

Summary of Benefits

2025

January 1, 2025 to
December 31, 2025

Cigna True Choice Core Medicare (PPO)

City of Middletown
H7787 – 802

B3

TO JOIN

You must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

The **Cigna True Choice Core Medicare (PPO)** service area includes all 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands.



Introduction

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This Summary of Benefits gives you a summary of what **Cigna True Choice Core 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) Snapshot* online at myCigna.com or call Customer Service to request a copy.

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 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?

Call toll-free **1-888-281-7867 (TTY 711)**. Customer Service is available October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays.

You can also visit our website at:

CignaMedicare.com/group/MAresources

1 About this plan

Which doctors, hospitals can I use?

Cigna True Choice Core Medicare (PPO) has a network of doctors, hospitals, and other providers. You may also choose to use providers that are out-of-network and there will not be a change to your copay or coinsurance.

You can see our plan's *Provider and Pharmacy Directory* at our website, **[CignaMedicare.com/group/MAresources](https://www.CignaMedicare.com/group/MAresources)**.

What do we cover?

Like all Medicare health plans, we cover everything that 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*.

② Monthly Premium, Deductible & Limits

Benefit	Cigna True Choice Core Medicare (PPO)
How much is the monthly premium?	Please contact your Plan Sponsor. In addition, you must keep paying your Medicare Part B premium.
How much is the Medical Deductible?	\$0 per year for medical services.
Is there any limit on how much I will pay for my covered services?	Your yearly limit(s) in this plan: \$0 for services you receive from in-network and out-of-network providers combined for Medicare-covered benefits. This limit is the most you pay for copays, coinsurance, and other costs for Medicare services for the year. If you reach the limit on out-of-pocket costs, you keep getting in-network and out-of-network covered hospital and medical services and we will pay the full cost for the rest of the year.

3 Covered Medical & Hospital Benefits

Benefit	What you Pay
	In-Network and Out-of-Network

Note: Services with a ¹ may require prior authorization.

Inpatient Hospital Coverage¹

Our plan covers an unlimited number of days for an inpatient hospital stay.

\$0 copay per admission

For each Medicare-covered hospital stay, you are required to pay the applicable cost-sharing, starting with day 1 each time you are admitted.

Outpatient Hospital Services

Outpatient Hospital¹

\$0 copay

Outpatient Observation¹

\$0 copay

Ambulatory Surgical Center (ASC) Services

ASC Services (ASC)¹

\$0 copay

Doctors Visits¹

Primary Care Physician

\$0 copay

Specialists

\$0 copay

Preventive Care

Our plan covers many Medicare-covered preventive services, including:

- › Abdominal aortic aneurysm screening
- › Alcohol misuse screening and counseling
- › Bone mass measurement
- › Breast cancer screening (mammogram)
- › Cardiovascular disease (behavioral therapy)
- › Cardiovascular screenings
- › Cervical and vaginal cancer screening
- › Colorectal cancer screenings (colonoscopy, fecal occult blood test, multi-target stool DNA tests, screening barium enemas, flexible sigmoidoscopy)
- › Depression screening
- › Diabetes screenings
- › Diabetes self-management training
- › Glaucoma tests
- › Hepatitis B Virus (HBV) infection screening
- › Hepatitis C screening

\$0 copay

Any additional preventive services approved by Medicare during the contract year will be covered. Please see your *Evidence of Coverage* (EOC) for frequency of covered services.

Benefit	What you Pay
	In-Network and Out-of-Network
<ul style="list-style-type: none"> › HIV screening › Lung cancer screening with low dose computed tomography (LDCT) › Medical nutrition therapy services › Obesity screening and counseling › Prostate cancer screenings (PSA) › Sexually transmitted infections screening and counseling › Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) › Vaccines; including COVID-19, Flu shots/Influenza, Hepatitis B shots, Pneumococcal shots › “Welcome to Medicare” preventive visit (one-time) › Yearly “Wellness” visit 	
Emergency Care	
Emergency Care Services	\$0 copay
Worldwide Emergency/Urgent Coverage/Emergency Transportation	\$0 copay Maximum worldwide coverage amount \$50,000.
Urgently Needed Services	
Urgent Care Services	\$0 copay
Diagnostic Services, Labs and Imaging <i>(Costs for these services may vary based on place of service or type of service)</i>	
Diagnostic Procedures and Tests ¹	\$0 copay
Lab Services ¹	\$0 copay
Genetic Testing ¹	\$0 copay
Diagnostic Radiological Services (MRIs, CT scans, etc.) ¹	\$0 copay
Therapeutic Radiological Services ¹	\$0 copay
X-ray Services ¹	\$0 copay in a Primary Care Physician office \$0 copay in a Specialist office \$0 copay or coinsurance in other outpatient locations
Hearing Services	
Hearing Exams (Medicare-covered)	\$0 copay in a Primary Care Physician office
Diagnostic hearing and balance evaluations performed by your provider to determine if	\$0 copay in a Specialist office

Benefit	What you Pay
	In-Network and Out-of-Network
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.	
Routine Hearing Exams	\$0 copay for one routine exam every year
Hearing Aid Evaluation/Fitting	\$0 copay for one fitting evaluation per hearing aid every 2 years
Hearing Aids	\$0 copay Plan maximum coverage amount for hearing aids of \$4000 every 2 years.
Dental Services (Medicare-covered)¹	
Limited dental services (this does not include services in connection with care, treatment, filling removal or replacement of teeth)	\$0 copay
Vision Services	
Eye Exams (Medicare-covered) 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.	\$0 copay for diabetic retinopathy screening \$0 copay for all other Medicare-covered vision services.
Routine Eye Exam 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 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.	\$0 copay for one routine exam every year

Benefit	What you Pay
	In-Network and Out-of-Network
Glaucoma Screening (Medicare-covered)	\$0 copay
Eyewear (Medicare-covered)	\$0 copay
Routine Eyewear <ul style="list-style-type: none"> › Eyeglasses (lenses and frames) › Eyeglass lenses › Eyeglass frames › Contact lenses (including contact lens fittings) › Upgrades 	\$0 copay Plan maximum coverage amount of \$200 . 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.
Mental Health Services	
Inpatient ¹ 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.	\$0 copay per admission
Outpatient ¹ Individual or Group Therapy Visit	\$0 copay
Skilled Nursing Facility (SNF)¹	
Our plan covers up to 100 days in the SNF.	\$0 copay
Rehabilitation Services	
Cardiac (heart) Rehab Services ¹	\$0 copay
Intensive Cardiac (heart) Rehab Services ¹	\$0 copay
Pulmonary Rehab Services ¹	\$0 copay
Occupational Therapy Services ¹	\$0 copay
Physical Therapy, Speech and Language Therapy Services ¹	\$0 copay
Physical Therapy, Speech and Language Therapy Virtual Services ¹	\$0 copay
Ambulance¹	
Ground Service (one-way trip)	\$0 copay
Air Service (one-way trip)	\$0 copay
Transportation¹	
	Not Covered

Benefit	What you Pay
	In-Network and Out-of-Network
Medicare Part B Drugs	
Medicare Part B Insulin Drugs	\$0 copay
Medicare Part B Chemotherapy/Radiation Drugs ¹	\$0 copay
Other Medicare Part B Drugs ¹	\$0 copay
Medicare-covered Part B Drugs may be subject to step therapy requirements.	
Acupuncture Services	
Acupuncture Services (Medicare-Covered) ¹	\$0 copay
Routine Acupuncture Services	Not Covered
Chiropractic Care	
Chiropractic Services (Medicare-Covered) ¹	\$0 copay
Routine Chiropractic Services	Not Covered
Fitness & Wellness Programs	
<p>The Silver&Fit® Healthy Aging and Exercise program offers the flexibility of a fitness center membership, digital fitness tools, and 1 Home Fitness Kit from a variety of kit options, including a wearable fitness tracker. You can also take advantage of digital workout plans on the program's website, one-on-one Healthy Aging Coaching by phone, video, or chat, and many other digital resources through the Well-Being Club.</p> <p>The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Silver&Fit is a trademark of ASH and used with permission herein. Kits are subject to change. Fitness center participation may vary by location and is subject to change. Non-standard services that call for an added fee are not part of the fitness program and will not be reimbursed. This information is not a complete description of benefits. Contact your health plan for more information.</p>	\$0 copay

Benefit	What you Pay
	In-Network and Out-of-Network
Foot Care (Podiatry Services)	
Podiatry Services Medicare-covered	\$0 copay
Routine Podiatry Services	\$0 copay
Home Delivered Meals	
Limited to 14 meals per discharge from a qualifying inpatient hospital or skilled nursing facility stay (up to 3 stays per year). End-stage renal disease (ESRD) care management is limited to 56 meals once per year.	\$0 copay Limited to 14 meals per discharge from qualified hospital stay or skilled nursing facility (up to 3 stays per year). ESRD care management is limited to 56 meals per benefit period.
Home Health Care¹	
If you're eligible for home health care, covered services include: <ul style="list-style-type: none"> › Part-time or intermittent skilled nursing and home health aide services › Physical therapy, occupational therapy, and speech therapy › Medical and social services Medical equipment and supplies	\$0 copay
Hospice	
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
Medical Equipment and Supplies	
Durable Medical Equipment (wheelchairs, oxygen, etc.) ¹	\$0 copay
Prosthetic & Orthotic Devices (braces, artificial limbs, etc.) ¹	\$0 copay
Related Medical Supplies ¹	\$0 copay
Diabetes Supplies & Services ¹ Brand limitations apply to certain supplies.	\$0 copay for diabetes self-management training \$0 copay for therapeutic shoes or inserts \$0 copay for diabetes monitoring supplies

Benefit	What you Pay
	In-Network and Out-of-Network
Opioid Treatment Services¹	
FDA-approved treatment medications in addition to testing, counseling, and therapy.	\$0 copay
Outpatient Substance Abuse¹	
Individual or Group Therapy Visit	\$0 copay
Over-the-Counter Items (OTC)	
	Not Covered
MDLIVE Telehealth Services	
For non-emergency urgent care, including allergies, cough, headache, sore throat, and other minor illnesses, talk with an MDLIVE® telehealth provider via smart phone, computer, or tablet. This benefit also includes virtual mental health therapy and dermatology services.	\$0 copay for non-emergency urgent care virtual visits \$0 copay for mental health therapy virtual visits ¹ \$0 copay for dermatology care virtual visits ¹

Extra Benefits Included in your plan	
Annual Physical Exam ¹	\$0 copay
<p>Cigna Healthy Today Card</p> <p>Use your preloaded Cigna Healthy Today® card for easy access to incentive rewards and select allowance benefits that may be part of your plan. Total incentive reward amounts depend on your plan and activities completed. Rewards cannot be used toward the purchase of tobacco, firearms, explosives, or other excluded products.</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>
Compression Stockings	\$0 copay
Foot Orthotics	\$0 copay
<p>Home Life Referrals</p> <p>With our Home Life Referrals program, customers have quick and convenient access to trusted local resources to assist them with everyday needs such as finding childcare, eldercare, pet care, home repairs, and more.</p>	\$0 copay
<p>In-Home Support</p> <p>The in-home support program provides a variety of helpful services and companionship. Services can include help coordinating transportation and meal / grocery delivery. Companionship includes virtual visits focused on social check-ins, games, even art classes and virtual museum tours. Support services can be provided virtually through a telephone, smart phone or computer.</p>	<p>\$0 copay for in-home support services</p> <p>30 hours per year towards the use of in-home support services. Unused balances do not carry over year to year.</p>

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