

# Summary of Benefits

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## **2024**

January 1, 2024 to  
December 31, 2024

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## **Cigna True Choice Core Medicare (PPO)**

Loudoun County School Board  
H7787 – 802

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## **TO JOIN**

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

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The **Cigna True Choice Core Medicare (PPO)** service area includes all 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands.



# Introduction

## What's Inside

- ① About this Plan
- ② Monthly Premium Deductible and Limits
- ③ Covered Medical and Hospital Benefits

This Summary of Benefits gives you a summary of what **Cigna True Choice Core Medicare (PPO)** covers and what you pay. It doesn't list every service that we cover or every limitation or exclusion. To get a complete list of services we cover, refer to the plan's *Evidence of Coverage (EOC) Snapshot* online at [myCigna.com](http://myCigna.com) or call us to request a copy.

### **Comparing coverage**

If you want to compare our plan with other Medicare health plans, ask the other plans for their *Summary of Benefits*. Or, use the *Medicare Plan Finder* on [www.medicare.gov](http://www.medicare.gov).

### **More about Original Medicare**

If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook.

View the handbook online at [www.medicare.gov](http://www.medicare.gov).

Get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Need help?**

Call toll-free **1-888-281-7867 (TTY 711)**. Customer Service is available October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays.

You can also visit our website at:

**[CignaMedicare.com/group/MAresources](http://CignaMedicare.com/group/MAresources)**

# 1 About this plan

## **Which doctors, hospitals can I use?**

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

You can see our plan's *Provider and Pharmacy Directory* at our website, [CignaMedicare.com/group/MAresources](https://CignaMedicare.com/group/MAresources)

## **What do we cover?**

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

- > Our customers get all the benefits covered by Original Medicare.
- > Our customers also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this *Summary of Benefits*.

In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

## ② Monthly Premium, Deductible & Limits

Benefit	Cigna True Choice Core Medicare (PPO)
<b>How much is the monthly premium?</b>	Please contact your Plan Sponsor. In addition, you must keep paying your Medicare Part B premium.
<b>How much is the Medical Deductible?</b>	<b>\$0</b> per year for medical services. Some services are not subject to the deductible. Refer to the <i>Evidence of Coverage Snapshot</i> for a list of those services.
<b>Is there any limit on how much I will pay for my covered services?</b>	Your yearly limit(s) in this plan:  <b>\$2,500</b> for services you receive from in-network and out-of-network providers combined for Medicare-covered benefits. This limit is the most you pay for copays, coinsurance, and other costs for Medicare services for the year. If you reach the limit on out-of-pocket costs, you keep getting in-network and out-of-network covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums.

### ③ Covered Medical & Hospital Benefits

Benefit	What you Pay
	In-Network and Out-of-Network
<b>Note:</b> Services with a <sup>1</sup> may require prior authorization.	
<b>Inpatient Hospital Coverage<sup>1</sup></b>	
Our plan covers an unlimited number of days for an inpatient hospital stay.  For each Medicare-covered hospital stay, you are required to pay the applicable cost-sharing, starting with day 1 each time you are admitted.	<b>\$200</b> copay per admission
<b>Outpatient Hospital Services</b>	
Outpatient Hospital <sup>1</sup>	<b>\$100</b> copay
Outpatient Observation <sup>1</sup>	<b>\$100</b> copay
<b>Ambulatory Surgical Center (ASC) Services</b>	
ASC Services (ASC) <sup>1</sup>	<b>\$0-\$100</b> copay
<b>Doctors Visits<sup>1</sup></b>	
Primary Care Physician	<b>\$15</b> copay
Specialists	<b>\$30</b> copay
<b>Preventive Care</b>	
Our plan covers many Medicare-covered preventive services, including: <ul style="list-style-type: none"> <li>› Abdominal aortic aneurysm screening</li> <li>› Alcohol misuse screening and counseling</li> <li>› Bone mass measurement</li> <li>› Breast cancer screening (mammogram)</li> <li>› Cardiovascular disease (behavioral therapy)</li> <li>› Cardiovascular screenings</li> <li>› Cervical and vaginal cancer screening</li> <li>› Colorectal cancer screenings (colonoscopy, fecal occult blood test, multi-target stool DNA tests, screening barium enemas, flexible sigmoidoscopy)</li> <li>› Depression screening</li> <li>› Diabetes screenings</li> <li>› Diabetes self-management training</li> <li>› Glaucoma tests</li> <li>› Hepatitis B Virus (HBV) infection screening</li> </ul>	<b>\$0</b> copay Any additional preventive services approved by Medicare during the contract year will be covered. Please see your <i>Evidence of Coverage</i> (EOC) for frequency of covered services.

Benefit	What you Pay
	In-Network and Out-of-Network
<ul style="list-style-type: none"> <li>› Hepatitis C screening</li> <li>› HIV screening</li> <li>› Lung cancer screening with low dose computed tomography (LDCT)</li> <li>› Medical nutrition therapy services</li> <li>› Obesity screening and counseling</li> <li>› Prostate cancer screenings (PSA)</li> <li>› Sexually transmitted infections screening and counseling</li> <li>› Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>› Vaccines; including COVID-19, Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>› "Welcome to Medicare" preventive visit (one-time)</li> <li>› Yearly "Wellness" visit</li> </ul>	
<b>Emergency Care</b>	
Emergency Care Services	<b>\$50</b> copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.
Worldwide Emergency/Urgent Coverage/Emergency Transportation	<b>\$50</b> copay There is no annual benefit maximum
<b>Urgently Needed Services</b>	
Urgent Care Services	<b>\$30</b> copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.
<b>Diagnostic Services, Labs and Imaging</b> <i>(Costs for these services may vary based on place of service or type of service)</i>	
Diagnostic Procedures and Tests <sup>1</sup>	<b>\$0</b> copay
Lab Services <sup>1</sup>	<b>\$0</b> copay
Genetic Testing <sup>1</sup>	<b>\$0</b> copay
Diagnostic Radiological Services (MRIs, CT scans, etc.) <sup>1</sup>	<b>\$0</b> copay
Therapeutic Radiological Services <sup>1</sup>	<b>\$0</b> copay
X-ray Services <sup>1</sup>	<b>\$15</b> copay in a Primary Care Physician office <b>\$30</b> copay in a Specialist office <b>\$0</b> copay in other outpatient locations

Benefit	What you Pay
	In-Network and Out-of-Network
<b>Hearing Services</b>	
Hearing Exams (Medicare-covered)  Diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider. A separate physician cost-share will apply if additional services requiring cost-sharing are rendered.	<b>\$30</b> copay in a Primary Care Physician office <b>\$30</b> copay in a Specialist office
Routine Hearing Exams	<b>\$0</b> copay for one routine exam every year
Hearing Aid Evaluation/Fitting	<b>\$0</b> copay for one fitting evaluation per hearing aid every three years
Hearing Aids	<b>\$0</b> copay up to plan maximum coverage amount for hearing aids of any type, <b>\$1400</b> maximum every 3 years.
<b>Dental Services (Medicare-covered)<sup>1</sup></b>	
Limited dental services (this does not include services in connection with care, treatment, filling removal or replacement of teeth)	<b>\$30</b> copay
<b>Vision Services</b>	
Eye Exams (Medicare-covered)  A separate physician cost-share may apply if additional services requiring cost-sharing are rendered (e.g., but not limited to, if a medical eye condition is discovered during a preventive routine eye exam). A facility cost-share may apply for procedures performed at an outpatient surgical center.	<b>\$0</b> copay for diabetic retinopathy screening <b>\$30</b> copay for all other Medicare-covered vision services.
Routine Eye Exam	Not Covered
Glaucoma Screening (Medicare-covered)	<b>\$0</b> copay
Eyewear (Medicare-covered)	<b>\$0</b> copay

Benefit	What you Pay
	In-Network and Out-of-Network
<b>Mental Health Services</b>	
<p>Inpatient<sup>1</sup></p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>For each Medicare-covered hospital stay, you are required to pay the applicable cost-sharing, starting with Day 1 each time you are admitted.</p>	<b>\$200</b> copay per admission
<p>Outpatient<sup>1</sup></p> <p>Individual or Group Therapy Visit</p>	<b>\$0</b> copay
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>	
Our plan covers up to 100 days in the SNF.	<b>\$0</b> copay per day for days 1–20 <b>\$50</b> copay per day for days 21–100
<b>Rehabilitation Services</b>	
Cardiac (heart) Rehab Services <sup>1</sup>	<b>\$30</b> copay
Intensive Cardiac (heart) Rehab Services <sup>1</sup>	<b>\$30</b> copay
Pulmonary Rehab Services <sup>1</sup>	<b>\$15</b> copay
Occupational Therapy Services <sup>1</sup>	<b>\$30</b> copay
Physical Therapy, Speech and Language Therapy Services <sup>1</sup>	<b>\$30</b> copay
Physical Therapy, Speech and Language Therapy Virtual Services <sup>1</sup>	<b>\$0</b> copay
<b>Ambulance<sup>1</sup></b>	
Ground Service (one-way trip)	<b>\$50</b> copay
Air Service (one-way trip)	<b>\$50</b> copay
<b>Transportation<sup>1</sup></b>	
	Not Covered
<b>Medicare Part B Drugs</b>	
Medicare Part B Insulin Drugs	<b>\$0</b> copay
Medicare Part B Chemotherapy/Radiation Drugs <sup>1</sup>	<b>\$0</b> copay
<p>Other Medicare Part B Drugs<sup>1</sup></p> <p>Medicare-covered Part B Drugs may be subject to step therapy requirements.</p>	<b>\$0</b> copay



Benefit	What you Pay
	In-Network and Out-of-Network
<b>Acupuncture Services</b>	
Acupuncture Services (Medicare-Covered) <sup>1</sup>	<b>\$15</b> copay
Routine Acupuncture Services	Not Covered
<b>Chiropractic Care</b>	
Chiropractic Services (Medicare-Covered) <sup>1</sup>	<b>\$15</b> copay
Routine Chiropractic Services	Not Covered
<b>Fitness &amp; Wellness Programs</b>	
The Silver&Fit® Healthy Aging and Exercise program offers the flexibility of a fitness center membership, digital fitness tools, and one home fitness kit from a variety of kit options, including a wearable fitness tracker. You can also take advantage of digital workout plans available on the program's website, get one-on-one Healthy Aging Coaching by phone, video, or chat, and enjoy many other digital resources through the Well-Being Club.	<b>\$0</b> copay
<b>Foot Care (Podiatry Services)</b>	
Podiatry Services Medicare-covered	<b>\$15</b> copay
Routine Podiatry Services	Not Covered
<b>Health Information Line</b>	
Talk one-on-one with a Nurse Advocate* to get timely answers to your health-related questions at no additional cost, anytime day or night. The Health Information Line is not a substitute for calling 911. If you are experiencing a health care emergency, please call 911 or go to your nearest emergency room.  *Nurse Advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing any medical advice.	<b>\$0</b> copay
<b>Home Delivered Meals</b>	
	<b>\$0</b> copay  Limited to 14 meals per discharge from qualified hospital stay or skilled nursing facility (up to 3 stays per year). ESRD

Benefit	What you Pay
	In-Network and Out-of-Network
	care management is limited to 56 meals per benefit period.
<b>Home Health Care<sup>1</sup></b>	
	<b>\$0</b> copay
<b>Hospice</b>	
Hospice care must be provided by a Medicare-certified hospice program. Our plan covers hospice consultation services (one-time only) before you select hospice. Hospice is covered outside of our plan. You may have to pay part of the cost for drugs and respite care. Please contact the plan for more details.	<b>\$0</b> copay
<b>Medical Equipment and Supplies</b>	
Durable Medical Equipment (wheelchairs, oxygen, etc.) <sup>1</sup>	<b>\$0</b> copay
Prosthetic Devices (braces, artificial limbs, etc.)	<b>\$0</b> copay
Related Medical Supplies <sup>1</sup>	<b>\$0</b> copay
Diabetes Supplies & Services <sup>1</sup> Brand limitations apply to certain supplies.	<b>\$0</b> copay for diabetes self-management training <b>\$0</b> copay for therapeutic shoes or inserts <b>\$0</b> copay for diabetes monitoring supplies
<b>Opioid Treatment Services<sup>1</sup></b>	
FDA-approved treatment medications in addition to testing, counseling, and therapy.	<b>\$30</b> copay
<b>Outpatient Substance Abuse<sup>1</sup></b>	
Individual or Group Therapy Visit	<b>\$30</b> copay
<b>Over-the-Counter Items (OTC)</b>	
	Not Covered
<b>Telehealth Services</b>	
For non-emergency urgent care, talk with a telehealth doctor via smart phone, computer, or tablet for care, including allergies, cough, headache, sore throat, and other minor illnesses. Benefit also includes telehealth mental health therapy and dermatology services through MDLive.	<b>\$0</b> copay for non-emergency urgent care virtual visits <b>\$0</b> copay for mental health therapy virtual visits <sup>1</sup> <b>\$0</b> copay for dermatology care virtual visits <sup>1</sup>

Benefit	What you Pay
	In-Network and Out-of-Network
<b>Extra Benefits Included in your plan</b>	
Annual Physical Exam <sup>1</sup>	<b>\$0</b> copay
<p>Cigna Healthy Today Card Use your pre-loaded Cigna Healthy Today card for easy access to incentives, rewards, and select benefits* that may be part of your plan. *Benefits, coverage, and amounts vary by plan.</p>	<p>Based on your plan's allowance and frequency amounts, funds will be loaded on your Cigna Healthy Today card automatically. Allowance amounts do not carry over to the next quarter or the following year. Limitations, exclusions, and restrictions may apply.</p>
<p>Home Life Referrals With our Home Life Referrals program, customers have quick and convenient access to trusted local resources to assist them with everyday needs such as finding childcare, eldercare, pet care, home repairs, and more.</p>	<b>\$0</b> copay
<p>Support for Caregiver of Enrollee Services include one-on-one coaching and personalized resources for customers and caregivers.</p>	<b>\$0</b> copay

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