

*Cigna TotalCare Plus (HMO D-SNP) offered by Cigna*

# ANNUAL NOTICE OF CHANGES FOR 2023

You are currently enrolled as a member of Cigna TotalCare Plus (HMO D-SNP). Next year, there will be changes to the plan's costs and benefits. **Please see page 4 for a Summary of Important Costs, including Premium.**

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [www.cignamedicare.com](http://www.cignamedicare.com). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

## What to do now

### 1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- 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 Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2023* handbook.
- 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, 2022, you will stay in Cigna TotalCare Plus (HMO D-SNP).

- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on January 1, 2023. This will end your enrollment with Cigna TotalCare Plus (HMO D-SNP).
- Look in Section 3.2, page 09 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### **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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About Cigna TotalCare Plus (HMO D-SNP)**

- 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 document says “we,” “us,” or “our,” it means Cigna. When it says “plan” or “our plan,” it means Cigna TotalCare Plus (HMO D-SNP).
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## ***Annual Notice of Changes for 2023***

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**Summary of Important Costs for 2023**

The table below compares the 2022 costs and 2023 costs for Cigna TotalCare Plus (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Georgia Department of Community Health (Medicaid), you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

<b>Cost</b>	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<b>Monthly plan premium*</b> *Your premium may be higher than this amount. See Section 1.1 for details.	\$0 or \$30.40*	\$0 or \$26*
<b>Doctor office visits</b>	Primary care visits: 0% or 20%* coinsurance per visit Specialist visits: 0% or 20%* coinsurance per visit	Primary care visits: 0% or 20%* coinsurance per visit Specialist visits: 0% or 20%* coinsurance per visit
<b>Inpatient hospital stays</b>	\$0 or \$1,725* per stay	\$0 or \$1,725* per stay
<b>Part D prescription drug coverage</b> (See Section 1.5 for details.)	Deductible: \$0, \$99 or \$480* Copayments or Coinsurance during the Initial Coverage Stage: <input type="checkbox"/> Drug Tier 1: 25% of coinsurance or \$0/\$1.35/\$3.95/15%* copay for generics or \$0/\$4.00/\$9.85/15%* copay for all other drugs per one-monthly supply	Deductible: \$0, \$104 or \$505* Copayments or Coinsurance during the Initial Coverage Stage: <input type="checkbox"/> Drug Tier 1: 25% of coinsurance or \$0/\$1.45/\$4.15/15%* copay for generics or \$0/\$4.30/\$10.35/15%* copay for all other drugs per one-monthly supply
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$3,450 If you are eligible for Medicare cost-sharing assistance under Georgia Department of Community Health (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$3,450 If you are eligible for Medicare cost-sharing assistance under Georgia Department of Community Health (Medicaid), you are not responsible for paying out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

\*Cost sharing is based on your level of Medicaid eligibility or "Extra Help."

**SECTION 1 Changes to Benefits and Costs for Next Year****Section 1.1 Changes to the Monthly Premium**

Cost	2022 (this year)	2023 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$0 or \$30.40*	\$0 or \$26.00*

\*Cost sharing is based on your level of Medicaid eligibility.

**Section 1.2 Changes to Your Maximum Out-of-Pocket Amount**

Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
<b>Maximum out-of-pocket amount</b> <b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b> If you are eligible for Medicaid assistance with Part A and Part B copays, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	\$3,450	\$3,450 Once you have paid \$3,450 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

**Section 1.3 Changes to the Provider and Pharmacy Networks**

Updated directories are located on our website at [www.cignamedicare.com](http://www.cignamedicare.com). You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 Provider and Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 Provider and Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

**Section 1.4 Changes to Benefits and Costs for Medical Services**

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
<b>Caregiver Support</b>	Not covered.	You pay a copayment of \$0 for Caregiver Support benefit.
<b>Diabetes self-management training, diabetic services and supplies</b>	<p>You pay a coinsurance of 0% for preferred brand diabetic test strips, monitors and continuous glucose monitoring devices. Non-preferred brands are not covered.</p> <p>You pay a coinsurance of 0% or 20% for other monitoring supplies (e.g., lancets).</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>	You pay a copayment of \$0 for preferred brand diabetic test strips, monitors and continuous glucose monitoring devices. Non-preferred brands are not covered.
<b>Emergency care</b>	<p>You pay a copayment of \$0 or \$90 for Medicare-covered emergency room visits.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p> <p>You pay a copayment of \$90 for Medicare-covered Worldwide emergency room visits.</p> <p>You pay a copayment of \$90 for Medicare-covered Worldwide emergency transportation.</p>	<p>You pay a copayment of \$0 or \$125 for Medicare-covered emergency room visits.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p> <p>You pay a copayment of \$125 for Medicare-covered Worldwide emergency room visits.</p> <p>You pay a copayment of \$125 for Medicare-covered Worldwide emergency transportation.</p>
<b>Healthy Grocery Allowance</b>	Not covered.	<p>Because this plan participates in the Value-Based Insurance Design (VBID) Model, you receive an allowance of \$100 every month applied to Cigna Healthy Today benefit card. Amount can be used to purchase healthy and nutritious food from participating retailers.</p> <p>You have the right to decline this benefit for any reason. If you decline the benefit, this will not affect your eligibility to the plan or any other benefit in your plan. If you decide to decline this benefit, you can do so by calling Customer Service.</p>
<b>Hearing services</b>	Hearing aid allowance of \$700 per ear per device every three years.	Hearing aid allowance of \$2,000 for both ears combined every three years.
<b>Home health agency care</b>	You pay a copayment of \$0 for Medicare-covered home health visits.	You pay a coinsurance of 20% for Medicare-covered home health visits.
<b>Over-the-Counter Items and Services</b>	Limited to \$300 every three months for specific over-the-counter drugs and other	Limited to \$300 every three months for specific over-the-counter drugs and other

Cost	2022 (this year)	2023 (next year)
	<p>health-related pharmacy products, as listed in the OTC catalog.</p> <p>Quarterly allowance carries over to next quarter. OTC items must be purchased using Cigna's OTC vendor.</p>	<p>health-related pharmacy products, as listed in the OTC catalog.</p> <p>OTC allowance is loaded onto the Cigna Healthy Today debit card. Quarterly allowance does not carry over to the next quarter. OTC items may be purchased using Cigna's OTC vendor or at participating retail locations. For more information, see your Supplemental Benefits Guide or call Customer Service.</p>
<b>Partial hospitalization services</b>	<p>You pay a copayment of \$0 or \$55 for Medicare-covered partial hospitalization program services.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>	<p>You pay a coinsurance of 0% or 20% for Medicare-covered partial hospitalization program services.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
<b>Skilled nursing facility (SNF) care</b>	<p>For each Medicare-covered SNF stay you pay a copayment of:</p> <p>\$0 per day for days 1-20; \$0 or \$188 per day for days 21-100</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>	<p>For each Medicare-covered SNF stay you pay a copayment of:</p> <p>\$0 or \$20 per day for days 1-20; \$0 or \$196 per day for days 21-100</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>
<b>Special Supplemental Benefits for Chronically Ill: Cigna's Healthy Foods card</b>	<p>\$50 per month will be loaded onto a card for member with select chronic conditions to purchase approved grocery items from participating retailers.</p>	<p>Not covered.</p>
<b>Urgently needed services</b>	<p>You pay a copayment of \$90 for Medicare-covered Worldwide urgently needed services.</p>	<p>You pay a copayment of \$125 for Medicare-covered Worldwide urgently needed services.</p>
<b>Wellness and Health Care Planning (WHP) Services: Advanced Care Planning (ACP)</b>	<p>Not covered.</p>	<p>You are eligible for Wellness and Health Care Planning services, which includes Advanced Care Planning services (ACP). ACP will create a completed plan for health care if you become unable to make decisions about your care, such as an advanced directive or other formal documents.</p> <p>Participation in any programs that include Wellness and Healthcare Planning or Advance Care Planning are voluntary and</p>

Cost	2022 (this year)	2023 (next year)
		you are free to decline the services at any time.

**Section 1.5 Changes to Part D Prescription Drug Coverage**

**Changes to our Drug List**

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically. The Drug List includes many – but not all – of the drugs that we will cover next year. If you don’t see your drug on this list, it might still be covered. **You can get the complete Drug List** by calling Customer Service (see the back cover) or visiting our website ([www.cignamedicare.com](http://www.cignamedicare.com)).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs. If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

**Changes to Prescription Drug Costs**

Because this plan participates in the Value-Based Insurance Design (VBID) model, your Part D cost-sharing will be \$0. You will pay \$0 for Medicare-covered prescriptions, regardless of what level LIS you are in.

There are four “drug payment stages.”

The information below shows the changes to the first two stages — the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages — the Coverage Gap Stage or the Catastrophic Coverage Stage.)

**Changes to the Deductible Stage**

Stage	2022 (this year)	2023 (next year)
<b>Stage 1: Yearly Deductible Stage</b> During this stage, <b>you pay the full cost</b> of your drugs until you have reached the yearly deductible.	Your deductible amount is \$0, \$99 or \$480, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)	Your deductible amount is \$0, \$104 or \$505, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)

**Changes to Your Cost Sharing in the Initial Coverage Stage**

Stage	2022 (this year)	2023 (next year)
<b>Stage 2: Initial Coverage Stage</b> 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 <b>you pay your share of the cost.</b> The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: <b>All Formulary Drugs:</b> You pay 25% of the total cost or a \$0/\$1.35/\$3.95/15%* copayment for generics or a \$0/\$4.00/\$9.85/15%* copayment for all other drugs. <hr/> Once your total drug costs have reached	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: <b>All Formulary Drugs:</b> You pay 25% of the total cost or a \$0/\$1.45/\$4.15/15%* copayment for generics or a \$0/\$4.30/\$10.35/15%* copayment for all other drugs. <hr/> Once your total drug costs have reached



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> .	\$4,430, you will move to the next stage (the Coverage Gap Stage).	\$4,660, you will move to the next stage (the Coverage Gap Stage).
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\*Cost sharing is based on your level of “Extra-Help.”

**Important Message About What You Pay for Vaccines**

Our plan covers most Part D vaccines at no costs to you, even if you haven’t paid your deductible. Call Customer Service for more information.

**Important Message About What You Pay for Insulin**

- You won’t pay more than \$35 for a one month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on, even if you haven’t paid your deductible. **If your insulin is on a tier where cost-sharing is lower than \$35, you will pay the lower cost for your insulin.**

**Changes to your VBID Part D Benefit**

Cost	2022 (this year)	2023 (next year)
<b>Part D VBID Benefit</b>	VBID Model Part D cost-sharing reduction not offered.	Because this plan participates in the Value-Based Insurance Design (VBID) model, your Part D cost-sharing will be \$0. You will pay \$0 for Medicare-covered prescriptions, regardless of what level LIS you are in.

**SECTION 2 Administrative Changes**

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

Description	2022 (this year)	2023 (next year)
Cigna Healthy Today Card	Allowance amounts for select benefits are provided by different methods.	Allowance amounts for select benefits will be loaded onto the Cigna Healthy Today benefit card. This debit card can be used at different retailers and/or providers. Benefits, coverage and amounts vary. Limitations, exclusions, and restrictions may apply. For more information see your Supplemental Benefits Guide or call Customer Service.

**SECTION 3 Deciding Which Plan to Choose**

**Section 3.1 If you want to stay in Cigna TotalCare Plus (HMO D-SNP)**

**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 TotalCare Plus (HMO D-SNP).

**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 plans for 2023 follow these steps:

**Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan,
- — 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.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

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 so.
  - 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.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

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## SECTION 4 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, 2023.

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

In certain situations, changes are also allowed at other times of the year. Examples include 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. If you enrolled in a Medicare Advantage plan for January 1, 2023, 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, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

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## SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Georgia, the SHIP is called GeorgiaCares.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. GeorgiaCares counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call GeorgiaCares at 1-866-552-4464 (option #4).

For questions about your Georgia Department of Community Health (Medicaid) benefits, contact Georgia Department of Community Health (Medicaid) at 1-404-657-5468. TTY users should call 711. Hours are Mon. – Fri. 8:00 a.m. – 5:00 p.m. Ask how joining another plan or returning to Original Medicare affects how you get your Georgia Department of Community Health (Medicaid) coverage.

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## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles, and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help,” call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps

ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Georgia AIDS Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Georgia AIDS Assistance Program at 1-404-463-0416.

## **SECTION 7 Questions?**

### **Section 7.1 Getting Help from Cigna TotalCare Plus (HMO D-SNP)**

Questions? We're here to help. Please call Customer Service at 1-800-668-3813 (TTY only, call 711). We are available for phone calls 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. Calls to these numbers are free.

#### **Read your 2023 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the 2023 *Evidence of Coverage* for Cigna TotalCare Plus (HMO D-SNP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [www.cignamedicare.com](http://www.cignamedicare.com). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [www.cignamedicare.com](http://www.cignamedicare.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*) and our list of covered drugs (Formulary/Drug List).

### **Section 7.2 Getting Help from Medicare**

To get information directly from Medicare:

#### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

#### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

#### **Read Medicare & You 2023**

Read the *Medicare & You 2023* handbook. Every 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 document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) 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.

### **Section 7.3 Getting Help from Georgia Department of Community Health (Medicaid)**

To get information from Medicaid, you can call Georgia Department of Community Health (Medicaid) at 1-404-657-5468. TTY users should call 711.