

SUMMARY OF BENEFITS

2023

January 1, 2023 to
December 31, 2023

Cigna True Choice Medicare (PPO)

University of Denver
H7787 – 801

Standard Drug List

Freedom to choose your own doctor with no referrals required

Out-of-network coverage available

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TO JOIN

You must be entitled to Medicare
Part A, be enrolled in Medicare
Part B and live in our service
area.

The

Introduction

<p>What's Inside</p> <p>About this Plan</p> <p>Monthly Premium Deductible and Limits</p> <p>Covered Medical and Hospital Benefits</p> <p>Prescription Drug Benefits</p>	<p>This Summary of Benefits gives you a summary of what Cigna True Choice Medicare (PPO) covers and what you pay. This information is not a complete description of benefits. Call 1-888-281-7867 (TTY 711) for more information. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, refer to the plan's Evidence of Coverage (EOC) Snapshot online at myCigna.com or call us to request a copy.</p> <p>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.</p> <p>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 it online at www.medicare.gov or get a copy 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.</p> <p>Need help? Call toll-free 1-888-281-7867 (TTY 711). Customer Service is available October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Our automated phone system may answer your call during weekends, holidays, and after hours.</p> <p><u>CignaMedicare.com/group/MAresources</u> You can also visit us online to find a provider or pharmacy, view plan information, and more.</p>
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About this plan

Which doctors, hospitals and pharmacies can I use?

Cigna True Choice Medicare (PPO) has a network of doctors, hospitals, pharmacies and other providers. You may also choose to use providers that are out-of-network and there will not be a change to your 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/group/MAresources.

What do we cover?

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

- > Our customers get all of 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/group/MAresources.
- > Or, call us and we will send you a copy of the Standard Drug List.

Monthly Premium, Deductible & Limits

Benefit	Cigna True Choice Medicare (PPO)
How much is the monthly premium?	Please contact your Plan Sponsor. In addition, you must keep paying your Medicare Part B premium.
How much is the medical deductible?	\$0 per year for medical services.
How much is the Prescription Drugs Deductible?	\$0 per year for Part D prescription drugs.
Is there any limit on how much I will pay for my covered services?	<p>Original Medicare does not have annual limits on out-of-pocket costs.</p> <p>Your yearly limit(s) in this plan:</p> <p>\$2,500 for services you receive from in-network and out-of-network providers combined for Medicare-covered benefits.</p> <p>This limit is the most you pay for copays, coinsurance and other costs for Medicare services for the year. If you reach the limit on out-of-pocket costs, you keep getting in-network and out-of-network 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 and cost-sharing for your Part D prescription drugs.</p>

Covered Medical & Hospital Benefits

Benefit	What you Pay
	In-Network and Out-of-Network

Benefit	What you Pay
	In-Network and Out-of-Network
<ul style="list-style-type: none"> 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, Pneumococcal shots "Welcome to Medicare" preventive visit (one-time) Yearly "Wellness" visit 	
Emergency Care	
Emergency Care Services	\$65 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.
Worldwide Emergency/Urgent Coverage/Emergency Transportation	\$65 copay Maximum worldwide coverage amount \$50,000
Urgently Needed Services	
Urgent Care Services	\$15 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency 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	\$0 or \$100 copay
Lab Services ¹ For COVID-19 testing a prior authorization is not required.	\$0 copay
Therapeutic Radiological Services ¹ X-ray Services ¹	\$30 copay \$15 copay in a Primary Care Physician office \$25 copay in a Specialist office \$50 copay or coinsurance in other outpatient locations

Benefit	What you Pay
	In-Network and Out-of-Network
Hearing Aids	\$0 copay up to plan maximum coverage amount for hearing aids of \$1,000 every three years.
Dental Services	
Dental Services (Medicare-covered) ¹ Limited dental services (this does not include services in connection with care, treatment, filling removal or replacement of teeth)	\$25 copay
Vision Services	
Eye Exams (Medicare-covered) A separate physician cost-share will apply if additional services requiring cost-sharing are rendered. A facility cost-share may apply for procedures performed at an outpatient surgical center.	\$0 copay for diabetic retinopathy screening \$25 copay for all other Medicare-covered vision services.
Routine Eye Exam Non-Medicare covered routine eye exam (including eye refraction) per year. Eye refractions outside of the annual non-Medicare covered routine eye exam are Not covered.	\$0 copay for one routine exam every year.
Glaucoma Screening (Medicare-covered)	\$0 copay

Benefit	What you Pay
	In-Network and Out-of-Network
Physical Therapy, Speech and Language Therapy Services ¹	\$25 copay
Physical Therapy, Speech and Language Therapy Virtual Services ¹	\$0 copay
Ambulance¹	
Ground Service (one-way trip)	\$75 copay
Air Service (one-way trip)	\$75 copay
Transportation¹	
	Not covered
Prescription Drugs	
Medicare Part B Drugs ¹ Medicare-covered Part B Drugs may be subject to step therapy requirements.	20% coinsurance This plan has Part D prescription drug coverage. See Section 4 in this Summary of Benefits.
Foot Care (Podiatry Services)	
Podiatry Services Medicare-covered Routine Podiatry Services	\$25 copay \$0 copay up to 4 visits

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Benefit	What you Pay

Additional Benefits Offered

Erectile Dysfunction Drugs[^]
Cough and Cold Drugs
Prescription Vitamins

Your plan covers additional drugs not normally covered in a Medicare Prescription Drug Plan as indicated in the Formulary Drug List by the + symbol. Please see your 2023 Formulary document for details. The cost-share you pay on these drugs do not count toward your annual TrOOP.

[^]Sexual dysfunction medications are subject to prior authorization and quantity limitations even though these limitations may be waived in other treatment categories.

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

Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. Call Customer Service for more information.

State Mandated Coverage

If you live in a state that requires insurance companies to provide additional coverage, that coverage is outlined below.

Residents of Utah will have a \$27 maximum monthly charge for insulin drugs.

Covered Diabetic Test Strips and Meters

You will not pay more than \$0 for Preferred Products

Covered Diabetic Lancets and Control Solutions

You will not pay more than \$0 for this benefit.

Your plan includes the following clinical management edits. Refer to your 2023 Formulary for more information.

Prior Authorization	This drug requires prior authorization.
Quantity Limits	This drug has quantity limits.
Step Therapy	This drug has step therapy requirements.
*	Opioid medication available as a 7-day supply or less for first time opioid user. For continued use this drug may only be available as a month supply.
+	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
^	This prescription drug has an administrative prior authorization requirement that is not waived. This drug may be covered under different benefits depending on circumstances.
HRM PA	This high risk medication requires prior authorization
B/D PA	This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.
LA	Limited Availability drug. This drug may be available only at certain pharmacies.