

- Think about your overall health care costs.
- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?

Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area.
- Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
 - Review the list in the back of your *Medicare & You 2022* handbook.
 - Look in Section 3.2 to learn more about your choices.

Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2021, you will be enrolled in Cigna Preferred Medicare (HMO).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. ENROLL: To change plans, join a plan between **October 15** and **December 7, 2021**

- If you don't join another plan by **December 7, 2021**, you will be enrolled in Cigna Preferred Medicare (HMO).
- If you join another plan by **December 7, 2021**, your new coverage will start on **January 1, 2022**. You will be automatically disenrolled from your current plan.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Customer Service number at 1-800-668-3813 for additional information. (TTY users should call 711.) Hours are October 1 – March 31, 8:00 a.m. – 8:00 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8:00 a.m. – 8:00 p.m. local time. Messaging service used weekends, after hours, and on federal holidays.
- To get information from us in a way that works for you, please call Customer Service. We can give you information in braille, in large print, and other alternate formats if you need it.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Cigna Preferred Medicare (HMO)

- Cigna contracts with Medicare to offer Medicare Advantage HMO and PPO plans and Part D Prescription Drug Plans (PDP) in select states, and with select State Medicaid programs. Enrollment in Cigna depends on contract renewal.
 - When this booklet says "we," "us," or "our," it means Cigna. When it says "plan" or "our plan," it means Cigna Preferred Medicare (HMO).
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Cost	2021 (this year)	2022 (next year)
<p>Part D prescription drug coverage (See Section 1.6 for details.)</p>	<p>Deductible: \$95 for Tier 4 and Tier 5 drugs</p> <p>Copayments or Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: <i>Standard cost sharing:</i> \$8 copayment <i>Preferred cost sharing:</i> \$3 copayment • Drug Tier 2: <i>Standard cost sharing:</i> \$17 copayment <i>Preferred cost sharing:</i> \$12 copayment • Drug Tier 3: <i>Standard cost sharing:</i> \$47 copayment <i>Preferred cost sharing:</i> \$42 copayment • Drug Tier 4: <i>Standard cost sharing:</i> \$100 copayment <i>Preferred cost sharing:</i> \$95 copayment • Drug Tier 5: <i>Standard cost sharing:</i> 31% coinsurance <i>Preferred cost sharing:</i> 31% coinsurance 	<p>Deductible: \$95 for Tier 4 and Tier 5 drugs</p> <p>Copayments or Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: <i>Standard cost sharing:</i> \$8 copayment <i>Preferred cost sharing:</i> \$3 copayment • Drug Tier 2: <i>Standard cost sharing:</i> \$17 copayment <i>Preferred cost sharing:</i> \$12 copayment • Drug Tier 3: <i>Standard cost sharing:</i> \$47 copayment <i>Preferred cost sharing:</i> \$42 copayment • Drug Tier 4: <i>Standard cost sharing:</i> \$100 copayment <i>Preferred cost sharing:</i> \$95 copayment • Drug Tier 5: <i>Standard cost sharing:</i> 31% coinsurance <i>Preferred cost sharing:</i> 31% coinsurance

Cost	2021 (this year)	2022 (next year)
Annual physical exam	<u>In-Network</u> Not covered.	<u>In-Network</u> You pay a copayment of \$0 for an annual physical exam.
Catasys Program	<u>In-Network</u> You pay a copayment of \$0 for Catasys OnTrak™ program.	<u>In-Network</u> Catasys OnTrak™ program not covered.
Chiropractic services	<u>In-Network</u> You pay a copayment of \$20 for each Medicare-covered chiropractic visit.	<u>In-Network</u> You pay a copayment of \$15 for each Medicare-covered chiropractic visit.
Hearing services	<u>In-Network</u> You pay a copayment of \$0 for Medicare-covered diagnostic hearing exams in a PCP office. You pay a copayment of \$30 for Medicare-covered diagnostic hearing exams in a Specialist office.	<u>In-Network</u> You pay a copayment of \$40 for Medicare-covered diagnostic hearing exams.
Inpatient hospital care	<u>In-Network</u> You pay a copayment of: – Days 1-6: \$325 per day – Days 7-90: \$0 per day for each Medicare-covered hospital stay.	<u>In-Network</u> You pay a copayment of: – Days 1-6: \$335 per day – Days 7-90: \$0 per day for each Medicare-covered hospital stay.
Outpatient hospital observation	<u>In-Network</u> You pay a copayment of \$325 for Medicare-covered outpatient hospital observation.	<u>In-Network</u> You pay a copayment of \$335 for Medicare-covered outpatient hospital observation.
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers	<u>In-Network</u> You pay a copayment of \$0 or \$325 for each Medicare-covered outpatient hospital facility visit. \$0 for any surgical procedures (i.e. polyp removal) during a colorectal screening. \$325 for all other	<u>In-Network</u> You pay a copayment of \$0 or \$335 for each Medicare-covered outpatient hospital facility visit. \$0 for any surgical procedures (i.e. polyp removal) during a colorectal screening. \$335 for all other

Changes to Your Cost Sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2021 (this year)	2022 (next year)
<p>Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>. We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Your cost for a one-month supply at a network pharmacy: Tier 1 (Preferred Generic Drugs): <i>Standard cost sharing:</i> You pay \$8 per prescription. <i>Preferred cost sharing:</i> You pay \$3 per prescription. Tier 2 (Generic Drugs): <i>Standard cost sharing:</i> You pay \$17 per prescription. <i>Preferred cost sharing:</i> You pay \$12 per prescription. Tier 3 (Preferred Brand Drugs): <i>Standard cost sharing:</i> You pay \$47 per prescription. <i>Preferred cost sharing:</i> You pay \$42 per prescription. Tier 4 (Non-Preferred Drugs): <i>Standard cost sharing:</i> You pay \$100 per prescription. <i>Preferred cost sharing:</i> You pay \$95 per prescription. Tier 5 (Specialty Drugs): <i>Standard cost sharing:</i> You pay 31% of the total cost. <i>Preferred cost sharing:</i> You pay 31% of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$4,130 you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply at a network pharmacy: Tier 1 (Preferred Generic Drugs): <i>Standard cost sharing:</i> You pay \$8 per prescription. <i>Preferred cost sharing:</i> You pay \$3 per prescription. Tier 2 (Generic Drugs): <i>Standard cost sharing:</i> You pay \$17 per prescription. <i>Preferred cost sharing:</i> You pay \$12 per prescription. Tier 3 (Preferred Brand Drugs): <i>Standard cost sharing:</i> You pay \$47 per prescription. <i>Preferred cost sharing:</i> You pay \$42 per prescription. Tier 4 (Non-Preferred Drugs): <i>Standard cost sharing:</i> You pay \$100 per prescription. <i>Preferred cost sharing:</i> You pay \$95 per prescription. Tier 5 (Specialty Drugs): <i>Standard cost sharing:</i> You pay 31% of the total cost. <i>Preferred cost sharing:</i> You pay 31% of the total cost.</p> <hr/> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages — the Coverage Gap Stage and the Catastrophic Coverage Stage — are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Please see the table below for other important changes to your plan.

Description	2021 (this year)	2022 (next year)
Cigna Vision Vendor Change	Cigna has a vision vendor that you can contact for information on your vision benefits.	Cigna will have a new vision vendor for 2022. For information on your vision benefits, please call 1-888-886-1995.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 If you want to stay in Cigna Preferred Medicare (HMO)

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Cigna Preferred Medicare (HMO).

Section 3.2 If you want to change plans

We hope to keep you as a member next year but if you want to change for 2022 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- — OR — You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Cigna offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost sharing amounts.

Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from our plan.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from our plan.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
 - — OR — Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2022.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2022, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2022. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare.)

Read *Medicare & You 2022*

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or 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.

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