2025 Summary of Benefits

January 1, 2025 - December 31, 2025

Cigna Preferred Medicare (HMO) H3949-045

No referrals required

Service Area:

Lehigh and Northampton counties, **PA**

Introduction

This *Summary of Benefits* gives you a summary of what **Cigna Preferred 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/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

Which doctors, hospitals, and pharmacies can I use?

Cigna Preferred 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 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

Benefit	Cigna Preferred Medicare (HMO)
Monthly Plan Premium	**$0** per month. In addition, you must keep paying your Medicare Part B premium. Cigna Healthcare will reduce your Medicare Part B premium by up to **$5** per month. You don't have to do anything to receive your Part B Premium Giveback benefit—just look for the savings in your monthly Social Security check or Part B statement. Keep in mind, the Social Security Administration (SSA) administers this benefit, so from the start of your plan, it may take several months before you see your Part B premium reduction. You will be reimbursed for any missed months.
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.

3 | Covered Medical and Hospital Benefits

Benefit	What You Pay
Note: Services with a [1] may require prior authorization. Services with a [2] may require a referral from your doctor.	
Inpatient Hospital Coverage[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.	**$165** copay per day for days 1-6 **$0** copay per day for days 7-90
Outpatient Hospital Services	
Outpatient Hospital[1]	**$0** copay for surgical procedures during a colorectal screening **$225** copay for all other outpatient services
Outpatient Observation[1]	**$225** copay per stay
Ambulatory Surgical Center (ASC) Services	
ASC Services[1]	**$0** copay for surgical procedures during a colorectal screening **$200** copay for all other outpatient services
Doctor Visits	
Primary Care Provider (PCP)	**$0** copay for in-person or telehealth visits
Specialists[1]	**$35** copay for in-person or telehealth visits

Benefit	What You Pay
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/ influenza 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.

Benefit	What You Pay
Emergency Care	
Emergency Care Services	**$125** 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	**$125** copay Maximum worldwide coverage amount **$50,000**
Urgently Needed Services	
Urgent Care Services	**$55** 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 & Imaging Costs for these services may vary based on place of service or type of service.	
Diagnostic Procedures & Tests[I]	**$0** copay for EKG **$60** copay for all other diagnostic procedures and tests
Lab Services[I]	**$0** copay
Genetic Testing[I]	**$50** copay
Diagnostic Radiological Services (MRIs, CT scans, etc.)[I]	**$0**–**$275** copay
Therapeutic Radiological Services[I]	**$60** copay
X-ray Services	**$40** 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.	**$25** copay
Routine Hearing Exams	**$0** copay for I routine hearing exam every year

Benefit	What You Pay
Hearing Aid Fitting/Evaluation	**$0** copay for I 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℠ 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)	**$35** copay
Preventive Dental Services	
Oral exams	**$0** copay
Cleanings	**$0** copay
Fluoride treatments	**$0** copay
Dental x-rays	**$0** copay
Maximum Coverage Amount	**$20,000** combined maximum for preventive and comprehensive dental services every year. You must choose a general dentist from the Cigna Dental Care (DHMO) network to be your primary dentist. Frequency limits vary depending on the type of covered service. Implants are not covered. For more information about this benefit, see your Cigna Dental Guide online at **cignamedicare.com/dental-care-plus-2025**, or call Dental Customer Service.
Comprehensive Dental Services	
Restorative Services (such as fillings and crowns)	**$0–$550** copay
Endodontics (such as root canals)	**$0–$675** copay
Periodontics (such as scaling and root planing)	**$0–$595** copay
Prosthodontics (such as dentures)	**$25–$615** copay
Oral surgery (such as extractions)	**$0** copay

Benefit	What You Pay
Maximum Coverage Amount	**$20,000** combined maximum for preventive and comprehensive dental services every year. You must choose a general dentist from the Cigna Dental Care (DHMO) network to be your primary dentist. Frequency limits vary depending on the type of covered service. Implants are not covered. For more information about this benefit, see your Cigna Dental Guide online at **cignamedicare.com/dental-care-plus-2025**, or call Dental Customer Service.
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 **$40** copay 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. Routine eye exams and eyewear services must be obtained from a provider in the Cigna Healthcare vision vendor's network to be covered.	**$0** copay for I routine eye 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 the plan's maximum coverage amount of **$250** every year The plan-specified allowance may only be applied to I 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.

Benefit	What You Pay
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.	**$225** copay per day for days 1-6 **$0** copay per day for days 7-90
Outpatient Individual or Group Therapy Visit[I]	**$0** copay
Skilled Nursing Facility (SNF)[I]	
Our plan covers up to 100 days per benefit period.	**$0** copay per day for days 1-20 **$214** copay per day for days 21-100
Rehabilitation Services	
Cardiac (Heart) Rehab Services	**$10** copay
Intensive Cardiac (Heart) Rehab Services[I]	**$10** copay
Pulmonary Rehab Services	**$10** copay
Occupational Therapy Services	**$35** copay
Physical Therapy & Speech/Language Therapy Services	**$35** copay
Physical Therapy & Speech/Language Therapy Telehealth Services	**$0** copay
Ambulance[I]	
Ground Service (one-way trip)	**$225** copay
Air Service (one-way trip)	**20%** coinsurance
Transportation	
Routine Transportation	Not covered
Medicare Part B Drugs	
Medicare Part B Insulin Drugs	**0%–20%** coinsurance; up to a **$35** copay
Medicare Part B Chemotherapy/Radiation Drugs[I]	**0%–20%** coinsurance

Benefit	What You Pay
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*.
Acupuncture Services	
Acupuncture Services (Medicare-covered)[I] Services for chronic lower back pain.	**$20** copay
Chiropractic Care	
Chiropractic Services (Medicare-covered)[I]	**$15** copay
Foot Care (Podiatry Services)	
Podiatry Services (Medicare-covered)	**$35** copay
Home Health Care[I]	
If you're eligible for home health care, covered services include: › 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.)[I]	**20%** coinsurance
Prosthetic & Orthotic Devices (braces, artificial limbs, etc.)[I]	**20%** coinsurance
Medical Supplies[I]	**20%** coinsurance

Benefit	What You Pay
Diabetic Services & 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 **20%** coinsurance for therapeutic shoes or inserts[I] **$0** copay for diabetic monitoring supplies[I]
Opioid Treatment Services[I]	
FDA-approved treatment medications in addition to testing, counseling, and therapy.	**$35** copay
Outpatient Substance Use Disorder Services[I]	
Individual or Group Therapy Visit	**$35** 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.	**$0** copay for virtual non-emergency urgent care visits **$0** copay for virtual mental health therapy visits **$35** copay for virtual dermatology care visits
Extra Benefits Included in Your Plan	
Annual Physical Exam	**$0** copay
Bathroom Safety Assessment & Devices A home bathroom safety assessment to determine which bathroom safety devices may be necessary to directly assist in the prevention of an accident or injury. Coverage is limited to a once-per-lifetime purchase and installation of approved bathroom safety devices that may include railings, grab bars, raised seats, and non-slip tread strips.	**$1,500** combined limit for bathroom safety assessment and devices

Extra Benefits Included in Your Plan

Cigna Healthy Today Card 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.	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.
Home-Delivered Meals Limited to 14 meals per discharge from a qualifying inpatient hospital or skilled nursing facility stay (up to 3 stays per year). End-stage renal disease (ESRD) care management is limited to 56 meals once per year.	**$0** copay for home-delivered meals
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.	**$30** allowance every 3 months for eligible OTC items. You are responsible for all costs over and above the allowance amount.

4 | Prescription Drug Benefits

Medicare Part D Drugs

Pharmacy (Part D) Deductible

This plan does not have a deductible.

Initial Coverage Stage

The following chart shows the cost-sharing amounts for Part D drugs covered under this plan. You pay the following until your out-of-pocket drug costs reach **$2,000** for the calendar year.

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**	**$9**	**$0**	**$9**
	60-day	**$0**	**$18**	**$0**	**$18**
	100-day	**$0**	**$27**	**$0**	**$27**
Tier 2 Generic Drugs	30-day	**$4**	**$15**	**$4**	**$15**
	60-day	**$8**	**$30**	**$8**	**$30**
	100-day	**$0**	**$45**	**$12**	**$45**
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-/100-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.

Catastrophic Coverage Stage

You qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached the **$2,000** 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.

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.

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 I 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 **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.