



2024 Summary of Benefits

January 1, 2024 - December 31, 2024

**Cigna Courage Medicare (HMO)
H5410-058**

Medical coverage only plan

Service Area:

Broward, Charlotte, Collier, Indian River, Lee, Martin, Miami-Dade, Palm Beach,
and St. Lucie counties, **FL**



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.

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 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 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*.

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)
Monthly Plan Premium	\$0 per month. In addition, you must keep paying your Medicare Part B premium.
Part B Premium Give Back	Cigna Healthcare will reduce your Medicare Part B premium by \$150 per month.
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: \$3,400 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.

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 Coverage^{1,2}</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>\$395 copay per day for days 1-5 \$0 copay per day for days 6-90</p>
<p>Outpatient Hospital Services</p>	
<p>Outpatient Hospital^{1,2}</p>	<p>\$0-\$375 copay</p>
<p>Outpatient Observation^{1,2}</p>	<p>\$395 copay per stay</p>
<p>Ambulatory Surgical Center (ASC) Services</p>	
<p>ASC Services^{1,2}</p>	<p>\$0-\$350 copay</p>
<p>Doctor Visits</p>	
<p>Primary Care Provider (PCP)</p>	<p>\$10 copay for primary care doctor in-person or telehealth visits</p>
<p>Specialists^{1,2}</p>	<p>\$50 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 <i>EOC</i> for frequency of covered services.</p>

Benefit	What You Pay
Emergency Care	
Emergency Care Services	\$135 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.
Worldwide Emergency/Urgent Coverage/Emergency Transportation	\$135 copay Maximum worldwide coverage amount \$50,000
Urgently Needed Services	
Urgent Care Services	\$65 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 ^{1,2}	\$0–\$275 copay
Lab Services ^{1,2}	\$0 copay
Genetic Testing ^{1,2}	20% coinsurance
Diagnostic Radiological Services (MRIs, CT scans, etc.) ^{1,2}	\$0–\$275 copay
Therapeutic Radiological Services ^{1,2}	\$60 copay
X-ray Services ²	\$20–\$100 copay
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.	\$30 copay
Routine Hearing Exams	\$0 copay for one routine hearing exam every year

Benefit	What You Pay
Hearing Aid Fitting/Evaluation	\$0 copay for one fitting/evaluation for hearing aid every year
Hearing Aids	\$399–\$1,800 copay per device, limited to 2 devices every year. Actual cost-share will depend on hearing aid selected.
Dental Services (Medicare-covered)¹	
Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)	\$50 copay
Preventive and Comprehensive Dental Services (Routine)	
<p>Dental Allowance</p> <p>Routine preventive and comprehensive dental services with a licensed dentist who is not precluded or excluded from Medicare. Benefit does not cover cosmetic services. Provider submits claim to Cigna Dental Health.</p> <p>*Limitations, exclusions, and restrictions may apply.</p>	\$0 copay up to allowance amount
Maximum Coverage Amount	\$2,000 combined allowance for routine preventive and comprehensive dental services every year
Vision Services	
<p>Eye Exams (Medicare-covered)</p> <p>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.</p>	<p>\$0 copay for Medicare-covered diabetic retinopathy screening</p> <p>\$50 copay for all other Medicare-covered vision services</p>
<p>Routine Eye Exam</p> <p>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'sSM vision vendor network to be covered.</p>	\$0 copay for one routine exam every year
Glaucoma Screening (Medicare-covered)	\$0 copay

Benefit	What You Pay
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 \$250 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.	\$395 copay per day for days 1-5 \$0 copay per day for days 6-90
Outpatient Individual or Group Therapy Visit ¹	\$0 copay
Skilled Nursing Facility (SNF)¹	
Our plan covers up to 100 days per benefit period.	\$0 copay per day for days 1-20 \$203 copay per day for days 21-100
Rehabilitation Services	
Cardiac (Heart) Rehab Services ^{1,2}	\$10 copay
Intensive Cardiac (Heart) Rehab Services ^{1,2}	\$10 copay
Pulmonary Rehab Services ^{1,2}	\$10 copay
Occupational Therapy Services ^{1,2}	\$50 copay
Physical Therapy and Speech/Language Therapy Services ²	\$50 copay
Physical Therapy and Speech/Language Therapy Telehealth Services ²	\$0 copay
Ambulance¹	
Ground Service (one-way trip)	\$285 copay
Air Service (one-way trip)	20% coinsurance

Benefit	What You Pay
Transportation (Routine)¹	
<p>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 <i>EOC</i> for full details and restrictions related to this benefit.</p>	\$0 copay for 24 one-way trips every year
Medicare Part B Drugs	
Medicare Part B Insulin Drugs	0%–20% coinsurance; up to a \$35 copay
Medicare Part B Chemotherapy/Radiation Drugs ¹	0%–20% coinsurance
<p>Other Medicare Part B Drugs¹</p> <p>Medicare-covered Part B Drugs may be subject to step therapy requirements.</p>	0%–20% coinsurance
Acupuncture Services	
<p>Acupuncture Services (Medicare-covered)^{1,2}</p> <p>Services for chronic lower back pain.</p>	\$20 copay
Acupuncture Services (Routine)	Not covered
Chiropractic Care	
Chiropractic Services (Medicare-covered) ^{1,2}	\$20 copay
Routine Chiropractic Services	Not covered
Fitness and Wellness Programs	
<p>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.</p>	\$0 copay

Benefit	What You Pay
Foot Care (Podiatry Services)	
Podiatry Services (Medicare-covered) ²	\$45 copay
Routine Podiatry Services	Not covered
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. 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.</p> <p>*Nurse Advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing any medical advice.</p>	\$0 copay
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 3 stays per year). ESRD care management is limited to 56 meals once per year.</p>
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
Medical Equipment and Supplies	
Durable Medical Equipment (wheelchairs, oxygen, etc.) ¹	20% coinsurance
Prosthetic Devices (braces, artificial limbs, etc.) ¹	20% coinsurance

Benefit	What You Pay
Medical Supplies ¹	20% coinsurance
Diabetic Services and Supplies Brand limitations apply to certain supplies. Blood sugar monitor/continuous glucose monitor (CGM) preferred brands include: <ul style="list-style-type: none"> ➤ 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 ¹ \$0 copay for diabetic monitoring supplies ¹
Opioid Treatment Services¹	
FDA-approved treatment medications in addition to testing, counseling, and therapy.	\$50 copay
Outpatient Substance Abuse¹	
Individual or Group Therapy Visit	\$50 copay
Over-the-Counter (OTC) Allowance	
Allowance for covered OTC drugs and other health-related pharmacy products	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.	\$10 copay for non-emergency urgent care virtual visits \$0 copay for mental health therapy virtual visits ¹ \$50 copay for dermatology care virtual visits ^{1,2}

Extra Benefits Included in Your Plan

<p>Annual Physical Exam</p>	<p>\$0 copay</p>
<p>Caregiver Support</p> <p>The caregiver support benefit includes: consultative services to help with caregiving, social health needs such as nutrition, finding resources for your loved ones, and stress management. It includes one-on-one coaching for caregivers who need personal support and guidance, and an online application to stay in touch with your caregiver coach, share information with others in the caregiver team, and access support and resources. Recommended caregiver services or programs may have additional costs.</p>	<p>\$0 copay for caregiver support services, including one-on-one coaching and personalized resources for members and caregivers</p>
<p>Cigna Healthy Today Card</p> <p>Use your pre-loaded Cigna Healthy Today card for easy access to incentives, rewards, and select benefits* that may be part of your plan.</p> <p>*Benefits, coverage, and amounts vary by plan. Limitations, exclusions, and restrictions may apply.</p>	<p>Based on your plan's allowance and frequency amounts, funds will be loaded on your Cigna Healthy Today card automatically.</p> <p>Allowance amounts do not carry over to the next quarter or the following year.</p>
<p>Cigna Medicare Advantage Incentives</p> <p>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.</p>	<p>You can earn up to \$100, which is loaded on your Cigna Healthy Today card, for completing certain healthy activities.</p>
<p>Pet Care Allowance</p> <p>Pets, including service and emotional support animals, can provide many benefits to keep us healthy and happy, but their care can be expensive. Your Cigna Healthcare Medicare Advantage plan offers a pet care allowance to help ease the cost of taking care of your pet. To qualify for this benefit, you must be diagnosed with a qualifying condition, such as PTSD, hearing loss, or vision loss.</p>	<p>A \$75 quarterly allowance will be automatically applied your Cigna Healthy Today card. The quarterly benefit allowance amount can be used in-store at participating pet supply retailers or for veterinary visits and services.</p>

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.

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To file a marketing complaint, contact Cigna Healthcare at the Customer Service number below or call **I-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 **I-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.