SUMMARY OF BENEFITS

2023
January 1, 2023 to
December 31, 2023

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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.

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

Cigna 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.**

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. This information is not a complete description of benefits. Call 1-888-281-7867 (TTY 711) for more information. 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) 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 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?
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. 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 plan information, and more.

❶ 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 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*.

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

❷ 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?	Original Medicare does not have annual limits on out-of-pocket costs. 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.

❸ Covered Medical & Hospital Benefits

Benefit	What you Pay In-Network and Out-of-Network
Covered Medical and Hospital Benefits **Note**: Services with a [1] may require prior authorization.	
Inpatient Hospital Coverage[1]	
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** per admission
Outpatient Surgery	
Ambulatory Surgical Center (ASC)[1]	**$0** copay
Outpatient Services[1]	**$0** or **$5** copay
Outpatient Observation[1]	**$0** copay
Doctors Visits[1]	
Primary Care Physician	**$5** copay for virtual visits **$5** copay
Specialists	**$5** 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 HIV screening Lung cancer screening with low dose computed tomography (LDCT) Medical nutrition therapy services	**$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
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 ***(Costs for these services may vary based on place of service or type of service)***	
Diagnostic Procedures and Tests[1]	**0%** or **20%** coinsurance
Lab Services[1] For COVID-19 testing a prior authorization is not required.	**$0** copay
Therapeutic Radiological Services[1]	**10%** coinsurance
X-ray Services[1]	**$5** copay in a Primary Care Physician office **$5** copay in a Specialist office **10%** coinsurance in other outpatient locations
Diagnostic Radiological Services (MRIs, CT Scans, etc.)[1]	**0%** or **10%** coinsurance
Hearing Services	
Hearing Exams (Medicare-covered) 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

Benefit	What you Pay
	In-Network and Out-of-Network
Hearing Aids	**$0** copay up to plan maximum coverage amount for hearing aids of **$3,000** every three years.
Dental Services	
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 will apply if additional services requiring cost-sharing are rendered. 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
Mental Health Services	
Inpatient[1] Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. For each Medicare-covered hospital stay, you are required to pay the applicable cost-sharing, starting with Day 1 each time you are admitted. There is a **$0** copayment per lifetime reserve day.	**$0** per admission
Outpatient[1] Individual or Group Therapy Visit	**$0** copay
Skilled Nursing Facility *(SNF)*[1]	
Our plan covers up to 100 days in the SNF.	**$0** copay per day for days 1–100
Rehabilitation Services	
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
Ambulance[1]	
Ground Service (one-way trip)	**$0** copay
Air Service (one-way trip)	**$0** copay
Transportation[1]	
	Not covered
Prescription Drugs	
Medicare Part B Drugs[1]	**10%** coinsurance

Benefit	What you Pay
	In-Network and Out-of-Network
Medicare-covered Part B Drugs may be subject to step therapy requirements.	
Foot Care *(Podiatry Services)*	
Podiatry Services Medicare-covered	**$10** copay
Routine Podiatry Services	Not covered
Medical Equipment and Supplies	
Durable Medical Equipment (wheelchairs, oxygen, etc.)[1]	**10%** coinsurance
Prosthetic Devices (braces, artificial limbs, etc.) and Related Medical Supplies[1]	**10%** coinsurance
Diabetes Supplies & Services[1] Brand limitations apply to certain supplies	**$0** copay for diabetes self-management training **$0** for therapeutic shoes or inserts **$0** for diabetes monitoring supplies.
Fitness & Wellness Programs	
The program offers the flexibility of a fitness center membership, digital fitness tools, and one Home Fitness kit per benefit year.	**$0** copay
24-Hour 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. *Nurse Advocates hold current nursing licensure in a minimum of one state, but are not practicing nursing or providing medical advice in any capacity as a health advocate.	**$0** copay
Chiropractic Care[1]	
Chiropractic Services (Medicare-covered)	**$10** copay
Routine Chiropractic Services	**$10** copay for an unlimited number of visits per year
Home Health Care[1]	
	$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
Outpatient Substance Abuse[1]	
Individual or Group Therapy Visit	**$5** copay
Opioid Treatment Services[1]	
FDA-approved treatment medications in addition to testing, counseling and therapy.	**$5** copay

Benefit	What you Pay
	In-Network and Out-of-Network
Over-the-Counter Items *(OTC)*	
Quarterly allowance to cover the cost of over-the-counter drugs and other health-related pharmacy products. Items can be purchased online, by phone or mail, or at participating retail locations	Not Covered
Home Delivered Meals	
	$0 copay Limited to 14 meals per discharge from qualified hospital stay or skilled nursing facility (up to three stays per year). ESRD care management is limited to 56 meals per benefit period.* *Authorization applies to ESRD meals.
Telehealth Services *(Medicare-covered)*	
For nonemergency care, talk with a doctor via phone or video for certain telehealth services, including: allergies, cough, headache, sore throat and other minor illnesses.	**$0** copay
Acupuncture	
Acupuncture Services (Medicare-covered)[1] Services for chronic lower back pain.	**$5** copay
Supplemental Acupuncture Services	Not Covered
Additional Benefits **Enjoy these extra benefits included in your plan.**	
Annual Physical Exam[1]	**$0** copay
Compression Stockings not covered by Medicare	**10%** coinsurance
Foot Orthotics not covered by Medicare	**10%** coinsurance
Home Life Referrals	**$0** copay
Caregiver Support 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