



*Cigna Alliance Medicare (HMO) offered by Cigna Healthcare*

# ANNUAL NOTICE OF CHANGES FOR 2024

You are currently enrolled as a member of Cigna Alliance 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).
  - 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 2024 "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 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

H4513\_24\_964402\_064\_M

OMB Approval 0938-1051 (Expires: February 29, 2024)

24\_A\_H4513\_064

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

- If you don't join another plan by December 7, 2023, you will stay in Cigna Alliance 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, 2024**. This will end your enrollment with Cigna Alliance 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. This call is free.
- 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 Alliance Medicare (HMO)**

- Subsidiaries of The Cigna Group contract 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 a Cigna Healthcare<sup>SM</sup> product depends on contract renewal.
  - When this booklet says “we,” “us,” or “our,” it means Cigna Healthcare. When it says “plan” or “our plan,” it means Cigna Alliance Medicare (HMO).
-

**Annual Notice of Changes for 2024**  
**Table of Contents**

**Summary of Important Costs for 2024..... 4**

**SECTION 1 Changes to Benefits and Costs for Next Year..... 7**

Section 1.1 Changes to the Monthly Premium..... 7

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount..... 7

Section 1.3 Changes to the Provider and Pharmacy Networks..... 7

Section 1.4 Changes to Benefits and Costs for Medical Services..... 7

Section 1.5 Changes to Part D Prescription Drug Coverage..... 9

**SECTION 2 Administrative Changes..... 11**

**SECTION 3 Deciding Which Plan to Choose..... 11**

Section 3.1 If you want to stay in Cigna Alliance Medicare (HMO)..... 11

Section 3.2 If you want to change plans..... 11

**SECTION 4 Deadline for Changing Plans..... 12**

**SECTION 5 Programs That Offer Free Counseling about Medicare..... 12**

**SECTION 6 Programs That Help Pay for Prescription Drugs..... 12**

**SECTION 7 Questions?..... 13**

Section 7.1 Getting Help from Cigna Alliance Medicare (HMO)..... 13

Section 7.2 Getting Help from Medicare..... 13

**Summary of Important Costs for 2024**

The table below compares the 2023 costs and 2024 costs for Cigna Alliance Medicare (HMO) in several important areas. **Please note this is only a summary of costs.**

| <b>Cost</b>   | <b>2023 (this year)</b>   | <b>2024 (next year)</b>   |
|---|---|---|
| <b>Monthly plan premium*</b><br>* Your premium may be higher than this amount. See Section 1.1 for details.   | \$0   | \$0   |
| <b>Maximum out-of-pocket amount</b><br>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.) | \$2,600   | \$2,900   |
| <b>Doctor office visits</b>   | Primary care visits: \$0 copayment per visit<br>Specialist visits: \$10 copayment per visit | Primary care visits: \$0 copayment per visit<br>Specialist visits: \$10 copayment per visit |
| <b>Inpatient hospital stays</b>   | \$190 per stay  | \$215 per stay  |

| Cost   | 2023 (this year)   | 2024 (next year)  |
|--|--|---|
| <p><b>Part D prescription drug coverage</b><br/>(See Section 1.5 for details.)</p> | <p>Deductible: \$0</p> <p>Copayments or Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Drug Tier 1:<br/> <i>Standard cost sharing:</i><br/> \$7 copayment<br/> <i>Preferred cost sharing:</i><br/> \$0 copayment</li> <li><input type="checkbox"/> Drug Tier 2:<br/> <i>Standard cost sharing:</i><br/> \$15 copayment<br/> <i>Preferred cost sharing:</i><br/> \$4 copayment</li> <li><input type="checkbox"/> Drug Tier 3:<br/> <i>Standard cost sharing:</i><br/> \$47 copayment<br/> <i>Preferred cost sharing:</i><br/> \$42 copayment</li> </ul> <p>You will pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Drug Tier 4:<br/> <i>Standard cost sharing:</i><br/> \$100 copayment<br/> <i>Preferred cost sharing:</i><br/> \$100 copayment</li> </ul> <p>You will pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Drug Tier 5:<br/> <i>Standard cost sharing:</i><br/> 33% coinsurance<br/> <i>Preferred cost sharing:</i><br/> 33% coinsurance</li> </ul> <p>You will pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> During this payment stage, the plan pays most of the cost for your covered drugs.</li> </ul> | <p>Deductible: \$0</p> <p>Copayments or Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Drug Tier 1:<br/> <i>Standard cost sharing:</i><br/> \$9 copayment<br/> <i>Preferred cost sharing:</i><br/> \$0 copayment</li> <li><input type="checkbox"/> Drug Tier 2:<br/> <i>Standard cost sharing:</i><br/> \$15 copayment<br/> <i>Preferred cost sharing:</i><br/> \$4 copayment</li> <li><input type="checkbox"/> Drug Tier 3:<br/> <i>Standard cost sharing:</i><br/> \$47 copayment<br/> <i>Preferred cost sharing:</i><br/> \$45 copayment</li> </ul> <p>You will pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Drug Tier 4:<br/> <i>Standard cost sharing:</i><br/> \$100 copayment<br/> <i>Preferred cost sharing:</i><br/> \$95 copayment</li> </ul> <p>You will pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Drug Tier 5:<br/> <i>Standard cost sharing:</i><br/> 33% coinsurance<br/> <i>Preferred cost sharing:</i><br/> 33% coinsurance</li> </ul> <p>You will pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> During this payment stage, the plan pays the full cost for your covered Part D drugs.</li> </ul> |

| Cost | 2023 (this year)   | 2024 (next year)   |
|------|--|--|
|      | <p>For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called <b>coinsurance</b>), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.)</p> | <p><input type="checkbox"/> You may have cost sharing for drugs that are covered under our enhanced benefit.</p> |

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

| Cost  | 2023 (this year) | 2024 (next year) |
|---|------------------|------------------|
| <b>Monthly premium</b><br>(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   | 2023 (this year) | 2024 (next year)  |
|--|------------------|---|
| <b>Maximum out-of-pocket amount</b><br>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. | \$2,600          | \$2,900<br>Once you have paid \$2,900 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](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 *Provider and Pharmacy Directory*, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 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 2024 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**

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

| Cost                                      | 2023 (this year)   | 2024 (next year)   |
|---|--|--|
| <b>Prior authorization</b>                | <p>Prior authorization may be required for the following services:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Additional telehealth services</b></li> <li><input type="checkbox"/> <b>Outpatient rehabilitation services:</b> <ul style="list-style-type: none"> <li>○ <b>Physical Therapy</b></li> <li>○ <b>Speech Therapy</b></li> </ul> </li> </ul> | <p>Prior authorization is not required for the following services:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Additional telehealth services</b></li> <li><input type="checkbox"/> <b>Outpatient rehabilitation services:</b> <ul style="list-style-type: none"> <li>○ <b>Physical Therapy</b></li> <li>○ <b>Speech Therapy</b></li> </ul> </li> </ul> |
| <b>Dental services (Routine)</b>          | <p>We provide a dental allowance of \$2,000 combined preventive and comprehensive allowance every year for routine preventive and comprehensive dental services every year.</p>  | <p>We provide a dental allowance of \$2,500 combined preventive and comprehensive allowance every year for routine preventive and comprehensive dental services every year.</p>  |
| <b>Emergency care</b>                     | <p>You pay a copayment of \$125 for Medicare-covered emergency room visits.</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>   | <p>You pay a copayment of \$135 for Medicare-covered emergency room visits.</p> <p>You pay a copayment of \$135 for Medicare-covered Worldwide emergency room visits.</p> <p>You pay a copayment of \$135 for Medicare-covered Worldwide emergency transportation.</p>   |
| <b>Hearing services (Routine)</b>         | <p>You pay a copayment of \$0 or one fitting evaluation for hearing aids every three years.</p> <p>Hearing aid allowance of \$2,000 for both ears combined every three years.</p> <p>Unlimited hearing aids up to allowance amount.</p>  | <p>You pay a copayment of \$0 for one fitting evaluation for hearing aids every year.</p> <p>You pay a copayment of \$399 - \$1,800 per device for hearing aids. Actual cost will depend on hearing aid selected.</p> <p>Limited to two devices every year.</p>  |
| <b>In-home support services</b>           | <p>You pay \$0 copayment for up to 60 hours in-home support services. Unused balances do not carry over year to year.</p>  | <p>You pay \$0 copayment for up to 30 hours in-home support services. Unused balances do not carry over year to year.</p>  |
| <b>Inpatient hospital care</b>            | <p>For each Medicare-covered hospital stay you pay a copayment of:</p> <p>\$190 per stay</p>   | <p>For each Medicare-covered hospital stay you pay a copayment of:</p> <p>\$215 per stay</p>   |
| <b>Medicare Part B prescription drugs</b> | <p>You pay a coinsurance of 20% for Medicare Part B insulin drugs.</p> <p>You pay a coinsurance of 20% for Medicare Part B Chemotherapy/Radiation drugs.</p> <p>You pay a coinsurance of 20% for Other Medicare Part B drugs.</p>  | <p>You pay a coinsurance of 0 - 20%; up to \$35 for Medicare Part B insulin drugs.</p> <p>You pay a coinsurance of 0 - 20% for Medicare Part B Chemotherapy/Radiation drugs.</p> <p>You pay a coinsurance of 0 - 20% for Other Medicare Part B drugs.</p>  |



| Cost  | 2023 (this year)   | 2024 (next year)  |
|---|--|---|
| <b>Outpatient diagnostic tests and therapeutic services and supplies</b>  | You pay a copayment of \$0 for Medicare-covered genetic tests.   | You pay a coinsurance of 20% for Medicare-covered genetic tests.  |
| <b>Outpatient hospital observation</b>                                    | You pay a copayment of \$125 per stay for Medicare-covered outpatient hospital observation.  | You pay a copayment of \$140 per stay for Medicare-covered outpatient hospital observation.   |
| <b>Over-the-Counter Items and Services</b>                                | \$150 every three months for specific over-the-counter drugs and other health-related pharmacy products, as listed in the OTC catalog.     | \$170 every three months for specific over-the-counter drugs and other health-related pharmacy products, as listed in the OTC catalog.            |
| <b>Partial hospitalization services and Intensive outpatient services</b> | You pay a copayment of \$75 for Medicare-covered partial hospitalization program services.   | You pay a copayment of \$100 for Medicare-covered partial hospitalization and intensive outpatient program services.                              |
| <b>Skilled nursing facility (SNF) care</b>                                | For each Medicare-covered SNF stay you pay a copayment of:<br>\$20 per day for days 1-20;<br>\$196 per day for days 21-100                 | For each Medicare-covered SNF stay you pay a copayment of:<br>\$20 per day for days 1-20;<br>\$203 per day for days 21-100                        |
| <b>Transportation</b>   | You pay a copayment of \$0 for 50 one-way trips every year to plan-approved locations. Maximum trip distance of 60 miles per one-way trip. | You pay a copayment of \$0 for unlimited one-way trips every year to plan-approved locations. Maximum trip distance of 70 miles per one-way trip. |
| <b>Urgently needed services</b>   | You pay a copayment of \$125 for Medicare-covered Worldwide urgently needed services.  | You pay a copayment of \$135 for Medicare-covered Worldwide urgently needed services.   |
| <b>Vision services (Routine)</b>  | Allowance of \$250 every year for routine eyewear. Annual eyewear allowance applies to the retail value only.                              | Allowance of \$350 every year for routine 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](http://www.cignamedicare.com)).

We made changes to our “Drug List”, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

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**

*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                                   | 2023 (this year)   | 2024 (next year)   |
|---|--|--|
| <b>Stage 1: Yearly Deductible Stage</b> | 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   | 2023 (this year)   | 2024 (next year)  |
|---|--|---|
| <p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>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>.</p> <p><b>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”.</b></p> <p>Most adult Part D vaccines are covered at no cost to you.</p> | <p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1 (Preferred Generic Drugs):</b><br/> <i>Standard cost-sharing:</i> You pay \$7 per prescription.<br/> <i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p><b>Tier 2 (Generic Drugs):</b><br/> <i>Standard cost-sharing:</i> You pay \$15 per prescription.<br/> <i>Preferred cost-sharing:</i> You pay \$4 per prescription.</p> <p><b>Tier 3 (Preferred Brand Drugs):</b><br/> <i>Standard cost-sharing:</i> You pay \$47 per prescription.<br/> <i>Preferred cost-sharing:</i> You pay \$42 per prescription.</p> <p>You will pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 4 (Non-Preferred Drugs):</b><br/> <i>Standard cost-sharing:</i> You pay \$100 per prescription.<br/> <i>Preferred cost-sharing:</i> You pay \$100 per</p> | <p>Your cost for a one-month supply at a network pharmacy:</p> <p><b>Tier 1 (Preferred Generic Drugs):</b><br/> <i>Standard cost-sharing:</i> You pay \$9 per prescription.<br/> <i>Preferred cost-sharing:</i> You pay \$0 per prescription.</p> <p><b>Tier 2 (Generic Drugs):</b><br/> <i>Standard cost-sharing:</i> You pay \$15 per prescription.<br/> <i>Preferred cost-sharing:</i> You pay \$4 per prescription.</p> <p><b>Tier 3 (Preferred Brand Drugs):</b><br/> <i>Standard cost-sharing:</i> You pay \$47 per prescription.<br/> <i>Preferred cost-sharing:</i> You pay \$45 per prescription.</p> <p>You will pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 4 (Non-Preferred Drugs):</b><br/> <i>Standard cost-sharing:</i> You pay \$100 per prescription.<br/> <i>Preferred cost-sharing:</i> You pay \$95 per</p> |

|  |  |  |
|--|--|--|
|  | <p>prescription.<br/>You will pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 5 (Specialty Drugs):</b><br/><i>Standard cost-sharing:</i> You pay 33% of the total cost.<br/><i>Preferred cost-sharing:</i> You pay 33% of the total cost.</p> <p>You will pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p> | <p>prescription.<br/>You will pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Tier 5 (Specialty Drugs):</b><br/><i>Standard cost-sharing:</i> You pay 33% of the total cost.<br/><i>Preferred cost-sharing:</i> You pay 33% of the total cost.</p> <p>You will pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <hr/> <p>Once your total drug costs have reached \$5,030, 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.**

**Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.**

For specific 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   | 2023 (this year)  | 2024 (next year)   |
|---|---|--|
| <b>Admission for Inpatient Hospital, Inpatient Psychiatric Hospital, and Skilled Nursing Facility</b> | A new benefit period starts when you have been out of an inpatient hospital, inpatient psychiatric hospital, or skilled nursing facility for 60 days. After 60 days you will be required to pay the applicable cost-share upon readmission. | You may be required to pay the applicable cost-share each time you are admitted to an inpatient hospital, inpatient psychiatric hospital, or skilled nursing facility. |

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 If you want to stay in Cigna Alliance 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 Alliance 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 2024 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](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Cigna Healthcare 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, 2024.

### 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, 2024, 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, 2024.

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. In Texas, the SHIP is called Texas Health Information Counseling & Advocacy Program (HICAP).

It is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. Texas Health Information Counseling & Advocacy Program (HICAP) 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 Texas Health Information Counseling & Advocacy Program (HICAP) at 1-800-252-9240.

---

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“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).
- **Help from your state’s pharmaceutical assistance program.** Texas has a program called Kidney Health Care Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.

- **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 Texas HIV Medication Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Texas HIV Medication Program at 1-800-255-1090.

## SECTION 7 Questions?

### Section 7.1 Getting Help from Cigna Alliance 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 2024 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 2024. For details, look in the 2024 *Evidence of Coverage* for Cigna Alliance 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*) 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](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 2024

Read the *Medicare & You 2024* 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.

This page intentionally left blank.

This page intentionally left blank.

This page intentionally left blank.