Contact us with questions.

Call I-855-949-O563 (TTY 7II), 8 a.m. to 8 p.m. local time, 7 days a week, October – March, and Monday – Friday, April – September. Our automated phone system may answer your call during weekends, holidays, and after hours, or visit CignaMedicare.com.

Benefits, features, and/or devices vary by plan/service area. Limitations, copayments, exclusions, and restrictions may apply. Contact the plan for more information.

Benefits, premiums, and/or copayments/coinsurance may change on January I 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 **I-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.

Call Customer Service at **I-800-668-3813 (TTY 7II)**, 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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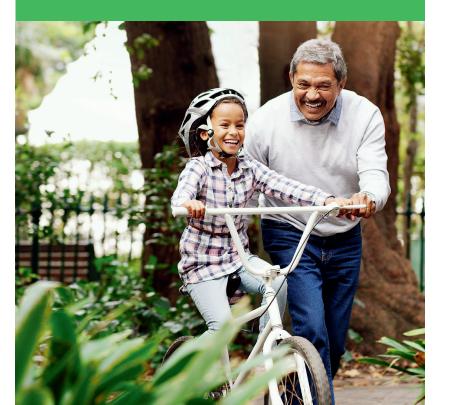


Choose Cigna Healthcare Medicare Advantage

No Referrals

2025 Cigna Healthcare Medicare Advantage Plan Comparison

New York - New York City | PPO



Better value is here for you.

Are you ready for more?

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

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

- > Up to \$200 for completing healthy activities
- > Part D Prescription Drug Coverage
- > Routine dental services
- > Routine vision and hearing services
- > Fitness program options
- > Telehealth (virtual care)

What's the right plan for you?

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

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



Plans and Service Areas

Cigna True Choice Medicare (PPO) H7849-082

Bronx, Kings, New York, Queens, and Richmond counties, NY

Cigna True Choice Plus Medicare (PPO) H7849-128

Bronx, Kings, New York, Queens, and Richmond counties. NY

Cigna True Choice Courage Medicare (PPO) H7849-086

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

Notes:			

This chart compares Cigna Healthcare coverage to Original Medicare.

Benefit	Original Medicare	Cigna True Choice Medicare (PPO) H7849-082	Cigna True Choice Plus Medicare (PPO) H7849-I28 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 Cignor 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 IOO-day supply of Tier I & Tier 2 prescription drugs; \$0 Part D deductible	\$0 copay for IOO-day supply of Tier I & 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 I-60: \$1,632 deductible; Days 6I-90: \$408 per day; Lifetime reserve days: \$816 per day (amounts may change for 2025)	\$210 copay per day for days I-7; \$0 copay per day for days 8-90	\$225 copay per day for days I-6; \$0 copay per day for days 7-90	\$280 copay per day for days I-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 I routine eye exam every year; \$100 allowance for routine eyewear every year	\$0 copay for I routine eye exam every year; \$225 allowance for routine eyewear every year	\$0 copay for I routine eye exam every year
Hearing Services	Not covered	\$0 copay for I routine hearing exam every year; \$399-\$1,800 copay per hearing aid, limited to 2 devices every year	\$0 copay for I routine hearing exam every year; \$399-\$1,800 copay per hearing aid, limited to 2 devices every year	\$0 copay for I 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 I 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° copay for all other outpatient services	\$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 stay⁴

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.

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

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.

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