



2025 Summary of Benefits

January 1, 2025 - December 31, 2025

**Cigna TotalCare Plus (HMO D-SNP)
H2752-003**

Service Area:

Fairfield, Hartford, Litchfield, Middlesex, New Haven, and New London counties, **CT**



Introduction

This *Summary of Benefits* gives you a summary of what **Cigna TotalCare Plus (HMO D-SNP)** 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 Medicaid, 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/medicare-and-you**.

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

Who can enroll?

This plan is available to anyone who has Medicare and full Medical Assistance from the state (Medicaid). Premiums, copays, coinsurance, and deductibles may vary based on the level of Medicaid and *Extra Help* you receive. Contact the plan for further details.

You can enroll in this plan if you are in one of these Medicaid categories:

Qualified Medicare Beneficiary (QMB):

While QMB status provides you with Medicaid coverage of your Medicare cost-share, you are not eligible for full Medicaid benefits. This means that Medicaid pays only your Part A and Part B premiums, deductibles and cost-share amounts. Medicaid does not cover your Part D prescription drug copays nor does it pay for services that Medicare Part A or Part B does not cover.

Qualified Medicare Beneficiary Plus (QMB+):

As a QMB+, not only is your Medicare cost-share covered by Medicaid, but you also are eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles and cost-share amounts. This means you pay your Part D prescription drug copays—and nothing else.

Specified Low-Income Medicare Beneficiary (SLMB+):

As a SLMB+, you are eligible for full Medicaid benefits. In addition, Medicaid pays your Part B premium. Further, additional limited assistance from your state Medicaid agency may be available to help you pay any Medicare

cost-share amounts. When both Medicare and Medicaid provide coverage for a service you receive, your cost-share is typically 0%; however, when Medicaid does not provide coverage for such service or other benefit, you may be required to pay a cost-share amount.

Full Benefits Dual Eligible (FBDE): You are eligible for full Medicaid benefits as an FBDE; further, Medicaid may provide limited assistance with Medicare cost-share amounts. When both Medicare and Medicaid provide coverage for a service you receive, your cost-share is typically 0%; however, when Medicaid does not provide coverage for such service or other benefit, you may be required to pay a cost-share amount.

If your category of Medicaid eligibility changes, your cost-share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

Which doctors, hospitals, and pharmacies can I use?

Cigna TotalCare Plus (HMO D-SNP) 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 must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

- You can see our plan's *Provider and Pharmacy Directory* on 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

This plan is available to anyone who has Medicare and full Medical Assistance from the state (Medicaid). Premiums, copays, coinsurance, and deductibles may vary based on the level of Medicaid and *Extra Help* you receive. Contact the plan for further details.

| Benefit | Cigna TotalCare Plus (HMO D-SNP) |
|---|---|
| Monthly Plan Premium | <p>\$0 per month with full Medicare cost-share protection (QMB, QMB+, SLMB+, FBDE)</p> <p>In addition, you must keep paying your Medicare Part B premium.</p> |
| Medical Deductible | <p>\$0 deductible for those who receive full Medicare cost-share protection</p> |
| Maximum Out-of-Pocket Amount (does not include prescription drugs) | <p>Your yearly out-of-pocket limit(s) in this plan: \$9,350 applies to in-network Medicare-covered benefits</p> <p>This limit is the most you pay for copays, coinsurance, and other costs for Medicare-covered services for the year. Please note that you may still need to pay your monthly premiums, if any, and cost-sharing for your Part D prescription drugs. In this plan, you pay nothing for Medicare-covered services if you receive full Medicare cost-share protection.</p> |

3 | Covered Medical and Hospital Benefits

| Benefit | What You Pay |
|--|---|
| | With full Medicare cost-share protection (QMB, QMB+, SLMB+, FBDE) |
| <p>Note: Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.</p> | |
| Inpatient Hospital Coverage¹ | |
| Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. | \$0 copay |
| Outpatient Hospital Services | |
| Outpatient Hospital ¹ | \$0 copay |
| Outpatient Observation ¹ | \$0 copay |
| Ambulatory Surgical Center (ASC) Services | |
| ASC Services ¹ | \$0 copay |
| Doctor Visits | |
| Primary Care Provider (PCP) | \$0 copay for in-person or telehealth visits |
| Specialists ¹ | \$0 copay for in-person or telehealth visits |

| Benefit | What You Pay |
|---|--|
| | With full Medicare cost-share protection (QMB, QMB+, SLMB+, FBDE) |
| 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/ influenza 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 |
|---|---|
| | With full Medicare cost-share protection (QMB, QMB+, SLMB+, FBDE) |
| Emergency Care | |
| Emergency Care Services | \$0 copay |
| Worldwide Emergency/Urgent Coverage/Emergency Transportation | \$110 copay Maximum worldwide coverage amount \$50,000 |
| Urgently Needed Services | |
| Urgent Care Services | \$0 copay |
| Diagnostic Services, Labs & Imaging Costs for these services may vary based on place of service or type of service. | |
| Diagnostic Procedures & Tests ¹ | \$0 copay |
| Lab Services ¹ | \$0 copay |
| Genetic Testing ¹ | \$50 copay |
| Diagnostic Radiological Services (MRIs, CT scans, etc.) ¹ | \$0 copay |
| Therapeutic Radiological Services ¹ | \$0 copay |
| X-ray Services | \$0 copay |
| Hearing Services | |
| Hearing Exams (Medicare-covered) 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. | \$0 copay |
| Routine Hearing Exams | \$0 copay for 1 routine hearing exam every year |

| Benefit | What You Pay |
|--|---|
| | With full Medicare cost-share protection (QMB, QMB+, SLMB+, FBDE) |
| Hearing Aid Fitting/Evaluation | \$0 copay for 1 hearing aid fitting/evaluation 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. Customers are required to contact the Cigna Healthcare SM hearing vendor to access hearing aid benefits. |
| 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 Helps pay for most preventive and comprehensive dental services with a Cigna Dental Allowance (DPPO) network provider. Services obtained from providers outside this network are not covered. Benefit does not cover cosmetic services. Provider will bill Cigna Healthcare directly. For more information about this benefit, see your Cigna Dental Allowance Guide online at cignamedicare.com/dental-allowance-2025 , or call Dental Customer Service. | \$0 up to allowance amount |
| Maximum Coverage Amount | \$2,500 combined allowance for preventive and comprehensive dental services every year. |
| 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 |

| Benefit | What You Pay |
|---|---|
| | With full Medicare cost-share protection (QMB, QMB+, SLMB+, FBDE) |
| <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. Routine eye exams and eyewear services must be obtained from a provider in the Cigna Healthcare vision vendor's network to be covered.</p> | \$0 copay for 1 routine eye exam every year |
| Glaucoma Screening (Medicare-covered) | \$0 copay |
| Eyewear (Medicare-covered) | \$0 copay |
| <p>Routine Eyewear</p> <ul style="list-style-type: none"> › Eyeglasses (lenses and frames) › Eyeglass lenses › Eyeglass frames › Contact lenses (including contact lens fitting) › Upgrades | <p>\$0 copay up to the plan's maximum coverage amount of \$250 every year</p> <p>The plan-specified allowance may only be applied to 1 set of eyewear per year. Customers may choose an eyeglass frame/lenses/lens combination or contact lenses (to include related professional fees) but not both.</p> |
| Mental Health Services | |
| <p>Inpatient¹</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> | \$0 copay |
| 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 1-100 |
| Rehabilitation Services | |
| Cardiac (Heart) Rehab Services | \$0 copay |
| Intensive Cardiac (Heart) Rehab Services ¹ | \$0 copay |
| Pulmonary Rehab Services | \$0 copay |
| Occupational Therapy Services | \$0 copay |
| Physical Therapy & Speech/Language Therapy Services | \$0 copay |

| Benefit | What You Pay |
|--|---|
| | With full Medicare cost-share protection (QMB, QMB+, SLMB+, FBDE) |
| Physical Therapy & Speech/Language Therapy Telehealth Services | \$0 copay |
| Ambulance¹ | |
| Ground Service (one-way trip) | \$0 copay |
| Air Service (one-way trip) | \$0 copay |
| Transportation¹ | |
| Routine, non-emergency transportation to and from approved health-related locations such as doctor and dentist appointments. Annual coverage is for one-way trips up to 70 miles. Prior authorization is required for trips exceeding the 70 miles, and mileage restrictions may apply. You must request a ride from the Cigna Healthcare transportation vendor at least 48 hours in advance. See your <i>EOC</i> for full details and restrictions related to this benefit. | \$0 copay for 30 one-way trips every year to plan-approved locations |
| Medicare Part B Drugs | |
| Medicare Part B Insulin Drugs | \$0 copay |
| Medicare Part B Chemotherapy/Radiation Drugs ¹ | \$0 copay |
| Other Medicare Part B Drugs ¹ Medicare-covered Part B Drugs may be subject to step therapy requirements. | \$0 copay This plan has Part D prescription drug coverage. See Section 4 in the <i>Summary of Benefits</i> . |
| Acupuncture Services | |
| Acupuncture Services (Medicare-covered) ¹ Services for chronic lower back pain. | \$0 copay |

| Benefit | What You Pay |
|---|---|
| | With full Medicare cost-share protection (QMB, QMB+, SLMB+, FBDE) |
| Chiropractic Care | |
| Chiropractic Services (Medicare-covered) ¹ | \$0 copay |
| Foot Care (Podiatry Services) | |
| Podiatry Services (Medicare-covered) | \$0 copay |
| Routine Podiatry Services The plan includes routine visits to a licensed podiatrist. See your <i>EOC</i> for details related to this benefit. | \$0 copay per visit for 6 visits every year |
| Home Health Care¹ | |
| If you're eligible for home health care, covered services include: <ul style="list-style-type: none"> › 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 | \$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 |
| Medical Equipment and Supplies | |
| Durable Medical Equipment (wheelchairs, oxygen, etc.) ¹ | \$0 copay |
| Prosthetic & Orthotic Devices (braces, artificial limbs, etc.) ¹ | \$0 copay |
| Medical Supplies ¹ | \$0 copay |

| Benefit | What You Pay |
|---|---|
| | With full Medicare cost-share protection (QMB, QMB+, SLMB+, FBDE) |
| <p>Diabetic Services & Supplies</p> <p>Brand limitations apply to certain supplies.</p> <p>Blood sugar monitor/continuous glucose monitor (CGM) preferred brands include:</p> <ul style="list-style-type: none"> ➤ Abbott Diabetes Care: FreeStyle Lite, FreeStyle Freedom Lite, FreeStyle Precision Neo, FreeStyle Libre 2 (CGM), FreeStyle Libre 3 (CGM), and FreeStyle Libre 14-Day (CGM) ➤ Life Scan Diabetes Care: OneTouch Ultra 2 and OneTouch Verio Flex ➤ Dexcom: Dexcom G6 (CGM) and Dexcom G7 (CGM) | <p>\$0 copay for diabetes self-management training</p> <p>\$0 copay for therapeutic shoes or inserts¹</p> <p>\$0 copay for diabetic monitoring supplies¹</p> |
| Opioid Treatment Services¹ | |
| FDA-approved treatment medications in addition to testing, counseling, and therapy. | \$0 copay |
| Outpatient Substance Use Disorder Services¹ | |
| Individual or Group Therapy Visit | \$0 copay |
| MDLIVE Telehealth Services | |
| For non-emergency urgent care, including allergies, cough, headache, sore throat, and other minor illnesses, talk with an MDLIVE [®] telehealth provider via smart phone, computer, or tablet. This benefit also includes virtual mental health therapy and dermatology services. | <p>\$0 copay for virtual non-emergency urgent care visits</p> <p>\$0 copay for virtual mental health therapy visits</p> <p>\$0 copay for virtual dermatology care visits</p> |

Extra Benefits Included in Your Plan

| | With full Medicare cost-share protection (QMB, QMB+, SLMB+, FBDE) |
|---|--|
| <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, locating resources for your loved one, stress management, and health-related social needs such as nutrition. Caregivers can receive one-on-one coaching via telephone or virtually through the program's digital application at no cost, but recommended services or programs may have associated costs.</p> | <p>\$0 copay for caregiver support services, including one-on-one coaching and personalized resources for customers and caregivers</p> |
| <p>Cigna Healthy Today Card</p> <p>Use your preloaded Cigna Healthy Today® card for easy access to incentive rewards and select allowance benefits that may be part of your plan. Total incentive reward amounts depend on your plan and activities completed. Rewards cannot be used toward the purchase of tobacco, firearms, explosives, or other excluded products.</p> | <p>Based on your plan's allowance and frequency amounts, funds will be automatically added to your Cigna Healthy Today card. Any unused allowance balances do not carry over to the next quarter or the following plan year.</p> |
| <p>Home-Delivered Meals</p> <p>Limited to 14 meals per discharge from a qualifying inpatient hospital or skilled nursing facility stay (up to 3 stays per year).</p> <p>End-stage renal disease (ESRD) care management is limited to 56 meals once per year.</p> | <p>\$0 copay for home-delivered meals</p> |

Extra Benefits Included in Your Plan

With full Medicare cost-share protection (QMB, QMB+, SLMB+, FBDE)

Fitness & Wellness Programs

The Silver&Fit® Healthy Aging and Exercise program offers the flexibility of a fitness center membership, digital fitness tools, and I Home Fitness Kit from a variety of kit options, including a wearable fitness tracker. You can also take advantage of digital workout plans on the program's website, one-on-one Healthy Aging Coaching by phone, video, or chat, and many other digital resources through the Well-Being Club.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Silver&Fit is a trademark of ASH and used with permission herein. Kits are subject to change. Fitness center participation may vary by location and is subject to change. Non-standard services that call for an added fee are not part of the fitness program and will not be reimbursed. This information is not a complete description of benefits. Contact your health plan for more information.

\$0 copay for membership in a health club and/or I Home Fitness Kit.

Extra Benefits Included in Your Plan

With full Medicare cost-share protection (QMB, QMB+, SLMB+, FBDE)

Living Needs Allowance

The plan includes a Living Needs Allowance, which will be applied to your Cigna Healthy Today® card each quarter. You can use this allowance to pay for a variety of eligible items and services, including:

- Healthy groceries, such as dairy products, meats, bread/grains, fresh/canned fruits and vegetables, and more at participating retail stores or online through the Cigna Healthy Today website.
- Utilities for your home such as gas, electric, water, internet, phone services, and more.
- Cleaning supplies such as disinfectant cleaners and detergents, brooms and dustpans, reusable gloves, and more at participating retail stores. You can also place online, phone, and mail orders through the Cigna Healthy Today website, Service Center, and catalog.
- Gas at the pump and general transportation such as qualifying taxis, rideshares, railways, and bus lines.

It's your choice how you divide up and spend this allowance. The Living Needs Allowance cannot be used to buy tobacco, alcohol, firearms, or other excluded products. Any unused allowance balance does not carry over to the next quarter or the following plan year.

\$100 allowance every 3 months for eligible items and services. You are responsible for all costs over and above the allowance amount.

Over-the-Counter Allowance

The plan includes an allowance for OTC drugs and other health-related pharmacy products such as bandages, aspirin, cold and sinus medicine, vitamins, and more. This OTC Allowance will be applied to your Cigna Healthy Today® card each quarter to pay for eligible items at participating retail stores. Online, phone, and mail orders are also accepted through the Cigna Healthy Today website, Service Center, and catalog. Any unused allowance balance does not carry over to the next quarter or the following plan year.

\$75 allowance every 3 months for eligible OTC items. You are responsible for all costs over and above the allowance amount.

Extra Benefits Included in Your Plan

| | With full Medicare cost-share protection (QMB, QMB+, SLMB+, FBDE) |
|--|--|
| Part D Cost-Sharing Reduction If you qualify for <i>Extra Help</i> , regardless of your income and institutional status, you pay a \$0 copay for any covered Part D drug from network retail and mail-order pharmacies. | \$0 copay for all covered Part D drugs in all coverage phases |

4 | Prescription Drug Benefits

Medicare Part D Drugs

Pharmacy (Part D) Deductible

\$0 deductible for those who qualify for *Extra Help*.

Most of our customers qualify for and are already getting *Extra Help* from Medicare to pay for their Part D prescription drug costs.

Medicare provides *Extra Help* to pay Part D prescription drug costs for people who have limited income and resources. Resources include your savings and stocks but not your home or car. Those who qualify get help paying for any Medicare drug plan's monthly premium, yearly deductible, and prescription copayments. This *Extra Help* also counts toward your out-of-pocket costs.

People with limited income and resources may qualify for *Extra Help*. Some people automatically qualify for *Extra Help* and don't need to apply. Medicare mails a letter to people who automatically qualify for *Extra Help*.

If you have questions about *Extra Help*, call:

- › Your local Social Security office, or
- › Social Security at 1-800-772-1213.
TTY users should call 1-800-325-0778.

The following chart shows the cost-sharing amounts for Part D drugs covered under this plan for all Part D coverage stages if you get *Extra Help* from Medicare. You may get your drugs at preferred or standard network retail pharmacies and preferred mail order pharmacies:

| | | Mail Order Cost-Sharing | | Retail Cost-Sharing | |
|--------------------------|--------|-------------------------|-----------|---------------------|-----------|
| Supply | | Preferred | Standard | Preferred | Standard |
| All Covered Part D Drugs | 30-day | \$0 copay | \$0 copay | \$0 copay | \$0 copay |
| | 60-day | \$0 copay | \$0 copay | \$0 copay | \$0 copay |
| | 90-day | \$0 copay | \$0 copay | \$0 copay | \$0 copay |

5 | Medicaid-covered Benefits

This section provides information for people with Original Medicare and full Medicaid coverage.

If you have questions about the assistance you get from Medicaid, contact:

Connecticut Department of Social Services
1-855-805-4325 (TTY: 1-855-789-2428)
www.ct.gov/dss

If offered in Connecticut, you may be eligible for the Medicaid benefits listed below in addition to the Original Medicare benefits described in this *Summary of Benefits* booklet when the services are not already covered by Original Medicare. Benefit limitations, referrals, and prior authorizations may apply.

- › Preventive Care
- › Doctor Visits
- › Women's Health Care
- › Family Planning Services
- › Maternity Care
- › Long-term Services and Supports
- › Hospital Stays
- › Physical Therapy/Occupational Therapy/Speech Therapy
- › Audiology Services
- › Physical Rehabilitation
- › Dialysis
- › Durable Medical Equipment
- › Hearing Aids
- › Orthotic and Prosthetic Devices
- › Home Health Care
- › Hospice Services
- › Ambulatory Surgery
- › Hospital Outpatient Care
- › Laboratory Tests
- › X-rays and other Radiology Services
- › Vision Care
- › Emergency Care
- › Dental Services (through CT Dental Health Partnership)
- › Behavioral Health Services (through CT Behavioral Health Partnership)
- › Pharmacy (medications)

All Medicaid-covered services are subject to change at any time. For the most current Connecticut Medicaid coverage information, please visit the Connecticut Medicaid website at **www.ct.gov/dss**, or call the Medicaid Hotline at **1-855-805-4325 (TTY: 1-855-789-2428)**.

Benefits, features, and/or devices vary by plan/service area. Limitations, copayments, 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.

Cigna TotalCare plans are available to anyone who has Medicare and partial Medical Assistance from the state (Medicaid). Cigna TotalCare Plus plans are available to anyone who has Medicare and full Medical Assistance from the state (Medicaid). Premiums, copays, coinsurance, and deductibles may vary based on the level of Medicaid and *Extra Help* you receive. Contact the plan for the availability of these services.

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 **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.

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.