

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, we're here to help you get healthier – and stay healthier – so you can make the most out of each and every day.

How to access important information

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.

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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, please call Customer Service at **1-888-281-7867 (TTY 711)**.

Enrollment

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

Benefits and access

- ❑ Review the Information Guide for an overview of how the plan works, including key features, extra benefits and other important details.
- ❑ Visit **CignaMedicare.com/Group/MAresources** to:
 - Find a provider, pharmacy or supplier with our online provider directory.
 - View your drug list.
- ❑ 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 for complete benefit and cost share details.
- ❑ Review the Formulary Addendum for additional details on your prescription drug coverage.

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, even if they are not contracted with Cigna 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.

Cigna True Choice Medicare (PPO)

See the details of your retiree health benefits plan below.

**Retiree Plan benefits for Waukesha County**

October 25, 2022

Hello Waukesha County retiree,

Waukesha County is enrolling you in Cigna True Choice Medicare (PPO) as your retiree health benefits plan beginning January 1, 2023. If you do not want to join our plan you must tell us by December 1, 2022.

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

Understanding your Cigna True Choice Medicare (PPO) coverage

This mailing includes important information about Cigna True Choice Medicare (PPO) and the coverage it offers, including a summary of benefits document. Please review all the information carefully. If you want to join this Medicare health plan, you do not have to do anything and your enrollment will begin on January 1, 2023. If you would like to view the plan's drug list, visit [CignaMedicare.com/group/MAresources](https://www.CignaMedicare.com/group/MAresources).

Our plan will cover services from either in-network or 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 of your health care from Cigna True Choice Medicare (PPO) providers except for emergency and urgently needed services and out-of-area dialysis services.

On the date your coverage with Cigna True Choice Medicare (PPO) 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, even if they are not contracted with Cigna 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 Medicare (PPO) and other services listed in the Evidence of Coverage document (also known as a member contract or subscriber agreement). You can check your Evidence of Coverage at myCigna.com.

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 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 Customer Service and ask for a coverage decision before the service. That way, you can confirm the service is authorized and covered before you receive it.

You will need to keep Medicare Parts A and B since Cigna True Choice Medicare (PPO) is a Medicare Advantage Plan. And you can be in only one Medicare Advantage Plan at a time. It is your responsibility to inform Cigna True Choice Medicare (PPO) about any prescription drug coverage that you have or may get in the future.

By joining Cigna True Choice 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 that Cigna will release your information, including your prescription drug purchase history, to Medicare. And 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 Medicare (PPO) ID card. We encourage, but do not require, you to use Cigna True Choice Medicare (PPO) network providers to receive care. To find network providers in your area, check your online provider/pharmacy directory at [CignaMedicare.com/group/maresources](https://www.CignaMedicare.com/group/maresources), or call Customer Service at the number below.

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

Choosing not to join Cigna True Choice Medicare (PPO)

You are not required to join this plan. You can also decide to join a different Medicare plan. For help, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

However, you would be eligible to rejoin a County sponsored plan in the future. To ask not to be enrolled by this process, please send a letter, email or fax by December 1, 2022 to Waukesha County Human Resources indicating you are declining enrollment into the Cigna True Choice Medicare PPO for 2023. Emails can be sent to Andrea Mohr at amohr@waukeshacounty.gov and letters can be mailed to Waukesha County Human Resources, 515 W. Moreland Blvd AC160, Waukesha, WI 53188. The fax number is (262) 896-8272.

Leaving Cigna True Choice Medicare (PPO)

You may be limited as to when you can make changes to your coverage. To ask to leave, please contact Waukesha County Human Resources at (262) 548-7044.

Cigna True Choice 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 Medicare (PPO) serves, you need to notify Waukesha County Human Resources, so you can disenroll and find a new plan in your area.

Note: If you leave our plan and don't have or get other Medicare prescription drug coverage or creditable coverage (as good as Medicare's), you may have to pay a late enrollment penalty. And that's in addition to your premium for Medicare prescription drug coverage in the future.

Understanding your Cigna True Choice Medicare (PPO) plan costs

This plan is a \$0.00 premium plan. You will still be responsible for your Medicare Part B costs.

Getting more information about Cigna True Choice Medicare (PPO)

Waukesha County/Cigna plan to have a recorded education session for you to learn more about your plan. There will also be a live webinar on Tuesday, November 22nd at 2:00p.m. CST.

There are two ways to join the webinar:

1. Go to <https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1>. You can join on the web without downloading Microsoft Teams.

Meeting ID: 262 850 538 609

Passcode: GnUAYB

Or call in (audio only)

[+1 414-435-2078, 740988656#](tel:+14144352078740988656) United States, Milwaukee

Phone Conference ID: 740 988 656#

2. You may also access a link to the webinar via www.waukeshacounty.gov/cigna. Once you access the link you will need to enter the Meeting ID and Passcode.

Welcoming you to Cigna True Choice Medicare (PPO)

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

- › Confirmation of Enrollment letter—verifies you joined Cigna True Choice Medicare (PPO) and serves as your temporary ID.
- › ID Card—comes in a separate mailing and identifies you as a Cigna True Choice Medicare (PPO) customer; present it when you go to a health care provider, pharmacy 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 new 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. Our automated phone system may answer your call on weekends, holidays and after hours.

Thank you for being a valued Cigna customer.

Healthy regards,

Cigna

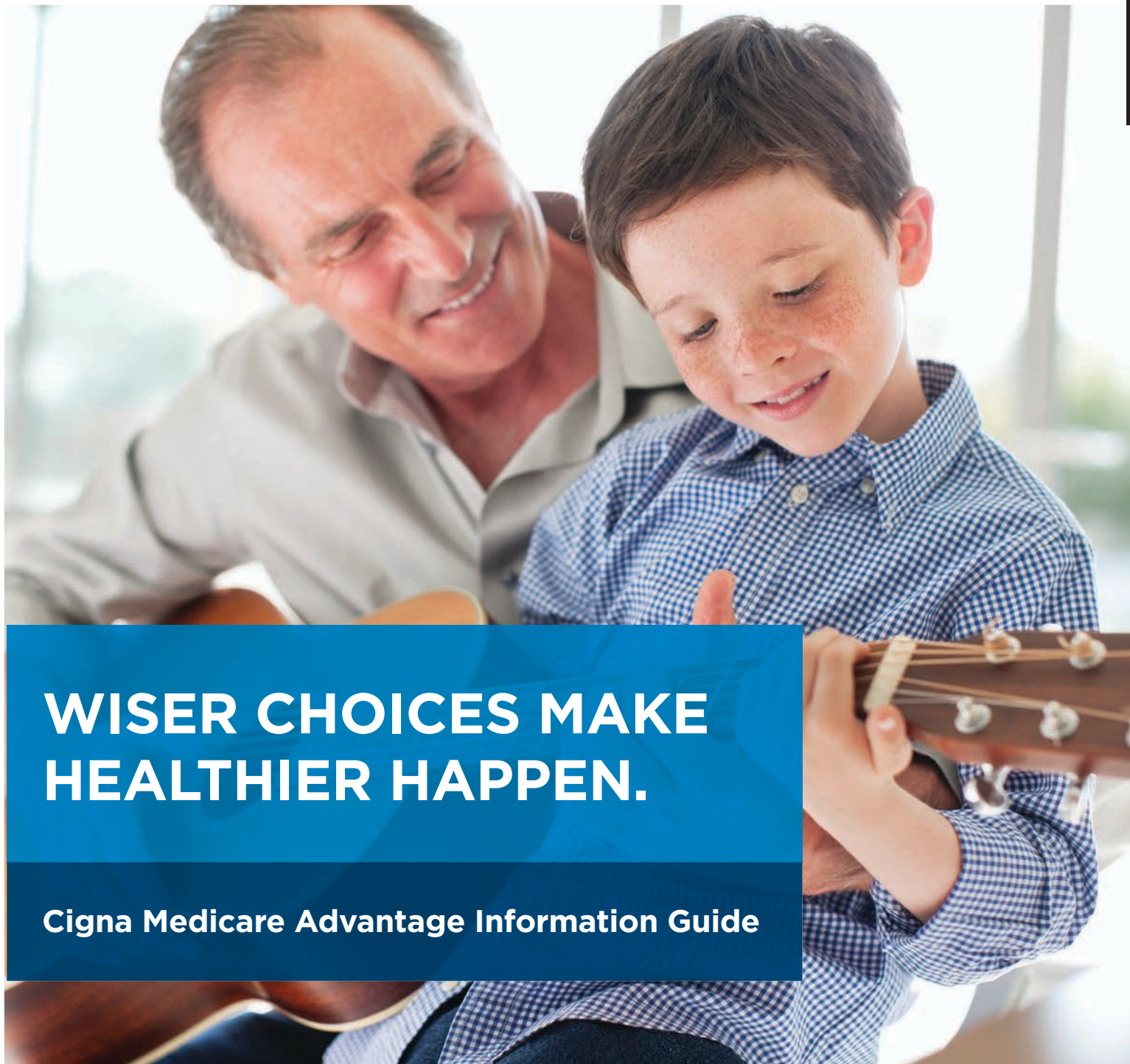
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Cigna True Choice Medicare (PPO) - Information Guide

Cigna® True Choice Medicare (PPO)

Medicare Advantage PPO medical plans with integrated
Part D prescription drug coverage



**WISER CHOICES MAKE
HEALTHIER HAPPEN.**

Cigna Medicare Advantage Information Guide

Together, all the way.®



Focus on what really matters, because life has taught you well.

Life teaches you many lessons, like how important it is to take care of your health. To make the most of every moment. And to find a health plan that fits your individual needs. At Cigna, we're here to help you get more from Medicare – and more from life – at every step of your journey toward better health, well-being and peace of mind.



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 incentives for completing healthy activities with the Cigna Medicare Advantage Incentives program.
- › Get reminders to help you get recommended preventive screenings.

Cigna 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 Cigna, you are still in the Original Medicare program. You will keep all of your Medicare rights and protections, as well as your access to services covered by Original Medicare.



INTEGRATED PRESCRIPTION DRUG COVERAGE

- › Save with low, predictable drug costs.
- › Choose from over 65,000 network pharmacies¹ nationwide.
- › Get one ID card and one customer service team for all your medical and prescription needs.



EXTRA BENEFITS

- › Get healthier with Cigna's fitness benefit, provided by the Silver&Fit[®] 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 help from a dedicated care manager if you have a chronic illness.
- › Talk one-on-one with a Nurse Advocate² any time, with Cigna's 24-hour Health Information Line.
- › Use **myCigna.com** and the **myCigna[®] app** for online access to personal health plan information.
- › Get health and wellness mailings year-round for added support and guidance.

What we offer.

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

Freedom of choice

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.**

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 Cigna Medicare Advantage PPO 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, Monday – Friday, 8 a.m. – 8 p.m. local time.

Our automated phone system may answer your call during weekends, holidays and after hours. Customer service also has free language interpreter services available for non-English speakers.

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

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, with no referrals required.

Telehealth (Virtual care)

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. Cigna also offers 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

Cigna recognizes 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 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.

Care management

Cigna customers with certain health needs may qualify for one of our care management programs. Customers who qualify get the added benefit of a dedicated care manager who helps coordinate care, reviews medication and therapies, and finds community resources and education. Complex care management is designed to help customers with one or more chronic conditions. Disease management is designed to help customers with conditions such as kidney disease, depression and diabetes.



How your medical coverage works.

With Cigna's True Choice Medicare Advantage 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. Accepting the plan means the doctor is willing to treat you and bill Cigna, even if they are not contracted with Cigna 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.

Using an in-network provider

- › An in-network provider is a doctor or other health care professional who has a contract with Cigna 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 Cigna for the rest of the cost of your service(s). The in-network provider is paid according to their contract with Cigna.
- › All in-network Cigna Medicare Advantage PPO providers participate in Medicare and already accept the Cigna 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 have a contract with Cigna 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 Cigna.
- › When you see an out-of-network provider, you pay your plan's copay or coinsurance. Cigna 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 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 Cigna for reimbursement. Cigna will reimburse you for the cost of the claim less your copay or coinsurance.
- › In the event your doctor says they will not accept the plan, call customer service and let us know. Cigna 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 coverage, you'll have access to a wide range of preventive benefits. These services include yearly health check-ups, colorectal screenings, mammograms and others. 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, Cigna will send you reminders throughout the year.

Earn incentives for completing healthy activities

With the Cigna Medicare Advantage Incentives program, **you can earn up to \$200** for completing healthy activities. After completing your Yearly Health Check-up, you can qualify for additional incentives as determined by your plan and provider. For each additional activity you complete, you can earn additional reward dollars loaded on your Cigna Healthy Today card. Earn incentives for activities including recommended screenings, using online resources, staying active, and more.

Your Cigna Medicare Advantage Plan includes a Cigna Healthy Today benefit card. Your incentive reward dollars for completing healthy activities will automatically be posted to your card and can be used to purchase goods and services.



Prescription drug benefits.

Part D prescription drugs

Our Medicare Part D prescription drug benefit provides added convenience and affordability. This benefit includes:

- › Low, predictable costs for most drugs so you can help keep your expenses down.
- › Customer service you can count on to answer your medication questions and work with you and your doctor to find lower-cost alternatives to brand-name drugs.
- › A choice of more than 65,000 network pharmacies¹ nationwide.
 - Local independent pharmacies.
 - National chains such as CVS, Walmart, Walgreens and Rite Aid.
 - Home delivery pharmacies, including Express Scripts[®] Pharmacy.³
 - Specialty pharmacies including Accredo[®].³
- › Pharmacists available day and night to answer your questions.



Home delivery pharmacy

Taking your prescription medications is critical to your health. Home delivery pharmacy⁴ is an easy and reliable way to get them – on time, every time – so you’re less likely to run out.

- › Free and quick delivery⁵ of your prescriptions.
- › Refill reminders⁶ to help make sure you always have your medications on hand.
- › Confidential, tamper-resistant packaging.

Express Scripts Pharmacy

Cigna Medicare customers can enjoy time- and cost-saving benefits with prescription home delivery through Express Scripts Pharmacy. Serving over 10.5 million Americans, Express Scripts Pharmacy is the third largest pharmacy in the U.S.

Diabetes testing supplies

Cigna customers can get a Cigna-preferred blood glucose meter and a supply of test strips from one of our preferred suppliers at no additional cost. Certain medical supplies directly associated with the delivery of insulin, such as syringes and needles, may be covered by your medical or prescription benefits.

Extra benefits.

Stay fit with Silver&Fit⁷

Get healthier with Cigna's 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 15,000 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 kit options including wearable fitness tracker, yoga, and strength kits
- › One-on-one healthy aging coaching and resources

Caregiver support

Your plan includes a caregiver support benefit for you or your caregiver to help manage times of crisis as well as everyday challenges. This includes one-on-one coaching and personalized resources, including care team coordination and stress management, to ensure you and your family have the knowledge, recommendations and support you need.



Home delivered meals

We'll take care of the cooking when you're not well enough to do it yourself. Get meals delivered right to your front door after a hospital or skilled nursing facility stay so you can focus on feeling better. This benefit provides 14 nutritious meals delivered to your home following a qualified discharge at no cost to you, up to three times per year.

Home life resources

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**,⁸ you have access to a range of health and wellness programs and services. 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. Discounts are available on health and wellness products and services such as:

- › Vision exams and eyewear
- › Hearing aids and exams
- › Alternative medicine and therapies
- › Refrigerated meals sent to you or a loved one
- › LASIK vision correction
- › Financial coaching
- › Fitness devices and wearables

Information and support.

Online resources help you make the most of your plan

Before you enroll, visit **CignaMedicare.com/group/MAresources** to find a provider or pharmacy, view your drug list, access plan information, and more.

After you're enrolled, **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 preferences.
- › View your drug list.
- › Find a doctor, including telehealth.
- › Find a network pharmacy.
- › Review claim history and Explanation of Benefits (EOB) details.
- › Manage your prescriptions.
- › Price a medication.
- › Access your Healthy Rewards discount programs.
- › View and print your ID card.
- › Complete your incentive program registration.

24-Hour Health Information Line

Health and medical information is just a phone call away for Cigna Medicare Advantage customers. Nurse Advocates² are available by phone 24 hours a day, seven days a week to answer your questions in a confidential and convenient service. Our Nurse Advocates can provide health education and answers to general medical questions to help you get the right information at the right time, to make better health decisions and to achieve better health outcomes.

Our Health Information Line can:

- › Help you determine if you should seek care for your health concern.
- › Provide instruction on self-help and home care.
- › Provide introduction to, and support for, online health tools.
- › Refer you to health care partners, such as care management and health coaching programs.



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 Medicare (PPO) service area.

The Cigna True Choice 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 Medicare (PPO) plan, Medicare will automatically cancel your existing Medicare 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.

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 \$91,000⁹ for an individual or married individuals filing separately, or above \$182,000⁹ for married couples, you must pay an extra amount for your Medicare coverage.

If you are impacted, the Social Security Administration will send you a letter telling you what the amount will be and how to pay it. You will need to pay this amount to the Social Security Administration office and not your 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.
- › **Benefit Guide** – Additional information to help you access added benefits and discounts.
- › **Legal Booklet** – Information that explains how we protect your privacy.

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

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

Next, you will receive a **Welcome Call** from Cigna to confirm you received your Welcome Kit and ID cards, review key benefits, and answer any questions you may have.

Throughout the year, you will receive **ongoing communications**, including:

- › Health and wellness mailings, customer newsletters, and care reminders.
- › 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 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, Monday – Friday, 8 a.m. – 8 p.m. local time. Our automated phone system may answer your call during weekends, holidays and after hours. Customer service also has free language interpreter services available for non-English speakers.

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

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

Together, all the way.®



1. Based on internal analysis of Cigna nationwide Medicare pharmacy network, January 2022.
2. 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.
3. Express Scripts Pharmacy and Accredo are Cigna companies. Other pharmacies are available in our network.
4. Call customer service to learn more about which home delivery options are available to you.
5. Standard shipping – extra costs apply for rush delivery.
6. Call customer service or visit [myCigna.com](https://www.myCigna.com) to sign up for refill reminders
7. The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH).
8. 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.
9. Visit [Medicare.gov](https://www.Medicare.gov) 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>.

The disclaimers on this page apply to the benefits outlined throughout this document.

This information is not a complete description of benefits. Call 1-888-281-7867/TTY 711 for more information. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat Cigna True Choice Medicare (PPO) 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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. 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. All pictures are used for illustrative purposes only.

Medicare Advantage Home Based Care

THE CARE YOU NEED, RIGHT AT HOME.

Discover the many home-based benefits of your Cigna Medicare Advantage plan.

Together, all the way.®



For customers who prefer to receive care from the comfort and safety of their own home, Cigna Medicare Advantage can deliver.

Home delivery pharmacy

Home delivery pharmacy¹ 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® Pharmacy²

- › Is the third-largest pharmacy in the country.
- › Specializes in home delivery of medications.
- › Serves more than 10.5 million Americans.
- › Is available to all Cigna Medicare customers.

Home Delivered Meals program

- › Make your transition back home more comfortable after an inpatient hospital or skilled nursing facility stay³ with our Home Delivered Meals program benefit.
- › You can have 14 nutritious 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, Cigna's meal provider will contact you to schedule delivery.

In-Home Wellness Exams and Screenings

If you are not able to visit your doctor for a Yearly Health Check-up, Cigna offers 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.⁴

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, and your results are shared with your doctor so they have a complete picture of your health.

Telehealth Services

- › Get on-demand doctor visits in minutes for non-emergency care via your smartphone, computer or tablet.
- › Talk live with an MDLIVE provider about a number of health issues, including allergies, flu and depression.

24-Hour Health Information Line

- › Use Cigna's 24-Hour Health Information Line to talk one-on-one with a nurse advocate.⁵
- › Get help with medical and prescription drug questions or directed to the appropriate provider to care for your health issue.
- › Listen to recorded audio tapes on a variety of topics from our Health Information Library.

Note: 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.

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

Home infusion therapy

If you perform home infusion therapy, we can help you coordinate with your doctor, hospital and 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 Specialty Pharmacy²

Accredo Specialty Pharmacy 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 Cigna plan
- ▶ Safe, prompt delivery of medications
- ▶ Infusion nurses that can meet you in your home



Silver&Fit Healthy Aging and Exercise Program

Through Silver&Fit[®],⁶ retirees have access to a variety of home-based fitness options, including:

- ▶ Live video classes online daily
- ▶ On-demand workout video library
- ▶ Home-based fitness kits, including a Fitbit[®] Wearable Fitness Tracker Kit
- ▶ One-on-one healthy aging coaching

Caregiver support

Ease the impact of caregiving with caregiver support services available to you and your family. Get support to help manage times of crisis as well as everyday challenges, including one-on-one coaching and personalized resources, care team coordination and stress management.

Home life resources

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)

Customer service also has free language interpreter services available for non-English speakers.

[CignaMedicare.com/group/MAresources](https://www.cigna.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 Cigna Medicare Advantage benefits
- ▶ Manage your profile and preferences
- ▶ View your drug list
- ▶ Find a doctor, including telehealth
- ▶ 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,⁷ including including home-based discounts on medical alert systems, virtual fitness, 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 and Accredo Specialty Pharmacy are Cigna companies. 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. 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.
6. The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH).
7. The products and services described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Cigna grievance process. If your Cigna plan includes coverage for any of these services, this program is in addition to, not instead of, your plan coverage.
A discount program is NOT insurance, and you must pay the entire discounted charge.

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Cigna True Choice Medicare (PPO) - Summary of Benefits



SUMMARY OF BENEFITS

2023

January 1, 2023 to
December 31, 2023

A1

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 Medicare (PPO)

Waukesha County

H7849 – 817

Standard Drug List

Freedom to choose your own doctor with no referrals required

Out-of-network coverage available

The **Cigna True Choice 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
- ④ Prescription Drug Benefits

This Summary of Benefits gives you a summary of what **Cigna True Choice 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.

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 and there will not be a change to your 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/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*.

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/group/MAresources.
- > Or, call us and we will send you a copy of the Standard Drug List.

2 Monthly Premium, Deductible & Limits

Benefit	Cigna True Choice 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.
How much is the Prescription Drugs Deductible?	\$0 per year for Part D prescription drugs.
Is there any limit on how much I will pay for my covered services?	<p>Original Medicare does not have annual limits on out-of-pocket costs. Your yearly limit(s) in this plan:</p> <p>\$3,000 for services you receive from in-network and out-of-network providers combined for Medicare-covered benefits.</p> <p>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.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

3 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 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.	\$250 per admission	
Outpatient Surgery		
Ambulatory Surgical Center (ASC) ¹	\$0 or \$125 copay	
Outpatient Services ¹	\$0 - \$125 copay	
Outpatient Observation ¹	\$125 copay	
Doctors Visits¹		
Primary Care Physician	\$10 copay	
Specialists	\$20 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 • Hepatitis C screening • HIV screening • Lung cancer screening with low dose computed tomography (LDCT) • Medical nutrition therapy services • Obesity screening and counseling 	\$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"> 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	\$20 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% or 20% coinsurance
Lab Services ¹ For COVID-19 testing a prior authorization is not required.	\$0 copay
Therapeutic Radiological Services ¹	20% coinsurance
X-ray Services ¹	\$10 copay in a Primary Care Physician office \$20 copay in a Specialist office 20% coinsurance in other outpatient locations
Diagnostic Radiological Services (MRIs, CT Scans, etc.) ¹	0% or 20% coinsurance
Hearing Services	
Hearing Exams (Medicare-covered) A separate physician cost-share will apply if additional services requiring cost-sharing are rendered.	\$20 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 \$1,400 every 3 years.

Benefit	What you Pay
	In-Network and Out-of-Network
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)	\$20 copay
Preventive and Comprehensive Dental Services	
	Not Covered
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 \$20 copay for all other Medicare-covered vision services.
Routine Eye Exam Non-Medicare covered routine eye exam (including eye refraction) per year. Eye refractions outside of the annual non-Medicare covered routine eye exam are Not covered.	\$0 copay for one routine exam every year
Glaucoma Screening (Medicare-covered)	\$0 copay
Eyewear (Medicare-covered)	\$0 copay
Routine Eyewear	\$0 copay up to the plan maximum coverage amount of \$100 every year: –eyeglass lenses –eyeglass frame –contact lenses (including contact lens fitting) –upgrades
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.	\$250 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 1–20 \$50 copay per day for days 21-100
Rehabilitation Services	
Cardiac (heart) Rehab Services ¹	\$20 copay
Pulmonary Rehab Services ¹	\$20 copay
Occupational Therapy Services ¹	\$20 copay
Physical Therapy, Speech and Language Therapy Services ¹	\$20 copay

Benefit	What you Pay
	In-Network and Out-of-Network
Physical Therapy, Speech and Language Therapy Virtual Services ¹	\$0 copay
Ambulance¹	
Ground Service (one-way trip)	\$100 copay
Air Service (one-way trip)	\$100 copay
Transportation¹	
	Not covered
Prescription Drugs	
Medicare Part B Drugs ¹ Medicare-covered Part B Drugs may be subject to step therapy requirements.	20% coinsurance This plan has Part D prescription drug coverage. See Section 4 in this <i>Summary of Benefits</i> .
Foot Care (Podiatry Services)	
Podiatry Services Medicare-covered	\$20 copay
Routine Podiatry Services	Not covered
Medical Equipment and Supplies	
Durable Medical Equipment (wheelchairs, oxygen, etc.) ¹	20% coinsurance
Prosthetic Devices (braces, artificial limbs, etc.) and Related Medical Supplies ¹	20% 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.
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 Care¹	
Chiropractic Services (Medicare-covered)	\$20 copay
Routine Chiropractic Services	Not covered
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

Benefit	What you Pay
	In-Network and Out-of-Network
Outpatient Substance Abuse¹	
Individual or Group Therapy Visit	\$20 copay
Opioid Treatment Services¹	
FDA-approved treatment medications in addition to testing, counseling and therapy.	\$20 copay
Over-the-Counter Items (OTC)	
	Not covered
Home Delivered Meals	
	<p>\$0 copay</p> <p>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.*</p> <p>*Authorization applies to ESRD meals.</p>
Telehealth Services	
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 through MDLive.	\$0 copay
Acupuncture	
Acupuncture Services (Medicare-covered) ¹ Services for chronic lower back pain.	\$20 copay
Supplemental Acupuncture Services	Not covered
Additional Benefits	
Enjoy these extra benefits included in your plan.	
Annual Physical Exam ¹	\$0 copay
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

4 Prescription Drug Benefits

Medicare Part D Drugs - Initial Coverage

The following chart shows the cost-share amounts for covered drugs under this plan. After you pay your yearly deductible (if applicable), you pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the total drug costs paid by both you and our plan.

If you get your drug at an out-of-network pharmacy, you will pay the same cost-share you would pay for a 30-day supply at an in-network retail pharmacy. If you reside in a long-term care facility, you would pay the standard retail cost-share at an in-network pharmacy.

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 Prescription drug List (Formulary) on our website

CignaMedicare.com/group/MAresources. Or, call us and we will send you a copy of the formulary.

Tier	Supply	Retail Cost-Share	Mail-Order Cost Share
Tier 1 Generic Drugs	30-day	\$10	\$10
	60-day	\$20	\$20
	90-day	\$20	\$20
Tier 2 Preferred Brand Drugs	30-day	\$35	\$35
	60-day	\$70	\$70
	90-day	\$70	\$70
Tier 3 Non-Preferred Drugs	30-day	\$75	\$75
	60-day	\$150	\$150
	90-day	\$150	\$150
Tier 4* Specialty Drugs	30-day	\$75	\$75
	60-day	N/A	N/A
	90-day	N/A	N/A

*Specialty drugs are limited to a 30-day supply

Coverage Gap

Most Medicare 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 the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660. Not everyone will enter the Coverage Gap.

After you enter the Coverage Gap, for drugs in Tiers 2-4, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and \$10 for Tier 1 drugs until your costs total \$7,400, 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 **\$7,400**, the plan will pay most of the cost for your drugs. Your share of the cost of covered drugs will be the greater of:

5% of the cost

- or -

\$4.15 copayment for generic (including brand drugs treated as generic) and

\$10.35 copayment for all other drugs.

Additional Benefits Offered

Your plan covers additional drugs not normally covered in a Medicare Prescription Drug Plan as indicated in the Formulary Drug List by the + symbol. Please see your 2023 Formulary document for details. The cost-share you pay on these drugs do not count toward your annual TrOOP.

Important Message About What You Pay for Insulin

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. If your insulin is on a tier where cost-sharing is lower than \$35, you will pay the lower cost for your insulin.

Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. Call Customer Service for more information.

State Mandated Coverage

If you live in a state that requires insurance companies to provide additional coverage, that coverage is outlined below.

Residents of Utah will have a \$27 maximum monthly charge for insulin drugs.

Covered Diabetic Test Strips and Meters

You will not pay more than \$0 for Preferred Products.

Covered Diabetic Lancets and Control Solutions

You will not pay more than \$0 for this benefit.

Your plan includes the following clinical management edits. Refer to your 2023 Formulary for more information.

Prior Authorization	This drug requires prior authorization.
Quantity Limits	This drug has quantity limits.
Step Therapy	This drug has step therapy requirements.
*	Opioid medication available as a 7-day supply or less for first time opioid user. For continued use this drug may only be available as a month supply.
+	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
^	This prescription drug has an administrative prior authorization requirement that is not waived. This drug may be covered under different benefits depending on circumstances.
HRM PA	This high risk medication requires prior authorization
B/D PA	This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.
LA	Limited Availability drug. This drug may be available only at certain pharmacies.

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Cigna True Choice Medicare (PPO) - Drug List



Waukesha County

2023 Cigna True Choice Medicare (PPO) Formulary Addendum

2023 Standard Drug List Addendum
H7849-817-WAUKP-A-1

Please read: This document contains information about the policies & criteria and any additional coverage offered with your plan.

Please visit [CignaMedicare.com/group/MAresources](https://www.CignaMedicare.com/group/MAresources) to view the comprehensive 2023 Standard Drug List.

The drug list found on our website will be updated each month.

Are there any restrictions on my 2023 Cigna True Choice Medicare (PPO) coverage?

Some covered drugs may have additional requirements or limits on coverage. You can identify these by looking to the right of the name of the drug on the drug list located on our website. The requirements and limits for your plan are the following:

*	Opioid medication available as a 7-day supply or less for first time opioid user. For continued use this drug may only be available as a one month supply.
^	This prescription drug has an administrative prior authorization requirement that is not waived. This drug may be covered under different benefits depending on circumstances.
+	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not apply to your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
B/D PA	This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.
HRM	This high risk medication requires prior authorization
LA	Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.
Prior Authorization	This drug requires prior authorization.
Quantity Limits	This drug has quantity limits.
Step Therapy	This drug has step therapy requirements.

Where can I find the list of covered drugs for my plan?

You can visit [CignaMedicare.com/group/MAresources](https://www.cignamedicare.com/group/MAresources) to view the current list of covered drugs for the **2023 Standard Drug List**. While there, you can also view documents that explain our prior authorization and step therapy restrictions as well as other useful plan information. To locate the drug list you need, simply visit the location above and search for the **2023 Standard Drug List**.

What additional coverage is available with my plan?

Covered Diabetic Test Strips and Meters

You will not pay more than \$0 for Preferred Products.

Covered Diabetic Lancets and Control Solutions

You will not pay more than \$0 for this benefit.

Important Message About What You Pay for Insulin

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. If your insulin is on a tier where cost-sharing is lower than \$35, you will pay the lower cost for your insulin.

Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. Call Customer Service for more information.

State Mandated Coverage

If you live in a state that requires insurance companies to provide additional coverage, that coverage is outlined below and any lists of covered drugs and supplies are found in the pages that follow.

Residents of Utah will have a \$27 maximum monthly charge for insulin drugs.

2023 Covered Diabetic Lancets and Control Solutions

All lancing devices, lancets, and control solutions for diabetic blood sugar monitoring are covered. Below are examples of products available at the time the list was created.

Drug Name	Medical Benefit	Requirements/Limits
DIABETIC SUPPLIES MISCELLANEOUS		
CONTROL SOLUTIONS (EXAMPLES)		
FREESTYLE CONTROL SOLUTIONS	Part B \$0 Copay	
ONETOUCH CONTROL SOLUTIONS	Part B \$0 Copay	
LANCETS AND LANCING DEVICES (EXAMPLES)		
ACTI-LANCE LANCETS	Part B \$0 Copay	
BD LANCETS DEVICES	Part B \$0 Copay	
BD LANCETS	Part B \$0 Copay	
E-Z JECT LANCETS	Part B \$0 Copay	
FREESTYLE LANCETS	Part B \$0 Copay	
LANCING DEVICES	Part B \$0 Copay	
LANCETS	Part B \$0 Copay	
MEDLANCE PLUS LANCETS	Part B \$0 Copay	
ONETOUCH LANCET DEVICES	Part B \$0 Copay	
ONETOUCH LANCETS	Part B \$0 Copay	

Drug Name	Medical Benefit	Requirements/Limits
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
PREFERRED DIABETIC METERS		
FREESTYLE GLUCOSE METER	Part B \$0 Copay	QL (1 EACH every 2 years)
FREESTYLE LIBRE 14 DAY SENSOR	Part B \$0 Copay	QL (3 UNITS per 30 day fill)
FREESTYLE LIBRE 14 DAY READER	Part B \$0 Copay	QL (1 EACH every 2 years)
FREESTYLE LIBRE 2 SENSOR	Part B \$0 Copay	QL (3 UNITS per 30 day fill)
FREESTYLE LIBRE 2 READER	Part B \$0 Copay	QL (1 EACH every 2 years)
FREESTYLE LITE GLUCOSE METER	Part B \$0 Copay	QL (1 EACH every 2 years)
FREESTYLE PRECISION NEO METER	Part B \$0 Copay	QL (1 EACH every 2 years)
ONETOUCH ULTRA2 GLUCOSE SYST	Part B \$0 Copay	QL (1 EACH every 2 years)
ONETOUCH VERIO FLEX METER	Part B \$0 Copay	QL (1 EACH every 2 years)
ONETOUCH VERIO REFLECT METER	Part B \$0 Copay	QL (1 EACH every 2 years)
PREFERRED DIABETIC GLUCOSE TEST STRIPS		
FREESTYLE GLUCOSE TEST STRIPS	Part B \$0 Copay	QL (200 STRIPS per 30 day fill)
FREESTYLE PREC NEO TEST STRIPS	Part B \$0 Copay	QL (200 STRIPS per 30 day fill)
ONETOUCH ULTRA TEST STRIP	Part B \$0 Copay	QL (200 STRIPS per 30 day fill)
ONETOUCH VERIO TEST STRIP	Part B \$0 Copay	QL (200 STRIPS per 30 day fill)



1-888-281-7867 (TTY 711)

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. Customer service also has free language interpreter services available for non-English speakers.



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

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Cigna True Choice Medicare (PPO) - Access to Care

IN-NETWORK VS. OUT-OF-NETWORK ACCESS TO CARE.

How your Cigna Medicare Advantage 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, even if they are not contracted with Cigna 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 to see Medicare patients.

- › You pay your copay or coinsurance according to your benefits, and your health care provider bills Cigna for the rest. Provider is paid according to their contract with Cigna.
- › In-network Cigna Medicare Advantage PPO providers participate in Medicare and already accept Cigna 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 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 Cigna.
- › You pay your copay or coinsurance. Cigna 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 Cigna, and ask that you pay the full allowable amount set by Medicare. If that happens, you pay the doctor, then submit your claim to Cigna for reimbursement, less your copay or coinsurance.
- › If your doctor won't accept the plan, call Customer Service at the phone number below. Cigna 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 **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, Monday – Friday, 8 a.m. – 8 p.m. local time.

Together, all the way.®



INFORMATION FOR PROVIDERS.

Cigna Medicare Advantage PPO.

Did you know?

Cigna Medicare Advantage PPO plan customers can go to any Medicare provider – in-network or out-of-network – with no referral. That means you can:

- › Accept patients with these ID cards; look for “PPO” plan type in blue section of the card
- › Collect copay or coinsurance at time of service, depending on the patient’s plan
- › Submit claims to Cigna for covered services and receive one payment; see **MedicareProviders.Cigna.com > Out-of-Network Provider Manual** for further information


Claims Processing

› ELECTRONIC CLAIMS SUBMISSION:

- Change Healthcare/Availability (Payor ID: 63092 or 52192)
- SSIGroup/Proxymed/Medassets/Zirmed/OfficeAlly/GatewayEDI (Payor ID: 63092)
- Relay Health (Professional claims CPID: 2795 or 3839, Institutional claims CPID: 1556 or 1978)

› PAPER CLAIMS SUBMISSION:

- Cigna Medicare Advantage
P.O. Box 981706, El Paso, TX 79998

	Cigna True Choice Medicare (PPO) <Employer Name>	
Name	John Q Public	<Contract/PBP>
ID	88888888	
Health Plan	(80840)	MedicareRx
Effective Date	01/01/2022	Prescription Drug Coverage X
No PCP Required		RxBIN 017010
No Referral Required		RxPCN CIMCARE
COPAYS (IN / OON)		RxGRP 777777
PCP	<\$xx>	Specialist <\$xx>
Emergency	<\$xx>	Urgent Care <\$xx>

Important Information

› PRIOR AUTHORIZATION (PA)

PA is only required for in-network and out-of-network services listed at **MedicareProviders.Cigna.com > Prior Authorization**

This allows us 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 of Medicare Advantage patients, call **1-800-230-6138** Monday – Friday, 8:00 am – 5:00 pm CST.
- › To view our *Out-of-Network Provider Manual*, visit **MedicareProviders.Cigna.com > Current Out-of-Network Provider Manual**.
- › To learn more about becoming a contracted provider, visit **MedicareProviders.Cigna.com > Forms and Practice Support > Network Interest Forms – Practitioner**.



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

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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Cigna True Choice Medicare (PPO) - Online Resource Insert

SAVE TIME AND GO ONLINE.



Find providers, pharmacies and plan details.

Cigna makes it easy for you to find important information online. Go to **CignaMedicare.com/group/maresources** to access your:



Provider and Pharmacy Directory. Search for network doctors, specialists and pharmacies 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, even if they are not contracted with Cigna 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.



Drug List. Review a list of the drugs covered by your plan.



Evidence of Coverage (EOC). Find details, rules and policies about your 2023 plan.

Remember:

- ▶ Your 2023 plan materials will be available online on October 1, 2022.

Help is always here.

Call Customer Service at **1-888-281-7867 (TTY 711)**, October 1 – March 31, 8:00 a.m. – 8:00 p.m. local time, seven days a week. April 1 – September 30, Monday – Friday, 8:00 a.m. – 8:00 p.m. local time. Our automated phone system may answer your call during weekends, holidays and after hours, to:

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

Together, all the way.®



The pharmacy network and/or provider network may change at any time. 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. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © 2022 Cigna

How to Use Our Online Provider Directory

FIND A MEDICARE ADVANTAGE PROVIDER. HERE'S HOW.

A click-by-click guide to the online provider directory.

Together, all the way.®



FIND A MEDICARE ADVANTAGE PROVIDER.



You're just a few clicks away from finding a provider in your area. Use this guide to navigate the online Provider Directory.

1.

- > Go to **CignaMedicare.com/group/MAresources**.
- > Click **Find a Medicare Advantage Provider** next to the doctor icon.

The screenshot shows the Cigna Medicare website. At the top left is the Cigna logo. To the right are two buttons: 'Find a Doctor, Dentist or Facility' and 'Log in to myCigna'. Below the logo is a navigation menu with 'Individuals and Families', 'Medicare' (underlined), 'Employers and Brokers', 'Health Care Providers', and 'About Us'. Below the menu is a breadcrumb trail: 'Home > Medicare > Member Resources and Services > Member Resources for Group Medicare Plans'. The main heading is 'Member Resources for Group Medicare Plans' with a sub-heading: 'Find information about your Cigna Group Medicare plan benefits and coverage, as well as useful tools and links.' At the bottom, there are two buttons: 'Find a Medicare Advantage Provider' (with a doctor icon) and 'Find a Pharmacy' (with a pharmacy icon). A red box highlights the 'Find a Medicare Advantage Provider' button, and a red line connects it to the '1.' in the instructions above.

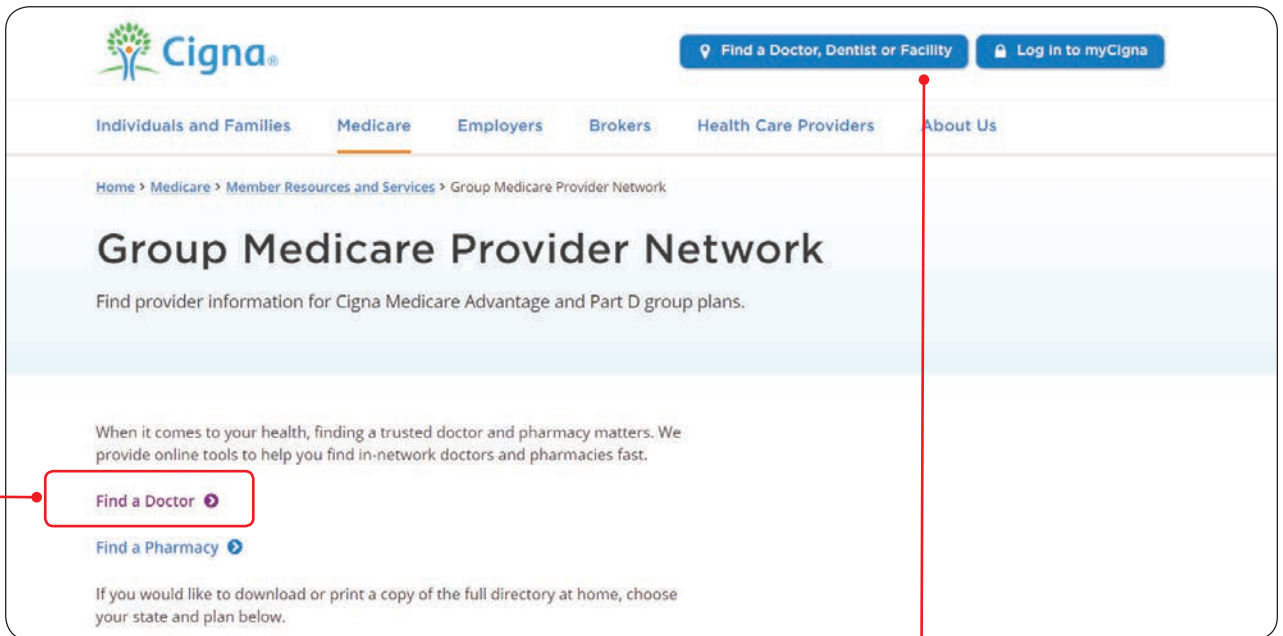
Note: Do not use this link. To access the complete directory of providers for your group Medicare Advantage plan, be sure to follow the instructions in Step 1. The link indicated above may not include all in-network providers in your area.

Need help finding a provider?

Call Customer Service at **1-888-281-7867 (TTY 711)**.

2.

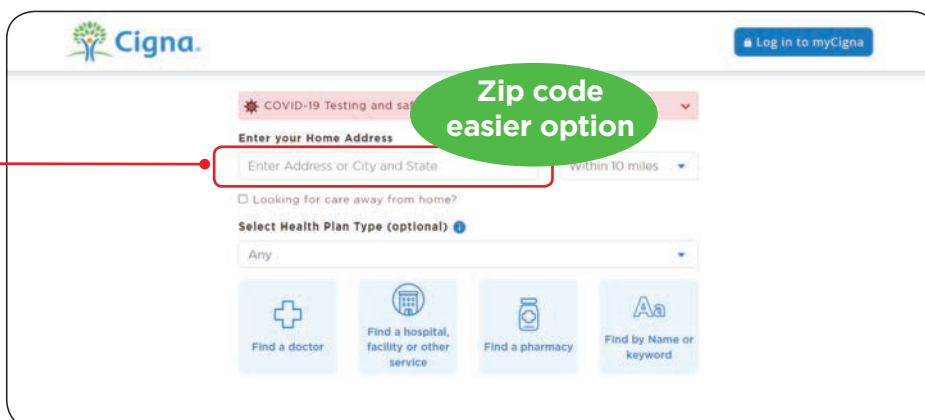
- > Click **Find a Doctor**.
- > You may see a COVID-19 message pop-up when the Provider Directory opens. Click the blue “Close” button to continue.



Note: 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 2. The link indicated above may not include all in-network providers in your area.

3.

- > Enter your **address (with city and state) or zip code**.
Tip: Entering your zip code is the easier option.
- > Next, select the default search range of **Within 10 miles** or select another search range from the drop-down menu.



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 6), Hospital, Facility or Service (Step 7), or Name or Keyword (Step 8).

Need help finding a provider?

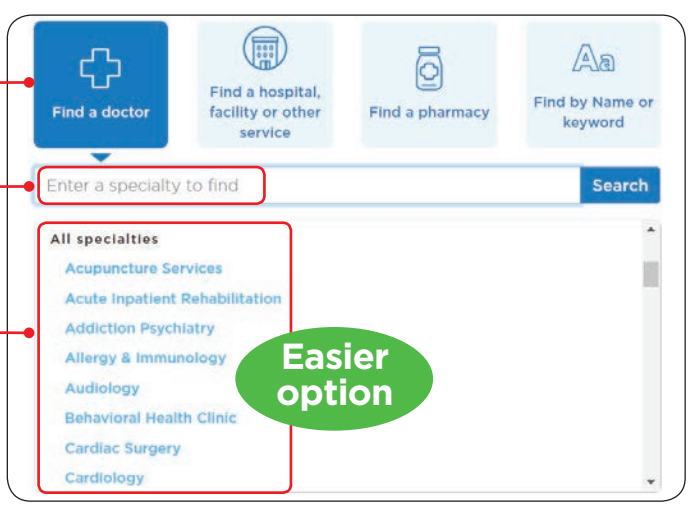
Call Customer Service at **1-888-281-7867 (TTY 711)**.

4.

> Click on the blue **Find a doctor** box.

After you click **Find a doctor**, you may **Enter a specialty** or scroll down and select from the **All specialties** menu.

Tip: Using the **All specialties** menu is the easier option.

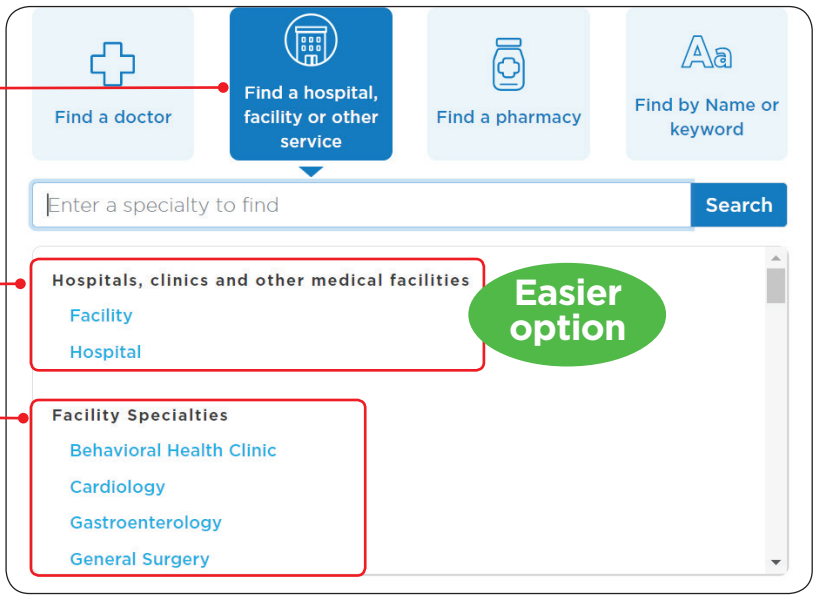


Note: This website is continually evolving, and on-screen details may vary based on coverage and benefits.

5.

If you click **Find a hospital, facility or other service**, you may select a type from the first menu or select from the second (**Facility Specialties**) menu.

Tip: Using the first menu is the easier option.



Need help finding a provider?
Call Customer Service at **1-888-281-7867 (TTY 711).**

6.

If you click **Find by Name or keyword**, you may **Enter a name or address** to search.

Tip: Enter Last Name, First Name or Last Name only.

The screenshot shows a search interface with four buttons: 'Find a doctor' (with a cross icon), 'Find a hospital, facility or other service' (with a building icon), 'Find a pharmacy' (with a pill bottle icon), and 'Find by Name or keyword' (with 'Aa' icon). Below the buttons is a search input field containing the placeholder text 'Enter a name or address (pharmacies are not supported)'. A red box highlights this input field, and a red line connects it to the 'Find by Name or keyword' button above. Below the input field is a 'Search' button and a small red error message: 'Please enter a name or address to search.'



Need help finding a provider?

Call Customer Service at **1-888-281-7867 (TTY 711)**.



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.

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Cigna True Choice Medicare (PPO) - Chain Pharmacy Listing



CHAIN AND HOME DELIVERY PHARMACY LISTING

The following is a listing of the many chain and home delivery pharmacies that Cigna has contracted with. In addition to the chains shown here, we have contracted with a number of other pharmacies. You can find a pharmacy by going to **[CignaMedicare.com/group/PDPresources](https://www.CignaMedicare.com/group/PDPresources)** or by calling customer service at the toll free number provided in your enrollment kit or ID card.

We call the pharmacies on this list our “network pharmacies” because we have made arrangements with them to provide prescription drugs to plan participants. A network pharmacy is a pharmacy where you can obtain prescription

drug benefits provided by Cigna. In most cases, your prescriptions are covered under your Cigna plan only if they are filled at a network pharmacy or a network home delivery pharmacy service. You are not required to go to the same pharmacy each time you fill a prescription. You can go to any of our network pharmacies. We will also fill prescriptions at non-network pharmacies under certain circumstances as described in your Evidence of Coverage.

All the pharmacies on the listing support electronic prescribing and all can provide an extended 90-day supply of medication.

Together, all the way.®



Chain Pharmacy Listing

A

Acme Pharmacy

1-877-276-9637 (TTY 711)

AHF Pharmacy

1-855-894-6337 (TTY 711)

Albertsons Market Pharmacy

1-877-276-9637 (TTY 711)

B

Bartell Drugs

1-877-227-8355 (TTY 711)

Bel Air Pharmacy

1-800-925-9989 (TTY 711)

Big Y Pharmacy

1-800-828-2688 (TTY 711)

BI-LO Pharmacy

1-800-862-9293 (TTY 711)

BI-MART Pharmacy

1-541-344-0681 (TTY 711)

**Brookshire Brothers
Pharmacy**

1-936-634-8155 (TTY 711)

Brookshire Pharmacy

1-903-534-3000 (TTY 711)

C

Community**(A Walgreens Pharmacy)**

1-877-250-5823 (TTY 711)

Costco Pharmacy

1-800-774-2678 (TTY 711)

CVS Pharmacy

1-800-746-7287 (TTY 711)

F

Food City Pharmacy

1-800-826-8451 (TTY 711)

Food Lion

1-800-210-9569 (TTY 711)

Fruth Pharmacy

1-304-675-1612 (TTY 711)

G

Giant Eagle Pharmacy

1-800-553-2324 (TTY 711)

Giant Discount Drug

1-888-469-4426 (TTY 711)

Giant Pharmacy

1-888-469-4426 (TTY 711)

H

Hannaford Food And Drug

1-800-213-9040 (TTY 711)

Harveys

1-800-862-9293 (TTY 711)

H-E-B Pharmacy

1-800-432-3113 (TTY 711)

Hy-Vee Pharmacy

1-515-267-2800 (TTY 711)

I

Ingles Pharmacy

1-828-669-2941 (TTY 711)

K

KMart Pharmacy

1-866-562-7848 (TTY 711)

Kinney Drugs

1-800-552-8663 (TTY 711)

L

Lewis Family Drug

1-605-367-2000 (TTY 711)

M

Martin's Pharmacy

1-888-469-4426 (TTY 711)

Maxor Pharmacy

1-800-687-8629 (TTY 711)

Meijer Pharmacy

1-877-363-4537 (TTY 711)

O

Osco Drug

1-877-723-3929 (TTY 711)

P

PharMerica

1-877-874-2768 (TTY 711)

Price Chopper Pharmacy

1-877-233-9072 (TTY 711)

Publix Pharmacy

1-800-242-1227 (TTY 711)

R

Raley's Pharmacy

1-800-925-9989 (TTY 711)

Rite Aid

1-800-748-3243 (TTY 711)

S

Safeway Pharmacy

1-877-723-3929 (TTY 711)

Sam's Club Pharmacy

1-888-746-7726 (TTY 711)

Sav-on Pharmacy

1-877-276-9637 (TTY 711)

Chain Pharmacy Listing

Save Mart Pharmacy

1-800-692-5710 (TTY 711)

Schnucks Pharmacy

1-800-264-4400 (TTY 711)

Shaws Pharmacy

1-877-723-3929 (TTY 711)

Shoprite

1-800-746-7748 (TTY 711)

Stop and Shop Pharmacy

1-800-767-7772 (TTY 711)

Super 1 Pharmacy

1-903-534-3000 (TTY 711)

T

Target Pharmacy (CVS Pharmacy at Target)

1-800-746-7287 (TTY 711)

Thrifty White

1-800-642-3275 (TTY 711)

Tom Thumb Pharmacy

1-877-723-3929 (TTY 711)

W

Walgreens

1-877-250-5823 (TTY 711)

Walmart

1-800-925-6278 (TTY 711)

Wegmans Food Markets

1-800-934-6267 (TTY 711)

Weis Markets Inc

1-866-999-9347 (TTY 711)

Winn-Dixie Pharmacy

1-866-946-6349 (TTY 711)





Home delivery with Express Scripts Pharmacy®*

Express Scripts Pharmacy specializes in home delivery and is available to all Cigna Medicare customers.

- › Express Scripts Pharmacy is the third largest pharmacy in the country.
- › Serving more than 10.5 million Americans.

Getting Started

- › Have your Cigna ID card and medication list ready.
- › Call Express Scripts Pharmacy at **1-877-860-0982 (TTY 711)**.
- › Or go online and set up your profile at **mycigna.com**, then call Express Scripts Pharmacy when you are ready to discuss your prescriptions.



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

This listing is not a complete pharmacy directory. Contact customer service for more specific information about pharmacies in your area.

The pharmacy network may change at any time. You will receive notice when necessary.

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Medicare Advantage - Vaccination Coverage

UNDERSTAND YOUR VACCINATION COVERAGE

It's an important part of your Medicare Advantage plan

Getting the vaccinations recommended by your doctor is an important part of your preventive care. So it's important to know that your vaccination coverage is separated into two parts.

1. The vaccine – what product you get.
2. The administration – how you get the vaccine.

The prescription drug portion of your plan covers many vaccines administered at your doctor's office or pharmacy, including:

- › Shingles: Shingrix® and Zostavax
- › Tetanus
- › Diphtheria

The medical portion of your plan covers many other vaccines, including:

- › Yearly flu
- › Pneumonia
- › COVID-19
- › Hepatitis B

Your Medicare Advantage plan doesn't cover vaccinations required for foreign travel.



Taking control of your health is important, so give it a shot.

- › Talk to your doctor about which vaccines are right for you.
- › If you have questions about your PDP coverage, please call Customer Service at the number located on your Cigna ID card or visit myCigna.com.
- › For more PDP coverage details and pharmacy claims information, turn to the flip side of this flyer.

Together, all the way.®



The way a vaccine is administered affects how it's covered and what you pay. Review this chart to learn more about vaccinations covered by your Cigna Medicare Advantage plan.

IF YOU GET THE VACCINE:	AND GET THE SHOT:	YOU WILL PAY:	THEN YOU NEED TO:	CIGNA WILL PAY:
At a pharmacy*	At a pharmacy*	Your plan coinsurance or copay at a pharmacy for the vaccine and the charge to get the shot.	No additional action is required.	The rest of the cost of the vaccine and the charge for getting the shot.
At a pharmacy*	From a doctor	Your plan coinsurance or copay at a pharmacy for the vaccine itself, and you will need to pay your doctor for the total charge to give you the shot.	File a claim with Cigna to be reimbursed for the amount your doctor charged for giving you the shot.	The remaining cost of the vaccine and the maximum allowable vaccine administration charge for your doctor. You may be responsible for any additional charge for getting the shot above what is allowed.
From a doctor	From a doctor	The entire cost of the vaccine and the charge to get the shot.	File a claim with Cigna to be reimbursed for the amount your doctor charged for the vaccine and for giving you the shot.	The balance of the total cost of getting the vaccination. You may be responsible for any additional charge for getting the shot above what your plan allows.

FDA-authorized COVID-19 vaccines will be covered under your Cigna Medicare Advantage plan as a medical preventive service, and will be available at no additional cost to you.

Visit our COVID-19 Resource Center at [Cigna.com/coronavirus](https://www.cigna.com/coronavirus) for the most up-to-date information on vaccines, care and coverage.

Questions?

Call Customer Service at the number located on your Cigna ID card.

Access pharmacy claim forms on [myCigna.com](https://mycigna.com).

Completed forms should be sent to:

Cigna
Attn: Pharmacy Claims Reimbursement
PO Box 20002
Nashville, TN 37202

Together, all the way.®



* If you get the vaccine or have it administered at a pharmacy not in the Cigna Medicare Advantage network, you will have to pay a higher, out-of-network rate.

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Notice of Non-Discrimination and Multi-Language Interpreter Services

Cigna Medicare

Prescription Drug Plans



Notice of Nondiscrimination: Discrimination is Against the Law

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1-800-558-9562 (TTY 711), 8 a.m. to 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – September 30.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Cigna
Attn: Grievance Department
PO Box 188080, Chattanooga, TN 37422
Phone: 1-800-558-9562 (TTY 711), Fax: 1-888-586-9946

You can file a grievance in writing by mail or fax. If you need help filing a grievance, Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Multi-language Interpreter Services

English – ATTENTION: If you speak English, language assistance services, free of charge are available to you. Call 1-800-558-9562 (TTY 711).

Spanish – ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-558-9562 (TTY 711).

Chinese – 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-558-9562 (TTY 711)。

Vietnamese – CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-558-9562 (TTY 711).

French Creole – ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-558-9562 (TTY 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-558-9562 (TTY 711)번으로 전화해 주십시오.

Polish – UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-558-9562 (TTY 711).

French – ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-558-9562 (ATS 711).

Arabic – ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-558-9562 (TTY 711).

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-558-9562 (телетайп 711).

Tagalog – PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-558-9562 (TTY 711).

Farsi/Persian – توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-558-9562 (TTY: 711) تماس بگیرید.

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-558-9562 (TTY 711).

Portuguese – ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-558-9562 (TTY 711).

Italian – ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-558-9562 (TTY 711).

Japanese – 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-558-9562 (TTY 711)まで、お電話にてご連絡ください。

Navajo – Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíłnih 1-800-558-9562 (TTY 711).

Gujarati – ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-558-9562 (TTY 711).

Urdu – توجه دیں: اگر آپ اردو زبان بولتے ہیں تو آپ کے لئے زبان معاون خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-558-9562 (TTY 711)