cigna healthcare

2024 Summary of Benefits

January 1, 2024 - December 31, 2024

Cigna Premier Medicare (HMO-POS) H4513-084

Service Area:

Cook, DuPage, Kane, Kankakee, Lake, and Will counties, **IL**

Introduction

This *Summary of Benefits* gives you a summary of what **Cigna Premier Medicare (HMO-POS)** 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.

To Join

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

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: 7 days a week, October – March; and Monday – Friday, April – September. 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: 7 days a week, October – March; and Monday – Friday, April – September. 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, hospitals, and pharmacies can I use?

Cigna Premier Medicare (HMO-POS) has a network of doctors, hospitals, and other providers. You may also choose to use providers that are out of network, usually for a higher copay or coinsurance.

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

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

What do we cover?

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

› Our customers get all the benefits covered by Original Medicare.

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

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

› You can see the plan's complete *Comprehensive Prescription Drug List*, which lists the Part D prescription drugs along with any restrictions on our website, **CignaMedicare.com**.

› Or call us, and we will send you a copy of the plan's *Comprehensive Prescription Drug List*.

2 | Monthly Premium, Deductible, and Limits

Benefit	Cigna Premier Medicare (HMO-POS)
Monthly Plan Premium	**$0** per month. In addition, you must keep paying your Medicare Part B premium.
Medical Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Amount (does not include prescription drugs)	Your yearly out-of-pocket limit(s) in this plan: **$4,200** applies to in-network Medicare-covered benefits This limit is the most you pay for copays, coinsurance, and other costs for Medicare-covered services for the year. If you reach the limit on out-of-pocket costs, you will keep getting in-network Medicare-covered hospital and medical services, and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums, if any, and cost-sharing for your Part D prescription drugs.
Out-of-Network Benefits Annual Coverage Limit	Our plan has a coverage limit of **$25,000** every year for out-of-network benefits.

3 | Covered Medical and Hospital Benefits

Benefit	What You Pay	
	In-Network	Out-of-Network
Note: Services with a [1] may require prior authorization. Services with a [2] may require a referral from your doctor.		
Inpatient Hospital Coverage[1,2]		
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.	**$265** copay per day for days 1-7 **$0** copay per day for days 8-90	**40%** coinsurance
Outpatient Hospital Services		
Outpatient Hospital[1,2]	**$0–$240** copay	**30%** coinsurance
Outpatient Observation[1,2]	**$240** copay per stay	**30%** coinsurance
Ambulatory Surgical Center (ASC) Services		
ASC Services[1,2]	**$0–$175** copay	**30%** coinsurance
Doctor Visits		
Primary Care Provider (PCP)	**$0** copay for primary care doctor in-person or telehealth visits	**30%** coinsurance for primary care doctor in-person or telehealth visits
Specialists[1]	**$35** copay[2]	**30%** coinsurance

Benefit	What You Pay	
	In-Network	Out-of-Network
Preventive Care		
Our plan covers many Medicare-covered preventive services, including: › 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	**$0** copay Any additional preventive services approved by Medicare during the contract year will be covered. Please see your *EOC* for frequency of covered services.	**30%** coinsurance Any additional preventive services approved by Medicare during the contract year will be covered. Please see your *EOC* for frequency of covered services.

Benefit	What You Pay	
	In-Network	Out-of-Network
Emergency Care		
Emergency Care Services	**$120** 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 emergency care.	Same as in-network
Worldwide Emergency/Urgent Coverage/Emergency Transportation	**$120** copay Maximum worldwide coverage amount **$50,000**	Same as in-network
Urgently Needed Services		
Urgent Care Services	**$30** 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.	Same as in-network
Diagnostic Services, Labs, and Imaging Costs for these services may vary based on place of service or type of service		
Diagnostic Procedures and Tests[1,2]	**$0–$50** copay	**30%** coinsurance
Lab Services[1,2]	**0%** coinsurance	**30%** coinsurance
Genetic Testing[1,2]	**20%** coinsurance	**30%** coinsurance
Diagnostic Radiological Services (MRIs, CT scans, etc.)[1,2]	**$0–$200** copay	**30%** coinsurance
Therapeutic Radiological Services[1,2]	**20%** coinsurance	**30%** coinsurance
X-ray Services[2]	**$0** copay	**30%** coinsurance

Benefit	What You Pay	
	In-Network	Out-of-Network
Hearing Services		
Hearing Exams (Medicare-covered)[2] Diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider. A separate physician cost-share will apply if additional services requiring cost-sharing are rendered.	**$35** copay	**30%** coinsurance
Routine Hearing Exams	**$0** copay for one routine hearing exam every year	Not covered
Hearing Aid Fitting/Evaluation	**$0** copay for one fitting/evaluation for hearing aid every year	Not covered
Hearing Aids	**$399–$1,800** copay per device, limited to 2 devices every year. Actual cost-share will depend on hearing aid selected.	Not covered
Dental Services (Medicare-covered)[1]		
Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)	**$35** copay	**30%** coinsurance
Preventive Dental Services (Routine)		
Oral exams (4 every year)	**$0** copay	Not covered
Cleanings (2 every year)	**$0** copay	Not covered
Fluoride treatments	**$0** copay	Not covered
Dental x-rays	**$0** copay	Not covered
Maximum Coverage Amount	**$20,000** combined allowance for routine preventive and comprehensive dental services every year	Not covered

Benefit	What You Pay	
	In-Network	Out-of-Network
Comprehensive Dental Services		
Non-routine Services	**$0**–**$285** copay	Not covered
Diagnostic Services	**$0** copay	Not covered
Restorative Services	**$0**–**$550** copay	Not covered
Endodontics	**$0**–**$675** copay	Not covered
Periodontics	**$0**–**$595** copay	Not covered
Extractions	**$0** copay	Not covered
Prosthodontics/oral surgery	**$0**–**$615** copay	Not covered
Maximum Coverage Amount	**$20,000** combined allowance for routine preventive and comprehensive dental services every year	Not covered
Vision Services		
Eye Exams (Medicare-covered) A separate physician cost-share may apply if additional services requiring cost-sharing are rendered (e.g., but not limited to, if a medical eye condition is discovered during a preventive routine eye exam). A facility cost-share may apply for procedures performed at an outpatient surgical center.	**$0** copay for Medicare-covered diabetic retinopathy screening **$35** copay for all other Medicare-covered vision services	**0%** coinsurance for Medicare-covered diabetic retinopathy screening **30%** coinsurance for all other Medicare-covered vision services
Routine Eye Exam One routine eye exam (including eye refraction) per year. Eye refractions outside of the annual routine eye exam are not covered. Vision services must be obtained from a provider within Cigna Healthcare's℠ vision vendor network to be covered.	**$0** copay for one routine exam every year	Not covered
Glaucoma Screening (Medicare-covered)	**$0** copay	**30%** coinsurance

Benefit	What You Pay	
	In-Network	Out-of-Network
Eyewear (Medicare-covered)	**$0** copay	**30%** coinsurance
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 **$200** 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.	Not covered
Mental Health Services		
Inpatient[I] 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.	**$265** copay per day for days 1-7 **$0** copay per day for days 8-90	**40%** coinsurance
Outpatient Individual or Group Therapy Visit[I]	**$0** copay	**30%** coinsurance
Skilled Nursing Facility (SNF)[I]		
Our plan covers up to 100 days per benefit period.	**$10** copay per day for days 1-20 **$203** copay per day for days 21-100	**30%** coinsurance
Rehabilitation Services		
Cardiac (Heart) Rehab Services[I,2]	**$10** copay	**30%** coinsurance
Intensive Cardiac (Heart) Rehab Services[I,2]	**$10** copay	**30%** coinsurance
Pulmonary Rehab Services[I,2]	**$10** copay	**30%** coinsurance
Occupational Therapy Services[I,2]	**$35** copay	**30%** coinsurance

Benefit	What You Pay	
	In-Network	Out-of-Network
Physical Therapy and Speech/Language Therapy Services[2]	**$35** copay	**30%** coinsurance
Physical Therapy and Speech/Language Therapy Telehealth Services[2]	**$0** copay	Not covered
Ambulance[I]		
Ground Service (one-way trip)	**$260** copay	**$260** copay
Air Service (one-way trip)	**20%** coinsurance	**20%** coinsurance
Transportation (Routine)[I]		
Routine, non-emergency transportation for up to 70-mile one-way trips to and from approved health-related locations. Prior authorization is required for trips exceeding 70 miles. Customers are required to coordinate with Cigna Healthcare's vendor for routine transportation to plan-approved locations at least 48 hours in advance. Mileage restrictions may apply. See *EOC* for full details and restrictions related to this benefit.	**$0** copay for 30 one-way trips every year	Not covered
Medicare Part B Drugs		
Medicare Part B Insulin Drugs	**0%–20%** coinsurance; up to a **$35** copay	**30%** coinsurance
Medicare Part B Chemotherapy/Radiation Drugs[I]	**0%–20%** coinsurance	**30%** coinsurance
Other Medicare Part B Drugs[I] Medicare-covered Part B Drugs may be subject to step therapy requirements.	**0%–20%** coinsurance This plan has Part D prescription drug coverage. See Section 4 in the *Summary of Benefits*.	**30%** coinsurance This plan has Part D prescription drug coverage. See Section 4 in the *Summary of Benefits*.
Acupuncture Services		
Acupuncture Services (Medicare-covered)[I,2] Services for chronic lower back pain.	**$20** copay	**30%** coinsurance
Acupuncture Services (Routine)	Not covered	Not covered

Benefit	What You Pay	
	In-Network	Out-of-Network
Chiropractic Care		
Chiropractic Services (Medicare-covered)[1,2]	**$15** copay	**30%** coinsurance
Routine Chiropractic Services	Not covered	Not covered
Fitness and Wellness Programs		
The Silver&Fit® Healthy Aging and Exercise program offers the flexibility of a fitness center membership, digital fitness tools, and one home fitness kit from a variety of kit options, including a wearable fitness tracker. You can also take advantage of digital workout plans available on the program's website, get one-on-one Healthy Aging Coaching by phone, video, or chat, and enjoy many other digital resources through the Well-Being Club.	**$0** copay	Not covered
Foot Care (Podiatry Services)		
Podiatry Services (Medicare-covered)[2]	**$35** copay	**30%** coinsurance
Routine Podiatry Services	Not covered	Not covered
Health Information Line		
Talk one-on-one with a Nurse Advocate* to get timely answers to your health-related questions at no additional cost, anytime day or night. The Health Information Line is not a substitute for calling 911. If you are experiencing a health care emergency, please call 911 or go to your nearest emergency room. *Nurse Advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing any medical advice.	**$0** copay	Not covered

Benefit	What You Pay	
	In-Network	Out-of-Network
Home-Delivered Meals		
	$0 copay for home-delivered meals Limited to 14 meals per discharge from a qualified hospital stay or skilled nursing facility (up to 3 stays per year). ESRD care management is limited to 56 meals once per year.	Not covered
Home Health Care[I]		
Home Health	**$0** copay	**30%** coinsurance
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	**$0** copay
Medical Equipment and Supplies		
Durable Medical Equipment (wheelchairs, oxygen, etc.)[I]	**20%** coinsurance	**30%** coinsurance
Prosthetic Devices (braces, artificial limbs, etc.)[I]	**20%** coinsurance	**30%** coinsurance
Medical Supplies[I]	**20%** coinsurance	**30%** coinsurance

Benefit	What You Pay	
	In-Network	Out-of-Network
Diabetic Services and Supplies Brand limitations apply to certain supplies. Blood sugar monitor/continuous glucose monitor (CGM) preferred brands include: › Abbott Diabetes Care: FreeStyle Lite, FreeStyle Freedom Lite, FreeStyle Precision Neo, FreeStyle Libre 2 (CGM), and FreeStyle Libre 14-Day (CGM) › Life Scan Diabetes Care: OneTouch Ultra 2, OneTouch Verio Flex, and OneTouch Verio Reflect › Dexcom: Dexcom G6 (CGM), Dexcom G7 (CGM)	**$0** copay for diabetes self-management training[2] **20%** coinsurance for therapeutic shoes or inserts[I] **$0** copay for diabetic monitoring supplies[I]	**30%** coinsurance for diabetes self-management training[2] **30%** coinsurance for therapeutic shoes or inserts[I] **30%** coinsurance for diabetic monitoring supplies[I]
Opioid Treatment Services[I]		
FDA-approved treatment medications in addition to testing, counseling, and therapy.	**$35** copay	**30%** coinsurance
Outpatient Substance Abuse[I]		
Individual or Group Therapy Visit	**$35** copay	**30%** coinsurance
Over-the-Counter (OTC) Allowance		
Allowance for covered OTC drugs and other health-related pharmacy products	**$45** every 3 months	Not covered
Telehealth Services (Medicare-covered)		
For non-emergency urgent care, talk with a telehealth doctor via smart phone, computer, or tablet for care, including allergies, cough, headache, sore throat, and other minor illnesses. Benefit also includes telehealth mental health therapy and dermatology services.	**$0** copay for non-emergency urgent care virtual visits **$0** copay for mental health therapy virtual visits[I] **$35** copay for dermatology care virtual visits[I,2]	**30%** coinsurance for non-emergency urgent care virtual visits **30%** coinsurance for mental health therapy virtual visits[I] **30%** coinsurance for dermatology care virtual visits[I]

Extra Benefits Included in Your Plan

	In-Network	Out-of-Network
Annual Physical Exam	**$0** copay	Not covered
Cigna Healthy Today Card Use your pre-loaded Cigna Healthy Today card for easy access to incentives, rewards, and select benefits* that may be part of your plan. *Benefits, coverage, and amounts vary by plan. Limitations, exclusions, and restrictions may apply.	Based on your plan's allowance and frequency amounts, funds will be loaded on your Cigna Healthy Today card automatically. Allowance amounts do not carry over to the next quarter or the following year.	Combined with in-network
Cigna Medicare Advantage Incentives With the Cigna Medicare Advantage incentives program, you can earn money for completing certain healthy activities. 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.	Combined with in-network

4 | Prescription Drug Benefits

Medicare Part D Drugs

Pharmacy (Part D) Deductible

This plan does not have a deductible.

Initial Coverage

The following charts show the cost-sharing amounts for Part D drugs covered under this plan. After you pay any yearly Part D deductible, you pay the following until your total yearly drug costs reach **$5,030.** Total yearly drug costs are the total drug costs paid by both you and a Part D plan.

Your costs may be different if you qualify for *Extra Help*. Your copay or coinsurance is based on the drug tier for your medication, which you can find in the plan *Comprehensive Prescription Drug List* on our website **CignaMedicare.com**. Or call us, and we will send you a copy of the *Comprehensive Prescription Drug List*.

		Mail Order Cost-Sharing		Retail Cost-Sharing	
Tier	**Supply**	**Preferred**	**Standard**	**Preferred**	**Standard**
Tier 1 Preferred Generic Drugs	30-day	**$0**	**$10**	**$0**	**$10**
	60-day	**$0**	**$20**	**$0**	**$20**
	90-day	**$0**	**$30**	**$0**	**$30**
Tier 2 Generic Drugs	30-day	**$4**	**$20**	**$4**	**$20**
	60-day	**$8**	**$40**	**$8**	**$40**
	90-day	**$0**	**$60**	**$12**	**$60**
Tier 3 Preferred Brand Drugs	30-day	**$45**	**$47**	**$45**	**$47**
	60-day	**$90**	**$94**	**$90**	**$94**
	90-day	**$135**	**$141**	**$135**	**$141**
Tier 4 Non-Preferred Drugs	30-day	**$100**	**$100**	**$100**	**$100**
	60-day	**$200**	**$200**	**$200**	**$200**
	90-day	**$300**	**$300**	**$300**	**$300**
Tier 5 Specialty Drugs	30-day	**33%**	**33%**	**33%**	**33%**
	60-day	**Not available**	**Not available**	**Not available**	**Not available**
	90-day	**Not available**	**Not available**	**Not available**	**Not available**

Cost-sharing may vary depending on the customer's Part D coverage phase. Costs may differ based on pharmacy type or status, for example, preferred/non-preferred, mail order, long-term care (LTC), home infusion, and 30- or 90-day supply.

You may get your drugs at preferred or standard network retail pharmacies or preferred mail order pharmacies. Your prescription drug copay will typically be less at a preferred network pharmacy because it has a preferred agreement with your plan.

You can get your prescription from an out-of-network pharmacy, but you may pay more than you would pay at an in-network pharmacy. If you reside in a long-term care facility, you would pay the standard retail cost-sharing at an in-network pharmacy.

Coverage Gap

Most Medicare prescription drug plans have a Coverage Gap (also called the Donut Hole). This means there is a temporary change in what you will pay for your Part D drugs. The Coverage Gap begins after your total yearly prescription drug costs (including what a Part D plan has paid and what you have paid) reach **$5,030.** Not everyone will enter the Coverage Gap.

After you enter the Coverage Gap, you pay a maximum of **25%** of the plan's cost for covered brand name drugs and covered generic drugs until your costs total **$8,000,** which is the end of the Coverage Gap.

This plan offers some additional prescription drug coverage for Tier I drugs in the Coverage Gap. See the table below to find out how much you will pay.

Catastrophic Coverage

You qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached the **$8,000** limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will pay **$0** for all covered Part D drugs through the end of the calendar year.

		Mail Order Cost-Sharing		Retail Cost-Sharing	
Tier	**Supply**	**Preferred**	**Standard**	**Preferred**	**Standard**
Tier I Preferred Generic Drugs	30-day	**$0**	**$10**	**$0**	**$10**
	60-day	**$0**	**$20**	**$0**	**$20**
	90-day	**$0**	**$30**	**$0**	**$30**

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 insulin is on a tier where cost-sharing is lower than **$35,** you will pay the lower cost for your insulin.
- If your plan has a Part D deductible, the above will apply even if you haven't paid your deductible.

Select benefits may not be available in all service areas without a monthly premium. Some plans may include these benefits under the monthly premium. Benefits, features, and/or devices vary by plan/service area. Limitations, exclusions, and restrictions may apply. Contact the plan for more information.

Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Individuals may enroll in a plan only during specific times of the year and must have Medicare Parts A and B.

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.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group. The Cigna names, logos, and marks, including THE CIGNA GROUP and CIGNA HEALTHCARE, are owned by Cigna Intellectual Property, Inc.

To file a marketing complaint, contact Cigna Healthcare at the Customer Service number below or call **1-800-MEDICARE** (24 hours a day/7 days a week). Please include the agent/broker name if possible.

Subsidiaries of The Cigna Group contract with Medicare to offer Medicare Advantage HMO and PPO plans and Part D Prescription Drug Plans (PDPs) in select states and with select state Medicaid programs. Enrollment in a Cigna Healthcare product depends on contract renewal.

You must live in the plan's service area to enroll in a Cigna Healthcare Medicare Advantage plan. Prior authorization and/or referrals are required for certain services. This information is not a complete description of benefits. Benefits vary by plan.

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