



# 2024 Cigna Healthcare Medicare Advantage Enrollment Guide

New York - Long Island | PPO

**Cigna True Choice Medicare (PPO) H7849-084**

**Cigna True Choice Plus Medicare (PPO) H7849-085**

**Cigna True Choice Savings Medicare (PPO) H7849-087**

**Cigna True Choice Courage Medicare (PPO) H7849-086**

*Jill Stern*  
INSURANCE



**Get help finding the right plan for you. Contact me today.**

Licensed Sales Agent

**917-660-6267** [info@jillsterninsurance.com](mailto:info@jillsterninsurance.com)





# Plans and Service Areas

**Cigna True Choice Medicare (PPO) H7849-084** is available in: Nassau and Suffolk counties, NY

**Cigna True Choice Plus Medicare (PPO) H7849-085** is available in: Nassau and Suffolk counties, NY

**Cigna True Choice Savings Medicare (PPO) H7849-087** is available in: Nassau and Suffolk counties, NY

**Cigna True Choice Courage Medicare (PPO) H7849-086** is available in: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, and Westchester counties, NY

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# Choose wisely. Choose Cigna Healthcare Medicare Advantage.

Thank you for considering a Medicare Advantage plan from Cigna Healthcare<sup>SM</sup>. It's a big decision with a lot to take in. Just know, we're here to support you.

That starts with making it easy for you to understand your choices and guiding you to a plan that's right for your needs – one that works with your budget. Dedicated to improving your health, body, and mind, we're working closely with providers to make sure you get the attention and quality care you deserve.

This guide gives you an overview of our Medicare Advantage plans in your service area. Our plans offer all the coverage of Original Medicare, plus extra programs and services, so you get your benefits in an all-in-one convenient plan that works for you.

Why Choose Cigna Healthcare?

- › We are a leading global health care company since 1792<sup>1</sup>
- › We proudly serve more than 3.1 million customers<sup>2</sup>
- › Seven out of 10 customers recommend Cigna Healthcare to family and friends<sup>3</sup>

On behalf of our entire Cigna Healthcare Medicare team, best of health to you.

Sincerely,

A handwritten signature in black ink, appearing to read "Ryan Kocher".

Ryan Kocher  
Chief Growth Officer, Medicare  
Cigna Healthcare

<sup>1</sup> As of June 21, 2021. This is for informational purposes only and may not relate to a particular insurance company subsidiary of The Cigna Group.

<sup>2</sup> Based on CMS monthly plan membership report, which includes Cigna Healthcare Medicare Part C and Part D customers as of February 2023.

<sup>3</sup> Based on the Cigna Healthcare Annual Member Augment Survey as of August 2022.

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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.



# Welcome

You're more than the number of years you've lived. You're the sum of your accomplishments—and still counting. So it's important to choose a health plan that makes it easier and more affordable to be at your best.

At Cigna Healthcare, our commitment to your whole health means making sure you get the care and support you need—physically and emotionally. You have so much more to see and do. We're here to help you be ready for all that lies ahead.

## Need help?

**CALL**      **1-800-313-0973 (TTY 711)**  
8 a.m. to 8 p.m. local time  
**October 1 – March 31:** 7 days a week  
**April 1 – September 30:** Monday – Friday  
Our automated phone system may answer your call during weekends, holidays, and after hours.

**VISIT**      **[CignaMedicare.com](https://www.CignaMedicare.com)**

# Let's Get Started

We make it easy to find Medicare coverage that's right for you, with guidance from start to finish, flexible coverage options, and more.

## To join a Cigna Healthcare Medicare Advantage plan, you must:

- › Have both Medicare Part A and Part B
- › Have permanent residence in our service area

## If you join one of our Medicare Advantage plans, you will:

- › Keep all the coverage you have with Original Medicare
- › Get more benefits and services with us than Original Medicare
- › Continue to pay your Medicare Part B premium

**Important:** If you live out of the service area for longer than six consecutive months, you will not be able to enroll in a Cigna Healthcare Medicare Advantage plan.

## Benefit Advisors are available to help you join a plan:

- › Benefit Advisors are licensed insurance agents and certified with Cigna Healthcare.
- › A commission may be paid to each Benefit Advisor who enrolls individuals into one of our Medicare Advantage plans.
- › Benefit Advisors do not work for Medicare.
- › You give your Benefit Advisor permission to discuss our Medicare Advantage plans with you.
- › You are under no obligation to join a plan with this Benefit Advisor.



# Compare Your Options

In addition to Original Medicare, you have coverage options that offer additional benefits and value.

	ORIGINAL MEDICARE	MEDICARE SUPPLEMENT (MEDIGAP)*	CIGNA HEALTHCARE MEDICARE ADVANTAGE PLANS*
<b>About Coverage</b>			
Costs	Most people don't pay a premium for Part A coverage  Part B premium, deductible, and coinsurance	Medigap premium and Part B premium	No or low monthly plan premium and copays/coinsurance in addition to your Part B premium
Amount of coverage	For most services, Original Medicare covers <b>80%</b> of approved charges	Helps pay some of the health care costs Original Medicare doesn't cover	Provide Part A and Part B benefits, excluding hospice care, some new Medicare benefits, and some costs for clinical research studies
Limits annual out-of-pocket costs	No protection	Protection	Protection
<b>Benefits*</b>			
Helps pay for hospital stays	✓	✓	✓
Helps pay for doctor visits	✓	✓	✓
Helps pay for prescription drugs	No coverage	No coverage	✓
Routine dental coverage	No coverage	No coverage	✓
Routine hearing exam and hearing aid coverage	No coverage	No coverage	✓
Routine vision coverage	No coverage	No coverage	✓

\*Select benefits may not be available in all service areas without a monthly premium. Benefits, features, and/or devices vary by plan/service area. Limitations, exclusions, and restrictions may apply. Review your *Summary of Benefits* for more details on plan coverage.

# When You Can Join

The timing of your eligibility is important. To make the process easier, we offer convenient ways to enroll.

## Enrolling is easy

1. Choose your plan and review the *Summary of Benefits* in the *Benefits* section.
2. Review the *Top 200 Most Commonly Used Drug List* in the *Prescriptions* section.
3. Review the *Pre-Enrollment Checklist* in the *Enrollment* section.
4. Talk to your Benefit Advisor if you need advice.
5. Join during the enrollment period that is right for you.

**Important:** There is a Late Enrollment Penalty (LEP) if you go without Part D or creditable prescription drug coverage for any continuous period of 63 days or more after your Initial Enrollment Period is over. For a complete description of LEP, refer to the *Words We Use* section.

## Four types of enrollment periods

You can talk to your Benefit Advisor about the election period that applies to you.

### › Initial Coverage Election Period (ICEP):

Three months before, the month of, and three months after you turn 65 or when Part A and Part B become effective



### › Annual Election Period (AEP):

Annual election period is from October 15 through December 7



### › Open Enrollment Period (OEP):

Open Enrollment period is from January 1 through March 31



### › Special Election Period (SEP):

Year-round, depending on your situation such as retiring or moving\*

\* On the *Enrollment Form*, you can select a SEP code for a *Special Election Period* if you qualify.

# Words We Use

This section provides easy-to-understand definitions of common words that are used throughout this booklet. Refer to the plan's *Evidence of Coverage (EOC)* for a full list of words.

## Chronic Condition Special Needs Plan (C-SNP)

A C-SNP is a Medicare Advantage plan with coverage designed especially for Medicare beneficiaries with certain chronic conditions (such as diabetes) or some other specific need.

## Coinsurance

An amount you may be required to pay as your share of the cost for services or prescription drugs. Coinsurance is usually a percentage, for example, 20%.

## Copay

An amount you may be required to pay as your share of the cost for a medical service or supply, such as a provider's visit, hospital outpatient visit, or a prescription drug. A copay is usually a set amount, rather than a percentage. For example, you might pay **\$10** or **\$20** for a provider's visit or prescription drug.

## Cost-Share

Any attribute of a benefit that describes the financial responsibility between a customer and the plan administrator as it relates to the payment for a service. See coinsurance, copay, and deductible.

## Deductible

The amount you pay for covered services before your plan begins to pay. You may not need to pay a deductible before you can get coverage under the plan. Please refer to your *Evidence of Coverage* for deductible information.

## Evidence of Coverage (EOC)

The document that explains your coverage, rights, and protections under the plan. Please read this document carefully.

## Dual Eligible Special Needs Plan (D-SNP)

A D-SNP is a Medicare Advantage plan with coverage designed for Medicare beneficiaries who receive additional medical assistance from the state. You must have both Medicare and Medicaid to join a Cigna Healthcare D-SNP.

## Health Maintenance Organization (HMO)

An HMO contracts with Medicare, providing you with access to a network of providers and hospitals that coordinate your care, with an emphasis on prevention. With an HMO, your care may not be covered if you go outside the HMO network without obtaining prior approval.

## Late Enrollment Penalty (LEP)

The LEP is added to your monthly Part D premium (even if your premium is **\$0**) for as long as you have Medicare prescription drug coverage. Your LEP amount may change every year as Medicare recalculates rates on an annual basis. You will have to pay it each month as long as you have Medicare prescription drug coverage, even if you change your Medicare drug plan. The cost of the LEP depends on how long you went without Part D or creditable prescription drug coverage.

### Low Income Subsidy (LIS)

Also known as *Extra Help*. A Medicare program designed to help people with limited income and resources pay Medicare Part D prescription drug costs.

### Maximum Coverage Amount

The total amount Cigna Healthcare will pay for a benefit or service within a specific time period. Once the maximum coverage amount is reached, the customer is responsible for the remaining cost.

### Medicare Advantage Plan

Also known as Medicare Part C. A Medicare Advantage plan provides coverage to people with Medicare Part A (hospital coverage) and Part B (medical coverage). Most Medicare Advantage plans include drug coverage (Part D). Cigna Healthcare is a Medicare Advantage plan.

### Medicare Part D

The Medicare prescription drug coverage benefit is called Medicare Part D. To get the Medicare Part D benefit, you must join a plan through an insurance company approved by Medicare.

Cigna Healthcare offers Part D coverage with many of our plans. Each plan can vary in cost and drugs covered.

### Network Provider

A health care professional or health care facility contracted to be a part of Cigna Healthcare's network. This type of provider can also be referred to as an in-network provider or participating provider.

### Non-Network Provider

A health care professional or health care facility that is not contracted with Cigna Healthcare's network. This type of provider can also be referred to as an out-of-network provider or non-participating provider. Depending on your plan, you may have the option to see non-network providers. Please refer to your *Evidence of Coverage* for more information.

### Original Medicare

Original Medicare is the fee-for-service federal health insurance program that allows you to go to any Medicare-approved provider, health care professional, or health care facility. Many people have this plan, and it is the one most people are familiar with. You have to pay a yearly deductible, coinsurance, and certain copays.

There are two parts to Original Medicare: Part A (hospital coverage) and Part B (medical coverage).

## Preferred Pharmacy

You will typically save money by using preferred pharmacies. Your prescription drug costs (like copays or coinsurance) will typically be less at a preferred network pharmacy because it has an agreement with your plan. Visit **CignaMedicare.com** for the most current *Pharmacy Directory*.

## Preferred Provider Organization (PPO)

A PPO provides access to a network of doctors and hospitals that coordinate your care. PPOs have a network of doctors and facilities but also allow you to use any doctor or hospital outside of the network for a higher copay or coinsurance.

## Prescription Drug List

A list of prescription drugs, both generic and brand name, used by health care providers to identify drugs that provide the best overall value. For a complete list of prescription drugs covered by Cigna Healthcare, please visit **CignaMedicare.com**.

## Primary Care Provider (PCP)

Also known as primary care physician. Your PCP is the team leader for all of your health care needs, so he or she knows your entire health picture. Your PCP will refer you to the right specialists and hospitals, when needed, and work with them to manage your health care.

## Prior Authorization (PA)

Select services or medications may need approval before you are able to receive them. Please talk to your provider or call Customer Service for more information.

## Referral

An approval from your primary care provider (PCP) that allows you to visit a specialist or receive certain services. Referrals are very important because they help your PCP keep track of your health. The PCP may be able to conduct tests or treatments in his or her office, allowing you to avoid the additional copay or coinsurance for a specialist. Some plans may not require referrals. See plan for details.

## Service Area

The geographic area that Cigna Healthcare covers and has plans available.

## Special Election Period (SEP)

You can make changes to your Medicare Advantage and Medicare prescription drug coverage when certain events happen in your life, like if you move or you lose other insurance coverage. Rules about when you can make changes and the type of changes you can make are different for each SEP.

## Summary of Benefits

The document providing a brief listing of your plan's coverage and the cost-sharing you will be responsible for when you get services.





# Scope of Appointment Confirmation Form

## FORM TO BE COMPLETED BY AGENT (AT LEAST 48 HOURS PRIOR TO APPOINTMENT)

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment at least 48 hours prior to any in-person meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (you or your authorized representative). A *Scope of Appointment Form* is required for each individual, and a new form is required if you request information regarding a different plan type than originally agreed upon.

All information provided on this form is confidential and should be completed by your agent **at least 48 hours prior to your appointment.**

Select below which plan types you would like to learn more about. By selecting a plan type, you are confirming this form has been completed at least 48 hours prior to the discussion of these benefits.

- Medicare Advantage Plans (Part C)
- Medicare Supplement (Medigap) Plans\*
- Standalone Prescription Drug Plans (PDPs)
- Dental/Vision/Hearing Plans\*
- Cancer/Heart Attack/Stroke Plans\*
- Hospital Indemnity Plans\*

Signing this form does **NOT** obligate you to enroll in a plan, affect your current or future Medicare enrollment status, or automatically enroll you in a Medicare plan.

### Beneficiary or Authorized Representative:

Name: \_\_\_\_\_ Relationship/POA: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Agent must be contracted for the plan(s) selected above. A separate form and appointment for each plan type may be required.

REQUIRED: All sections to be completed by agent and returned with the <i>Enrollment Form</i> .	
Agent Name/Writing ID	Beneficiary Name
Agent Phone	Beneficiary Phone
Agent Signature	Beneficiary Address
Date Appointment Completed	Initial Method of Contact

AGENTS: Please speak with your manager, a Cigna Broker Manager, or call CARL at **1-866-442-7516** if you have any questions about the SOA guidelines and/or process.

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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.

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# Benefits

This section helps you see the benefits offered by a plan. In this section, you can:

- › Compare coverage based on what benefits are important to you
- › Find an easy-to-understand summary of plan benefits and coverage
- › Check if your county is listed in the plan's service area

## Need help?

**CALL**      **1-800-313-0973 (TTY 711)**  
8 a.m. to 8 p.m. local time  
**October 1 – March 31:** 7 days a week  
**April 1 – September 30:** Monday – Friday  
Our automated phone system may answer your call during weekends, holidays, and after hours.

**VISIT**      **CignaMedicare.com**



# Extra Benefits & Features

That may be included in your plan



# Why Cigna Healthcare?

## **More benefits.**

When it comes to sorting through your Medicare options, it's important to know that our Medicare Advantage plans offer more than health care. We offer quality care for every part of your physical, emotional, social, and financial health.

## **More experience.**

At Cigna Healthcare<sup>SM</sup>, we have more than 225 years of experience caring for people's health. Today, we have more than 190 million customer relationships throughout 30 countries and jurisdictions worldwide.

## **More value.**

Our Medicare Advantage plans offer all the coverage of Original Medicare, plus added benefits.

# Extra Benefits & Features Included in All Plans



**Cigna Healthy Today Card** — Easy access to use your rewards and pay for select benefits.



**Cigna Medicare Advantage Incentives** — Earn rewards for completing certain health check-ups and non-clinical activities.



**Dental Services** — Our routine dental benefit will have you smiling from ear to ear. Because good dental health is essential to your overall health, we help cover the cost for routine dental services.



**Fitness Program** — Silver&Fit® fitness program options help you stay on top of your health.



**Health Information Line** — Our Health Information Line helps provide timely answers to your health-related questions — 24 hours a day, 7 days a week, 365 days a year.



**Hearing Services** — Be a part of every conversation from the start. Enjoy an annual hearing exam, hearing evaluation, devices and fitting, and related services.



**Home-Delivered Meals** — We'll take care of the cooking when you're not well enough to do it. Get meals delivered right to your front door after a hospital or skilled nursing facility stay. That way, you can focus on feeling better.



**Personal Online Portal** — Manage your plan quickly and easily — at home or on the go — at **myCigna.com** and the myCigna® App.



**Prescription Home-Delivery Service** — Save a trip to the pharmacy by using our mail-order service for certain drugs that you take on a regular basis.



**Telehealth Services** — Virtual non-emergency urgent care, mental health therapy, and dermatology services through MDLIVE®, by phone or video.



**Vision Services** — Eyesight is precious. Take care of yours with our vision benefits. They include a routine eye exam and a yearly allowance for your choice of eyewear.

See the Summary of Benefits for each plan for more information. Benefits, features, and/or devices vary by plan/service area. Limitations, exclusions, and restrictions may apply.

# Compare Cigna Healthcare's Extra Benefits & Features

This guide highlights benefits that may be part of your plan. To find out which specific benefits your plan offers, see the *Summary of Benefits*.

	ORIGINAL MEDICARE	CIGNA TRUE CHOICE MEDICARE (PPO) H7849-084	CIGNA TRUE CHOICE PLUS MEDICARE (PPO) H7849-085	CIGNA TRUE CHOICE SAVINGS MEDICARE (PPO) H7849-087	CIGNA TRUE CHOICE COURAGE MEDICARE (PPO) H7849-086
<b>Benefits &amp; Features</b>					
Caregiver Support		✓	✓	✓	✓
Cigna Healthy Today Card		✓	✓	✓	✓
Cigna Medicare Advantage Incentives		✓	✓	✓	✓
Dental Allowance		✓	✓	✓	✓
Fitness Program		✓	✓	✓	✓
Health Information Line		✓	✓	✓	✓
Hearing Services (Routine)		✓	✓	✓	✓
Home-Delivered Meals		✓	✓	✓	✓
Over-the-Counter (OTC) Allowance		✓	✓	✓	✓
Pet Care Allowance					✓
Telehealth	✓	✓	✓	✓	✓
Vision Services (Routine)		✓	✓	✓	✓

Coverage and amount of coverage varies by plan. See the *Summary of Benefits* for each plan for more information. Some benefits may vary by plan. Restrictions and limits may apply.





# Caregiver Support Services

## Care for caregivers.

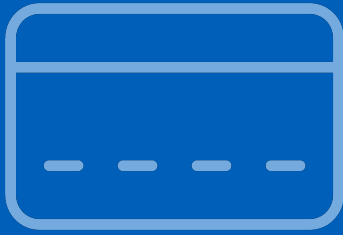
Caregiving can be challenging, exhausting, and sometimes lonely. That's why taking care of those who take care of you is so important. Cigna Healthcare helps support all stages of the caregiving journey by providing easy access to resources with a **\$0 copay\*** that includes:

- › **Individual assessments** that focus on all aspects of care, including social health needs.
- › **One-on-one coaching** for caregivers who need personal support and guidance.
- › **Online tools** to share resources, stay in touch with a health coach, and access support.

\* Recommended caregiver services or programs may have additional costs.

*See the Summary of Benefits for each plan for more information. Benefits, features and/or devices vary by plan/service area. Limitations, exclusions, and restrictions may apply.*





# Cigna Healthy Today Card

Swipe, save, and earn incentives.

The Cigna Healthy Today card helps you pay for certain out-of-pocket health costs and other living expenses that may be covered as a benefit under your plan.

You can grow your account balance by earning rewards for completing health and wellness activities. The Cigna Healthy Today card comes pre-activated, and funds are automatically loaded to allow you to quickly and easily pay for a range of items that may include:

- › **Over-the-counter (OTC) products** – Get a quarterly allowance to help cover the cost of OTC drugs and other health-related pharmacy products.
- › **Groceries** – A quarterly allowance helps pay for healthy groceries with a single swipe at checkout or with delivery.
- › **Groceries & Utilities** – A quarterly allowance helps pay for household utilities such as electricity, natural gas, water, phone, and internet service.
- › **Health and wellness incentive rewards\*** – You can earn reward dollars for completing certain qualifying healthy activities. These rewards are automatically added to your Cigna Healthy Today card and can be used to purchase products at participating retailers.

\* Your total incentive reward amounts depend on your plan and activities completed. Reward dollars are intended to be used on health and wellness products only.

*See the Summary of Benefits for each plan for more information. Benefits, features and/or devices vary by plan/service area. Limitations, exclusions, and restrictions may apply.*



# Cigna Healthcare Medicare Advantage Incentives



Earn rewards\* for taking care of your health. For starters, you can get reward dollars on your Cigna Healthy Today card after completing your yearly health check-up. Plus, you could earn additional rewards for completing other activities determined by your plan and provider that include:

- › **Diabetes management screenings**
- › **Mammogram (breast cancer screening)**
- › **Colorectal cancer screening**

\* Your total incentive reward amounts depend on your plan and activities completed.

*See the Summary of Benefits for each plan for more information. Benefits, features and/or devices vary by plan/service area. Limitations, exclusions, and restrictions may apply.*

# Dental Allowance\*



Good dental health can help you stay well. Enjoy the ease and freedom of a yearly allowance that helps pay for routine dental services not covered by Original Medicare such as exams, cleanings, x-rays, fillings, root canals, crowns, and dentures.

Cigna Healthcare's Dental Allowance benefits have different provider network options to meet your needs. These include plans with:

## › Full Allowance

Dental benefits that let you see any licensed dental provider who is not precluded or excluded from Medicare. But if you see a provider in the Cigna Dental Allowance network, you'll receive a discount to help your allowance dollars go further.

## › In-network

Dental benefits where you must see a Cigna Dental Allowance network provider to get covered services.

## › In-network/50% out-of-network

Dental benefits that give you the best of both worlds. You can get in-network dental benefits by visiting a Cigna Dental Allowance network provider. If you get dental services from an out-of-network provider, your dental benefits will be covered at 50%, up to the annual allowance amount.\*

\* The total annual allowance amount is combined in network and out of network. When using the out-of-network dental benefit, only the 50% covered by Cigna Healthcare will be applied to the dental allowance. You pay the remaining cost.

*See the Summary of Benefits for each plan for more information. Benefits, features and/or devices vary by plan/service area. Limitations, exclusions, and restrictions may apply.*

# Fitness Program

Get healthier with Cigna Healthcare's fitness benefit provided by Silver&Fit®. Fitness program options include a gym membership and a home fitness kit, including a wearable fitness tracker option, to help you stay on top of your health.



*See the Summary of Benefits for each plan for more information. Benefits, features and/or devices vary by plan/service area. Limitations, exclusions, and restrictions may apply.*



# Health Information Line

## 24-hour

Use our 24-hour Health Information Line to talk one-on-one with a Nurse Advocate\*. This resource can help answer your medical and prescription drug questions or direct you to the appropriate provider to care for your health issue. You'll also have access to our Health Information Library to listen to health-related audio tapes.

\* Nurse Advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice.

*See the Summary of Benefits for each plan for more information. Benefits, features and/or devices vary by plan/service area. Limitations, exclusions, and restrictions may apply.*



# Hearing Services

Sounds like savings that make sense.



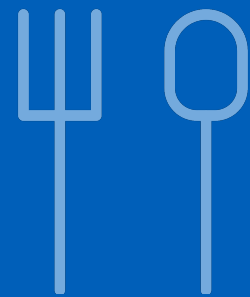
Your sense of hearing is one of the things that keeps you connected to your family, friends, and the world around you. So it's important to get regular hearing care and to address any hearing loss.

Cigna Healthcare Medicare Advantage plans provide a routine hearing exam and a hearing aid fitting evaluation. Plus, you'll get coverage for hearing aids.

*See the Summary of Benefits for each plan for more information. Benefits, features and/or devices vary by plan/service area. Limitations, exclusions, and restrictions may apply.*

## Home-Delivered Meals\*

Healthy food when you need it most.



Preparing healthy meals when you're feeling unwell isn't always easy. That's why Cigna Healthcare Medicare Advantage plans include:

- **Post-hospital meal delivery** – Home-delivered meals following an inpatient hospital or skilled nursing facility stay.
- **End-stage renal disease (ESRD) meal delivery** – Home-delivered meals for customers enrolled in our ESRD Care Management program.

\* Releases from an emergency department, observation stay, or outpatient visit are not eligible. Some benefits may vary by plan.

*See the Summary of Benefits for each plan for more information. Benefits, features and/or devices vary by plan/service area. Limitations, exclusions, and restrictions may apply.*

# Over-the-Counter (OTC) Allowance\*

Use your OTC allowance your way.

Get a quarterly allowance to help cover the cost of OTC drugs and other health-related pharmacy products such as bandages, aspirin, cold and sinus medicine, vitamins, and much more.

Using your allowance is easy because you can buy items online, by phone, and by mail. Plus, you can shop at participating retail locations.

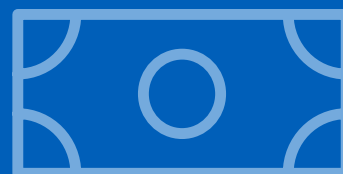
\* Any unused amount does not carry over to the next quarter or the following year.

*See the Summary of Benefits for each plan for more information. Benefits, features and/or devices vary by plan/service area. Limitations, exclusions, and restrictions may apply.*





## Pet Care Allowance\*



Keeping your pet happy and healthy keeps you healthy, too. The Pet Care allowance benefit helps ease the cost of taking care of your pet. The quarterly allowance can be used to pay for pet supplies at standalone pet stores and for veterinary services and visits.

\* Special Supplemental Benefit for Chronically Ill (SSBCI) customers only.

You must be diagnosed with PTSD, hearing loss, or vision loss to be eligible to receive this benefit. Any unused amount does not carry over to the next quarter or the following year.

*See the Summary of Benefits for each plan for more information. Benefits, features and/or devices vary by plan/service area. Limitations, exclusions, and restrictions may apply.*





## Telehealth Services

Yes, some doctors do make house calls.



When you need non-emergency urgent care and your health care provider isn't available, reach out to an MDLIVE® telehealth provider. They're always available to help—by phone or video. And you can talk to them about many health issues. They include allergies, cough, headache, sore throat, and other minor illnesses.

MDLIVE offers other services, including mental health therapy and dermatology care.

*See the Summary of Benefits for each plan for more information. Benefits, features and/or devices vary by plan/service area. Limitations, exclusions, and restrictions may apply.*



## Vision Services



### Care and eyewear savings in sight.

Taking care of your eyes is incredibly important. That's why Cigna Healthcare Medicare Advantage plans offer routine vision benefits that cover important services and products, including an annual routine eye exam and a yearly allowance toward eyewear.

*See the Summary of Benefits for each plan for more information. Benefits, features and/or devices vary by plan/service area. Limitations, exclusions, and restrictions may apply.*



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.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group. The Cigna names, logos, and marks, including THE CIGNA GROUP and CIGNA HEALTHCARE, are owned by Cigna Intellectual Property, Inc.

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.



# Summary of Benefits

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- 35 **Cigna True Choice Medicare (PPO)** H7849-084
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- 53 **Cigna True Choice Plus Medicare (PPO)** H7849-085
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# 2024 Summary of Benefits

January 1, 2024 - December 31, 2024

## Cigna True Choice Medicare (PPO) H7849-084

Freedom to choose your own doctor with no referrals required; your benefits travel with you to other Cigna Healthcare PPO networks across the country

### Service Area:

Nassau and Suffolk counties, NY



# Introduction

This *Summary of Benefits* gives you a summary of what **Cigna True Choice Medicare (PPO)** covers and what you pay. It doesn't list every service that we cover or every limitation or exclusion. To get a complete list of services we cover, refer to the plan's *Evidence of Coverage* (EOC) online at **CignaMedicare.com**, or call us to request a copy.

## To Join

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

## Comparing coverage

If you want to compare our plan with other Medicare health plans, ask the other plans for their *Summary of Benefits*. Or use the *Medicare Plan Finder* on **www.medicare.gov**.

## More about Original Medicare

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook.

View the handbook online at:

**www.medicare.gov**

Get a copy of the handbook by calling:

**I-800-MEDICARE (I-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **I-877-486-2048**.

## Need help?

### Already a customer

Call toll-free **I-800-668-3813 (TTY 711)**.

Customer Service is available 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.

### Not a customer

Call toll-free **I-800-313-0973 (TTY 711)**.

Licensed agents are available 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.

You can also visit our website at:

**CignaMedicare.com**.



# 1 | About This Plan

## Which doctors, hospitals, and pharmacies can I use?

**Cigna True Choice Medicare (PPO)** has a network of doctors, hospitals, and other providers. You may also choose to use providers that are out of network, usually for a higher copay or coinsurance.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

- › You can see our plan's *Provider and Pharmacy Directory* at our website **CignaMedicare.com**.

## What do we cover?

Like all Medicare health plans, we cover everything Original Medicare covers—and more.

- › Our customers get all the benefits covered by Original Medicare.
- › Our customers also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this *Summary of Benefits*.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- › You can see the plan's complete *Comprehensive Prescription Drug List*, which lists the Part D prescription drugs along with any restrictions on our website, **CignaMedicare.com**.
- › Or call us, and we will send you a copy of the plan's *Comprehensive Prescription Drug List*.

## 2 | Monthly Premium, Deductible, and Limits

Benefit	Cigna True Choice Medicare (PPO)
<p><b>Monthly Plan Premium</b></p>	<p><b>\$0</b> per month. In addition, you must keep paying your Medicare Part B premium.</p>
<p><b>Medical Deductible</b></p>	<p>This plan does not have a deductible.</p>
<p><b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b></p>	<p>Your yearly out-of-pocket limit(s) in this plan:</p> <p><b>\$5,800</b> applies to in-network Medicare-covered benefits This limit is the most you pay for copays, coinsurance, and other costs for Medicare-covered services for the year. If you reach the limit on out-of-pocket costs, you will keep getting in-network Medicare-covered hospital and medical services, and we will pay the full cost for the rest of the year.</p> <p><b>\$7,500</b> combined with in-network applies to in-network and out-of-network Medicare-covered benefits combined If you reach the in-network and out-of-network combined limit on out-of-pocket costs, you will keep getting Medicare-covered hospital and medical services, and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums, if any, and cost-sharing for your Part D prescription drugs.</p>

# 3 | Covered Medical and Hospital Benefits

Benefit	What You Pay	
	In-Network	Out-of-Network
<p><b>Note:</b> Services with a <sup>1</sup> may require prior authorization.            Services with a <sup>2</sup> may require a referral from your doctor.</p>		
<b>Inpatient Hospital Coverage<sup>1</sup></b>		
<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>For each Medicare-covered hospital stay, you are required to pay the applicable cost sharing, starting with Day 1, each time you are admitted.</p>	<p><b>\$320</b> copay per day for days 1-6</p> <p><b>\$0</b> copay per day for days 7-90</p>	<p><b>40%</b> coinsurance</p>
<b>Outpatient Hospital Services</b>		
Outpatient Hospital <sup>1</sup>	<b>\$0-\$350</b> copay	<b>40%</b> coinsurance
Outpatient Observation <sup>1</sup>	<b>\$350</b> copay per stay	<b>40%</b> coinsurance
<b>Ambulatory Surgical Center (ASC) Services</b>		
ASC Services <sup>1</sup>	<b>\$0-\$300</b> copay	<b>40%</b> coinsurance
<b>Doctor Visits</b>		
Primary Care Provider (PCP)	<b>\$0</b> copay for primary care doctor in-person or telehealth visits	<b>\$25</b> copay
Specialists <sup>1</sup>	<b>\$35</b> copay	<b>\$60</b> copay

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Preventive Care</b>		
<p>Our plan covers many Medicare-covered preventive services, including:</p> <ul style="list-style-type: none"> <li>› Abdominal aortic aneurysm screening</li> <li>› Alcohol misuse screenings and counseling</li> <li>› Bone mass measurement</li> <li>› Breast cancer screening (mammogram)</li> <li>› Cardiovascular disease (behavioral therapy)</li> <li>› Cardiovascular screenings</li> <li>› Cervical and vaginal cancer screening</li> <li>› Colorectal cancer screening (colonoscopy, fecal occult blood test, multi-target stool DNA tests, screening barium enemas, flexible sigmoidoscopy)</li> <li>› Depression screenings</li> <li>› Diabetes screenings</li> <li>› Diabetes self-management training</li> <li>› Glaucoma tests</li> <li>› Hepatitis B Virus (HBV) infection screening</li> <li>› Hepatitis C screening</li> <li>› HIV screening</li> <li>› Lung cancer screening with low-dose computed tomography (LDCT)</li> <li>› Medical nutrition therapy services</li> <li>› Obesity screening and counseling</li> <li>› Prostate cancer screenings (PSA)</li> <li>› Sexually transmitted infections screening and counseling</li> <li>› Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>› Vaccines, including COVID-19, flu shots, hepatitis B shots, and pneumococcal shots</li> <li>› Welcome to Medicare preventive visit (one time)</li> <li>› Yearly Wellness visit</li> </ul>	<p><b>\$0</b> copay</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. Please see your <i>EOC</i> for frequency of covered services.</p>	<p><b>\$25</b> copay</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. Please see your <i>EOC</i> for frequency of covered services.</p>

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Emergency Care</b>		
Emergency Care Services	<b>\$120</b> copay If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care.	Same as in-network
Worldwide Emergency/Urgent Coverage/Emergency Transportation	<b>\$120</b> copay Maximum worldwide coverage amount <b>\$50,000</b>	Same as in-network
<b>Urgently Needed Services</b>		
Urgent Care Services	<b>\$40</b> copay If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for urgent care.	Same as in-network
<b>Diagnostic Services, Labs, and Imaging</b> Costs for these services may vary based on place of service or type of service		
Diagnostic Procedures and Tests <sup>1</sup>	<b>\$0-\$40</b> copay	<b>40%</b> coinsurance
Lab Services <sup>1</sup>	<b>0%</b> coinsurance	<b>40%</b> coinsurance
Genetic Testing <sup>1</sup>	<b>20%</b> coinsurance	<b>40%</b> coinsurance
Diagnostic Radiological Services (MRIs, CT scans, etc.) <sup>1</sup>	<b>\$0-\$300</b> copay	<b>40%</b> coinsurance
Therapeutic Radiological Services <sup>1</sup>	<b>20%</b> coinsurance	<b>40%</b> coinsurance
X-ray Services	<b>\$10</b> copay	<b>40%</b> coinsurance

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Hearing Services</b>		
Hearing Exams (Medicare-covered) Diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider. A separate physician cost-share will apply if additional services requiring cost-sharing are rendered.	<b>\$30</b> copay	<b>50%</b> coinsurance
Routine Hearing Exams	<b>\$0</b> copay for one routine hearing exam every year	<b>50%</b> coinsurance for one routine hearing exam every year
Hearing Aid Fitting/Evaluation	<b>\$0</b> copay for one fitting/evaluation for hearing aid every year	<b>50%</b> coinsurance for one fitting/evaluation for hearing aid every year
Hearing Aids	<b>\$399–\$1,800</b> copay per device, limited to 2 devices every year. Actual cost-share will depend on hearing aid selected.	Combined with in-network. Customers are required to contact Cigna Healthcare's hearing vendor to access hearing aid benefits.
<b>Dental Services (Medicare-covered)<sup>1</sup></b>		
Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)	<b>\$35</b> copay	<b>\$60</b> copay

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Preventive and Comprehensive Dental Services (Routine)</b>		
<p>Dental Allowance</p> <p>Routine preventive and comprehensive dental services with a licensed dentist who is not precluded or excluded from Medicare. Benefit does not cover cosmetic services. Provider submits claim to Cigna Dental Health.</p> <p>*Limitations, exclusions, and restrictions may apply.</p>	<b>\$0</b> copay up to allowance amount	Combined with in-network
Maximum Coverage Amount	<b>\$1,500</b> combined allowance for routine preventive and comprehensive dental services every year	Combined with in-network
<b>Vision Services</b>		
<p>Eye Exams (Medicare-covered)</p> <p>A separate physician cost-share may apply if additional services requiring cost-sharing are rendered (e.g., but not limited to, if a medical eye condition is discovered during a preventive routine eye exam). A facility cost-share may apply for procedures performed at an outpatient surgical center.</p>	<p><b>\$0</b> copay for Medicare-covered diabetic retinopathy screening</p> <p><b>\$35</b> copay for all other Medicare-covered vision services</p>	<p><b>0%</b> coinsurance for Medicare-covered diabetic retinopathy screening</p> <p><b>40%</b> coinsurance for all other Medicare-covered vision services</p>
<p>Routine Eye Exam</p> <p>One routine eye exam (including eye refraction) per year. Eye refractions outside of the annual non-Medicare-covered routine eye exam are not covered. For routine eye exams and eyewear services, customers are encouraged to select a provider within Cigna Healthcare's<sup>SM</sup> vision vendor network but are not required to do so. Customers have the option to select doctors and benefits both in and out of network with no referrals required, however, out-of-pocket costs may be higher for out-of-network services.</p>	<b>\$0</b> copay for one routine exam every year	<b>50%</b> coinsurance for one routine exam every year
Glaucoma Screening (Medicare-covered)	<b>\$0</b> copay	<b>\$0</b> copay

Benefit	What You Pay	
	In-Network	Out-of-Network
Eyewear (Medicare-covered)	<b>\$0</b> copay	<b>40%</b> coinsurance
Routine Eyewear > Eyeglasses (lenses and frames) > Eyeglass lenses > Eyeglass frames > Contact lenses (including contact lens fitting) > Upgrades	<b>\$0</b> copay up to plan maximum coverage amount of <b>\$200</b> every year  The plan-specified allowance may be applied to one set of the member's choice of eyewear once per year, to include the eyeglass frame/lenses/lens options combination or contact lenses (to include related professional fees) in lieu of eyeglasses.	Combined with in-network
<b>Mental Health Services</b>		
Inpatient <sup>1</sup> Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.  For each Medicare-covered hospital stay, you are required to pay the applicable cost sharing, starting with Day 1, each time you are admitted.	<b>\$300</b> copay per day for days 1-6  <b>\$0</b> copay per day for days 7-90	<b>40%</b> coinsurance
Outpatient Individual or Group Therapy Visit <sup>1</sup>	<b>\$0</b> copay	<b>\$60</b> copay
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>		
Our plan covers up to 100 days per benefit period.	<b>\$0</b> copay per day for days 1-20  <b>\$203</b> copay per day for days 21-100	<b>40%</b> coinsurance
<b>Rehabilitation Services</b>		
Cardiac (Heart) Rehab Services <sup>1</sup>	<b>\$35</b> copay	<b>40%</b> coinsurance
Intensive Cardiac (Heart) Rehab Services <sup>1</sup>	<b>\$40</b> copay	<b>40%</b> coinsurance
Pulmonary Rehab Services <sup>1</sup>	<b>\$15</b> copay	<b>40%</b> coinsurance
Occupational Therapy Services <sup>1</sup>	<b>\$35</b> copay	<b>\$60</b> copay



Benefit	What You Pay	
	In-Network	Out-of-Network
Physical Therapy and Speech/Language Therapy Services	<b>\$35</b> copay	<b>\$60</b> copay
Physical Therapy and Speech/Language Therapy Telehealth Services	<b>\$0</b> copay	Not covered
<b>Ambulance<sup>1</sup></b>		
Ground Service (one-way trip)	<b>\$245</b> copay	<b>\$245</b> copay
Air Service (one-way trip)	<b>20%</b> coinsurance	<b>20%</b> coinsurance
<b>Transportation (Routine)</b>		
Routine Transportation	Not covered	Not covered
<b>Medicare Part B Drugs</b>		
Medicare Part B Insulin Drugs	<b>0%–20%</b> coinsurance; up to a <b>\$35</b> copay	<b>40%</b> coinsurance
Medicare Part B Chemotherapy/Radiation Drugs <sup>1</sup>	<b>0%–20%</b> coinsurance	<b>40%</b> coinsurance
Other Medicare Part B Drugs <sup>1</sup> Medicare-covered Part B Drugs may be subject to step therapy requirements.	<b>0%–20%</b> coinsurance This plan has Part D prescription drug coverage. See Section 4 in the <i>Summary of Benefits</i> .	<b>40%</b> coinsurance This plan has Part D prescription drug coverage. See Section 4 in the <i>Summary of Benefits</i> .
<b>Acupuncture Services</b>		
Acupuncture Services (Medicare-covered) <sup>1</sup> Services for chronic lower back pain.	<b>\$20</b> copay	<b>\$60</b> copay
Acupuncture Services (Routine)	Not covered	Not covered
<b>Chiropractic Care</b>		
Chiropractic Services (Medicare-covered) <sup>1</sup>	<b>\$15</b> copay	<b>50%</b> coinsurance
Routine Chiropractic Services	Not covered	Not covered

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Fitness and Wellness Programs</b>		
The Silver&Fit® Healthy Aging and Exercise program offers the flexibility of a fitness center membership, digital fitness tools, and one home fitness kit from a variety of kit options, including a wearable fitness tracker. You can also take advantage of digital workout plans available on the program's website, get one-on-one Healthy Aging Coaching by phone, video, or chat, and enjoy many other digital resources through the Well-Being Club.	<b>\$0</b> copay	Combined with in-network
<b>Foot Care (Podiatry Services)</b>		
Podiatry Services (Medicare-covered)	<b>\$35</b> copay	<b>50%</b> coinsurance
Routine Podiatry Services	Not covered	Not covered
<b>Health Information Line</b>		
Talk one-on-one with a Nurse Advocate* to get timely answers to your health-related questions at no additional cost, anytime day or night. The Health Information Line is not a substitute for calling 911. If you are experiencing a health care emergency, please call 911 or go to your nearest emergency room.  *Nurse Advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing any medical advice.	<b>\$0</b> copay	Combined with in-network
<b>Home-Delivered Meals</b>		
	<b>\$0</b> copay for home-delivered meals  Limited to 14 meals per discharge from a qualified hospital stay or skilled nursing facility (up to 3 stays per year). ESRD care management is limited to 56 meals once per year.	Combined with in-network

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Home Health Care<sup>1</sup></b>		
Home Health	\$0 copay	40% coinsurance
<b>Hospice</b>		
Hospice care must be provided by a Medicare-certified hospice program. Our plan covers hospice consultation services (one time only) before you select hospice. Hospice is covered outside of our plan. You may have to pay part of the cost for drugs and respite care. Please contact the plan for more details.	\$0 copay	\$0 copay
<b>Medical Equipment and Supplies</b>		
Durable Medical Equipment (wheelchairs, oxygen, etc.) <sup>1</sup>	20% coinsurance	40% coinsurance
Prosthetic Devices (braces, artificial limbs, etc.) <sup>1</sup>	20% coinsurance	40% coinsurance
Medical Supplies <sup>1</sup>	20% coinsurance	40% coinsurance
Diabetic Services and Supplies Brand limitations apply to certain supplies. Blood sugar monitor/continuous glucose monitor (CGM) preferred brands include: <ul style="list-style-type: none"> <li>› Abbott Diabetes Care: FreeStyle Lite, FreeStyle Freedom Lite, FreeStyle Precision Neo, FreeStyle Libre 2 (CGM), and FreeStyle Libre 14-Day (CGM)</li> <li>› Life Scan Diabetes Care: OneTouch Ultra 2, OneTouch Verio Flex, and OneTouch Verio Reflect</li> <li>› Dexcom: Dexcom G6 (CGM), Dexcom G7 (CGM)</li> </ul>	\$0 copay for diabetes self-management training  20% coinsurance for therapeutic shoes or inserts <sup>1</sup>  \$0 copay for diabetic monitoring supplies <sup>1</sup>	\$0 copay for diabetes self-management training  40% coinsurance for therapeutic shoes or inserts  40% coinsurance for diabetic monitoring supplies
<b>Opioid Treatment Services<sup>1</sup></b>		
FDA-approved treatment medications in addition to testing, counseling, and therapy.	\$35 copay	\$60 copay
<b>Outpatient Substance Abuse<sup>1</sup></b>		
Individual or Group Therapy Visit	\$35 copay	\$60 copay

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Over-the-Counter (OTC) Allowance</b>		
Allowance for covered OTC drugs and other health-related pharmacy products	<b>\$115</b> every 3 months	Combined with in-network
<b>Telehealth Services (Medicare-covered)</b>		
For non-emergency urgent care, talk with a telehealth doctor via smart phone, computer, or tablet for care, including allergies, cough, headache, sore throat, and other minor illnesses. Benefit also includes telehealth mental health therapy and dermatology services.	<p><b>\$0</b> copay for non-emergency urgent care virtual visits</p> <p><b>\$0</b> copay for mental health therapy virtual visits<sup>1</sup></p> <p><b>\$35</b> copay for dermatology care virtual visits<sup>1</sup></p>	<p>Telehealth services must be obtained from Cigna Healthcare's telehealth vendor.</p> <p><b>\$25</b> copay for non-emergency urgent care virtual visits</p> <p><b>\$60</b> copay for mental health therapy virtual visits</p> <p><b>\$60</b> copay for dermatology care virtual visits</p>
<b>Extra Benefits Included in Your Plan</b>		
	In-Network	Out-of-Network
<b>Annual Physical Exam</b>	<b>\$0</b> copay	<b>\$25</b> copay
<p><b>Caregiver Support</b></p> <p>The caregiver support benefit includes: consultative services to help with caregiving, social health needs such as nutrition, finding resources for your loved ones, and stress management. It includes one-on-one coaching for caregivers who need personal support and guidance, and an online application to stay in touch with your caregiver coach, share information with others in the caregiver team, and access support and resources. Recommended caregiver services or programs may have additional costs.</p>	<b>\$0</b> copay for caregiver support services, including one-on-one coaching and personalized resources for members and caregivers	Combined with in-network

## Extra Benefits Included in Your Plan

	In-Network	Out-of-Network
<p><b>Cigna Healthy Today Card</b></p> <p>Use your pre-loaded Cigna Healthy Today card for easy access to incentives, rewards, and select benefits* that may be part of your plan.</p> <p>*Benefits, coverage, and amounts vary by plan. Limitations, exclusions, and restrictions may apply.</p>	<p>Based on your plan's allowance and frequency amounts, funds will be loaded on your Cigna Healthy Today card automatically.</p> <p>Allowance amounts do not carry over to the next quarter or the following year.</p>	<p>Combined with in-network</p>
<p><b>Cigna Medicare Advantage Incentives</b></p> <p>With the Cigna Medicare Advantage incentives program, you can earn money for completing certain healthy activities. After completing your yearly health check-up, you can qualify for additional incentives as determined by your plan and provider. Reward dollars are intended to be used on health and wellness products only.</p>	<p>You can earn up to <b>\$200</b>, which is loaded on your Cigna Healthy Today card, for completing certain healthy activities.</p>	<p>Combined with in-network</p>

# 4 | Prescription Drug Benefits

## Medicare Part D Drugs

### Pharmacy (Part D) Deductible

This plan does not have a deductible.

### Initial Coverage

The following charts show the cost-sharing amounts for Part D drugs covered under this plan. After you pay any yearly Part D deductible, you pay the following until your total yearly drug costs reach **\$5,030**. Total yearly drug costs are

the total drug costs paid by both you and a Part D plan.

Your costs may be different if you qualify for *Extra Help*. Your copay or coinsurance is based on the drug tier for your medication, which you can find in the plan *Comprehensive Prescription Drug List* on our website **CignaMedicare.com**. Or call us, and we will send you a copy of the *Comprehensive Prescription Drug List*.

Tier	Supply	Mail Order Cost-Sharing		Retail Cost-Sharing	
		Preferred	Standard	Preferred	Standard
Tier 1 Preferred Generic Drugs	30-day	\$0	\$10	\$0	\$10
	60-day	\$0	\$20	\$0	\$20
	90-day	\$0	\$30	\$0	\$30
Tier 2 Generic Drugs	30-day	\$5	\$20	\$5	\$20
	60-day	\$10	\$40	\$10	\$40
	90-day	\$0	\$60	\$15	\$60
Tier 3 Preferred Brand Drugs	30-day	\$47	\$47	\$47	\$47
	60-day	\$94	\$94	\$94	\$94
	90-day	\$141	\$141	\$141	\$141
Tier 4 Non-Preferred Drugs	30-day	\$100	\$100	\$100	\$100
	60-day	\$200	\$200	\$200	\$200
	90-day	\$300	\$300	\$300	\$300
Tier 5 Specialty Drugs	30-day	33%	33%	33%	33%
	60-day	Not available	Not available	Not available	Not available
	90-day	Not available	Not available	Not available	Not available

Cost-sharing may vary depending on the customer's Part D coverage phase. Costs may differ based on pharmacy type or status, for example, preferred/non-preferred, mail order, long-term care (LTC), home infusion, and 30- or 90-day supply.

You may get your drugs at preferred or standard network retail pharmacies or preferred mail order pharmacies. Your prescription drug copay will typically be less at a preferred network pharmacy because it has a preferred agreement with your plan.

You can get your prescription from an out-of-network pharmacy, but you may pay more than you would pay at an in-network pharmacy. If you reside in a long-term care facility, you would pay the standard retail cost-sharing at an in-network pharmacy.

### Coverage Gap

Most Medicare prescription drug plans have a Coverage Gap (also called the Donut Hole). This means there is a temporary change in what you will pay for your Part D drugs. The Coverage Gap begins after your total yearly prescription drug costs (including what a Part D plan has paid and what you have paid) reach **\$5,030**. Not everyone will enter the Coverage Gap.

After you enter the Coverage Gap, you pay a maximum of **25%** of the plan's cost for covered brand name drugs and covered generic drugs until your costs total **\$8,000**, which is the end of the Coverage Gap.

This plan offers some additional prescription drug coverage for Tier I drugs in the Coverage Gap. See the table below to find out how much you will pay.

### Catastrophic Coverage

You qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached the **\$8,000** limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will pay **\$0** for all covered Part D drugs through the end of the calendar year.

Tier	Supply	Mail Order Cost-Sharing		Retail Cost-Sharing	
		Preferred	Standard	Preferred	Standard
Tier I Preferred Generic Drugs	30-day	\$0	\$10	\$0	\$10
	60-day	\$0	\$20	\$0	\$20
	90-day	\$0	\$30	\$0	\$30

### What You Pay for Insulin

- ▶ You won't pay more than **\$35** for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.
- ▶ If your insulin is on a tier where cost-sharing is lower than **\$35**, you will pay the lower cost for your insulin.
- ▶ If your plan has a Part D deductible, the above will apply even if you haven't paid your deductible.

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.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group. The Cigna names, logos, and marks, including THE CIGNA GROUP and CIGNA HEALTHCARE, are owned by Cigna Intellectual Property, Inc.

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.





# 2024 Summary of Benefits

January 1, 2024 - December 31, 2024

## Cigna True Choice Plus Medicare (PPO) H7849-085

Freedom to choose your own doctor with no referrals required; your benefits travel with you to other Cigna Healthcare PPO networks across the country

### Service Area:

Nassau and Suffolk counties, NY



# Introduction

This *Summary of Benefits* gives you a summary of what **Cigna True Choice Plus Medicare (PPO)** covers and what you pay. It doesn't list every service that we cover or every limitation or exclusion. To get a complete list of services we cover, refer to the plan's *Evidence of Coverage* (EOC) online at **CignaMedicare.com**, or call us to request a copy.

## To Join

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

## Comparing coverage

If you want to compare our plan with other Medicare health plans, ask the other plans for their *Summary of Benefits*. Or use the *Medicare Plan Finder* on **www.medicare.gov**.

## More about Original Medicare

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook.

View the handbook online at:

**www.medicare.gov**

Get a copy of the handbook 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**.

## Need help?

### Already a customer

Call toll-free **1-800-668-3813 (TTY 711)**.

Customer Service is available 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.

### Not a customer

Call toll-free **1-800-313-0973 (TTY 711)**.

Licensed agents are available 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.

You can also visit our website at:

**CignaMedicare.com**.

# 1 | About This Plan

## Which doctors, hospitals, and pharmacies can I use?

**Cigna True Choice Plus Medicare (PPO)** has a network of doctors, hospitals, and other providers. You may also choose to use providers that are out of network, usually for a higher copay or coinsurance.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

- › You can see our plan's *Provider and Pharmacy Directory* at our website **CignaMedicare.com**.

## What do we cover?

Like all Medicare health plans, we cover everything Original Medicare covers—and more.

- › Our customers get all the benefits covered by Original Medicare.
- › Our customers also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this *Summary of Benefits*.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- › You can see the plan's complete *Comprehensive Prescription Drug List*, which lists the Part D prescription drugs along with any restrictions on our website, **CignaMedicare.com**.
- › Or call us, and we will send you a copy of the plan's *Comprehensive Prescription Drug List*.

## 2 | Monthly Premium, Deductible, and Limits

Benefit	Cigna True Choice Plus Medicare (PPO)
<p><b>Monthly Plan Premium</b></p>	<p><b>\$32</b> per month. In addition, you must keep paying your Medicare Part B premium.</p>
<p><b>Medical Deductible</b></p>	<p>This plan does not have a deductible.</p>
<p><b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b></p>	<p>Your yearly out-of-pocket limit(s) in this plan:</p> <p><b>\$6,700</b> applies to in-network Medicare-covered benefits This limit is the most you pay for copays, coinsurance, and other costs for Medicare-covered services for the year. If you reach the limit on out-of-pocket costs, you will keep getting in-network Medicare-covered hospital and medical services, and we will pay the full cost for the rest of the year.</p> <p><b>\$10,000</b> combined with in-network applies to in-network and out-of-network Medicare-covered benefits combined If you reach the in-network and out-of-network combined limit on out-of-pocket costs, you will keep getting Medicare-covered hospital and medical services, and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums, if any, and cost-sharing for your Part D prescription drugs.</p>

# 3 | Covered Medical and Hospital Benefits

Benefit	What You Pay	
	In-Network	Out-of-Network
<p><b>Note:</b> Services with a <sup>1</sup> may require prior authorization.            Services with a <sup>2</sup> may require a referral from your doctor.</p>		
<b>Inpatient Hospital Coverage<sup>1</sup></b>		
<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>For each Medicare-covered hospital stay, you are required to pay the applicable cost sharing, starting with Day 1, each time you are admitted.</p>	<p><b>\$340</b> copay per day for days 1-6</p> <p><b>\$0</b> copay per day for days 7-90</p>	<p><b>40%</b> coinsurance</p>
<b>Outpatient Hospital Services</b>		
Outpatient Hospital <sup>1</sup>	<b>\$0-\$340</b> copay	<b>40%</b> coinsurance
Outpatient Observation <sup>1</sup>	<b>\$340</b> copay per stay	<b>40%</b> coinsurance
<b>Ambulatory Surgical Center (ASC) Services</b>		
ASC Services <sup>1</sup>	<b>\$0-\$250</b> copay	<b>40%</b> coinsurance
<b>Doctor Visits</b>		
Primary Care Provider (PCP)	<b>\$0</b> copay for primary care doctor in-person or telehealth visits	<b>\$50</b> copay
Specialists <sup>1</sup>	<b>\$35</b> copay	<b>\$70</b> copay

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Preventive Care</b>		
<p>Our plan covers many Medicare-covered preventive services, including:</p> <ul style="list-style-type: none"> <li>› Abdominal aortic aneurysm screening</li> <li>› Alcohol misuse screenings and counseling</li> <li>› Bone mass measurement</li> <li>› Breast cancer screening (mammogram)</li> <li>› Cardiovascular disease (behavioral therapy)</li> <li>› Cardiovascular screenings</li> <li>› Cervical and vaginal cancer screening</li> <li>› Colorectal cancer screening (colonoscopy, fecal occult blood test, multi-target stool DNA tests, screening barium enemas, flexible sigmoidoscopy)</li> <li>› Depression screenings</li> <li>› Diabetes screenings</li> <li>› Diabetes self-management training</li> <li>› Glaucoma tests</li> <li>› Hepatitis B Virus (HBV) infection screening</li> <li>› Hepatitis C screening</li> <li>› HIV screening</li> <li>› Lung cancer screening with low-dose computed tomography (LDCT)</li> <li>› Medical nutrition therapy services</li> <li>› Obesity screening and counseling</li> <li>› Prostate cancer screenings (PSA)</li> <li>› Sexually transmitted infections screening and counseling</li> <li>› Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>› Vaccines, including COVID-19, flu shots, hepatitis B shots, and pneumococcal shots</li> <li>› Welcome to Medicare preventive visit (one time)</li> <li>› Yearly Wellness visit</li> </ul>	<p><b>\$0</b> copay</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. Please see your <i>EOC</i> for frequency of covered services.</p>	<p><b>\$50</b> copay</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. Please see your <i>EOC</i> for frequency of covered services.</p>

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Emergency Care</b>		
Emergency Care Services	<b>\$100</b> copay If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care.	Same as in-network
Worldwide Emergency/Urgent Coverage/Emergency Transportation	<b>\$100</b> copay Maximum worldwide coverage amount <b>\$50,000</b>	Same as in-network
<b>Urgently Needed Services</b>		
Urgent Care Services	<b>\$40</b> copay If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for urgent care.	Same as in-network
<b>Diagnostic Services, Labs, and Imaging</b>		
Costs for these services may vary based on place of service or type of service		
Diagnostic Procedures and Tests <sup>1</sup>	<b>\$0</b> copay	<b>40%</b> coinsurance
Lab Services <sup>1</sup>	<b>0%</b> coinsurance	<b>40%</b> coinsurance
Genetic Testing <sup>1</sup>	<b>20%</b> coinsurance	<b>40%</b> coinsurance
Diagnostic Radiological Services (MRIs, CT scans, etc.) <sup>1</sup>	<b>\$0–\$300</b> copay	<b>40%</b> coinsurance
Therapeutic Radiological Services <sup>1</sup>	<b>20%</b> coinsurance	<b>40%</b> coinsurance
X-ray Services	<b>\$30</b> copay	<b>40%</b> coinsurance

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Hearing Services</b>		
Hearing Exams (Medicare-covered) Diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider. A separate physician cost-share will apply if additional services requiring cost-sharing are rendered.	<b>\$30</b> copay	<b>50%</b> coinsurance
Routine Hearing Exams	<b>\$0</b> copay for one routine hearing exam every year	<b>50%</b> coinsurance for one routine hearing exam every year
Hearing Aid Fitting/Evaluation	<b>\$0</b> copay for one fitting/evaluation for hearing aid every year	<b>50%</b> coinsurance for one fitting/evaluation for hearing aid every year
Hearing Aids	<b>\$399–\$1,800</b> copay per device, limited to 2 devices every year. Actual cost-share will depend on hearing aid selected.	Combined with in-network. Customers are required to contact Cigna Healthcare's hearing vendor to access hearing aid benefits.
<b>Dental Services (Medicare-covered)<sup>1</sup></b>		
Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)	<b>\$35</b> copay	<b>\$70</b> copay



Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Preventive and Comprehensive Dental Services (Routine)</b>		
<p>Dental Allowance</p> <p>Routine preventive and comprehensive dental services with a licensed dentist who is not precluded or excluded from Medicare. Benefit does not cover cosmetic services. Provider submits claim to Cigna Dental Health.</p> <p>*Limitations, exclusions, and restrictions may apply.</p>	<b>\$0</b> copay up to allowance amount	Combined with in-network
Maximum Coverage Amount	<b>\$3,000</b> combined allowance for routine preventive and comprehensive dental services every year	Combined with in-network
<b>Vision Services</b>		
<p>Eye Exams (Medicare-covered)</p> <p>A separate physician cost-share may apply if additional services requiring cost-sharing are rendered (e.g., but not limited to, if a medical eye condition is discovered during a preventive routine eye exam). A facility cost-share may apply for procedures performed at an outpatient surgical center.</p>	<p><b>\$0</b> copay for Medicare-covered diabetic retinopathy screening</p> <p><b>\$35</b> copay for all other Medicare-covered vision services</p>	<p><b>0%</b> coinsurance for Medicare-covered diabetic retinopathy screening</p> <p><b>40%</b> coinsurance for all other Medicare-covered vision services</p>
<p>Routine Eye Exam</p> <p>One routine eye exam (including eye refraction) per year. Eye refractions outside of the annual non-Medicare-covered routine eye exam are not covered. For routine eye exams and eyewear services, customers are encouraged to select a provider within Cigna Healthcare's<sup>SM</sup> vision vendor network but are not required to do so. Customers have the option to select doctors and benefits both in and out of network with no referrals required, however, out-of-pocket costs may be higher for out-of-network services.</p>	<b>\$0</b> copay for one routine exam every year	<b>50%</b> coinsurance for one routine exam every year
Glaucoma Screening (Medicare-covered)	<b>\$0</b> copay	<b>\$0</b> copay

Benefit	What You Pay	
	In-Network	Out-of-Network
Eyewear (Medicare-covered)	<b>\$0</b> copay	<b>40%</b> coinsurance
Routine Eyewear > Eyeglasses (lenses and frames) > Eyeglass lenses > Eyeglass frames > Contact lenses (including contact lens fitting) > Upgrades	<b>\$0</b> copay up to plan maximum coverage amount of <b>\$200</b> every year  The plan-specified allowance may be applied to one set of the member's choice of eyewear once per year, to include the eyeglass frame/lenses/lens options combination or contact lenses (to include related professional fees) in lieu of eyeglasses.	Combined with in-network
<b>Mental Health Services</b>		
Inpatient <sup>1</sup> Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.  For each Medicare-covered hospital stay, you are required to pay the applicable cost sharing, starting with Day 1, each time you are admitted.	<b>\$465</b> copay per day for days 1-4  <b>\$0</b> copay per day for days 5-90	<b>40%</b> coinsurance
Outpatient Individual or Group Therapy Visit <sup>1</sup>	<b>\$0</b> copay	<b>\$60</b> copay
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>		
Our plan covers up to 100 days per benefit period.	<b>\$0</b> copay per day for days 1-20  <b>\$203</b> copay per day for days 21-100	<b>40%</b> coinsurance
<b>Rehabilitation Services</b>		
Cardiac (Heart) Rehab Services <sup>1</sup>	<b>\$30</b> copay	<b>40%</b> coinsurance
Intensive Cardiac (Heart) Rehab Services <sup>1</sup>	<b>\$40</b> copay	<b>40%</b> coinsurance
Pulmonary Rehab Services <sup>1</sup>	<b>\$15</b> copay	<b>40%</b> coinsurance
Occupational Therapy Services <sup>1</sup>	<b>\$35</b> copay	<b>\$65</b> copay

Benefit	What You Pay	
	In-Network	Out-of-Network
Physical Therapy and Speech/Language Therapy Services	<b>\$35</b> copay	<b>\$65</b> copay
Physical Therapy and Speech/Language Therapy Telehealth Services	<b>\$0</b> copay	Not covered
<b>Ambulance<sup>1</sup></b>		
Ground Service (one-way trip)	<b>\$245</b> copay	<b>\$245</b> copay
Air Service (one-way trip)	<b>20%</b> coinsurance	<b>20%</b> coinsurance
<b>Transportation (Routine)</b>		
Routine Transportation	Not covered	Not covered
<b>Medicare Part B Drugs</b>		
Medicare Part B Insulin Drugs	<b>0%–20%</b> coinsurance; up to a <b>\$35</b> copay	<b>40%</b> coinsurance
Medicare Part B Chemotherapy/Radiation Drugs <sup>1</sup>	<b>0%–20%</b> coinsurance	<b>40%</b> coinsurance
Other Medicare Part B Drugs <sup>1</sup> Medicare-covered Part B Drugs may be subject to step therapy requirements.	<b>0%–20%</b> coinsurance This plan has Part D prescription drug coverage. See Section 4 in the <i>Summary of Benefits</i> .	<b>40%</b> coinsurance This plan has Part D prescription drug coverage. See Section 4 in the <i>Summary of Benefits</i> .
<b>Acupuncture Services</b>		
Acupuncture Services (Medicare-covered) <sup>1</sup> Services for chronic lower back pain.	<b>\$20</b> copay	<b>\$70</b> copay
Acupuncture Services (Routine)	Not covered	Not covered
<b>Chiropractic Care</b>		
Chiropractic Services (Medicare-covered) <sup>1</sup>	<b>\$15</b> copay	<b>50%</b> coinsurance
Routine Chiropractic Services	Not covered	Not covered

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Fitness and Wellness Programs</b>		
The Silver&Fit® Healthy Aging and Exercise program offers the flexibility of a fitness center membership, digital fitness tools, and one home fitness kit from a variety of kit options, including a wearable fitness tracker. You can also take advantage of digital workout plans available on the program's website, get one-on-one Healthy Aging Coaching by phone, video, or chat, and enjoy many other digital resources through the Well-Being Club.	<b>\$0</b> copay	Combined with in-network
<b>Foot Care (Podiatry Services)</b>		
Podiatry Services (Medicare-covered)	<b>\$35</b> copay	<b>50%</b> coinsurance
Routine Podiatry Services	Not covered	Not covered
<b>Health Information Line</b>		
Talk one-on-one with a Nurse Advocate* to get timely answers to your health-related questions at no additional cost, anytime day or night. The Health Information Line is not a substitute for calling 911. If you are experiencing a health care emergency, please call 911 or go to your nearest emergency room.  *Nurse Advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing any medical advice.	<b>\$0</b> copay	Combined with in-network
<b>Home-Delivered Meals</b>		
	<b>\$0</b> copay for home-delivered meals  Limited to 14 meals per discharge from a qualified hospital stay or skilled nursing facility (up to 3 stays per year). ESRD care management is limited to 56 meals once per year.	Combined with in-network

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Home Health Care<sup>1</sup></b>		
Home Health	\$0 copay	40% coinsurance
<b>Hospice</b>		
Hospice care must be provided by a Medicare-certified hospice program. Our plan covers hospice consultation services (one time only) before you select hospice. Hospice is covered outside of our plan. You may have to pay part of the cost for drugs and respite care. Please contact the plan for more details.	\$0 copay	\$0 copay
<b>Medical Equipment and Supplies</b>		
Durable Medical Equipment (wheelchairs, oxygen, etc.) <sup>1</sup>	20% coinsurance	40% coinsurance
Prosthetic Devices (braces, artificial limbs, etc.) <sup>1</sup>	20% coinsurance	40% coinsurance
Medical Supplies <sup>1</sup>	20% coinsurance	40% coinsurance
Diabetic Services and Supplies Brand limitations apply to certain supplies. Blood sugar monitor/continuous glucose monitor (CGM) preferred brands include: <ul style="list-style-type: none"> <li>› Abbott Diabetes Care: FreeStyle Lite, FreeStyle Freedom Lite, FreeStyle Precision Neo, FreeStyle Libre 2 (CGM), and FreeStyle Libre 14-Day (CGM)</li> <li>› Life Scan Diabetes Care: OneTouch Ultra 2, OneTouch Verio Flex, and OneTouch Verio Reflect</li> <li>› Dexcom: Dexcom G6 (CGM), Dexcom G7 (CGM)</li> </ul>	\$0 copay for diabetes self-management training  20% coinsurance for therapeutic shoes or inserts <sup>1</sup>  \$0 copay for diabetic monitoring supplies <sup>1</sup>	\$0 copay for diabetes self-management training  40% coinsurance for therapeutic shoes or inserts  40% coinsurance for diabetic monitoring supplies
<b>Opioid Treatment Services<sup>1</sup></b>		
FDA-approved treatment medications in addition to testing, counseling, and therapy.	\$35 copay	\$70 copay
<b>Outpatient Substance Abuse<sup>1</sup></b>		
Individual or Group Therapy Visit	\$35 copay	\$70 copay

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Over-the-Counter (OTC) Allowance</b>		
Allowance for covered OTC drugs and other health-related pharmacy products	<b>\$130</b> every 3 months	Combined with in-network
<b>Telehealth Services (Medicare-covered)</b>		
For non-emergency urgent care, talk with a telehealth doctor via smart phone, computer, or tablet for care, including allergies, cough, headache, sore throat, and other minor illnesses. Benefit also includes telehealth mental health therapy and dermatology services.	<p><b>\$0</b> copay for non-emergency urgent care virtual visits</p> <p><b>\$0</b> copay for mental health therapy virtual visits<sup>1</sup></p> <p><b>\$35</b> copay for dermatology care virtual visits<sup>1</sup></p>	<p>Telehealth services must be obtained from Cigna Healthcare's telehealth vendor.</p> <p><b>\$50</b> copay for non-emergency urgent care virtual visits</p> <p><b>\$60</b> copay for mental health therapy virtual visits</p> <p><b>\$70</b> copay for dermatology care virtual visits</p>
<b>Extra Benefits Included in Your Plan</b>		
	In-Network	Out-of-Network
<b>Annual Physical Exam</b>	<b>\$0</b> copay	<b>\$50</b> copay
<p><b>Caregiver Support</b></p> <p>The caregiver support benefit includes: consultative services to help with caregiving, social health needs such as nutrition, finding resources for your loved ones, and stress management. It includes one-on-one coaching for caregivers who need personal support and guidance, and an online application to stay in touch with your caregiver coach, share information with others in the caregiver team, and access support and resources. Recommended caregiver services or programs may have additional costs.</p>	<b>\$0</b> copay for caregiver support services, including one-on-one coaching and personalized resources for members and caregivers	Combined with in-network

## Extra Benefits Included in Your Plan

	In-Network	Out-of-Network
<p><b>Cigna Healthy Today Card</b></p> <p>Use your pre-loaded Cigna Healthy Today card for easy access to incentives, rewards, and select benefits* that may be part of your plan.</p> <p>*Benefits, coverage, and amounts vary by plan. Limitations, exclusions, and restrictions may apply.</p>	<p>Based on your plan's allowance and frequency amounts, funds will be loaded on your Cigna Healthy Today card automatically.</p> <p>Allowance amounts do not carry over to the next quarter or the following year.</p>	<p>Combined with in-network</p>
<p><b>Cigna Medicare Advantage Incentives</b></p> <p>With the Cigna Medicare Advantage incentives program, you can earn money for completing certain healthy activities. After completing your yearly health check-up, you can qualify for additional incentives as determined by your plan and provider. Reward dollars are intended to be used on health and wellness products only.</p>	<p>You can earn up to <b>\$200</b>, which is loaded on your Cigna Healthy Today card, for completing certain healthy activities.</p>	<p>Combined with in-network</p>

# 4 | Prescription Drug Benefits

## Medicare Part D Drugs

### Pharmacy (Part D) Deductible

This plan does not have a deductible.

### Initial Coverage

The following charts show the cost-sharing amounts for Part D drugs covered under this plan. After you pay any yearly Part D deductible, you pay the following until your total yearly drug costs reach **\$5,030**. Total yearly drug costs are

the total drug costs paid by both you and a Part D plan.

Your costs may be different if you qualify for *Extra Help*. Your copay or coinsurance is based on the drug tier for your medication, which you can find in the plan *Comprehensive Prescription Drug List* on our website **CignaMedicare.com**. Or call us, and we will send you a copy of the *Comprehensive Prescription Drug List*.

Tier	Supply	Mail Order Cost-Sharing		Retail Cost-Sharing	
		Preferred	Standard	Preferred	Standard
Tier 1 Preferred Generic Drugs	30-day	\$0	\$10	\$0	\$10
	60-day	\$0	\$20	\$0	\$20
	90-day	\$0	\$30	\$0	\$30
Tier 2 Generic Drugs	30-day	\$5	\$20	\$5	\$20
	60-day	\$10	\$40	\$10	\$40
	90-day	\$0	\$60	\$15	\$60
Tier 3 Preferred Brand Drugs	30-day	\$47	\$47	\$47	\$47
	60-day	\$94	\$94	\$94	\$94
	90-day	\$141	\$141	\$141	\$141
Tier 4 Non-Preferred Drugs	30-day	\$100	\$100	\$100	\$100
	60-day	\$200	\$200	\$200	\$200
	90-day	\$300	\$300	\$300	\$300
Tier 5 Specialty Drugs	30-day	33%	33%	33%	33%
	60-day	Not available	Not available	Not available	Not available
	90-day	Not available	Not available	Not available	Not available

Cost-sharing may vary depending on the customer's Part D coverage phase. Costs may differ based on pharmacy type or status, for example, preferred/non-preferred, mail order, long-term care (LTC), home infusion, and 30- or 90-day supply.



You may get your drugs at preferred or standard network retail pharmacies or preferred mail order pharmacies. Your prescription drug copay will typically be less at a preferred network pharmacy because it has a preferred agreement with your plan.

You can get your prescription from an out-of-network pharmacy, but you may pay more than you would pay at an in-network pharmacy. If you reside in a long-term care facility, you would pay the standard retail cost-sharing at an in-network pharmacy.

### Coverage Gap

Most Medicare prescription drug plans have a Coverage Gap (also called the Donut Hole). This means there is a temporary change in what you will pay for your Part D drugs. The Coverage Gap begins after your total yearly prescription drug costs (including what a Part D plan has paid and what you have paid) reach **\$5,030**. Not everyone will enter the Coverage Gap.

After you enter the Coverage Gap, you pay a maximum of **25%** of the plan's cost for covered brand name drugs and covered generic drugs until your costs total **\$8,000**, which is the end of the Coverage Gap.

This plan offers some additional prescription drug coverage for Tier I drugs in the Coverage Gap. See the table below to find out how much you will pay.

### Catastrophic Coverage

You qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached the **\$8,000** limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will pay **\$0** for all covered Part D drugs through the end of the calendar year.

Tier	Supply	Mail Order Cost-Sharing		Retail Cost-Sharing	
		Preferred	Standard	Preferred	Standard
Tier I Preferred Generic Drugs	30-day	\$0	\$10	\$0	\$10
	60-day	\$0	\$20	\$0	\$20
	90-day	\$0	\$30	\$0	\$30

### What You Pay for Insulin

- You won't pay more than **\$35** for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.
- If your insulin is on a tier where cost-sharing is lower than **\$35**, you will pay the lower cost for your insulin.
- If your plan has a Part D deductible, the above will apply even if you haven't paid your deductible.

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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# 2024 Summary of Benefits

January 1, 2024 - December 31, 2024

## Cigna True Choice Savings Medicare (PPO) H7849-087

Freedom to choose your own doctor with no referrals required; your benefits travel with you to other Cigna Healthcare PPO networks across the country

### Service Area:

Nassau and Suffolk counties, NY



# Introduction

This *Summary of Benefits* gives you a summary of what **Cigna True Choice Savings Medicare (PPO)** covers and what you pay. It doesn't list every service that we cover or every limitation or exclusion. To get a complete list of services we cover, refer to the plan's *Evidence of Coverage* (EOC) online at **CignaMedicare.com**, or call us to request a copy.

## To Join

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

## Comparing coverage

If you want to compare our plan with other Medicare health plans, ask the other plans for their *Summary of Benefits*. Or use the *Medicare Plan Finder* on **www.medicare.gov**.

## More about Original Medicare

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook.

View the handbook online at:

**www.medicare.gov**

Get a copy of the handbook 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**.

## Need help?

### Already a customer

Call toll-free **1-800-668-3813 (TTY 711)**.

Customer Service is available 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.

### Not a customer

Call toll-free **1-800-313-0973 (TTY 711)**.

Licensed agents are available 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.

You can also visit our website at:

**CignaMedicare.com**.

# 1 | About This Plan

## Which doctors, hospitals, and pharmacies can I use?

**Cigna True Choice Savings Medicare (PPO)** has a network of doctors, hospitals, and other providers. You may also choose to use providers that are out of network, usually for a higher copay or coinsurance.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

- › You can see our plan's *Provider and Pharmacy Directory* at our website **CignaMedicare.com**.

## What do we cover?

Like all Medicare health plans, we cover everything Original Medicare covers—and more.

- › Our customers get all the benefits covered by Original Medicare.
- › Our customers also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this *Summary of Benefits*.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- › You can see the plan's complete *Comprehensive Prescription Drug List*, which lists the Part D prescription drugs along with any restrictions on our website, **CignaMedicare.com**.
- › Or call us, and we will send you a copy of the plan's *Comprehensive Prescription Drug List*.

## 2 | Monthly Premium, Deductible, and Limits

Benefit	Cigna True Choice Savings Medicare (PPO)
<p><b>Monthly Plan Premium</b></p>	<p><b>\$0</b> per month. In addition, you must keep paying your Medicare Part B premium.</p>
<p><b>Part B Premium Give Back</b></p>	<p>Cigna Healthcare will reduce your Medicare Part B premium by <b>\$76</b> per month.</p>
<p><b>Medical Deductible</b></p>	<p>This plan does not have a deductible.</p>
<p><b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b></p>	<p>Your yearly out-of-pocket limit(s) in this plan:</p> <p><b>\$6,700</b> applies to in-network Medicare-covered benefits</p> <p>This limit is the most you pay for copays, coinsurance, and other costs for Medicare-covered services for the year. If you reach the limit on out-of-pocket costs, you will keep getting in-network Medicare-covered hospital and medical services, and we will pay the full cost for the rest of the year.</p> <p><b>\$10,700</b> combined with in-network applies to in-network and out-of-network Medicare-covered benefits combined</p> <p>If you reach the in-network and out-of-network combined limit on out-of-pocket costs, you will keep getting Medicare-covered hospital and medical services, and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums, if any, and cost-sharing for your Part D prescription drugs.</p>

# 3 | Covered Medical and Hospital Benefits

Benefit	What You Pay	
	In-Network	Out-of-Network
<p><b>Note:</b> Services with a <sup>1</sup> may require prior authorization.            Services with a <sup>2</sup> may require a referral from your doctor.</p>		
<b>Inpatient Hospital Coverage<sup>1</sup></b>		
<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>For each Medicare-covered hospital stay, you are required to pay the applicable cost sharing, starting with Day 1, each time you are admitted.</p>	<p><b>\$305</b> copay per day for days 1-5</p> <p><b>\$0</b> copay per day for days 6-90</p>	<p><b>40%</b> coinsurance</p>
<b>Outpatient Hospital Services</b>		
Outpatient Hospital <sup>1</sup>	<b>\$0–\$350</b> copay	<b>40%</b> coinsurance
Outpatient Observation <sup>1</sup>	<b>\$350</b> copay per stay	<b>40%</b> coinsurance
<b>Ambulatory Surgical Center (ASC) Services</b>		
ASC Services <sup>1</sup>	<b>\$0–\$250</b> copay	<b>40%</b> coinsurance
<b>Doctor Visits</b>		
Primary Care Provider (PCP)	<b>\$0</b> copay for primary care doctor in-person or telehealth visits	<b>\$25</b> copay
Specialists <sup>1</sup>	<b>\$40</b> copay	<b>\$60</b> copay

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Preventive Care</b>		
<p>Our plan covers many Medicare-covered preventive services, including:</p> <ul style="list-style-type: none"> <li>› Abdominal aortic aneurysm screening</li> <li>› Alcohol misuse screenings and counseling</li> <li>› Bone mass measurement</li> <li>› Breast cancer screening (mammogram)</li> <li>› Cardiovascular disease (behavioral therapy)</li> <li>› Cardiovascular screenings</li> <li>› Cervical and vaginal cancer screening</li> <li>› Colorectal cancer screening (colonoscopy, fecal occult blood test, multi-target stool DNA tests, screening barium enemas, flexible sigmoidoscopy)</li> <li>› Depression screenings</li> <li>› Diabetes screenings</li> <li>› Diabetes self-management training</li> <li>› Glaucoma tests</li> <li>› Hepatitis B Virus (HBV) infection screening</li> <li>› Hepatitis C screening</li> <li>› HIV screening</li> <li>› Lung cancer screening with low-dose computed tomography (LDCT)</li> <li>› Medical nutrition therapy services</li> <li>› Obesity screening and counseling</li> <li>› Prostate cancer screenings (PSA)</li> <li>› Sexually transmitted infections screening and counseling</li> <li>› Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>› Vaccines, including COVID-19, flu shots, hepatitis B shots, and pneumococcal shots</li> <li>› Welcome to Medicare preventive visit (one time)</li> <li>› Yearly Wellness visit</li> </ul>	<p><b>\$0</b> copay</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. Please see your <i>EOC</i> for frequency of covered services.</p>	<p><b>\$25</b> copay</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. Please see your <i>EOC</i> for frequency of covered services.</p>



Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Emergency Care</b>		
Emergency Care Services	<b>\$100</b> copay If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care.	Same as in-network
Worldwide Emergency/Urgent Coverage/Emergency Transportation	<b>\$100</b> copay Maximum worldwide coverage amount <b>\$50,000</b>	Same as in-network
<b>Urgently Needed Services</b>		
Urgent Care Services	<b>\$40</b> copay If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for urgent care.	Same as in-network
<b>Diagnostic Services, Labs, and Imaging</b> Costs for these services may vary based on place of service or type of service		
Diagnostic Procedures and Tests <sup>1</sup>	<b>\$0-\$40</b> copay	<b>40%</b> coinsurance
Lab Services <sup>1</sup>	<b>0%</b> coinsurance	<b>40%</b> coinsurance
Genetic Testing <sup>1</sup>	<b>20%</b> coinsurance	<b>40%</b> coinsurance
Diagnostic Radiological Services (MRIs, CT scans, etc.) <sup>1</sup>	<b>\$0-\$300</b> copay	<b>40%</b> coinsurance
Therapeutic Radiological Services <sup>1</sup>	<b>20%</b> coinsurance	<b>40%</b> coinsurance
X-ray Services	<b>\$10</b> copay	<b>40%</b> coinsurance

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Hearing Services</b>		
Hearing Exams (Medicare-covered) Diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider. A separate physician cost-share will apply if additional services requiring cost-sharing are rendered.	<b>\$30</b> copay	<b>50%</b> coinsurance
Routine Hearing Exams	<b>\$0</b> copay for one routine hearing exam every year	<b>50%</b> coinsurance for one routine hearing exam every year
Hearing Aid Fitting/Evaluation	<b>\$0</b> copay for one fitting/evaluation for hearing aid every year	<b>50%</b> coinsurance for one fitting/evaluation for hearing aid every year
Hearing Aids	<b>\$399–\$1,800</b> copay per device, limited to 2 devices every year. Actual cost-share will depend on hearing aid selected.	Combined with in-network. Customers are required to contact Cigna Healthcare's hearing vendor to access hearing aid benefits.
<b>Dental Services (Medicare-covered)<sup>1</sup></b>		
Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)	<b>\$40</b> copay	<b>\$60</b> copay

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Preventive and Comprehensive Dental Services (Routine)</b>		
<p>Dental Allowance</p> <p>Routine preventive and comprehensive dental services with a licensed dentist who is not precluded or excluded from Medicare. Services obtained outside the Cigna Dental Allowance Network will be covered at the out-of-network copay for each covered service up to the allowance amount. Benefit does not cover cosmetic services. Provider submits claim to Cigna Dental Health.</p> <p>*Limitations, exclusions, and restrictions may apply.</p>	<b>\$0</b> copay up to allowance amount	<b>50%</b> coinsurance up to allowance amount
Maximum Coverage Amount	<b>\$1,100</b> combined allowance for routine preventive and comprehensive dental services every year	Combined with in-network
<b>Vision Services</b>		
<p>Eye Exams (Medicare-covered)</p> <p>A separate physician cost-share may apply if additional services requiring cost-sharing are rendered (e.g., but not limited to, if a medical eye condition is discovered during a preventive routine eye exam). A facility cost-share may apply for procedures performed at an outpatient surgical center.</p>	<p><b>\$0</b> copay for Medicare-covered diabetic retinopathy screening</p> <p><b>\$40</b> copay for all other Medicare-covered vision services</p>	<p><b>0%</b> coinsurance for Medicare-covered diabetic retinopathy screening</p> <p><b>40%</b> coinsurance for all other Medicare-covered vision services</p>
<p>Routine Eye Exam</p> <p>One routine eye exam (including eye refraction) per year. Eye refractions outside of the annual non-Medicare-covered routine eye exam are not covered. For routine eye exams and eyewear services, customers are encouraged to select a provider within Cigna Healthcare's<sup>SM</sup> vision vendor network but are not required to do so. Customers have the option to select doctors and benefits both in and out of network with no referrals required, however, out-of-pocket costs may be higher for out-of-network services.</p>	<b>\$0</b> copay for one routine exam every year	<b>50%</b> coinsurance for one routine exam every year
Glaucoma Screening (Medicare-covered)	<b>\$0</b> copay	<b>\$0</b> copay

Benefit	What You Pay	
	In-Network	Out-of-Network
Eyewear (Medicare-covered)	<b>\$0</b> copay	<b>40%</b> coinsurance
Routine Eyewear > Eyeglasses (lenses and frames) > Eyeglass lenses > Eyeglass frames > Contact lenses (including contact lens fitting) > Upgrades	<b>\$0</b> copay up to plan maximum coverage amount of <b>\$200</b> every year  The plan-specified allowance may be applied to one set of the member's choice of eyewear once per year, to include the eyeglass frame/lenses/lens options combination or contact lenses (to include related professional fees) in lieu of eyeglasses.	Combined with in-network
<b>Mental Health Services</b>		
Inpatient <sup>1</sup> Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.  For each Medicare-covered hospital stay, you are required to pay the applicable cost sharing, starting with Day 1, each time you are admitted.	<b>\$265</b> copay per day for days 1-5  <b>\$0</b> copay per day for days 6-90	<b>40%</b> coinsurance
Outpatient Individual or Group Therapy Visit <sup>1</sup>	<b>\$0</b> copay	<b>\$60</b> copay
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>		
Our plan covers up to 100 days per benefit period.	<b>\$0</b> copay per day for days 1-20  <b>\$203</b> copay per day for days 21-100	<b>40%</b> coinsurance
<b>Rehabilitation Services</b>		
Cardiac (Heart) Rehab Services <sup>1</sup>	<b>\$30</b> copay	<b>40%</b> coinsurance
Intensive Cardiac (Heart) Rehab Services <sup>1</sup>	<b>\$40</b> copay	<b>40%</b> coinsurance
Pulmonary Rehab Services <sup>1</sup>	<b>\$15</b> copay	<b>40%</b> coinsurance
Occupational Therapy Services <sup>1</sup>	<b>\$40</b> copay	<b>\$60</b> copay

Benefit	What You Pay	
	In-Network	Out-of-Network
Physical Therapy and Speech/Language Therapy Services	\$40 copay	\$60 copay
Physical Therapy and Speech/Language Therapy Telehealth Services	\$0 copay	Not covered
<b>Ambulance<sup>1</sup></b>		
Ground Service (one-way trip)	\$245 copay	\$245 copay
Air Service (one-way trip)	20% coinsurance	20% coinsurance
<b>Transportation (Routine)</b>		
Routine Transportation	Not covered	Not covered
<b>Medicare Part B Drugs</b>		
Medicare Part B Insulin Drugs	0%–20% coinsurance; up to a \$35 copay	40% coinsurance
Medicare Part B Chemotherapy/Radiation Drugs <sup>1</sup>	0%–20% coinsurance	40% coinsurance
Other Medicare Part B Drugs <sup>1</sup> Medicare-covered Part B Drugs may be subject to step therapy requirements.	0%–20% coinsurance This plan has Part D prescription drug coverage. See Section 4 in the <i>Summary of Benefits</i> .	40% coinsurance This plan has Part D prescription drug coverage. See Section 4 in the <i>Summary of Benefits</i> .
<b>Acupuncture Services</b>		
Acupuncture Services (Medicare-covered) <sup>1</sup> Services for chronic lower back pain.	\$20 copay	\$60 copay
Acupuncture Services (Routine)	Not covered	Not covered
<b>Chiropractic Care</b>		
Chiropractic Services (Medicare-covered) <sup>1</sup>	\$15 copay	50% coinsurance
Routine Chiropractic Services	Not covered	Not covered

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Fitness and Wellness Programs</b>		
The Silver&Fit® Healthy Aging and Exercise program offers the flexibility of a fitness center membership, digital fitness tools, and one home fitness kit from a variety of kit options, including a wearable fitness tracker. You can also take advantage of digital workout plans available on the program's website, get one-on-one Healthy Aging Coaching by phone, video, or chat, and enjoy many other digital resources through the Well-Being Club.	<b>\$0</b> copay	Combined with in-network
<b>Foot Care (Podiatry Services)</b>		
Podiatry Services (Medicare-covered)	<b>\$40</b> copay	<b>50%</b> coinsurance
Routine Podiatry Services	Not covered	Not covered
<b>Health Information Line</b>		
Talk one-on-one with a Nurse Advocate* to get timely answers to your health-related questions at no additional cost, anytime day or night. The Health Information Line is not a substitute for calling 911. If you are experiencing a health care emergency, please call 911 or go to your nearest emergency room.  *Nurse Advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing any medical advice.	<b>\$0</b> copay	Combined with in-network
<b>Home-Delivered Meals</b>		
	<b>\$0</b> copay for home-delivered meals  Limited to 14 meals per discharge from a qualified hospital stay or skilled nursing facility (up to 3 stays per year). ESRD care management is limited to 56 meals once per year.	Combined with in-network

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Home Health Care<sup>1</sup></b>		
Home Health	\$0 copay	40% coinsurance
<b>Hospice</b>		
Hospice care must be provided by a Medicare-certified hospice program. Our plan covers hospice consultation services (one time only) before you select hospice. Hospice is covered outside of our plan. You may have to pay part of the cost for drugs and respite care. Please contact the plan for more details.	\$0 copay	\$0 copay
<b>Medical Equipment and Supplies</b>		
Durable Medical Equipment (wheelchairs, oxygen, etc.) <sup>1</sup>	20% coinsurance	40% coinsurance
Prosthetic Devices (braces, artificial limbs, etc.) <sup>1</sup>	20% coinsurance	40% coinsurance
Medical Supplies <sup>1</sup>	20% coinsurance	40% coinsurance
Diabetic Services and Supplies Brand limitations apply to certain supplies. Blood sugar monitor/continuous glucose monitor (CGM) preferred brands include: <ul style="list-style-type: none"> <li>› Abbott Diabetes Care: FreeStyle Lite, FreeStyle Freedom Lite, FreeStyle Precision Neo, FreeStyle Libre 2 (CGM), and FreeStyle Libre 14-Day (CGM)</li> <li>› Life Scan Diabetes Care: OneTouch Ultra 2, OneTouch Verio Flex, and OneTouch Verio Reflect</li> <li>› Dexcom: Dexcom G6 (CGM), Dexcom G7 (CGM)</li> </ul>	\$0 copay for diabetes self-management training  20% coinsurance for therapeutic shoes or inserts <sup>1</sup>  \$0 copay for diabetic monitoring supplies <sup>1</sup>	\$0 copay for diabetes self-management training  40% coinsurance for therapeutic shoes or inserts  40% coinsurance for diabetic monitoring supplies
<b>Opioid Treatment Services<sup>1</sup></b>		
FDA-approved treatment medications in addition to testing, counseling, and therapy.	\$40 copay	\$60 copay
<b>Outpatient Substance Abuse<sup>1</sup></b>		
Individual or Group Therapy Visit	\$40 copay	\$60 copay

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Over-the-Counter (OTC) Allowance</b>		
Allowance for covered OTC drugs and other health-related pharmacy products	<b>\$60</b> every 3 months	Combined with in-network
<b>Telehealth Services (Medicare-covered)</b>		
For non-emergency urgent care, talk with a telehealth doctor via smart phone, computer, or tablet for care, including allergies, cough, headache, sore throat, and other minor illnesses. Benefit also includes telehealth mental health therapy and dermatology services.	<p><b>\$0</b> copay for non-emergency urgent care virtual visits</p> <p><b>\$0</b> copay for mental health therapy virtual visits<sup>1</sup></p> <p><b>\$40</b> copay for dermatology care virtual visits<sup>1</sup></p>	<p>Telehealth services must be obtained from Cigna Healthcare's telehealth vendor.</p> <p><b>\$25</b> copay for non-emergency urgent care virtual visits</p> <p><b>\$60</b> copay for mental health therapy virtual visits</p> <p><b>\$60</b> copay for dermatology care virtual visits</p>
<b>Extra Benefits Included in Your Plan</b>		
	In-Network	Out-of-Network
<b>Annual Physical Exam</b>	<b>\$0</b> copay	<b>\$25</b> copay
<p><b>Caregiver Support</b></p> <p>The caregiver support benefit includes: consultative services to help with caregiving, social health needs such as nutrition, finding resources for your loved ones, and stress management. It includes one-on-one coaching for caregivers who need personal support and guidance, and an online application to stay in touch with your caregiver coach, share information with others in the caregiver team, and access support and resources. Recommended caregiver services or programs may have additional costs.</p>	<b>\$0</b> copay for caregiver support services, including one-on-one coaching and personalized resources for members and caregivers	Combined with in-network



## Extra Benefits Included in Your Plan

	In-Network	Out-of-Network
<p><b>Cigna Healthy Today Card</b></p> <p>Use your pre-loaded Cigna Healthy Today card for easy access to incentives, rewards, and select benefits* that may be part of your plan.</p> <p>*Benefits, coverage, and amounts vary by plan. Limitations, exclusions, and restrictions may apply.</p>	<p>Based on your plan's allowance and frequency amounts, funds will be loaded on your Cigna Healthy Today card automatically.</p> <p>Allowance amounts do not carry over to the next quarter or the following year.</p>	<p>Combined with in-network</p>
<p><b>Cigna Medicare Advantage Incentives</b></p> <p>With the Cigna Medicare Advantage incentives program, you can earn money for completing certain healthy activities. After completing your yearly health check-up, you can qualify for additional incentives as determined by your plan and provider. Reward dollars are intended to be used on health and wellness products only.</p>	<p>You can earn up to <b>\$200</b>, which is loaded on your Cigna Healthy Today card, for completing certain healthy activities.</p>	<p>Combined with in-network</p>

# 4 | Prescription Drug Benefits

## Medicare Part D Drugs

### Pharmacy (Part D) Deductible

This plan does not have a deductible.

### Initial Coverage

The following charts show the cost-sharing amounts for Part D drugs covered under this plan. After you pay any yearly Part D deductible, you pay the following until your total yearly drug costs reach **\$5,030**. Total yearly drug costs are

the total drug costs paid by both you and a Part D plan.

Your costs may be different if you qualify for *Extra Help*. Your copay or coinsurance is based on the drug tier for your medication, which you can find in the plan *Comprehensive Prescription Drug List* on our website **CignaMedicare.com**. Or call us, and we will send you a copy of the *Comprehensive Prescription Drug List*.

Tier	Supply	Mail Order Cost-Sharing		Retail Cost-Sharing	
		Preferred	Standard	Preferred	Standard
Tier 1 Preferred Generic Drugs	30-day	\$0	\$10	\$0	\$10
	60-day	\$0	\$20	\$0	\$20
	90-day	\$0	\$30	\$0	\$30
Tier 2 Generic Drugs	30-day	\$5	\$20	\$5	\$20
	60-day	\$10	\$40	\$10	\$40
	90-day	\$0	\$60	\$15	\$60
Tier 3 Preferred Brand Drugs	30-day	\$47	\$47	\$47	\$47
	60-day	\$94	\$94	\$94	\$94
	90-day	\$141	\$141	\$141	\$141
Tier 4 Non-Preferred Drugs	30-day	\$100	\$100	\$100	\$100
	60-day	\$200	\$200	\$200	\$200
	90-day	\$300	\$300	\$300	\$300
Tier 5 Specialty Drugs	30-day	33%	33%	33%	33%
	60-day	Not available	Not available	Not available	Not available
	90-day	Not available	Not available	Not available	Not available

Cost-sharing may vary depending on the customer's Part D coverage phase. Costs may differ based on pharmacy type or status, for example, preferred/non-preferred, mail order, long-term care (LTC), home infusion, and 30- or 90-day supply.

You may get your drugs at preferred or standard network retail pharmacies or preferred mail order pharmacies. Your prescription drug copay will typically be less at a preferred network pharmacy because it has a preferred agreement with your plan.

You can get your prescription from an out-of-network pharmacy, but you may pay more than you would pay at an in-network pharmacy. If you reside in a long-term care facility, you would pay the standard retail cost-sharing at an in-network pharmacy.

### Coverage Gap

Most Medicare prescription drug plans have a Coverage Gap (also called the Donut Hole). This means there is a temporary change in what you will pay for your Part D drugs. The Coverage Gap begins after your total yearly prescription drug costs (including what a Part D plan has paid and what you have paid) reach **\$5,030**. Not everyone will enter the Coverage Gap.

After you enter the Coverage Gap, you pay a maximum of **25%** of the plan's cost for covered brand name drugs and covered generic drugs until your costs total **\$8,000**, which is the end of the Coverage Gap.

This plan offers some additional prescription drug coverage for Tier I drugs in the Coverage Gap. See the table below to find out how much you will pay.

### Catastrophic Coverage

You qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached the **\$8,000** limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will pay **\$0** for all covered Part D drugs through the end of the calendar year.

Tier	Supply	Mail Order Cost-Sharing		Retail Cost-Sharing	
		Preferred	Standard	Preferred	Standard
Tier I Preferred Generic Drugs	30-day	<b>\$0</b>	<b>\$10</b>	<b>\$0</b>	<b>\$10</b>
	60-day	<b>\$0</b>	<b>\$20</b>	<b>\$0</b>	<b>\$20</b>
	90-day	<b>\$0</b>	<b>\$30</b>	<b>\$0</b>	<b>\$30</b>

### What You Pay for Insulin

- ▶ You won't pay more than **\$35** for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.
- ▶ If your insulin is on a tier where cost-sharing is lower than **\$35**, you will pay the lower cost for your insulin.
- ▶ If your plan has a Part D deductible, the above will apply even if you haven't paid your deductible.

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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# 2024 Summary of Benefits

January 1, 2024 - December 31, 2024

## Cigna True Choice Courage Medicare (PPO) H7849-086

Freedom to choose your own doctor with no referrals required; your benefits travel with you to other Cigna Healthcare PPO networks across the country

### Service Area:

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



# Introduction

This *Summary of Benefits* gives you a summary of what **Cigna True Choice Courage Medicare (PPO)** covers and what you pay. It doesn't list every service that we cover or every limitation or exclusion. To get a complete list of services we cover, refer to the plan's *Evidence of Coverage* (EOC) online at **CignaMedicare.com**, or call us to request a copy.

## To Join

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

## Comparing coverage

If you want to compare our plan with other Medicare health plans, ask the other plans for their *Summary of Benefits*. Or use the *Medicare Plan Finder* on **www.medicare.gov**.

## More about Original Medicare

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook.

View the handbook online at:

**www.medicare.gov**

Get a copy of the handbook 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**.

## Need help?

### Already a customer

Call toll-free **1-800-668-3813 (TTY 711)**.

Customer Service is available 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.

### Not a customer

Call toll-free **1-800-313-0973 (TTY 711)**.

Licensed agents are available 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.

You can also visit our website at:

**CignaMedicare.com**.

# 1 | About This Plan

## Which doctors and hospitals can I use?

**Cigna True Choice Courage Medicare (PPO)** has a network of doctors, hospitals, and other providers. You may also choose to use providers that are out of network, usually for a higher copay or coinsurance.

- › You can see our plan's *Provider Directory* at our website **CignaMedicare.com**.

## What do we cover?

Like all Medicare health plans, we cover everything Original Medicare covers—and more.

- › Our customers get all the benefits covered by Original Medicare.
- › Our customers also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this *Summary of Benefits*.

## **Cigna True Choice Courage Medicare (PPO)**

covers Part B drugs, including chemotherapy and some drugs administered by your provider; however, this plan does not cover Part D prescription drugs.

## 2 | Monthly Premium, Deductible, and Limits

Benefit	Cigna True Choice Courage Medicare (PPO)
<p><b>Monthly Plan Premium</b></p>	<p><b>\$0</b> per month.</p> <p>In addition, you must keep paying your Medicare Part B premium.</p>
<p><b>Part B Premium Give Back</b></p>	<p>Cigna Healthcare will reduce your Medicare Part B premium by <b>\$50</b> per month.</p>
<p><b>Medical Deductible</b></p>	<p>This plan does not have a deductible.</p>
<p><b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b></p>	<p>Your yearly out-of-pocket limit(s) in this plan:</p> <p><b>\$6,700</b> applies to in-network Medicare-covered benefits</p> <p>This limit is the most you pay for copays, coinsurance, and other costs for Medicare-covered services for the year. If you reach the limit on out-of-pocket costs, you will keep getting in-network Medicare-covered hospital and medical services, and we will pay the full cost for the rest of the year.</p> <p><b>\$10,000</b> combined with in-network applies to in-network and out-of-network Medicare-covered benefits combined</p> <p>If you reach the in-network and out-of-network combined limit on out-of-pocket costs, you will keep getting Medicare-covered hospital and medical services, and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums, if any.</p>



# 3 | Covered Medical and Hospital Benefits

Benefit	What You Pay	
	In-Network	Out-of-Network
<p><b>Note:</b> Services with a <sup>1</sup> may require prior authorization.            Services with a <sup>2</sup> may require a referral from your doctor.</p>		
<b>Inpatient Hospital Coverage<sup>1</sup></b>		
<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>For each Medicare-covered hospital stay, you are required to pay the applicable cost sharing, starting with Day 1, each time you are admitted.</p>	<p><b>\$350</b> copay per day for days 1-5</p> <p><b>\$0</b> copay per day for days 6-90</p>	<p><b>40%</b> coinsurance</p>
<b>Outpatient Hospital Services</b>		
Outpatient Hospital <sup>1</sup>	<b>\$0–\$350</b> copay	<b>40%</b> coinsurance
Outpatient Observation <sup>1</sup>	<b>\$350</b> copay per stay	<b>40%</b> coinsurance
<b>Ambulatory Surgical Center (ASC) Services</b>		
ASC Services <sup>1</sup>	<b>\$0–\$300</b> copay	<b>40%</b> coinsurance
<b>Doctor Visits</b>		
Primary Care Provider (PCP)	<b>\$0</b> copay for primary care doctor in-person or telehealth visits	<b>\$35</b> copay
Specialists <sup>1</sup>	<b>\$35</b> copay	<b>\$60</b> copay

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Preventive Care</b>		
<p>Our plan covers many Medicare-covered preventive services, including:</p> <ul style="list-style-type: none"> <li>› Abdominal aortic aneurysm screening</li> <li>› Alcohol misuse screenings and counseling</li> <li>› Bone mass measurement</li> <li>› Breast cancer screening (mammogram)</li> <li>› Cardiovascular disease (behavioral therapy)</li> <li>› Cardiovascular screenings</li> <li>› Cervical and vaginal cancer screening</li> <li>› Colorectal cancer screening (colonoscopy, fecal occult blood test, multi-target stool DNA tests, screening barium enemas, flexible sigmoidoscopy)</li> <li>› Depression screenings</li> <li>› Diabetes screenings</li> <li>› Diabetes self-management training</li> <li>› Glaucoma tests</li> <li>› Hepatitis B Virus (HBV) infection screening</li> <li>› Hepatitis C screening</li> <li>› HIV screening</li> <li>› Lung cancer screening with low-dose computed tomography (LDCT)</li> <li>› Medical nutrition therapy services</li> <li>› Obesity screening and counseling</li> <li>› Prostate cancer screenings (PSA)</li> <li>› Sexually transmitted infections screening and counseling</li> <li>› Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>› Vaccines, including COVID-19, flu shots, hepatitis B shots, and pneumococcal shots</li> <li>› Welcome to Medicare preventive visit (one time)</li> <li>› Yearly Wellness visit</li> </ul>	<p><b>\$0</b> copay</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. Please see your <i>EOC</i> for frequency of covered services.</p>	<p><b>\$35</b> copay</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. Please see your <i>EOC</i> for frequency of covered services.</p>

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Emergency Care</b>		
Emergency Care Services	<b>\$100</b> copay If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care.	Same as in-network
Worldwide Emergency/Urgent Coverage/Emergency Transportation	<b>\$100</b> copay Maximum worldwide coverage amount <b>\$50,000</b>	Same as in-network
<b>Urgently Needed Services</b>		
Urgent Care Services	<b>\$40</b> copay If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for urgent care.	Same as in-network
<b>Diagnostic Services, Labs, and Imaging</b> Costs for these services may vary based on place of service or type of service		
Diagnostic Procedures and Tests <sup>1</sup>	<b>\$0-\$40</b> copay	<b>40%</b> coinsurance
Lab Services <sup>1</sup>	<b>0%</b> coinsurance	<b>40%</b> coinsurance
Genetic Testing <sup>1</sup>	<b>20%</b> coinsurance	<b>40%</b> coinsurance
Diagnostic Radiological Services (MRIs, CT scans, etc.) <sup>1</sup>	<b>\$0-\$300</b> copay	<b>40%</b> coinsurance
Therapeutic Radiological Services <sup>1</sup>	<b>20%</b> coinsurance	<b>40%</b> coinsurance
X-ray Services	<b>\$35</b> copay	<b>40%</b> coinsurance

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Hearing Services</b>		
Hearing Exams (Medicare-covered) Diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider. A separate physician cost-share will apply if additional services requiring cost-sharing are rendered.	<b>\$30</b> copay	<b>50%</b> coinsurance
Routine Hearing Exams	<b>\$0</b> copay for one routine hearing exam every year	<b>50%</b> coinsurance for one routine hearing exam every year
Hearing Aid Fitting/Evaluation	<b>\$0</b> copay for one fitting/evaluation for hearing aid every year	<b>50%</b> coinsurance for one fitting/evaluation for hearing aid every year
Hearing Aids	<b>\$399–\$1,800</b> copay per device, limited to 2 devices every year. Actual cost-share will depend on hearing aid selected.	Combined with in-network. Customers are required to contact Cigna Healthcare's hearing vendor to access hearing aid benefits.
<b>Dental Services (Medicare-covered)<sup>1</sup></b>		
Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)	<b>\$35</b> copay	<b>\$60</b> copay

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Preventive and Comprehensive Dental Services (Routine)</b>		
<p>Dental Allowance</p> <p>Routine preventive and comprehensive dental services with a licensed dentist who is not precluded or excluded from Medicare. Services obtained outside the Cigna Dental Allowance Network will be covered at the out-of-network copay for each covered service up to the allowance amount. Benefit does not cover cosmetic services. Provider submits claim to Cigna Dental Health.</p> <p>*Limitations, exclusions, and restrictions may apply.</p>	<b>\$0</b> copay up to allowance amount	<b>50%</b> coinsurance up to allowance amount
Maximum Coverage Amount	<b>\$2,000</b> combined allowance for routine preventive and comprehensive dental services every year	Combined with in-network
<b>Vision Services</b>		
<p>Eye Exams (Medicare-covered)</p> <p>A separate physician cost-share may apply if additional services requiring cost-sharing are rendered (e.g., but not limited to, if a medical eye condition is discovered during a preventive routine eye exam). A facility cost-share may apply for procedures performed at an outpatient surgical center.</p>	<p><b>\$0</b> copay for Medicare-covered diabetic retinopathy screening</p> <p><b>\$35</b> copay for all other Medicare-covered vision services</p>	<p><b>0%</b> coinsurance for Medicare-covered diabetic retinopathy screening</p> <p><b>40%</b> coinsurance for all other Medicare-covered vision services</p>
<p>Routine Eye Exam</p> <p>One routine eye exam (including eye refraction) per year. Eye refractions outside of the annual non-Medicare-covered routine eye exam are not covered. For routine eye exams and eyewear services, customers are encouraged to select a provider within Cigna Healthcare's<sup>SM</sup> vision vendor network but are not required to do so. Customers have the option to select doctors and benefits both in and out of network with no referrals required, however, out-of-pocket costs may be higher for out-of-network services.</p>	<b>\$0</b> copay for one routine exam every year	<b>50%</b> coinsurance for one routine exam every year
Glaucoma Screening (Medicare-covered)	<b>\$0</b> copay	<b>\$0</b> copay

Benefit	What You Pay	
	In-Network	Out-of-Network
Eyewear (Medicare-covered)	<b>\$0</b> copay	<b>40%</b> coinsurance
Routine Eyewear > Eyeglasses (lenses and frames) > Eyeglass lenses > Eyeglass frames > Contact lenses (including contact lens fitting) > Upgrades	<b>\$0</b> copay up to plan maximum coverage amount of <b>\$150</b> every year  The plan-specified allowance may be applied to one set of the member's choice of eyewear once per year, to include the eyeglass frame/lenses/lens options combination or contact lenses (to include related professional fees) in lieu of eyeglasses.	Combined with in-network
<b>Mental Health Services</b>		
Inpatient <sup>1</sup> Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.  For each Medicare-covered hospital stay, you are required to pay the applicable cost sharing, starting with Day 1, each time you are admitted.	<b>\$350</b> copay per day for days 1-5  <b>\$0</b> copay per day for days 6-90	<b>40%</b> coinsurance
Outpatient Individual or Group Therapy Visit <sup>1</sup>	<b>\$0</b> copay	<b>\$60</b> copay
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>		
Our plan covers up to 100 days per benefit period.	<b>\$0</b> copay per day for days 1-20  <b>\$203</b> copay per day for days 21-100	<b>40%</b> coinsurance
<b>Rehabilitation Services</b>		
Cardiac (Heart) Rehab Services <sup>1</sup>	<b>\$30</b> copay	<b>40%</b> coinsurance
Intensive Cardiac (Heart) Rehab Services <sup>1</sup>	<b>\$40</b> copay	<b>40%</b> coinsurance
Pulmonary Rehab Services <sup>1</sup>	<b>\$15</b> copay	<b>40%</b> coinsurance
Occupational Therapy Services <sup>1</sup>	<b>\$35</b> copay	<b>\$60</b> copay

Benefit	What You Pay	
	In-Network	Out-of-Network
Physical Therapy and Speech/Language Therapy Services	<b>\$35</b> copay	<b>\$60</b> copay
Physical Therapy and Speech/Language Therapy Telehealth Services	<b>\$0</b> copay	Not covered
<b>Ambulance<sup>1</sup></b>		
Ground Service (one-way trip)	<b>\$270</b> copay	<b>\$270</b> copay
Air Service (one-way trip)	<b>20%</b> coinsurance	<b>20%</b> coinsurance
<b>Transportation (Routine)</b>		
Routine Transportation	Not covered	Not covered
<b>Medicare Part B Drugs</b>		
Medicare Part B Insulin Drugs	<b>0%–20%</b> coinsurance; up to a <b>\$35</b> copay	<b>40%</b> coinsurance
Medicare Part B Chemotherapy/Radiation Drugs <sup>1</sup>	<b>0%–20%</b> coinsurance	<b>40%</b> coinsurance
Other Medicare Part B Drugs <sup>1</sup> Medicare-covered Part B Drugs may be subject to step therapy requirements.	<b>0%–20%</b> coinsurance	<b>40%</b> coinsurance
<b>Acupuncture Services</b>		
Acupuncture Services (Medicare-covered) <sup>1</sup> Services for chronic lower back pain.	<b>\$20</b> copay	<b>\$60</b> copay
Acupuncture Services (Routine)	Not covered	Not covered
<b>Chiropractic Care</b>		
Chiropractic Services (Medicare-covered) <sup>1</sup>	<b>\$15</b> copay	<b>50%</b> coinsurance
Routine Chiropractic Services	Not covered	Not covered

Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Fitness and Wellness Programs</b>		
The Silver&Fit® Healthy Aging and Exercise program offers the flexibility of a fitness center membership, digital fitness tools, and one home fitness kit from a variety of kit options, including a wearable fitness tracker. You can also take advantage of digital workout plans available on the program's website, get one-on-one Healthy Aging Coaching by phone, video, or chat, and enjoy many other digital resources through the Well-Being Club.	<b>\$0</b> copay	Combined with in-network
<b>Foot Care (Podiatry Services)</b>		
Podiatry Services (Medicare-covered)	<b>\$35</b> copay	<b>50%</b> coinsurance
Routine Podiatry Services	<b>\$35</b> copay per visit for up to 6 visits every year	<b>50%</b> coinsurance per visit for up to 6 visits every year (Combined with in-network)
<b>Health Information Line</b>		
Talk one-on-one with a Nurse Advocate* to get timely answers to your health-related questions at no additional cost, anytime day or night. The Health Information Line is not a substitute for calling 911. If you are experiencing a health care emergency, please call 911 or go to your nearest emergency room.  *Nurse Advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing any medical advice.	<b>\$0</b> copay	Combined with in-network



Benefit	What You Pay	
	In-Network	Out-of-Network
<b>Home-Delivered Meals</b>		
	<p><b>\$0</b> copay for home-delivered meals</p> <p>Limited to 14 meals per discharge from a qualified hospital stay or skilled nursing facility (up to 3 stays per year). ESRD care management is limited to 56 meals once per year.</p>	Combined with in-network
<b>Home Health Care<sup>1</sup></b>		
Home Health	<b>\$0</b> copay	<b>40%</b> coinsurance
<b>Hospice</b>		
<p>Hospice care must be provided by a Medicare-certified hospice program.</p> <p>Our plan covers hospice consultation services (one time only) before you select hospice. Hospice is covered outside of our plan. You may have to pay part of the cost for drugs and respite care. Please contact the plan for more details.</p>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Medical Equipment and Supplies</b>		
Durable Medical Equipment (wheelchairs, oxygen, etc.) <sup>1</sup>	<b>20%</b> coinsurance	<b>40%</b> coinsurance
Prosthetic Devices (braces, artificial limbs, etc.) <sup>1</sup>	<b>20%</b> coinsurance	<b>40%</b> coinsurance
Medical Supplies <sup>1</sup>	<b>20%</b> coinsurance	<b>40%</b> coinsurance

Benefit	What You Pay	
	In-Network	Out-of-Network
<p>Diabetic Services and Supplies</p> <p>Brand limitations apply to certain supplies.</p> <p>Blood sugar monitor/continuous glucose monitor (CGM) preferred brands include:</p> <ul style="list-style-type: none"> <li>› Abbott Diabetes Care: FreeStyle Lite, FreeStyle Freedom Lite, FreeStyle Precision Neo, FreeStyle Libre 2 (CGM), and FreeStyle Libre 14-Day (CGM)</li> <li>› Life Scan Diabetes Care: OneTouch Ultra 2, OneTouch Verio Flex, and OneTouch Verio Reflect</li> <li>› Dexcom: Dexcom G6 (CGM), Dexcom G7 (CGM)</li> </ul>	<p><b>\$0</b> copay for diabetes self-management training</p> <p><b>20%</b> coinsurance for therapeutic shoes or inserts<sup>1</sup></p> <p><b>\$0</b> copay for diabetic monitoring supplies<sup>1</sup></p>	<p><b>\$0</b> copay for diabetes self-management training</p> <p><b>40%</b> coinsurance for therapeutic shoes or inserts</p> <p><b>40%</b> coinsurance for diabetic monitoring supplies</p>
<b>Opioid Treatment Services<sup>1</sup></b>		
FDA-approved treatment medications in addition to testing, counseling, and therapy.	<b>\$35</b> copay	<b>\$60</b> copay
<b>Outpatient Substance Abuse<sup>1</sup></b>		
Individual or Group Therapy Visit	<b>\$35</b> copay	<b>\$60</b> copay
<b>Over-the-Counter (OTC) Allowance</b>		
Allowance for covered OTC drugs and other health-related pharmacy products	<b>\$60</b> every 3 months	Combined with in-network
<b>Telehealth Services (Medicare-covered)</b>		
For non-emergency urgent care, talk with a telehealth doctor via smart phone, computer, or tablet for care, including allergies, cough, headache, sore throat, and other minor illnesses. Benefit also includes telehealth mental health therapy and dermatology services.	<p><b>\$0</b> copay for non-emergency urgent care virtual visits</p> <p><b>\$0</b> copay for mental health therapy virtual visits<sup>1</sup></p> <p><b>\$35</b> copay for dermatology care virtual visits<sup>1</sup></p>	<p>Telehealth services must be obtained from Cigna Healthcare's telehealth vendor.</p> <p><b>\$35</b> copay for non-emergency urgent care virtual visits</p> <p><b>\$60</b> copay for mental health therapy virtual visits</p> <p><b>\$60</b> copay for dermatology care virtual visits</p>

Extra Benefits Included in Your Plan		
	In-Network	Out-of-Network
<b>Annual Physical Exam</b>	<b>\$0</b> copay	<b>\$35</b> copay
<p><b>Caregiver Support</b></p> <p>The caregiver support benefit includes: consultative services to help with caregiving, social health needs such as nutrition, finding resources for your loved ones, and stress management. It includes one-on-one coaching for caregivers who need personal support and guidance, and an online application to stay in touch with your caregiver coach, share information with others in the caregiver team, and access support and resources. Recommended caregiver services or programs may have additional costs.</p>	<b>\$0</b> copay for caregiver support services, including one-on-one coaching and personalized resources for members and caregivers	Combined with in-network
<p><b>Cigna Healthy Today Card</b></p> <p>Use your pre-loaded Cigna Healthy Today card for easy access to incentives, rewards, and select benefits* that may be part of your plan.</p> <p>*Benefits, coverage, and amounts vary by plan. Limitations, exclusions, and restrictions may apply.</p>	<p>Based on your plan's allowance and frequency amounts, funds will be loaded on your Cigna Healthy Today card automatically.</p> <p>Allowance amounts do not carry over to the next quarter or the following year.</p>	Combined with in-network
<p><b>Cigna Medicare Advantage Incentives</b></p> <p>With the Cigna Medicare Advantage incentives program, you can earn money for completing certain healthy activities. After completing your yearly health check-up, you can qualify for additional incentives as determined by your plan and provider. Reward dollars are intended to be used on health and wellness products only.</p>	You can earn up to <b>\$200</b> , which is loaded on your Cigna Healthy Today card, for completing certain healthy activities.	Combined with in-network

## Extra Benefits Included in Your Plan

	In-Network	Out-of-Network
<p><b>Pet Care Allowance</b></p> <p>Pets, including service and emotional support animals, can provide many benefits to keep us healthy and happy, but their care can be expensive. Your Cigna Healthcare Medicare Advantage plan offers a pet care allowance to help ease the cost of taking care of your pet. To qualify for this benefit, you must be diagnosed with a qualifying condition, such as PTSD, hearing loss, or vision loss.</p>	<p>A <b>\$75</b> quarterly allowance will be automatically applied your Cigna Healthy Today card. The quarterly benefit allowance amount can be used in-store at participating pet supply retailers or for veterinary visits and services.</p>	<p>Combined with in-network</p>

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.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group. The Cigna names, logos, and marks, including THE CIGNA GROUP and CIGNA HEALTHCARE, are owned by Cigna Intellectual Property, Inc.

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.





# Prescriptions

If your plan offers Part D prescription drug coverage, you can review the enclosed *Top 200 Most Commonly Used Drug List* to see if your drugs are covered.

## Need help?

**CALL** **1-800-313-0973 (TTY 711)**  
8 a.m. to 8 p.m. local time  
**October 1 – March 31:** 7 days a week  
**April 1 – September 30:** Monday – Friday  
Our automated phone system may answer your call during weekends, holidays, and after hours.

**VISIT** **CignaMedicare.com**

# Understanding the Prescription Drug Stages

Part D prescription drug coverage is based on a calendar year. You may not enter all stages.\*

## Stage 1: Deductible Stage

During this stage, if your plan has a deductible, you usually pay the full cost of your Part D prescription drugs up to the deductible amount. If your plan does not have a Part D deductible, you will start in the Initial Coverage Stage.

Once you reach the deductible amount, you enter the *Initial Coverage Stage* and pay a copay or coinsurance.



## Stage 2: Initial Coverage Stage

### Up to \$5,030

During this stage, the plan pays its share of the cost, and you pay a copay or coinsurance for each Part D prescription drug you fill until your total Part D prescription drug costs reach **\$5,030**.

Once you reach \$5,030, you enter the *Coverage Gap Stage* or *Donut Hole*.



## Stage 3: Coverage Gap Stage

### Up to \$8,000

During this stage, you receive limited coverage on certain Part D prescription drugs. You will also get a discount on covered brand name drugs and generic drugs. This stage continues until your yearly out-of-pocket Part D prescription drug costs reach **\$8,000**.

Once your out-of-pocket Part D drug costs reach \$8,000, you enter the *Catastrophic Coverage Stage*.



## Stage 4: Catastrophic Coverage Stage

### Through the end of the year

In this stage, you pay a **\$0** copay for each Part D prescription you fill.

\* Amounts may change on January 1 of each year.



# Cigna Healthcare Medicare Advantage Preferred Network Retail Pharmacies

Acme Pharmacy	Giant Pharmacy	Randalls Pharmacy
Acme-Sav-on Pharmacy	Hannaford Bros	Rite Aid
Albertson's Pharmacy	Harp's Pharmacy	Safeway Pharmacy
Bartell	H-E-B Pharmacy	Sam's Club
Big Y Pharmacy	Henry Ford Health Pharmacy	Sav-On Pharmacy
Brookshire Brothers	Homeland Pharmacy	Stop and Shop
Brookshire Pharmacy	Hy-Vee Pharmacy	Super One Pharmacy
Coborn's Pharmacy	Ingles Pharmacy	The Pharmacy at Livingwell-Gallatin
Cub Pharmacy	Kerr Drugs	Tom Thumb Pharmacy
Discount Drug Mart	Kinney Drugs	Tops Pharmacy
Duane Reade	Marc Glassman	United Pharmacy
Evernorth Care Group	Martin's Pharmacy	Vons Pharmacy
Family Fare	Mercy Pharmacy	Walgreens
Food City Pharmacy	Oscos Drug	Wal-Mart
Food Lion Pharmacy	Price Chopper Pharmacy	Wegmans
Fruth Pharmacy	Publix	Weis Pharmacy
Giant Discount Drug	Raley's Drugs	Winn Dixie Pharmacy
Giant Eagle		

This list was updated in August, 2023. Other pharmacies are available in our network. You can go to any pharmacy in our network, but your costs for some drugs may be less at these preferred network retail pharmacies. For more recent information or other questions, please call Customer Service at **1-800-668-3813 (TTY 711)**, 8 a.m. to 8 p.m. local time: 7 days a week from October 1 through March 31; and Monday through Friday from April 1 through September 30. Our automated phone system may answer your call during weekends, holidays, and after hours. You can also visit [CignaMedicare.com](https://www.CignaMedicare.com). © 2023 Cigna



# Pharmacy Home Delivery

Express Scripts® Pharmacy for Home Delivery



## Not familiar with home delivery?

Express Scripts Pharmacy is a leading home delivery pharmacy, which is the preferred home delivery pharmacy for Cigna Healthcare Medicare Part D plans. Express Scripts Pharmacy is the third largest pharmacy in the country<sup>1</sup>, serving more than 7 million Americans each year<sup>2</sup>.

### Convenience and savings.

Home delivery provides the convenience of having your medications delivered safely to you so you have one less thing to think about. You may also save money on your medications when you use a home delivery pharmacy. The savings will vary based on which plan you have, the medication you are taking, and if you receive *Extra Help*.

In addition to home delivery, other pharmacies are available in our network. You can also get your prescriptions filled at any of our preferred retail pharmacies or standard retail pharmacies. Changes to our pharmacy network may occur during the benefit year. An updated *Pharmacy Directory* is located on our website at [CignaMedicare.com](https://www.CignaMedicare.com). You may also call Customer Service at **1-800-668-3813 (TTY 711)** for updated information.

<sup>1</sup> The 2023 Economic Report on U.S. Pharmacies and Pharmacy Benefit Managers, Drug Channels Institute, March 2023

<sup>2</sup> Express Scripts® Pharmacy Financial Report, December 2022

Review your *Summary of Benefits* for more details on plan coverage. Some benefits may vary by plan.

# How to Read Your Drug List

The *Top 200 Most Commonly Used Drug List* gives you a list of the most commonly used drugs and is organized alphabetically.\*

**Sample**

The sample image to the right is for example use only.

1	2	3	1	2	3
DRUG NAME	DRUG TIER	REQS./LIMITS	DRUG NAME	DRUG TIER	REQS./LIMITS
<b>A</b>					
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	2	QL (360 EA per 30 days); NDS	amoxicillin-pot clavulanate oral tablet	2	
			ANORO ELLIPTA	2	QL (60 E 30 days)

## 1 Drug Name

ALL CAPS = brand name drug  
lowercase = generic drug

## 2 Drug Tier

Prescription drugs are grouped into drug tiers based on how much they cost. Drugs in Tier 1 will be your most affordable options. Drugs in Tier 4 or Tier 5 will be more expensive.

**Note for customers receiving Extra Help:** Your Low Income Subsidy (LIS) copay level will be based on how the Food and Drug Administration (FDA) classifies certain drugs. Due to this, a generic drug may receive a brand copay, or a brand drug may receive a generic copay. Please see your LIS Rider for additional information on these copay levels, or call Customer Service for further clarification regarding a specific drug.

## 3 Requirements (Reqs.)/Limits

**Quantity Limit (QL):** Some drugs are limited to a set amount dispensed per the days supplied.

**Prior Authorization (PA):** Select services or medications may require approval before you are able to receive them. Please talk to your provider, call Customer Service, or visit [CignaMedicare.com](http://CignaMedicare.com) for more information.

**Step Therapy (ST):** Before moving to a more costly medication, Cigna Healthcare requires you to first try certain drugs to treat your medical condition before the plan will cover another drug for that condition.

**Part B or Part D Coverage (B/D):** This drug may be covered under Medicare Part B or Part D depending on circumstances and requires prior authorization.

**Non-Extended Day Supply (NDS):** Medication that is only available for coverage when dispensed as a 30-day or less supply.

\* This is not a comprehensive list.

# Top 200 Most Commonly Used Drug List

A *Comprehensive Prescription Drug List* is available online at [CignaMedicare.com](https://www.cignamedicare.com).

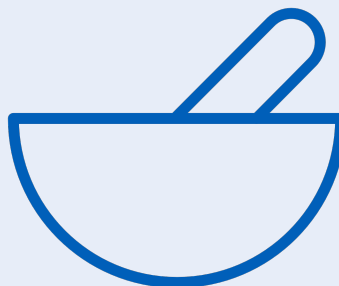
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## Plan(s) covered:

Cigna True Choice Medicare (PPO) H7849-084

Cigna True Choice Plus Medicare (PPO) H7849-085

Cigna True Choice Savings Medicare (PPO) H7849-087



DRUG NAME	DRUG TIER	REQS./LIMITS	DRUG NAME	DRUG TIER	REQS./LIMITS
<b>A</b>					
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	2	QL (360 EA per 30 days); NDS	amoxicillin oral tablet	1	
acetaminophen-codeine oral tablet 300-60 mg	2	QL (180 EA per 30 days); NDS	amoxicillin-pot clavulanate oral tablet	2	
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (17 GM per 30 days)	anastrozole	1	
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	2	QL (13.4 GM per 30 days)	ANORO ELLIPTA	3	QL (60 EA per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	2	QL (36 GM per 30 days)	atenolol	1	
albuterol sulfate inhalation solution for nebulization	2	B/D PA	atorvastatin	1	QL (30 EA per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	QL (4 EA per 28 days)	azelastine nasal aerosol,spray	2	QL (60 ML per 30 days)
allopurinol oral tablet 100 mg, 300 mg	1		azithromycin oral tablet	1	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	2	QL (120 EA per 30 days)	<b>B</b>		
alprazolam oral tablet 2 mg	2	QL (150 EA per 30 days)	baclofen oral tablet	1	
amiodarone oral tablet 200 mg	1		BOOSTRIX TDAP	3	V
amitriptyline	3		BREO ELLIPTA	3	QL (60 EA per 30 days)
amlodipine	1		brimonidine ophthalmic (eye) drops 0.2 %	1	
amoxicillin oral capsule	1		bupropion hcl oral tablet extended release 24 hr 150 mg	2	QL (90 EA per 30 days)
			bupropion hcl oral tablet extended release 24 hr 300 mg	2	QL (30 EA per 30 days)
			bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg	2	QL (60 EA per 30 days)
			buspirone	2	
			<b>C</b>		
			carbidopa-levodopa oral tablet	2	

**Requirements (Reqs.)/Limits Key:**

QL = Quantity Limits listed as (quantity/days)

PA = Prior Authorization may be required

ST = Step Therapy rules apply

NDS = Non-extended day supply medication

B/D = Drugs covered under Medicare Part B or Part D

DRUG NAME	DRUG TIER	REQS./ LIMITS
carvedilol	1	
cefdinir oral capsule	2	
celecoxib	2	QL (60 EA per 30 days)
cephalexin oral capsule 250 mg, 500 mg	1	
chlorhexidine gluconate mucous membrane	1	
chlorthalidone oral tablet 25 mg, 50 mg	2	
ciclopirox topical solution	3	QL (6.6 ML per 28 days)
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
citalopram oral tablet 10 mg, 20 mg	1	QL (60 EA per 30 days)
citalopram oral tablet 40 mg	1	QL (30 EA per 30 days)
clindamycin hcl	2	
clonazepam oral tablet 0.5 mg, 1 mg	2	QL (120 EA per 30 days)
clonidine hcl oral tablet	1	
clopidogrel oral tablet 75 mg	1	QL (30 EA per 30 days)
clotrimazole- betamethasone topical cream	2	QL (45 GM per 28 days)
colchicine (gout) oral tablet	3	QL (120 EA per 30 days)
cyclobenzaprine oral tablet 10 mg, 5 mg	3	PA

DRUG NAME	DRUG TIER	REQS./ LIMITS
<b>D</b>		
diazepam oral tablet	2	QL (180 EA per 30 days)
diclofenac sodium oral	2	
diclofenac sodium topical gel 1 %	3	QL (1000 GM per 28 days)
dicyclomine oral capsule	1	
dicyclomine oral tablet	1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	2	
donepezil oral tablet 10 mg	1	QL (60 EA per 30 days)
donepezil oral tablet 5 mg	1	QL (30 EA per 30 days)
dorzolamide	2	
dorzolamide-timolol	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg	2	QL (60 EA per 30 days)
duloxetine oral capsule, delayed release(dr/ec) 30 mg	2	QL (120 EA per 30 days)
<b>E</b>		
ELIQUIS	3	
enalapril maleate oral tablet	1	

**Requirements (Reqs.)/Limits Key:**

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PA = Prior Authorization may be required

ST = Step Therapy rules apply

NDS = Non-extended day supply medication

B/D = Drugs covered under Medicare Part B or Part D

DRUG NAME	DRUG TIER	REQS./ LIMITS
ENTRESTO	3	QL (60 EA per 30 days)
erythromycin ophthalmic (eye)	2	
escitalopram oxalate oral tablet 10 mg, 5 mg	1	QL (60 EA per 30 days)
escitalopram oxalate oral tablet 20 mg	1	QL (30 EA per 30 days)
esomeprazole magnesium oral capsule, delayed release(dr/ec)	3	QL (60 EA per 30 days)
ezetimibe	1	QL (30 EA per 30 days)
<b>F</b>		
famotidine oral tablet 20 mg, 40 mg	2	
FARXIGA ORAL TABLET 10 MG	3	QL (30 EA per 30 days)
fenofibrate nanocrystallized	3	
fenofibrate oral tablet 160 mg, 54 mg	2	
finasteride oral tablet 5 mg	1	QL (30 EA per 30 days)
fluconazole	2	
fluoxetine oral capsule 20 mg, 40 mg	1	QL (90 EA per 30 days)
fluticasone propionate nasal	2	QL (16 GM per 30 days)
fluticasone propion-salmeterol inhalation blister with device	2	QL (60 EA per 30 days)
furosemide oral tablet	1	

DRUG NAME	DRUG TIER	REQS./ LIMITS
<b>G</b>		
gabapentin oral capsule 100 mg, 300 mg	2	QL (360 EA per 30 days)
gabapentin oral capsule 400 mg	2	QL (270 EA per 30 days)
gabapentin oral tablet 600 mg	2	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	2	QL (120 EA per 30 days)
glimepiride oral tablet 2 mg	1	QL (120 EA per 30 days)
glimepiride oral tablet 4 mg	1	QL (60 EA per 30 days)
glipizide oral tablet 10 mg	1	QL (120 EA per 30 days)
glipizide oral tablet 5 mg	1	QL (240 EA per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	QL (60 EA per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	QL (120 EA per 30 days)
<b>H</b>		
HUMALOG KWIKPEN INSULIN	3	
hydralazine oral	2	
hydrochlorothiazide	1	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	3	QL (360 EA per 30 days); NDS
hydroxychloroquine	2	

**Requirements (Reqs.)/Limits Key:**

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ST = Step Therapy rules apply

NDS = Non-extended day supply medication

B/D = Drugs covered under Medicare Part B or Part D



DRUG NAME	DRUG TIER	REQS./ LIMITS
hydroxyzine hcl oral tablet	3	PA
<b>I</b>		
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INCRUSE ELLIPTA	3	QL (30 EA per 30 days)
ipratropium-albuterol	2	B/D PA
isosorbide mononitrate oral tablet extended release 24 hr	2	
<b>J</b>		
JANUVIA	3	QL (30 EA per 30 days)
JARDIANCE	3	QL (30 EA per 30 days)
<b>K</b>		
ketoconazole topical cream	2	QL (60 GM per 28 days)
ketoconazole topical shampoo	2	QL (120 ML per 28 days)
ketorolac ophthalmic (eye) drops 0.5 %	2	
<b>L</b>		
lactulose oral solution	2	
LANTUS SOLOSTAR U-100 INSULIN	3	
LANTUS U-100 INSULIN	3	
latanoprost	1	
LEVEMIR FLEXPEN	3	
levetiracetam oral	2	

DRUG NAME	DRUG TIER	REQS./ LIMITS
levocetirizine oral tablet	2	QL (30 EA per 30 days)
levofloxacin oral tablet	2	
levothyroxine oral tablet	1	
LINZESS	3	QL (30 EA per 30 days)
lisinopril	1	
lisinopril-hydrochlorothiazide	1	
lorazepam oral tablet 0.5 mg, 1 mg	2	QL (90 EA per 30 days)
losartan	1	QL (60 EA per 30 days)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	1	QL (30 EA per 30 days)
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	1	QL (60 EA per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	QL (60 EA per 30 days)
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
<b>M</b>		
meclizine oral tablet 12.5 mg, 25 mg	2	
meloxicam oral tablet 15 mg	1	
meloxicam oral tablet 7.5 mg	1	QL (60 EA per 30 days)
memantine oral tablet 10 mg	2	PA; QL (60 EA per 30 days)

**Requirements (Reqs.)/Limits Key:**  
 QL = Quantity Limits listed as (quantity/days)  
 PA = Prior Authorization may be required

ST = Step Therapy rules apply  
 NDS = Non-extended day supply medication  
 B/D = Drugs covered under Medicare Part B or Part D

DRUG NAME	DRUG TIER	REQS./ LIMITS
memantine oral tablet 5 mg	2	PA; QL (90 EA per 30 days)
metformin oral tablet 1,000 mg	1	QL (75 EA per 30 days)
metformin oral tablet 500 mg	1	QL (150 EA per 30 days)
metformin oral tablet 850 mg	1	QL (90 EA per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	QL (120 EA per 30 days)
methocarbamol oral tablet 500 mg, 750 mg	2	PA
methylprednisolone oral tablets,dose pack	2	
metoprolol succinate	1	
metoprolol tartrate oral	1	
metronidazole oral tablet	2	
mirtazapine oral tablet	2	
montelukast oral tablet	1	QL (30 EA per 30 days)
mupirocin	2	QL (44 GM per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	
<b>N</b>		
naproxen oral tablet	1	
nifedipine oral tablet extended release	3	
nitrofurantoin monohyd/m-cryst	3	

DRUG NAME	DRUG TIER	REQS./ LIMITS
nitroglycerin sublingual	2	
<b>O</b>		
ofloxacin ophthalmic (eye)	2	
olmesartan	1	
omega-3 acid ethyl esters	3	
omeprazole oral capsule,delayed release(dr/ec)	1	QL (60 EA per 30 days)
ondansetron	2	B/D PA
ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D PA
oxybutynin chloride oral tablet 5 mg	2	
oxybutynin chloride oral tablet extended release 24hr	2	QL (60 EA per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	3	QL (180 EA per 30 days); NDS
oxycodone oral tablet 5 mg	3	QL (360 EA per 30 days); NDS
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	3	QL (360 EA per 30 days); NDS
<b>OZEMPIC</b>		
SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 ML per 28 days)

**Requirements (Reqs.)/Limits Key:**

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PA = Prior Authorization may be required

ST = Step Therapy rules apply

NDS = Non-extended day supply medication

B/D = Drugs covered under Medicare Part B or Part D

DRUG NAME	DRUG TIER	REQS./LIMITS
<b>P</b>		
pantoprazole oral tablet, delayed release (dr/ec)	1	QL (60 EA per 30 days)
paroxetine hcl oral tablet 20 mg, 40 mg	1	QL (30 EA per 30 days)
pioglitazone	1	QL (30 EA per 30 days)
potassium chloride oral capsule, extended release	2	
potassium chloride oral tablet extended release	2	
potassium chloride oral tablet, er particles/ crystals	2	
pravastatin	1	QL (30 EA per 30 days)
PREDNISOLONE ACETATE	3	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg	1	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	QL (120 EA per 30 days)
promethazine oral	2	PA
<b>Q</b>		
quetiapine oral tablet 100 mg, 25 mg, 50 mg	2	QL (120 EA per 30 days)
<b>R</b>		
REPATHA SURECLICK	3	PA; QL (6 ML per 28 days)
rosuvastatin	1	QL (30 EA per 30 days)

DRUG NAME	DRUG TIER	REQS./LIMITS
<b>S</b>		
sertraline oral tablet	1	QL (60 EA per 30 days)
SHINGRIX (PF)	3	V
simvastatin	1	QL (30 EA per 30 days)
spironolactone	1	
sucralfate oral tablet	2	
sulfamethoxazole-trimethoprim oral tablet	1	
SYNTHROID	3	
<b>T</b>		
tamsulosin	2	QL (60 EA per 30 days)
timolol maleate ophthalmic (eye) drops	1	
tizanidine oral tablet	2	
toremide oral	2	
TRADJENTA	3	QL (30 EA per 30 days)
tramadol oral tablet 50 mg	2	QL (240 EA per 30 days); NDS
trazodone	1	
TRELEGY ELLIPTA	3	QL (60 EA per 30 days)
TRESIBA FLEXTOUCH U-100	3	
TRESIBA FLEXTOUCH U-200	3	
triamcinolone acetonide topical cream 0.1%	1	

**Requirements (Reqs.)/Limits Key:**  
 QL = Quantity Limits listed as (quantity/days)  
 PA = Prior Authorization may be required

ST = Step Therapy rules apply  
 NDS = Non-extended day supply medication  
 B/D = Drugs covered under Medicare Part B or Part D

DRUG NAME	DRUG TIER	REQS./LIMITS
triamterene-hydrochlorothiazid	1	
TRULICITY	3	PA; QL (2 ML per 28 days)
<b>V</b>		
valacyclovir oral tablet 1 gram	2	QL (120 EA per 30 days)
valacyclovir oral tablet 500 mg	2	QL (60 EA per 30 days)
valsartan oral tablet 160 mg, 40 mg, 80 mg	1	QL (60 EA per 30 days)
valsartan oral tablet 320 mg	1	QL (30 EA per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	QL (60 EA per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	QL (90 EA per 30 days)
<b>W</b>		
warfarin	1	
<b>X</b>		
XARELTO	3	
<b>Z</b>		
zolpidem oral tablet	2	QL (30 EA per 30 days)

**Requirements (Reqs.)/Limits Key:**

QL = Quantity Limits listed as (quantity/days)

PA = Prior Authorization may be required

ST = Step Therapy rules apply

NDS = Non-extended day supply medication

B/D = Drugs covered under Medicare Part B or Part D



# Enrollment

Ways to enroll in a Medicare Advantage plan from Cigna Healthcare<sup>SM</sup>:

- › **By Mail:** Complete the enclosed *Enrollment Form* and mail back to Cigna Healthcare in the postage-paid envelope located at the end of this book.
- › **Online:** Visit our website at **CignaMedicare.com**, or visit the Centers for Medicare & Medicaid Services (CMS) website at Medicare.gov.
- › **By Phone:** Call one of our Benefit Advisors to enroll over the phone or schedule a personal meeting. You can reach us at the number listed below.

## Need help?

**CALL**      **1-800-313-0973 (TTY 711)**  
8 a.m. to 8 p.m. local time  
**October 1 – March 31:** 7 days a week  
**April 1 – September 30:** Monday – Friday  
Our automated phone system may answer your call during weekends, holidays, and after hours.

**VISIT**      **CignaMedicare.com**



# Plans and Service Areas

**Cigna True Choice Medicare (PPO) H7849-084** is available in: Nassau and Suffolk counties, NY

**Cigna True Choice Plus Medicare (PPO) H7849-085** is available in: Nassau and Suffolk counties, NY

**Cigna True Choice Savings Medicare (PPO) H7849-087** is available in: Nassau and Suffolk counties, NY

**Cigna True Choice Courage Medicare (PPO) H7849-086** is available in: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, and Westchester counties, NY

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative 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.

## Understanding the benefits

- The *Evidence of Coverage (EOC)* provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **CignaMedicare.com** or call **1-800-668-3813 (TTY 711)** to view a copy of the *EOC*.
- Review the *Provider Directory* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the *Pharmacy Directory* to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the Formulary to make sure your drugs are covered.

## Understanding important rules

- Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2024.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the *Provider Directory*).
- PPO, PFFS, and other plans that offer out-of-network coverage: Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.
- C-SNP plans: This plan is a Chronic Condition Special Needs Plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- D-SNP plans: This plan is a Dual Eligible Special Needs Plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

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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 **I-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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# 2024 Medicare Advantage Plan Individual Enrollment Request Form Cover Page

## Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

### To join a plan, you must:

- › Be a United States citizen or be lawfully present in the U.S.
- › Live in the plan's service area

### Important

To join a Medicare Advantage Plan, you must also have both:

- › Medicare Part A (Hospital Insurance)
- › Medicare Part B (Medical Insurance)

## When do I use this form?

You can join a plan:

- › Between October 15 – December 7 each year (for coverage starting January 1)
- › Within 3 months of first getting Medicare
- › In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

## What do I need to complete this form?

- › Your Medicare Number (the number on your red, white, and blue Medicare card)
- › Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional—you can't be denied coverage because you don't fill them out.

### Reminders:

- › If you want to join a plan during fall open enrollment (October 15 – December 7), the plan must get your completed form by December 7.

- › Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

## What happens next?

Send your completed and signed form to:

Cigna  
Member Administrative Services  
PO Box 20012  
Nashville, TN 37202-9919

Once they process your request to join, they'll contact you.

## How do I get help with this form?

Call Cigna Healthcare<sup>SM</sup> at **1-800-313-0973 (TTY 711)**.

Or, call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users can call **1-877-486-2048**.

Llame a Cigna Healthcare al **1-800-313-0973 (TTY 711)** o a Medicare gratis al **1-800-633-4227** y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

## Individuals experiencing homelessness

- › If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., Social Security checks) may be considered your permanent residence address.







# 2024 Medicare Advantage Plan Individual Enrollment Request Form

New Customer    Plan Change    RFI Follow-up

Page 1 of 13

## SECTION I

All fields in this section are required (unless marked optional)

### SELECT THE PLAN YOU WANT TO JOIN

#### Medicare Advantage plan (PPO) with a Part D drug benefit:

- Cigna True Choice Medicare (PPO) H7849-084 – \$0 per month  
This plan allows you to visit in-network and out-of-network physicians without a referral. See the Summary of Benefits for each plan for more information.

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- Cigna True Choice Plus Medicare (PPO) H7849-085 – \$32 per month  
This plan allows you to visit in-network and out-of-network physicians without a referral. See the Summary of Benefits for each plan for more information.

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- Cigna True Choice Savings Medicare (PPO) H7849-087 – \$0 per month  
This plan allows you to visit in-network and out-of-network physicians without a referral. See the Summary of Benefits for each plan for more information.

#### Medicare Advantage plan (PPO) with medical benefits only:

- Cigna True Choice Courage Medicare (PPO) H7849-086 – \$0 per month  
This plan allows you to visit in-network and out-of-network physicians without a referral. See the Summary of Benefits for each plan for more information.

### ABOUT YOU

Provide the following information.

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
<b>Title</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	<b>Date of Birth</b> /   /	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Phone Number</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell		<b>Alternate Phone Number</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell



**PERMANENT ADDRESS**

PO Box is not allowed.

**Permanent Residence Street Address**

<b>City</b>	<b>State</b>	<b>Zip Code</b>
-------------	--------------	-----------------

**County**

**MAILING ADDRESS**

Leave blank if same as permanent address.

**Street Address**

<b>City</b>	<b>State</b>	<b>Zip Code</b>
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**YOUR MEDICARE INFORMATION**

Use your red, white, and blue Medicare card to complete this section. Provide this information as it appears on your Medicare card, or attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name	Entitled To	Coverage Starts
<b>Medicare Number</b>	<b>Hospital (Part A)</b>	____ / ____ / ____
	<b>Medical (Part B)</b>	____ / ____ / ____



**ANSWER THESE IMPORTANT QUESTIONS**

**Will you have other prescription drug coverage in addition to this plan for which you are applying?**

Some people may have other drug coverage, including private insurance, TRICARE, federal employee health benefits coverage, VA benefits, or state pharmaceutical assistance programs.

Yes  No

If Yes, Name of Other Coverage (located on your ID card)

ID Number of Other Coverage	Group Number for Other Coverage
RxBIN	RxPCN
Phone Number	Effective Date / /

**Do you live in a long-term care facility such as a nursing home?**

Yes  No

If Yes, Name of Facility

Address		
City	State	Zip Code
Phone Number	Date of Admission to Facility / /	

**Are you enrolled in your state Medicaid program? (Required for Cigna TotalCare and TotalCare Plus)**

Yes  No

If Yes, Medicaid Number	Medicaid Case Number (Texas Only)
Access Number (including 2 digit card issue number)	Social Security Number (Pennsylvania only)





**STOP**  
**Important: Read and sign below**

- › I must keep both Hospital (Part A) and Medical (Part B) to stay in Cigna Healthcare.
- › By joining this Medicare Advantage Plan, I acknowledge that Cigna Healthcare will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by federal law that authorize the collection of this information (see Privacy Act Statement later in this form).
- › Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- › I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- › The information on this *Enrollment Form* is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- › I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- › I understand that when my Cigna Healthcare coverage begins, I must get all of my medical and prescription drug benefits from Cigna Healthcare. Benefits and services provided by Cigna Healthcare and contained in my Cigna Healthcare *Evidence of Coverage* document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Cigna Healthcare will pay for benefits or services that are not covered.
- › I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  1. This person is authorized under state law to complete this enrollment, and
  2. Documentation of this authority is available upon request by Medicare.

By signing below and providing my phone number, I agree that Cigna Healthcare, its affiliates, and representatives may contact me regarding additional products or services by calling or texting me at the number listed. I acknowledge these messages may be delivered using an automatic telephone dialing system and/or an artificial or prerecorded voice. I agree that Cigna Healthcare may use the information provided or obtained in connection with this application, or insurance coverage provided by Cigna Healthcare, including my personal information, to offer me additional products and services or to send related marketing communications regarding Cigna Healthcare products. I acknowledge that I am not required to provide consent to receive these communications as a condition of applying for coverage. If I choose not to receive marketing communications, I will indicate that below or can withdraw my consent at any time by contacting Cigna Healthcare.

I do not consent to receive marketing communications at this number.

<b>Signature of Customer/Enrollee or Authorized Representative</b>	<b>Today's Date</b>
	/ /



**AUTHORIZED REPRESENTATIVE**

If you are the Authorized Representative (who signed above), you must provide the following information.

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
<b>Phone Number</b>	<b>Relationship to Enrollee</b>	
<b>Street Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>

**SECTION 2**  
All fields in this section are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out. Rest assured, race and ethnicity information is kept private. This information helps us ensure all customers have equal access to care.

**ETHNICITY**

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- No, not of Hispanic, Latino/a, or Spanish Origin
- Yes, Puerto Rican
- Yes, another Hispanic, Latino/a, or Spanish Origin
- I choose not to answer
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Cuban

**RACE**

What's your race? Select all that apply.

- American Indian or Alaskan Native
- Chinese
- Japanese
- Other Asian
- Vietnamese
- I choose not to answer
- Asian Indian
- Filipino
- Korean
- Other Pacific Islander
- White
- Black or African American
- Guamanian or Chamorro
- Native Hawaiian
- Samoan

**OTHER LANGUAGE**

Select if you want us to send you information in a language other than English.

- Spanish



**ACCESSIBLE FORMATS**

Select one if you want us to send you information in an accessible format.

- Braille
  - Large Print
  - Audio CD
- If you need information in a format other than what is listed, please call Cigna Healthcare 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.

**WORK STATUS**

Do you work?  Yes  No      Does your spouse work?  Yes  No

**PRIMARY CARE PROVIDER (PCP), CLINIC, OR HEALTH CENTER SELECTION**

Refer to the online *Provider Directory* located at **CignaMedicare.com**.

**PCP Full Name**

Enter PCP ID exactly as it appears in the *Provider Directory*. Include zeros but not dashes.

**Provider/National Provider Number**

Are you an existing patient now seeing or have you recently seen this doctor?

- Yes  No

**For HMO plans:** If you have not selected a PCP on this enrollment form, or the PCP you selected is not able to be assigned, Cigna Healthcare will assign a PCP to you. You can update your PCP at any time by calling 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.

**CHRONIC CONDITIONS**

This question applies only to those individuals whose plan offers a chronic condition-specific benefit; however, answering this question is not required, and choosing not to respond will not affect your enrollment.

You must be diagnosed with a chronic condition such as, but not limited to, diabetes, heart disease, or hypertension to be eligible to receive certain plan benefits. Have you been diagnosed with a chronic condition?

- Yes  No



## EMAIL

To receive information via email regarding your plan, helpful tips on healthy living, the “More From Life” newsletter, surveys, marketing communications, and other general information, please provide your email address below. To update your communication preferences, visit [myCigna.com](https://myCigna.com).

You may also receive key plan documents such as the Annual Notice of Changes, Explanation of Benefits, premium bills, enrollment notices, and coverage determinations.

### Email Address

## PAYING YOUR PLAN PREMIUMS

If you have a monthly plan premium (or if you currently have a late enrollment penalty), we need to know how you want to pay. You can pay by mail each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) monthly benefit check.

### Part D-IRMAA

If you are assessed a Part B or Part D-Income Related Monthly Adjustable Amount (IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either 1) have the amount withheld from your Social Security benefit check or 2) be billed directly by Medicare or RRB. **DO NOT PAY** the Part D-IRMAA to Cigna Healthcare.

### Extra Help

If you have a limited income, you may be able to get *Extra Help* to pay for prescription drugs. If eligible, Medicare could pay for 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance.

Additionally, if you qualify, you will not be subject to the Coverage Gap or a Medicare late enrollment penalty. Many people are able to get these savings and do not know it. For more information about this *Extra Help*:

- › Call your local Social Security office, or
- › Call Social Security at **1-800-772-1213**. TTY users should call **1-800-325-0778**.

You can also apply for *Extra Help* online at [www.ssa.gov/medicare/part-d-extra-help](https://www.ssa.gov/medicare/part-d-extra-help).

If you are able to get *Extra Help* with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of your premium, you will be billed for the amount Medicare does not cover.





**PLEASE SELECT A PREMIUM PAYMENT OPTION:**

If you do not select a payment option, you will receive a bill each month for the amount Medicare does not cover.

 **Automatic deduction from your Social Security or RRB benefit check.**

I get monthly benefits from:

Social Security     RRB

The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

 **Get a monthly bill.**

You also have the option of paying your monthly bill online at [CignaMedicare.com/paymybill](https://CignaMedicare.com/paymybill).

**Privacy Act Statement**

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-I of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.



**AGENT USE ONLY**  
 Note: This area must be completed in its entirety to prevent the delay or denial of application.

<b>Proposed Coverage Start Date</b> ____ / <u>01</u> / <u>2024</u> (Must be after the enrollee sign date)	<b>Select Enrollment Period</b> <input type="checkbox"/> ICEP MA or MAPD <input type="checkbox"/> OEP <input type="checkbox"/> AEP <input type="checkbox"/> IEP PDP or MAPD <input type="checkbox"/> SEP <input type="checkbox"/> OEPI
<b>SEP Code (Required if SEP selected)</b>	<b>SEP Date</b> ____ / ____ / ____
<b>Licensed Sales Agent Name</b>	<b>Licensed Sales Agent ID</b>
<b>Licensed Sales Agent Phone Number</b>	<b>Scope of Appointment ID Number</b>
<b>Appointment Type</b>	<b>Date</b> ____ / ____ / ____



**SPECIAL ENROLLMENT PERIOD**  
Read the following

Usually, you may join a Medicare Advantage plan only during the Annual Enrollment Period from October 15 through December 7 of each year. There are conditions that may allow you to join a Medicare Advantage plan during a Special Enrollment Period outside of the Annual Enrollment Period.

Check the box if the statement applies to you. If you check any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for a Special Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

If the below statements do not apply to you or you're not sure, contact Cigna Healthcare at **1-800-668-3813 (TTY 711)** to see if you are eligible to enroll. We are open 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.

**All SEPs listed are not available in all states. Please check with your market to see if the SEP you wish to use is accepted.**

<input type="checkbox"/> <b>AEP</b>	I am enrolling during the Annual Election Period.
<input type="checkbox"/> <b>NEW</b>	I am new to Medicare.
<input type="checkbox"/> <b>OEP</b>	Between 1/1 - 3/31: I'm in a Medicare Advantage Plan and want to make a change.
<input type="checkbox"/> <b>OEP</b>	Between 4/1 - 12/31: I'm in a Medicare Advantage Plan and have had Medicare for less than 3 months. I want to make a change.
<input type="checkbox"/> <b>MOV</b>	I moved to a new address that's outside my current plan's service area, or I recently moved and this plan is a new option for me. I moved on: (insert date) ____ / ____ / _____. I moved to a new address that's still in my plan's service area, but I have new plan options in my new location. I moved on: (insert date) ____ / ____ / _____.
<input type="checkbox"/> <b>LEC</b>	I left coverage from my employer or union (including COBRA coverage) on: (insert date) ____ / ____ / _____.
<input type="checkbox"/> <b>SNP</b>	I lost my Special Needs Plan because I no longer have a condition required for that plan on: (insert date) ____ / ____ / _____.
<input type="checkbox"/> <b>LCC</b>	I lost other, non-Medicare drug coverage that's as good as Medicare drug coverage (creditable coverage), or my other, non-Medicare coverage changed and is no longer considered creditable, on: (insert date) ____ / ____ / _____.



<input type="checkbox"/> <b>CDC</b>	I'm in a Part D Plan (PDP, MA-PD) and wish to enroll in or maintain other credible drug coverage and enroll in an MA-only Plan.
<input type="checkbox"/> <b>PAP</b>	I'm in a State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.
<input type="checkbox"/> <b>RUS</b>	I moved back to the U.S. after living outside the country on: (insert date) ____ / ____ / _____.
<input type="checkbox"/> <b>PAC</b>	I dropped my coverage in a PACE (Programs of All-Inclusive Care for the Elderly) plan on: (insert date) ____ / ____ / _____.
<input type="checkbox"/> <b>EOC</b>	I lost my coverage because my plan no longer covers the area that I live or it ended its contract with Medicare.
<input type="checkbox"/> <b>INC</b>	I was released from jail on: (insert date) ____ / ____ / _____.
<input type="checkbox"/> <b>LAW</b>	I recently got lawful presence status in the U.S. on: (insert date) ____ / ____ / _____.
<input type="checkbox"/> <b>5ST</b>	I am enrolling in a 5-star Medicare plan.
<input type="checkbox"/> <b>MCD</b>	I recently had a change in my Medicaid (newly got Medicaid, had a change in my level of Medicaid, or lost Medicaid) on: (insert date) ____ / ____ / _____.
<input type="checkbox"/> <b>NLS</b>	I recently had a change in my <i>Extra Help</i> paying for my drug costs (newly got <i>Extra Help</i> , had a change in my level of <i>Extra Help</i> , or lost <i>Extra Help</i> ) on: (insert date) ____ / ____ / _____.
<input type="checkbox"/> <b>DIF</b>	I was enrolled in a plan by Medicare (or my state), and I want to choose a different plan. My enrollment in that plan started on: (insert date) ____ / ____ / _____.
<input type="checkbox"/> <b>DST</b>	I was affected by an emergency or a major disaster (as declared by the Federal Emergency Management Agency, or by federal, my state, or my local government). One of the other statements on this page applied to me, but I was unable to make my request because of the disaster.
<input type="checkbox"/> <b>MDE</b>	I have both Medicare and Medicaid, my state helps pay for my Medicare premiums, or I get <i>Extra Help</i> paying my Medicare drug coverage.
<input type="checkbox"/> <b>LT2</b>	I live in a long-term care facility, like a nursing home or a rehabilitation hospital.
<input type="checkbox"/> <b>LTC</b>	I recently moved out of a long-term care facility, like a nursing home or a rehabilitation hospital on: (insert date) ____ / ____ / _____.





<input type="checkbox"/> <b>ICE</b>	I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage Plan.
<input type="checkbox"/> <b>RET</b>	I'm new to Medicare, and I was notified about getting Medicare after my Part A and/or Part B coverage started. (insert date) ____ / ____ / _____.
<input type="checkbox"/> <b>MRD</b>	I had Medicare prior to now, but I'm now turning 65.
<input type="checkbox"/> <b>MYT</b>	I lost my coverage because Medicare ended its contract with my plan. I got a letter from Medicare saying I could join another plan.
<input type="checkbox"/> <b>CSN</b>	I want to join a Special Needs Plan that tailors its benefits to my chronic condition.
<input type="checkbox"/> <b>LPI</b>	I'm in a plan that's had a star rating of less than 3 stars for the last 3 years. I want to join a plan with a star rating of 3 stars or higher.
<input type="checkbox"/> <b>REC</b>	I'm in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.
<input type="checkbox"/> <b>ACC</b>	I requested Medicare information in an accessible format. I got less time to make my decision, or I didn't get it in time to make a choice before my enrollment period ended.
<input type="checkbox"/> <b>IEP</b>	I had Medicare before, but I'm now turning 65.

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.

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# Temporary Proof of Enrollment

This is your temporary proof of enrollment in a Cigna Healthcare Medicare Advantage plan.\* If you visit your provider after your effective date and before your Cigna Healthcare enrollment materials are received, present this document and ask your provider to call Cigna Healthcare to verify customer coverage. Allow five business days for application processing.

Applicant Information		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
<b>Date of Birth</b> / /	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Phone Number</b>
<b>Permanent Residence Street Address (PO Box is not allowed)</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>

Plan Information		
<b>RxBin</b>	<b>RxPCN</b>	<b>RxGroup#</b>
<b>Application Date</b> / /	<b>Plan Name</b>	
<b>Effective Date</b> / /	<b>Plan Number</b>	

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**Agent Attestation** (if applicable) \_\_\_\_\_

\* Enrollment in a Cigna Healthcare Medicare Advantage plan is subject to approval by the Centers for Medicare & Medicaid Services (CMS).

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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. Call Customer Service at the number above if you have any questions.

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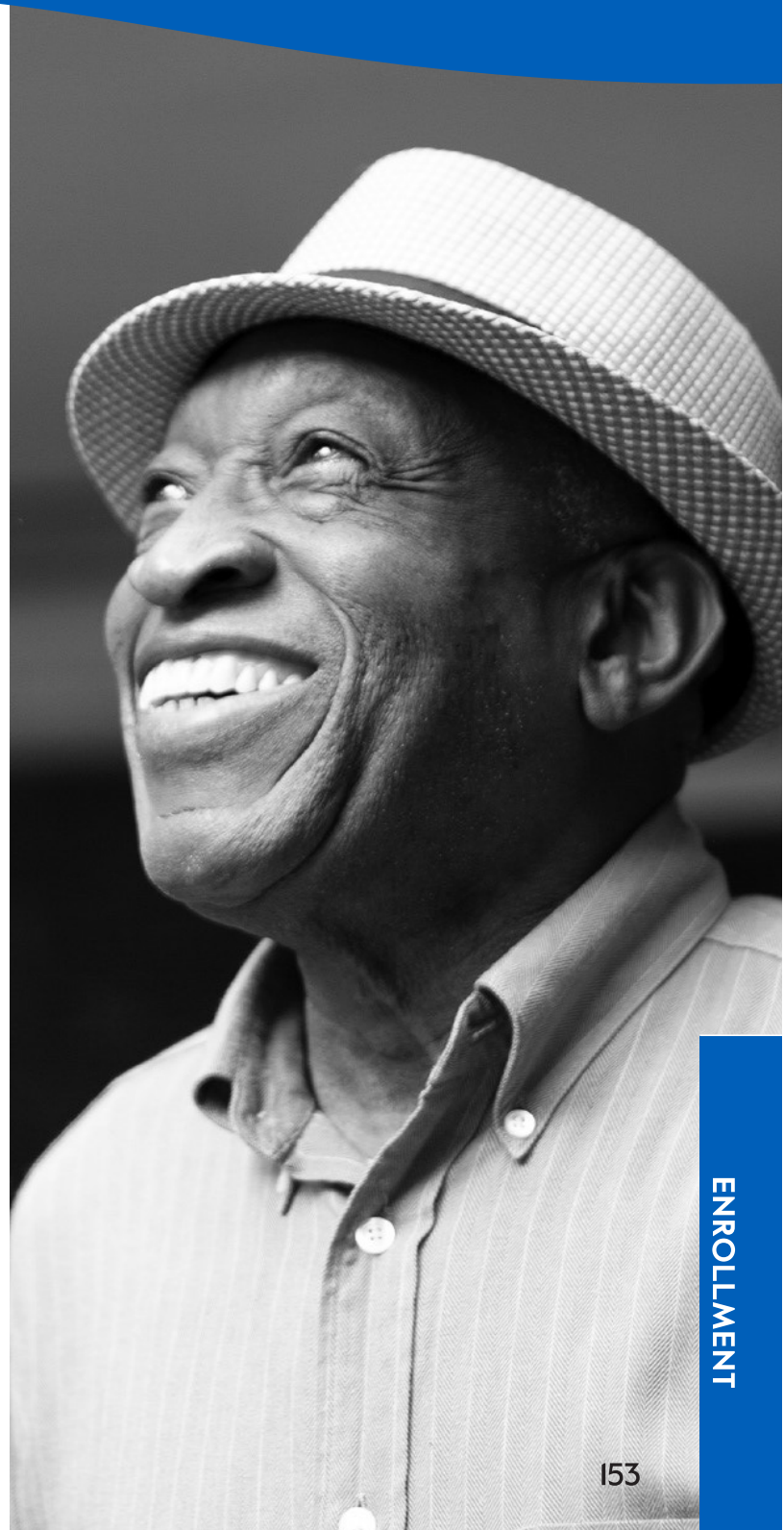


# Medicare Star Ratings

Accompanying this Cigna Healthcare<sup>SM</sup> Medicare Advantage Enrollment Guide will be a copy of the latest *Medicare Star Ratings*\* for each plan listed in the enrollment guide.

If you did not receive a copy of the *Medicare Star Ratings* from your Benefit Advisor or enclosed with this enrollment guide, please call Cigna Healthcare at **1-800-668-3813 (TTY 711)** to obtain a copy.

\* Every year, Medicare evaluates plans based on a 5-star rating system.





## Multi-language Interpreter Services



**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-284-0268. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-284-0268. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-284-0268。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-284-0268。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagapagsaling-wika, tawagan lamang kami sa 1-888-284-0268. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-284-0268. Un interlocuteur parlant français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-284-0268 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-284-0268. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-284-0268번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.







# Cigna Healthcare Enrollment Form Fax Cover Sheet

**DO NOT COPY**  
If you need additional cover sheets, visit [CignaMedicareProducers.com](http://CignaMedicareProducers.com)

**FAXING INSTRUCTIONS**

- All applications must be faxed to Cigna Healthcare<sup>SM</sup>.
- All faxed applications must have this Cigna Healthcare cover sheet as the first page.
- Fax your applications within the first 24–48 hours to prevent delays.
- If you are faxing multiple applications, a fax cover sheet is required to be included for each application.

**NUMBER OF PAGES**  
(including cover sheet)

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**CHECK ALL THAT ARE INCLUDED:**

- Application
- C-SNP/D-SNP Verification Form (if applicable)
- Power of Attorney (POA)
- Scope of Appointment (SOA)
- SOA Confirmation Number (AVL#)

---

**Fax the application to the applicable fax number listed below:**

- 2024 Applications: **1-877-818-8163**
- Arizona HMO 2024 Applications: **1-855-531-9754**
- Arizona PPO 2024 Applications: **1-877-818-8163**
- Single SOA Forms Only: **1-877-818-9299**
- Arizona HMO Single SOA Forms Only: **1-855-531-9754**
- Arizona PPO SOA Forms Only: **1-877-818-9299**

<b>Customer Name</b>	<b>Customer's Medicare Number</b>
<b>Agent Name</b>	<b>Agent ID Number</b>

**To prevent applications from being placed in the Request for Information (RFI) process, double-check your application before faxing and confirm you have completed and included the following:**

- Application has been signed and dated correctly by both the customer and the agent
- Eligibility has been confirmed and correct plan is selected
- Medicare number is correct on the application
- First name, middle initial/name, last name (should be the same as on Medicare card)
- Physical address and county (cannot be a PO Box number)
- Mailing address (if different from physical address)
- SOA AVL# in the area provided above
- How did you obtain the application?
  - Home visit
  - Seminar
  - Office walk-in
  - Other: \_\_\_\_\_





# What to Expect After Enrolling



**Thank you for trusting us  
with your health.**

At Cigna Healthcare, we're committed to helping you before, during, and long after you enroll. Over the next few weeks, you'll receive the following:

- Welcome Call**  
You will receive a phone call from us to explain your benefits and confirm you are happy with the plan you chose.

## Within 2–3 Weeks

- Confirmation of Enrollment Letter**  
It will be mailed separately within 2–3 weeks of application signing. This confirms your enrollment. Use this letter as your temporary identification.
- Identification (ID) Card**  
It will be mailed separately within 2–3 weeks of application signing. Access your ID card at **myCigna.com**. Bring your ID card when visiting a provider, specialist, pharmacy, or hospital.

## Within 3–4 Weeks

- Welcome Kit**  
It will be mailed separately within 3–4 weeks of application signing. This kit will include important details specific to your new Cigna Healthcare Medicare Advantage plan benefits.



## Need help?

### CALL

**1-800-313-0973 (TTY 711)**

8 a.m. to 8 p.m. local time

**October 1 – March 31:** 7 days a week

**April 1 – September 30:** Monday – Friday

Our automated phone system may answer your call during weekends, holidays, and after hours.

### MAIL

**Cigna Healthcare**

PO Box 20001

Nashville, TN 37202

### VISIT

**CignaMedicare.com**

A dashed pink rectangular box is centered in the lower half of the page, indicating a placeholder for an FPO Business Card. Two diagonal pink lines cross the box from the top-left to the bottom-right and from the bottom-left to the top-right.

**FPO Business Card**