

*Cigna Courage Medicare (HMO) offered by Cigna*

# ANNUAL NOTICE OF CHANGES FOR 2023

You are currently enrolled as a member of Cigna Fundamental Medicare (HMO). 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*, 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*.

☐ **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

## 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).
  - ☐ Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers 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 Courage Medicare (HMO).
- ☐ 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 Courage Medicare (HMO).
- ☐ 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**

- ☐ 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 Courage 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 document says "we," "us," or "our," it means Cigna. When it says "plan" or "our plan," it means Cigna Courage Medicare (HMO).
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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 Courage Medicare (HMO) in several important areas. **Please note this is only a summary of costs.**

<b>Cost</b>	<b>2022 (this year)</b>	<b>2023 (next year)</b>
<b>Monthly plan premium*</b> See Section 2.1 for details.	\$0	\$0
<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 2.2 for details.)	\$4,900	\$4,900
<b>Doctor office visits</b>	Primary care visits: \$0 copayment per visit Specialist visits: \$0 copayment per visit	Primary care visits: \$0 copayment per visit Specialist visits: \$10 copayment per visit
<b>Inpatient hospital stays</b>	For each Medicare-covered hospital stay you pay a copayment of: \$275 per day for days 1-6; \$0 per day for days 7-90	For each Medicare-covered hospital stay you pay a copayment of: \$275 per day for days 1-6; \$0 per day for days 7-90

**SECTION 1 We are Changing the Plan's Name**

On January 1, 2023, our plan name will change from Cigna Fundamental Medicare (HMO) to Cigna Courage Medicare (HMO). Members of our plan will receive a new Member ID card in the mail by December 31, 2022. All new member communications you receive for 2023 will reflect your new plan name.

**SECTION 2 Changes to Benefits and Costs for Next Year****Section 2.1 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.)	\$0	\$0
<b>Part B Premium Reduction</b>	We will reduce your monthly Medicare Part B Premium by up to \$60	We will reduce your monthly Medicare Part B Premium by up to \$60

**Section 2.2 Changes to Your Maximum Out-of-Pocket Amount**

Medicare requires all health plans to limit how much you pay "out-of-pocket" for 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> Your costs for covered medical services (such as copays ) count toward your maximum out-of-pocket amount.	\$4,900	\$4,900 Once you have paid \$4,900 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 2.3 Changes to the Provider Network**

An updated *Provider and Pharmacy Directory* is located on our website at [www.cignamedicare.com](http://www.cignamedicare.com). You may also call Customer Service for updated provider information or to ask us to mail you a *Provider and Pharmacy 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.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) 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 2.4 Changes to Benefits and Costs for Medical Services**

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>Acupuncture for chronic lower back pain</b>	You pay a copayment of \$0 for each Medicare-covered acupuncture visit.	You pay a copayment of \$10 for each Medicare-covered acupuncture visit.
<b>Ambulance services</b>	You pay a copayment of \$250 for each one-way Medicare-covered ground ambulance trip.	You pay a copayment of \$220 for each one-way Medicare-covered ground ambulance trip.

Cost	2022 (this year)	2023 (next year)
<b>Dental services</b>	<p>You pay a copayment of \$0 for Medicare-covered dental services.</p> <p>We provide a dental allowance of \$1,000 for combined supplemental preventive and comprehensive dental services every year.</p>	<p>You pay a copayment of \$10 for Medicare-covered dental services.</p> <p>We provide a dental allowance of \$1,250 for combined supplemental preventive and comprehensive dental services every year.</p>
<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 20% for other monitoring supplies (e.g., lancets).</p>	<p>You pay a copayment of \$0 for Medicare-covered diabetic monitoring supplies.</p>
<b>Emergency care</b>	<p>You pay a copayment of \$90 for Medicare-covered emergency room visits.</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 \$110 for Medicare-covered emergency room visits.</p> <p>You pay a copayment of \$110 for Medicare-covered Worldwide emergency room visits.</p> <p>You pay a copayment of \$110 for Medicare-covered Worldwide emergency transportation.</p>
<b>Hearing services</b>	<p>You pay a copayment of \$0 for Medicare-covered hearing exams.</p> <p>Hearing aid allowance of \$700 per ear per device every three years.</p>	<p>You pay a copayment of \$10 for Medicare-covered hearing exams.</p> <p>Hearing aid allowance of \$2,000 for both ears combined every three years.</p>
<b>Over-the-Counter Items and Services</b>	<p>Limited to \$30 every three months for specific over-the-counter drugs and other 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>Limited to \$50 every three months for specific over-the-counter drugs and other 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 \$55 for Medicare-covered partial hospitalization program services.</p>	<p>You pay a copayment of \$70 for Medicare-covered partial hospitalization program services.</p>
<b>Physician/Practitioner/Other Health Care Professional services</b>	<p>You pay a copayment of \$0 for each Medicare-covered Specialist visit.</p>	<p>You pay a copayment of \$10 for each Medicare-covered Specialist visit.</p>

Cost	2022 (this year)	2023 (next year)
	You pay a copayment of \$0 for Medicare-covered Other Health Care Professional Service.	You pay a copayment of \$0 in a Primary Care Physician office or copayment of \$10 in a Specialist office for Medicare-covered Other Health Care Professional Service.
<b>Podiatry services</b>	You pay a copayment of \$0 for each Medicare-covered podiatry visit.	You pay a copayment of \$10 for each Medicare-covered podiatry visit.
<b>Skilled nursing facility (SNF) care</b>	For each Medicare-covered SNF stay you pay a copayment of: \$0 per day for days 1-20; \$188 per day for days 21-100	For each Medicare-covered SNF stay you pay a copayment of: \$10 per day for days 1-20; \$196 per day for days 21-100
<b>Urgently needed services</b>	You pay a copayment of \$90 for Medicare-covered Worldwide urgently needed services.	You pay a copayment of \$110 for Medicare-covered Worldwide urgently needed services.
<b>Vision services</b>	You pay a copayment of \$0 for Medicare-covered exams to diagnose and treat diseases and conditions of the eye, including an annual glaucoma screening for people at risk.	You pay a copayment of \$0 or \$10 for Medicare-covered exams to diagnose and treat diseases and conditions of the eye, including an annual glaucoma screening for people at risk. \$0 copayment for glaucoma screenings and diabetic retinal exams. \$10 copayment for all other Medicare-covered vision services.

### SECTION 3 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 4 Deciding Which Plan to Choose

#### Section 4.1 If you want to stay in our plan

**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 Courage Medicare (HMO).



## Section 4.2 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 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, there may be a potential Part D late enrollment penalty.

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 (SHIP) (see Section 6), or call Medicare (see Section 8.2).

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.

## SECTION 5 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, 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.

## SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Florida, the SHIP is called SHINE (Serving Health Insurance Needs of Elders).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE (Serving Health Insurance Needs of Elders) 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 SHINE (Serving Health Insurance Needs of Elders) at 1-800-963-5337.

## SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, 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).

● **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance. In Florida, the ADAP is the Florida AIDS Drug Assistance Program. Note: To be eligible for the ADAP operating in your State, 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. If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. To contact the Florida AIDS Drug Assistance Program, please call 1-850-245-4422 or 1-800-352-2437.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Florida AIDS Drug Assistance Program at 1-850-245-4422 or 1-800-352-2437.

## SECTION 8 Questions?

### Section 8.1 Getting Help from our plan

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 Courage Medicare (HMO). 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*).

### Section 8.2 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**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and 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.