



Cigna True Choice Medicare (PPO) offered by Cigna Healthcare

ANNUAL NOTICE OF CHANGES FOR 2025

You are currently enrolled as a member of Cigna True Choice Medicare (PPO). 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 coverage restrictions and cost sharing.
 - ☐ Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
- ☐ Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- ☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.
- ☐ Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.
- ☐ 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 the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- ☐ 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, 2024, you will stay in Cigna True Choice Medicare (PPO).
- ☐ To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on January 1, 2025. This will end your enrollment with Cigna True Choice Medicare (PPO).
- ☐ If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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 for more information.

About Cigna True Choice Medicare (PPO)

- ☐ 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 HealthcareSM 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 True Choice Medicare (PPO).
 - ☐ Cigna Healthcare may reach out to you via phone regarding the administration of your plan benefits. This communication helps us let you know about scheduled services or available programs, so you get the most out of your plan. You can opt-out of these calls at any time by contacting Customer Service.
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Annual Notice of Changes for 2025
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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Cigna True Choice Medicare (PPO) in several important areas. **Please note this is only a summary of costs.**

| Cost | 2024 (this year) | 2025 (next year) |
|---|---|---|
| Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details. | \$0 | \$0 |
| Deductible | No deductible. | \$200 except for insulin furnished through an item of durable medical equipment. |
| Maximum out-of-pocket amount 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.) | From network providers: \$5,600 From in-network and out-of-network providers combined: \$8,950 | From network providers: \$5,700 From in-network and out-of-network providers combined: \$10,000 |
| Doctor office visits | <u>In-Network</u> Primary care visits: \$0 copayment per visit Specialist visits: \$35 copayment per visit <u>Out-of-Network</u> Primary care visits: \$40 copayment per visit Specialist visits: \$55 copayment per visit | <u>In-Network</u> Primary care visits: \$0 copayment per visit Specialist visits: \$45 copayment per visit <u>Out-of-Network</u> Primary care visits: \$40 copayment per visit Specialist visits: \$55 copayment per visit |
| Inpatient hospital stays | <u>In-Network</u> \$295 per day for days 1-5; \$0 per day for days 6-90 <u>Out-of-Network</u> 40% per stay | <u>In-Network</u> \$305 per day for days 1-6; \$0 per day for days 7-90 <u>Out-of-Network</u> 40% per stay |

| Cost | 2024 (this year) | 2025 (next year) |
|--|--|--|
| Part D prescription drug coverage (See Section 1.5 for details.) | Deductible: \$0 Copayments or Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <input type="checkbox"/> Drug Tier 1: <i>Standard cost sharing:</i> \$10 copayment <i>Preferred cost sharing:</i> \$0 copayment <input type="checkbox"/> Drug Tier 2: <i>Standard cost sharing:</i> \$20 copayment <i>Preferred cost sharing:</i> \$10 copayment <input type="checkbox"/> Drug Tier 3: <i>Standard cost sharing:</i> \$47 copayment <i>Preferred cost sharing:</i> \$47 copayment You will pay no more than \$35 per month supply of each covered insulin product on this tier. <ul style="list-style-type: none"> <input type="checkbox"/> Drug Tier 4: <i>Standard cost sharing:</i> \$100 copayment <i>Preferred cost sharing:</i> \$99 copayment You will pay no more than \$35 per month supply of each covered insulin product on this tier. <ul style="list-style-type: none"> <input type="checkbox"/> Drug Tier 5: <i>Standard cost sharing:</i> 33% coinsurance <i>Preferred cost sharing:</i> 33% coinsurance You will pay no more than \$35 per month supply of each covered insulin product on this tier. Catastrophic Coverage: <ul style="list-style-type: none"> <input type="checkbox"/> During this payment stage, the plan pays the full cost for your covered Part D drugs. <input type="checkbox"/> You may have cost sharing for drugs that are covered under our enhanced benefit. | Deductible: \$0 Copayments or Coinsurance during the Initial Coverage Stage: <ul style="list-style-type: none"> <input type="checkbox"/> Drug Tier 1: <i>Standard cost sharing:</i> \$10 copayment <i>Preferred cost sharing:</i> \$0 copayment <input type="checkbox"/> Drug Tier 2: <i>Standard cost sharing:</i> \$20 copayment <i>Preferred cost sharing:</i> \$10 copayment <input type="checkbox"/> Drug Tier 3: <i>Standard cost sharing:</i> \$47 copayment <i>Preferred cost sharing:</i> \$47 copayment You will pay no more than \$35 per month supply of each covered insulin product on this tier. <ul style="list-style-type: none"> <input type="checkbox"/> Drug Tier 4: <i>Standard cost sharing:</i> \$100 copayment <i>Preferred cost sharing:</i> \$100 copayment You will pay no more than \$35 per month supply of each covered insulin product on this tier. <ul style="list-style-type: none"> <input type="checkbox"/> Drug Tier 5: <i>Standard cost sharing:</i> 33% coinsurance <i>Preferred cost sharing:</i> 33% coinsurance You will pay no more than \$35 per month supply of each covered insulin product on this tier. Catastrophic Coverage: <ul style="list-style-type: none"> <input type="checkbox"/> During this payment stage you pay nothing for your covered Part D drugs. You may have cost sharing for drugs that are covered under our enhanced benefit. |

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

| Cost | 2024 (this year) | 2025 (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 Amounts

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

| Cost | 2024 (this year) | 2025 (next year) |
|---|------------------|---|
| In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount. | \$5,600 | \$5,700 Once you have paid \$5,700 combined out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year. |
| Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services. | \$8,950 | \$10,000 Once you have paid \$10,000 combined out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year. |

Section 1.3 Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

An updated *Provider and Pharmacy Directory* is located on our website at www.cignamedicare.com/resources. 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 2025 *Provider and Pharmacy Directory* (www.cignamedicare.com/resources) 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 2025 *Provider and Pharmacy Directory* (www.cignamedicare.com/resources) 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 | 2024 (this year) | 2025 (next year) |
|---|--|--|
| Prior authorization | <p>Prior authorization may be required for the following services:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cardiac rehabilitation services <input type="checkbox"/> Pulmonary rehabilitation services <input type="checkbox"/> Outpatient rehabilitation services <ul style="list-style-type: none"> o Occupational therapy | <p>Prior authorization is not required for the following services:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cardiac rehabilitation services <input type="checkbox"/> Pulmonary rehabilitation services <input type="checkbox"/> Outpatient rehabilitation services <ul style="list-style-type: none"> o Occupational therapy |
| Additional telehealth services | <p><u>In-Network</u> You pay a copayment of \$35 for each Medicare-covered virtual Physician Specialist visit.</p> | <p><u>In-Network</u> You pay a copayment of \$45 for each Medicare-covered virtual Physician Specialist visit.</p> |
| Ambulance services | <p><u>In-Network and Out-of-Network</u> You pay a copayment of \$250 for each one-way Medicare-covered ground ambulance trip.</p> | <p><u>In-Network and Out-of-Network</u> You pay a copayment of \$300 for each one-way Medicare-covered ground ambulance trip.</p> |
| Dental services (Medicare-covered) | <p><u>In-Network</u> You pay a copayment of \$35 for Medicare-covered dental services.</p> | <p><u>In-Network</u> You pay a copayment of \$45 for Medicare-covered dental services.</p> |

| Cost | 2024 (this year) | 2025 (next year) |
|---|---|---|
| Dental services (Routine) | <u>In-Network and Out-of-Network</u> We provide a dental allowance of \$1,700 every year (combined preventive and comprehensive) for routine dental services. | <u>In-Network and Out-of-Network</u> We provide a dental allowance of \$1,300 every year (combined preventive and comprehensive) for routine dental services. |
| Emergency care | <u>In-Network and Out-of-Network</u> You pay a copayment of \$120 for Medicare-covered emergency room visits. You pay a copayment of \$120 for Medicare-covered Worldwide emergency room visits. You pay a copayment of \$120 for Medicare-covered Worldwide emergency transportation. | <u>In-Network and Out-of-Network</u> You pay a copayment of \$125 for Medicare-covered emergency room visits. You pay a copayment of \$125 for Medicare-covered Worldwide emergency room visits. You pay a copayment of \$125 for Medicare-covered Worldwide emergency transportation. |
| Health and wellness education programs | Health Information Line You pay \$0 copayment for 24-Hour Health Information Line. HealthWise You pay \$0 copayment for access to online health-related educational videos and written content. | Health Information Line Not covered. HealthWise Benefit name is changing to Health Education . You pay \$0 copayment for access to online health-related educational videos and written content. |
| Home-delivered Meals | You pay a copayment of \$0 for home-delivered meals up to three (3) times each year. | Not covered. |
| Inpatient hospital care | <u>In-Network</u> For each Medicare-covered hospital stay you pay a copayment of: \$295 per day for days 1-5; \$0 per day for days 6-90 | <u>In-Network</u> For each Medicare-covered hospital stay you pay a copayment of: \$305 per day for days 1-6; \$0 per day for days 7-90 |

| Cost | 2024 (this year) | 2025 (next year) |
|---|---|---|
| Inpatient services in a psychiatric hospital | <u>In-Network</u> For each Medicare-covered psychiatric hospital stay you pay a copayment of: \$295 per day for days 1-5; \$0 per day for days 6-90 | <u>In-Network</u> For each Medicare-covered psychiatric hospital stay you pay a copayment of: \$305 per day for days 1-5; \$0 per day for days 6-90 |
| Opioid treatment services | <u>In-Network</u> You pay a copayment of \$35 for Medicare-covered opioid treatment services. | <u>In-Network</u> You pay a copayment of \$45 for Medicare-covered opioid treatment services. |
| Outpatient diagnostic tests and therapeutic services and supplies test | <u>In-Network</u> You pay a coinsurance of 0% for Medicare-covered lab services. You pay a coinsurance of 20% for Medicare-covered genetic tests. You pay a copayment of \$0 or \$150 for Medicare-covered diagnostic radiology services (not including X-rays). \$0 for mammography and ultrasounds. \$150 for all other diagnostic and nuclear medicine radiological services. You pay a copayment of \$30 for Medicare-covered X-rays. | <u>In-Network</u> You pay a copayment of \$0 for Medicare-covered lab services. You pay a copayment of \$50 for Medicare-covered genetic tests. You pay a copayment of \$0 or \$225 for Medicare-covered diagnostic radiology services (not including X-rays). \$0 for mammography and ultrasounds. \$225 for all other diagnostic and nuclear medicine radiological services. You pay a copayment of \$50 for Medicare-covered X-rays. |
| Outpatient hospital observation | <u>In-Network</u> You pay a copayment of \$295 per stay for Medicare-covered outpatient hospital observation. | <u>In-Network</u> You pay a copayment of \$340 per stay for Medicare-covered outpatient hospital observation. |
| Outpatient rehabilitation services | <u>Out-of-Network</u> You pay a copayment of \$45 for Medicare-covered Occupational Therapy visits. You pay a copayment of \$45 for Medicare-covered Physical Therapy in-person visits. You pay a copayment of \$45 for Medicare-covered Speech and Language Pathology in-person visits. | <u>Out-of-Network</u> You pay a copayment of \$40 for Medicare-covered Occupational Therapy visits. You pay a copayment of \$40 for Medicare-covered Physical Therapy in-person visits. You pay a copayment of \$40 for Medicare-covered Speech and Language Pathology in-person visits. |
| Outpatient substance use disorder services | <u>In-Network</u> You pay a copayment of \$35 for Medicare-covered individual or group substance use disorder outpatient treatment visits. | <u>In-Network</u> You pay a copayment of \$45 for Medicare-covered individual or group substance use disorder outpatient treatment visits. |
| Outpatient surgery, including services provided at hospital | <u>In-Network</u> | <u>In-Network</u> |

| Cost | 2024 (this year) | 2025 (next year) |
|---|--|--|
| outpatient facilities and ambulatory surgical centers | <p>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.</p> <p>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.</p> | <p>You pay a copayment of \$0 or \$340 for Medicare-covered outpatient hospital facility visit. \$0 for any surgical procedures (i.e. polyp removal) during a colorectal screening. \$340 copayment for all other Outpatient Services not provided in an Ambulatory Surgical Center.</p> <p>You pay a copayment of \$0 or \$315 for each Medicare-covered ambulatory surgical center visit. \$0 for any surgical procedures (i.e. polyp removal) during a colorectal screening. \$315 for all other Ambulatory Surgical Center (ASC) services.</p> |
| Partial hospitalization services and Intensive outpatient services | <p><u>In-Network</u></p> <p>You pay a copayment of \$85 for Medicare-covered partial hospitalization and intensive outpatient services.</p> | <p><u>In-Network</u></p> <p>You pay a copayment of \$105 for Medicare-covered partial hospitalization and intensive outpatient services.</p> |
| Physician/Practitioner/Other Health Care Professional services | <p><u>In-Network</u></p> <p>You pay a copayment of \$35 for each Medicare-covered Specialist visit. You pay a copayment of \$0 in a Primary Care Physician office or copayment of \$35 in a Specialist office for Medicare-covered Other Health Care Professional Service.</p> | <p><u>In-Network</u></p> <p>You pay a copayment of \$45 for each Medicare-covered Specialist visit. You pay a copayment of \$0 in a Primary Care Physician office or copayment of \$45 in a Specialist office for Medicare-covered Other Health Care Professional Service.</p> |
| Skilled nursing facility (SNF) care | <p><u>In-Network</u></p> <p>For each Medicare-covered SNF stay you pay a copayment of:</p> <p>\$0 per day for days 1-20; \$203 per day for days 21-100</p> | <p><u>In-Network</u></p> <p>For each Medicare-covered SNF stay you pay a copayment of:</p> <p>\$0 per day for days 1-20; \$214 per day for days 21-100</p> |
| Urgently needed services | <p><u>In-Network and Out-of-Network</u></p> <p>You pay a copayment of \$60 for Medicare-covered urgently needed services.</p> <p>You pay a copayment of \$120 for Medicare-covered Worldwide urgently needed services.</p> | <p><u>In-Network and Out-of-Network</u></p> <p>You pay a copayment of \$55 for Medicare-covered urgently needed services.</p> <p>You pay a copayment of \$125 for Medicare-covered Worldwide urgently needed services.</p> |
| Vision services (Medicare-covered) | <p><u>Out-of-Network</u></p> <p>You pay a copayment of \$0 or \$50 for Medicare-covered exams to diagnose and treat diseases and conditions of the eye,</p> | <p><u>Out-of-Network</u></p> <p>You pay a copayment of \$0 or a copayment of \$50 for Medicare-covered exams to diagnose and treat diseases and conditions</p> |

| Cost | 2024 (this year) | 2025 (next year) |
|------|--|---|
| | including an annual glaucoma screening for people at risk. \$0 copayment for glaucoma screenings and diabetic retinal exams. \$50 for all other Medicare-covered vision services. | of the eye, including an annual glaucoma screening for people at risk. \$0 copayment for glaucoma screenings. \$50 for all other Medicare-covered vision services. |

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, 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, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

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.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Customer Service or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and 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.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

| Stage | 2024 (this year) | 2025 (next year) |
|---|--|--|
| Stage 1: Yearly Deductible Stage | 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 | 2024 (this year) | 2025 (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 chart are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply, or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i> . We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. | Your cost for a one-month supply filled at a network pharmacy. Tier 1 (Preferred Generic Drugs): <i>Standard cost-sharing:</i> You pay \$10 per prescription. Your cost for a one-month mail-order prescription is \$10. <i>Preferred cost-sharing:</i> You pay \$0 per prescription. Your cost for a one-month mail-order prescription is \$0. Tier 2 (Generic Drugs): <i>Standard cost-sharing:</i> You pay \$20 per prescription. Your cost for a one-month mail-order prescription is \$20. <i>Preferred cost-sharing:</i> You pay \$10 per prescription. Your cost for a one-month mail-order prescription is \$10. Tier 3 (Preferred Brand Drugs): <i>Standard cost-sharing:</i> You pay \$47 per prescription. Your cost for a one-month mail-order prescription is \$47. <i>Preferred cost-sharing:</i> You pay \$47 per prescription. Your cost for a one-month mail-order prescription is \$47. | Your cost for a one-month supply filled at a network pharmacy. Tier 1 (Preferred Generic Drugs): <i>Standard cost-sharing:</i> You pay \$10 per prescription. Your cost for a one-month mail-order prescription is \$10. <i>Preferred cost-sharing:</i> You pay \$0 per prescription. Your cost for a one-month mail-order prescription is \$0. Tier 2 (Generic Drugs): <i>Standard cost-sharing:</i> You pay \$20 per prescription. Your cost for a one-month mail-order prescription is \$20. <i>Preferred cost-sharing:</i> You pay \$10 per prescription. Your cost for a one-month mail-order prescription is \$10. Tier 3 (Preferred Brand Drugs): <i>Standard cost-sharing:</i> You pay \$47 per prescription. Your cost for a one-month mail-order prescription is \$47. <i>Preferred cost-sharing:</i> You pay \$47 per prescription. Your cost for a one-month mail-order prescription is \$47. |

| Stage | 2024 (this year) | 2025 (next year) |
|-------|--|---|
| | <p>You will pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4 (Non-Preferred Drugs): <i>Standard cost-sharing:</i> You pay \$100 per prescription. Your cost for a one-month mail-order prescription is \$100. <i>Preferred cost-sharing:</i> You pay \$99 per prescription. Your cost for a one-month mail-order prescription is \$99. You will pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 5 (Specialty Drugs): <i>Standard cost-sharing:</i> You pay 33% of the total cost. Your cost for a one-month mail-order prescription is 33%. <i>Preferred cost-sharing:</i> You pay 33% of the total cost. Your cost for a one-month mail-order prescription is 33%. 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> | <p>You will pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4 (Non-Preferred Drugs): <i>Standard cost-sharing:</i> You pay \$100 per prescription. Your cost for a one-month mail-order prescription is \$100. <i>Preferred cost-sharing:</i> You pay \$100 per prescription. Your cost for a one-month mail-order prescription is \$100. You will pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 5 (Specialty Drugs): <i>Standard cost-sharing:</i> You pay 33% of the total cost. Your cost for a one-month mail-order prescription is 33%. <i>Preferred cost-sharing:</i> You pay 33% of the total cost. Your cost for a one-month mail-order prescription is 33%. You will pay no more than \$35 per month supply of each covered insulin product on this tier.</p> <hr/> <p>Once you have paid \$2,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p> |

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

If you reach the Catastrophic Coverage Stage, you pay nothing for your 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 the Catastrophic Coverage Stage, look at Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

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

| Description | 2024 (this year) | 2025 (next year) |
|---|--|--|
| Medicare Prescription Payment Plan | Not applicable | The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). To learn more about this payment option, please contact us at 1-800-668-3813 (TTY 711) or visit Medicare.gov. |
| Prescription drug coverage, long-term supply | A long-term supply of Tier 1 and Tier 2 prescription drugs covers 90 days. | A long-term supply of Tier 1 and Tier 2 prescription drugs covers 100 days. |

SECTION 3 Deciding Which Plan to Choose**Section 3.1 If you want to stay in Cigna True Choice Medicare (PPO)**

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 True Choice Medicare (PPO).

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 2025 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 2025* 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, 2025.

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, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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 Tennessee, the SHIP is called Tennessee State Health Insurance Assistance Program (SHIP)
- ☐ In Virginia, the SHIP is called Virginia Insurance Counseling & Assistance Program (VICAP)

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 Tennessee’s SHIP, Tennessee State Health Insurance Assistance Program (SHIP), at 1-877-801-0044, or Virginia’s SHIP, Virginia Insurance Counseling & Assistance Program (VICAP), at 1-804-662-9333 or 1-800-552-3402.

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, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a 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. 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. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Tennessee HIV Drug Assistance Program (HDAP) in Tennessee or the Virginia Medication Assistance Program (VA MAP) in Virginia. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call Tennessee’s ADAP, the Tennessee HIV Drug Assistance Program (HDAP), at 1-615-532-2392, or Virginia’s ADAP, the Virginia Medication Assistance Program (VA MAP), at 1-855-362-0658. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- ☐ **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn’t save you money or lower your drug costs.**
- ☐ “Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option,

regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-800-668-3813 (TTY 711) or visit Medicare.gov.

SECTION 7 Questions?

Section 7.1 Getting Help from Cigna True Choice Medicare (PPO)

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 2025 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 2025. For details, look in the 2025 *Evidence of Coverage* for Cigna True Choice Medicare (PPO). 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

Visit the Medicare website (www.medicare.gov/plan-compare). 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 2025

Read the *Medicare & You 2025* handbook. Every fall, this document 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 (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.

Multi-language Interpreter Services



English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-668-3813. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-668-3813. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-668-3813。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-668-3813。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagapagsaling-wika, tawagan lamang kami sa 1-800-668-3813. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-668-3813. Un interlocuteur parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-668-3813 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-668-3813. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-668-3813번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-668-3813. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة على أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم 1-800-668-3813، وسيقوم شخص يتحدث العربية بمساعدتك. هذه الخدمة مجانية.

Hindi: हमारी स्वास्थ्य या दवा योजना से संबंधित आपके किसी भी प्रश्न का जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं। दुभाषिया सेवाएं प्राप्त करने के लिए हमें 1-800-668-3813 पर फ़ोन करें। हिन्दी बोलने वाला कोई भी व्यक्ति आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-668-3813. Un nostro incaricato che parla italiano Le l'assistenza necessaria. Il servizio è gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que possa ter acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-668-3813. Irá encontrar alguém que fale português para o(a) ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-668-3813. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-668-3813. Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と薬品プランに関するご質問にお答えするために、無料の通訳サービスがございます。通訳をご用命になるには、1-800-668-3813 にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。