# Summary of Benefits

**2021**

January 1, 2021 to
December 31, 2021

## Cigna True Choice Medicare (PPO) H7849-011

**Freedom to choose your own doctor with no referrals required; out-of-network coverage available**

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

Our service area include the following counties:

**North Carolina:** Davidson, Davie, Forsyth and Guilford counties, NC

# Introduction

## What's Inside



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

## 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 it online at **www.medicare.gov** or 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?

### Already a customer

Call toll-free **1-800-668-3813 (TTY 711)**. Customer Service is available October 1–March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1–September 30, Monday to Friday 8 a.m. to 8 p.m. local time. Our automated phone system may answer your call during weekends, holidays and after hours.

### Not a customer

Call toll-free **1-855-980-3049 (TTY 711)**, licensed agents are available October 1–March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1–September 30, Monday to Friday 8 a.m. to 8 p.m. local time. Our automated phone system may answer your call during weekends, holidays and after hours.

You can also visit our website at **CignaMedicare.com**.

Cigna True Choice Medicare (PPO) H7849-011

# 1 About this Plan

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

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

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

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

## What do we cover?

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

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

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

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

# 2 Monthly Premium, Deductible and Limits

| Benefit | Cigna True Choice Medicare (PPO) |
|---|---|
| **Monthly Premium** | **$0** per month. In addition, you must keep paying your Medicare Part B premium. Cigna will reduce your Medicare Part B premium by **$25.** |
| **Medical Deductible** | This plan does not have a deductible. |
| **Pharmacy (Part D) Deductible** | This plan does not have a deductible. |
| **Is there any limit on how much I will pay for my covered services?** | Original Medicare does not have annual limits on out-of-pocket costs.<br>Your yearly limit(s) in this plan:<br>**$5,750** for services you receive from in-network providers for Medicare-covered benefits.<br>**$11,000** which applies to in-network and out-of-network Medicare-covered benefits combined.<br>If you reach the in-network limit on out-of-pocket costs, you keep getting in-network covered hospital and medical services and we will pay the full cost for the rest of the year.<br>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs. |

# 3 Covered Medical and Hospital Benefits

| Benefit | What You Pay | |
|---|---|---|
| | In-Network | Out-of-Network |
| **Note: Services with a [1] may require prior authorization. Services with a [2] may require a referral from your doctor.** | | |
| **Inpatient Hospital Coverage**[1] | | |
| Our plan covers an unlimited number of days for an inpatient hospital stay. | **$295** per day for days 1–7<br>**$0** per day for days 8–90 | **30%** coinsurance |
| **Outpatient Surgery** | | |
| Ambulatory Surgical Center (ASC)[1] | **$0–$250** copay | **30%** coinsurance |
| Outpatient Services[1] | **$0–$295** copay | **30%** coinsurance |
| Outpatient Observation[1] | **$295** copay | **30%** coinsurance |
| **Doctors Visits** | | |
| Primary Care Physician (PCP) | **$0** copay | **$50** copay |
| Specialists[1] | **$25** copay | **$60** copay |
| **Preventive Care** | | |
| Our plan covers many Medicare-covered preventive services, including:<br>› Abdominal aortic aneurysm screening<br>› Alcohol misuse counseling<br>› Bone mass measurement<br>› Breast cancer screening (mammogram)<br>› Cardiovascular disease (behavioral therapy)<br>› Cardiovascular screenings<br>› Cervical and vaginal cancer screening<br>› Colorectal cancer screening (colonoscopy, fecal occult blood test, multi-target stool DNA tests, screening barium enemas, flexible sigmoidoscopy)<br>› Depression screenings<br>› Diabetes screenings<br>› Diabetes self-management training<br>› Glaucoma tests | **$0** copay<br>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. | Same as in-network |

| Benefit | What You Pay | |
|---|---|---|
| | In-Network | Out-of-Network |
| **Preventive Care** *(continued)* | | |
| › Hepatitis B Virus (HBV) infection screening<br>› Hepatitis C screening<br>› HIV screening<br>› Lung cancer screening with low dose computed tomography (LDCT)<br>› Medical nutrition therapy services<br>› Obesity screening and counseling<br>› Prostate cancer screenings (PSA)<br>› Sexually transmitted infections screening and counseling<br>› Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)<br>› Vaccines, including Flu shots, Hepatitis B shots and Pneumococcal shots<br>› Welcome to Medicare preventive visit (one-time)<br>› Yearly Wellness visit | **$0** copay<br>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. | Same as in-network |
| **Emergency Care** | | |
| Emergency Care Services | **$90** copay<br>If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. | Same as in-network |
| Worldwide Emergency/Urgent Coverage/Emergency Transportation | **$90** copay<br>Maximum worldwide coverage amount **$50,000** | Same as in-network |
| **Urgently Needed Services** | | |
| Urgent Care Services | **$25** copay<br>If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for urgent care. | Same as in-network |

| Benefit | What You Pay | |
|---|---|---|
| | In-Network | Out-of-Network |
| **Diagnostic Services, Labs and Imaging**<br>*(Costs for these services may vary based on place of service or type of service)* | | |
| Diagnostic Procedures and Tests[1] | **$0–$95** copay | **30%** coinsurance |
| Lab Services[1]<br>For COVID-19 testing a prior authorization is not required. | **$0** copay | **30%** coinsurance<br>**0%** coinsurance for COVID-19 testing |
| Therapeutic Radiological Services[1] | **$60** copay | **30%** coinsurance |
| X-ray Services | **$0–$20** copay | **30%** coinsurance |
| Diagnostic Radiological Services (MRIs, CT scans, etc.)[1] | **$0–$195** copay | **30%** coinsurance |
| **Hearing Services** | | |
| Hearing Exams (Medicare-covered) | **$0** copay in a Primary Care Physician office; **$25** copay in a Specialist office | **$60** copay |
| Routine Hearing Exams | **$0** copay for one routine exam every year | **30%** coinsurance for one routine exam every year |
| Hearing Aid Evaluation/Fitting | **$0** copay for one fitting evaluation per hearing aid every three years | **30%** for one fitting evaluation per hearing aid every three years |
| Hearing Aids | **$0** copay up to plan maximum coverage amount for hearing aids of **$700** per ear per device every three years | Combined with in-network |
| **Dental Services** | | |
| Dental Services (Medicare-covered)[1]<br>Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth) | **$25** copay | **$60** copay |
| Preventive and Comprehensive Dental Services<br>› Dental Allowance<br>Supplemental dental services with licensed dentist.* Provider submits claim to Cigna Dental Health. Includes Preventive and Comprehensive Services. Benefit does not cover cosmetic services.<br>*Dentist is not on the exclusion/preclusion list, and/or who has not opted out of Medicare. | **$0** copay up to allowance amount<br>**$750** combined Preventive and Comprehensive allowance every year | Combined with in-network |

| Benefit | What You Pay | |
|---|---|---|
| | In-Network | Out-of-Network |
| **Vision Services** | | |
| Eye Exams (Medicare-covered) | **$0** copay for diabetic retinal exams; **$25** copay for all other Medicare-covered vision services | **$0** copay for diabetic retinal exams; **$60** copay for all other Medicare-covered vision services |
| Routine Eye Exam | **$0** copay for one routine exam every year | **30%** coinsurance for one routine exam every year |
| Glaucoma Screening (Medicare-covered) | **$0** copay | Same as in-network |
| Eyewear (Medicare-covered) | **$0** copay | **30%** coinsurance |
| Routine Eyewear<br>› Contact lenses (unlimited)<br>› Eyeglasses-lenses and frames (one every year)<br>› Eyeglass lenses (one every year)<br>› Eyeglass frames (one every year)<br>› Upgrades | **$0** copay up to plan maximum coverage amount of **$200** every year | Combined with in-network |
| **Mental Health Services** | | |
| Inpatient[1]<br>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. | **$595** per day for days 1–3<br>**$0** per day for days 4–90 | **30%** coinsurance |
| Outpatient[1]<br>Individual or Group Therapy Visit | **$0** copay | **$60** copay |
| **Skilled Nursing Facility** *(SNF)*[1] | | |
| Our plan covers up to 100 days in the SNF. | **$0** per day for days 1–20<br>**$184** per day for days 21–100 | **30%** coinsurance |
| **Rehabilitation Services** | | |
| Cardiac (Heart) Rehab Services[1] | **$10** copay | **30%** coinsurance |
| Pulmonary Rehab Services[1] | **$10** copay | **30%** coinsurance |
| Occupational Therapy Services[1] | **$25** copay | **$60** copay |

| Benefit | What You Pay | |
|---|---|---|
| | In-Network | Out-of-Network |
| Physical Therapy, Speech and Language Therapy Services[1] | **$25** copay | **$60** copay |
| Physical Therapy Telehealth Services[1] | **$25** copay | Not Covered |
| **Ambulance**[1] | | |
| Ground Service (one-way trip) | **$230** copay | **$230** copay |
| Air Service (one-way trip) | **20%** coinsurance | **20%** coinsurance |
| **Transportation** | | |
| | Not Covered | Not Covered |
| **Prescription Drugs**[1] | | |
| Medicare Part B Drugs<br>Medicare-covered Part B Drugs may be subject to step therapy requirements. | **20%** coinsurance<br>This plan has Part D prescription drug coverage. See Section 4 in the *Summary of Benefits*. | **30%** coinsurance |
| **Foot Care** *(Podiatry Services)* | | |
| Podiatry Services (Medicare-covered) | **$25** copay | **$60** copay |
| Routine Podiatry Services | Not Covered | Not Covered |
| **Medical Equipment and Supplies** | | |
| Durable Medical Equipment (wheelchairs, oxygen, etc.)[1] | **20%** coinsurance | **30%** coinsurance |
| Prosthetic Devices (braces, artificial limbs, etc.) and Related Medical Supplies[1] | **20%** coinsurance | **30%** coinsurance |
| Diabetes Supplies and Services[1]<br>Brand limitations apply to certain supplies. | **$0** copay for diabetes self-management training<br>**20%** coinsurance for therapeutic shoes or inserts<br>**0%** or **20%** coinsurance for diabetic monitoring supplies | **$0** copay for diabetes self-management training<br>**30%** coinsurance for therapeutic shoes or inserts<br>**30%** coinsurance for diabetic monitoring supplies |
| **Fitness and Wellness Programs** | | |
| Fitness Program<br>Program offers a fitness center membership and home fitness program in addition to enhanced technology options and senior lifestyle coaching. | **$0** copay | Combined with in-network |

| Benefit | What You Pay | |
|---|---|---|
| | In-Network | Out-of-Network |
| **Health Information Line** | | |
| Talk one-on-one with a Nurse Advocate to get timely answers to your health-related questions at no additional cost, anytime day or night. | **$0** copay | Combined with in-network |
| **Chiropractic Care**[1] | | |
| Chiropractic Services (Medicare-covered) | **$15** copay | **$60** copay |
| Routine Chiropractic Services | Not Covered | Not Covered |
| **Home Health**[1] | | |
| | **$0** copay | **30%** coinsurance |
| **Hospice** | | |
| Hospice care must be provided by a Medicare-certified hospice program.<br>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 | Same as in-network |
| **Outpatient Substance Abuse**[1] | | |
| Individual or Group Therapy Visit | **$25** copay | **$60** copay |
| **Opioid Treatment Services**[1] | | |
| FDA-approved treatment medications in addition to testing, counseling and therapy. | **$25** copay | **$60** copay |
| **Over-the-Counter Items** *(OTC)* | | |
| Over-the-counter drugs and other health-related pharmacy products, as listed in the *OTC Catalog*. | Not Covered | Not Covered |
| **Home Delivered Meals** | | |
| | **$0** copayment for home delivered meals<br>Limited to 14 meals per discharge from qualified hospital stay or skilled nursing facility (up to three stays per year) | Combined with in-network |

| Benefit | What You Pay | |
|---|---|---|
| | In-Network | Out-of-Network |
| **Telehealth Services** *(Medicare-covered)* | | |
| For nonemergency care, you can talk with an MDLIVE doctor via phone or video for certain telehealth services, including: allergies, cough, headache, sore throat and other low-risk illnesses. | **$0** copay | **$50** copay |
| **Acupuncture Services** | | |
| Acupuncture Services (Medicare-covered)[1] Services for chronic lower back pain. | **$20** copay | **40%** coinsurance |
| Supplemental Acupuncture Services | Not Covered | Not Covered |

# 4 Prescription Drug Benefits

| Benefit | Cigna True Choice Medicare (PPO) |
|---|---|
| **Medicare Part D Drugs Initial Coverage** (after you pay your deductible, if applicable)<br>**Tier 1:** Preferred Generic Drugs<br>**Tier 2:** Generic Drugs<br>**Tier 3:** Preferred Brand Drugs<br>**Tier 4:** Non-Preferred Drugs<br>**Tier 5:** Specialty Drugs | The following charts show the cost-sharing amounts for covered drugs under this plan. After you pay your yearly Part D deductible, you pay the following until your total yearly drug costs reach **$4,130**. Total yearly drug costs are the total drug costs paid by both you and our plan. |

| | Preferred Mail Order Cost-Sharing | | |
|---|---|---|---|
| Tier | 30 Days | 60 Days | 90 Days |
| 1 | $0 | $0 | $0 |
| 2 | $10 | $20 | $0 |
| 3 | $42 | $84 | $126 |
| 4 | $95 | $190 | $285 |
| 5 | 33% | Not available | Not available |

| | Preferred Retail Cost-Sharing | | |
|---|---|---|---|
| Tier | 30 Days | 60 Days | 90 Days |
| 1 | $0 | $0 | $0 |
| 2 | $10 | $20 | $25 |
| 3 | $42 | $84 | $126 |
| 4 | $95 | $190 | $285 |
| 5 | 33% | Not available | Not available |

| | Standard Mail Order Cost-Sharing | | |
|---|---|---|---|
| Tier | 30 Days | 60 Days | 90 Days |
| 1 | $5 | $10 | $15 |
| 2 | $15 | $30 | $45 |
| 3 | $47 | $94 | $141 |
| 4 | $100 | $200 | $300 |
| 5 | 33% | Not available | Not available |

| | Standard Retail Cost-Sharing | | |
|---|---|---|---|
| Tier | 30 Days | 60 Days | 90 Days |
| 1 | $5 | $10 | $15 |
| 2 | $15 | $30 | $45 |
| 3 | $47 | $94 | $141 |
| 4 | $100 | $200 | $300 |
| 5 | 33% | Not available | Not available |

| Benefit | Cigna True Choice Medicare (PPO) |
|---|---|
| **Medicare Part D Drugs Initial Coverage** *(continued)* | You may get your drugs at preferred or standard network retail pharmacies, or preferred mail order pharmacies. Your prescription drug copay will typically be less at a preferred network pharmacy because it has a preferred agreement with your plan.<br><br>You can get your prescription from an out-of-network pharmacy, but may pay more than you would pay at an in-network pharmacy. If you reside in a long term care facility, you would pay the standard retail cost-sharing at an in-network pharmacy.<br><br>Your costs may be different if you qualify for Extra Help. Your copay or coinsurance is based on the drug tier for your medication, which you can find in the plan *Comprehensive Prescription Drug List* on our website **CignaMedicare.com**. Or, call us and we will send you a copy of the *Comprehensive Prescription Drug List*. |
| **Coverage Gap** | Most Medicare prescription drug plans have a Coverage Gap (also called the Donut Hole). This means that there is a temporary change in what you will pay for your drugs. The Coverage Gap begins after your total yearly prescription drug cost (including what our plan has paid and what you have paid) reaches **$4,130**. Not everyone will enter the Coverage Gap.<br><br>After you enter the Coverage Gap, you pay **25%** of the plan's cost for covered brand name drugs and **25%** of the plan's cost for covered generic drugs until your costs total **$6,550**, which is the end of the Coverage Gap. |
| **Catastrophic Coverage** | After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) have reached **$6,550**, the plan will pay most of the cost for your drugs. Your share of the cost of covered drugs will be the greater of:<br><br>**5%** of the cost of the drug<br><br>— or —<br><br>**$3.70** copay for generic drugs (including brand drugs treated as generic) and **$9.20** copay for all other drugs. |

## Required Information

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Arizona, Inc., Cigna HealthCare of St. Louis, Inc., HealthSpring Life & Health Insurance Company, Inc., HealthSpring of Florida, Inc., Bravo Health Mid-Atlantic, Inc., and Bravo Health Pennsylvania, Inc. HealthSpring of Florida, Inc. operates under the assumed name of "Leon Medical Centers Health Plans" in the Miami-Dade service area. "Leon Medical Centers" is a registered trademark of Leon Medical Centers. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

The disclaimers on this page apply to the benefits outlined throughout this document. This information is not a complete description of benefits, which vary by individual plan. You must live in the plan's service area. Prior authorization and/or referrals are required for certain services. A licensed benefit advisor can assist you with any questions about our plans by calling the number throughout this document. Individuals may enroll in a plan only during specific times of the year and must have Medicare Parts A and B.

Cigna is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna depends on contract renewal. Leon Medical Centers Health Plans is an HMO plan with a Medicare contract. Enrollment in Leon Medical Centers Health Plans depends on contract renewal. © 2020 Cigna

**For Arizona Residents**
Call Customer Service at 1-800-627-7534 (TTY 711), 8 a.m. to 8 p.m. local time, 7 days a week October–March, Monday to Friday April–September. Our automated phone system may answer your call during weekends, holidays and after hours.

**For Leon Residents**
Call Customer Service at 1-866-393-5366 (TTY 711), 8 a.m. to 8 p.m. local time, 7 days a week October–March, Monday to Friday April–September. Our automated phone system may answer your call during weekends, holidays and after hours.

**For Non-Arizona and Non-Leon Residents**
Call Customer Service at 1-800-668-3813 (TTY 711), 8 a.m. to 8 p.m. local time, 7 days a week October–March, Monday to Friday April–September. Our automated phone system may answer your call during weekends, holidays and after hours.

**For Enrollment in Cigna Achieve and Achieve Plus Medicare Plans**
Enrollment in the Cigna Achieve Medicare plans are for those who have been diagnosed with Diabetes. To join this plan, you must be enrolled in Medicare Parts A and Part B.

**For Enrollment in Cigna TotalCare and TotalCare Plus Plans**
Cigna TotalCare plans are available to anyone who has both full or partial Medical Assistance (Medicaid) from the State and Medicare. ORLANDO, TAMPA and DAYTONA, FLORIDA RESIDENTS must have full Medicaid benefits from the State and Medicare. Premiums, copays, coinsurance and deductibles may vary based on the level of Extra Help you receive.

**For Enrollment in PPO and POS Plans**
PPO and POS plans, out-of-network/non-contracted providers are under no obligation to treat Cigna 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.

**For Enrollment in ISNP Plans**
Cigna Traditions Medicare plans are available to anyone with Medicare who meets the Skilled Nursing Facility (SNF) level of care and resides in a nursing home.

**Silver&Fit**
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**Express Scripts**
Express Scripts Pharmacy is a trademark of Express Scripts Strategic Development, Inc. Other pharmacies are available in our network.

**Cigna Medical Group**
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