



2025 Summary of Benefits

January 1, 2025 - December 31, 2025

Cigna True Choice Courage Medicare (PPO) H7849-073

Freedom to choose your own doctor with no referrals required; your benefits travel with you to other Cigna Healthcare PPO networks across the country; medical coverage only plan

Service Area:

Christian, Jackson, Logan, Mason, Menard, Montgomery, Morgan, Moultrie, Perry, Sangamon, Shelby, and Williamson counties, **IL**



Introduction

This *Summary of Benefits* gives you a summary of what **Cigna True Choice Courage Medicare (PPO)** 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 and hospitals can I use?

Cigna True Choice Courage Medicare (PPO) 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 can see our plan's *Provider 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*.

Cigna True Choice Courage Medicare (PPO) 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 True Choice Courage Medicare (PPO)
<p>Monthly Plan Premium</p>	<p>\$0 per month.</p> <p>In addition, you must keep paying your Medicare Part B premium.</p> <p>Cigna Healthcare will reduce your Medicare Part B premium by up to \$30 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.</p>
<p>Medical Deductible</p>	<p>This plan does not have a deductible.</p>
<p>Maximum Out-of-Pocket Amount (does not include prescription drugs)</p>	<p>Your yearly out-of-pocket limit(s) in this plan: \$5,150 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. 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.</p> <p>\$8,950 applies to in-network and out-of-network Medicare-covered benefits combined</p> <p>If you reach the in-network and out-of-network combined limit on out-of-pocket costs, you will keep getting Medicare-covered hospital and medical services, and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums, if any.</p>

3 | Covered Medical and Hospital Benefits

Benefit	What You Pay	
	In-Network	Out-of-Network
<p>Note: Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.</p>		
<p>Inpatient Hospital Coverage¹</p>		
<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>For each Medicare-covered hospital stay, you are required to pay the applicable cost sharing, starting with Day 1, each time you are admitted.</p>	<p>\$380 copay per day for days 1-6</p> <p>\$0 copay per day for days 7-90</p> <p>\$0 copay per day for days 91 and beyond</p>	<p>\$380 copay per day for days 1-6</p> <p>\$0 copay per day for days 7-90</p>

Benefit	What You Pay	
	In-Network	Out-of-Network
Outpatient Hospital Services		
Outpatient Hospital ¹	\$0 copay for surgical procedures during a colorectal screening \$395 copay for all other outpatient services	40% coinsurance
Outpatient Observation ¹	\$395 copay per stay	40% coinsurance
Ambulatory Surgical Center (ASC) Services		
ASC Services ¹	\$0 copay for surgical procedures during a colorectal screening \$395 copay for all other outpatient services	40% coinsurance
Doctor Visits		
Primary Care Provider (PCP)	\$0 copay for in-person or telehealth visits	\$35 copay for in-person or telehealth visits
Specialists ¹	\$45 copay for in-person or telehealth visits	\$55 copay for in-person or telehealth visits

Benefit	What You Pay	
	In-Network	Out-of-Network
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>	<p>\$35 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	
	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 & Imaging Costs for these services may vary based on place of service or type of service.		
Diagnostic Procedures & Tests ¹	\$0 copay for EKG \$50 copay for all other diagnostic procedures and tests	40% coinsurance
Lab Services ¹	\$0 copay	40% coinsurance
Genetic Testing ¹	\$50 copay	40% coinsurance
Diagnostic Radiological Services (MRIs, CT scans, etc.) ¹	\$0–\$150 copay	40% coinsurance
Therapeutic Radiological Services ¹	\$60 copay	40% coinsurance
X-ray Services	\$10 copay	40% coinsurance

Benefit	What You Pay	
	In-Network	Out-of-Network
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	\$30 copay
Routine Hearing Exams	\$0 copay for 1 routine hearing exam every year	50% coinsurance for 1 routine hearing exam every year; visit limit combined with in-network
Hearing Aid Fitting/Evaluation	\$0 copay for 1 hearing aid fitting/evaluation every year	50% coinsurance for 1 hearing aid fitting/evaluation every year; visit limit combined with in-network
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.	Combined with in-network 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)	\$45 copay	\$55 copay

Benefit	What You Pay	
	In-Network	Out-of-Network
Preventive and Comprehensive Dental Services		
<p>Dental Allowance</p> <p>Helps pay for most preventive and comprehensive dental services with any licensed dentist who is not excluded by Medicare. Services obtained outside the Cigna Dental Allowance (DPPO) network will be covered at the out-of-network cost-share for each covered service up to the allowance amount. Benefit does not cover cosmetic services.</p> <p>In-network providers will bill Cigna directly. Out-of-network providers may require payment at the time of service. To receive reimbursement, bring the Dental Reimbursement Claim Form with you to your appointment and ask your provider to help you fill it out.</p> <p>For more information about this benefit, see your Cigna Dental Allowance Guide online at cignamedicare.com/dental-allowance-2025, or call Dental Customer Service.</p>	<p>\$0 up to allowance amount</p>	<p>50% coinsurance up to allowance amount</p>
Maximum Coverage Amount	<p>\$1,200 combined allowance for preventive and comprehensive dental services every year.</p>	<p>Combined with in-network</p>
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>\$45 copay for all other Medicare-covered vision services</p>	<p>\$55 copay</p>

Benefit	What You Pay	
	In-Network	Out-of-Network
<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	50% coinsurance for 1 routine eye exam every year; visit limit combined with in-network
Glaucoma Screening (Medicare-covered)	\$0 copay	\$0 copay
Eyewear (Medicare-covered)	\$0 copay	40% coinsurance
<p>Routine Eyewear</p> <p>➤ Routine Eyewear</p>	Not covered	Not covered
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> <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>\$380 copay per day for days 1-6</p> <p>\$0 copay per day for days 7-90</p>	<p>\$380 copay per day for days 1-6</p> <p>\$0 copay per day for days 7-90</p>
Outpatient Individual or Group Therapy Visit ¹	\$0 copay	\$55 copay
Skilled Nursing Facility (SNF)¹		
Our plan covers up to 100 days per benefit period.	<p>\$10 copay per day for days 1-20</p> <p>\$214 copay per day for days 21-100</p>	40% coinsurance per stay
Rehabilitation Services		
Cardiac (Heart) Rehab Services	\$20 copay	40% coinsurance
Intensive Cardiac (Heart) Rehab Services ¹	\$20 copay	40% coinsurance
Pulmonary Rehab Services	\$15 copay	40% coinsurance
Occupational Therapy Services	\$45 copay	\$55 copay
Physical Therapy & Speech/Language Therapy Services	\$45 copay	\$55 copay

Benefit	What You Pay	
	In-Network	Out-of-Network
Physical Therapy & Speech/Language Therapy Telehealth Services	\$0 copay	Same as in-network
Ambulance¹		
Ground Service (one-way trip)	\$230 copay	\$230 copay
Air Service (one-way trip)	20% coinsurance	20% coinsurance
Transportation		
Routine Transportation	Not covered	Not covered
Medicare Part B Drugs		
Medicare Part B Insulin Drugs	0%–20% coinsurance; up to a \$35 copay	35% coinsurance
Medicare Part B Chemotherapy/Radiation Drugs ¹	0%–20% coinsurance	35% coinsurance
Other Medicare Part B Drugs ¹ Medicare-covered Part B Drugs may be subject to step therapy requirements.	0%–20% coinsurance	35% coinsurance
Acupuncture Services		
Acupuncture Services (Medicare-covered) ¹ Services for chronic lower back pain.	\$20 copay	\$55 copay
Chiropractic Care		
Chiropractic Services (Medicare-covered) ¹	\$15 copay	40% coinsurance
Foot Care (Podiatry Services)		
Podiatry Services (Medicare-covered)	\$35 copay	\$40 copay
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	40% coinsurance

Benefit	What You Pay	
	In-Network	Out-of-Network
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	\$0 copay
Medical Equipment and Supplies		
Durable Medical Equipment (wheelchairs, oxygen, etc.) ¹	20% coinsurance	40% coinsurance
Prosthetic & Orthotic Devices (braces, artificial limbs, etc.) ¹	20% coinsurance	40% coinsurance
Medical Supplies ¹	20% coinsurance	40% coinsurance
<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), 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) 	<p>\$0 copay for diabetes self-management training</p> <p>20% coinsurance for therapeutic shoes or inserts¹</p> <p>\$0 copay for diabetic monitoring supplies¹</p>	<p>\$0 copay for diabetes self-management training</p> <p>40% coinsurance for therapeutic shoes or inserts</p> <p>40% coinsurance for diabetic monitoring supplies</p>
Opioid Treatment Services¹		
FDA-approved treatment medications in addition to testing, counseling, and therapy.	\$45 copay	\$55 copay
Outpatient Substance Use Disorder Services¹		
Individual or Group Therapy Visit	\$45 copay	\$55 copay

Benefit	What You Pay	
	In-Network	Out-of-Network
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>\$45 copay for virtual dermatology care visits</p>	<p>\$35 copay for virtual non-emergency urgent care visits</p> <p>\$55 copay for virtual mental health therapy visits</p> <p>\$55 copay for virtual dermatology care visits</p> <p>Telehealth services must be obtained from the Cigna Healthcare telehealth vendor.</p>

Extra Benefits Included in Your Plan		
	In-Network	Out-of-Network
Annual Physical Exam	\$0 copay	\$35 copay
<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>	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.	Combined with in-network

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.

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.

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.

