



2023

Summary of Benefits

January 1, 2023, to
December 31, 2023

Cigna Courage Medicare (HMO) H4407-011

\$0 monthly plan premium; medical coverage only
plan; no referrals required

What's Inside

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

To Join

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

Service Area

Covington, Forrest, George, Greene, Hancock, Harrison, Hinds, Jackson, Jefferson Davis, Jones, Lamar, Lawrence, Madison, Marion, Pearl River, Perry, Rankin, Stone, Walthall, and Wayne counties, **MS**



Introduction

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

Comparing coverage

If you want to compare our plan with other Medicare health plans, ask the other plans for their *Summary of Benefits*. Or, use the *Medicare Plan Finder* on **www.medicare.gov**.

More about Original Medicare

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook.

View the handbook online at:
www.medicare.gov

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

Need help?

Already a customer

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

Not a customer

Call toll-free **1-800-313-0973 (TTY 711)**. Licensed agents are available 8 a.m. to 8 p.m. local time: from October 1 to March 31, 7 days a week; and from April 1 to September 30, Monday through Friday. Our automated phone system may answer your call during weekends, holidays, and after hours.

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

1 | About this Plan

Which doctors and hospitals can I use?

Cigna Courage Medicare (HMO) has a network of doctors, hospitals, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

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

What do we cover?

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

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

Cigna Courage Medicare (HMO) covers Part B drugs including chemotherapy and some drugs administered by your provider; however, this plan does not cover Part D prescription drugs.

2 | Monthly Premium, Deductible, and Limits

Benefit	Cigna Courage Medicare (HMO)
<p>Monthly Premium</p>	<p>\$0 per month.</p> <p>In addition, you must keep paying your Medicare Part B premium. Cigna will reduce your Medicare Part B premium by \$50.</p>
<p>Medical Deductible</p>	<p>This plan does not have a deductible.</p>
<p>Is there any limit on how much I will pay for my covered services?</p>	<p>Original Medicare does not have annual limits on out-of-pocket costs.</p> <p>Your yearly limit(s) in this plan: \$5,900 applies to in-network 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 will keep getting in-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, if any, and cost-sharing for your Part D prescription drugs.</p>

3 | Covered Medical and Hospital Benefits

Benefit	What You Pay
<p>Note: Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.</p>	
<p>Inpatient Hospital Coverage¹</p>	
<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>For each Medicare-covered hospital stay, you are required to pay the applicable cost sharing, starting with Day 1, each time you are admitted.</p>	<p>\$295 copay per day for days 1-6 \$0 copay per day for days 7-90</p>
<p>Outpatient Hospital Services/ASC</p>	
<p>Ambulatory Surgical Center (ASC)¹</p>	<p>\$0–\$250 copay</p>
<p>Outpatient Hospital¹</p>	<p>\$0–\$295 copay</p>
<p>Outpatient Observation¹</p>	<p>\$295 copay per stay</p>
<p>Doctors Visits</p>	
<p>Primary Care Provider (PCP)</p>	<p>\$0 copay</p>
<p>Specialists¹</p>	<p>\$0 copay</p>

Benefit	What You Pay
Preventive Care	
<p>Our plan covers many Medicare-covered preventive services, including:</p> <ul style="list-style-type: none"> › Abdominal aortic aneurysm screening › Alcohol misuse screenings and counseling › Bone mass measurement › Breast cancer screening (mammogram) › Cardiovascular disease (behavioral therapy) › Cardiovascular screenings › Cervical and vaginal cancer screening › Colorectal cancer screening (colonoscopy, fecal occult blood test, multi-target stool DNA tests, screening barium enemas, flexible sigmoidoscopy) › Depression screenings › 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 › 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 and Pneumococcal shots › Welcome to Medicare preventive visit (one-time) › Yearly Wellness visit 	<p>\$0 copay</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. Please see your EOC for frequency of covered services.</p>
Emergency Care	
<p>Emergency Care Services</p>	<p>\$110 copay</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care.</p>
<p>Worldwide Emergency/Urgent Coverage/Emergency Transportation</p>	<p>\$110 copay</p> <p>Maximum worldwide coverage amount \$50,000</p>

Benefit	What You Pay
Urgently Needed Services	
Urgent Care Services	\$35 copay If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for urgent care.
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–\$75 copay
Lab Services ¹	\$0 copay
Therapeutic Radiological Services ¹	\$60 copay
X-ray Services	\$0–\$25 copay
Diagnostic Radiological Services (MRIs, CT scans, etc.) ¹	\$0–\$195 copay
Hearing Services	
Hearing Exams (Medicare-covered)	\$0 copay
Routine Hearing Exams	\$0 copay for one routine exam every year
Hearing Aid Fitting/Evaluation	\$0 copay for one fitting evaluation for hearing aid every three years
Hearing Aids	\$0 copay up to plan maximum coverage amount of \$2,000 allowance for both ears combined every three years
Dental Services (Medicare-covered)¹	
Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)	\$0 copay
Preventive and Comprehensive Dental Services	
Dental Allowance Supplemental dental services with licensed dentist.* Provider submits claim to Cigna Dental Health. Includes Preventive and Comprehensive Services. Benefit does not cover cosmetic services. *Dentist is not on the exclusion/preclusion list and/or has not opted out of Medicare.	\$0 copay up to allowance amount
Maximum Coverage Amount	\$1,500 combined preventive and comprehensive allowance every year

Benefit	What You Pay
Vision Services	
Eye Exams (Medicare-covered) A facility cost-share may apply for procedures performed at an outpatient surgical center.	\$0 copay
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 > Eyeglasses (lenses and frames) > Eyeglass lenses > Eyeglass frames > Contact lenses (including contact lens fitting) > Upgrades	\$0 copay up to plan maximum coverage amount of \$300 every year The plan-specified allowance may be applied to one set of the member's choice of eyewear once per year, to include the eyeglass frame/lenses/lens options combination or contact lenses (to include related professional fees) in lieu of eyeglasses.
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.	\$595 copay per day for days 1-3 \$0 copay per day for days 4-90
Outpatient ¹ Individual or Group Therapy Visit	\$0 copay
Skilled Nursing Facility (SNF)¹	
Our plan covers up to 100 days per benefit period.	\$10 copay per day for days 1-20 \$196 copay per day for days 21-100
Rehabilitation Services	
Cardiac (Heart) Rehab Services ¹	\$10 copay
Pulmonary Rehab Services ¹	\$10 copay
Occupational Therapy Services ¹	\$35 copay

Benefit	What You Pay
Physical Therapy and Speech/Language Therapy Services ¹	\$35 copay
Physical Therapy and Speech/Language Therapy Telehealth Services ¹	\$0 copay
Ambulance¹	
Ground Service (one-way trip)	\$250 copay
Air Service (one-way trip)	20% coinsurance
Transportation¹	
Members are required to coordinate with Cigna vendor for transportation to plan-approved locations at least 48 hours in advance. Mileage restrictions may apply. See <i>Evidence of Coverage</i> for full details and restrictions related to benefit.	\$0 copay for 40 one-way trips every year
Medicare Part B Drugs	
Part B Chemotherapy Drugs and Other Part B Drugs ¹ Medicare-covered Part B Drugs may be subject to step therapy requirements.	20% coinsurance
Foot Care (Podiatry Services)	
Podiatry Services (Medicare-covered)	\$0 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
Diabetic Services and Supplies Brand limitations apply to certain supplies.	\$0 copay for diabetes self-management training 20% coinsurance for therapeutic shoes or inserts ¹ \$0 copay for diabetic monitoring supplies ¹
Fitness and Wellness Programs	
Fitness Program The program offers the flexibility of a fitness center membership, digital fitness tools, and a home fitness kit.	\$0 copay

Benefit	What You Pay
Health Information Line	
<p>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.</p> <p>*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.</p>	\$0 copay
Chiropractic Care	
Chiropractic Services (Medicare-covered) ¹	\$20 copay
Routine Chiropractic Services	Not covered
Home Health Care¹	
Home Health	\$0 copay
Hospice	
<p>Hospice care must be provided by a Medicare-certified hospice program.</p> <p>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.</p>	\$0 copay
Outpatient Substance Abuse¹	
Individual or Group Therapy Visit	\$35 copay
Opioid Treatment Services¹	
FDA-approved treatment medications in addition to testing, counseling, and therapy.	\$35 copay
Over-the-Counter (OTC) Items	
Over-the-counter drugs and other health-related pharmacy products, as listed in the <i>OTC Catalog</i> .	\$75 allowance every three months
Home-Delivered Meals	
	<p>\$0 copay for home-delivered meals</p> <p>Limited to 14 meals per discharge from a qualified hospital stay or skilled nursing facility (up to three stays per year), ESRD care management is limited to 56 meals once per year.</p>

Benefit	What You Pay
Telehealth Services (Medicare-covered)	
For non-emergency care, talk with a telehealth doctor via phone or video for certain telehealth services, including: allergies, cough, headache, sore throat, and other minor illnesses.	\$0 copay
Acupuncture Services	
Acupuncture Services (Medicare-covered) ¹ Services for chronic lower back pain.	\$0 copay
Supplemental Acupuncture Services	Not covered
Additional Benefits Enjoy these extra benefits included in your plan.	
Annual Physical Exam	\$0 copay
Cigna Healthy Today Card Use your pre-loaded Cigna Healthy Today benefit card for easy access to incentives, rewards, and select allowance benefits* that may be part of your plan. *Benefits, coverage and amounts vary by plan. Limitations, exclusions, and restrictions may apply.	Based on your plan's allowance and frequency amounts, funds will be loaded on your Cigna Healthy Today card automatically.
Cigna Medicare Advantage Incentives With the Cigna Medicare Advantage incentives program, you can earn money for completing certain health check-ups. After completing your yearly health check-up, you can qualify for additional incentives as determined by your plan and provider. Reward dollars are intended to be used on health and wellness products only.	You can earn up to \$100 , which is loaded on your Cigna Healthy Today card for completing certain healthy activities.

