



# FIRST LOOK: 2021 BENEFITS

Medicare Advantage preview

Offered by Cigna Health and Life Insurance Company or its affiliates

**Together, all the way.®**



# ABOUT CIGNA



# About Cigna

## Our mission

As a global health service company, Cigna's mission is to improve the health, well-being, and peace of mind of those we serve by making health care simple, affordable, and predictable.



# About Cigna

## Our values



We care deeply about our customers, patients, and coworkers



We partner, collaborate, and keep our promises



We innovate and adapt



We act with speed and purpose




We create a better future—  
together



# About Cigna

## Our history



Our roots go back to 1792, making Cigna the nation's oldest stockholder-owned insurer.

We began to offer health benefits in 1912.

Cigna has served seniors with Medicare Advantage and Medicare supplement plans for more than 25 years.

We're proud to have been a Medicare Part D carrier since the program began 2006.



# Our Guiding Principles



## Do the right thing always

We are accountable to our customers, our partner agents and agencies and our co-workers in everything we do.



## Be courageous

We strive to find opportunity in every challenge, even if it's uncomfortable.



## Listen and learn!

We seek to understand our customers, partners and other people and circumstances we encounter.



## About Cigna

**180 million**

Customer relationships

**1.5 million**

Provider partners

**99%**

of all US pharmacies

**71**

Net promoter score

**13**

Fortune 500 ranking

**70%**

Growth in behavioral and mental  
health network since 2017



# About Cigna

## Our response to COVID-19

When considering how to approach the challenges presented by COVID-19, Cigna simply worked within it's first guiding principle: Do the right thing always. Some of the ways we worked to do the right thing for our customers in light of COVID-19 are:



Waived all cost-sharing for in-network medical or behavioral telehealth visits



Waived cost-sharing for office visits to in-network primary care physicians, specialists and behavioral practitioners



Waived copays and cost shares for COVID-19 related testing and treatment



Extended the deadline on receiving the 360 Exam and gift card



Expanded the post-hospitalization meal benefit from 14 meals to 28





# WHY CIGNA MEDICARE



# Why Cigna Medicare

## Broker Sales Representatives



- Local market knowledge and support
- Assistance with business planning, marketing and recruiting
- Cigna value proposition, product and positioning
- Sales and compliance training and coaching
- Issue resolution and escalation
- As needed access to sales kits and enrollment materials



## Tools and technology

- 



# Why Cigna Medicare

## New enrollment options



### Broker Assisted Enrollment:

- Available in English and Spanish
- Call CARL with customer and they are given a number to call back
- Enrollment specialist takes customer information and plan selection
- Enrollment specialist provides enrollment status to broker

### Personalized URL (PURL):

- Integrated with Cigna for Brokers
- Provides pricing and enrollment information electronically
- Send via email, social media or website link



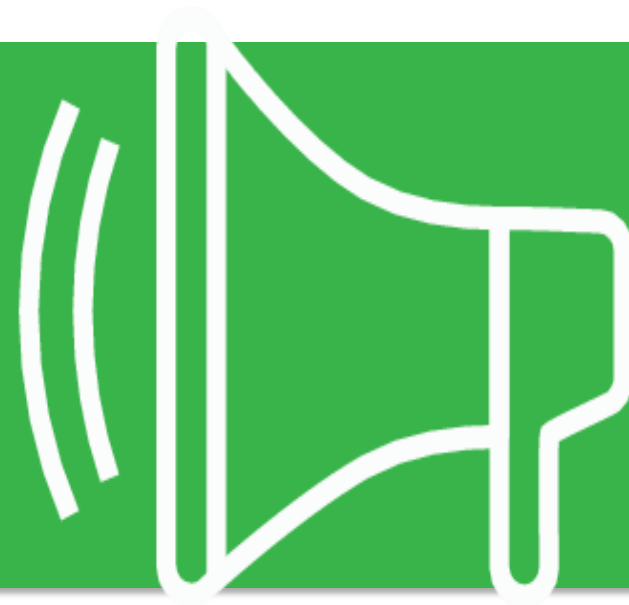
# Why Cigna Medicare

## More good news: additional administrative fee

New-to-Carrier Fee Paid to Agency for Sales in 2021

Priority Markets:

- Central Florida
- Arizona
- New Jersey
- Washington, DC
- Pennsylvania



# Our Most Popular Benefits



## **Post-hospital meal benefit**

Helps members transition to home more comfortably and receive nutritious meals after being discharged from the hospital.

## **Over the counter catalog**

Members order over-the-counter items via phone, mail or online and have orders delivered directly to their home. Quarterly benefit can roll over to purchase larger items.

## **Silver & Fit healthy aging and exercise program**

Includes gym membership, group classes, two at-home fitness kits per year and a FitBit.

## **Hearing**

Entry level hearing aids with price decreases across other hearing aids. Four-year battery supply offered as part of this benefit.

## **Dental**

Both preventive and comprehensive services available.



# Why Cigna Medicare

## Continuation of 2020 Programs

Option	Rationale	Markets
Adult Daycare Allowance	Address loneliness, caregiver support. Customer can only use state approved adult daycare facilities.	NJ
Air Conditioner Allowance	Air conditioner usage has been shown to reduce exacerbation in customers with COPD.	TX
Part B Buydown	Broker & market feedback – competitive gains; expanding to include additional plans and markets	HMO – North FL, Central FL, SC, TN, TX, IL PPO – Mountain states (CO, NM, UT), AL, NC
CHF Telemonitoring	Technology and equipment is provided to qualifying customers supported with patient advocacy and case management	All
Dental Allowance <b>Expanded in 2021 for PPO plans</b>	Provide customer flexibility with dental services and provider choices	HMO - AL, GA, Central FL, CAR, TN PPO - All PPO Markets
Medicare covered Acupuncture	The customer is eligible for 12 visits and an additional 8 visits (if the provider feels that a continuation of treatment is necessary) for four select back pain diagnoses	All



# Why Cigna Medicare

## Continuation of 2020 Programs

Benefit	Benefit overview	Markets
Post Hospital Meal Benefit	Offers 14 nutritious meals post-discharge from an acute in-patient stay. Designed to help customers transition to home more comfortably	All
Provider Specific Plans (PSP)	Offers an affordable product via a subset of the overall contracted network	AZ, PA, TN
Quad \$0 <b>Expanded in 2021</b>	\$0 premium, PCP, Specialist, Tier 1 cost share and / or Rx Deductible	AL, Southern Mississippi, North FL, Central FL, Kansas
Supplemental Acupuncture Reimbursement	Provide alternative medicine options. Offer reimbursement via DMR up to \$300 annually	HMO: Leon, CO PPO: CO, PA, NJ, Mid-Atlantic, OH
Tele-Psych	Offers the ability to access behavioral health providers via audio or video	All except Leon and select plans in Mid-Atlantic
Telehealth	CMS mandated; 24/7 access for low acuity medical services	All markets, all plans





# NEW FOR 2021



# Why Cigna Medicare

## 2021 Product Strategy

**91%** of renewing plans have stable or declining premium

All markets will have a **\$0 premium** product offering

**99%** of plans have dental coverage

**97%** of plans have vision benefits

OTC benefit will be offered on **82%** of plans

### Our guiding principles

- Market Stability with 2020 benefits
- Minimize disruption for our customers
- Offer low cost solutions and PPO choice
- Expand supplemental benefits with a focus on Social Determinants of Health
- Expand virtual benefits



# New for 2021

Item	Description	Markets
Healthy Benefits +	The Healthy Benefits + program provides customers with greater access to fresh fruits and vegetables through the Healthy Benefits + produce card with a monthly allowance of \$15, to \$30 (depending on plan) and manufacturers' coupons that can be used towards the purchase of healthy foods.	MAPA
Lifestyle drugs	Provides customers access to non-Medicare covered erectile dysfunction medications.	Treasure Coast PPO, CFL TN
Enhanced Health and Wellness Resources	Addresses social isolation of our customers by providing them access to virtual live streaming fitness and coaching + on-demand fitness and wellness video library.	All markets, fitness and coaching plan must include Silver & Fit fitness (excludes Leon)
\$0 Behavioral Health	Provides customers with access to affordable behavioral health care coverage.	All
Virtual PT	An expanded telehealth benefit that enables customers to conveniently access physical therapy services virtually.	All markets

This year, you may notice something a little different in this First Look. Cigna- Healthspring has officially transitioned to Cigna, reflecting the shared mission of improving the health, well-being and peace of mind of those we serve. While several markets saw that change with the 2020 AEP, this year all of our markets will carry the Cigna name.

You'll still see the same great benefits for your customers. You'll still receive the same great service from us as a partner. We're just cutting through the chatter to better align efforts across our company.



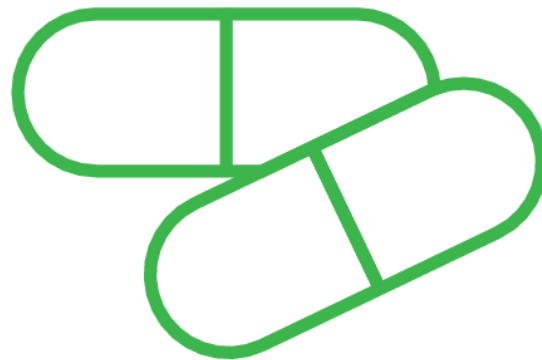
# Pharmacy benefit

Express Scripts remains Cigna's preferred retail pharmacy for Medicare Advantage. The nation's third largest pharmacy, Express Scripts serves 10.5 million Americans.

The Cigna Medicare Advantage Pharmacy network includes 36,000 pharmacies.

## Key MAPD drug coverage changes include:

- Select plans in Florida and Tennessee add Part D supplemental drug coverage (lifestyle drugs) at tier 1
- Select plans in Central Florida switch from N/ A to Basic Alternative drug benefit
- Illinois and Kansas City add Tier 2 preferred retail copay, up from \$0 last year
- Pennsylvania adds tier 1 GAP coverage
- Texas adds T1 Gap coverage & \$190 deductible to Tiers 4&5

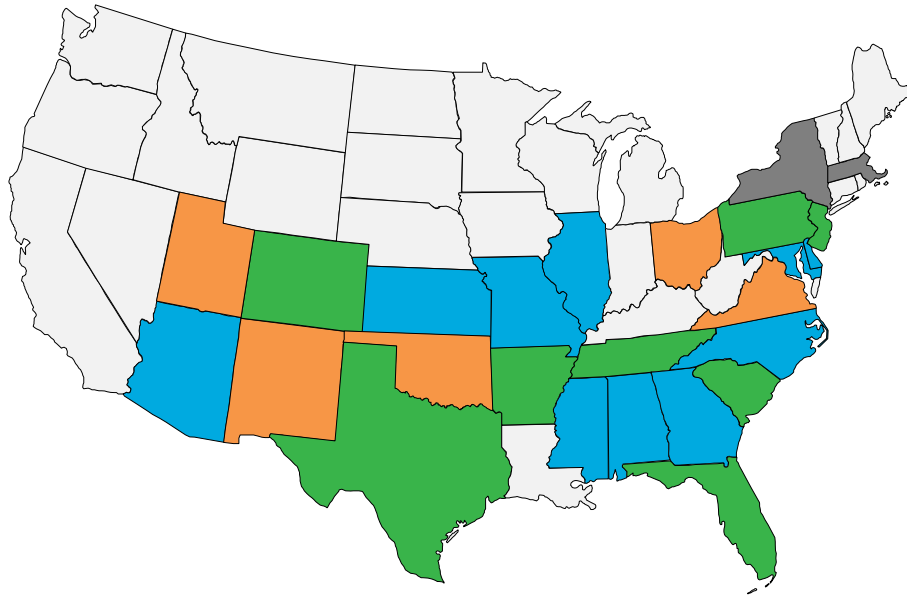


# Major 2021 Formulary Changes

Drug name	Indication	Description of change	Formulary alternative drugs
Advair diskus	Asthma/COPD	Remove	Wixela inhub
Amitiza	Irritable bowel syndrome	Remove	Linzess
Bultabital combinations	Headache	Remove	Naproxen, ibuprofen
Clopidogrel 75mg	Antiplatelet	Moved down to tier 1	N/A
Latanoprost eye drops	Glaucoma	Moved down to tier 1	N/A
Paroxetine	Antidepressant	Moved up to tier 2	Sertraline
ProAir HFA/Respiclick	Asthma/COPD	Remove	Ventolin, albuterol sulfate HFA
Rybelsus	Diabetes	Add to tier 3	N1A
Setraline	Antidepressant	Moved down to tier 1	N/A
Wixela inhub (generic Advair)	Asthma/COPD	Add to tier 2	N/A



# Cigna Medicare Advantage Footprint 2021



- Current MA Market, PDP & Med Supp
- Current MA Market + New County Expansions, PDP & Med Supp
- New MA Market, PDP & Med Supp
- PDP & Med Supp
- PDP only

Expanding Medicare Advantage product offerings into 67 new counties, including 5 new states

Expanding new PPO product offerings in 154 existing counties across 19 states plus Washington D.C



# 2021 Expansion

## New HMO Markets

Mtn. States -Colorado-Ft. Collins/Greeley  
Mtn. States -Colorado-Colorado Springs  
Mtn. States-New Mexico-Albuquerque  
Ohio - Cleveland

## New PPO Markets

Mtn. States -Colorado-Ft. Collins/Greeley  
Mtn. States -Colorado-Colorado Springs  
Mtn. States-New Mexico-Albuquerque  
Mtn. States -Utah - Salt Lake City  
No. Texas -Oklahoma -Oklahoma City  
Ohio - Cleveland  
So. Florida - Treasure Coast

## HMO Expansion

California - So. Calif. - EGWP  
MAPA - Central New Jersey  
MAPA - Southern New Jersey  
MAPA - Central PA  
Central Florida - Tampa  
Central Florida - Daytona  
North Florida - The Villages  
South Carolina - Charleston  
Tennessee - Arkansas  
Tennessee - West Tennessee  
Tennessee - Tri-Cities  
Texas - San Antonio  
Texas - Galveston Island

## PPO Expansion

Alabama - Central  
Alabama - North AL  
Alabama - South AL  
Alabama - South Mississippi  
Carolinas - NC Market  
Carolinas - SC Market  
Georgia - Athens  
Georgia - Northwest  
Georgia - Northeast  
Georgia - West Metro  
Georgia - Metro Atlanta  
Illinois - Chicago- Kankakee  
Kansas City - Kansas  
Kansas City - Missouri  
MAPA - Central New Jersey  
MAPA - District of Columbia  
MAPA - Southern New Jersey  
MAPA - Central PA

## D-SNP Expansion

MAPA - Central PA  
Central Florida - Daytona  
Texas - San Antonio  
Texas - Galveston Island



# Plan Information

Click to view each state's plans

[Alabama,  
North Florida  
and Southern  
Mississippi](#)

[Arizona](#)

[Carolinas](#)

[Central  
Florida](#)

[Georgia](#)

[Illinois](#)

[Kansas City](#)

[Mid-Atlantic](#)

[Mountain  
States](#)

[New Jersey](#)

[Ohio](#)

[Pennsylvania](#)

[South Florida](#)

[Tennessee/  
Arkansas](#)

[Texas](#)





# Alabama, North Florida & Southern Mississippi

## 2021 Overview



# Alabama

## Market: North Alabama and Tuscaloosa

**Counties: Blount, Cherokee, Colbert, DeKalb, Etowah, Jackson, Lawrence, Lauderdale, Limestone, Madison, Marshall, Morgan, St. Clair, Tuscaloosa**

Plan ID	H4513-045-000	H4513-046-002	H4513-048-000
Plan name	Cigna Fundamental Medicare (HMO)	Cigna Preferred AL Medicare (HMO)	Cigna Preferred Plus Medicare (HMO)
Total premium	\$0	\$0	\$29
Cost share: PCP/ Specialist	\$0/ \$0	\$0/ \$40	\$0/ \$0
Inpatient acute care hospital	\$295 per day for days 1-6; \$0 per day for days 7-90	\$325 per day for days 1-6; \$0 per day for days 7-90	\$250 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$4,900 applies to in-network Medicare-covered benefits	\$6,900 applies to in-network Medicare-covered benefits	\$3,900 applies to in-network Medicare-covered benefits
Lab	\$0	\$0	\$0
Ambulatory surgery center	\$0-\$250	\$0 - \$325	\$0 - \$195
Cost share: preferred retail RX (one month)	N/ A	Tier 1: \$2 Tier 2: \$8 Tier 3: \$42 Tier 4: 39% Tier 5: 29%	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	N/ A	Tier 1: \$4 (2x one month) Tier 2: \$16 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 39% Tier 5: N/ A	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: N/ A



# Alabama

## Market: North Alabama and Tuscaloosa

**Counties:** Blount, Cherokee, Colbert, DeKalb, Etowah, Jackson, Lawrence, Lauderdale, Limestone, Madison, Marshall, Morgan, St. Clair, Tuscaloosa

Plan ID	H4513-054-000	H4513-055-000	H4513-056-002
Plan name	Cigna Preferred Medicare (HMO)	Cigna TotalCare (HMO D-SNP)	Cigna TotalCare AL (HMO D-SNP)
Total premium	\$0	\$16.90	\$16.80
Cost share: PCP/ Specialist	\$0/ \$0	\$0/ \$0	\$0/ \$0
Inpatient acute care hospital	\$325 per day for days 1-6; \$0 per day for days 7-90	\$150 per day for days 1-5; \$0 per day for days 6-90	\$225 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$5,500 applies to in-network Medicare-covered benefits	\$6,700 applies to in-network Medicare-covered benefits	\$7,550 applies to in-network Medicare-covered benefits
Lab	\$0	\$0	\$0
Ambulatory surgery center	\$0-\$275	\$0 - \$50	\$0 - \$195
Cost share: preferred retail RX (one month)	Tier 1: \$2 Tier 2: \$8 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/A	N/A
Cost share: preferred retail RX (three months)	Tier 1: \$4 (2x one month) Tier 2: \$16 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/A	N/A



Counties: Blount, Cherokee, Colbert, DeKalb, Etowah, Jackson, Lawrence, Limestone, Madison, Marshall, Morgan, St. Clair, Tuscaloosa

Plan Name	H7849-012-000 Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$5/ \$30	\$40/ \$55
Inpatient acute care hospital	\$225 per day for days 1-6; \$0 per day for days 7-90	35%
Max out of pocket	\$5,500 applies to in-network Medicare-covered benefits	\$7,500 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 35%
Ambulatory surgery center	\$0 - \$195	35%
Cost share: preferred retail RX (one month)	Tier 1: \$2 Tier 2: \$4 Tier 3: \$40 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$5 (2.5x one month) Tier 2: \$10 (2.5x one month) Tier 3: \$120 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

# Alabama

## Market: Central and South Alabama

**Counties:** Autauga, Baldwin, Bibb, Chilton, Cullman, Dallas, Elmore, Jefferson, Lowndes, Mobile, Montgomery, Shelby, Talladega, Walker

Plan ID	H4513-045-000	H4513-046-001	H4513-047-000
Plan name	Cigna Fundamental Medicare (HMO)	Cigna Preferred AL Medicare (HMO)	Cigna Preferred Plus Medicare (HMO)
Total premium	\$0	\$0	\$29
Cost share: PCP/ Specialist	\$0/ \$0	\$0/ \$35	\$0/ \$0
Inpatient acute care hospital	\$295 per day for days 1-6; \$0 per day for days 7-90	\$325 per day for days 1-6; \$0 per day for days 7-90	\$225 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$4,900 applies to in-network Medicare-covered benefits	\$6,900 applies to in-network Medicare-covered benefits	\$3,900 applies to in-network Medicare-covered benefits
Lab	\$0	\$0	\$0
Ambulatory surgery center	\$0-\$250	\$0 - \$325	\$0 - \$175
Cost share: preferred retail RX (one month)	N/ A	Tier 1: \$2 Tier 2: \$8 Tier 3: \$42 Tier 4: 39% Tier 5: 29%	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	N/ A	Tier 1: \$4 (2x one month) Tier 2: \$16 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 39% Tier 5: N/ A	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available



# Alabama

## Market: Central and South Alabama

**Counties:** Autauga, Baldwin, Bibb, Chilton, Cullman, Dallas, Elmore, Jefferson, Lowndes, Mobile, Montgomery, Shelby, Talladega, Walker

Plan ID	H4513-056-001	H4513-057-000
Plan name	Cigna TotalCare AL (HMO D-SNP)	Cigna Preferred Medicare (HMO)
Total premium	\$16.80	\$0
Cost share: PCP/ Specialist	\$0/ \$0	\$0/ \$0
Inpatient acute care hospital	\$95 per day for days 1-5; \$0 per day for days 6-90	\$295 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$4,900 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$50	\$0 - \$250
Cost share: preferred retail RX (one month)	N/ A	Tier 1: \$2 Tier 2: \$8 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	N/ A	Tier 1: \$4 (2x one month) Tier 2: \$16 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available



# Alabama

## Market: North Alabama and Tuscaloosa

New  
counties

Counties: Autauga, **Bibb**, Chilton, Cullman, **Dallas**, Elmore, Jefferson, **Lowndes**, **Mobile**, Montgomery, Shelby, Talladega, Walker

	H7849-013-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$5/ \$25	\$40/ \$55
Inpatient acute care hospital	\$225 per day for days 1-6; \$0 per day for days 7-90	35%
Max out of pocket	\$4,900 applies to in-network Medicare-covered benefits	\$7,500 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 35%
ASC	\$0 - \$195	35%
Cost share: preferred retail RX (one month)	Tier 1: \$2 Tier 2: \$4 Tier 3: \$40 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$5 (2.5x one month) Tier 2: \$10 (2.5x one month) Tier 3: \$120 (3x one month) Tier 4: \$285 (3x one month) Tier 5: N/ A	N/ A



# Alabama

## Market: South Mississippi

**Counties:** Covington, Forest, George, Hancock, Harrison, Hinds, Jackson, Jones, Lamar, Madison, Marion, Pearl River, Perry, Rankin, Stone

Plan ID	H4407-004-000	H4407-011-000
Plan name	Cigna TotalCare (HMO D-SNP)	Cigna Fundamental Medicare (HMO)
Total premium	\$13.20	\$0
Cost share: PCP/ Specialist	\$0/ \$0	\$0/ \$0
Inpatient acute care hospital	\$195 per day for days 1-5; \$0 per day for days 6-90	\$295 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$5,900 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$150	\$0 - \$250
Cost share: preferred retail RX (one month)	N/ A	N/ A
Cost share: preferred retail RX (three months)	N/ A	N/ A





# Alabama

## Market: South Mississippi

**Counties:** Covington, Forest, George, Hancock, Harrison, Hinds, Jackson, Jones, Lamar, Madison, Marion, Pearl River, Perry, Rankin, Stone

Plan ID	H4407-026-000	H4407-027-000
Plan name	Cigna Preferred Medicare (HMO)	Cigna Preferred Plus Medicare (HMO)
Total premium	\$0	\$29
Cost share: PCP/ Specialist	\$0/ \$0	\$0/ \$0
Inpatient acute care hospital	\$295 per day for days 1-6; \$0 per day for days 7-90	\$225 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits	\$4,900 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$250	\$0 - \$175
Cost share: preferred retail RX (one month)	Tier 1: \$2 Tier 2: \$10 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$4 (2x one month) Tier 2: \$20 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5 N/A	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: N/A



Counties: Hancock, Harrison, Jackson, Jones

	H7849-016-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$5/ \$25	\$40/ \$55
Inpatient acute care hospital	\$225 per day for days 1-6; \$0 per day for days 7-90	35%
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 35%
Ambulatory surgery center	\$0 - \$195	35%
Cost share: preferred retail RX (one month)	Tier 1: \$2 Tier 2: \$10 Tier 3: \$42 Tier 4: \$95 Tier 5: 31%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$4 (2x one month) Tier 2: \$20 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: N/A	N/ A

Plan ID	H5410-004-000	H5410-013-000	H5410-018-000
Plan name	Cigna Fundamental Medicare (HMO)	Cigna TotalCare (HMO D-SNP)	Cigna Preferred Medicare (HMO)
Total premium	\$0	\$14.70	\$0
Cost share: PCP/ Specialist	\$0/ \$0	\$0/ \$0	\$0/ \$0
Inpatient acute care hospital	\$275 per day for days 1-6; \$0 per day for days 7-90	\$195 per day for days 1-5; \$0 per day for days 6-90	\$275 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$4,900 applies to in-network Medicare-covered benefits	\$3,900 applies to in-network Medicare-covered benefits	\$4,900 applies to in-network Medicare-covered benefits
Lab	\$0	\$0	\$0
Ambulatory surgery center	\$0 - \$225	\$0 - \$50	\$0 - \$225
Cost share: preferred retail RX (one month)	N/ A	N/ A	Tier 1: \$4 Tier 2: \$12 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	N/ A	N/ A	Tier 1: \$8 (2x one month) Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: N/ A

# Arizona

## 2021 Overview



# Arizona

Counties: Maricopa, Pinal (partial)

Plan ID	H0354-001-000	H0354-027-000	H0354-028-000
Plan name	Cigna Preferred Medicare (HMO)	Cigna Achieve Medicare (HMO C-SNP)	Cigna Alliance Medicare (HMO)
Total premium	\$0	\$0	\$0
Cost share: PCP/ Specialist	\$0/ \$25	\$0/ \$20	\$0/ \$5
Inpatient acute care hospital	\$225 per day for days 1-7; \$0 per day for days 8-90	\$225 per day for days 1-7; \$0 per day for days 8-90	\$185 per day for days 1-7; \$0 per day for days 8-90
Max out of pocket	\$3,450 applies to in-network Medicare-covered and in-network non-Medicare-covered benefits	\$3,450 applies to in-network Medicare-covered and in-network non-Medicare-covered benefits	\$3,200 applies to in-network Medicare-covered and in-network non-Medicare-covered benefits
Lab	\$0	\$0	\$0
Ambulatory surgery center	\$0 - \$75	\$0 - \$75	\$0 - \$75
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$0 Tier 3: \$47 Tier 4: \$100 Tier 5: 33%	Tier 1: \$0 Tier 2: \$0 Tier 3: \$47 Tier 4: \$100 Tier 5: 33% Tier 6: \$9	Tier 1: \$0 Tier 2: \$0 Tier 3: \$47 Tier 4: \$100 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$0 Tier 3: \$141 (3x one month) Tier 4: \$300 (3x one month) Tier 5: Not available	Tier 1: \$0 Tier 2: \$0 Tier 3: \$141 (3x one month) Tier 4: \$300 (3x one month) Tier 5: N/A Tier 6: \$18 (2x one month)	Tier 1: \$0 Tier 2: \$0 Tier 3: \$141 (3x one month) Tier 4: \$300 (3x one month) Tier 5: N/A



# Arizona

County: Pima

Plan ID	H0354-024-000
Plan name	Cigna Preferred Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0/ \$30
Inpatient acute care hospital	\$225 per day for days 1-7; \$0 per day for days 8-90
Max out of pocket	\$3,000 applies to in-network Medicare-covered and in-network non-Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$75
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$0 Tier 3: \$47 Tier 4: \$100 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$0 Tier 3: \$141 (3x one month) Tier 4: \$300 (3x one month) Tier 5: Not available



# Carolinas

## 2021 Overview



**Counties: Alexander, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Union**

Plan ID	H9725-001-000	H9725-003-000
Plan name	Cigna Preferred Medicare (HMO)	Cigna TotalCare (HMO D-SNP)
Total premium	\$0	\$25.60
Cost share: PCP/ Specialist	\$0/ \$20	\$0/ \$0
Inpatient acute care hospital	\$285 per day for days 1-6; \$0 per day for days 7-90	\$195 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$4,900 applies to in-network Medicare-covered benefits	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$225	0 - 20%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$10 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$20 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A



Counties: Alexander, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Union

Plan ID	H9725-005-000	H9725-006-000
Plan name	Cigna Fundamental Medicare (HMO)	Cigna Preferred Plus Medicare (HMO)
Total premium	\$0	\$29
Cost share: PCP/ Specialist	\$0/ \$20	\$0/ \$10
Inpatient acute care hospital	\$285 per day for days 1-6; \$0 per day for days 7-90	\$225 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$4,900 applies to in-network Medicare-covered benefits	\$3,900 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$225	\$0 - \$175
Cost share: preferred retail RX (one month)	N/ A	Tier 1: \$0 Tier 2: \$4 Tier 3: \$35 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	N/ A	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$105 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available



	H7849-019-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$25	\$40/\$55
Inpatient acute care hospital	\$295 per day for days 1-7; \$0 per day for days 8-90	30%
Max out of pocket	\$5,500 applies to in-network Medicare-covered benefits	\$11,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$250	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$10 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$25 (2.5x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

Plan ID	H7020-004-000	H7020-005-000	H7020-006-000
Plan name	Cigna Preferred Medicare (HMO)	Cigna Fundamental Medicare (HMO)	Cigna Preferred Plus Medicare (HMO)
Total premium	\$0	\$0	\$29.00
Cost share: PCP/ Specialist	\$0/ \$20	\$0/ \$20	\$0/ \$10
Inpatient acute care hospital	\$295 per day for days 1-5; \$0 per day for days 6-90	\$295 per day for days 1-5; \$0 per day for days 6-90	\$225 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits	\$5,900 applies to in-network Medicare-covered benefits	\$4,900 applies to in-network Medicare-covered benefits
Lab	\$0	\$0	\$0
Ambulatory surgery center	\$0 - \$250	\$0 - \$250	\$0 - \$175
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$10 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A	Tier 1: \$0 Tier 2: \$4 Tier 3: \$35 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$20 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$105 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

	H7849-018-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$25	\$50/ \$60
Inpatient acute care hospital	\$310 per day for days 1-6; \$0 per day for days 7-90	30%
Max out of pocket	\$6,500 applies to in-network Medicare-covered benefits	\$11,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$250	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$10 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$25 (2.5x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

<b>Plan ID</b>	<b>H7020-007-000</b>
<b>Plan name</b>	<b>Cigna Preferred Savings Medicare (HMO)</b>
<b>Total premium</b>	\$0
<b>Cost share: PCP/ Specialist</b>	\$0/ \$30
<b>Inpatient acute care hospital</b>	\$325 per day for days 1-6; \$0 per day for days 7-90
<b>Max out of pocket</b>	\$6,700 applies to in-network Medicare-covered benefits
<b>Lab</b>	\$0
<b>Ambulatory surgery center</b>	\$0 - \$275
<b>Cost share: preferred retail RX (one month)</b>	Tier 1: \$2 Tier 2: \$10 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
<b>Cost share: preferred retail RX (three months)</b>	Tier 1: \$4 (2x one month) Tier 2: \$20 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

Plan ID	H9725-001-000	H9725-003-000
Plan name	Cigna Preferred Medicare (HMO)	Cigna TotalCare (HMO D-SNP)
Total premium	\$0	\$25.60
Cost share: PCP/ Specialist	\$0/ \$20	\$0/ \$0
Inpatient acute care hospital	\$285 per day for days 1-6; \$0 per day for days 7-90	\$195 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$4,900 applies to in-network Medicare-covered benefits	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$225	0 - 20%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$10 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$20 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

Plan ID	H9725-005-000	H9725-006-000
Plan name	Cigna Fundamental Medicare (HMO)	Cigna Preferred Plus Medicare (HMO)
Total premium	\$0	\$29
Cost share: PCP/ Specialist	\$0/ \$20	\$0/ \$10
Inpatient acute care hospital	\$285 per day for days 1-6; \$0 per day for days 7-90	\$225 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$4,900 applies to in-network Medicare-covered benefits	\$3,900 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$225	\$0 - \$175
Cost share: preferred retail RX (one month)	N/ A	Tier 1: \$0 Tier 2: \$4 Tier 3: \$35 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	N/ A	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$105 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

	H7849-011-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$25	\$50/ \$60
Inpatient acute care hospital	\$295 per day for days 1-7; \$0 per day for days 8-90	30%
Max out of pocket	\$5,500 applies to in-network Medicare-covered benefits	\$11,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$250	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$10 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$25 (2.5x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A



	H7849-019-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$25	\$40/ \$55
Inpatient acute care hospital	\$295 per day for days 1-7; \$0 per day for days 8-90	30%
Max out of pocket	\$5,500 applies to in-network Medicare-covered benefits	\$11,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$250	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$10 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$25 (2.5x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

Plan ID	H9725-001-000	H9725-003-000
Plan name	Cigna Preferred Medicare (HMO)	Cigna TotalCare (HMO D-SNP)
Total premium	\$0	\$25.60
Cost share: PCP/ Specialist	\$0/ \$20	\$0/ \$0
Inpatient acute care hospital	\$285 per day for days 1-6; \$0 per day for days 7-90	\$195 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$4,900 applies to in-network Medicare-covered benefits	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0	\$0 -30%
Ambulatory surgery center	\$0 - \$225	0 - 20%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$10 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$20 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

Plan ID	H9725-005-000	H9725-006-000
Plan name	Cigna Fundamental Medicare (HMO)	Cigna Preferred Plus Medicare (HMO)
Total premium	\$0	\$29
Cost share: PCP/ Specialist	\$0/ \$20	\$0/ \$10
Inpatient acute care hospital	\$285 per day for days 1-6; \$0 per day for days 7-90	\$225 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$4,900 applies to in-network Medicare-covered benefits	\$3,900 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$225	\$0 - \$175
Cost share: preferred retail RX (one month)	N/ A	Tier 1: \$0 Tier 2: \$4 Tier 3: \$35 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	N/ A	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$105 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

# Carolinas

## Market: Greenville/ Spartanburg

Counties: Cherokee, Greenville, Spartanburg, Union

Plan ID	H7020-004-000	H7020-005-000	H7020-006-000
Plan name	Cigna Preferred Medicare (HMO)	Cigna Fundamental Medicare (HMO)	Cigna Preferred Plus Medicare (HMO)
Total premium	\$0	\$0	\$29.00
Cost share: PCP/ Specialist	\$0/ \$20	\$0/ \$20	\$0/ \$10
Inpatient acute care hospital	\$295 per day for days 1-5; \$0 per day for days 6-90	\$295 per day for days 1-5; \$0 per day for days 6-90	\$225 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits	\$5,900 applies to in-network Medicare-covered benefits	\$4,900 applies to in-network Medicare-covered benefits
Lab	\$0	\$0	\$0
Ambulatory surgery center	\$0 - \$250	\$0 - \$250	\$0 - \$175
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$10 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A	Tier 1: \$0 Tier 2: \$4 Tier 3: \$35 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$20 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$105 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available



Plan ID	H7020-007-000
Plan name	Cigna Preferred Savings Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0/ \$30
Inpatient acute care hospital	\$325 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$275
Cost share: preferred retail RX (one month)	Tier 1: \$2 Tier 2: \$10 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$4 (2x one month) Tier 2: \$20 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

# Carolinas

## Market: Anderson/ Pickens

Counties: Anderson, Pickens

Plan ID	H7020-004-000	H7020-005-000	H7020-006-000
Plan name	Cigna Preferred Medicare (HMO)	Cigna Fundamental Medicare (HMO)	Cigna Preferred Plus Medicare (HMO)
Total premium	\$0	\$0	\$29.00
Cost share: PCP/ Specialist	\$0/ \$20	\$0/ \$20	\$0/ \$10
Inpatient acute care hospital	\$295 per day for days 1-5; \$0 per day for days 6-90	\$295 per day for days 1-5; \$0 per day for days 6-90	\$225 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits	\$5,900 applies to in-network Medicare-covered benefits	\$4,900 applies to in-network Medicare-covered benefits
Lab	\$0	\$0	\$0
Ambulatory surgery center	\$0 - \$250	\$0 - \$250	\$0 - \$175
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$10 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A	Tier 1: \$0 Tier 2: \$4 Tier 3: \$35 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$20 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$105 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available



Plan ID	H7020-008-000
Plan name	Cigna Preferred Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0/ \$30
Inpatient acute care hospital	\$295 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$250
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$10 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$20 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: N/A

# Central Florida

## 2021 Overview





Plan ID	H5410-027-000	H5410-028-000
Plan name	Cigna Preferred Medicare (HMO)	Cigna Preferred Savings Medicare (HMO)
Total premium	\$0	\$0
Cost share: PCP/ Specialist	\$0/ \$0	\$0/ \$20
Inpatient acute care hospital	\$150 per day for days 1-6; \$0 per day for days 7-90	\$225 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$3,500 applies to in-network Medicare-covered benefits	\$4,900 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$75	\$0 - \$200
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$0 Tier 3: \$35 Tier 4: \$95 Tier 5: 33%	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$0 Tier 3: \$105 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

Plan ID	H5410-031-000	H5410-034-000
Plan name	Cigna TotalCare (HMO D-SNP)	Cigna Primary Medicare (HMO)
Total premium	\$17.40	\$17.40
Cost share: PCP/ Specialist	\$0/ \$0	\$0/ \$0
Inpatient acute care hospital	\$0 per stay	\$500 per stay
Max out of pocket	\$3,500 applies to in-network Medicare-covered benefits	\$3,500 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0	\$0 - \$50
Cost share: preferred retail RX (one month)	Tier 1: \$2 Tier 2: \$15 Tier 3: 18% Tier 4: 39% Tier 5: 25%	Tier 1: \$2 Tier 2: \$15 Tier 3: 18% Tier 4: 39% Tier 5: 25%
Cost share: preferred retail RX (three months)	Tier 1: \$4 (2x one month) Tier 2: \$30 (2x one month) Tier 3: 18% Tier 4: 39% Tier 5: Not available	Tier 1: \$4 (2x one month) Tier 2: \$30 (2x one month) Tier 3: 18% Tier 4: 39% Tier 5: Not available

Plan ID	H5410-024-000	H5410-025-000
Plan name	Cigna Preferred Medicare (HMO)	Cigna TotalCare (HMO D-SNP)
Total premium	\$0	\$17.50
Cost share: PCP/ Specialist	\$0/ \$0	\$0/\$0
Inpatient acute care hospital	\$95 per day for days 1-6; \$0 per day for days 7-90	\$0 per stay
Max out of pocket	\$3,500 applies to in-network Medicare-covered benefits	\$3,500 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$75	\$0
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$0 Tier 3: \$35 Tier 4: \$95 Tier 5: 33%	Tier 1: \$1 Tier 2: \$15 Tier 3: 17% Tier 4: 44% Tier 5: 25%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$0 Tier 3: \$105 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	Tier 1: \$2 (2x one month) Tier 2: \$30 (2x one month) Tier 3: 17% Tier 4: 44% Tier 5: Not available

# Central Florida

## Market: Orlando

Counties: Lake, Orange, Osceola, Polk, Seminole

Plan ID	H5410-026-000	H5410-033-000
Plan name	Cigna Preferred Savings Medicare (HMO)	Cigna Primary Medicare (HMO)
Total premium	\$0	\$17.90
Cost share: PCP/ Specialist	\$0/ \$15	\$0/ 0
Inpatient acute care hospital	\$200 per day for days 1-6; \$0 per day for days 7-90	\$500 per stay
Max out of pocket	\$3,750 applies to in-network Medicare-covered benefits	\$3,500 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$100	\$0 - \$50
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	Tier 1: \$2 Tier 2: \$15 Tier 3: 18% Tier 4: 39% Tier 5: 25%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	Tier 1: \$4 (2x one month) Tier 2: \$30 (2x one month) Tier 3: 18% Tier 4: 39% Tier 5: Not available



	H7849-017-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$25	\$40/ \$55
Inpatient acute care hospital	\$225 per day for days 1-6; \$0 per day for days 7-90	40%
Max out of pocket	\$5,500 applies to in-network Medicare-covered benefits	\$11,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 40%
Ambulatory surgery center	\$0 - \$150	40%
Cost share: preferred retail RX (one month)	Tier 1: \$2 Tier 2: \$4 Tier 3: \$40 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$4 (2x one month) Tier 2: \$8 (2x one month) Tier 3: \$120 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

Plan ID	H5410-029-000	H5410-030-000
Plan name	Cigna Preferred Medicare (HMO)	Cigna Preferred Savings Medicare (HMO)
Total premium	\$0	\$0
Cost share: PCP/ Specialist	\$0/ \$0	\$0/ \$15
Inpatient acute care hospital	\$150 per day for days 1-6; \$0 per day for days 7-90	\$175 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$3,500 applies to in-network Medicare-covered benefits	\$3,750 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$95	\$0 - \$95
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$0 Tier 3: \$35 Tier 4: \$95 Tier 5: 33%	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$0 Tier 3: \$105 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

Counties: Hernando, Hillsborough, **Manatee**, Pasco, Pinellas

Plan ID	H5410-032-000	H5410-035-000
Plan name	Cigna TotalCare (HMO D-SNP)	Cigna Primary Medicare (HMO)
Total premium	\$17	\$17
Cost share: PCP/ Specialist	\$0/\$0	\$0/ \$0
Inpatient acute care hospital	\$0 per stay	\$500 per stay
Max out of pocket	\$3,500 applies to in-network Medicare-covered benefits	\$3,500 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0	\$0 - \$50
Cost share: preferred retail RX (one month)	Tier 1: \$2 Tier 2: \$15 Tier 3: 18% Tier 4: 39% Tier 5: 25%	Tier 1: \$2 Tier 2: \$15 Tier 3: 18% Tier 4: 39% Tier 5: 25%
Cost share: preferred retail RX (three months)	Tier 1: \$4 (2x one month) Tier 2: \$30 (2x one month) Tier 3: 18% Tier 4: 39% Tier 5: Not available	Tier 1: \$4 (2x one month) Tier 2: \$30 (2x one month) Tier 3: 18% Tier 4: 39% Tier 5: Not available

Counties: **Sumter**

Plan ID	H5410-036-000
Plan name	Cigna Preferred Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0/ \$0
Inpatient acute care hospital	\$150 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$3,500 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$75
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$0 Tier 3: \$35 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$0 Tier 3: \$105 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available



# Georgia

## 2021 Overview



Plan ID	H0439-002-000	H0439-003-002	H0439-011-000
Plan name	Cigna TotalCare (HMO D-SNP)	Cigna Preferred GA Medicare (HMO)	Cigna Preferred Medicare (HMO)
Total premium	\$24.50	\$20	\$0
Cost share: PCP/ Specialist	\$0/ \$0	\$5/ \$40	\$0/ \$30
Inpatient acute care hospital	\$325 per day for days 1-6; \$0 per day for days 7-90	\$360 per day for days 1-5; \$0 per day for days 6-90	\$275 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$6,900 applies to in-network Medicare-covered benefits	\$6,200 applies to in-network Medicare-covered benefits
Lab	\$0	\$0	\$0
Ambulatory surgery center	0 - 20%	\$0 - \$325	\$0 - \$225
Cost share: preferred retail RX (one month)	N/ A	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 36% Tier 5: 27%	Tier 1: \$0 Tier 2: \$12 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	N/ A	Tier 1: \$6 (2x one month) Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 36% Tier 5: Not available	Tier 1: \$0 Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

	H7849-023-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$5/ \$40	\$40/ \$55
Inpatient acute care hospital	\$290 per day for days 1-7; \$0 per day for days 8-90	30%
Max out of pocket	\$6,900 applies to in-network Medicare-covered benefits	\$11,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$275	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$12 Tier 3: \$42 Tier 4: \$95 Tier 5: 31%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$30 (2.5x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

Plan ID	H0439-002-000	H0439-008-000
Plan name	Cigna TotalCare (HMO D-SNP)	Cigna Preferred Medicare (HMO)
Total premium	\$24.50	\$0
Cost share: PCP/ Specialist	\$0/ \$0	\$0/ \$40
Inpatient acute care hospital	\$325 per day for days 1-6; \$0 per day for days 7-90	\$325 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$6,900 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	0 - 20%	\$0 - \$275
Cost share: preferred retail RX (one month)	N/ A	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: \$95 Tier 5: 31%
Cost share: preferred retail RX (three months)	N/ A	Tier 1: \$6 (2x one month) Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

Counties: Cobb, Douglas, Paulding

	H7849-020-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$5/ \$45	\$40/ \$55
Inpatient acute care hospital	\$375 per day for days 1-5; \$0 per day for days 6-90	30%
Max out of pocket	\$7,200 applies to in-network Medicare-covered benefits	\$11,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$275	30%
Cost share: preferred retail RX (one month)	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: \$95 Tier 5: 29%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$7.50 (2.5x one month) Tier 2: \$30 (2.5x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

Plan ID	H0439-003-002
Plan name	Cigna Preferred GA Medicare (HMO)
Total premium	\$20.00
Cost share: PCP/ Specialist	\$5/ \$40
Inpatient acute care hospital	\$360 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,900 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$325
Cost share: preferred retail RX (one month)	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 36% Tier 5: 27%
Cost share: preferred retail RX (three months)	Tier 1: \$6 (2x one month) Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 36% Tier 5: Not available

Plan ID	H0439-003-001
Plan name	Cigna Preferred GA Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$5/ \$40
Inpatient acute care hospital	\$330 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$6,900 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$325
Cost share: preferred retail RX (one month)	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 36% Tier 5: 27%
Cost share: preferred retail RX (three months)	Tier 1: \$6 (2x one month) Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 36% Tier 5: Not available

	H0439-006-000	
Plan Name	Cigna Premier Medicare (HMO-POS)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$25	
Cost share: PCP/ Specialist	\$0/ \$20	30%, 30%
Inpatient acute care hospital	\$225 per day for days 1-6; \$0 per day for days 7-90	30%
Max out of pocket	\$5,200 applies to in-network Medicare-covered benefits	There is no maximum out of pocket cost for out-of-network benefits
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$175	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A



Counties: Barrow, Butts, Cherokee, Clayton, Coweta, DeKalb, Fayette, Forsyth, Fulton, Gwinette, Henry, Newton, Pickens, Rockdale, Spalding

Plan ID	H0439-002-000	H0439-007-000
Plan name	Cigna TotalCare (HMO D-SNP)	Cigna Preferred Medicare (HMO)
Total premium	\$24.50	\$0
Cost share: PCP/ Specialist	\$0/ \$0	\$0/ \$30
Inpatient acute care hospital	\$325 per day for days 1-6; \$0 per day for days 7-90	\$275 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$5,900 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	0 - 20%	\$0 - \$195
Cost share: preferred retail RX (one month)	N/ A	Tier 1: \$0 Tier 2: \$12 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	N/ A	Tier 1: \$0 Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

Counties: Barrow, Butts, Cherokee, Clayton, Coweta, Fayette, Forsyth, Fulton, Gwinette, Henry, Newton, Pickens, Rockdale, Spalding

	H7849-003-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Premium	\$0	
Cost share: PCP/ Specialist	\$5/ \$35	\$40/ \$55
Inpatient acute care hospital	\$290 per day for days 1-6; \$0 per day for days 7-90	30%
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$11,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$225	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$12 Tier 3: \$42 Tier 4: \$95 Tier 5: 31%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$30 (2.5x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

Counties: Barrow, Butts, Clayton, DeKalb, Fulton, Gwinette, Henry, Newton, Rockdale, Spalding

Plan ID	H0439-003-001
Plan name	Cigna Preferred GA Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$5/ \$40
Inpatient acute care hospital	\$330 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$6,900 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$325
Cost share: preferred retail RX (one month)	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 36% Tier 5: 27%
Cost share: preferred retail RX (three months)	Tier 1: \$6 (2x one month) Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 36% Tier 5: Not available

Counties: Barrow, Butts, Clayton, DeKalb, Fulton, Gwinette, Henry, Newton, Rockdale, Spalding

	H0439-006-000	
Plan Name	Cigna Premier Medicare (HMO-POS)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$25	
Cost share: PCP/ Specialist	\$0/ \$20	30%/30%
Inpatient acute care hospital	\$225 per day for days 1-6; \$0 per day for days 7-90	30%
Max out of pocket	\$5,200 applies to in-network Medicare-covered benefits	There is no maximum out of pocket cost for out-of-network benefits
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$175	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

Plan ID	H0439-003-002
Plan name	Cigna Preferred GA Medicare (HMO)
Total premium	\$20.00
Cost share: PCP/ Specialist	\$5/ \$40
Inpatient acute care hospital	\$360 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,900 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$325
Cost share: preferred retail RX (one month)	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 36% Tier 5: 27%
Cost share: preferred retail RX (three months)	Tier 1: \$6 (2x one month) Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 36% Tier 5: Not available

Plan ID	H0439-007-000
Plan name	Cigna Preferred Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0/ \$30
Inpatient acute care hospital	\$275 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$195
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$12 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

Counties: Clarke, Franklin, Greene, Madison, Morgan, Oconee, Ogelthorpe, Walton

	H0439-006-000	
Plan Name	Cigna Premier Medicare (HMO-POS)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$25	
Cost share: PCP/ Specialist	\$0/ \$20	30%, 30%
Inpatient acute care hospital	\$225 per day for days 1-6; \$0 per day for days 7-90	30%
Max out of pocket	\$5,200 applies to in-network Medicare-covered benefits	There is no maximum out of pocket cost for out-of-network benefits
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$175	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

Counties: Clarke, Franklin, Greene, Madison, Morgan, Oconee, Ogelthorpe, Walton

Plan ID	H0439-002-000	H0439-003-001	H0439-009-000
Plan name	Cigna TotalCare (HMO D-SNP)	Cigna Preferred GA Medicare (HMO)	Cigna Preferred Medicare (HMO)
Total premium	\$24.50	\$0	\$0
Cost share: PCP/ Specialist	\$0/ \$0	\$5/ \$40	\$0/ \$30
Inpatient acute care hospital	\$325 per day for days 1-6; \$0 per day for days 7-90	\$330 per day for days 1-6; \$0 per day for days 7-90	\$275 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$6,900 applies to in-network Medicare-covered benefits	\$6,200 applies to in-network Medicare-covered benefits
Lab	\$0	\$0	\$0
Ambulatory surgery center	0 - 20%	\$0 - \$325	\$0 - \$225
Cost share: preferred retail RX (one month)	N/ A	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 36% Tier 5: 27%	Tier 1: \$0 Tier 2: \$12 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	N/ A	Tier 1: \$6 (2x one month) Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 36% Tier 5: Not available	Tier 1: \$0 Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available



	H7849-021-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$5/ \$35	\$40/ \$55
Inpatient acute care hospital	\$295 per day for days 1-7; \$0 per day for days 8-90	30%
Max out of pocket	\$6,900 applies to in-network Medicare-covered benefits	\$11,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$275	30%
Cost share: preferred retail RX (one month)	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: \$95 Tier 5: 31%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$7.50 (2.5x one month) Tier 2: \$30 (2.5x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

Counties: Banks, Dawson, Habersham, Hall, Jackson, Lumpkin, Stephens, White

Plan ID	H0439-002-000	H0439-003-002	H0439-010-000
Plan name	Cigna TotalCare (HMO D-SNP)	Cigna Preferred GA Medicare (HMO)	Cigna Preferred Medicare (HMO)
Total premium	\$24.50	\$20.00	\$0
Cost share: PCP/ Specialist	\$0/ \$0	\$5/ \$40	\$0/ \$30
Inpatient acute care hospital	\$325 per day for days 1-6; \$0 per day for days 7-90	\$360 per day for days 1-5; \$0 per day for days 6-90	\$295 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$6,900 applies to in-network Medicare-covered benefits	\$6,200 applies to in-network Medicare-covered benefits
Lab	\$0	\$0	\$0
Ambulatory surgery center	0 - 20%	\$0 - \$325	\$0 - \$250
Cost share: preferred retail RX (one month)	N/A	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 36% Tier 5: 27%	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 31%
Cost share: preferred retail RX (three months)	N/A	Tier 1: \$6 (2x one month) Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 36% Tier 5: Not available	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available



Counties: Dawson, Hall, Jackson, Lumpkin

	H7849-022-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$5/ \$40	\$40/ \$55
Inpatient acute care hospital	\$315 per day for days 1-6; \$0 per day for days 7-90	30%
Max out of pocket	\$6,900 applies to in-network Medicare-covered benefits	\$11,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$275	30%
Cost share: preferred retail RX (one month)	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: \$95 Tier 5: 29%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$7.50 (2.5x one month) Tier 2: \$30 (2.5x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

# Illinois

## 2021 Overview



# Illinois

Counties: Cook, DuPage, Kane, Kankakee, Lake, Will

Plan ID	H1415-013-000	H1415-024-000
Plan name	Cigna Fundamental Medicare (HMO)	Cigna Preferred Medicare (HMO)
Total premium	\$0	\$0
Cost share: PCP/ Specialist	\$0/ \$40	\$0/ \$20
Inpatient acute care hospital	\$290 per day for days 1-6; \$0 per day for days 7-90	\$195 per day for days 1-7; \$0 per day for days 8-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$3,450 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$250	\$0 - \$125
Cost share: preferred retail RX (one month)	N/ A	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: 48% Tier 5: 33%
Cost share: preferred retail RX (three months)	N/ A	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 48% Tier 5: Not available



# Illinois

Counties: Cook, DuPage, Kane, Kankakee, Lake, Will

	H1415-021-000	
Plan Name	Cigna Premier Medicare (HMO-POS)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0 /\$30	30%/30%
Inpatient acute care hospital	\$225 per day for days 1-7; \$0 per day for days 8-90	30%
Max out of pocket	\$4,500 applies to in-network Medicare-covered benefits	There is no maximum out of pocket cost for out-of-network benefits
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$175	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: 48% Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 48% Tier 5: Not available	N/ A



	H7849-002-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$30	\$15/ \$40
Inpatient acute care hospital	\$300 per day for days 1-6; \$0 per day for days 7-90	\$320 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$4,400 applies to in-network Medicare-covered benefits	\$7,550 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$225	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: 48% Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 48% Tier 5: Not available	N/ A

# Kansas City

## 2021 Overview





# Kansas City

**Kansas counties: Johnson, Miami, Wyandotte**

**Missouri counties: Cass, Clay, Jackson, Platte and Ray**

Plan ID	H9460-001-000	H9460-002-000
Plan name	Cigna Preferred Medicare (HMO)	Cigna Fundamental Medicare (HMO)
Total premium	\$0	\$0
Cost share: PCP/ Specialist	\$0/ \$0	\$0/ \$40
Inpatient acute care hospital	\$315 per day for days 1-7; \$0 per day for days 8-90	\$345 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$4,900 applies to in-network Medicare-covered benefits	\$4,900 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$295	\$0 - \$275
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$10 Tier 3: \$45 Tier 4: 46% Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$20 (2x one month) Tier 3: \$135 (3x one month) Tier 4: 46% Tier 5: Not available	N/ A



# Kansas City

**Kansas counties:** Johnson, Miami, Wyandotte  
**Missouri counties:** Cass, Clay, Jackson, Platte, Ray

**New  
plan**

	H7849-024-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$25	\$25/ 40%
Inpatient acute care hospital	\$315 per day for days 1-5; \$0 per day for days 6-90	\$315 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,500 applies to in-network Medicare-covered benefits	\$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 40%
Ambulatory surgery center	\$0 - \$295	40%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$10 Tier 3: \$45 Tier 4: 46% Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$20 (2x one month) Tier 3: \$135 (3x one month) Tier 4: 46% Tier 5: Not available	N/ A



# Mid-Atlantic

## 2021 Overview



# Mid-Atlantic

## Market: Maryland

Counties: Anne Arundel, Baltimore, Baltimore City, Harford

Plan ID	H2108-001-000	H2108-022-000
Plan name	Cigna TotalCare (HMO D-SNP)	Cigna Preferred Medicare (HMO)
Total premium	\$21.40	\$59.00
Cost share: PCP/ Specialist	20%/ 20%	\$0/ \$50
Inpatient acute care hospital	\$390 per day for days 1-5; \$0 per day for days 6-90	\$350 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$7,550 applies to in-network Medicare-covered benefits	\$7,550 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	0 - 20%	\$0 - \$300
Cost share: preferred retail RX (one month)	N/ A	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	N/ A	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available



Plan ID	H2108-030-000
Plan name	Cigna Achieve Medicare (HMO C-SNP)
Total premium	\$79.00
Cost share: PCP/ Specialist	\$0/ \$45
Inpatient acute care hospital	\$390 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$7,550 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$250
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33% Tier 6: \$10
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available Tier 6: \$20 (2x one month)

Counties: Anne Arundel, Baltimore, Baltimore City

Plan ID	H2108-036-000
Plan name	Cigna Alliance Medicare (HMO)
Total premium	\$29.00
Cost share: PCP/ Specialist	\$0/ \$50
Inpatient acute care hospital	\$295 per day for days 1-7; \$0 per day for days 8-90
Max out of pocket	\$7,550 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$300
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

Plan ID	H2108-034-000
Plan name	Cigna Preferred Medicare (HMO)
Total premium	\$99.00
Cost share: PCP/ Specialist	\$0/ \$40
Inpatient acute care hospital	\$310 per day for days 1-7; \$0 per day for days 8-90
Max out of pocket	\$7,550 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$195
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 28%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$5 (1x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

# Mid-Atlantic

## Market: Delaware/ DC

Counties: District of Columbia, Kent, Sussex, New Castle

Plan ID	H2108-001-000
Plan name	Cigna TotalCare (HMO D-SNP)
Total premium	\$21.40
Cost share: PCP/ Specialist	20%/ 20%
Inpatient acute care hospital	\$390 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$7,550 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	0 - 20%
Cost share: preferred retail RX (one month)	N/ A
Cost share: preferred retail RX (three months)	N/ A





# Mid-Atlantic

## Market: Delaware/ DC

Counties: District of Columbia, Kent, Sussex, New Castle

Plan ID	H2108-028-000	H2108-029-000
Plan name	Cigna Preferred Medicare (HMO)	Cigna Achieve Medicare (HMO C-SNP)
Total premium	\$0	\$68.00
Cost share: PCP/ Specialist	\$0/ \$35	\$0/ \$40
Inpatient acute care hospital	\$325 per day for days 1-6; \$0 per day for days 7-90	\$300 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$6,900 applies to in-network Medicare-covered benefits	\$3,450 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$200	\$0 - \$200
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33% Tier 6: \$5
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available Tier 6: \$10 (2x one month)



Counties: District of Columbia, New Castle

	H7849-008-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/\$40	\$40/ \$55
Inpatient acute care hospital	\$295 per day for days 1-6; \$0 per day for days 7-90	30%
Max out of pocket	\$6,900 applies to in-network Medicare-covered benefits	\$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$195	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

Counties: District of Columbia, New Castle

	H7849-009-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$59	
Cost share: PCP/ Specialist	\$0/ \$30	\$40/ \$55
Inpatient acute care hospital	\$250 per day for days 1-6; \$0 per day for days 7-90	30%
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits	\$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$150	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

# Mountain States

## 2021 Overview



Plan ID	H0672-002-000
Plan name	Cigna Preferred Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0 / \$25
Inpatient acute care hospital	\$290 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$4,200 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$220
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2.5x one month) Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available

# Mountain States

## Market: Boulder

County: Boulder

	H7849-001-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$35	\$40/ \$60
Inpatient acute care hospital	\$330 per day for days 1-5; \$0 per day for days 6-90	30%
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits	\$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 40%
Ambulatory surgery center	\$0 - \$275	40%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2.5x one month) Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available	N/ A



# Mountain States

## Market: Denver

Counties: Adams, Arapahoe, Broomfield, Denver, Douglas, Jefferson

Plan ID	H0672-001-000
Plan name	Cigna Preferred Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0 / \$25
Inpatient acute care hospital	\$290 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$4,200 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$220
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2.5x one month) Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available



# Mountain States

## Market: Denver

Counties: Adams, Arapahoe, Broomfield, Denver, Douglas, Jefferson

	H7849-001-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$35	\$40/ \$60
Inpatient acute care hospital	\$330 per day for days 1-5; \$0 per day for days 6-90	30%
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits	\$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 40%
Ambulatory surgery center	\$0 - \$275	40%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2.5x one month) Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available	N/ A





Plan ID	H0672-003-000
Plan name	Cigna Preferred Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0 / \$25
Inpatient acute care hospital	\$250 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$4,200 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$200
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2.5x one month) Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available

# Mountain States

## Market: Fort Collins

Counties: **Latimer, Weld**

**New  
market**

	H7849-026-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$35	\$40/ \$60
Inpatient acute care hospital	\$305 per day for days 1-5; \$0 per day for days 6-90	30%
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 40%
Ambulatory surgery center	\$0 - \$275	40%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2.5x one month) Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available	N/ A



<b>Plan ID</b>	<b>H0672-004-000</b>
<b>Plan name</b>	<b>Cigna Preferred Medicare (HMO)</b>
<b>Total premium</b>	\$0
<b>Cost share: PCP/ Specialist</b>	\$0 / \$25
<b>Inpatient acute care hospital</b>	\$290 per day for days 1-5; \$0 per day for days 6-90
<b>Max out of pocket</b>	\$4,200 applies to in-network Medicare-covered benefits
<b>Lab</b>	\$0
<b>Ambulatory surgery center</b>	\$0 - \$200
<b>Cost share: preferred retail RX (one month)</b>	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%
<b>Cost share: preferred retail RX (three months)</b>	Tier 1: \$0 Tier 2: \$10 (2.5x one month) Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available

# Mountain States

## Market: Colorado Springs

Counties: **El Paso, Teller**

**New  
market**

	H7849-027-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$35	\$40/ \$60
Inpatient acute care hospital	\$295 per day for days 1-5; \$0 per day for days 6-90	30%
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits	\$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 40%
Ambulatory surgery center	\$0 - \$215	40%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2.5x one month) Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available	N/ A



Counties: **Bernalillo, Sandoval, Torrance, Valencia**

Plan ID	H0672-005-000
Plan name	Cigna Preferred Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0 / \$25
Inpatient acute care hospital	\$290 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$4,600 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$215
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$47 Tier 4: \$100 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$141 (3x one month) Tier 4: \$300 (3x one month) Tier 5: Not available

Counties: **Bernalillo, Sandoval, Torrance, Valencia**

	H7849-028-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$30	\$0/ \$60
Inpatient acute care hospital	\$330 per day for days 1-5; \$0 per day for days 6-90	\$400 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$5,700 applies to in-network Medicare-covered benefits	\$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 40%
Ambulatory surgery center	\$0 - \$250	40%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$47 Tier 4: \$100 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$141 (3x one month) Tier 4: \$300 (3x one month) Tier 5: Not available	N/ A

	H7849-029-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$35	\$35/ \$60
Inpatient acute care hospital	\$330 per day for days 1-5; \$0 per day for days 6-90	35%
Max out of pocket	\$5,500 applies to in-network Medicare-covered benefits	\$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 40%
Ambulatory surgery center	\$0 - \$275	40%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$47 Tier 4: \$100 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$141 (3x one month) Tier 4: \$300 (3x one month) Tier 5: Not available	N/ A

# New Jersey

## 2021 Overview





Plan ID	H3949-032-000	H3949-033-000
Plan name	Cigna Preferred Medicare (HMO)	Cigna Preferred Plus Medicare (HMO)
Total premium	\$0	\$59
Cost share: PCP/ Specialist	\$0/ \$30	\$0/ \$25
Inpatient acute care hospital	\$295 per day for days 1-7; \$0 per day for days 8-90	\$275 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$6,900 applies to in-network Medicare-covered benefits	\$5,900 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$150	\$0 - \$150
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

Counties: Atlantic, Burlington, Camden, **Cumberland**, Gloucester, Mercer

	H7849-033-000	
Plan Name	Cigna True Choice Plus Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$29	
Cost share: PCP/ Specialist	\$0/ \$30	\$40/ \$55
Inpatient acute care hospital	\$260 per day for days 1-6; \$0 per day for days 7-90	30%
Max out of pocket	\$6,900 applies to in-network Medicare-covered benefits	\$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$175	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

	H7849-030-000	
Plan Name	Cigna True Choice Plus Medicare (PPO)	
	In Network	Out of Network
Premium	\$39	
Cost share: PCP/ Specialist	\$0/ \$20	\$40/ \$55
Inpatient acute care hospital	\$195 per day for days 1-6; \$0 per day for days 7-90	30%
Max out of pocket	\$6,900 applies to in-network Medicare-covered benefits	\$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$150	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

Plan ID	H3949-034-000
Plan name	Cigna Preferred Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0/ \$30
Inpatient acute care hospital	\$350 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,900 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$225
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

# Ohio

## 2021 Overview



Counties: Cuyahoga, Geauga, Lake, Lorain, Medina, Summit

Plan ID	H0672-006-000
Plan name	Cigna Preferred Medicare HMO
Total premium	\$0
Cost share: PCP/ Specialist	\$0/ \$25
Inpatient acute care hospital	\$325 per day for days 1-6; \$0 per day for days 7-90
Max out of pocket	\$4,900 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0-\$225
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

Counties: Cuyahoga, Geauga, Lake, Lorain, Medina, Summit

	H7849-015-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$30	\$0/ \$30
Inpatient acute care hospital	\$340 per day for days 1-5; \$0 per day for days 6-90	\$340 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$5,500 applies to in-network Medicare-covered benefits	\$7,500 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$275	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

# Pennsylvania

## 2021 Overview





# Pennsylvania

Counties: Bucks, Chester, Delaware, Montgomery, Philadelphia

Plan ID	H3949-009-000	H3949-013-000
Plan name	Cigna TotalCare (HMO D-SNP)	Cigna Preferred Plus Medicare (HMO)
Total premium	\$24.50	\$139.00
Cost share: PCP/ Specialist	20%/ 20%	\$0/ \$25
Inpatient acute care hospital	\$310 per day for days 1-5; \$0 per day for days 6-90	\$225 per day for days 1-7; \$0 per day for days 8-90
Max out of pocket	\$3,450 applies to in-network Medicare-covered benefits	\$4,900 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	0 - 20%	\$0 - \$125
Cost share: preferred retail RX (one month)	N/ A	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	N/ A	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available



# Pennsylvania

Counties: Bucks, Chester, Delaware, Montgomery, Philadelphia

Plan ID	H3949-024-000	H3949-026-000	H3949-030-000
Plan name	Cigna Achieve Medicare (HMO C-SNP)	Cigna Fundamental Medicare (HMO)	Cigna Preferred Medicare (HMO)
Total premium	\$0	\$0	\$28
Cost share: PCP/ Specialist	\$0/ \$30	\$0/ \$40	\$0/ \$35
Inpatient acute care hospital	\$275 per day for days 1-7; \$0 per day for days 8-90	\$295 per day for days 1-6; \$0 per day for days 7-90	\$275 per day for days 1-7; \$0 per day for days 8-90
Max out of pocket	\$6,900 applies to in-network Medicare-covered benefits	\$6,900 applies to in-network Medicare-covered benefits	\$5,900 applies to in-network Medicare-covered benefits
Lab	\$0	\$0	\$0
Ambulatory surgery center	\$0 - \$195	\$0 - \$200	\$0 - \$175
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33% Tier 6: \$5	N/ A	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available Tier 6: \$10 (2x one month)	N/ A	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available



# Pennsylvania

Counties: Bucks, **Chester**, Delaware, Montgomery, Philadelphia

New  
county

Plan ID	H3949-031-000
Plan name	Cigna Alliance Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0/\$25
Inpatient acute care hospital	\$275 per day for days 1-7; \$0 per day for days 8-90
Max out of pocket	\$6,900 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$195
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available



# Pennsylvania

Counties: Bucks, Chester, Delaware, Montgomery, Philadelphia

	H7849-006-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$40	\$40/ \$55
Inpatient acute care hospital	\$295 per day for days 1-6; \$0 per day for days 7-90	30%
Max out of pocket	\$6,900 applies to in-network Medicare-covered benefits	\$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$195	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A



# Pennsylvania

Counties: Bucks, Chester, Delaware, Montgomery, Philadelphia

	H7849-007-000	
Plan Name	Cigna True Choice Plus Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$59	
Cost share: PCP/ Specialist	\$0/ \$30	\$40/ \$55
Inpatient acute care hospital	\$250 per day for days 1-6; \$0 per day for days 7-90	30%
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits	\$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$150	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A



Plan ID	H3949-035-000	H3949-036-000
Plan name	Cigna Preferred Medicare (HMO)	Cigna TotalCare (HMO D-SNP)
Total premium	\$0	\$24.60
Cost share: PCP/ Specialist	\$0/ \$30	20%/ 20%
Inpatient acute care hospital	\$175 per day for days 1-8; \$0 per day for days 9-90	\$310 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,900 applies to in-network Medicare-covered benefits	\$7,550 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$225	0 - 20%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

	H7849-031-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$35	\$40/ \$55
Inpatient acute care hospital	\$195 per day for days 1-7; \$0 per day for days 8-90	30%
Max out of pocket	\$6,900 applies to in-network Medicare-covered benefits	\$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$225	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

	H7849-032-000	
Plan Name	Cigna True Choice Plus Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$29	
Cost share: PCP/ Specialist	\$0/\$30	\$40/ \$55
Inpatient acute care hospital	\$175 per day for days 1-7; \$0 per day for days 8-90	30%
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits	\$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$225	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A



# South Florida

## 2021 Overview



# South Florida

County: Miami-Dade (partial)

Plan ID	H5410-001-000
Plan name	Leon Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0/ \$0
Inpatient acute care hospital	\$0
Max out of pocket	\$1,000 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$0 Tier 3: \$40 Tier 4: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$0 Tier 3: \$105 (2.625x one month) Tier 4: Not available

	H7849-014-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$35	\$50/ \$60
Inpatient acute care hospital	\$225 per day for days 1-5; \$0 per day for days 6-90	40%
Max out of pocket	\$5,000 applies to in-network Medicare-covered benefits	\$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0 - \$20	0 - 40%
Ambulatory surgery center	\$0 - \$150	40%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$10 Tier 3: \$45 Tier 4: \$100 Tier 5: 30%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$30 (3x one month) Tier 3: \$135 (3x one month) Tier 4: \$300 (3x one month) Tier 5: Not available	N/ A

# Tennessee/Arkansas

## 2021 Overview



Counties: Craighead, Crittenden, **Cross**, Greene, **Jackson**, Lawrence, Mississippi, Poinsett, **Randolph**, **White**

Plan ID	H4513-038-000
Plan name	Cigna Preferred Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0/ \$15
Inpatient acute care hospital	\$325 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$200
Cost share: preferred retail RX (one month)	Tier 1: \$3 Tier 2: \$15 Tier 3: \$42 Tier 4: 50% Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$6 (2x one month) Tier 2: \$30 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 50% Tier 5: Not available

Counties: Craighead, Crittenden, Greene, Lawrence, Mississippi, Poinsett

Plan ID	H4513-039-000
Plan name	Cigna TotalCare (HMO D-SNP)
Total premium	\$19.20
Cost share: PCP/ Specialist	\$0/ \$0
Inpatient acute care hospital	\$180 per day for days 1-10; \$0 per day for days 11-90
Max out of pocket	\$6,600 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	0 - 10%
Cost share: preferred retail RX (one month)	N/ A
Cost share: preferred retail RX (three months)	N/ A

Counties: Conway, Faulkner, Garland, Grant, Hot Spring, Lonoke, Perry, Pulaski, Saline

Plan ID	H4513-050-000
Plan name	Cigna Preferred Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0/ \$15
Inpatient acute care hospital	\$325 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$200
Cost share: preferred retail RX (one month)	Tier 1: \$3 Tier 2: \$15 Tier 3: \$42 Tier 4: 50% Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$6 (2x one month) Tier 2: \$30 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 50% Tier 5: Not available

Counties: Crawford, Franklin, Johnson, Logan, Scott, Sebastian

Plan ID	H4513-051-000
Plan name	Cigna Preferred Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0/ \$15
Inpatient acute care hospital	\$325 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$200
Cost share: preferred retail RX (one month)	Tier 1: \$3 Tier 2: \$15 Tier 3: \$42 Tier 4: 50% Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$6 (2x one month) Tier 2: \$30 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 50% Tier 5: Not available



County: Pope

Plan ID	H4513-050-000
Plan name	Cigna Preferred Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0/ \$15
Inpatient acute care hospital	\$325 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$200
Cost share: preferred retail RX (one month)	Tier 1: \$3 Tier 2: \$15 Tier 3: \$42 Tier 4: 50% Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$6 (2x one month) Tier 2: \$30 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 50% Tier 5: Not available

Counties: Benton, **Carroll**, Madison, Washington

Plan ID	H4513-052-000
Plan name	Cigna Preferred Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0/ \$15
Inpatient acute care hospital	\$325 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$200
Cost share: preferred retail RX (one month)	Tier 1: \$3 Tier 2: \$15 Tier 3: \$42 Tier 4: 50% Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$6 (2x one month) Tier 2: \$30 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 50% Tier 5: Not available

# Tennessee

## Market: West

**Counties:** Benton, Carroll, Chester, Crockett, Decatur, Gibson, Hardeman, Hardin, Haywood, Henderson, Madison, McNairy

Plan ID	H4513-033-000	H4513-034-000
Plan name	Cigna Fundamental Medicare (HMO)	Cigna TotalCare (HMO D-SNP)
Total premium	\$0	\$24.50
Cost share: PCP/ Specialist	\$0/ \$30	\$0/ \$0
Inpatient acute care hospital	\$270 per day for days 1-5; \$0 per day for days 6-90	\$195 per day for days 1-10; \$0 per day for days 11-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$100	0 - 10%
Cost share: preferred retail RX (one month)	N/ A	N/ A
Cost share: preferred retail RX (three months)	N/ A	N/ A



Counties: Benton, Carroll, Chester, Crockett, Decatur, Gibson, Hardeman, Hardin, Haywood, Henderson, **Henry**, **Lake**, Madison, McNairy, **Weakley**

Plan ID	H4513-049-001
Plan name	Cigna Preferred Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0/ \$5
Inpatient acute care hospital	\$325 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$225
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$12 Tier 3: \$42 Tier 4: 50% Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 50% Tier 5: Not available

# Tennessee

## Market: West

**Counties:** Benton, Carroll, Chester, Crockett, Decatur, Gibson, Hardeman, Hardin, Haywood, Henderson, Madison, McNairy

Plan ID	H4513-053-000
Plan name	Cigna Primary Medicare (HMO)
Total premium	\$27.30
Cost share: PCP/ Specialist	\$0 / \$0
Inpatient acute care hospital	\$500/Stay
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$110
Cost share: preferred retail RX (one month)	N/A
Cost share: preferred retail RX (three months)	N/A



# Tennessee

## Market: West

**Counties:** Benton, Carroll, Chester, Crockett, Decatur, Gibson, Hardeman, Hardin, Haywood, Henderson, Madison, McNairy

	H4513-036-000	
Plan Name	Cigna Premier Medicare (HMO-POS)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$55	
Cost share: PCP/ Specialist	\$0/ \$30	30%/ 30%
Inpatient acute care hospital	\$300 per day for days 1-5; \$0 per day for days 6-90	30%
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	There is no maximum out of pocket cost for out-of-network benefits
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$225	30%
Cost share: preferred retail RX (one month)	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 40% Tier 5: 29%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$6 (2x one month) Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 40% Tier 5: Not available	N/ A



Counties: Benton, Carroll, Decatur, Hardeman, Haywood, Madison, McNairy

Plan ID	H7849-037-000	
	Cigna True Choice Medicare (PPO)	
Plan name	<i>In Network</i>	<i>Out of Network</i>
Total premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$30	\$40/ \$55
Inpatient acute care hospital	\$295 per day for days 1-5; \$0 per day for days 6-90	30%
Max out of pocket	\$6,300 applies to in-network Medicare-covered benefits	\$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$195	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2.5x one month) Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available	N/ A

Plan ID	H4513-059-000
Plan name	Cigna Preferred Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0/ \$5
Inpatient acute care hospital	\$325 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$200
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$10 Tier 3: \$42 Tier 4: 49% Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$20 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 49% Tier 5: Not available



# Tennessee

## Market: Tri-Cities

New  
market

Tennessee counties: **Johnson, Sullivan, Unicoi, Washington**

Virginia counties: **Russell, Scott, Washington, Wise**

	H7849-034-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$5/ \$30	\$40/ \$55
Inpatient acute care hospital	\$235 per day for days 1-5; \$0 per day for days 6-90	40%
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits	\$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 40%
Ambulatory surgery center	\$0 - \$195	40%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2.5x one month) Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available	N/ A



# Tennessee

## Market: Middle

**Counties:** Bedford, Coffee, Dickson, Giles, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry, Stewart, Wayne

Plan ID	H4513-033-000	H4513-034-000
Plan name	Cigna Fundamental Medicare (HMO)	Cigna TotalCare (HMO D-SNP)
Total premium	\$0	\$24.50
Cost share: PCP/ Specialist	\$0/ \$30	\$0/ \$0
Inpatient acute care hospital	\$270 per day for days 1-5; \$0 per day for days 6-90	\$195 per day for days 1-10; \$0 per day for days 11-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$100	0 - 10%
Cost share: preferred retail RX (one month)	N/ A	N/ A
Cost share: preferred retail RX (three months)	N/ A	N/ A



# Tennessee

## Market: Middle

Counties: Bedford, Coffee, Dickson, Giles, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry, Stewart, Wayne

	H4513-036-000	
Plan Name	Cigna Premier Medicare (HMO-POS)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$55.00	
Cost share: PCP/ Specialist	\$0/ \$30	30%/ 30%
Inpatient acute care hospital	\$300 per day for days 1-5; \$0 per day for days 6-90	30%
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	There is no maximum out of pocket cost for out-of-network benefits
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$225	30%
Cost share: preferred retail RX (one month)	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 40% Tier 5: 29%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$6 (2x one month) Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 40% Tier 5: Not available	N/ A



Counties: Bedford, Giles, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Marshall, Macon, Moore, Perry, Pickett, Stewart, Wayne

	H7849-010-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$30	\$40/ \$55
Inpatient acute care hospital	\$295 per day for days 1-5; \$0 per day for days 6-90	30%
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits	\$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$195	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2.5x one month) Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available	N/ A

# Tennessee Market: Middle

Counties: Dickson, Hickman

Plan ID	H4513-049-002
Plan name	Cigna Preferred Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0/ \$5
Inpatient acute care hospital	\$325 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$225
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$12 Tier 3: \$42 Tier 4: 50% Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 50% Tier 5: Not available



# Tennessee

## Market: Middle

**Counties:** Bedford, Coffee, Giles, Houston, Humphreys, Lawrence, Lewis, Lincoln, Maury, Marshall, Moore, Perry, Stewart, Wayne

<b>Plan ID</b>	<b>H4513-049-001</b>
<b>Plan name</b>	<b>Cigna Preferred Medicare (HMO)</b>
<b>Total premium</b>	\$0
<b>Cost share: PCP/ Specialist</b>	\$0/ \$5
<b>Inpatient acute care hospital</b>	\$325 per day for days 1-5; \$0 per day for days 6-90
<b>Max out of pocket</b>	\$6,700 applies to in-network Medicare-covered benefits
<b>Lab</b>	\$0
<b>Ambulatory surgery center</b>	\$0 - \$225
<b>Cost share: preferred retail RX (one month)</b>	Tier 1: \$0 Tier 2: \$12 Tier 3: \$42 Tier 4: 50% Tier 5: 33%
<b>Cost share: preferred retail RX (three months)</b>	Tier 1: \$0 Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 50% Tier 5: Not available



# Tennessee

## Market: Upper Cumberland

**Counties:** Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Moore, Overton, Pickett, Putnam, Smith, Van Buren, Warren, White

Plan ID	H4513-033-000	H4513-034-000
Plan name	Cigna Fundamental Medicare (HMO)	Cigna TotalCare (HMO D-SNP)
Total premium	\$0	\$24.50
Cost share: PCP/ Specialist	\$0/ \$30	\$0/ \$0
Inpatient acute care hospital	\$270 per day for days 1-5; \$0 per day for days 6-90	\$195 per day for days 1-10; \$0 per day for days 11-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$100	0 - 10%
Cost share: preferred retail RX (one month)	N/ A	N/ A
Cost share: preferred retail RX (three months)	N/ A	N/ A



# Tennessee

## Market: Upper Cumberland

**Counties:** Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren, White

<b>Plan ID</b>	<b>H4513-049-001</b>
<b>Plan name</b>	<b>Cigna Preferred Medicare (HMO)</b>
<b>Total premium</b>	\$0
<b>Cost share: PCP/ Specialist</b>	\$0/ \$5
<b>Inpatient acute care hospital</b>	\$325 per day for days 1-5; \$0 per day for days 6-90
<b>Max out of pocket</b>	\$6,700 applies to in-network Medicare-covered benefits
<b>Lab</b>	\$0
<b>Ambulatory surgery center</b>	\$0 - \$225
<b>Cost share: preferred retail RX (one month)</b>	Tier 1: \$0 Tier 2: \$12 Tier 3: \$42 Tier 4: 50% Tier 5: 33%
<b>Cost share: preferred retail RX (three months)</b>	Tier 1: \$0 Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 50% Tier 5: Not available





# Tennessee

## Market: Upper Cumberland

Counties: Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren, White

	H4513-036-000	
Plan Name	Cigna Premier Medicare (HMO-POS)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$55.00	
Cost share: PCP/ Specialist	\$0/ \$30	30%/ 30%
Inpatient acute care hospital	\$300 per day for days 1-5; \$0 per day for days 6-90	30%
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	There is no maximum out of pocket cost for out-of-network benefits
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$225	30%
Cost share: preferred retail RX (one month)	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 40% Tier 5: 29%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$6 (2x one month) Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 40% Tier 5: Not available	N/ A



	H7849-010-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$30	\$40/ \$55
Inpatient acute care hospital	\$295 per day for days 1-5; \$0 per day for days 6-90	30%
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits	\$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$195	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2.5x one month) Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available	N/ A

H7849-043-000

Plan ID	Cigna True Choice Medicare (PPO)	
Plan name	<i>In Network</i>	<i>Out of Network</i>
Total premium	\$0	
Cost share: PCP/ Specialist	\$5/\$30	\$40/ \$55
Inpatient acute care hospital	\$270 per day for days 1-5; \$0 per day for days 6-90	40%
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits	\$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 40%
Ambulatory surgery center	\$0 - \$195	40%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2.5x one month) Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available	N/ A

Plan ID	H4513-033-000	H4513-035-000	H4513-037-000
Plan name	Cigna Fundamental Medicare (HMO)	Cigna Primary Medicare (HMO)	Cigna Preferred Medicare (HMO)
Total premium	\$0	\$23.10	\$0
Cost share: PCP/ Specialist	\$0/ \$30	\$0/ \$0	\$0 / \$5
Inpatient acute care hospital	\$270 per day for days 1-5; \$0 per day for days 6-90	\$395 per stay	\$325 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$6,700 applies to in-network Medicare-covered benefits	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0	\$0	\$0
Ambulatory surgery center	\$0 - \$100	\$0 - \$110	\$0 - \$200
Cost share: preferred retail RX (one month)	N/ A	N/ A	Tier 1: \$0 Tier 2: \$10 Tier 3: \$42 Tier 4: 43% Tier 5: 33%
Cost share: preferred retail RX (three months)	N/ A	N/ A	Tier 1: \$0 Tier 2: \$20 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 43% Tier 5: Not available

Counties: Cumberland, Van Buren, White

	H7849-036-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$30	\$40/ \$55
Inpatient acute care hospital	\$295 per day for days 1-5; \$0 per day for days 6-90	30%
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits	\$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$195	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%	N/A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2.5x one month) Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available	N/A

Counties: **Cheatham**, Davidson, **Robertson**, Rutherford, Montgomery, Sumner,  
**Trousdale**, Williamson, Wilson

Plan ID	H4513-033-000	H4513-034-000
Plan name	Cigna Fundamental Medicare (HMO)	Cigna TotalCare (HMO D-SNP)
Total premium	\$0	\$24.50
Cost share: PCP/ Specialist	\$0/ \$30	\$0/ \$0
Inpatient acute care hospital	\$270 per day for days 1-5; \$0 per day for days 6-90	\$195 per day for days 1-10; \$0 per day for days 11-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$100	0 - 10%
Cost share: preferred retail RX (one month)	N/ A	N/ A
Cost share: preferred retail RX (three months)	N/ A	N/ A

Counties: **Cheatham**, Davidson, Montgomery, **Robertson**, Rutherford, Sumner,  
**Trousdale**, Williamson, Wilson

	H4513-036-000	
Plan Name	Cigna Premier Medicare (HMO-POS)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$55.00	
Cost share: PCP/ Specialist	\$0/ \$30	30%/ 30%
Inpatient acute care hospital	\$300 per day for days 1-5; \$0 per day for days 6-90	30%
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	There is no maximum out of pocket cost for out-of-network benefits
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$225	30%
Cost share: preferred retail RX (one month)	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 40% Tier 5: 29%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$6 (2x one month) Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 40% Tier 5: Not available	N/ A

Plan ID	H4513-049-002
Plan name	Cigna Preferred Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0/ \$5
Inpatient acute care hospital	\$325 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$225
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$12 Tier 3: \$42 Tier 4: 50% Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 50% Tier 5: Not available



Counties: Davidson, Rutherford, Sumner, Trousdale, Williamson, Wilson

Plan ID	H4513-049-001
Plan name	Cigna Preferred Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0/ \$5
Inpatient acute care hospital	\$325 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$225
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$12 Tier 3: \$42 Tier 4: 50% Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 50% Tier 5: Not available

# Tennessee

## Market: Nashville

Counties: Davidson, Rutherford, Sumner, Williamson, Wilson

Plan ID	H4513-043-000
Plan name	Cigna Preferred Plus Medicare (HMO)
Total premium	\$79.00
Cost share: PCP/ Specialist	\$0/ \$25
Inpatient acute care hospital	\$400 per stay
Max out of pocket	\$4,800 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0
Cost share: preferred retail RX (one month)	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 50% Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$6 (2x one month) Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 50% Tier 5: Not available



# Tennessee Market: Nashville

Counties: Davidson, Sumner, Williamson, Wilson

Plan ID	H4513-042-000
Plan name	Cigna Alliance Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0 / \$30
Inpatient acute care hospital	\$300 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$215
Cost share: preferred retail RX (one month)	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 49% Tier 5: 33%
Cost share: preferred retail RX (three months)	Tier 1: \$6 (2x one month) Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 49% Tier 5: Not available



Counties: **Cheatham**, Davidson, **Robertson**, Rutherford, Sumner, **Trousdale**, Williamson, Wilson

	H7849-010-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$30	\$40/ \$55
Inpatient acute care hospital	\$295 per day for days 1-5; \$0 per day for days 6-90	30%
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits	\$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$195	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2.5x one month) Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available	N/ A

# Tennessee Market: Chattanooga

Counties: Bledsoe, Bradley, Grundy, Hamilton, Marion, Polk, Sequatchie

Plan ID	H4513-033-000	H4513-040-000	H4513-049-001
Plan name	Cigna Fundamental Medicare (HMO)	Cigna TotalCare (HMO D-SNP)	Cigna Preferred Medicare (HMO)
Total premium	\$0	\$27.80	\$0
Cost share: PCP/ Specialist	\$0/ \$30	\$0/ \$0	\$0/ \$5
Inpatient acute care hospital	\$270 per day for days 1-5; \$0 per day for days 6-90	\$300 per day for days 1-5; \$0 per day for days 6-90	\$325 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$6,700 applies to in-network Medicare-covered benefits	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0	\$0	\$0
Ambulatory surgery center	\$0 - \$100	\$0	\$0 - \$225
Cost share: preferred retail RX (one month)	N/ A	N/ A	Tier 1: \$0 Tier 2: \$12 Tier 3: \$42 Tier 4: 50% Tier 5: 33%
Cost share: preferred retail RX (three months)	N/ A	N/ A	Tier 1: \$0 Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 50% Tier 5: Not available



# Tennessee Market: Chattanooga

Counties: Bradley, Grundy, Hamilton, Marion, Polk, Sequatchie

	H4513-036-000	
Plan Name	Cigna Premier Medicare (HMO-POS)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$55	
Cost share: PCP/ Specialist	\$0/ \$30	30%/30%
Inpatient acute care hospital	\$300 per day for days 1-5; \$0 per day for days 6-90	30%
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	There is no maximum out of pocket cost for out-of-network benefits
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$225	30%
Cost share: preferred retail RX (one month)	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 40% Tier 5: 29%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$6 (2x one month) Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 40% Tier 5: Not available	N/ A



# Tennessee Market: Chattanooga

Counties: Bradley, Grundy, Hamilton, Marion, Sequatchie

Plan ID	H4513-035-000
Plan name	Cigna Primary Medicare (HMO)
Total premium	\$23.10
Cost share: PCP/ Specialist	\$0 / \$0
Inpatient acute care hospital	\$395 per stay
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$110
Cost share: preferred retail RX (one month)	N/ A
Cost share: preferred retail RX (three months)	N/ A



# Tennessee Market: Chattanooga

Counties: Bradley, Bledsoe, Grundy, Hamilton, Marion, Sequatchie

	H7849-036-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$30	\$40/ \$55
Inpatient acute care hospital	\$295 per day for days 1-5; \$0 per day for days 6-90	30%
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits	\$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$195	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%	N/A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2.5x one month) Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available	N/A





# Tennessee Market: North Georgia

Counties: Catoosa, Dade and Walker

Plan ID	H4513-030-000
Plan name	Cigna Preferred Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0/ \$40
Inpatient acute care hospital	\$325 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$275
Cost share: preferred retail RX (one month)	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 38% Tier 5: 29%
Cost share: preferred retail RX (three months)	Tier 1: \$6 (2x one month) Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 38% Tier 5: Not available



	H7849-035-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$5 / \$30	\$40/ \$55
Inpatient acute care hospital	\$290 per day for days 1-7; \$0 per day for days 8-90	30%
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits	\$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 40%
Ambulatory surgery center	\$0 - \$195	40%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2.5x one month) month) Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available	N/ A

# Tennessee Market: Memphis

Counties: Lauderdale, Shelby, Tipton, Fayette

Plan ID	H4513-033-000	H4513-034-000
Plan name	Cigna Fundamental Medicare (HMO)	Cigna TotalCare (HMO D-SNP)
Total premium	\$0	\$24.50
Cost share: PCP/ Specialist	\$0/ \$30	\$0/ \$0
Inpatient acute care hospital	\$270 per day for days 1-5; \$0 per day for days 6-90	\$195 per day for days 1-10; \$0 per day for days 11-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$100	0 - 10%
Cost share: preferred retail RX (one month)	N/ A	N/ A
Cost share: preferred retail RX (three months)	N/ A	N/ A



# Tennessee Market: Memphis

Counties: Lauderdale, Shelby, Tipton, Fayette

Plan ID	H4513-049-001	H4513-053-000
Plan name	Cigna Preferred Medicare (HMO)	Cigna Primary Medicare (HMO)
Total premium	\$0	\$27.30
Cost share: PCP/ Specialist	\$0/ \$5	\$0/ \$0
Inpatient acute care hospital	\$325 per day for days 1-5; \$0 per day for days 6-90	\$500 per stay
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$225	0 - \$110
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$12 Tier 3: \$42 Tier 4: 50% Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 50% Tier 5: Not available	N/ A



# Tennessee Market: Memphis

Counties: Lauderdale, Shelby, Tipton, Fayette

	H4513-036-000	
Plan Name	Cigna Premier Medicare (HMO-POS)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$55	
Cost share: PCP/ Specialist	\$0/ \$30	30%/ 30%
Inpatient acute care hospital	\$300 per day for days 1-5; \$0 per day for days 6-90	30%
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	There is no maximum out of pocket cost for out-of-network benefits
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$225	30%
Cost share: preferred retail RX (one month)	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 40% Tier 5: 29%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$6 (2x one month) Tier 2: \$24 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 40% Tier 5: Not available	N/ A



	H7849-037-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$30	\$40/ \$55
Inpatient acute care hospital	\$295 per day for days 1-5; \$0 per day for days 6-90	30%
Max out of pocket	\$6,300 applies to in-network Medicare-covered benefits	\$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 30%
Ambulatory surgery center	\$0 - \$195	30%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2.5x one month) Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available	N/ A

# Tennessee Market: Knoxville

Counties: Anderson, Blount, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Sevier, Union

Plan ID	H4513-033-000	H4513-035-000	H4513-037-000
Plan name	Cigna Fundamental Medicare (HMO)	Cigna Primary Medicare (HMO)	Cigna Preferred Medicare (HMO)
Total premium	\$0	\$23.10	\$0
Cost share: PCP/ Specialist	\$0/ \$30	\$0 / \$0	\$0 / \$5
Inpatient acute care hospital	\$270 per day for days 1-5; \$0 per day for days 6-90	\$395 per stay	\$325 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$6,700 applies to in-network Medicare-covered benefits	\$6,700 applies to in-network Medicare-covered benefits
Lab	\$0	\$0	\$0
Ambulatory surgery center	\$0 - \$100	\$0 - \$110	\$0 - \$200
Cost share: preferred retail RX (one month)	N/ A	N/ A	Tier 1: \$0 Tier 2: \$10 Tier 3: \$42 Tier 4: 43% Tier 5: 33%
Cost share: preferred retail RX (three months)	N/ A	N/ A	Tier 1: \$0 Tier 2: \$20 (2x one month) Tier 3: \$126 (3x one month) Tier 4: 43% Tier 5: Not available



Counties: Anderson, Blount, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Sevier, Union

	H7849-043-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$5/ \$30	\$40/ \$55
Inpatient acute care hospital	\$270 per day for days 1-5; \$0 per day for days 6-90	40%
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits	\$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 40%
Ambulatory surgery center	\$0 - \$195	40%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$10 (2.5x one month) Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available	N/ A



# Texas

## 2021 Overview



Counties: Henderson, Rusk, Smith, Upshur, Van Zandt

Plan ID	H4513-026-000	H4513-027-000
Plan name	Cigna Preferred Medicare (HMO)	Cigna TotalCare (HMO D-SNP)
Total premium	\$0	\$7.70
Cost share: PCP/ Specialist	\$0/ \$25	\$0/ \$0
Inpatient acute care hospital	\$275 per day for days 1-5; \$0 per day for days 6-90	\$0 per stay
Max out of pocket	\$4,250 applies to in-network Medicare-covered benefits	\$2,950 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$200	\$0
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 29%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

Counties: Rusk, Smith, Upshur, Van Zandt

	H7849-040-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$35	\$0/ \$45
Inpatient acute care hospital	\$325 per day for days 1-5; \$0 per day for days 6-90	\$375 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 40%
Ambulatory surgery center	\$0 - \$275	40%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 29%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

Plan ID	H4513-060-003	H4513-061-003	H4513-062-000
Plan name	Cigna TotalCare (HMO D-SNP)	Cigna Preferred Medicare (HMO)	Cigna Fundamental Medicare (HMO)
Total premium	\$6.00	\$0	\$0
Cost share: PCP/ Specialist	\$0 /\$0	\$0/ \$20	\$0/ \$30
Inpatient acute care hospital	\$0 per stay	\$125 per day for days 1-5; \$0 per day for days 6-90	\$600 per stay
Max out of pocket	\$2,950 applies to in-network Medicare-covered benefits	\$4,200 applies to in-network Medicare-covered benefits	\$4,300 applies to in-network Medicare-covered benefits
Lab	\$0	\$0	\$0
Ambulatory surgery center	\$0	\$0 - \$150	\$0 - \$200
Cost share: preferred retail RX (one month)	N/ A	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 29%	N/ A
Cost share: preferred retail RX (three months)	N/ A	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

	H7849-041-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$35	\$20/ \$45
Inpatient acute care hospital	\$275 per day for days 1-5; \$0 per day for days 6-90	30%
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits	\$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 40%
Ambulatory surgery center	\$0 - \$200	40%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 29%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

# Texas

## Market: SE/ Houston MSA Valley

Counties: Angelina, Brazoria, Chambers, Fort Bend, Galveston (**full**), Hardin, Harris, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller

Plan ID	H4513-060-001	H4513-061-001
Plan name	Cigna TotalCare (HMO D-SNP)	Cigna Preferred Medicare (HMO)
Total premium	\$6	\$0
Cost share: PCP/ Specialist	\$0/ \$0	\$0/ \$20
Inpatient acute care hospital	\$0 per stay	\$350 per stay
Max out of pocket	\$2,950 applies to in-network Medicare-covered benefits	\$4,200 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0	\$0 - \$150
Cost share: preferred retail RX (one month)	N/ A	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 29%
Cost share: preferred retail RX (three months)	N/ A	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available



**Counties:** Angelina, Brazoria, Cameron, Chambers, Fort Bend, Galveston (**full**), Hardin, Harris, Hidalgo, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, Webb, Willacy

Plan ID	H4513-009-000
Plan name	Cigna Fundamental Medicare (HMO)
Total premium	\$0
Cost share: PCP/ Specialist	\$0/ \$30
Inpatient acute care hospital	\$600 per stay
Max out of pocket	\$3,900 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0 - \$200
Cost share: preferred retail RX (one month)	N/ A
Cost share: preferred retail RX (three months)	N/ A

Counties: Fort Bend, Galveston, Harris, Liberty, Montgomery, Walker

	H7849-038-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$35	\$0/ \$45
Inpatient acute care hospital	\$325 per day for days 1-5; \$0 per day for days 6-90	30%
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 40%
Ambulatory surgery center	\$0 - \$275	40%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 29%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A



Counties: Cameron, Hidalgo, Webb, Willacy

Plan ID	H4513-060-002	H4513-061-002
Plan name	Cigna TotalCare (HMO D-SNP)	Cigna Preferred Medicare (HMO)
Total premium	\$6	\$0
Cost share: PCP/ Specialist	\$0/ \$0	\$0/ \$20
Inpatient acute care hospital	\$0 per stay	\$350 per stay
Max out of pocket	\$2,950 applies to in-network Medicare-covered benefits	\$3,750 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0	\$0 - \$150
Cost share: preferred retail RX (one month)	N/ A	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 29%
Cost share: preferred retail RX (three months)	N/ A	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

Counties: Cameron, Hidalgo, Willacy

	H7849-039-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$35	\$0/ \$45
Inpatient acute care hospital	\$325 per day for days 1-5; \$0 per day for days 6-90	\$375 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 40%
Ambulatory surgery center	\$0 - \$275	40%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 29%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

Plan ID	H4513-060-001
Plan name	Cigna TotalCare (HMO D-SNP)
Total premium	\$6
Cost share: PCP/ Specialist	\$0/\$0
Inpatient acute care hospital	\$0 per Stay
Max out of pocket	\$2,950 applies to in-network Medicare-covered benefits
Lab	\$0
Ambulatory surgery center	\$0
Cost share: preferred retail RX (one month)	N/A
Cost share: preferred retail RX (three months)	N/A

Plan ID	H4513-061-001	H4513-062-000
Plan name	Cigna Preferred Medicare (HMO)	Cigna Fundamental Medicare (HMO)
Total premium	\$0	\$0
Cost share: PCP/ Specialist	\$0/ \$20	\$0/ \$30
Inpatient acute care hospital	\$350 per stay	\$600 per stay
Max out of pocket	\$4,200 applies to in-network Medicare-covered benefits	\$4,300 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$150	\$0 - \$200
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 29%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

Plan ID	H4513-028-000	H4513-029-000
Plan name	Cigna Preferred Medicare (HMO)	Cigna TotalCare (HMO D-SNP)
Total premium	\$0	\$8.40
Cost share: PCP/ Specialist	\$0/ \$25	\$0/ \$0
Inpatient acute care hospital	\$225 per day for days 1-6; \$0 per day for days 7-90	\$190 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$4,200 applies to in-network Medicare-covered benefits	\$3,450 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$175	0 - 20%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 29%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

Plan ID	H4513-060-001	H4513-061-001	H4513-062-000
Plan name	Cigna TotalCare (HMO D-SNP)	Cigna Preferred Medicare (HMO)	Cigna Fundamental Medicare (HMO)
Total premium	\$6.00	\$0	\$0
Cost share: PCP/ Specialist	\$0 /\$0	\$0/ \$20	\$0/ \$30
Inpatient acute care hospital	\$0 per stay	\$350 per stay	\$600 per stay
Max out of pocket	\$2,950 applies to in-network Medicare-covered benefits	\$4,200 applies to in-network Medicare-covered benefits	\$4,300 applies to in-network Medicare-covered benefits
Lab	\$0	\$0	\$0
Ambulatory surgery center	\$0	\$0 - \$150	\$0 - \$200
Cost share: preferred retail RX (one month)	N/ A	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 29%	N/ A
Cost share: preferred retail RX (three months)	N/ A	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

Plan ID	H4513-028-000	H4513-029-000
Plan name	Cigna Preferred Medicare (HMO)	Cigna TotalCare (HMO D-SNP)
Total premium	\$0	\$8.40
Cost share: PCP/ Specialist	\$0/ \$25	\$0/ \$0
Inpatient acute care hospital	\$225 per day for days 1-6; \$0 per day for days 7-90	\$190 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$4,200 applies to in-network Medicare-covered benefits	\$3,450 applies to in-network Medicare-covered benefits
Lab	\$0	\$0
Ambulatory surgery center	\$0 - \$175	0 - 20%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 29%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

	H7787-001-000	
Plan Name	Cigna Preferred Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$35	50%/ 50%
Inpatient acute care hospital	\$225 per day for days 1-5; \$0 per day for days 6-90	30%
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 50%
Ambulatory surgery center	\$0 - \$275	50%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 29%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A



	H7787-002-000	
Plan Name	Cigna Fundamental Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$10/ \$30	50%/ 50%
Inpatient acute care hospital	\$255 per day for days 1-5; \$0 per day for days 6-90	20%
Max out of pocket	\$5,700 applies to in-network Medicare-covered benefits	\$8,700 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 50%
Ambulatory surgery center	\$0 - \$175	50%
Cost share: preferred retail RX (one month)	N/ A	N/ A
Cost share: preferred retail RX (three months)	N/ A	N/ A

Counties: Dallas, Denton, Parker, Johnson, Tarrant, Wise

	H7849-040-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$35	\$0/ \$45
Inpatient acute care hospital	\$325 per day for days 1-5; \$0 per day for days 6-90	\$375 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$6,700 applies to in-network Medicare-covered benefits	\$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 40%
Ambulatory surgery center	\$0 - \$275	40%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 29%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

Counties: Canadian, Cleveland, Lincoln, Logan, McClain, Oklahoma

	H7849-042-000	
Plan Name	Cigna True Choice Medicare (PPO)	
	<i>In Network</i>	<i>Out of Network</i>
Premium	\$0	
Cost share: PCP/ Specialist	\$0/ \$35	\$0/ \$40
Inpatient acute care hospital	\$275 per day for days 1-5; \$0 per day for days 6-90	\$375 per day for days 1-5; \$0 per day for days 6-90
Max out of pocket	\$5,900 applies to in-network Medicare-covered benefits	\$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	\$0	0 - 40%
Ambulatory surgery center	\$0 - \$225	40%
Cost share: preferred retail RX (one month)	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 29%	N/ A
Cost share: preferred retail RX (three months)	Tier 1: \$0 Tier 2: \$8 (2x one month) Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/ A

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