

# Welcome

Life has taught you well. You know what matters – and what doesn't. And now that you've got more time to do the things that matter to you, it's important to feel your best. At Cigna Healthcare<sup>SM</sup>, we're here to help you get healthier – and stay healthier – so you can make the most of each and every day.

## How to access important information

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Use the tabs at the top of each page to quickly and easily access different parts of this booklet.

In addition to this *Introduction and Table of Contents* section, you will find a tab at the top of the page for each plan included in this booklet.

Use the tabs on the right side of each page to go directly to the section you need.



## Your coverage checklist

Use this checklist to stay on track as you review important information about your benefits. If you have questions or need help understanding your coverage options, please call Customer Service at **1-888-281-7867 (TTY 711)**. Customer Service is available October 1 – March 31, 7 days a week, 8 a.m. – 8 p.m. local time; April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays.

### Enrollment and premiums

- Please read the Cover Letter on the next page for special enrollment instructions from your employer.

### Benefits and access

- Review the Information Guide[s] for an overview of how the/each plan works, including key features, extra benefits and other important details.
- Review the Cigna® True Choice Medicare (PPO) Access to Care flyer for details of your PPO plan's in-network and out-of-network coverage. If your provider has questions about your plan, you can share the reverse side of that flyer with them for more information and provider-specific resources.
- Review the Summary of Benefits/Summaries of Benefits for complete benefit and cost share details.

### Important rules

- Medicare Advantage PPO plans offer out-of-network coverage. You have the option of using in-network or out-of-network providers as long as they participate in Medicare and accept the plan. Accepting the plan means the doctor is willing to treat you and bill Cigna Healthcare<sup>SM</sup>, even if they are not contracted with Cigna Healthcare as an in-network Medicare Advantage provider.
- Unlike many other PPO plans, your cost share to see an in-network provider or out-of-network provider is the same.

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**Retiree Plan benefits for  
City of Middletown**

**Cigna True Choice Core  
Medicare (PPO)**

See the details of your retiree health benefits plan below.

Hello City of Middletown Retiree,

**The City of Middletown is offering you the option** to enroll in Cigna True Choice Core Medicare (PPO). If you want to **enroll in this optional plan offering instead of your current CIGNA plan with Medicare primary**, please complete the enclosed enrollment form and return it to the Risk Management Office no later than Wednesday, November 27<sup>th</sup>.

Cigna True Choice Core Medicare (PPO) is a Medicare Advantage plan. This enrollment will automatically cancel your enrollment in a different Medicare Advantage plan. If you think you might be enrolled in a different Medicare Advantage plan, please call the Customer Service number that's provided at the end of this letter.

**Understanding your Cigna True Choice Core Medicare (PPO) coverage**

This mailing has important information about the Cigna True Choice Core Medicare (PPO) plan and the coverage it offers, including a summary of benefits document. Please review all the information carefully. If you want to be enrolled in this Medicare health plan option **instead** of the current CIGNA plan with Medicare primary, please **complete the enclosed enrollment form and return it to the Risk Management office no later than Friday, November 29th**. Your enrollment will automatically begin on January 1, 2025.

To view additional plan materials visit [CignaMedicare.com/group/MAresources](https://CignaMedicare.com/group/MAresources). Our website was updated October 1, 2024 with the following:

- › The Evidence of Coverage – Find details, rules and policies about your 2025 plan.
- › Provider Directory – Find network providers in your area.

Our plan will cover services from in-network and out-of-network providers as long as the services are covered benefits and medically necessary. We encourage but do not require you to get all your health care from Cigna True Choice Core Medicare (PPO) providers, except for emergency and urgently needed services and out-of-area dialysis services.

On the date your Cigna True Choice Core Medicare (PPO) coverage begins, you can choose to receive care from any in-network or out-of-network providers as long as they participate in Medicare and accept the plan. Accepting the plan

means the doctor is willing to treat you and bill Cigna Healthcare, even if they are not contracted with Cigna Healthcare as an in-network Medicare Advantage provider. Unlike many other PPO plans, with this plan, you pay the same cost-share to see an in-network provider or out-of-network provider.

Your plan will cover services authorized by Cigna True Choice Core Medicare (PPO) and other services listed in the Evidence of Coverage document (also known as an enrollee contract or subscriber agreement). You can check your Evidence of Coverage at [myCigna.com](http://myCigna.com).

It is your participating provider's responsibility to obtain prior authorization from Cigna True Choice. Not every service requires authorization. But if you receive a service that needs authorization and do not get it, neither Medicare nor Cigna True Choice Core Medicare (PPO) will cover the cost. And that means you will be responsible for the entire cost.

If you're unsure if a service needs authorization, you or your provider can call Cigna Healthcare Customer Service and ask for a coverage decision before the service. That way, you can confirm if the service is authorized and covered before you receive it.

You will need to keep Medicare Parts A and B since Cigna True Choice Core Medicare (PPO) is a Medicare Advantage plan. And you can be in only one Medicare Advantage plan at a time.

By joining Cigna True Choice Core Medicare (PPO), you acknowledge that this Medicare health plan will release your information to Medicare and other plans when it's necessary for treatment, payment and health care operations. You also acknowledge Medicare may release your information for research and other purposes which follow all applicable federal statutes and regulations.

You will receive a Cigna True Choice Core Medicare (PPO) ID card. We encourage but do not require you to use Cigna True Choice Core Medicare (PPO) network providers to receive care. To find network providers in your area, check your online provider/pharmacy directory at [www.CignaMedicare.com](http://www.CignaMedicare.com), or call Customer Service at the number below.

Once you are an enrollee of Cigna True Choice Core Medicare (PPO), you have the right to appeal plan decisions about payments or services. Read the Evidence of Coverage document when you get it from Cigna. The document explains the rules you must follow to get coverage with this Medicare Advantage plan. Enrollment in this plan is generally for the entire year.

### **Enrolling in Cigna True Choice Core Medicare (PPO)**

Please complete the enclosed enrollment form and return it to the Risk Management office no later than Wednesday, November 27<sup>th</sup>.

### **Choosing not to join Cigna True Choice Core Medicare (PPO)**

You are not required to join this plan. You may continue with your current CIGNA plan with Medicare primary. You can also decide to join a different Medicare plan

not offered through the City. For help, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

However, if you decide not to join this plan, it will not impact your ability to keep your current Cigna Open Access Plus Basic \$20 (Medicare primary, nor the cost of that plan. **If you choose not to enroll in the Cigna True Choice Core Medicare (PPO), there is nothing further that you need to do.**

### **Leaving Cigna True Choice Core Medicare (PPO)**

To ask to leave, please contact the Risk Management Office. You will not be able to re-enroll until the next Open Enrollment Period or a life event occurs.

Cigna True Choice Core Medicare (PPO) serves people with Medicare in the continental United States, Hawaii, Alaska, the District of Columbia, U.S. Virgin Islands and Puerto Rico. If you move out of the areas that Cigna True Choice Core Medicare (PPO) serves, you need to notify the Risk Management office so you can disenroll.

### **Understanding your Cigna True Choice Core Medicare (PPO) plan costs**

Please contact Kristin Holden in the City of Middletown Risk Manager's Office for your plan premium.

### **Getting more information about Cigna True Choice Core Medicare (PPO)**

**City Retirees:** Kristin Holden at (860) 638-4825; Monday to Friday 8am to 4:30pm.

**Education Retirees:** Kathy Famiglietti at (860) 638-1409; Monday to Friday 7:30am to 4:30pm.

### **Welcoming you to Cigna True Choice Core Medicare (PPO)**

Once you've joined Cigna True Choice Core Medicare (PPO), expect to receive these important materials and helpful communications from Cigna Healthcare:

- › Confirmation of Enrollment letter—verifies you joined Cigna True Choice Core Medicare (PPO) and serves as your temporary ID.
- › ID Card—comes in a separate mailing and identifies you as a Cigna True Choice Core Medicare (PPO) customer; present it when you go to a health care provider or hospital.
- › Welcome Kit—provides you with details about your plan's benefits.
- › Welcome Call—gives you a chance to have a one-on-one phone conversation about your plan and get answers to any questions you may have.

### **We're here to help**

If you have any questions about this Medicare Advantage plan, please call us toll-free at **1-888-281-7867 (TTY 711)**. Customer Service is available October 1 – March 31, 7 days a week, 8 a.m. – 8 p.m. local time; April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays.

Thank you for being a valued Cigna Healthcare customer.

Healthy regards,

Cigna Healthcare

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Section 6	How to Use Our Online Provider Directory
Section 7	Notice of Non-Discrimination and Multi-Language Interpreter Services



# **Cigna True Choice Core Medicare (PPO) - Information Guide**



Cigna  
True Choice Core Medicare (PPO)

# Get healthier for all the days ahead.



**Guide to Medicare Advantage  
PPO medical plans.**





# A health plan that fits your life plan.

Thank you for considering a Medicare Advantage plan from Cigna Healthcare<sup>SM</sup>. We're ready to help you get the care and support you need to live your healthiest life. This guide highlights the features and benefits our plans offer.



Cigna Healthcare contracts with the Centers for Medicare & Medicaid Services (CMS) to offer Medicare-approved Medicare Advantage plans. Our Medicare Advantage plans combine Medicare Part A (hospital) and Medicare Part B (medical) coverage in an easy-to-use plan. When you join, you will keep all of your Medicare rights and protections. As a Medicare health plan, our plan must cover all services covered by Original Medicare and must follow Original Medicare's coverage rules.



## Access

- Enjoy the freedom to go to any doctor or hospital that participates in Medicare and accepts your plan.
- Pay the same cost-share to see an in-network or out-of-network provider – unlike many other PPO plans.
- No referral required to see a specialist.
- Telehealth services allow you to connect with a doctor by phone or video.



## Wellness and incentives

- Get a yearly check-up that reviews every aspect of your overall health and well-being, at no added cost to you.
- Earn up to \$200 in incentive rewards for taking care of your health with the Cigna Medicare Advantage Incentives program.
- Get reminders for doctor-recommended preventive screenings.



## Extra benefits

- Get healthier with our fitness benefit, provided by the Silver&Fit<sup>®</sup> Healthy Aging and Exercise program.
- Ease the impact of caregiving with caregiver support services available to you and your family.
- Get home-delivered meals after an inpatient hospital or skilled nursing facility stay.
- Review your Summary of Benefits to learn more about additional plan benefits.



## Information and support

- Get dedicated care support for chronic conditions and complex care needs.
- Use **myCigna.com**<sup>®</sup> or the **myCigna**<sup>®</sup> app for online access to your personal health plan information.
- Get health and wellness communications throughout the year for added guidance and support.

# What we offer

Cigna Healthcare Medicare Advantage plans go beyond Original Medicare to provide you with additional coverage.

## Freedom of choice

Our Medicare Advantage PPO plans offer the freedom to see any doctor or hospital that participates in Medicare and accepts the plan, with no referrals required. **Unlike many other PPO plans, you pay the same cost-share to see an in-network provider or out-of-network provider.**

## Primary care

We're dedicated to helping you improve your health. We work with your doctors to make sure you get the time, attention

and quality care you deserve. This approach gives you more ways to get healthier – and stay healthier.

As a customer, you're not required to select a primary care physician (PCP), but we do encourage it.

Your PCP serves as your personal guide through your health journey. They know your medical history and monitor all your tests, prescriptions and preventive care needs – and can coordinate care with other providers or specialists, if needed.



## Help is always here

If you have any questions, customer service is here to help. We go above and beyond to make sure you have everything you need to understand and get the most from your plan.

## 1-888-281-7867 (TTY 711)

October 1 - March 31, 8 a.m. - 8 p.m. local time, 7 days a week.

April 1 - September 30, 8 a.m. - 8 p.m. local time, Monday - Friday.

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

## [CignaMedicare.com/group/MAresources](https://www.cignamedicare.com/group/MAresources)

You can also visit us online to find a provider, view plan information and more.



## Specialty care

If you choose a PCP, they can help you find a specialist or hospital when you need one, and can work with them to keep you healthier.

Whether or not you choose a PCP, your plan offers you the freedom to see any doctor or hospital that accepts Medicare and the Cigna Healthcare Medicare Advantage PPO plan, with no referrals required.

## Telehealth

Telehealth (also known as telemedicine or virtual care) allows you to connect with a provider, from the comfort of your home or when you're on the go, by phone or video. Your doctor may offer telehealth visits as a care option. Check with them to see if you can receive their services through a telehealth visit. We also offer the 24-hour convenience of virtual care with MDLIVE. If your doctor's office is closed, you can talk anytime with an MDLIVE® telehealth provider using your phone, computer or tablet.

## Behavioral health services

We recognize that emotional health is an essential part of our customers' overall health care. This is why we provide key behavioral health services as part of our commitment to whole person health. With your Cigna Healthcare Medicare Advantage plan, you'll have access to help for a range of concerns, such as depression, loss and grief, mood disorders, and addictive behavior.

## Support for chronic conditions

Cigna Healthcare customers with certain health needs may qualify for one of our chronic and complex care support programs. Customers who qualify get the added benefit of a dedicated care manager who helps coordinate care, review medication and therapies, provide dietary support, and find community resources and education. We have a wide range of health care professionals to support these efforts, including respiratory therapists, nurses, social workers, dietitians, oncology care managers, transplant care managers, and behavioral health providers.

Chronic condition support is designed to help customers with conditions such as kidney disease, chronic obstructive pulmonary disease (COPD), depression and diabetes. Complex care support is designed to help customers with multiple chronic conditions. To speak with a care manager, call **1-866-382-0518 (TTY 711)**, Monday – Friday, 8 a.m. – 5 p.m.

# How your medical coverage works

With the Cigna<sup>®</sup> True Choice Core Medicare PPO plan, you have the option of using in-network or out-of-network providers, as long as they participate in Medicare and accept the plan. And unlike many other PPO plans, with this plan you pay the same cost-share to see an in-network provider or out-of-network provider.

## Using an in-network provider

- An in-network provider is a doctor or other health care professional who has a contract with Cigna Healthcare to see Medicare-eligible patients.
- When you see an in-network provider, you pay your copay or coinsurance according to your plan benefits and your health care provider bills us for the rest of the cost of your service(s). The in-network provider is paid according to their contract with us.
- All in-network Cigna Healthcare Medicare Advantage PPO providers participate in Medicare and already accept our plan as part of their contract with us.
- In-network providers must continue to see you if you are an existing patient. An in-network provider may choose not to see you if you are not an existing patient and they are not accepting new Medicare patients at that time.

## Using an out-of-network provider

- An out-of-network provider is a doctor or other health care professional who does not currently have a contract with Cigna Healthcare to see Medicare-eligible patients.
- You can see any out-of-network provider who participates in Medicare and accepts the plan. Accepting the plan means the doctor is willing to treat you and bill us.
- When you see an out-of-network provider, you pay your plan's copay or coinsurance. We will pay for the rest of the cost of your covered service(s), including any excess charges, up to the limit set by Medicare.
- In some cases, an out-of-network provider may refuse to directly bill Cigna Healthcare, and ask that you pay the full allowable amount set by Medicare. If that happens, you can pay the doctor and then submit your claim to us for reimbursement. Cigna Healthcare will reimburse you for the cost of your covered service(s), including any excess charges, up to the limit set by Medicare, less your copay or coinsurance.
- In the event your doctor says they will not accept the plan, call customer service and let us know. We will reach out to the doctor on your behalf to explain how the plan works. In most cases, this will resolve the issue.



## Wellness and incentives

### Preventive services

As part of your Cigna Healthcare coverage, you'll have access to a wide range of preventive benefits. These services include yearly health check-ups, colorectal screenings, mammograms and more. Prevention and early detection can help lower your chance of serious illness, avoid hospitalization and manage your medical symptoms. Paying close attention and having preventive screenings can help save you time and money in the long run.

To help you stay current with your recommended screenings, we will send you reminders throughout the year.

### Earn rewards for taking care of your health

After registering for the Cigna Medicare Advantage Incentives program, **you can get up to \$200** on your **Cigna Healthy Today®** card for completing activities recommended by your plan and provider, like a yearly health check-up, diabetes management screenings, a mammogram and a colorectal cancer screening.



Your Cigna Healthcare Medicare Advantage Plan includes a **Cigna Healthy Today** card. The incentive rewards you earn will automatically be posted to your card and can be used to purchase health and wellness products online, by phone and at participating retail stores.



## Extra benefits

### Stay fit with Silver&Fit<sup>1</sup>

Get healthier with our fitness benefit provided by the Silver&Fit Healthy Aging and Exercise program. Enjoy one, some or all of the following at no cost to you:

- National network of more than 18,000 fitness centers.
- Change fitness centers at any time.
- Digital workout resources including daily online video classes plus a library of 1,500+ on-demand workout videos.
- Home-based fitness kits options including wearable fitness tracker, yoga, and strength kits.
- One-on-one healthy aging coaching and resources.

### Care for caregivers

Caregiving can be challenging, exhausting and sometimes lonely. That's why taking care of yourself or 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 at no cost to you, such as:

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



## Home delivered meals

We'll take care of the cooking when you're not well enough to do it yourself. Get 14 meals delivered to your home after a hospital or skilled nursing facility stay.<sup>2</sup> That way, you can focus on feeling better. This benefit is available up to three times each year.

## Home life resources

Get quick and convenient access to trusted local resources for assistance with everyday needs. Topics include aging, fraud and theft, healthy eating, home repair and improvements, pet care, and more. Resources and referral services are available online or over the phone.

## Discounts on products and programs

Through **Healthy Rewards**, you have access to a range of health and wellness programs and services.<sup>3</sup> To access Healthy Rewards, register or log in to **myCigna.com**, or refer to your Customer Handbook to locate your dedicated Healthy Rewards phone number. Available discounts include vision exams and eyewear, hearing aids and exams, alternative medicine and therapies, and more.

Your plan may include coverage for other extra benefits in addition to those listed here. Review your Summary of Benefits to learn more about the benefits included on your plan.

# Information and support

## Online resources help you make the most of your plan

Before you enroll, visit [CignaMedicare.com/group/MAresources](https://www.cignamedicare.com/group/MAresources) to find a provider, access plan information, and more.

After you're enrolled, [myCigna.com](https://www.myCigna.com) and the **myCigna** app give you online access to your personal health plan information. You can:

- View your Cigna Medicare Advantage benefits.
- Manage your profile and communications preferences.
- View your plan coverage documents.
- Find a doctor, including telehealth.
- Review claim history and Explanation of Benefits (EOB) details.
- Access your Healthy Rewards discount programs.
- View and print your ID card.
- Complete your incentive program registration.



## Income-Related Monthly Adjustment Amount (IRMAA)

Some people may have to pay an extra dollar amount to the Social Security Administration because of their yearly income. If your income is above \$103,000 for an individual or married individuals filing separately, or above \$206,000 for married couples, you must pay an extra amount for your Medicare coverage.<sup>4</sup>

If you are impacted, the Social Security Administration will send you a letter telling you what the amount will be and how to pay. You will need to pay this amount to the Social Security Administration office and not your plan.

## Extra help

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week.
- The Social Security Administration at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778.
- Your state Medicaid office. Messages are available 24 hours a day. TTY users should call 1-800-325-0778.
- Your state Medicaid office.

# Eligibility and enrollment

## Eligibility requirements

- You must be enrolled in both Medicare Part A and Medicare Part B.
- You must be a permanent resident of the Cigna True Choice Core Medicare (PPO) 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.
- You can only be in one Medicare plan at a time. If you are enrolled in another Medicare plan and you choose the Cigna True Choice Core Medicare (PPO) plan, Medicare will automatically cancel your existing Medicare plan.



## After you enroll

You will receive a **Welcome Kit** with important plan documents, including:

- **Evidence of Coverage (EOC) and EOC Snapshot** – A detailed description of your benefits and costs for the upcoming year.
- **Customer Handbook** – A booklet that explains how to use your benefits.
- **Extra Benefits Guide** – Additional information to help you access added benefits and discounts included with your plan.
- **Legal Booklet** – Information that explains how we protect your privacy.

You will receive a **Cigna Healthcare Medicare Advantage ID card** in a separate mailing. You must show your ID card when receiving covered services.

You will also receive a **Cigna Healthy Today** card in a separate mailing.

In addition to these mailings, we offer a **Welcome Call** and **Welcome Emails** to answer any questions you may have and review key benefits, features, and resources, to help you make the most of your new plan.

Throughout the year, you will receive **ongoing communications**, including health and wellness mailings and care reminders. Depending on the topic and your preferences, these may be mailed or emailed. After you're enrolled, visit **myCigna.com** to manage your communications preferences. You will also receive letters when there are changes to your eligibility status and at other times, as required by Medicare regulations.



## Help is always here.

If you have any questions, customer service is here to help. We go above and beyond to make sure you have everything you need to understand and make the most of your plan.

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## [CignaMedicare.com/group/MAresources](https://www.cigna.com/group/MAresources)

You can also visit us online to find a provider, view plan information and more.



1. The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH).
2. Releases from an emergency department, observation stay or outpatient visit are not eligible.
3. Healthy Rewards is a discount program. Some Healthy Rewards programs are not available in all states, and programs may be discontinued at any time. If your health plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your plan benefits. **A discount program is NOT insurance, and you must pay the entire discounted charge.** All goods, services and discounts offered through Healthy Rewards are provided by third parties who are solely responsible for their products, services and discounts. All savings amounts and provider counts are based on Cigna data as of the date of publication and are subject to change. Actual savings may vary.
4. Visit [Medicare.gov](https://www.Medicare.gov/Drug-Coverage-Part-D/Costs-For-Medicare-Drug-Coverage/Monthly-Premium-For-Drug-Plans) for the most up-to-date income ranges at <https://www.Medicare.gov/Drug-Coverage-Part-D/Costs-For-Medicare-Drug-Coverage/Monthly-Premium-For-Drug-Plans>.

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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# Medicare Advantage Home Based Care



# Care in the comfort of home.

Cigna Healthcare Medicare Advantage  
home-based benefits.



2 -



## For customers who prefer to receive care from the comfort and safety of their own home, our plans can deliver.

### Home delivery pharmacy

Home delivery pharmacy<sup>1</sup> is an easy and reliable way to get your prescription medications – on time, every time – so you never run out. And you may pay less for your medications when you use a home delivery pharmacy.

- Free and quick delivery of your prescriptions
- Refill reminders to help make sure you always have your medications on hand
- Confidential, tamper-resistant packaging

#### Express Scripts Pharmacy<sup>2</sup>

- Is the third-largest pharmacy in the country
- Specializes in home delivery of medications
- Serves seven million Americans
- Is available to all Cigna Healthcare<sup>SM</sup> Medicare Advantage plan customers

### Home delivered meals program

- We can help make your transition back home more comfortable after an inpatient hospital or skilled nursing facility stay<sup>3</sup> with our home delivered meals program benefit.
- You can have 14 healthy, frozen and medical-diet appropriate meals delivered to your home following a qualified discharge at no cost to you, up to three times per year.
- After you're discharged from a qualified stay, our meal vendor will contact you directly to schedule delivery.

### MDLIVE Telehealth services

When you need nonemergency urgent care and you don't want to wait to see your provider, reach out to an MDLIVE<sup>®</sup> telehealth provider, 24 hours a day, 7 days a week.

They're always available to help by phone or video, and you can talk to them about many health issues, such as allergies, cough, headache, sore throat and other minor illnesses. MDLIVE providers also offer virtual mental health therapy by appointment and virtual dermatology care.

### In-home wellness exams and screenings

If you are not able to visit your doctor for a yearly health check-up, we offer a home-based alternative to make it easy for you to stay as healthy as possible. A nurse practitioner can come to you and perform a wellness exam in the comfort of your home.<sup>4</sup>

We also offer in-home screening kits to help diagnose and treat conditions such as diabetes and colorectal cancer. If your doctor has recommended either of these screenings but you have not completed them yet, we will contact you to offer in-home A1C blood sugar screening kits and/or colorectal cancer screening kits, based on your needs.

These in-home wellness exams and screenings are available to you at no additional cost. Your results are shared with your doctor so they have a complete picture of your health.

Cigna Healthcare partners with a number of vendors to support our in-home wellness exams and screenings. Depending on your needs and location, you may receive a letter or phone call from one of these vendors. If you have any questions about a letter or phone call you receive from Cigna Healthcare or the vendors we partner with, call customer service.

## Home infusion therapy

If you perform home infusion therapy, we can help you coordinate with your doctor, hospital, home infusion pharmacy and, if applicable, home health agencies to receive your drug, equipment and supplies.

Covered services include but are not limited to:

- Professional services, including nursing services
- Training and education
- Monitoring services (in person or remote)

### Accredo<sup>5</sup>

Accredo serves patients with complex and chronic health conditions. Specialty-trained pharmacists and nurses are available to provide personalized care to patients, including:

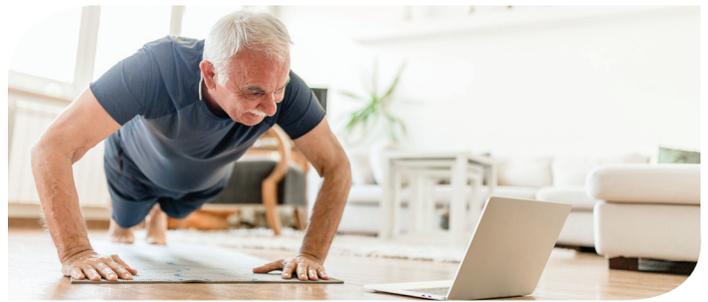
- Complete coordination of care between doctors and your plan
- Safe, prompt delivery of medications
- Infusion nurses who can meet you in your home

## Home health care

If you are homebound and unable to leave to receive care, we will work with your doctor to determine your needs and provide the home health care experience that's best for you. In most situations, your doctor will need to provide an authorization – approval in advance – before you can take advantage of home health care benefits.

Covered services include but are not limited to:

- 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



## Silver&Fit Healthy Aging and Exercise Program

Through Silver&Fit<sup>®</sup>,<sup>6</sup> retirees have access to a variety of home-based fitness options, including:

- Live online classes daily
- On-demand workout video library
- Home-based fitness kits, including a wearable fitness tracker option
- One-on-one healthy aging coaching

## Support for chronic conditions

Cigna Healthcare customers with certain health needs may qualify for one of our chronic and complex care support programs. Customers who qualify get the added benefit of a dedicated care manager who helps coordinate care, review medication and therapies, provide dietary support, and find community resources and education. We have a wide range of health care professionals to support these efforts, including respiratory therapists, nurses, social workers, dietitians, oncology care managers, transplant care managers, and behavioral health providers.

Chronic condition support is designed to help customers with conditions such as kidney disease, Chronic Obstructive Pulmonary Disease (COPD), depression and diabetes. Complex care support is designed to help customers with multiple chronic conditions. To speak with a care manager, call **1-866-382-0518 (TTY 711)**, Monday – Friday, 8 a.m. – 5 p.m.

## Home-life resources

Get quick and convenient access to trusted local resources for assistance with everyday needs. Topics include aging, fraud and theft, healthy eating, home repair and improvements, pet care, and more. Resources and referral services are available online or over the phone.



## Help is always here.

If you have any questions, customer service is ready to help make sure you have everything you need to understand and get the most from your plan.

### **1-888-281-7867 (TTY 711)**

October 1 - March 31, 8 a.m. - 8 p.m. local time, 7 days a week. April 1 - September 30, 8 a.m. - 8 p.m. local time, Monday - Friday. Our automated phone system may answer your call during weekends, holidays and after hours.

### **CignaMedicare.com/group/MAresources**

You can also visit us online to find a provider or pharmacy, view your drug list, access plan information, and more.

## myCigna

After you are enrolled, complete your online myCigna® registration and explore all your plan has to offer. With **myCigna.com**® and the **myCigna App**, you have online access to your personal health plan information. You can:

- View your Medicare Advantage benefits.
- Manage your profile and preferences.
- View your drug list.
- Find a doctor, including telehealth options.
- Find a network pharmacy.
- Review claim history and Explanation of Benefits (EOB) details.
- Manage your prescriptions.
- Price a medication.
- View and print your ID card.
- Complete your incentive program registration.
- Access your Healthy Rewards® discount programs,<sup>7</sup> including home-based discounts on medical alert systems, virtual fitness offerings and home-delivered meals (no hospitalization required).



1. Call customer service to learn more about which home delivery options are available to you.
2. Express Scripts Pharmacy is a trademark of Express Scripts Strategic Development, Inc. Other pharmacies are available in our network.
3. Releases from an emergency department, observation stay or outpatient visit are not eligible. Some benefits may vary by plan. Restrictions may apply.
4. Nurse practitioner in-home exam support may vary based on state and market details. You may also be able to schedule a telehealth video consultation. Contact customer service to learn more.
5. Accredo is Evernorth Health Services' specialty pharmacy. Evernorth Health Services is a division of The Cigna Group. Other pharmacies are available in our network.
6. The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH).
7. Healthy Rewards is a discount program. Some Healthy Rewards programs are not available in all states, and programs may be discontinued at any time. If your health plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your plan benefits. **A discount program is NOT insurance, and you must pay the entire discounted charge.**

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# Cigna True Choice Core Medicare (PPO) - Summary of Benefits



# Summary of Benefits

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## 2025

January 1, 2025 to  
December 31, 2025

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## Cigna True Choice Core Medicare (PPO)

City of Middletown  
H7787 – 802

B3

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## TO JOIN

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

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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

## What's Inside

- 1 About this Plan
- 2 Monthly Premium Deductible and Limits
- 3 Covered Medical and Hospital Benefits

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](https://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](https://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](https://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](https://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://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)
<b>How much is the monthly premium?</b>	Please contact your Plan Sponsor. In addition, you must keep paying your Medicare Part B premium.
<b>How much is the Medical Deductible?</b>	<b>\$0</b> per year for medical services.
<b>Is there any limit on how much I will pay for my covered services?</b>	Your yearly limit(s) in this plan:  <b>\$0</b> 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 <sup>1</sup> may require prior authorization.

#### Inpatient Hospital Coverage<sup>1</sup>

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

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 Hospital Services

Outpatient Hospital<sup>1</sup>

**\$0** copay

Outpatient Observation<sup>1</sup>

**\$0** copay

#### Ambulatory Surgical Center (ASC) Services

ASC Services (ASC)<sup>1</sup>

**\$0** copay

#### Doctors Visits<sup>1</sup>

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"> <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/Influenza, Hepatitis B shots, Pneumococcal shots</li> <li>› “Welcome to Medicare” preventive visit (one-time)</li> <li>› Yearly “Wellness” visit</li> </ul>	
<b>Emergency Care</b>	
Emergency Care Services	<b>\$0</b> copay
Worldwide Emergency/Urgent Coverage/Emergency Transportation	<b>\$0</b> copay Maximum worldwide coverage amount \$50,000.
<b>Urgently Needed Services</b>	
Urgent Care Services	<b>\$0</b> copay
<b>Diagnostic Services, Labs and Imaging</b> <i>(Costs for these services may vary based on place of service or type of service)</i>	
Diagnostic Procedures and Tests <sup>1</sup>	<b>\$0</b> copay
Lab Services <sup>1</sup>	<b>\$0</b> copay
Genetic Testing <sup>1</sup>	<b>\$0</b> copay
Diagnostic Radiological Services (MRIs, CT scans, etc.) <sup>1</sup>	<b>\$0</b> copay
Therapeutic Radiological Services <sup>1</sup>	<b>\$0</b> copay
X-ray Services <sup>1</sup>	<b>\$0</b> copay in a Primary Care Physician office <b>\$0</b> copay in a Specialist office <b>\$0</b> copay or coinsurance in other outpatient locations
<b>Hearing Services</b>	
Hearing Exams (Medicare-covered)	<b>\$0</b> copay in a Primary Care Physician office
Diagnostic hearing and balance evaluations performed by your provider to determine if	<b>\$0</b> 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	<b>\$0</b> copay for one routine exam every year
Hearing Aid Evaluation/Fitting	<b>\$0</b> copay for one fitting evaluation per hearing aid every 2 years
Hearing Aids	<b>\$0</b> copay Plan maximum coverage amount for hearing aids of <b>\$4000</b> every 2 years.
<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>\$0</b> copay
<b>Vision Services</b>	
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.	<b>\$0</b> copay for diabetic retinopathy screening <b>\$0</b> 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.	<b>\$0</b> copay for one routine exam every year

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

Benefit	What you Pay
	In-Network and Out-of-Network
<b>Medicare Part B Drugs</b>	
Medicare Part B Insulin Drugs	\$0 copay
Medicare Part B Chemotherapy/Radiation Drugs <sup>1</sup>	\$0 copay
Other Medicare Part B Drugs <sup>1</sup>	\$0 copay
Medicare-covered Part B Drugs may be subject to step therapy requirements.	
<b>Acupuncture Services</b>	
Acupuncture Services (Medicare-Covered) <sup>1</sup>	\$0 copay
Routine Acupuncture Services	Not Covered
<b>Chiropractic Care</b>	
Chiropractic Services (Medicare-Covered) <sup>1</sup>	\$0 copay
Routine Chiropractic Services	Not Covered
<b>Fitness &amp; Wellness Programs</b>	
<p>The Silver&amp;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&amp;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&amp;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
<b>Foot Care (Podiatry Services)</b>	
Podiatry Services Medicare-covered	<b>\$0</b> copay
Routine Podiatry Services	<b>\$0</b> copay
<b>Home Delivered Meals</b>	
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.	<b>\$0</b> 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.
<b>Home Health Care<sup>1</sup></b>	
If you're eligible for home health care, covered services include: <ul style="list-style-type: none"> <li>› Part-time or intermittent skilled nursing and home health aide services</li> <li>› Physical therapy, occupational therapy, and speech therapy</li> <li>› Medical and social services</li> </ul> Medical equipment and supplies	<b>\$0</b> copay
<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.	<b>\$0</b> copay
<b>Medical Equipment and Supplies</b>	
Durable Medical Equipment (wheelchairs, oxygen, etc.) <sup>1</sup>	<b>\$0</b> copay
Prosthetic & Orthotic Devices (braces, artificial limbs, etc.) <sup>1</sup>	<b>\$0</b> copay
Related Medical Supplies <sup>1</sup>	<b>\$0</b> copay
Diabetes Supplies & Services <sup>1</sup> Brand limitations apply to certain supplies.	<b>\$0</b> copay for diabetes self-management training <b>\$0</b> copay for therapeutic shoes or inserts <b>\$0</b> copay for diabetes monitoring supplies

Benefit	What you Pay
	In-Network and Out-of-Network
<b>Opioid Treatment Services<sup>1</sup></b>	
FDA-approved treatment medications in addition to testing, counseling, and therapy.	<b>\$0</b> copay
<b>Outpatient Substance Abuse<sup>1</sup></b>	
Individual or Group Therapy Visit	<b>\$0</b> copay
<b>Over-the-Counter Items (OTC)</b>	
	Not Covered
<b>MDLIVE Telehealth Services</b>	
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.	<b>\$0</b> copay for non-emergency urgent care virtual visits <b>\$0</b> copay for mental health therapy virtual visits <sup>1</sup> <b>\$0</b> copay for dermatology care virtual visits <sup>1</sup>

## Extra Benefits Included in your plan

Annual Physical Exam <sup>1</sup>	<b>\$0</b> copay
Cigna Healthy Today Card  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.	Based on your plan's allowance and frequency amounts, funds will be loaded on your Cigna Healthy Today card automatically.  Allowance amounts do not carry over to the next quarter or the following year.
Compression Stockings	<b>\$0</b> copay
Foot Orthotics	<b>\$0</b> copay
Home Life Referrals  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.	<b>\$0</b> copay
In-Home Support  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.	<b>\$0</b> copay for in-home support services <b>30</b> hours per year towards the use of in-home support services. Unused balances do not carry over year to year.

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# Cigna True Choice Core Medicare (PPO) - Access to Care



# In-network vs. out-of-network access to care.



## How your Cigna® True Choice Medicare (PPO) plan works.

You have the option of using in-network or out-of-network providers, as long as they participate in Medicare and accept the plan. Accepting the plan means the doctor is willing to treat you and bill Cigna Healthcare<sup>SM</sup>, even if they are not contracted with Cigna Healthcare as an in-network Medicare Advantage provider. Unlike many other PPO plans, your cost-share to see an in-network provider or out-of-network provider is the same.

### In-network providers

A doctor or health care professional who contracts with Cigna Healthcare to see Medicare patients.

- You pay your copay or coinsurance according to your benefits, and your health care provider bills Cigna Healthcare for the rest. Provider is paid according to their contract with Cigna Healthcare.
- In-network Cigna True Choice Medicare (PPO) providers participate in Medicare and already accept Cigna Healthcare as part of their contract.
- They must continue to see you if you're an existing patient.
- They may choose not to see you if you're not an existing patient and they are not accepting new Medicare patients at that time.



### Important:

If your provider has questions about your plan, please show them the reverse side of this flyer. We've provided information to help answer questions they may have.

### Out-of-network providers

A doctor or health care professional who doesn't currently contract with Cigna Healthcare to see Medicare patients.

- You can see any out-of-network provider that participates in Medicare and accepts the plan. Accepting the plan means the doctor is willing to treat you and bill us.
- You pay your copay or coinsurance. We will pay the rest of the cost of your covered services, including excess charges, up to the Medicare-set limit.
- An out-of-network provider may refuse to directly bill us, and ask that you pay the full allowable amount set by Medicare. If that happens, you pay the doctor, then submit your claim to us for reimbursement, less your copay or coinsurance.
- If your doctor won't accept the plan, call Customer Service at the phone number below. We will reach out to the doctor on your behalf to explain how the plan works. In most cases, this will resolve the issue.

### Questions? Customer Service can help.

Call <888.281.7867> (TTY 711).

October 1–March 31, 8:00 am–8:00 pm, local time, 7 days a week.

April 1–September 30,

Monday–Friday, 8:00 am–8:00 pm, local time.

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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# Information for providers.



## Cigna Healthcare Medicare Advantage Preferred Provider Organizations.

### Did you know?

Cigna Healthcare Medicare Advantage Preferred Provider Organization (PPO) plan customers can go to any participating or nonparticipating Medicare provider without a referral. That means you can:

- Accept patients with these ID cards; look for “PPO” plan type in the blue section of the card

		<Plan Name> <Plan Type> <Employer Name>
Name	<Customer Full Name>	<Contract/PBP/segment>
ID	<Customer ID>	Medicare <sup>R</sup> <sub>X</sub> Prescription Drug Coverage
Health Plan	(80840)	
Effective Date	<Effective Date>	
[Dental Plan	<Dental Benefit>	[RxBIN <XXXXXXXX>] [RxPCN <XXXXXXXX>] [RxGRP <XXXXXXXX>]
[No PCP Required] [No Referral Required] COPAYS (IN/OON)		
PCP	<\$XX/\$XX or XX%>	Specialist <\$XX/\$XX or XX%>
Emergency	<\$XX>	Urgent Care <\$XX>

- Collect copayment or coinsurance at time of service, depending on the patient’s plan
- Submit claims to Cigna Healthcare for covered services and receive one payment; see **MedicareProviders.Cigna.com > Provider Manual > Nonparticipating Providers** for further information

### Claims processing

- Electronic claims submission:  
Change Healthcare/Availity  
(Payor ID: 63092 or 52192)
  - SSI Group/Capario/Vizient/ZirMed/  
Office Ally/Gateway EDI (Payor ID: 63092)
- Paper claims submission:  
Cigna Healthcare Medicare Advantage  
P.O. Box 981706, El Paso, TX, 79998

### Important information

- Prior Authorization (PA)  
PA is only required for in-network and out-of-network services listed at **MedicareProviders.Cigna.com > Provider Resources > Prior Authorization Requirements**  
This allows Cigna Healthcare to confirm that these services are covered and are medically necessary for:
  - Inpatient hospital and skilled nursing admissions\*
  - Outpatient procedures, services and supplies
- **This patient has coverage through an employer group plan. Patients with coverage through employer groups pay the same out of pocket for in-network and out-of-network covered services.**

### Contact information

- To verify eligibility and benefits or precertification for Cigna Healthcare Medicare Advantage patients, call **800.230.6138** Monday through Friday, 8:00 am–5:00 pm CST.
- To view our nonparticipating provider manual, visit **MedicareProviders.Cigna.com > Provider Manual > Nonparticipating Providers.**
- To learn more about becoming a contracted provider, visit **MedicareProviders.Cigna.com > Provider Resources > Forms and Practice Support > Network Interest Forms-Practitioner.**

\* PA allows us to inform you about our patient support programs that may help your patients.

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# Cigna True Choice Core Medicare (PPO) - Online Resource Insert



# Find your plan documents online.

You can also look for providers and plan details.

Cigna Healthcare<sup>SM</sup> makes it easy to find your important plan information online. Go to [CignaMedicare.com/group/MAresources](https://CignaMedicare.com/group/MAresources) to access your:



## Provider directory

Search for network doctors and specialists near you.

- You have the option of using in-network or out-of-network providers, as long as they participate in Medicare and accept the plan.
- Accepting the plan means the doctor is willing to treat you and bill Cigna Healthcare, even if they are not contracted with Cigna Healthcare as an in-network Medicare Advantage provider.
- Unlike many other PPO plans, with this plan you pay the same cost-share to see an in-network provider or out-of-network provider.



## Evidence of Coverage (EOC)

Find details, rules and policies about your 2025 plan.

 Your 2025 plan materials can be found online starting October 1, 2024.

## We're here to help.

Call customer service at **1-888-281-7867 (TTY 711)** October 1 – March 31, 8 a.m. – 8 p.m. local time, seven days a week, and April 1 – September 30, 8 a.m. – 8 p.m. local time, Monday – Friday, to:

- Get help finding a doctor.
- Ask questions about your coverage.
- Request copies of these documents to be mailed to you.

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

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# How to Use Our Online Provider Directory



Medicare Advantage

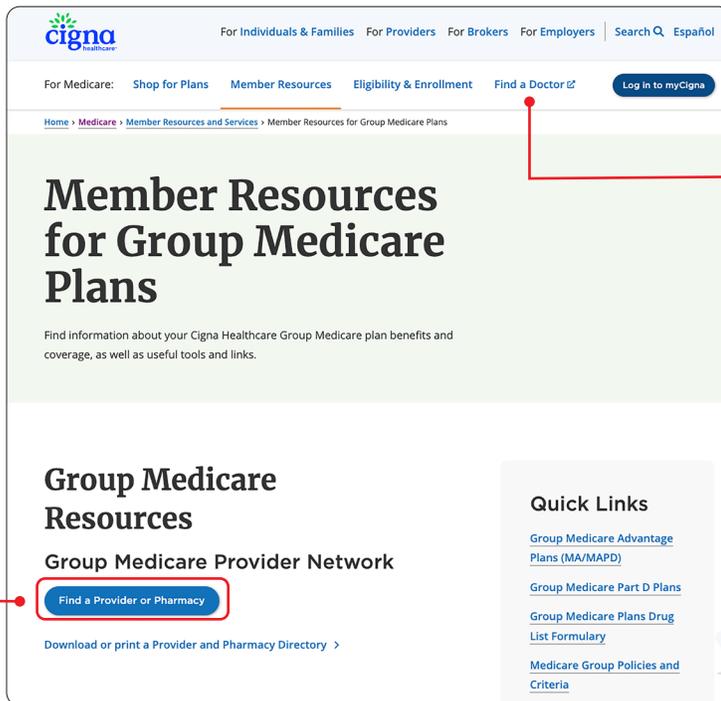
# Ready to find a doctor or health care facility?



# You're just a few clicks away from finding a Cigna Healthcare<sup>SM</sup> Medicare provider in your area. Use this guide to navigate the online Provider Directory.

1.

- Go to [CignaMedicare.com/group/MAresources](https://CignaMedicare.com/group/MAresources) and scroll down.
- Click the blue **Find a Provider or Pharmacy** button.



**Note:** For the easiest access to Medicare Advantage providers, do not use this link. To access the complete directory of providers for your group Medicare Advantage plan, be sure to follow the instructions in Step I. If you do click on this link, be sure to choose “Medicare” when asked “How are you covered?”

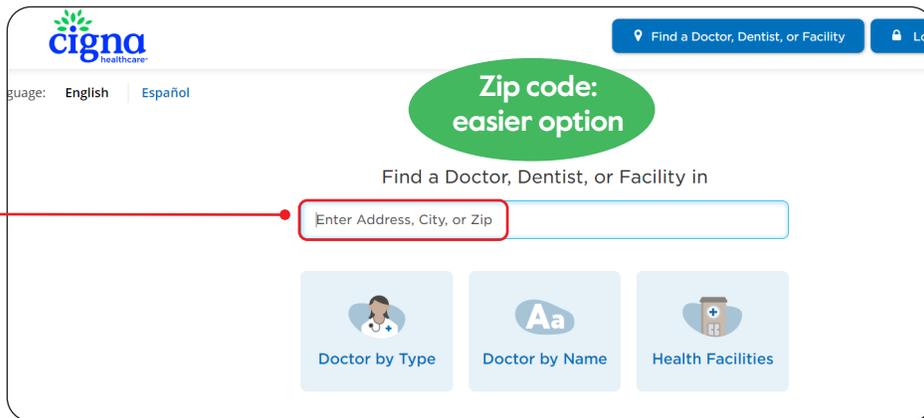
## Need help finding a provider?

Call customer service at **1-888-281-7867 (TTY 711)**,  
October 1 – March 31, 8 a.m. – 8 p.m. local time, seven days a week,  
and April 1 – September 30, 8 a.m. – 8 p.m. local time, Monday – Friday.  
Our automated phone system may answer your call during weekends,  
holidays and after hours.

2.

Enter your **address (with city and state) or zip code**.

**Tip:** Entering your zip code is the easier option.



**Note:** This website is continually evolving, and on-screen details may vary based on coverage and benefits.

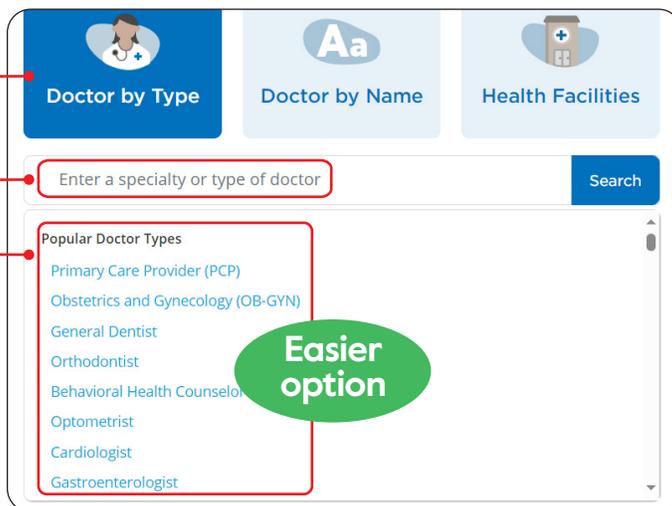
The next steps in this guide will show you how to search for an in-network provider by doctor type (Step 3); doctor name (Step 4); or health care facility (Step 5).

3.

Click on the blue **Doctor by Type** box.

Next, you can **Enter a specialty or type of doctor** in the search box or select the type of doctor you are looking for from the list and click on Search. **Popular Doctor Types** are at the top of the list, or scroll down further to view **All Doctor Types**.

**Tip:** Selecting the type of doctor or specialist you are looking for from the list is the easier option.



**Note:** This website is continually evolving, and on-screen details may vary based on coverage and benefits.

4.

If you're already a Cigna Healthcare Medicare Advantage plan customer, you can log in to [myCigna.com](https://mycigna.com)<sup>®</sup> for personalized search results based on your plan and location.

If you're new to Cigna Healthcare Medicare Advantage, click on **Continue as a guest**.

The screenshot shows a 'Login/Register' page with a vertical line separating the login and registration sections. On the left side, there is a blue button labeled 'Log In to myCigna' and a grey button labeled 'Register'. On the right side, there is a blue button labeled 'Continue as guest'. Red lines with dots at the end point from the number '4' in a blue circle to the 'Log In to myCigna' button and the 'Continue as guest' button.

5.

The first time you search for a provider, you may be asked to verify your location and select a plan. Confirm your location and click on **Continue**.

The screenshot shows a 'Please Select a Plan' page. At the top, it says 'Please Select a Plan'. Below that is a text input field with the placeholder text 'Enter City, State or Zip' and the label 'I Live in'. Below the input field are two buttons: a grey button labeled 'Search Again' and a blue button labeled 'Continue'. Below these buttons is a button labeled 'Continue without a plan'. Red lines with dots at the end point from the number '5' in a blue circle to the 'I Live in' input field, the 'Continue' button, and the 'Continue without a plan' button.

**Note:** If no health plans come up when you search, choose **Continue without a plan** to view providers in your area.

### Need help finding a provider?

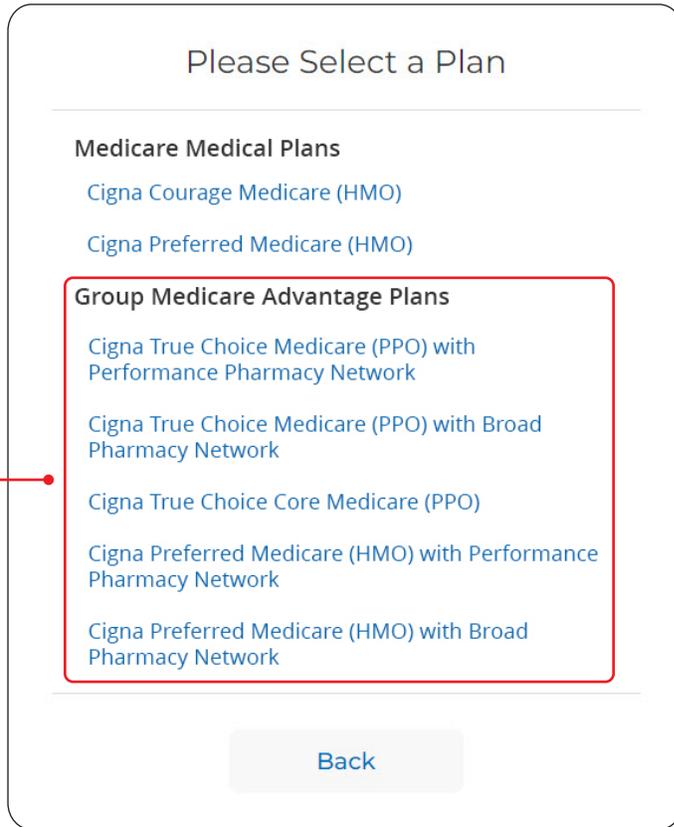
Call customer service at **1-888-281-7867 (TTY 711)**,  
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holidays and after hours.

6.

On the next screen, select your plan.

Select your Group Medicare Advantage plan from the **Group Medicare Advantage Plans** section. Refer to your benefit book for your Medicare Advantage plan name and pharmacy network name.

Note: Depending on your location, the number and type plans shown may vary.



7.

If you click on **Doctor by Name**, you can **Enter a doctor's name or National Provider ID (NPI)** to search.

**Tip:** Enter last name, first name, or enter last name only.



8.

If you click on **Health Facilities**, you can find a health care facility by name, type or NPI using the search box. Or you can select the type of facility you are looking for from the list. **Common Facilities** are at the top of the list, or scroll down further to view **All Facilities**.

If your Medicare Advantage plan includes prescription drug coverage, you can search for pharmacies by selecting **Pharmacy** from the list of **Common Facilities**. If you don't know your plan's pharmacy network name, refer to your benefit book.

**Tip:** Selecting the type of facility you are looking for from the list is the easier option.

Doctor by Type    Doctor by Name    Health Facilities

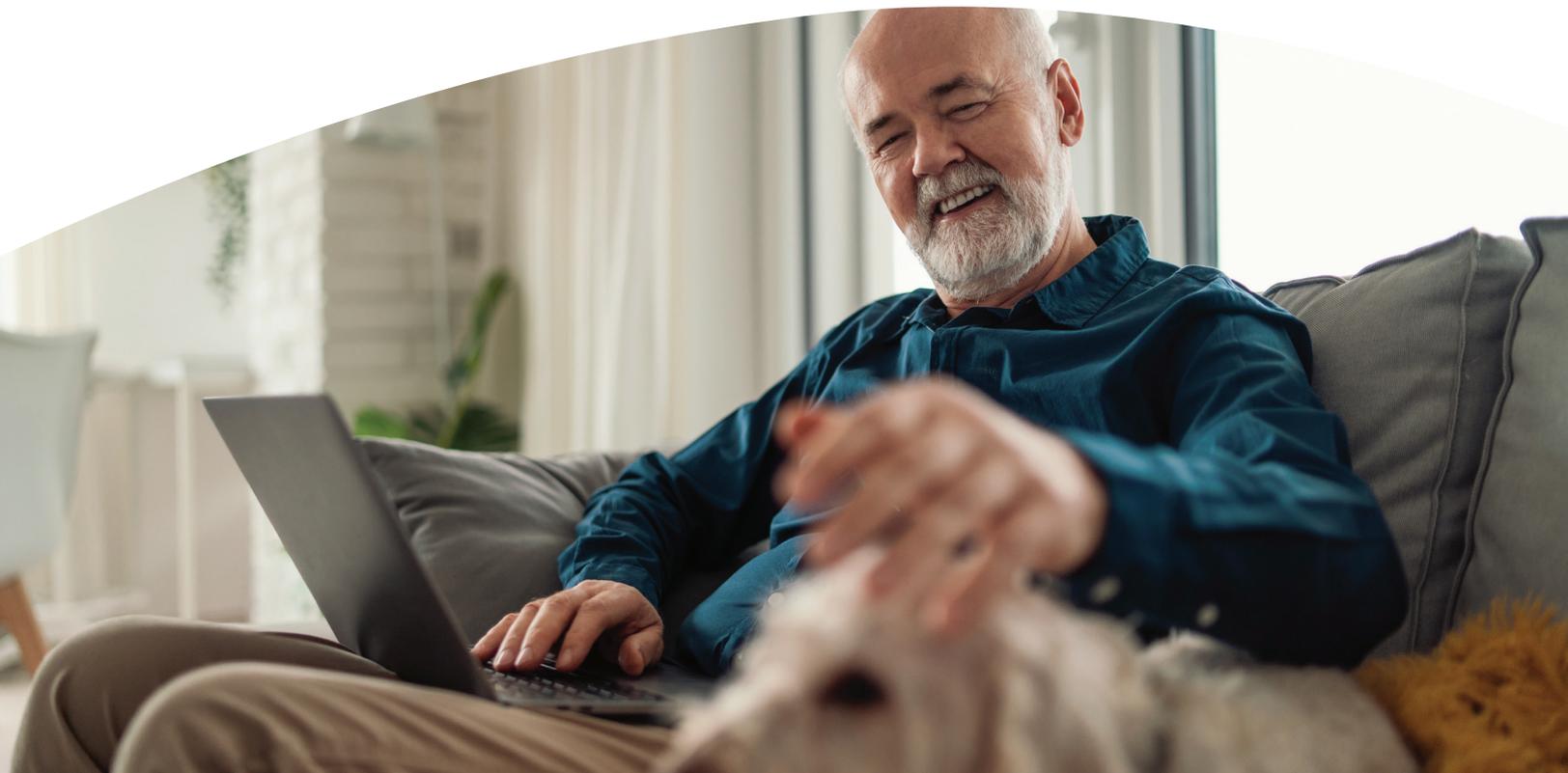
Enter a health care facility name, type, or NPI    Search

Common Facilities

- Hospitals and Medical Centers
- Imaging Facilities: Low Tech (X-ray, Ultrasound)
- Behavioral Health Facility
- Physical Therapy Facility
- Pharmacy
- Durable Medical Equipment (DME)/Supplies Provider
- Substance Use Treatment Facility

Easier option

■ An NPI is a unique 10-digit number issued to health care providers by the Centers for Medicare & Medicaid Services (CMS).







### **Need help finding a provider?**

Call customer service at **1-888-281-7867 (TTY 711)**,  
October 1 – March 31, 8 a.m. – 8 p.m. local time, seven days a week,  
and April 1 – September 30, 8 a.m. – 8 p.m. local time, Monday – Friday.  
Our automated phone system may answer your call during weekends,  
holidays and after hours.



Out-of-network/non-contracted providers are under no obligation to treat Cigna Healthcare customers, 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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# Notice of Non-Discrimination and Multi- Language Interpreter Services





## 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 1-888-281-7867. 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 1-888-281-7867. 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 1-888-281-7867。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 1-888-281-7867。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 1-888-281-7867. 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 1-888-281-7867. 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 1-888-281-7867 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 1-888-281-7867. 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 1-888-281-7867번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-281-7867. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة على أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم 1-888-281-7867، وسيقوم شخص يتحدث العربية بمساعدتك. هذه الخدمة مجانية.

**Hindi:** हमारी स्वास्थ्य या दवा योजना से संबंधित आपके किसी भी प्रश्न का जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं। दुभाषिया सेवाएं प्राप्त करने के लिए हमें 1-888-281-7867 पर फ़ोन करें। हिन्दी बोलने वाला कोई भी व्यक्ति आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-281-7867. Un nostro incaricato che parla italiano Le l'assistenza necessaria. Il servizio è gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que possa ter acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-281-7867. Irá encontrar alguém que fale português para o(a) ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-281-7867. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-281-7867. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康保険と薬品プランに関するご質問にお答えするために、無料の通訳サービスがございます。通訳をご用命になるには、1-888-281-7867にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。



