



2021 CIGNA MEDICARE ADVANTAGE ENROLLMENT GUIDE

Summary Booklet

Together, all the way.®



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Welcome

You're more than the number of years you've lived. You're the sum of your accomplishments—and still counting. So it's important to choose a health plan that makes it easier and more affordable to be at your best.

At Cigna, our commitment to your whole health means making sure you get the care and support you need—physically and emotionally. You have so much more to see and do. We're here to help you be ready for all that lies ahead.

Need help?

CALL

1-800-313-0973 (TTY 711)

8 a.m. to 8 p.m. local time

October to March: 7 days a week

April to September: Monday to Friday

Our automated phone system may answer your call during weekends, holidays and after hours.

VISIT

CignaMedicare.com

Together, all the way.®



Let's Get Started



To join a Medicare Advantage plan, you must:

- › Have both Medicare Part A and Part B
- › Have permanent residence in our service area

If you join a Cigna Medicare Advantage plan, you will:

- › Keep all the coverage you have with Original Medicare
- › Get more benefits and services with Cigna than Original Medicare
- › Continue to pay your Medicare Part B premium

Important: If you live out of the service area for longer than six consecutive months, you will not be able to enroll in a Cigna plan.

Benefit Advisors are available to help you join a plan:

- › Benefit Advisors are licensed insurance agents and certified with Cigna.
- › A commission may be paid to each Benefit Advisor who enrolls individuals into a Cigna Medicare Advantage plan.
- › Benefit Advisors do not work for Medicare.
- › You give your Benefit Advisor permission to discuss Cigna Medicare Advantage plans with you.
- › You are under no obligation to join a plan with this Benefit Advisor.

Feel Confident in Cigna

You can feel confident when you put your trust in Cigna.

Company strength

- › A leading global health care company since 1792¹
- › Proudly serves over 1.5 million customers²
- › One of the largest companies focused on Medicare

Commitment to you

- › Dedicated to improving your health, body and mind
- › Working closely with providers to make sure you get the attention and quality care you deserve

Customer satisfaction

- › 4 out of 5 customers recommend Cigna to family and friends³

Compare our value

- › Cigna Medicare Advantage plans offer all of the coverage of Original Medicare plus added benefits at no added cost to you

¹ As of May 21, 2019. This is for informational purposes only and may not relate to a particular insurance company subsidiary of Cigna Corporation.

² Based on CMS monthly plan membership report which includes Cigna Medicare Part C and D customers as of June 2020.

³ Based on the CMS monthly plan membership report and the Cigna Annual Member Augment Survey as of August 2019.

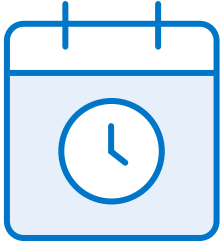
Compare Your Options

In addition to Original Medicare, you have coverage options that offer additional benefits and value.

	ORIGINAL MEDICARE	MEDICARE SUPPLEMENT (MEDIGAP)*	CIGNA MEDICARE ADVANTAGE PLANS*
About Coverage and What You Pay			
Costs	Part B premium, deductibles and coinsurances	Supplemental premium and Part B premium	No or low monthly plan premium and copays in addition to your Part B premium
Amount of coverage	Original Medicare covers 80% of approved charges	Original Medicare covers 80% of approved charges	Plan covers 100% of Original Medicare benefits
Limits annual out-of-pocket costs	No protection	Protection	Protection
Benefit and Features			
Helps pay for hospital stays	✓	✓	✓
Helps pay for doctor visits	✓	✓	✓
Helps pay for prescription drugs	No coverage	No coverage	✓
Routine dental coverage	No coverage	No coverage	✓
Routine hearing exam and hearing aid coverage	No coverage	No coverage	✓
Routine vision coverage	No coverage	No coverage	✓

* Coverage and amount of coverage varies by plan. Review your *Summary of Benefits* for more details on plan coverage.

When You Can Join



Enrolling is easy

1. Choose your plan and review the *Summary of Benefits* in the *Coverage* section.
2. Review the *Top 200 Most Commonly Used Drug List* in the *Prescriptions* section.
3. Review the *Pre-Enrollment Checklist* in the *Enrollment* section.
4. Talk to your Benefit Advisor if you need advice.
5. Join during the enrollment period that is right for you.

Important: There is a Late Enrollment Penalty (LEP) if you go without Part D or creditable prescription drug coverage for any continuous period of 63 days or more after your Initial Enrollment Period is over. For a complete description of LEP, refer to the *Words We Use* section.

Four types of enrollment periods

You can talk to your Benefit Advisor about the enrollment period that applies to you.

- › **Initial Coverage Enrollment Period (ICEP):** Three months before, the month of, and three months after you turn 65, or when Part A and Part B become effective
- › **Special Enrollment Period (SEP):** Year-round, depending on your situation, such as retiring or moving*
- › **Annual Enrollment Period (AEP):** October 15–December 7
- › **Open Enrollment Period (OEP):** January 1–March 31

If you are enrolled in a Medicare Advantage plan, you can return to Original Medicare or switch to another Medicare Advantage plan.

* On the last page of the *Enrollment Form*, you can select an SEP code for *Special Enrollment Period* if you qualify.

Review the disclaimers at the end of the *Coverage* section.

Words We Use

This section provides easy-to-understand definitions of common words that are used throughout this booklet. Refer to an *Evidence of Coverage (EOC)* for a full list of words.

Care Management

Program that helps you get the care you need at the right time and place. A dedicated case manager works with you and your providers to access services that can help you prevent complications, improve health outcomes and create a better health care experience.

Chronic Special Needs Plan (C-SNP)

A C-SNP is a Medicare Advantage plan with coverage designed especially for Medicare beneficiaries with certain chronic conditions (such as Diabetes), or some other specific need.

Coinsurance

An amount you may be required to pay as your share of the cost for services or prescription drugs. Coinsurance is usually a percentage (for example, 20%).

Copay

An amount you may be required to pay as your share of the cost for a medical service or supply, such as a provider's visit, hospital outpatient visit or a prescription drug. A copay is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a provider's visit or prescription drug.

Cost-Share

Any attribute of a benefit that describes the financial responsibility between a customer and the plan administrator as it relates to the payment for a service. See coinsurance, copay and deductible.

Customer

The person who is enrolled in a Cigna plan. Once you enroll, you are a customer of Cigna.

Deductible

The amount you pay for covered services before your plan begins to pay. You may not need to pay a deductible before you can get coverage under the plan. Please refer to your *Evidence of Coverage* for deductible information.

Disease Management

Focuses on helping customers manage long-term or chronic health conditions. This program is a part of Care Management.

Evidence of Coverage (EOC)

The document that explains your coverage, rights and protections under the plan. Please read this document carefully.

Explanation of Benefits (EOB)

A written explanation that reports the final decision of a claim. The EOB goes to the customer (subscriber or patient) and shows what was paid by the insurance company, as well as the customer's responsibility.

Health Maintenance Organization (HMO)

An HMO contracts with Medicare, providing you with access to a network of providers and hospitals that coordinate your care, with an emphasis on prevention. With an HMO, your care may not be covered if you go outside the HMO network without obtaining prior approval.

Identification (ID) Card

The card from Cigna that verifies you are a customer of Cigna and eligible for coverage. This card has your primary care provider name and phone number on it. If you lose this card, please call Customer Service.

Independent Physician Association (IPA)

An IPA is designed to provide a team of primary care and specialty physicians who can manage your health care needs. If your medical condition should ever require you to seek care outside the IPA, your primary care provider will continue to assist you in the coordination of any needed services outside of the IPA. Not available in all markets.

Late Enrollment Penalty (LEP)

The LEP is added to your monthly Part D premium (even if your premium is \$0) for as long as you have Medicare prescription drug coverage. Your LEP amount may change every year as Medicare recalculates rates on an annual basis. You will have to pay it each month as long as you have Medicare prescription drug coverage, even if you change your Medicare drug plan. The cost of the LEP depends on how long you went without Part D or creditable prescription drug coverage.

Low Income Subsidy (LIS)

Also known as Extra Help. A Medicare program designed to help people with limited income and resources pay Medicare prescription drug premium costs.

Maximum Coverage Amount

The total amount Cigna will pay for a benefit or service within a specific time period. Once the maximum coverage amount is reached, the customer is responsible for the remaining cost.

Medicare Advantage Plan

Also known as Medicare Part C. A Medicare Advantage plan provides coverage to people with Medicare Part A (hospital coverage) and Part B (medical coverage). Cigna is a Medicare Advantage plan.

Medicare Part D

The Medicare prescription drug coverage benefit is called Medicare Part D. To get the Medicare Part D benefit, you must join a plan through an insurance company approved by Medicare.

Cigna offers Part D coverage with many of our plans. Each plan can vary in cost and drugs covered.

Network Provider

A health care professional or health care facility contracted to be a part of Cigna's network. This type of provider can also be referred to as an in-network provider or participating provider.

Non-Network Provider

A health care professional or health care facility that is not contracted with Cigna's network. This type of provider can also be referred to as an out-of-network provider or non-participating provider. Depending on your plan, you may have the option to see non-network providers. Please refer to your *Evidence of Coverage* for more information.

Original Medicare

The Medicare plan that allows you to go to any Medicare-approved provider, health care professional or health care facility. Many people have this plan, and it is the one most people are familiar with. You have to pay a yearly deductible, a coinsurance and certain copays.

There are two parts to Original Medicare: Part A (hospital coverage) and Part B (medical coverage).

Pharmacy Exception

A type of plan decision that, if approved, allows you to get a drug that is not on the plan's prescription drug list or get a non-preferred drug for a lower cost-sharing amount. You may also request an exception if the plan requires you to try a certain drug before receiving one you are requesting, or the plan limits the quantity or dosage of a drug you are requesting.

Physician Organized Delivery (POD) Systems

A POD represents a network of physicians with similar referral patterns, organized to administer health care services to the plan's membership. If you select a primary care provider (PCP) who belongs to a POD, your PCP will refer you to specialists affiliated with the same POD with whom they work closely to coordinate your care. Not available in all markets.

Preferred Pharmacy

You will typically save money by using preferred pharmacies. Your prescription drug costs (like copays or coinsurance) will typically be less at a preferred network pharmacy because it has an agreement with your plan. Visit **CignaMedicare.com** for the most current *Pharmacy Directory*.

Preferred Provider Organization (PPO)

A PPO provides access to a network of doctors and hospitals that coordinate your care. PPOs have a network of doctors and facilities, but also allow you to use any doctor or hospital outside of the network for a higher copay or coinsurance.

Prescription Drug List

A list of prescription drugs, both generic and brand name, used by health care providers to identify drugs that provide the best overall value. For a complete list of prescription drugs covered by Cigna, please visit **CignaMedicare.com**.

Primary Care Provider (PCP)

Also known as primary care physician. Your PCP is the team leader for all of your health care needs, so he or she knows your entire health picture. Your PCP will refer you to the right specialists and hospitals, and work with them to manage your health care.

Prior Authorization (PA)

Select services or medications may need approval before you are able to receive them. Please talk to your provider or call Customer Service for more information.

Referral

An approval from your primary care provider that allows you to visit a specialist or receive certain services. Referrals are very important because they help your PCP keep track of your health. The PCP may be able to conduct tests or treatments in his or her office, allowing you to avoid the additional copay or coinsurance for a specialist. Some plans may not require referrals. See plan for details.

Service Area

The geographic area that Cigna covers and has plans available.

Summary of Benefits

The document providing a brief listing of your plan's coverage and the cost-sharing you will be responsible for when you get services.

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