cost-share will depend on hearing aid selected. ⁴
Fitness Program	Not covered	\$0 copay; a fitness center membership and one home fitness kit with a wearable fitness tracker per benefit year	\$0 copay; a fitness center membership and one home fitness kit with a wearable fitness tracker per benefit year	\$0 copay; a fitness center membership and one home fitness kit with a wearable fitness tracker per benefit year	\$0 copay; a fitness center membership and one home fitness kit with a wearable fitness tracker per benefit year
Dental Services	Not covered	Routine dental services with a \$1,500 yearly allowance; visit the dentist of your choice ⁵	Routine dental services with a \$3,000 yearly allowance; visit the dentist of your choice ⁵	Routine dental services with a \$1,100 yearly allowance; in-network covered at 100% ; out-of-network covered at 50% ⁶	Routine dental services with a \$2,000 yearly allowance; in-network covered at 100% ; out-of-network covered at 50% ⁶
Telehealth (Virtual)	20% coinsurance	24/7 non-emergency urgent care telehealth services	24/7 non-emergency urgent care telehealth services	24/7 non-emergency urgent care telehealth services	24/7 non-emergency urgent care telehealth services
Home-Delivered Meals	Not covered	\$0 copay for health-related meals following inpatient hospital or skilled nursing facility stay ⁷	\$0 copay for health-related meals following inpatient hospital or skilled nursing facility stay ⁷	\$0 copay for health-related meals following inpatient hospital or skilled nursing facility stay ⁷	\$0 copay for health-related meals following inpatient hospital or skilled nursing facility stay ⁷
Outpatient Hospital Services	20% coinsurance	\$0 - \$350 copay	\$0 - \$340 copay	\$0 - \$350 copay	\$0 - \$350 copay

¹ Cost-sharing shown is for in-network. This plan allows you to visit in-network and out-of-network providers. In-network coverage includes all counties where we offer Medicare Advantage PPO plans. You may pay more for out-of-network services.
² Items can be purchased online, by phone or mail, or at participating retail locations. Unused amounts do not carry over to the next quarter or year. Benefits, features, and/or devices vary by plan/service area. Limitations, exclusions, and restrictions may apply.
³ Allowance may be applied to one set of the member's choice of eyewear to include eyeglass frame/lenses/lens options combination or contact lenses (to include contact lens fitting fees and other related professional fees) in lieu of eyeglasses.
⁴ Customers are required to contact Cigna Healthcare's hearing vendor to access hearing aid benefits.
⁵ Services must be obtained by a licensed dental provider who is not on the Medicare preclusion or exclusion list. Benefits, features, and/or devices vary by plan/service area. Limitations, exclusions, and restrictions may apply.
⁶ In-network dental benefits must be obtained from a Cigna Dental Allowance network provider. Out-of-network services must be obtained by a licensed dental provider who is not precluded or excluded from Medicare. Total annual allowance is combined in network and out of network. Benefits, features, and/or devices vary by plan/service area. Limitations, exclusions, and restrictions may apply.
⁷ Limited to 14 meals per discharge from a qualified hospital or skilled nursing facility stay, up to 3 stays per year. ESRD care management is limited to 56 meals once per year.

Contact us with questions.

Call **1-855-949-0563 (TTY 711)**, 8 a.m. to 8 p.m. local time, 7 days a week, October – March, and Monday – Friday, April – September. Our automated phone system may answer your call during weekends, holidays, and after hours, or visit [CignaMedicare.com](https://www.CignaMedicare.com).



Choose Cigna Healthcare Medicare Advantage

No Referrals

2024 Cigna Healthcare Medicare Advantage Plan Comparison

New York – Long Island | PPO



Select benefits may not be available in all service areas without a monthly premium. Some plans may include these benefits under the monthly premium. Benefits, features, and/or devices vary by plan/service area. Limitations, exclusions, and restrictions may apply. Contact the plan for more information.

Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Individuals may enroll in a plan only during specific times of the year and must have Medicare Parts A and B.

Out-of-network/non-contracted providers are under no obligation to treat plan members except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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To file a marketing complaint, contact Cigna Healthcare at the Customer Service number below or call **1-800-MEDICARE** (24 hours a day/7 days a week). Please include the agent/broker name if possible.

Subsidiaries of The Cigna Group contract with Medicare to offer Medicare Advantage HMO and PPO plans and Part D Prescription Drug Plans (PDPs) in select states and with select state Medicaid programs. Enrollment in a Cigna Healthcare product depends on contract renewal.

You must live in the plan's service area to enroll in a Cigna Healthcare Medicare Advantage plan. Prior authorization and/or referrals are required for certain services. This information is not a complete description of benefits. Benefits vary by plan.

Call Customer Service at **1-800-668-3813 (TTY 711)**, 8 a.m. to 8 p.m. local time: 7 days a week, October – March; and Monday – Friday, April – September. Our automated phone system may answer your call during weekends, holidays, and after hours.

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Get help finding the right plan for you. Contact me today.
Licensed Sales Agent
917-660-6267 info@jillsterninsurance.com

Better value is here for you.

Are you ready for more?

Now more than ever, it's important to have a health plan that provides more benefits at every step of your health care journey. Cigna HealthcareSM Medicare Advantage plans offer all-in-one coverage.

At Cigna Healthcare, our Medicare Advantage plans offer all the coverage of Original Medicare, plus you may get additional coverage and benefits such as:

- › Inpatient and outpatient hospital coverage
- › Prescription Drug Coverage (Part D)
- › Routine dental services
- › Routine vision and hearing services
- › Fitness program options
- › Telehealth (virtual care)

What's the right plan for you?

Your wants and needs are unique. That's why we offer options. Use the enclosed chart to compare coverage, benefits, and costs. For more detailed information about our plans and benefits, see the *Summary of Benefits or Evidence of Coverage*.

At Cigna Healthcare, we're here to help you before, during, and long after enrollment. If you have questions, just ask.



Plans and Service Areas

Cigna True Choice Medicare (PPO)
H7849-084

Nassau and Suffolk counties, NY

Cigna True Choice Plus Medicare (PPO)
H7849-085

Nassau and Suffolk counties, NY

Cigna True Choice Savings Medicare (PPO)
H7849-087

Nassau and Suffolk counties, NY

Cigna True Choice Courage Medicare (PPO)
H7849-086

Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, and Westchester counties, NY

Notes:

Blank lines for notes.