

Summary of Benefits

2024

January 1, 2024 to
December 31, 2024

Cigna True Choice Core Medicare (PPO)

Fairfax County Government
H7787 – 802

Freedom to choose your own doctor
with no referrals required
Out-of-network coverage available

A1

TO JOIN

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

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



Introduction

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 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 the handbook online at www.medicare.gov.

Get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Need help?

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

You can also visit our website at:

CignaMedicare.com/group/MAresources

1 About this plan

Which doctors and 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

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*.

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

② Monthly Premium, Deductible & Limits

Benefit	Cigna True Choice Core Medicare (PPO)
How much is the monthly premium?	Please contact your Plan Sponsor. In addition, you must keep paying your Medicare Part B premium.
How much is the Medical Deductible?	\$0 per year for medical services.
Is there any limit on how much I will pay for my covered services?	Your yearly limit(s) in this plan: \$1,500 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. Please note that you will still need to pay your monthly premiums.

3 Covered Medical & Hospital Benefits

Benefit	What you Pay
	In-Network and Out-of-Network
Note: Services with a ¹ may require prior authorization.	
Inpatient Hospital Coverage¹	
Our plan covers an unlimited number of days for an inpatient hospital stay. 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 ¹	\$5 copay
Outpatient Observation ¹	\$0 copay
Ambulatory Surgical Center (ASC) Services	
ASC Services (ASC) ¹	\$0 copay
Doctors Visits¹	
Primary Care Physician	\$5 copay
Specialists	\$5 copay
Preventive Care	
Our plan covers many Medicare-covered preventive services, including: <ul style="list-style-type: none"> › 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 	\$0 copay Any additional preventive services approved by Medicare during the contract year will be covered. Please see your <i>Evidence of Coverage</i> (EOC) for frequency of covered services.

Benefit	What you Pay
	In-Network and Out-of-Network
<ul style="list-style-type: none"> › Hepatitis C screening › HIV screening › Lung cancer screening with low dose computed tomography (LDCT) › Medical nutrition therapy services › Obesity screening and counseling › Prostate cancer screenings (PSA) › Sexually transmitted infections screening and counseling › Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) › Vaccines; including COVID-19, Flu shots, Hepatitis B shots, Pneumococcal shots › “Welcome to Medicare” preventive visit (one-time) › Yearly “Wellness” visit 	
Emergency Care	
Emergency Care Services	\$120 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.
Worldwide Emergency/Urgent Coverage/Emergency Transportation	\$120 copay Maximum worldwide coverage amount \$50,000
Urgently Needed Services	
Urgent Care Services	\$10 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.
Diagnostic Services, Labs and Imaging <i>(Costs for these services may vary based on place of service or type of service)</i>	
Diagnostic Procedures and Tests ¹	\$0 copay or 20% coinsurance
Lab Services ¹	\$0 copay
Genetic Testing ¹	\$0 copay
Diagnostic Radiological Services (MRIs, CT scans, etc.) ¹	\$0 copay or 10% coinsurance
Therapeutic Radiological Services ¹	10% coinsurance
X-ray Services ¹	\$5 copay in a Primary Care Physician office \$5 copay in a Specialist office

Benefit	What you Pay
	In-Network and Out-of-Network
	10% coinsurance in other outpatient locations
Hearing Services	
Hearing Exams (Medicare-covered) Diagnostic hearing and balance evaluations performed by your provider to determine if 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.	\$5 copay
Routine Hearing Exams	\$0 copay for one routine exam every year
Hearing Aid Evaluation/Fitting	\$0 copay for one fitting evaluation per hearing aid every three years
Hearing Aids	\$0 copay up to plan maximum coverage amount for hearing aids of \$3,000 every three years.
Dental Services (Medicare-covered)¹	
Limited dental services (this does not include services in connection with care, treatment, filling removal or replacement of teeth)	\$5 copay
Vision Services	
Eye Exams (Medicare-covered) A separate physician cost-share may apply if additional services requiring cost-sharing are rendered (e.g., but not limited to, if a medical eye condition is discovered during a preventive routine eye exam). A facility cost-share may apply for procedures performed at an outpatient surgical center.	\$0 copay for diabetic retinopathy screening \$5 copay for all other Medicare-covered vision services
Routine Eye Exam	Not Covered
Glaucoma Screening (Medicare-covered)	\$0 copay
Eyewear (Medicare-covered)	\$0 copay
Routine Eyewear	Not Covered

Benefit	What you Pay
	In-Network and Out-of-Network
Mental Health Services	
<p>Inpatient¹</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>For each Medicare-covered hospital stay, you are required to pay the applicable cost-sharing, starting with Day 1 each time you are admitted.</p>	\$0 copay per admission
<p>Outpatient¹</p> <p>Individual or Group Therapy Visit</p>	\$0 copay
Skilled Nursing Facility (SNF)¹	
Our plan covers up to 100 days in the SNF.	\$0 copay per day for days 1–100
Rehabilitation Services	
Cardiac (heart) Rehab Services ¹	\$10 copay
Intensive Cardiac (heart) Rehab Services ¹	\$10 copay
Pulmonary Rehab Services ¹	\$10 copay
Occupational Therapy Services ¹	\$10 copay
Physical Therapy, Speech and Language Therapy Services ¹	\$10 copay
Physical Therapy, Speech and Language Therapy Virtual Services ¹	\$0 copay
Ambulance¹	
Ground Service (one-way trip)	\$0 copay
Air Service (one-way trip)	\$0 copay
Transportation¹	
	Not Covered
Medicare Part B Drugs	
Medicare Part B Insulin Drugs	10% coinsurance up to \$35 maximum per one month supply
Medicare Part B Chemotherapy/Radiation Drugs ¹	10% coinsurance
Other Medicare Part B Drugs ¹	10% coinsurance
Medicare-covered Part B Drugs may be subject to step therapy requirements.	

Benefit	What you Pay
	In-Network and Out-of-Network
Acupuncture Services	
Acupuncture Services (Medicare-Covered) ¹	\$5 copay
Routine Acupuncture Services	Not Covered
Chiropractic Care	
Chiropractic Services (Medicare-Covered) ¹	\$10 copay
Routine Chiropractic Services	\$10 per visit up to unlimited routine visits
Fitness & Wellness Programs	
The Silver&Fit® Healthy Aging and Exercise program offers the flexibility of a fitness center membership, digital fitness tools, and one home fitness kit from a variety of kit options, including a wearable fitness tracker. You can also take advantage of digital workout plans available on the program's website, get one-on-one Healthy Aging Coaching by phone, video, or chat, and enjoy many other digital resources through the Well-Being Club.	\$0 copay
Foot Care (<i>Podiatry Services</i>)	
Podiatry Services Medicare-covered	\$10 copay
Routine Podiatry Services	Not Covered
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. The Health Information Line is not a substitute for calling 911. If you are experiencing a health care emergency, please call 911 or go to your nearest emergency room. *Nurse Advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing any medical advice.	\$0 copay
Home Delivered Meals	
	\$0 copay Limited to 14 meals per discharge from qualified hospital stay or skilled nursing facility (up to 3 stays per year). ESRD

Benefit	What you Pay
	In-Network and Out-of-Network
	care management is limited to 56 meals per benefit period.
Home Health Care¹	
	\$0 copay
Hospice	
Hospice care must be provided by a Medicare-certified hospice program. Our plan covers hospice consultation services (one-time only) before you select hospice. Hospice is covered outside of our plan. You may have to pay part of the cost for drugs and respite care. Please contact the plan for more details.	\$0 copay
Medical Equipment and Supplies	
Durable Medical Equipment (wheelchairs, oxygen, etc.) ¹	10% coinsurance
Prosthetic Devices (braces, artificial limbs, etc.)	10% coinsurance
Related Medical Supplies ¹	10% coinsurance
Diabetes Supplies & Services ¹ Brand limitations apply to certain supplies.	\$0 copay for diabetes self-management training \$0 copay for therapeutic shoes or inserts \$0 copay for diabetes monitoring supplies
Opioid Treatment Services¹	
FDA-approved treatment medications in addition to testing, counseling, and therapy.	\$5 copay
Outpatient Substance Abuse¹	
Individual or Group Therapy Visit	\$5 copay
Over-the-Counter Items (OTC)	
	Not Covered
Telehealth Services	
For non-emergency urgent care, talk with a telehealth doctor via smart phone, computer, or tablet for care, including allergies, cough, headache, sore throat, and other minor illnesses. Benefit also includes telehealth mental health therapy and dermatology services through MDLive.	\$0 copay for non-emergency urgent care virtual visits \$0 copay for mental health therapy virtual visits ¹ \$0 copay for dermatology care virtual visits ¹

Benefit	What you Pay
	In-Network and Out-of-Network
Extra Benefits Included in your plan	
Annual Physical Exam ¹ Cigna Healthy Today Card Use your pre-loaded Cigna Healthy Today card for easy access to incentives, rewards, and select benefits* that may be part of your plan. *Benefits, coverage, and amounts vary by plan. Limitations, exclusions, and restrictions may apply.	\$0 copay 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	10% coinsurance
Foot Orthotics	10% coinsurance
Home Life Referrals	\$0 copay
Support for Caregiver of Enrollee Services include one-on-one coaching and personalized resources for customers and caregivers.	\$0 copay
Wigs for Hair Loss Due to Cancer Treatment	\$500 allowance per year

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