Cigna Preferred Medicare (HMO) offered by Cigna

ANNUAL NOTICE OF CHANGES FOR 2023

You are currently enrolled as a member of Cigna Preferred 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. 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).
- 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 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.

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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 Preferred 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 Preferred 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

- 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).

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 Preferred Medicare (HMO) in several important areas. **Please note this is only a summary of costs**.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	$0	$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$6,500	$4,900
Doctor office visits	Primary care visits: $0 copayment per visit Specialist visits: $25 copayment per visit	Primary care visits: $0 copayment per visit Specialist visits: $20 copayment per visit
Inpatient hospital stays	$395 per day for days 1-5; $0 per day for days 6-90	$350 per day for days 1-5; $0 per day for days 6-90

Cost	2022 (this year)	2023 (next year)
Part D prescription drug coverage (See Section 1.5 for details.) To find out which drugs are Select Insulins, review the most recent Drug List we provided electronically. You can identify Select Insulins by the drugs listed as SSM. If you have questions about the Drug List, you can call Customer Service.	Deductible: $0 Copayments or Coinsurance during the Initial Coverage Stage: □Drug Tier 1: *Standard cost sharing:* $10 copayment *Preferred cost sharing:* $0 copayment □Drug Tier 2: *Standard cost sharing:* $20 copayment *Preferred cost sharing:* $0 copayment □Drug Tier 3: *Standard cost sharing:* $47 copayment *Preferred cost sharing:* $42 copayment □Drug Tier 4: *Standard cost sharing:* $100 copayment *Preferred cost sharing:* $95 copayment □Drug Tier 5: *Standard cost sharing:* 33% coinsurance *Preferred cost sharing:* 33% coinsurance	Deductible: $0 Copayments or Coinsurance during the Initial Coverage Stage: □Drug Tier 1: *Standard cost sharing:* $10 copayment *Preferred cost sharing:* $0 copayment □Drug Tier 2: *Standard cost sharing:* $20 copayment *Preferred cost sharing:* $0 copayment □Drug Tier 3: *Standard cost sharing:* $47 copayment You pay $35 for Select Insulins. *Preferred cost sharing:* $42 copayment You pay $35 for Select Insulins. □Drug Tier 4: *Standard cost sharing:* $100 copayment *Preferred cost sharing:* $100 copayment □Drug Tier 5: *Standard cost sharing:* 33% coinsurance *Preferred cost sharing:* 33% coinsurance

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)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

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)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$6,500	$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.

The Maximum out-of-pocket amount applies to covered in-network Part A and Part B services. It does not apply to covered out-of-network Part A and Part B services.

Section 1.3 Changes to the Provider and Pharmacy Networks

An updated *Provider and Pharmacy Directory* is located on our website at www.cignamedicare.com. You may also call Customer Service for updated provider and/or pharmacy 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.**

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), 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

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)
Acupuncture (supplemental)	Supplemental acupuncture services are not covered.	$300 reimbursement every year for supplemental acupuncture services.

Cost	2022 (this year)	2023 (next year)
Cardiac rehabilitation services	You pay a copayment of $30 for each Medicare-covered cardiac rehabilitative therapy visit. You pay a copayment of $30 for each Medicare-covered intensive cardiac rehabilitative therapy visit.	You pay a copayment of $15 for each Medicare-covered cardiac rehabilitative therapy visit. You pay a copayment of $15 for each Medicare-covered intensive cardiac rehabilitative therapy visit.
Dental services	You pay a copayment of $25 for Medicare-covered dental services. No maximum coverage amount for supplemental preventive and comprehensive dental services.	You pay a copayment of $20 for Medicare-covered dental services. $20,000 combined maximum coverage for supplemental preventive and comprehensive dental services.
Diabetes self-management training, diabetic services and supplies	You pay a coinsurance of 0% for preferred brand diabetic test strips, monitors and continuous glucose monitoring devices. Non-preferred brands are not covered. You pay a coinsurance of 20% for other monitoring supplies (e.g., lancets).	You pay a copayment of $0 for Medicare covered diabetic monitoring supplies
Emergency care	You pay a copayment of $90 for Medicare-covered emergency room visits. You pay a copayment of $90 for Medicare-covered Worldwide emergency room visits. You pay a copayment of $90 for Medicare-covered Worldwide emergency transportation.	You pay a copayment of $110 for Medicare-covered emergency room visits. You pay a copayment of $110 for Medicare-covered Worldwide emergency room visits. You pay a copayment of $110 for Medicare-covered Worldwide emergency transportation.
Hearing services	You pay a copayment of $25 for Medicare-covered hearing exams. Hearing aid allowance of $2,000 per ear per device every three years.	You pay a copayment of $20 for Medicare-covered hearing exams. Hearing aid allowance of $2,500 for both ears combined every three years.
Inpatient hospital care	For each Medicare-covered hospital stay you pay a copayment of: $395 per day for days 1-5; $0 per day for days 6-90	For each Medicare-covered hospital stay you pay a copayment of: $350 per day for days 1-5; $0 per day for days 6-90
Inpatient services in a psychiatric hospital	For each Medicare-covered Inpatient psychiatric hospital stay you pay a copayment of: $1,871 per stay	For each Medicare-covered Inpatient psychiatric hospital stay you pay a copayment of: $350 per day for days 1-5; $0 per day for days 6-90
Opioid treatment services	You pay a copayment of $25 for Medicare-covered opioid treatment services.	You pay a copayment of $20 for Medicare-covered opioid treatment services.

Cost	2022 (this year)	2023 (next year)
Outpatient diagnostic tests and therapeutic services and supplies	You pay a copayment of $0 or $205 for Medicare-covered diagnostic radiology services (not including X-rays). $0 copayment for mammography and ultrasounds. $205 copayment for all other diagnostic and nuclear medicine radiological services. You pay a copayment of $0 or $15 for Medicare-covered X-rays. $0 in a PCP or specialist office. $15 in all other locations.	You pay a copayment of $0 or $195 for Medicare-covered diagnostic radiology services (not including X-rays). $0 copayment for mammography and ultrasounds. $195 copayment for all other diagnostic and nuclear medicine radiological services. You pay a copayment of $15 for Medicare-covered X-rays.
Outpatient hospital observation	You pay a copayment of $295 per stay for Medicare-covered outpatient hospital observation.	You pay a copayment of $350 per stay for Medicare-covered outpatient hospital observation.
Outpatient rehabilitation services	You pay a copayment of $25 for Medicare-covered Occupational Therapy visits. You pay a copayment of $25 for Medicare-covered Physical Therapy in-person visits. You pay a copayment of $25 for Medicare-covered Speech and Language Pathology in-person visits.	You pay a copayment of $20 for Medicare-covered Occupational Therapy visits. You pay a copayment of $20 for Medicare-covered Physical Therapy in-person visits. You pay a copayment of $20 for Medicare-covered Speech and Language Pathology in-person visits.
Outpatient substance abuse services	You pay a copayment of $25 for Medicare-covered individual or group substance abuse outpatient treatment visits.	You pay a copayment of $20 for Medicare-covered individual or group substance abuse outpatient treatment visits.
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers	You pay a copayment of $0 or $295 for Medicare-covered outpatient hospital facility visit. $0 for any surgical procedures (i.e. polyp removal) during a colorectal screening. $295 copayment for all other Outpatient Services not provided in an Ambulatory Surgical Center. You pay a copayment of $0 or $250 for each Medicare-covered ambulatory surgical center visit. $0 for any surgical procedures (i.e. polyp removal) during a colorectal screening. $250 for all other Ambulatory Surgical Center (ASC) services.	You pay a copayment of $0 or $350 for Medicare-covered outpatient hospital facility visit. $0 for any surgical procedures (i.e. polyp removal) during a colorectal screening. $350 copayment for all other Outpatient Services not provided in an Ambulatory Surgical Center. You pay a copayment of $0 or $295 for each Medicare-covered ambulatory surgical center visit. $0 for any surgical procedures (i.e. polyp removal) during a colorectal screening. $295 for all other Ambulatory Surgical Center (ASC) services.
Over-the-Counter Items and Services	Not covered.	Limited to $70 every three months for specific over-the-counter drugs and other health-related pharmacy products, as listed in the OTC catalog. OTC allowance is loaded onto the Cigna Healthy Today debit card. Quarterly

Cost	2022 (this year)	2023 (next year)
		allowance does not carry over to next quarter. OTC items may be purchased using Cigna's OTC vendor or at participating retail locations. For more information, see your Supplemental Benefit Guide or call Customer Service.
Partial hospitalization services	You pay a copayment of $55 for Medicare-covered partial hospitalization program services.	You pay a copayment of $70 for Medicare-covered partial hospitalization program services.
Physician/Practitioner/Other Health Care Professional services	You pay a copayment of $25 for each Medicare-covered Specialist visit. You pay a copayment of $0 in a Primary Care Physician office or copayment of $25 in a Specialist office for Medicare-covered Other Health Care Professional Service.	You pay a copayment of $20 for each Medicare-covered Specialist visit. You pay a copayment of $0 in a Primary Care Physician office or copayment of $20 in a Specialist office for Medicare-covered Other Health Care Professional Service.
Podiatry services	You pay a copayment of $25 for each Medicare-covered podiatry visit.	You pay a copayment of $20 for each Medicare-covered podiatry visit.
Pulmonary rehabilitation services	You pay a copayment of $30 for each Medicare-covered pulmonary rehabilitative therapy visit.	You pay a copayment of $15 for each Medicare-covered pulmonary rehabilitative therapy visit.
Skilled nursing facility (SNF) care	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
Supervised exercise therapy (SET)	You pay a copayment of $30 for each Medicare-covered supervised exercise therapy visit.	You pay a copayment of $15 for each Medicare-covered supervised exercise therapy visit.
Transportation	Not covered	**Authorization rules may apply.** You pay a copayment of $0 for 10 one-way trips every year to plan-approved locations.
Urgently needed services	You pay a copayment of $25 for Medicare-covered urgently needed services. You pay a copayment of $90 for Medicare-covered Worldwide urgently needed services.	You pay a copayment of $20 for Medicare-covered urgently needed services. You pay a copayment of $110 for Medicare-covered Worldwide urgently needed services.
Vision services	You pay a copayment of $0 or $25 for Medicare-covered exams to diagnose and treat diseases and conditions of the eye, including an annual glaucoma screening for	You pay a copayment of $0 or $20 for Medicare-covered exams to diagnose and treat diseases and conditions of the eye, including an annual glaucoma screening for

Cost	2022 (this year)	2023 (next year)
	people at risk. $0 copayment for glaucoma screenings and diabetic retinal exams. $25 copayment for all other Medicare-covered vision services. Allowance of $300 every year for non-Medicare-covered eyewear. Annual eyewear allowance applies to the retail value only.	people at risk. $0 copayment for glaucoma screenings and diabetic retinal exams. $20 copayment for all other Medicare-covered vision services. Allowance of $350 every year for non-Medicare-covered eyewear. Annual eyewear allowance applies to the retail value only.

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).

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 you *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

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and didn't receive this insert with this packet, please call Customer Service and ask for the "LIS Rider."

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)
Stage 1: Yearly Deductible Stage There is no deductible for this plan for Select Insulins. Cost for Select Insulins Standard cost sharing: You pay $35 for a one-month supply for Select Insulins. Preferred cost sharing: You pay $35 for a one-month supply for Select Insulins.	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
Stage 2: 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 *Evidence of Coverage*. Cost for Select Insulins Standard cost sharing: You pay $35 for a one-month supply for Select Insulins. Preferred cost sharing: You pay $35 for a one-month supply for Select Insulins. **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.**	Your cost for a one-month supply at a network pharmacy: **Tier 1 (Preferred Generic Drugs):** *Standard cost-sharing:* You pay $10 per prescription. *Preferred cost-sharing:* You pay $0 per prescription. **Tier 2 (Generic Drugs):** *Standard cost-sharing:* You pay $20 per prescription. *Preferred cost-sharing:* You pay $0 per prescription. **Tier 3 (Preferred Brand Drugs):** *Standard cost-sharing:* You pay $47 per prescription. *Preferred cost-sharing:* You pay $42 per prescription. **Tier 4 (Non-Preferred Drugs):** *Standard cost-sharing:* You pay $100 per prescription. *Preferred cost-sharing:* You pay $95 per prescription. **Tier 5 (Specialty Drugs):** *Standard cost-sharing:* You pay 33% of the total cost. *Preferred cost-sharing:* You pay 33% of the total cost. _____ Once your total drug costs have reached $4,430, you will move to the next stage	Your cost for a one-month supply at a network pharmacy: **Tier 1 (Preferred Generic Drugs):** *Standard cost-sharing:* You pay $10 per prescription. *Preferred cost-sharing:* You pay $0 per prescription. **Tier 2 (Generic Drugs):** *Standard cost-sharing:* You pay $20 per prescription. *Preferred cost-sharing:* You pay $0 per prescription. **Tier 3 (Preferred Brand Drugs):** *Standard cost-sharing:* You pay $47 per prescription. You pay $35 for a one-month supply for Select Insulins. *Preferred cost-sharing:* You pay $42 per prescription. You pay $35 for a one-month supply for Select Insulins. **Tier 4 (Non-Preferred Drugs):** *Standard cost-sharing:* You pay $100 per prescription. *Preferred cost-sharing:* You pay $100 per prescription. **Tier 5 (Specialty Drugs):** *Standard cost-sharing:* You pay 33% of the total cost. *Preferred cost-sharing:* You pay 33% of

	(the Coverage Gap Stage).	the total cost. _____ Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).

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 fro 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.**
- **Getting Help from Medicare – If you chose this plan because you were looking for insulin coverage at $35 or less a month, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.**
- Additional Resource to Help – Please contact our Customer Service number at 1-800-688-3813 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 services used weekends, after hours, and on federal holidays.

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 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 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. 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, use the Medicare Plan Finder (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.

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, 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 5 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. Here is a list of the State Health Insurance Assistance Programs in each state we serve:

- In Oregon, the SHIP is called Senior Health Insurance Benefits Assistance Program (SHIBA)
- In Washington, the SHIP is called Statewide Health Insurance Benefits Advisors (SHIBA)

It is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. State Health Insurance Assistance Program 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 Oregon's SHIP, Senior Health Insurance Benefits Assistance Program (SHIBA), at 1-800-722-4134, or Washington's SHIP, Statewide Health Insurance Benefits Advisors (SHIBA), at 1-800-562-6900.

SECTION 6 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).
- **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 CAREAssist in Oregon or the Early Intervention Program (EIP) in Washington. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Oregon's ADAP, the CAREAssist , at

1-971-673-0144 or 1-800-805-2313, or Washington's ADAP, the Early Intervention Program (EIP), at 1-360-236-3426 or 1-877-376-9316.

SECTION 7 Questions?

Section 7.1 Getting Help from Cigna Preferred Medicare (HMO)

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 Preferred 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. 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. 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

You can visit the Medicare website (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.

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.

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