

This chart compares Cigna Healthcare coverage to Original Medicare.

Benefit	Original Medicare	Cigna True Choice Medicare (PPO) H7849-082 ¹	Cigna True Choice Plus Medicare (PPO) H7849-128 ¹	Cigna True Choice Courage Medicare (PPO) H7849-086 ¹
Consider this plan for:	Parts A and B only (standard coverage)	Freedom to choose your own doctor with no referrals required; your benefits travel with you to other Cigna Healthcare PPO networks across the country		Freedom to choose your own doctor with no referrals required; your benefits travel with you to other Cigna Healthcare PPO networks across the country; reducing your Medicare Part B premium; medical coverage only plan
Monthly Plan Premium	For 2024, the standard monthly Part B premium is \$174.70 (amount may change for 2025)	\$0 per month	\$35 per month	\$0 per month
Part B Premium Giveback	Not offered	Not offered	Not offered	Up to \$50 per month ²
Part D Prescription Drug Coverage	Not covered	\$0 copay for 100-day supply of Tier 1 & Tier 2 prescription drugs; \$0 Part D deductible	\$0 copay for 100-day supply of Tier 1 & Tier 2 prescription drugs; \$0 Part D deductible	Not covered
Primary Care Provider (PCP)	20% coinsurance	\$0 copay	\$0 copay	\$0 copay
Physician Specialist	20% coinsurance	\$40 copay	\$35 copay	\$40 copay
Inpatient Hospital	For 2024, the amounts for each benefit period are: Days 1-60: \$1,632 deductible; Days 61-90: \$408 per day; Lifetime reserve days: \$816 per day (amounts may change for 2025)	\$210 copay per day for days 1-7; \$0 copay per day for days 8-90	\$225 copay per day for days 1-6; \$0 copay per day for days 7-90	\$280 copay per day for days 1-5; \$0 copay per day for days 6-90
Maximum Out-of-Pocket Cost (MOOP)	No limits	\$7,400 for in-network Medicare-covered benefits	\$7,700 for in-network Medicare-covered benefits	\$6,800 for in-network Medicare-covered benefits
Over-the-Counter (OTC) Items	Not covered	\$50 allowance every 3 months for eligible OTC items	\$95 allowance every 3 months for eligible OTC items	Not covered
Vision Services	Not covered	\$0 copay for 1 routine eye exam every year; \$100 allowance for routine eyewear every year	\$0 copay for 1 routine eye exam every year; \$225 allowance for routine eyewear every year	\$0 copay for 1 routine eye exam every year
Hearing Services	Not covered	\$0 copay for 1 routine hearing exam every year; \$399-\$1,800 copay per hearing aid, limited to 2 devices every year	\$0 copay for 1 routine hearing exam every year; \$399-\$1,800 copay per hearing aid, limited to 2 devices every year	\$0 copay for 1 routine hearing exam every year; \$399-\$1,800 copay per hearing aid, limited to 2 devices every year
Fitness	Not covered	Not covered	\$0 fitness center membership and 1 home fitness kit with wearable fitness tracker per year	Not covered
Dental Services	Not covered	\$1,700 dental allowance; go to the dentist of your choice	\$3,500 dental allowance	\$2,100 dental allowance
MDLIVE Telehealth Services	Not covered	\$0 copay for select telehealth services; 24/7 virtual urgent care services by phone or video	\$0 copay for select telehealth services; 24/7 virtual urgent care services by phone or video	\$0 copay for select telehealth services; 24/7 virtual urgent care services by phone or video
Outpatient Hospital Services	20% coinsurance	\$0 copay for surgical procedures during a colorectal screening \$300 copay for all other outpatient services	\$0 copay for surgical procedures during a colorectal screening \$375 copay for all other outpatient services	\$0 copay for surgical procedures during a colorectal screening \$350 copay for all other outpatient services
Medical Deductible	\$240 per year (amount may change for 2025)	\$500 ³	\$500 ³	\$500 ³
Home-Delivered Meals	Not covered	\$0 copay for meals delivered to your home after a qualifying hospital or skilled nursing facility stay ⁴	\$0 copay for meals delivered to your home after a qualifying hospital or skilled nursing facility stay ⁴	\$0 copay for meals delivered to your home after a qualifying hospital or skilled nursing facility stay ⁴

¹ Cost-sharing shown is for in-network. This plan allows you to visit in-network and out-of-network providers. In-network coverage includes all counties where we offer Medicare Advantage PPO plans. You may pay more for out-of-network services.

² Cigna Healthcare will reduce your monthly Part B premium based on the plan's specific benefit amount.

³ The medical deductible does not apply to all services. See the *Summary of Benefits* for the list of benefits to which the medical deductible applies.

⁴ Releases from an emergency department, observation stay, or outpatient visit are not eligible.