FIRST LOOK 2023 BENEFITS

Medicare Advantage Preview

Offered by Cigna Health and Life Insurance Company or its affiliates

Together, all the way.®

WELCOME TO THIS YEAR'S FIRST LOOK FROM CIGNA!

We are excited to share with you the new Medicare Advantage plans, products and benefits that add value to your customers' lives.

As always, we maintain our pledge to offer simple, affordable and predictable health care. In addition to the quality plans you've come to expect from Cigna, we continue with our ambitious growth goals and expansion plans. In fact, in 2023 you can now expect to see Cigna plans in 28 states and the District of Columbia.

Some of the growth you'll see for our Medicare Advantage plans* in 2023 include:

- **Two new states: New York and Kentucky**
- **107 new Medicare Advantage counties**
- **584 county footprint – a 22% increase over 2022**
- **173 new PPO counties**
- **114 new HMO counties**
- **79 new D-SNP counties**

For 2023 Cigna Medicare will offer 42% more plans, including new D-SNP plans. In addition to Cigna's expansion, we're also enhancing the benefits to many of our offerings, including expanded benefits for dental, insulin savings, and the new Cigna Healthy Today card we are launching for 2023. We're glad to talk with you about these and other benefits and to showcase how a Cigna Medicare Advantage plan is a great fit for your customers.

Thank you for the work you do to find the best fit for your customers. We value your partnership and believe we are better together. Let's make this AEP the best one yet!

-Elizabeth Davis

*Pending CMS approval

CONTACT US

Cigna Agent Resource Line

866-442-7516

carl@cigna.com

2023 market, plan and benefit information subject to CMS approval. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

TABLE OF **CONTENTS**

07 About Cigna

Mission
Values
History
Guiding Principles
By the Numbers

15 Why Cigna Medicare

Affordable, Predictable, and Simple
Broker Sales Representatives
Virtual Tools
Enrollment Options
Health Risk Assessment (HRA)
Cigna Agent Resource Line (CARL)

25 Supplemental Health Benefits

Dental
Vision
Hearing
OTC

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

[cnt'd]

Transportation

Fitness

Home Delivered Meals

33 New for 2023

Our 2023 Footprint

National Product View

Pharmacy Benefits

Incentives for 2023

41 State + Market Plans

Southeast

West

Northeast

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

ABOUT **CIGNA**

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

OUR **MISSION**

As a global health service company, Cigna's mission is to improve the health, well-being, and peace of mind of those we serve by making health care affordable, predictable, and simple.

OUR **VALUES**

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

OUR **HISTORY**

1792

Our roots go back to 1792, making Cigna **the nation's oldest stockholder-owned insurer**.

1912

We began to offer **health benefits** in 1912.

25+

Cigna has served seniors with **Medicare Advantage** and **Medicare supplement plans** for more than 25 years.

2006

We're proud to have been a **Medicare Part D** carrier since the program began in 2006.

2018

Cigna completes combination with **Express Scripts®**

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

OUR **GUIDING PRINCIPLES**

DO THE RIGHT THING ALWAYS

We are accountable to our customers, our partner agents and agencies, and our co-workers in everything we do.

BE COURAGEOUS

We strive to find opportunity in every challenge, even if it's uncomfortable.

LISTEN AND LEARN!

We seek to understand our customers, partners, and other people and circumstances we encounter.

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

BY THE **NUMBERS**

GLOBAL NETWORK

1.5 MILLION+

providers, clinics, and facilities

67K+

contracted pharmacies in our networks representing more than **99%** of all U.S. pharmacies

175K+

mental and behavioral health care providers, a network that has grown **70%** since **2016**

RANKED

#13

on the Fortune 500 list for 2021

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

CIGNA MEDICARE'S **STAR RATINGS**

...are out of this world!

In 2022, **89%** of Cigna Medicare Advantage and Prescription Drug Plan (MAPD) customers were in a **4 STAR rated plan or higher**.

This is an increase of 12% in just 3 years.

Highlights of our 2022 Stars Ratings include:

- A **5 Star plan rating** in Florida for the ***fourth year in a row***
- A fourth year of **4.5 Star performance** in Alabama, Tennessee and Texas
- A rating of **4.5 Stars** in North Carolina for the second year
- South Carolina, Arizona and Mississippi increased to **4.5 Stars**
- Pennsylvania maintained their 4 Star ratings
- Illinois and Georgia improved to achieve 4 Stars
- Our North Texas PPO earned 4 Stars for the first time

For market specific results, click here.

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WHY
CIGNA MEDICARE

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

INTRODUCING **CIGNA'S EVOLVED STRATEGY**

CHAMPIONS FOR **AFFORDABLE**, **PREDICTABLE**, AND **SIMPLE HEALTH CARE**

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

MAKING IT

affordable

We build on our leading, differentiated position to lower the total cost of care.

MAKING IT

predictable

We take surprise out of the system and help people make informed health choices.

MAKING IT

simple

We make it easier for the people we serve to get the care they need.

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

BROKER SALES **REPRESENTATIVES**

- Local market knowledge and support
- Assistance with business planning, marketing and recruiting
- Cigna value proposition, product and positioning
- Sales and compliance training and coaching
- Issue resolution and escalation
- As needed access to sales kits and enrollment materials

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

VIRTUAL SELLING AND SUPPORT TOOLS

» **Cigna for Brokers (Available 24/7)** – online customer relationship management tool
  - Medicare eligibility
  - Application status
  - Provider look up
  - Formulary look up
  - Order marketing materials
  - Access the certification port

» **CustomPoint** - online portal for custom marketing collateral

» **Producers' University** – online training information and sales resources

» Basics of Medicare presentation in both English and Spanish (access through **Producers' University**)

» Cigna Medicare video learning series (access through **Medicare Learning Series**)

» Social Media Content - available to agents who have successfully completed Cigna social media training

» Infographics - simple infographic that doubles as a quick checklist to help your customers (access through **Producers' University**)

» Digital business reply card (BRC)

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

ENROLLMENT **OPTIONS**

Connecture DRx:

» Offer a purely digital way for customers select, enroll, and signup for their Medicare Advantage option of choice

» Quick quote - can send your customers a few different plan options for their review

» Build a digital book of business by creating individual customer profiles

Personalized URL (PURL):

» Integrated with Cigna for Brokers

» Provides pricing and enrollment information electronically

» Send via email, social media or website link

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

VALUE BASED ENROLLMENT **HEALTH RISK ASSESSMENT (HRA)**

Beginning in 2021, Cigna Medicare launched its new online value based enrollment HRA, which is an opportunity for you to help engage and connect our customers to their new Cigna health plan immediately following enrollment.

The HRA program is available year round to qualified agents, when enrolling new Cigna customers

- Must be the AOR for the customer to participate at this time
- Opportunity to earn **an additional $75** for qualified submissions
- The full program details are available on the Broker portal
- See your Broker Manager for details

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

CIGNA
AGENT RESOURCE LINE

CARL is the Cigna Medicare's help center staffed by Cigna employees who provide valuable support to our brokers. Below is some assistance CARL can support you with:

- Producers' University
- Salesforce password resets
- Commissions, licensing, and appointment questions
- Provider directory and formulary requests
- Phone number and email address updates
- Cigna Medicare contacts (local markets, departments, etc.)
- Assist with CustomPoint
- eEnrollment Plan information
- Request ID cards and Welcome Kits on behalf of a customer
- Updates to Primary Care Provider information
- Medicare and Medicaid eligibility
- Application status

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

CIGNA
AGENT RESOURCE LINE
[CNT'D]

CARL Help Center
carl@cigna.com
866-442-7516

Other Services:

TeleScope (SOA)
866-398-6055

Customer Plan Change
855-649-5105

Hours of Operation

AEP	Mon – Sat	7:00 am to 9:00 pm
	Sun	9:30 am to 6:00 pm
OEP	Mon – Sat	7:00 am to 7:00 pm
Lock-In	Mon – Fri	7:00 am to 6:00 pm

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SUPPLEMENTAL **HEALTH BENEFITS**

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SUPPLEMENTAL **HEALTH BENEFITS**

At Cigna, part of our commitment to our customers' whole health means giving them more ways to **get healthier - and stay healthier**. As a Cigna Medicare Advantage customer, they will have all the coverage of original Medicare plus a wide range of added benefits.

These added benefits include helpful services and programs designed to **improve our customers' health, well-being and peace of mind**.

DENTAL

In 2023, we will offer dental benefits that include: preventive, comprehensive, or allowance depending on the market.

Dental DHMO — $20,000 preventive and comprehensive annual maximum and new $0 copay only benefit design.

Dental Allowance — Customers in plans offering the dental allowance are not required to use a specific dental network, and can receive preventative and comprehensive services from any licensed dentist.

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

An additional customer discount is applied for customers using a Cigna Dental Health (CDH) DHMO or PPO provider.

VISION

We offer a nationwide network for convenient vision service access that includes large retail providers as well as independent doctors. Included in our vision benefit:

- Comprehensive eye exams, including refractions
- Yearly glaucoma screenings
- Flexible frame and lenses or contacts
- Medicare covered – after cataract surgery glasses (lenses and frames or contacts), from in-network providers

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

HEARING

We partner with Hearing Care Solutions (HCS) to provide easy access to routine hearing exams/evaluations, fittings, and distribution of hearing aid devices for our customers.

HEARING CARE SOLUTIONS

- Over 35 years of hearing industry experience with a focus on individual care
- Provides a nationwide network with over 2,000 locations for convenient access to hearing service
- Offers fixed pricing for hearing aids based on the level of technology, not the style of the device
- Access to a wide selection of major manufacturers, offering a vast number of hearing aid models to our customers
- Nine manufacturers to choose from
- 4 year supply of batteries are included (up to 128 cells per hearing aid/ear)

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

OTC

We partner with Convey Health Solutions to provide easy access and availability of over-the-counter (OTC) medications and products for our customers through the Cigna Medicare Advantage OTC benefit. Convey Health Solutions has been a recognized industry expert for over a decade. **Customers receive a quarterly benefit**.

Examples of items that may be included are: **OTC medications** such as aspirin and vitamins; **health-related products** such as compression hose and incontinence products; and **fall prevention products** such as grab bars and safety benches.

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

TRANSPORTATION

We partner with Access2Care (A2C), an industry recognized transportation manager to provide easy access to high quality, non-emergency medical transportation for our customers. A2C has also partnered with Lyft making it even easier for our customers to secure transportation to medical appointments, the pharmacy, or the dentist.

FITNESS

We partner with American Specialty Health (ASH) to provide easy access to fitness programs for our customers under the Silver&Fit© Exercise and Healthy Aging program. Under the program, customers have access to: fitness center memberships; fitness programs; Home Fitness Kit, including a wearable tracker option to help customers stay on top of their health.

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

HOME DELIVERED MEALS

We partner with GA Foods, a leader in the meal industry, to create and deliver high quality nutritious meals for our customers. Home-delivered meals offer an extra level of convenience and support for our customers newly released from an inpatient hospital stay or a skilled nursing facility to home.*

This eliminates the burden of grocery shopping and meal prep which allows our customers to focus on healing. All meals are prepared by a chef and registered dieticians are on staff at GA Foods.

***Does not apply to observation, ER visits or long term care facility**

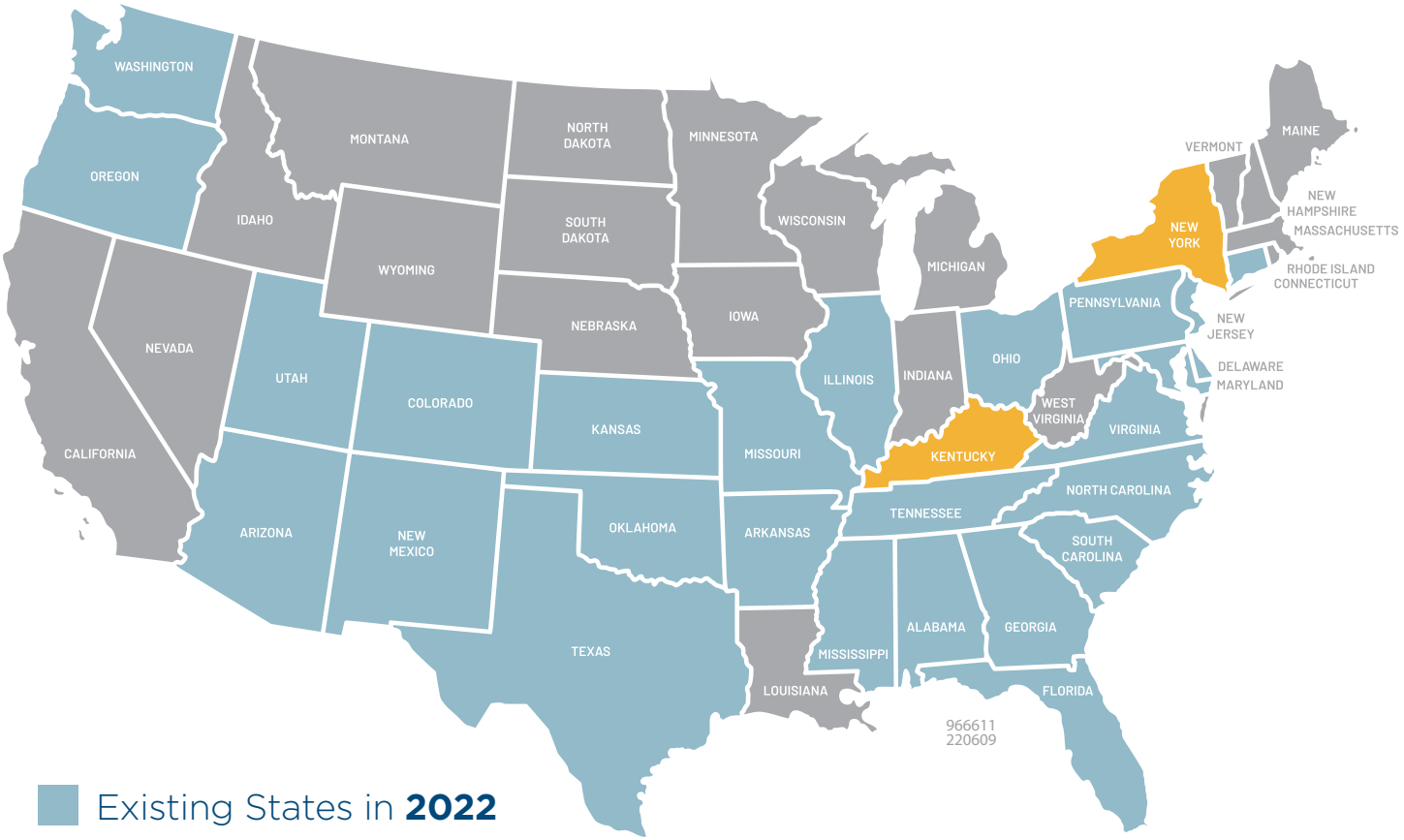
2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NEW FOR **2023**

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

CIGNA MEDICARE ADVANTAGE **2023 FOOTPRINT**



Existing States in **2022**

New States for **2023**

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 NATIONAL **PRODUCT VIEW**

Plans designed to attract new customers and retain existing customers

- New benefits on select plans to address social determinants of health
- Expanded telehealth benefits
- Affordable behavioral health benefits
- Expanded dental benefits
- Expanded telehealth
- Expanded lifestyle drugs
- In-home support
- Part D LIS cost sharing reduction
- Cigna insulin savings program
- Expanded Part B buy down

New and Innovative 2023 Benefits

- Cigna Healthy Today card
- Utility allowance
- Grocery allowance
- Pet allowance
- Fitness allowance
- Reduction in Cost-Sharing in Dental, Vision, and Hearing
- Caregiver Support
- ...and more

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

PHARMACY **BENEFITS**

The goal of plan design is to improve the coordination and efficiency of health care service delivery and Part D drug adherence.

Express Scripts, the nation's 3rd largest pharmacy remains Cigna's preferred mail order pharmacy for Medicare Advantage. Express Scripts serves 8 million Americans.

The Cigna Medicare Advantage Pharmacy network includes 64K+ total pharmacies and approximately 33K preferred pharmacies.

Cigna Insulin Savings program has been expanded to be included in 96% of plans for 2023

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

PHARMACY **BENEFITS** [CNT'D]

Value Based Insurance Design (VBID) has been significantly expanded for 2023 so that more than 85% of total D-SNP plans have $0 copay for covered drugs for LIS customers

- 92% of plans offer a **$0 deductible** for all covered Part D drugs
- 100% of plans include **$0 T1+2 90 day supply** at preferred mail order
- 94% of plans include a **$0 T1 copay** at preferred retail pharmacy (30 day)
- 47% of plans offer supplemental gap coverage
- 43% of plans include lifestyle drugs

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

INCENTIVES FOR **2023**

As Cigna's mission states, the health and peace of mind of our customers is important. To help keep our customers healthy, here are a few of the incentives we are offering for 2023.

- Yearly Health Checkup; **$30**
- Mammogram; **$25**
- Diabetic Management; **$30**
- Engage online with myCigna; **$20** max
- Get Active with Silver&Fit; **$50** max
- Immunization; **$10**
- Bone Density Screening; **$25**
- Colorectal Screening; up to **$30**
- Community Engagement; **$10**

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

STATE + MARKET **PLANS**

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

CLICK TO VIEW A **PLAN BY STATE**

Alabama

Arizona

Arkansas

Colorado

Connecticut

Delaware

District of Columbia

Florida

Georgia

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

CLICK TO VIEW A **PLAN BY STATE**

- Illinois
- Kansas
- Kentucky
- Maryland
- Mississippi
- Missouri
- New Jersey
- New Mexico
- New York
- North Carolina
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- South Carolina
- Tennessee
- Texas
- Utah
- Virginia
- Washington

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

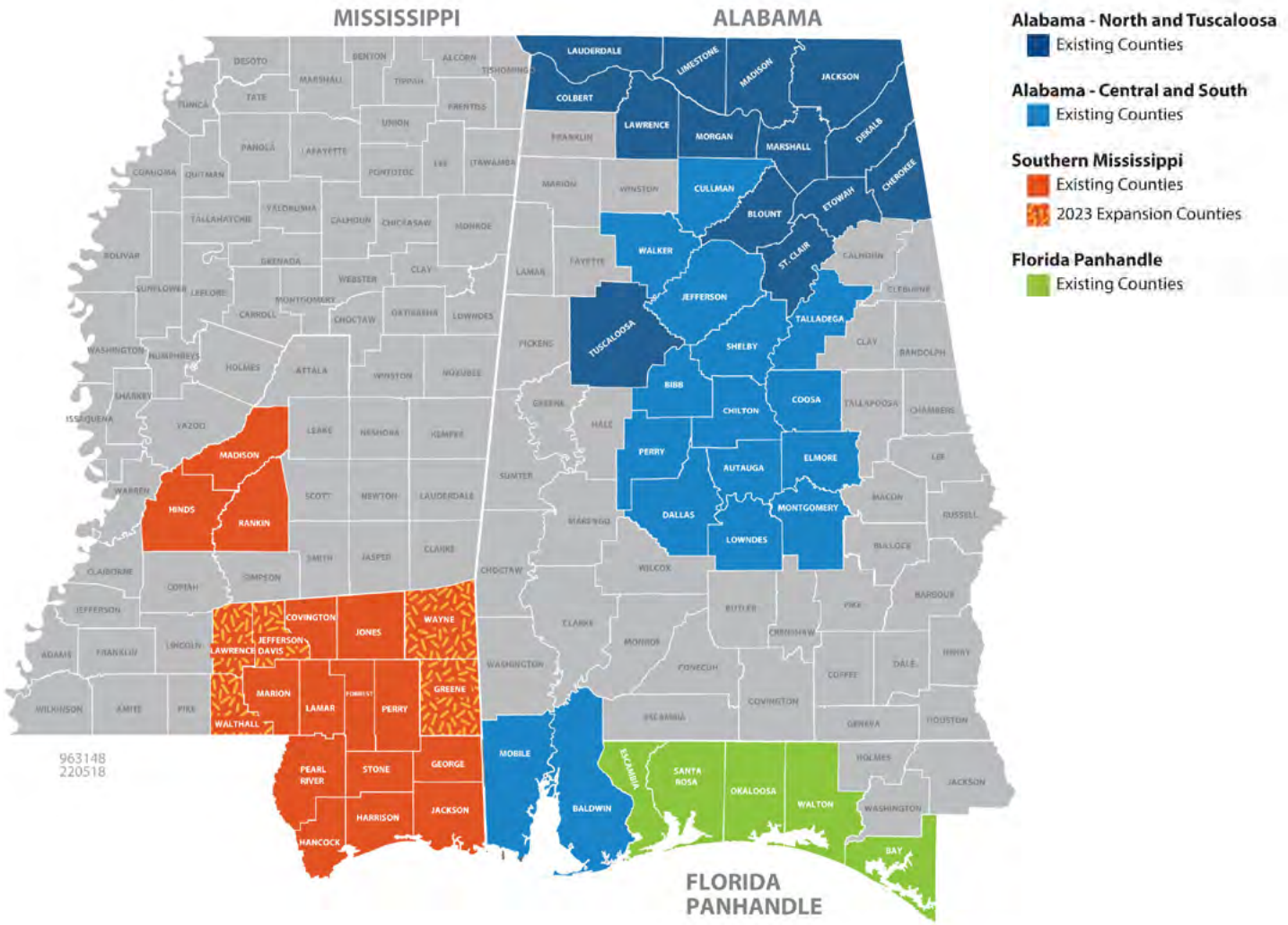
STATE + MARKET **PLANS**

SOUTHEAST REGION

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

ALABAMA, FLORIDA PANHANDLE, AND SOUTHERN MISSISSIPPI

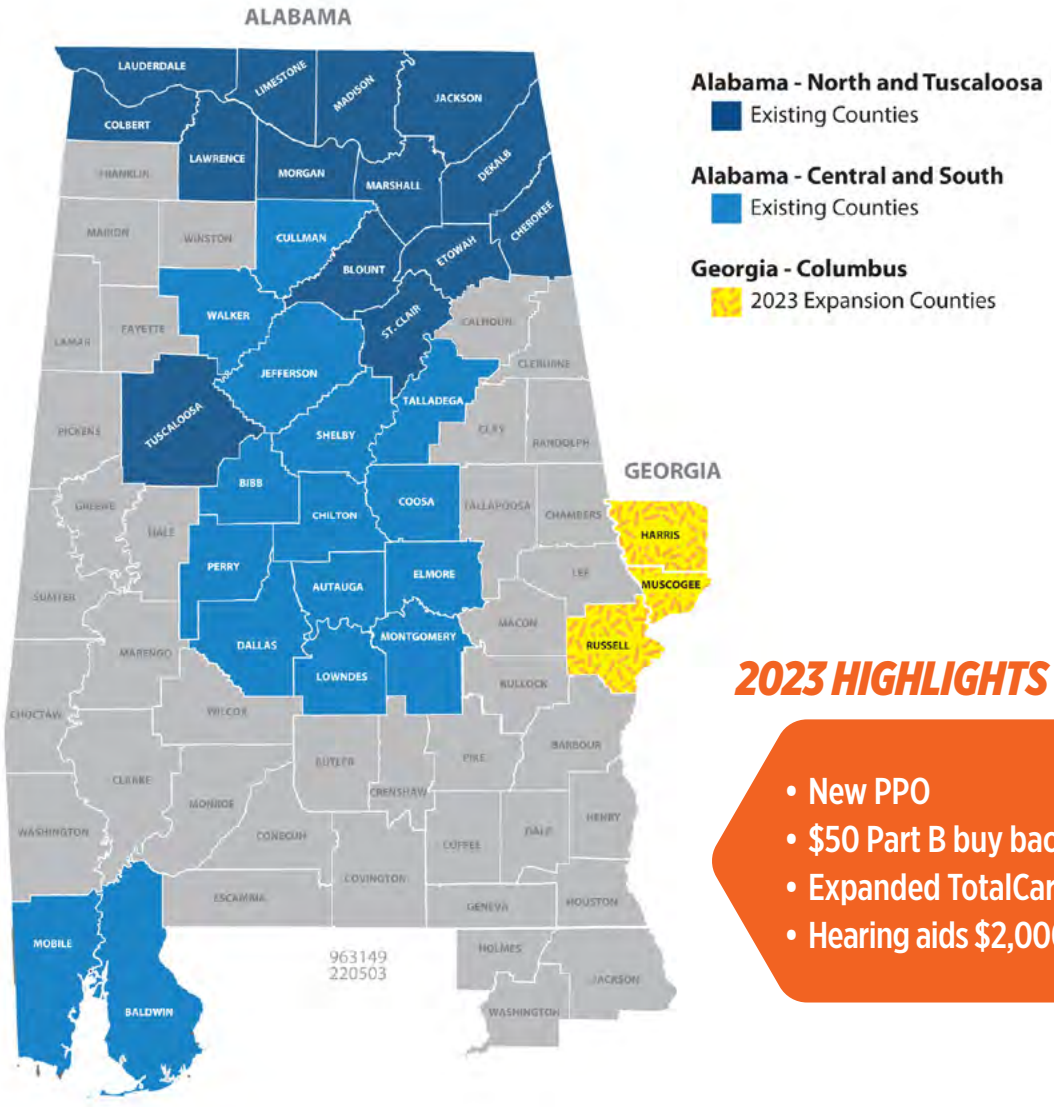
2023 OVERVIEW



2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

ALABAMA

2023 OVERVIEW



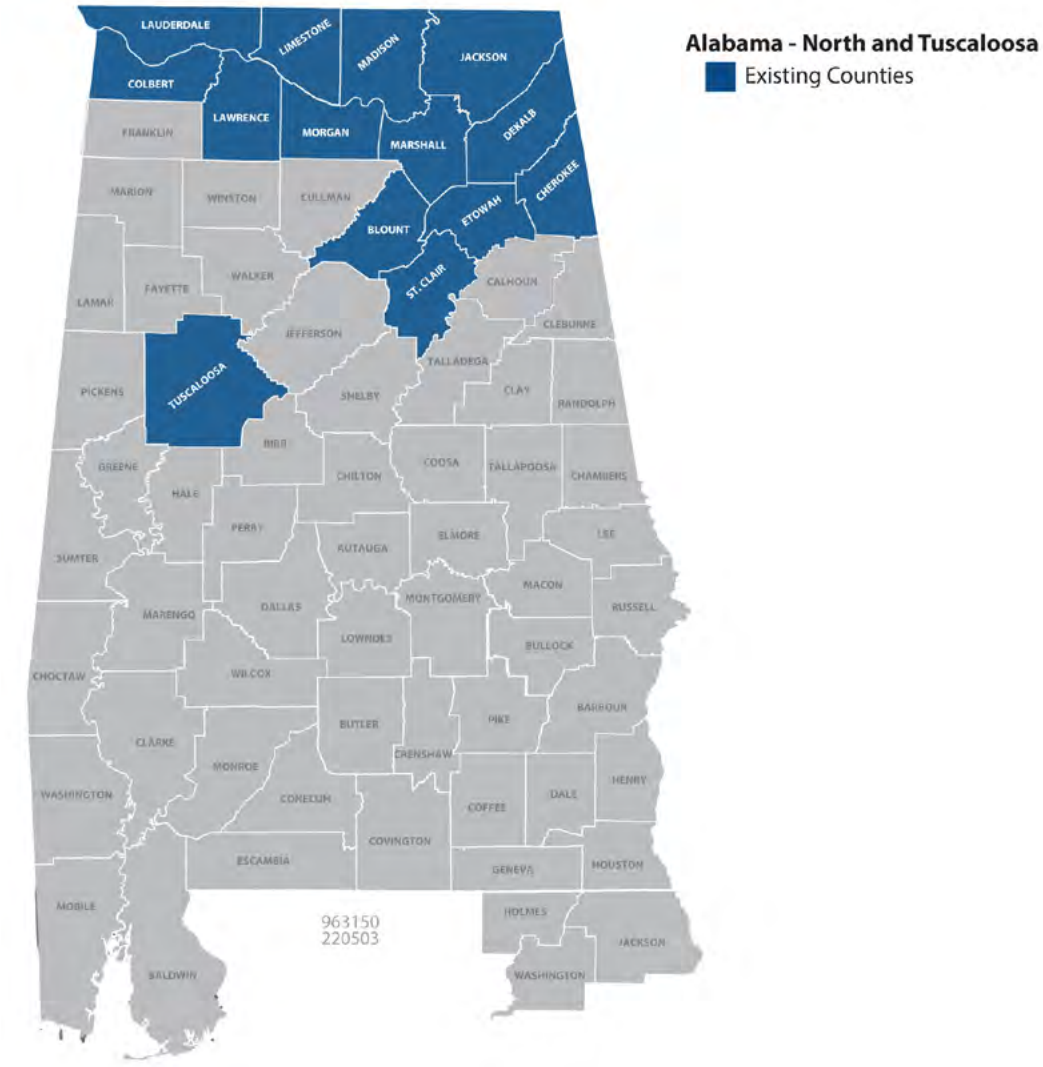
2023 HIGHLIGHTS

- New PPO
- $50 Part B buy back
- Expanded TotalCare Plus
- Hearing aids $2,000/ear benefit

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

ALABAMA—NORTH AND TUSCALOOSA

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
313,405

MEDICARE ADVANTAGE PENETRATION:
47.4%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

ALABAMA

ALABAMA

COUNTIES	Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Coosa, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Perry, Shelby, St. Clair, Talladega, Tuscaloosa, Walker	Blount, Cherokee, Colbert, Dekalb, Etowah, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marshall, Morgan, St. Clair, Tuscaloosa
PLAN ID	**H4513-045-000**	**H4513-046-002**
PLAN NAME	**Cigna Courage Medicare (HMO)**	**Cigna Preferred AL Medicare (HMO)**
Total Premium		$0
Cost Share—PCP/Specialist	$0/$10	$0/$40
Inpatient Acute Care Hospital	$295 per day for days 1-6; $0 per day for days 7-90	$325 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$4,900 applies to in-network Medicare-covered benefits	$7,500 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $250	$0 - $325
Costshare—Preferred Retail RX (One Month)	N/A	Tier 1: $2 Tier 2: $8 Tier 3: $42 Tier 4: 38% Tier 5: 30%
Cost Share—Preferred Retail RX (Three Months)	N/A	Tier 1: $4 (2x one month) Tier 2: $16 (2x one month) Tier 3: $126 (3x one month) Tier 4: 38% Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Not covered
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Not covered
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Not covered

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

ALABAMA

ALABAMA

COUNTIES	Blount, Cherokee, Colbert, Dekalb, Etowah, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marshall, Morgan, Russell, St. Clair, Tuscaloosa	Blount, Cherokee, Colbert, Dekalb, Etowah, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marshall, Morgan, St. Clair, Tuscaloosa	Blount, Cherokee, Colbert, Dekalb, Etowah, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marshall, Morgan, St. Clair, Tuscaloosa
PLAN ID	**H4513-048-000**	**H4513-054-000**	**H4513-055-000**
PLAN NAME	**Cigna Preferred Plus Medicare (HMO)**	**Cigna Preferred Medicare (HMO)**	**Cigna TotalCare (HMO D-SNP)**
Total Premium	$30	$0	$28.60
Cost Share—PCP/Specialist	$0/$0	$0/$0	$0/$0
Inpatient Acute Care Hospital	$250 per day for days 1-6; $0 per day for days 7-90	$299 per day for days 1-6; $0 per day for days 7-90	$150 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$4,500 applies to in-network Medicare-covered benefits	$5,500 applies to in-network Medicare-covered benefits	$5,900 applies to in-network Medicare-covered benefits
Lab	$0	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $195	$0 - $249	$0 - $50
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $8 Tier 3: $42 Tier 4: $95 Tier 5: 33%	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $16 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	$1,250 combined preventive and comprehensive allowance every year	$2,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	$1,250 combined preventive and comprehensive allowance every year	$2,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

ALABAMA

ALABAMA

COUNTIES	Blount, Cherokee, Colbert, Dekalb, Etowah, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marshall, Morgan, Russell, St. Clair, Tuscaloosa	NEW COUNTIES	Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Coosa, Cullman, Dallas, Dekalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Perry, Shelby, St. Clair, Talladega, Tuscaloosa, Walker
PLAN ID	**H4513-056-002**		**H4513-063-000**
PLAN NAME	**Cigna TotalCare AL (HMO D-SNP)**		**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$20.60		$20.20
Cost Share—PCP/Specialist	$0/$0		$0/$0
Inpatient Acute Care Hospital	$225 per day for days 1-6; $0 per day for days 7-90		$0 per stay
Max Out-of-Pocket (MOOP)	$7,550 applies to in-network Medicare-covered benefits		$3,450 applies to in-network Medicare-covered benefits
Lab	$0		$0
Ambulatory Surgical Center (ASC)	$0 - $195		$0
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share		Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share		Standard Part D cost share
Type of Dental Benefit	Dental Allowance		Dental Allowance
Max Coverage Amount for Preventive Dental	$750 combined preventive and comprehensive allowance every year		$3,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$750 combined preventive and comprehensive allowance every year		$3,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

ALABAMA

ALABAMA

COUNTIES	Blount, Cherokee, Colbert, DeKalb, Etowah, Jackson, Lawrence, Limestone, Madison, Marshall, Morgan, St. Clair, Tuscaloosa	
PLAN ID	**H7849-012-000**	
PLAN NAME	**Cigna True Choice Savings Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0-$5/$30	$40/$55
Inpatient Acute Care Hospital	$260 per day for days 1-6; $0 per day for days 7-90	35%
Max Out-of-Pocket (MOOP)	$5,700 applies to in-network Medicare-covered benefits	$7,700 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	35%
Ambulatory Surgical Center (ASC)	$0 - $195	0%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $40 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $120 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

ALABAMA

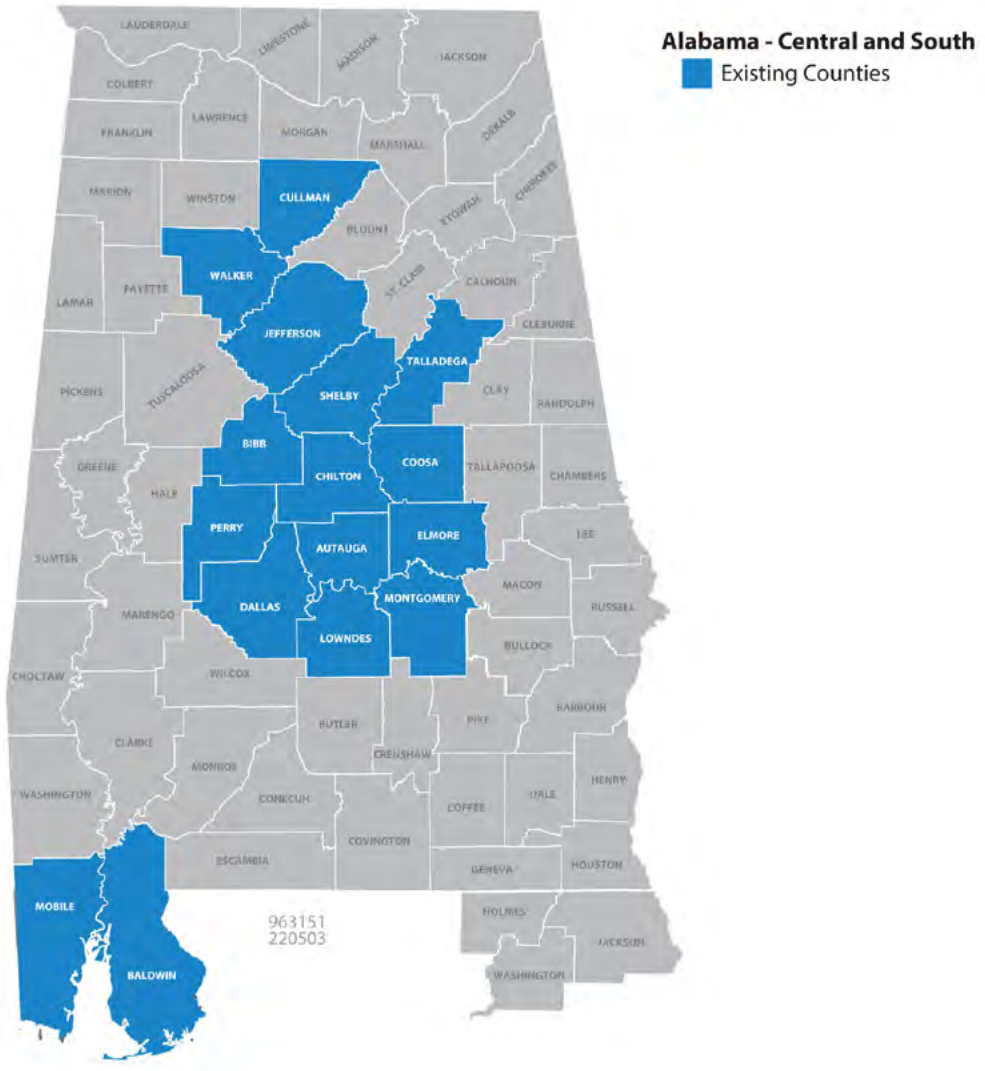
ALABAMA

COUNTIES	Blount, Cherokee, Colbert, Dekalb, Etowah, Jackson, Lawrence, Limestone, Madison, Marshall, Morgan, St. Clair, Tuscaloosa	
PLAN ID	H7849-064-002	
PLAN NAME	**Cigna True Choice Access Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share— PCP/Specialist	$0/$30	$15/$40
Inpatient Acute Care Hospital	$275 per day for days 1-6; $0 per day for days 7-90	35%
Max Out-of-Pocket (MOOP)	$5,000 applies to in-network Medicare-covered benefits	$7,500 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	35%
Ambulatory Surgical Center (ASC)	$0 - $195	35%
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $40 Tier 4: $95 Tier 5: 33%	N/A
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $120 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,250 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,250 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

ALABAMA—CENTRAL AND SOUTH

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
481,683

MEDICARE ADVANTAGE PENETRATION:
59.2%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

ALABAMA

ALABAMA

COUNTIES	Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Coosa, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Perry, Shelby, St. Clair, Talladega, Tuscaloosa, Walker	Autauga, Baldwin, Bibb, Chilton, Cullman, Dallas, Elmore, Jefferson, Lowndes, Mobile, Montgomery, Shelby, Talladega, Walker
PLAN ID	**H4513-045-000**	**H4513-046-001**
PLAN NAME	**Cigna Courage Medicare (HMO)**	**Cigna Preferred AL Medicare (HMO)**
Total Premium		
Cost Share—PCP/Specialist	$0/$10	$0/$35
Inpatient Acute Care Hospital	$295 per day for days 1-6; $0 per day for days 7-90	$285 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$4,900 applies to in-network Medicare-covered benefits	$6,500 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $250	$0 - $285
Costshare—Preferred Retail RX (One Month)	N/A	Tier 1: $2 Tier 2: $8 Tier 3: $42 Tier 4: 38% Tier 5: 30%
Cost Share—Preferred Retail RX (Three Months)	N/A	Tier 1: $4 (2x one month) Tier 2: $16 (2x one month) Tier 3: $126 (3x one month) Tier 4: 38% Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	$750 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	$750 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

ALABAMA

ALABAMA

COUNTIES	Autauga, Baldwin, Bibb, Chilton, Cullman, Coosa, Dallas, Elmore, Jefferson, Lowndes, Mobile, Montgomery, Perry, Shelby, Talladega, Walker	Autauga, Baldwin, Bibb, Chilton, Cullman, Coosa, Dallas, Elmore, Jefferson, Lowndes, Mobile, Montgomery, Perry, Shelby, Talladega, Walker
PLAN ID	**H4513-047-000**	**H4513-056-001**
PLAN NAME	**Cigna Preferred Plus Medicare (HMO)**	**Cigna TotalCare AL (HMO D-SNP)**
Total Premium	$30	$20.70
Cost Share—PCP/Specialist	$0/$0	$0/$0
Inpatient Acute Care Hospital	$250 per day for days 1-6; $0 per day for days 7-90	$150 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$4,500 applies to in-network Medicare-covered benefits	$5,900 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $200	$0 - $50
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $95 Tier 5: 33%	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	$2,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	$2,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

ALABAMA

ALABAMA

COUNTIES	Autauga, Baldwin, Bibb, Chilton, Coosa, Cullman, Dallas, Elmore, Jefferson, Lowndes, Mobile, Montgomery, Perry, Shelby, Talladega, Walker	NEW COUNTIES	Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Coosa, Cullman, Dallas, Dekalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Perry, Shelby, St. Clair, Talladega, Tuscaloosa, Walker
PLAN ID	**H4513-057-000**		**H4513-063-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**		**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$0		$20.20
Cost Share—PCP/Specialist	$0/$0		$0/$0
Inpatient Acute Care Hospital	$310 per day for days 1-6; $0 per day for days 7-90		$0 per stay
Max Out-of-Pocket (MOOP)	$5,000 applies to in-network Medicare-covered benefits		$3,450 applies to in-network Medicare-covered benefits
Lab	$0		$0
Ambulatory Surgical Center (ASC)	$0 - $250		$0
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $8 Tier 3: $42 Tier 4: $95 Tier 5: 33%		Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 (2x one month) Tier 2: $16 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A		Standard Part D cost share
Type of Dental Benefit	Dental Allowance		Dental Allowance
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year		$3,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year		$3,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

ALABAMA

ALABAMA

COUNTIES	Autauga, Bibb, Chilton, Coosa, Cullman, Dallas, Elmore, Jefferson, Lowndes, Mobile, Montgomery, Perry, Shelby, Talladega, Walker	
PLAN ID	**H7849-013-000**	
PLAN NAME	**Cigna True Choice Savings Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0-$5/$25	$40/$55
Inpatient Acute Care Hospital	$260 per day for days 1-6; $0 per day for days 7-90	35%
Max Out-of-Pocket (MOOP)	$5,100 applies to in-network Medicare-covered benefits	$7,700 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	35%
Ambulatory Surgical Center (ASC)	$0 - $195	0%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $40 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $120 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

ALABAMA

ALABAMA

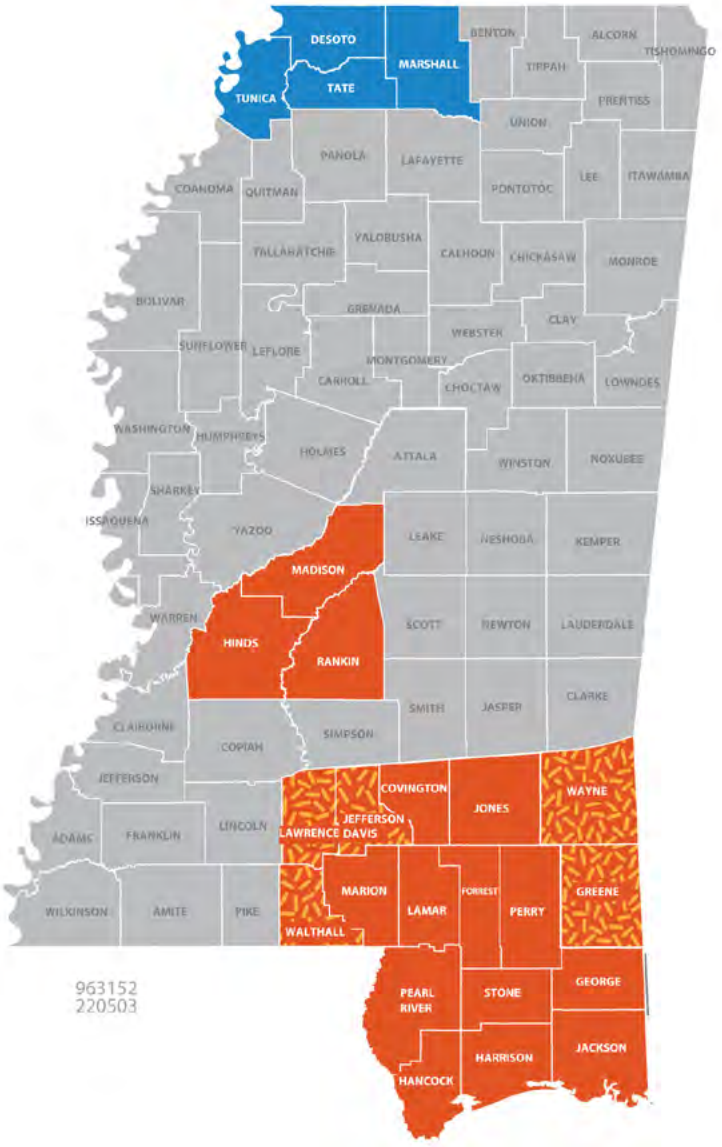
COUNTIES	**AL:** Autauga, Bibb, Chilton, Coosa, Cullman, Dallas, Elmore, Jefferson, Lowndes, Mobile, Montgomery, Perry, Shelby, Talladega, Walker **FL:** Bay, Escambia, Santa Rosa, Walton **MS:** Hancock, Harrison, Hinds, Jackson, Jones, Madison, Rankin	
PLAN ID	NEW PLAN **H7849-064-001**	
PLAN NAME	**Cigna True ChoiceAccess Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0-$5/$25	$0-$5/$25
Inpatient Acute Care Hospital	$285 per day for days 1-6; $0 per day for days 7-90	$285 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$5,900 applies to in-network Medicare-covered benefits	$5,900 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $200	$0 - $200
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $40 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $120 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,250 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,250 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

MISSISSIPPI

2023 OVERVIEW



Northern Mississippi - Tunica Area
Existing Counties

Southern Mississippi
Existing Counties
2023 Expansion Counties

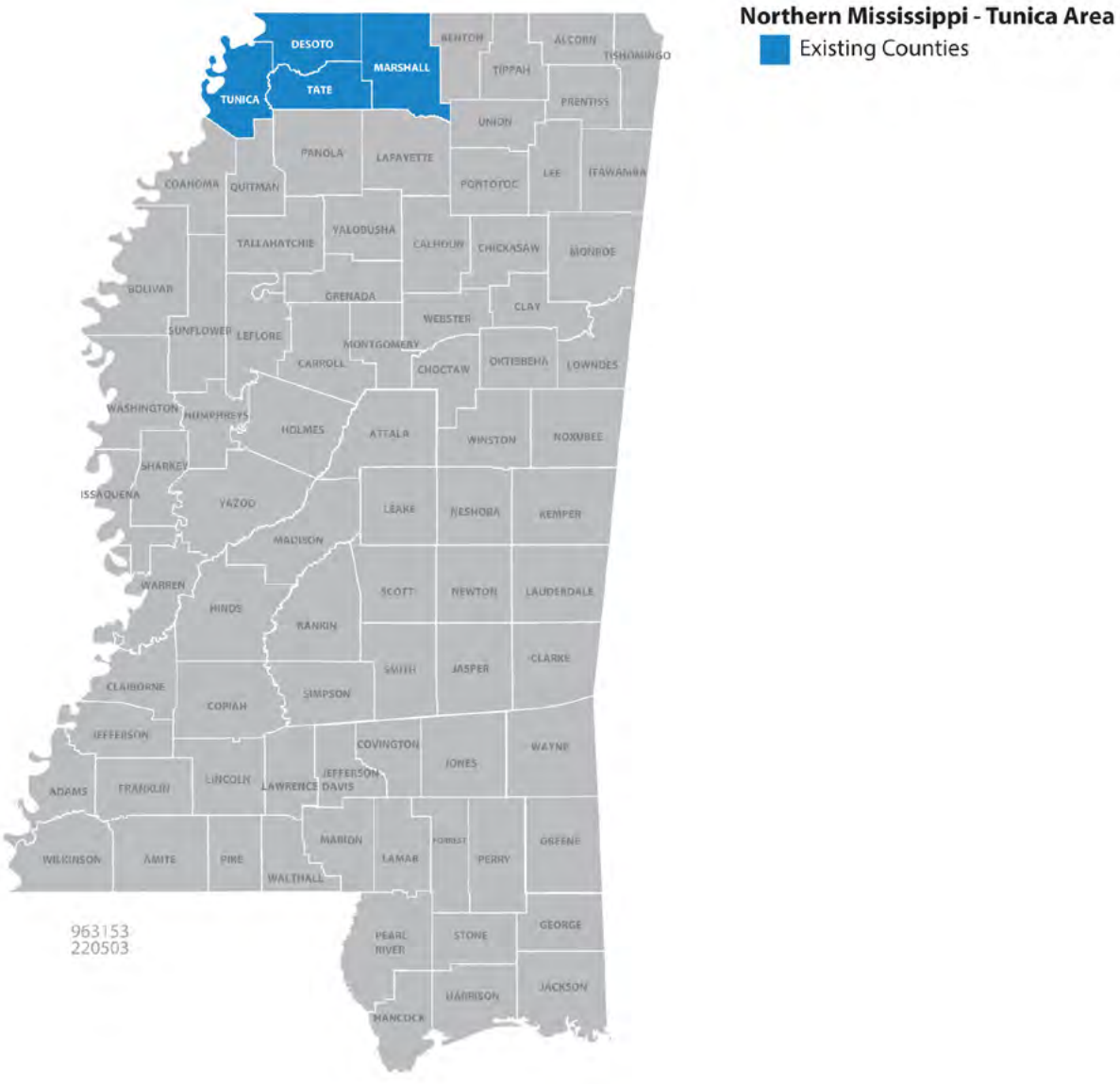
2023 HIGHLIGHTS

- $2,000 hearing benefit
- $75/Quarter OTC
- Dental Allowance
- Grocery benefit

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

MISSISSIPPI — NORTHERN

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
46,149

MEDICARE ADVANTAGE PENETRATION:
32%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

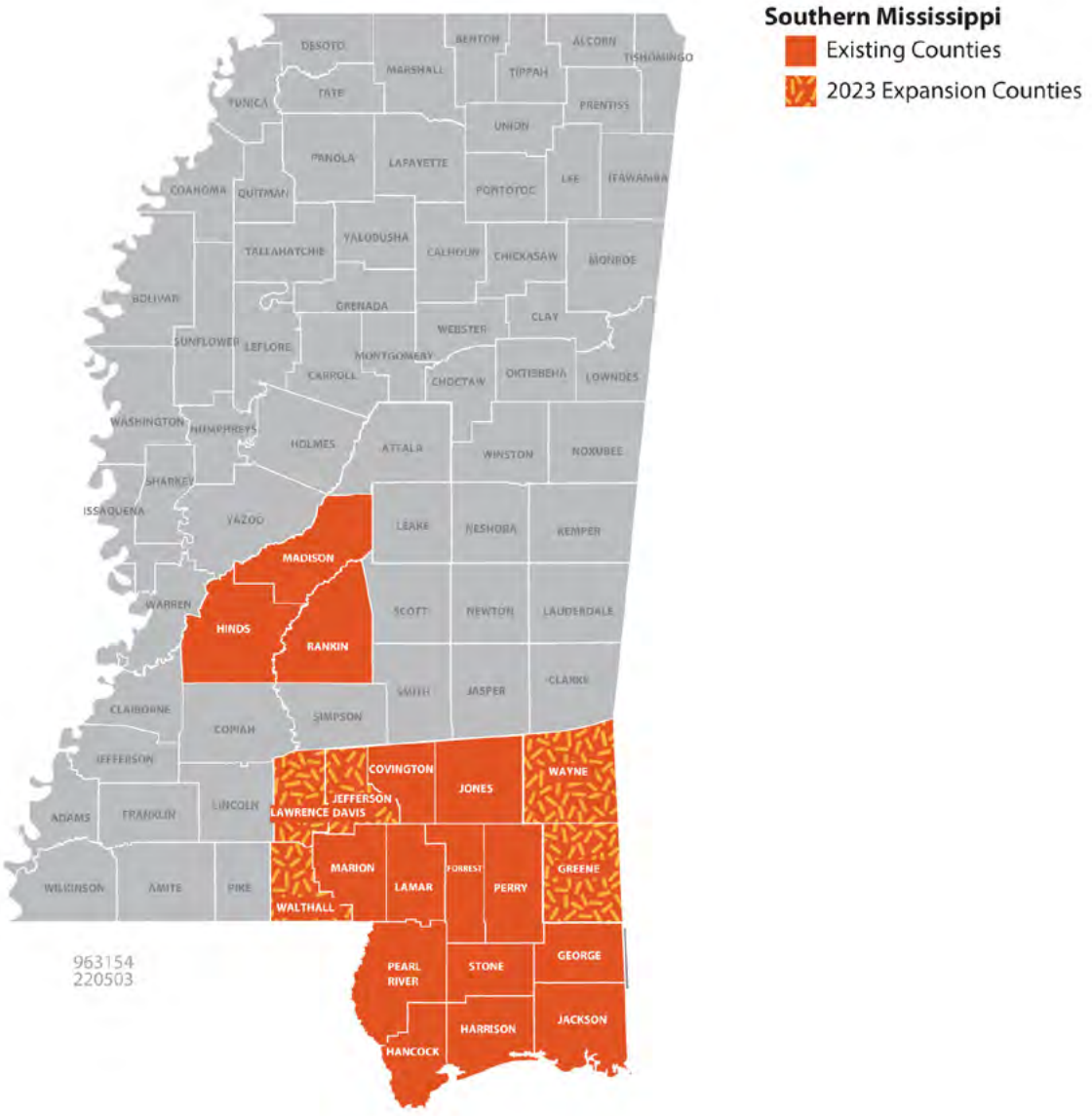
TENNESSEE
NORTH MISSISSIPPI

COUNTIES	Desoto, Marshall, Tate, Tunica	Desoto, Marshall, Tate, Tunica	
PLAN ID	**H4407-028-000**	**H7849-060-000**	
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna True Choice Medicare (PPO)**	
		In Network	**Out of Network**
Total Premium	$0	$0	
Cost Share—PCP/Specialist	$0/$30	$0/$30	$40/$55
Inpatient Acute Care Hospital	$325 per day for days 1-5; $0 per day for days 6-90	$295 per day for days 1-6; $0 per day for days 7-90	30%
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	$7,550 applies to in-network Medicare-covered benefits	$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $295	$0 - $275	0%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $10 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $4 Tier 3: $40 Tier 4: $80 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $20 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $120 (3x one month) Tier 4: $240 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,250 combined preventive and comprehensive allowance every year	$1,250 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,250 combined preventive and comprehensive allowance every year	$1,250 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

MISSISSIPPI — SOUTHERN

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
264,217

MEDICARE ADVANTAGE PENETRATION:
37.9%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

ALABAMA
SOUTH MISSISSIPPI

COUNTIES	Covington, Forrest, George, Greene, Hancock, Harrison, Hinds, Jackson, Jefferson Davis, Jones, Lamar, Lawrence, Madison, Marion, Pearl River, Perry, Rankin, Stone, Walthall, Wayne	Covington, Forrest, George, Greene, Hancock, Harrison, Hinds, Jackson, Jefferson Davis, Jones, Lamar, Lawrence, Madison, Marion, Pearl River, Perry, Rankin, Stone, Walthall, Wayne
PLAN ID	NEW COUNTIES **H4407-004-000**	NEW COUNTIES **H4407-011-000**
PLAN NAME	**Cigna TotalCare (HMO D-SNP)**	**Cigna Courage Medicare (HMO)**
Total Premium	$16.80	$0
Cost Share—PCP/Specialist	$0/$0	$0/$0
Inpatient Acute Care Hospital	$195 per day for days 1-5; $0 per day for days 6-90	$295 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	$5,900 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	0 - 20%	$0 - $250
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	N/A
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

ALABAMA
SOUTH MISSISSIPPI

COUNTIES	Covington, Forrest, George, Greene, Hancock, Harrison, Hinds, Jackson, Jefferson Davis, Jones, Lamar, Lawrence, Madison, Marion, Pearl River, Perry, Rankin, Stone, Walthall, Wayne	Covington, Forrest, George, Greene, Hancock, Harrison, Hinds, Jackson, Jefferson Davis, Jones, Lamar, Lawrence, Madison, Marion, Pearl River, Perry, Rankin, Stone, Walthall, Wayne
PLAN ID	NEW COUNTIES **H4407-026-000**	NEW COUNTIES **H4407-027-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Preferred Plus Medicare (HMO)**
Total Premium	$0	$30.00
Cost Share—PCP/Specialist	$0/$0	$0/$0
Inpatient Acute Care Hospital	$300 per day for days 1-6; $0 per day for days 7-90	$250 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$6,500 applies to in-network Medicare-covered benefits	$5,500 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $250	$0 - $200
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $10 Tier 3: $42 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $95 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 (2x one month) Tier 2: $20 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

ALABAMA
SOUTH MISSISSIPPI

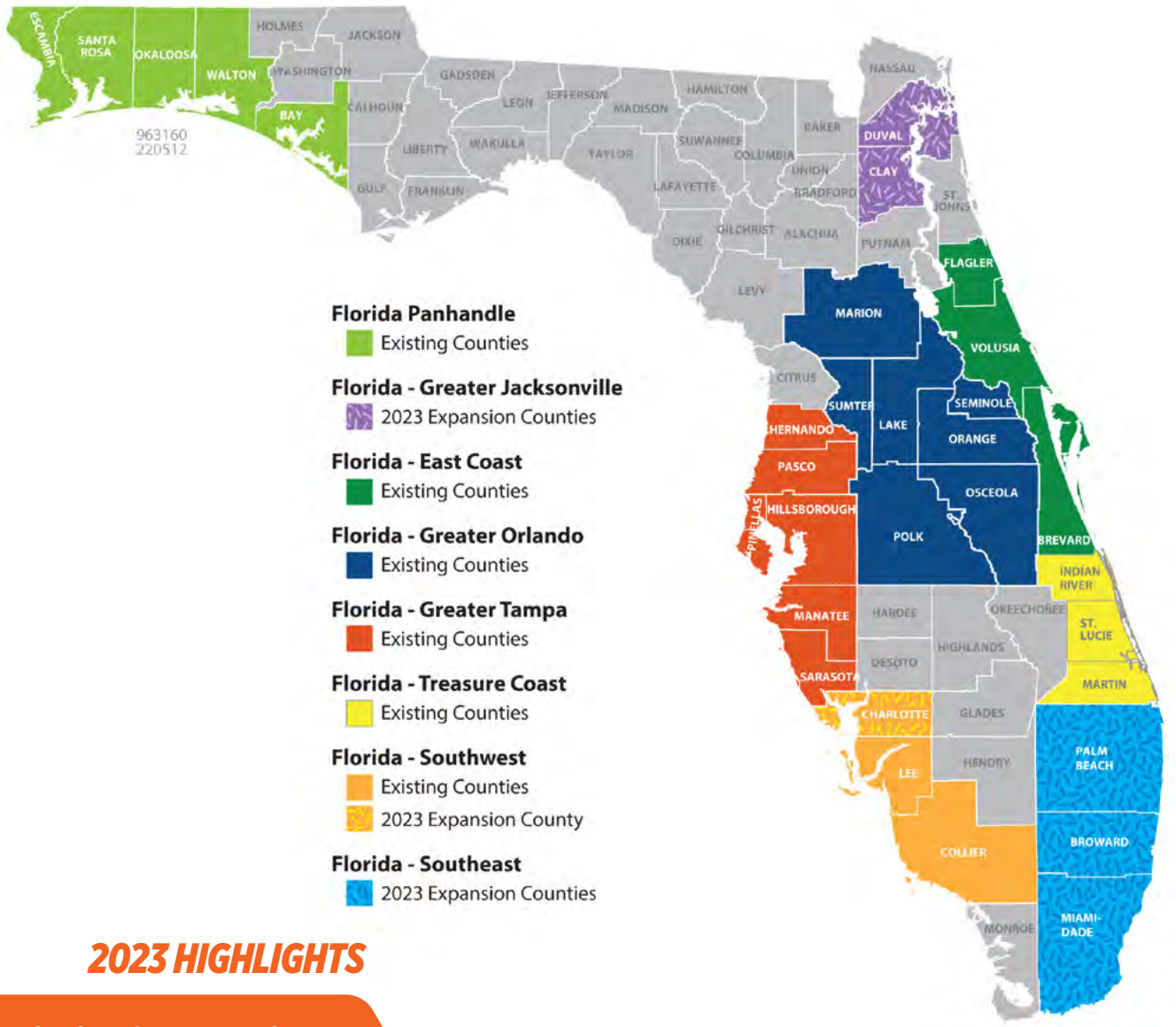
COUNTIES	Covington, Forrest, George, Greene, Hancock, Harrison, Hinds, Jackson, Jefferson Davis, Jones, Lamar, Lawrence, Madison, Marion, Pearl River, Perry, Rankin, Stone, Walthall, Wayne	Hancock, Harrison, Hinds, Jackson, Jones, Madison, Rankin	
PLAN ID (NEW PLAN)	**H4407-029-000**	**H7849-016-000**	
PLAN NAME	**Cigna TotalCare Plus (HMO D-SNP)**	**Cigna True Choice Medicare (PPO)**	
		In Network	**Out of Network**
Total Premium	$20.30	$0	
Cost Share—PCP/Specialist	$0-20%/20%	$0-$5/$25	$40/$55
Inpatient Acute Care Hospital	$1,575 per stay	$285 per day for days 1-6; $0 per day for days 7-90	35%
Max Out-of-Pocket (MOOP)	$3,450 applies to in-network Medicare-covered benefits	$6,900 applies to in-network Medicare-covered benefits	$10,200 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$0	35%
Ambulatory Surgical Center (ASC)	0 - 20%	$0 - $195	0%
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 30%	N/A
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	Tier 1: $0 Tier 2: $15 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$3,000 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$3,000 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

BEST INSURANCE COMPANIES
U.S.News & WORLD REPORT
MEDICARE ADVANTAGE
FLORIDA
2022

FLORIDA

2023 OVERVIEW



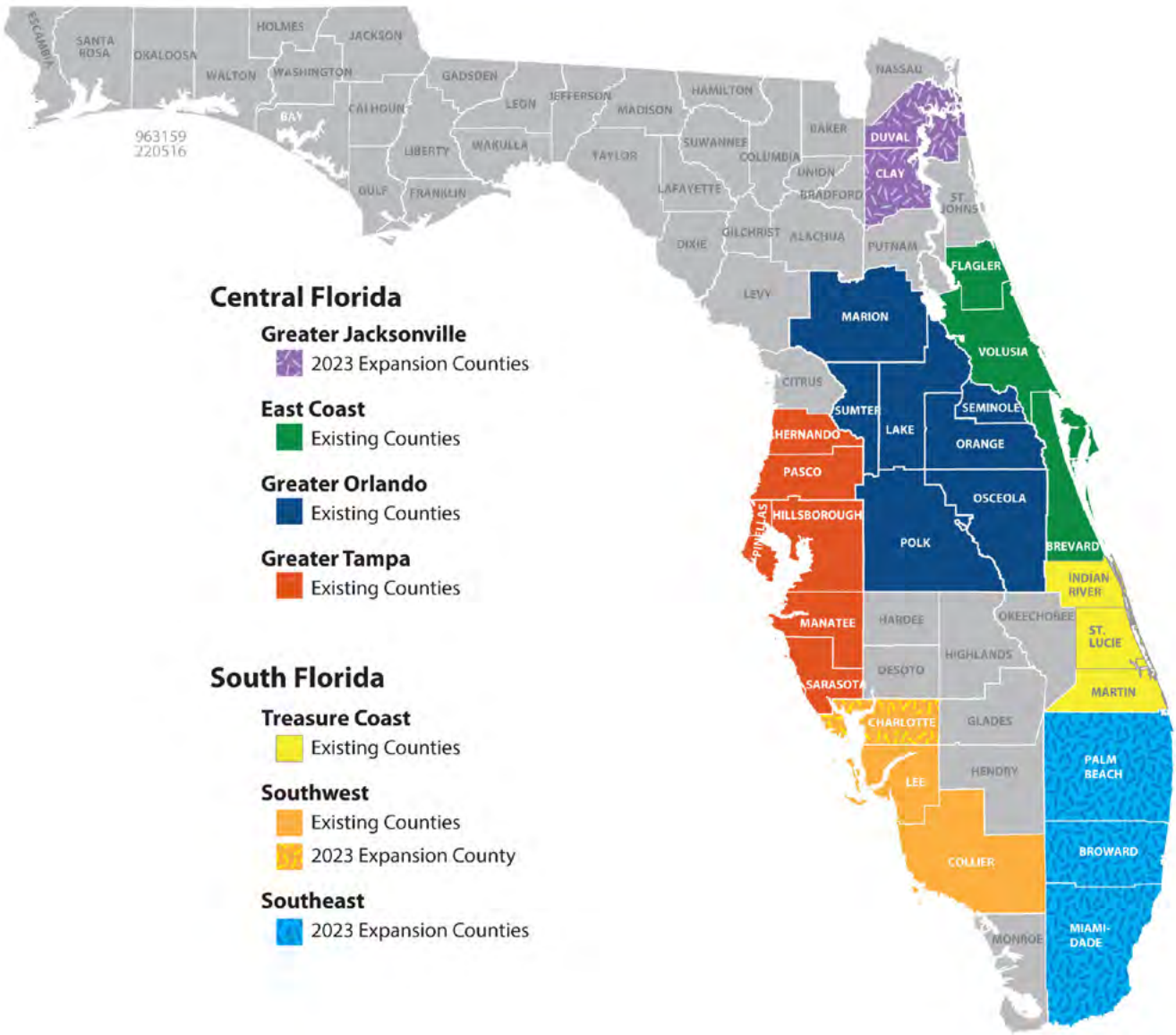
2023 HIGHLIGHTS

- Expansion into 6 new counties
- Increased Part B buy-back $100-$130
- Lower inpatient hospital copays as low as $50
- New Totalcare plan for Partial Duals
- Dental Allowance with no network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

FLORIDA — CENTRAL AND SOUTH

2023 OVERVIEW



2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CENTRAL FLORIDA

CENTRAL FLORIDA

COUNTIES	Brevard, Clay, Duval, Flagler, Nassau, St. Johns, Volusia	Brevard, Clay, Duval, Flagler, Volusia	Hernando, Hillsborough, Lake, Manatee, Marion, Orange, Osceola, Pasco, Pinellas, Polk, Sarasota, Seminole, Sumter
PLAN ID	NEW COUNTIES **H5410-031-000**	NEW PLAN **H5410-045-000**	NEW PLAN **H5410-046-000**
PLAN NAME	**Cigna TotalCare Plus (HMO D-SNP)**	**Cigna TotalCare (HMO D-SNP)**	**Cigna TotalCare (HMO D-SNP)**
Total Premium	$21.60	$21.60	$21.60
Cost Share—PCP/Specialist	$0/$0	$0/20%	$0/20%
Inpatient Acute Care Hospital	$0 per stay	$250 per day for days 1-5; $0 per day for days 6-90	$250 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$1,500 applies to in-network Medicare-covered benefits	$3,200 applies to in-network Medicare-covered benefits	$2,950 applies to in-network Medicare-covered benefits
Lab	$0	$0	$0
Ambulatory Surgical Center (ASC)	$0	$0 - $175	$0 - $175
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	Standard Part D cost share	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	Standard Part D cost share	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$3,000 combined preventive and comprehensive allowance every year	$2,500 combined preventive and comprehensive allowance every year	$2,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$3,000 combined preventive and comprehensive allowance every year	$2,500 combined preventive and comprehensive allowance every year	$2,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CENTRAL FLORIDA

CENTRAL FLORIDA

COUNTIES	Brevard, Clay, Duval, Flagler, Volusia	
PLAN ID	**H7849-047-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$25	$40/$55
Inpatient Acute Care Hospital	$295 per day for days 1-6; $0 per day for days 7-90	40%
Max Out-of-Pocket (MOOP)	$5,000 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $180	0%
Costshare—Preferred Retail RX (One Month)	Tier 1: $2 Tier 2: $4 Tier 3: $40 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1:$4 (2x one month) Tier 2: $8 (2x one month) Tier 3: $120 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

FLORIDA
TREASURE COAST

COUNTIES	Indian River, Martin, St. Lucie	Indian River, Martin, St. Lucie
PLAN ID	**H5410-037-000**	**H5410-040-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Preferred Savings Medicare (HMO)**
Total Premium	$0	$0
Cost Share—PCP/Specialist	$0/$0	$0/$15
Inpatient Acute Care Hospital	$120 per day for days 1-7; $0 per day for days 8-90	$220 per day for days 1-7; $0 per day for days 8-90
Max Out-of-Pocket (MOOP)	$3,600 applies to in-network Medicare-covered benefits	$3,900 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $75	$0 - $100
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $35 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $95 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $105 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

FLORIDA
TREASURE COAST

COUNTIES	Indian River, Martin, St. Lucie	
PLAN ID	**H7849-014-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$35	$50/$60
Inpatient Acute Care Hospital	$225 per day for days 1-5; $0 per day for days 6-90	40%
Max Out-of-Pocket (MOOP)	$4,900 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $150	0%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $45 Tier 4: $100 Tier 5: 30%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $135 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

FLORIDA

SOUTHWEST FLORIDA

COUNTIES	Charlotte, Collier, Lee	Charlotte, Collier, Lee
PLAN ID	NEW COUNTIES H4510-039-000	NEW COUNTIES H5410-041-000
PLAN NAME	Cigna Preferred Medicare (HMO)	Cigna Preferred Savings Medicare (HMO)
Total Premium	$0	$0
Cost Share—PCP/Specialist	$0/$0	$0/$15
Inpatient Acute Care Hospital	$170 per day for days 1-7; $0 per day for days 8-90	$215 per day for days 1-7; $0 per day for days 8-90
Max Out-of-Pocket (MOOP)	$3,600 applies to in-network Medicare-covered benefits	$3,900 applies to in-network edicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $75	$0 - $100
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $35 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $95 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $105 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

FLORIDA

SOUTHWEST FLORIDA

COUNTIES	Charlotte, Collier, Indian River, Lee, Martin, St. Lucie	Charlotte, Collier, Indian River, Lee, Martin, St. Lucie
PLAN ID	H5410-047-000	H5410-055-000
PLAN NAME	Cigna TotalCare Plus (HMO D-SNP)	Cigna TotalCare (HMO D-SNP)
Total Premium	$22.10	$22.10
Cost Share—PCP/Specialist	$0/$0	$0/$0
Inpatient Acute Care Hospital	$0 per stay	$150 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$1,500 applies to in-network Medicare-covered benefits	$4,500 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0	$0 - $100
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$3,000 combined preventive and comprehensive allowance every year	$2,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$3,000 combined preventive and comprehensive allowance every year	$2,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

FLORIDA

SOUTHWEST FLORIDA

COUNTIES	Charlotte, Collier, Lee	
PLAN ID	H7849-056-000	
PLAN NAME	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$35	$50/$60
Inpatient Acute Care Hospital	$225 per day for days 1-6; $0 per day for days 7-90	40%
Max Out-of-Pocket (MOOP)	$5,500 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $150	0%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $45 Tier 4: $100 Tier 5: 30%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $135 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

NEW COUNTIES

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

FLORIDA

SOUTHEAST FLORIDA

COUNTIES	Broward	Broward, Miami-Dade, Palm Beach
PLAN ID	NEW PLAN H5410-048-000	NEW PLAN H5410-049-000
PLAN NAME	Cigna Preferred Medicare (HMO)	Cigna TotalCare Plus (HMO D-SNP)
Total Premium	$0	$22.10
Cost Share—PCP/Specialist	$0/$0	$0/$0
Inpatient Acute Care Hospital	$0 per stay	$0 per stay
Max Out-of-Pocket (MOOP)	$2,500 applies to in-network Medicare-covered benefits	$1,500 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0	$0
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $5 Tier 4: $85 Tier 5: 33%	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $15 (3x one month) Tier 4: $255 (3x one month) Tier 5: N/A	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$3,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$3,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

FLORIDA

SOUTHEAST FLORIDA

COUNTIES	Broward	Miami-Dade
PLAN ID	NEW PLAN H5410-050-000	NEW PLAN H5410-051-000
PLAN NAME	Cigna Preferred Savings Medicare (HMO)	Cigna Preferred Medicare (HMO)
Total Premium	$0	$0
Cost Share—PCP/Specialist	$0/$20	$0/$0
Inpatient Acute Care Hospital	$200 per day for days 1-6; $0 per day for days 7-90	$0 per stay
Max Out-of-Pocket (MOOP)	$3,800 applies to in-network Medicare-covered benefits	$1,500 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $95	$0
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $35 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $0 Tier 3: $0 Tier 4: $35 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $105 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $0 Tier 3: $0 Tier 4: $105 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

FLORIDA

SOUTHEAST FLORIDA

COUNTIES	Miami-Dade	Palm Beach
PLAN ID	H5410-052-000	H5410-053-000
PLAN NAME	Cigna Preferred Savings Medicare (HMO)	Cigna Preferred Medicare (HMO)
Total Premium	$0	$0
Cost Share—PCP/Specialist	$0/$0	$0/$0
Inpatient Acute Care Hospital	$50 per day for days 1-5; $0 per day for days 6-90	$50 per day for days 1-4; $0 per day for days 5-90
Max Out-of-Pocket (MOOP)	$3,400 applies to in-network Medicare-covered benefits	$3,400 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0	$0
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $10 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $0 Tier 3: $20 Tier 4: $85 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $30 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $0 Tier 3: $60 (3x one month) Tier 4: $255 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,500 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,500 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

FLORIDA

SOUTHEAST FLORIDA

COUNTIES	Palm Beach	Broward, Miami-Dade, Palm Beach
PLAN ID	H5410-054-000	H5410-056-000
PLAN NAME	Cigna Preferred Savings Medicare (HMO)	Cigna TotalCare (HMO D-SNP)
Total Premium	$0	$22.10
Cost Share—PCP/Specialist	$0/$20	$0/$0
Inpatient Acute Care Hospital	$175 per day for days 1-6; $0 per day for days 7-90	$0 per stay
Max Out-of-Pocket (MOOP)	$3,400 applies to in-network Medicare-covered benefits	$3,500 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $75	$0
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $35 Tier 4: $100 Tier 5: 33%	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $105 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	$2,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	$2,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

FLORIDA

SOUTHEAST FLORIDA

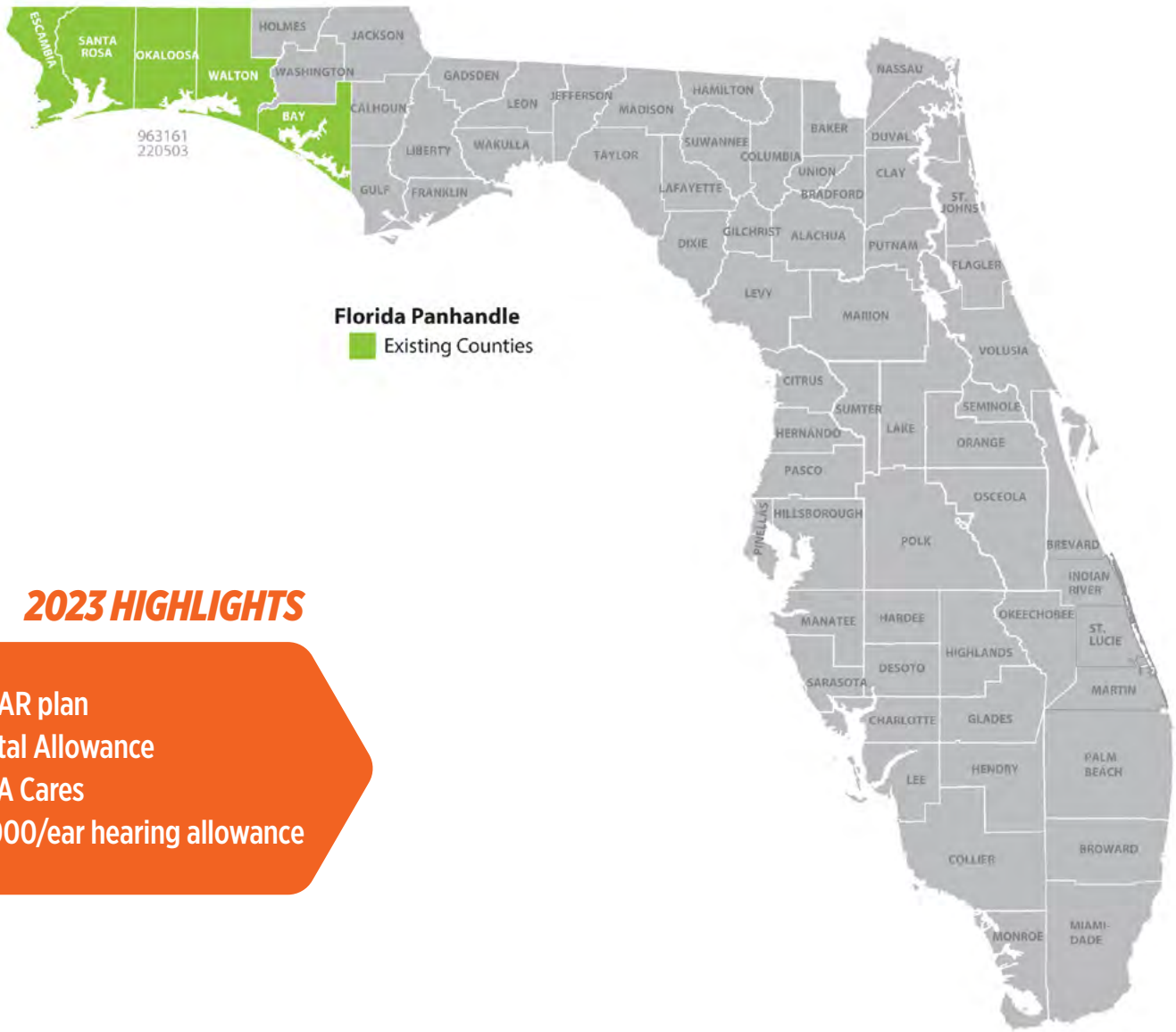
COUNTIES	Broward, Miami-Dade, Palm Beach	
PLAN ID	H7849-101-000	
PLAN NAME	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$35	$40/$55
Inpatient Acute Care Hospital	$250 per day for days 1-5; $0 per day for days 6-90	40%
Max Out-of-Pocket (MOOP)	$3,500 applies to in-network Medicare-covered benefits	$5,100 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $150	0%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

NEW PLAN

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

FLORIDA — PANHANDLE (NORTHWEST)

2023 OVERVIEW



2023 HIGHLIGHTS

- 5 STAR plan
- Dental Allowance
- PAPA Cares
- $2,000/ear hearing allowance

MEDICARE ELIGIBLE POPULATION:
208,655

MEDICARE ADVANTAGE PENETRATION:
37.7%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

ALABAMA
NORTH FLORIDA

COUNTIES	Bay, Escambia, Okaloosa, Santa Rosa, Walton	Bay, Escambia, Okaloosa, Santa Rosa, Walton
PLAN ID	**H5410-004-000**	**H5410-013-000**
PLAN NAME	**Cigna Courage Medicare (HMO)**	**Cigna TotalCare (HMO D-SNP)**
Total Premium	$0	$21.30
Cost Share—PCP/Specialist	$0/$10	$0/$0
Inpatient Acute Care Hospital	$275 per day for days 1-6; $0 per day for days 7-90	$195 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$4,900 applies to in-network Medicare-covered benefits	$5,900 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $225	$0 - $50
Costshare—Preferred Retail RX (One Month)	N/A	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	N/A	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,250 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,250 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

ALABAMA
NORTH FLORIDA

COUNTIES	Bay, Escambia, Okaloosa, Santa Rosa, Walton	Bay, Escambia, Okaloosa, Santa Rosa, Walton
PLAN ID	**H5410-018-000**	**H5410-042-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$0	$20.30
Cost Share—PCP/Specialist	$0/$0	$0/$0
Inpatient Acute Care Hospital	$295 per day for days 1-6; $0 per day for days 7-90	$0 per stay
Max Out-of-Pocket (MOOP)	$4,750 applies to in-network Medicare-covered benefits	$3,400 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $225	$0
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $12 Tier 3: $42 Tier 4: $95 Tier 5: 33%	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 (2x one month) Tier 2: $24 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,200 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,200 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

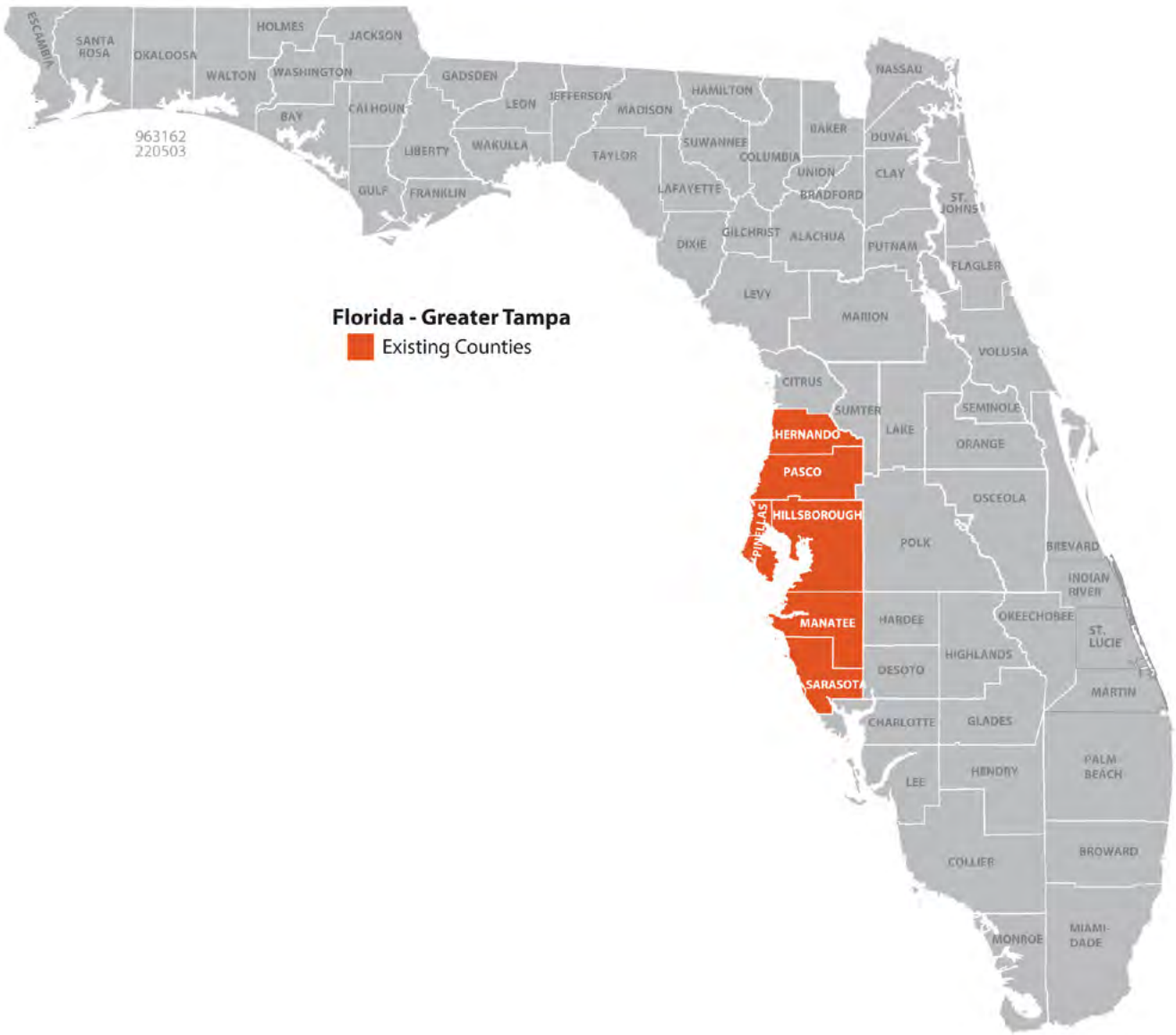
ALABAMA
NORTH FLORIDA

COUNTIES	Bay, Escambia, Santa Rosa, Walton	
PLAN ID	H7849-044-000	
PLAN NAME	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$35	$40/$60
Inpatient Acute Care Hospital	$295 per day for days 1-6; $0 per day for days 7-90	35%
Max Out-of-Pocket (MOOP)	$4,900 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	35%
Ambulatory Surgical Center (ASC)	$0 - $225	0%
Costshare—Preferred Retail RX (One Month)	Tier 1: $2 Tier 2: $4 Tier 3: $40 Tier 4: $95 Tier 5: 31%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $5 (2.5x one month) Tier 2: $10 (2.5x one month) Tier 3: $120 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

FLORIDA — GREATER TAMPA

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
971,895

MEDICARE ADVANTAGE PENETRATION:
54.2%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CENTRAL FLORIDA

TAMPA

COUNTIES	Hernando, Hillsborough, Manatee, Pasco, Pinellas, Sarasota	Hernando, Hillsborough, Manatee, Pasco, Pinellas, Sarasota
PLAN ID	**H5410-029-000**	**H5410-030-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Preferred Savings Medicare (HMO)**
Total Premium	$0	$0
Cost Share— PCP/Specialist	$0/$0	$0/$15
Inpatient Acute Care Hospital	$90 per day for days 1-6; $0 per day for days 7-90	$199 per day for days 1-7; $0 per day for days 8-90
Max Out-of-Pocket (MOOP)	$2,500 applies to in-network Medicare-covered benefits	$3,000 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $50	$0 - $95
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $35 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $95 Tier 5: 33%
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $105 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,250 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,250 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CENTRAL FLORIDA

TAMPA

COUNTIES	Hernando, Hillsborough, Manatee, Pasco, Pinellas, Sarasota	Hernando, Hillsborough, Manatee, Pasco, Pinellas, Sarasota
PLAN ID	**H5410-032-000**	**H5410-035-000**
PLAN NAME	**Cigna TotalCare Plus (HMO D-SNP)**	**Cigna Primary Medicare (HMO)**
Total Premium	$19.90	$20.50
Cost Share— PCP/Specialist	$0/$0	$0/$0
Inpatient Acute Care Hospital	$0 per stay	$25 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$1,500 applies to in-network Medicare-covered benefits	$3,500 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0	$0 - $25
Costshare— Preferred Retail RX (One Month)	Standard Part D cost share	Tier 1: $1 Tier 2: $15 Tier 3: 18% Tier 4: 45% Tier 5: 25%
Cost Share— Preferred Retail RX (Three Months)	Standard Part D cost share	Tier 1: $2 (2x one month) Tier 2: $30 (2x one month) Tier 3: 18% Tier 4: 45% Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$3,000 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$3,000 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CENTRAL FLORIDA

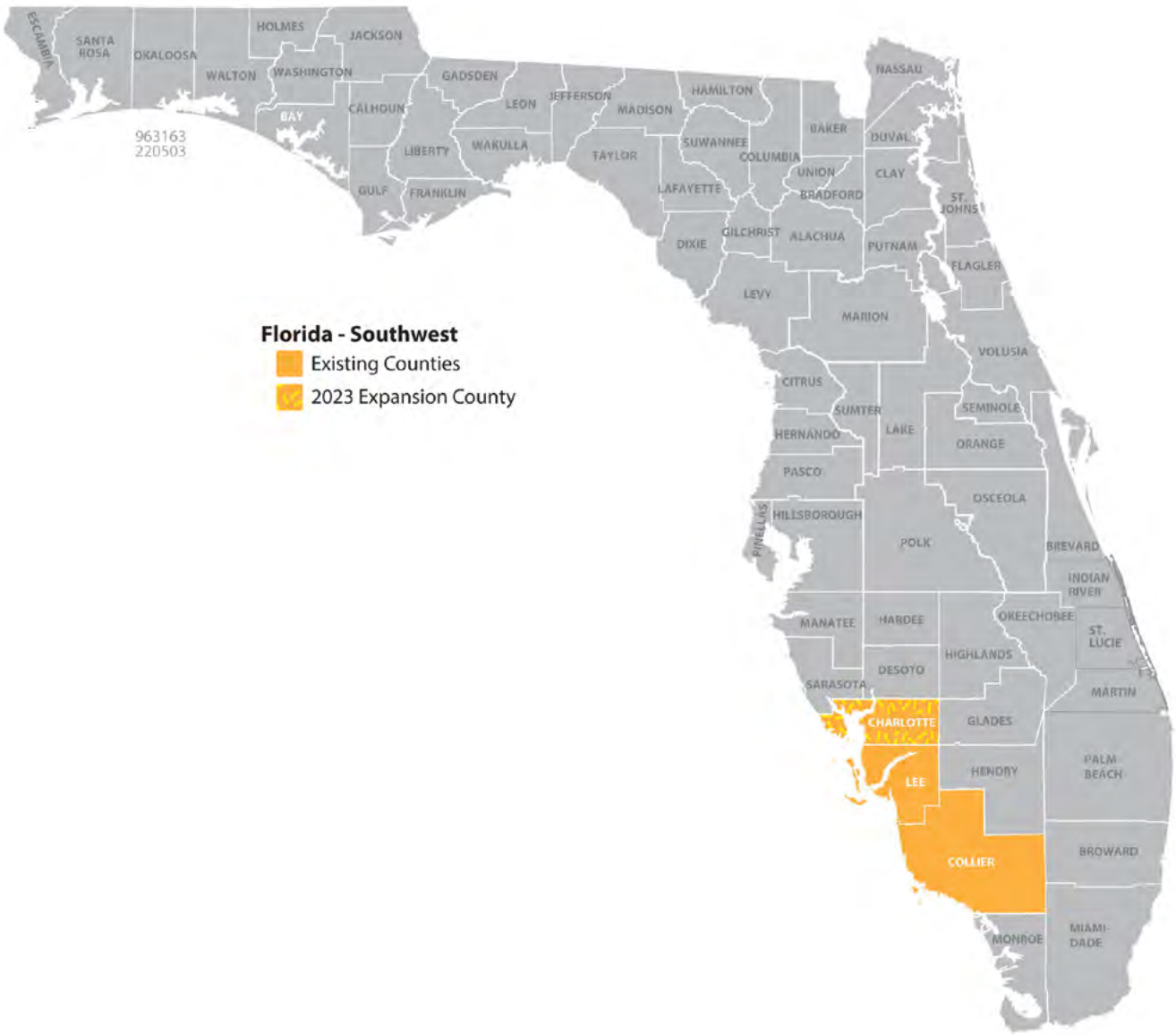
TAMPA

COUNTIES	Hernando, Hillsborough, Manatee, Pasco, Pinellas, Sarasota	
PLAN ID	**H7849-048-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$25	$40/$55
Inpatient Acute Care Hospital	$240 per day for days 1-7; $0 per day for days 8-90	40%
Max Out-of-Pocket (MOOP)	$5,500 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $150	0%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $2 Tier 3: $40 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1:$0 Tier 2: $4 (2x one month) Tier 3: $120 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

FLORIDA — SOUTHWEST

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
398,315

MEDICARE ADVANTAGE PENETRATION:
41.8%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

FLORIDA

SOUTHWEST FLORIDA

COUNTIES	Charlotte, Collier, Lee	Charlotte, Collier, Lee
PLAN ID	NEW COUNTIES H4510-039-000	NEW COUNTIES H5410-041-000
PLAN NAME	Cigna Preferred Medicare (HMO)	Cigna Preferred Savings Medicare (HMO)
Total Premium	$0	$0
Cost Share—PCP/Specialist	$0/$0	$0/$15
Inpatient Acute Care Hospital	$170 per day for days 1-7; $0 per day for days 8-90	$215 per day for days 1-7; $0 per day for days 8-90
Max Out-of-Pocket (MOOP)	$3,600 applies to in-network Medicare-covered benefits	$3,900 applies to in-network edicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $75	$0 - $100
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $35 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $95 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $105 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

FLORIDA

SOUTHWEST FLORIDA

COUNTIES	Charlotte, Collier, Indian River, Lee, Martin, St. Lucie	Charlotte, Collier, Indian River, Lee, Martin, St. Lucie
PLAN ID	H5410-047-000	H5410-055-000
PLAN NAME	Cigna TotalCare Plus (HMO D-SNP)	Cigna TotalCare (HMO D-SNP)
Total Premium	$22.10	$22.10
Cost Share—PCP/Specialist	$0/$0	$0/$0
Inpatient Acute Care Hospital	$0 per stay	$150 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$1,500 applies to in-network Medicare-covered benefits	$4,500 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0	$0 - $100
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$3,000 combined preventive and comprehensive allowance every year	$2,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$3,000 combined preventive and comprehensive allowance every year	$2,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

FLORIDA

SOUTHWEST FLORIDA

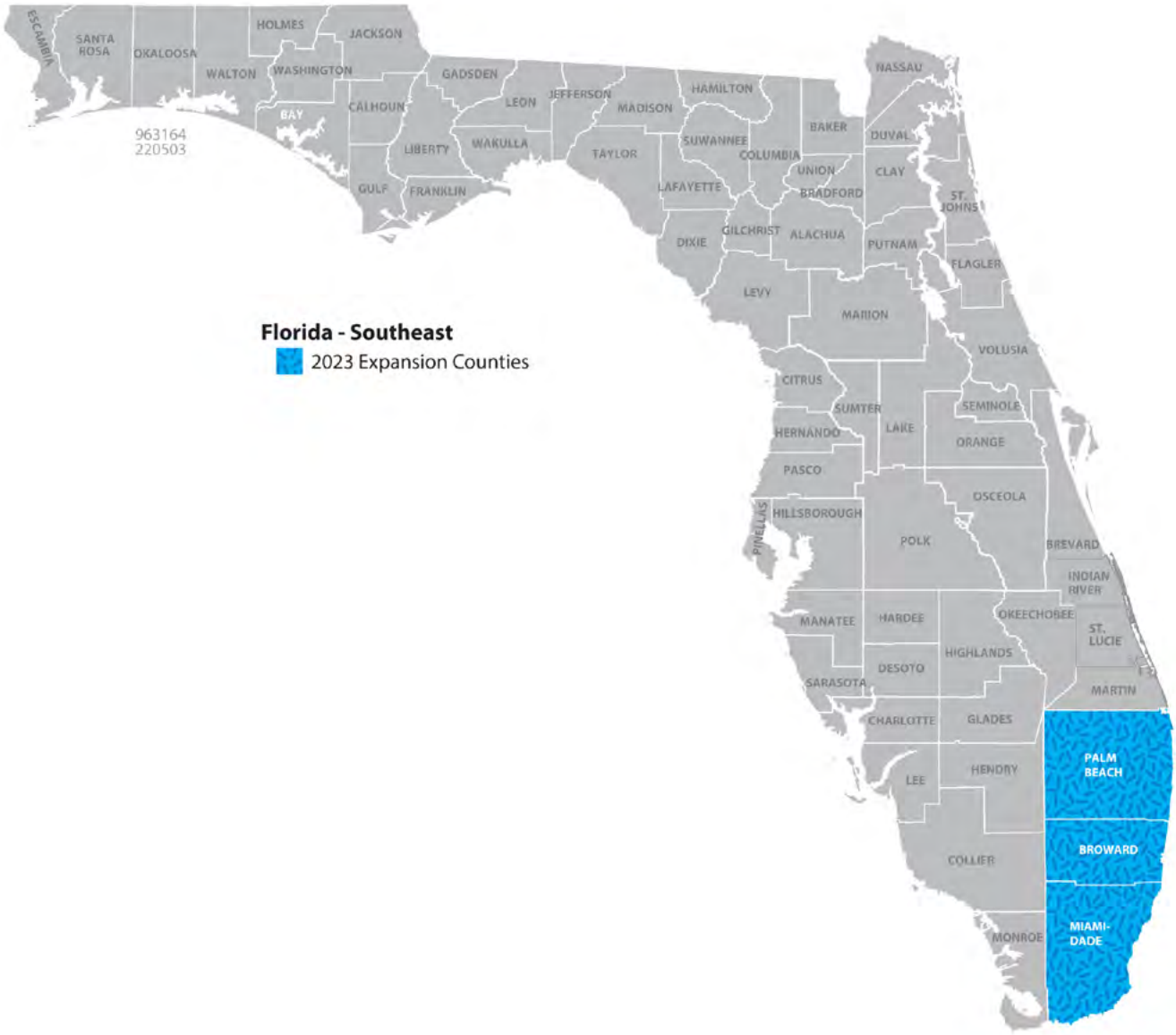
COUNTIES	Charlotte, Collier, Lee	
PLAN ID	H7849-056-000	
PLAN NAME	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$35	$50/$60
Inpatient Acute Care Hospital	$225 per day for days 1-6; $0 per day for days 7-90	40%
Max Out-of-Pocket (MOOP)	$5,500 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $150	0%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $45 Tier 4: $100 Tier 5: 30%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $135 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

NEW COUNTIES

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

FLORIDA — SOUTHEAST

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
1,167,125

MEDICARE ADVANTAGE PENETRATION:
62.3%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

FLORIDA

SOUTHEAST FLORIDA

COUNTIES	Broward	Broward, Miami-Dade, Palm Beach
PLAN ID	NEW PLAN H5410-048-000	NEW PLAN H5410-049-000
PLAN NAME	Cigna Preferred Medicare (HMO)	Cigna TotalCare Plus (HMO D-SNP)
Total Premium	$0	$22.10
Cost Share—PCP/Specialist	$0/$0	$0/$0
Inpatient Acute Care Hospital	$0 per stay	$0 per stay
Max Out-of-Pocket (MOOP)	$2,500 applies to in-network Medicare-covered benefits	$1,500 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0	$0
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $5 Tier 4: $85 Tier 5: 33%	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $15 (3x one month) Tier 4: $255 (3x one month) Tier 5: N/A	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$3,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$3,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

FLORIDA

SOUTHEAST FLORIDA

COUNTIES	Broward	Miami-Dade
PLAN ID	H5410-050-000	H5410-051-000
PLAN NAME	Cigna Preferred Savings Medicare (HMO)	Cigna Preferred Medicare (HMO)
Total Premium	$0	$0
Cost Share—PCP/Specialist	$0/$20	$0/$0
Inpatient Acute Care Hospital	$200 per day for days 1-6; $0 per day for days 7-90	$0 per stay
Max Out-of-Pocket (MOOP)	$3,800 applies to in-network Medicare-covered benefits	$1,500 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $95	$0
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $35 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $0 Tier 3: $0 Tier 4: $35 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $105 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $0 Tier 3: $0 Tier 4: $105 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

FLORIDA

SOUTHEAST FLORIDA

COUNTIES	Miami-Dade	Palm Beach
PLAN ID	H5410-052-000	H5410-053-000
PLAN NAME	Cigna Preferred Savings Medicare (HMO)	Cigna Preferred Medicare (HMO)
Total Premium	$0	$0
Cost Share—PCP/Specialist	$0/$0	$0/$0
Inpatient Acute Care Hospital	$50 per day for days 1-5; $0 per day for days 6-90	$50 per day for days 1-4; $0 per day for days 5-90
Max Out-of-Pocket (MOOP)	$3,400 applies to in-network Medicare-covered benefits	$3,400 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0	$0
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $10 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $0 Tier 3: $20 Tier 4: $85 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $30 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $0 Tier 3: $60 (3x one month) Tier 4: $255 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,500 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,500 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

FLORIDA

SOUTHEAST FLORIDA

COUNTIES	Palm Beach	Broward, Miami-Dade, Palm Beach
PLAN ID	H5410-054-000	H5410-056-000
PLAN NAME	Cigna Preferred Savings Medicare (HMO)	Cigna TotalCare (HMO D-SNP)
Total Premium	$0	$22.10
Cost Share—PCP/Specialist	$0/$20	$0/$0
Inpatient Acute Care Hospital	$175 per day for days 1-6; $0 per day for days 7-90	$0 per stay
Max Out-of-Pocket (MOOP)	$3,400 applies to in-network Medicare-covered benefits	$3,500 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $75	$0
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $35 Tier 4: $100 Tier 5: 33%	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $105 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	$2,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	$2,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

FLORIDA

SOUTHEAST FLORIDA

COUNTIES	Broward, Miami-Dade, Palm Beach	
PLAN ID	H7849-101-000	
PLAN NAME	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$35	$40/$55
Inpatient Acute Care Hospital	$250 per day for days 1-5; $0 per day for days 6-90	40%
Max Out-of-Pocket (MOOP)	$3,500 applies to in-network Medicare-covered benefits	$5,100 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $150	0%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

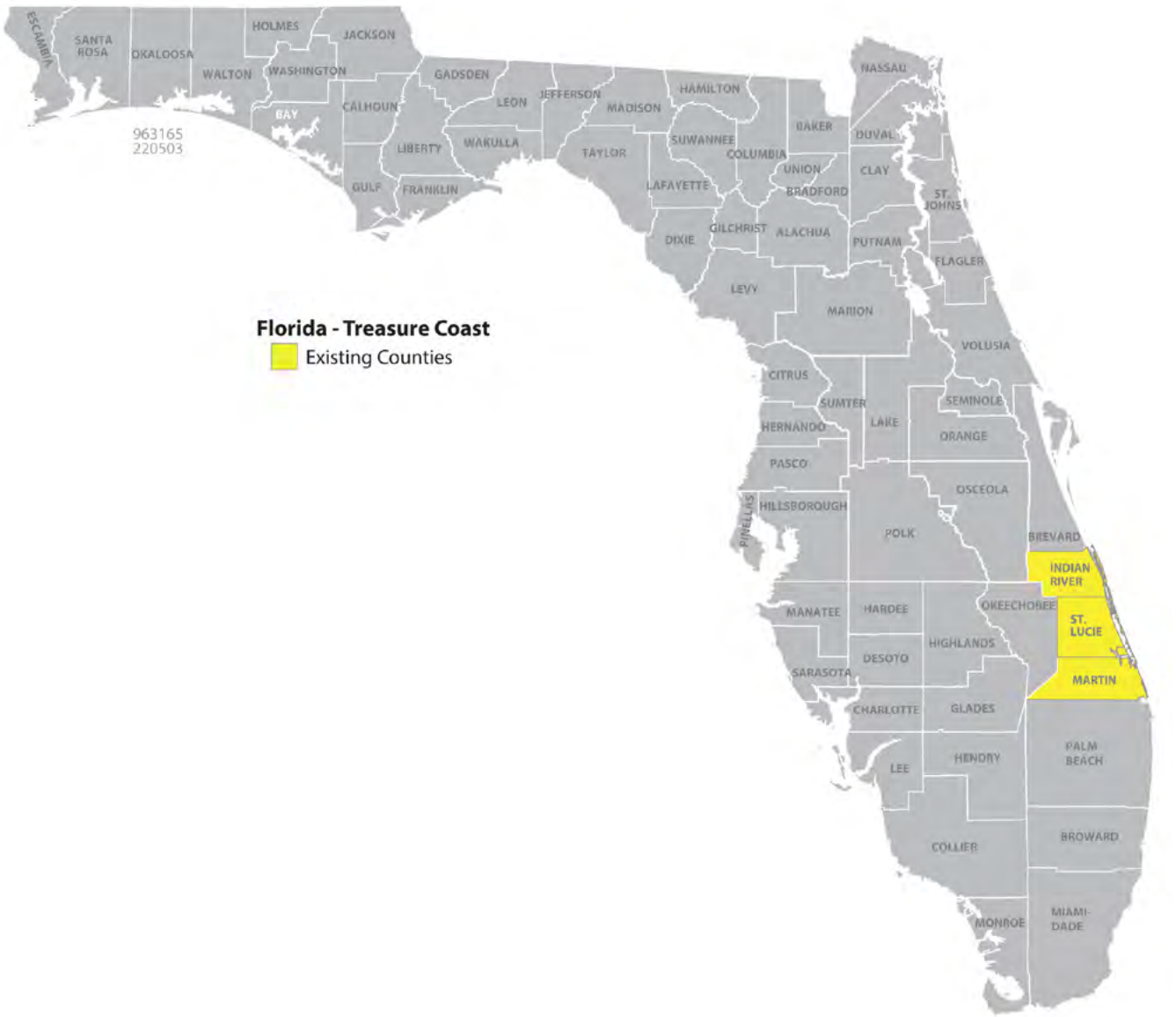
NEW PLAN

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

FLORIDA — TREASURE COAST

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
192,883

MEDICARE ADVANTAGE PENETRATION:
43.1%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

FLORIDA
TREASURE COAST

COUNTIES	Indian River, Martin, St. Lucie	Indian River, Martin, St. Lucie
PLAN ID	**H5410-037-000**	**H5410-040-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Preferred Savings Medicare (HMO)**
Total Premium		
Cost Share—PCP/Specialist	$0/$0	$0/$15
Inpatient Acute Care Hospital	$120 per day for days 1-7; $0 per day for days 8-90	$220 per day for days 1-7; $0 per day for days 8-90
Max Out-of-Pocket (MOOP)	$3,600 applies to in-network Medicare-covered benefits	$3,900 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $75	$0 - $100
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $35 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $95 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $105 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

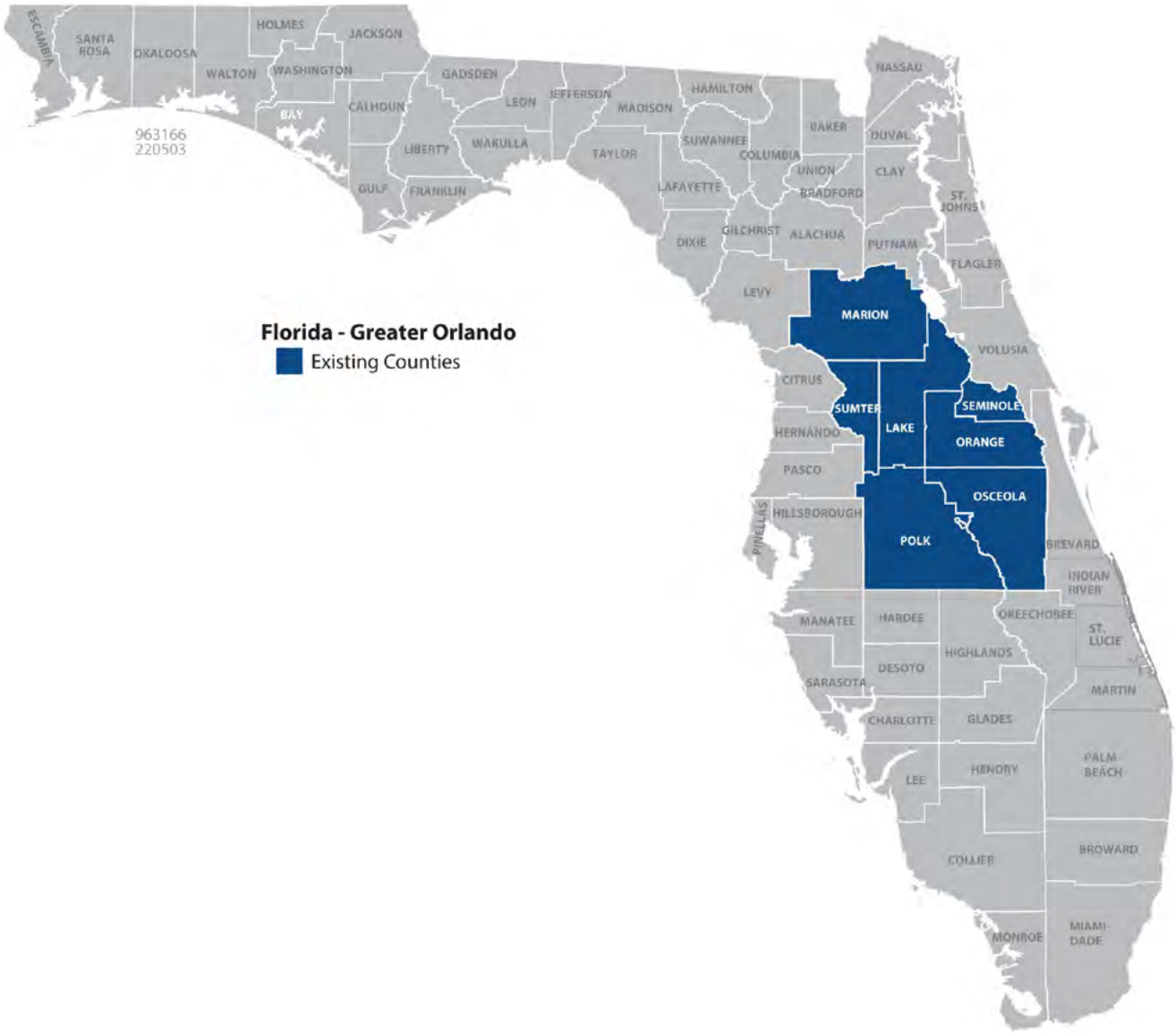
FLORIDA
TREASURE COAST

COUNTIES	Indian River, Martin, St. Lucie	
PLAN ID	**H7849-014-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$35	$50/$60
Inpatient Acute Care Hospital	$225 per day for days 1-5; $0 per day for days 6-90	40%
Max Out-of-Pocket (MOOP)	$4,900 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $150	0%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $45 Tier 4: $100 Tier 5: 30%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $135 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

FLORIDA — GREATER ORLANDO

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
829,207

MEDICARE ADVANTAGE PENETRATION:
56.7%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CENTRAL FLORIDA

ORLANDO

COUNTIES	Lake, Marion, Orange, Osceola, Polk, Seminole, Sumter	Lake, Marion, Orange, Osceola, Polk, Seminole, Sumter
PLAN ID	**H5410-024-000**	**H5410-025-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$0	$23
Cost Share— PCP/Specialist	$0/$0	$0/$0
Inpatient Acute Care Hospital	$50 per day for days 1-5; $0 per day for days 6-90	$0 per stay
Max Out-of-Pocket (MOOP)	$3,000 applies to in-network Medicare-covered benefits	$1,500 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $25	$0
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $25 Tier 4: $95 Tier 5: 33%	Standard Part D cost share
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $75 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year

NEW COUNTIES

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CENTRAL FLORIDA

ORLANDO

COUNTIES	Lake, Marion, Orange, Osceola, Polk, Seminole, Sumter	Lake, Marion, Orange, Osceola, Polk, Seminole, Sumter
PLAN ID	**H5410-026-000**	**H5410-033-000**
PLAN NAME	**Cigna Preferred Savings Medicare (HMO)**	**Cigna Primary Medicare (HMO)**
Total Premium	$0	$19.20
Cost Share—PCP/Specialist	$0/$15	$0/$0
Inpatient Acute Care Hospital	$215 per day for days 1-7; $0 per day for days 8-90	$25 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$3,900 applies to in-network Medicare-covered benefits	$3,500 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $100	$0 - $25
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $95 Tier 5: 33%	Tier 1: $3 Tier 2: $18 Tier 3: 20% Tier 4: 43% Tier 5: 25%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $6 (2x one month) Tier 2: $36 (2x one month) Tier 3: 20% Tier 4: 43% Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,250 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,250 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CENTRAL FLORIDA

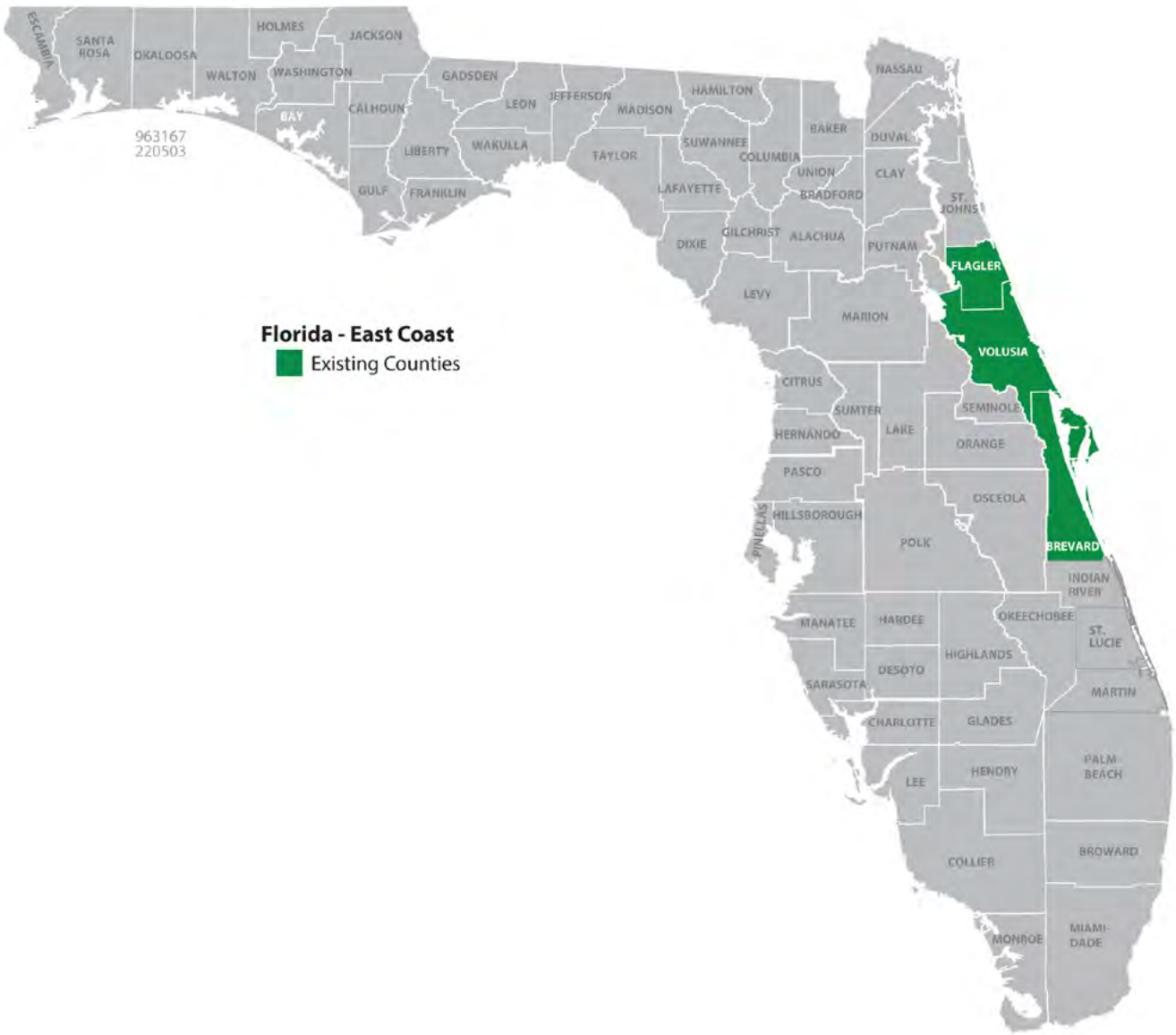
ORLANDO

COUNTIES	Lake, Marion, Orange, Osceola, Polk, Seminole, Sumter	
PLAN ID	**H7849-017-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$25	$40/$55
Inpatient Acute Care Hospital	$225 per day for days 1-6; $0 per day for days 7-90	40%
Max Out-of-Pocket (MOOP)	$5,250 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $150	0%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $40 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1:$0 Tier 2: $0 Tier 3: $120 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

FLORIDA — EAST COAST (DAYTONA)

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
363,296

MEDICARE ADVANTAGE PENETRATION:
51.6%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

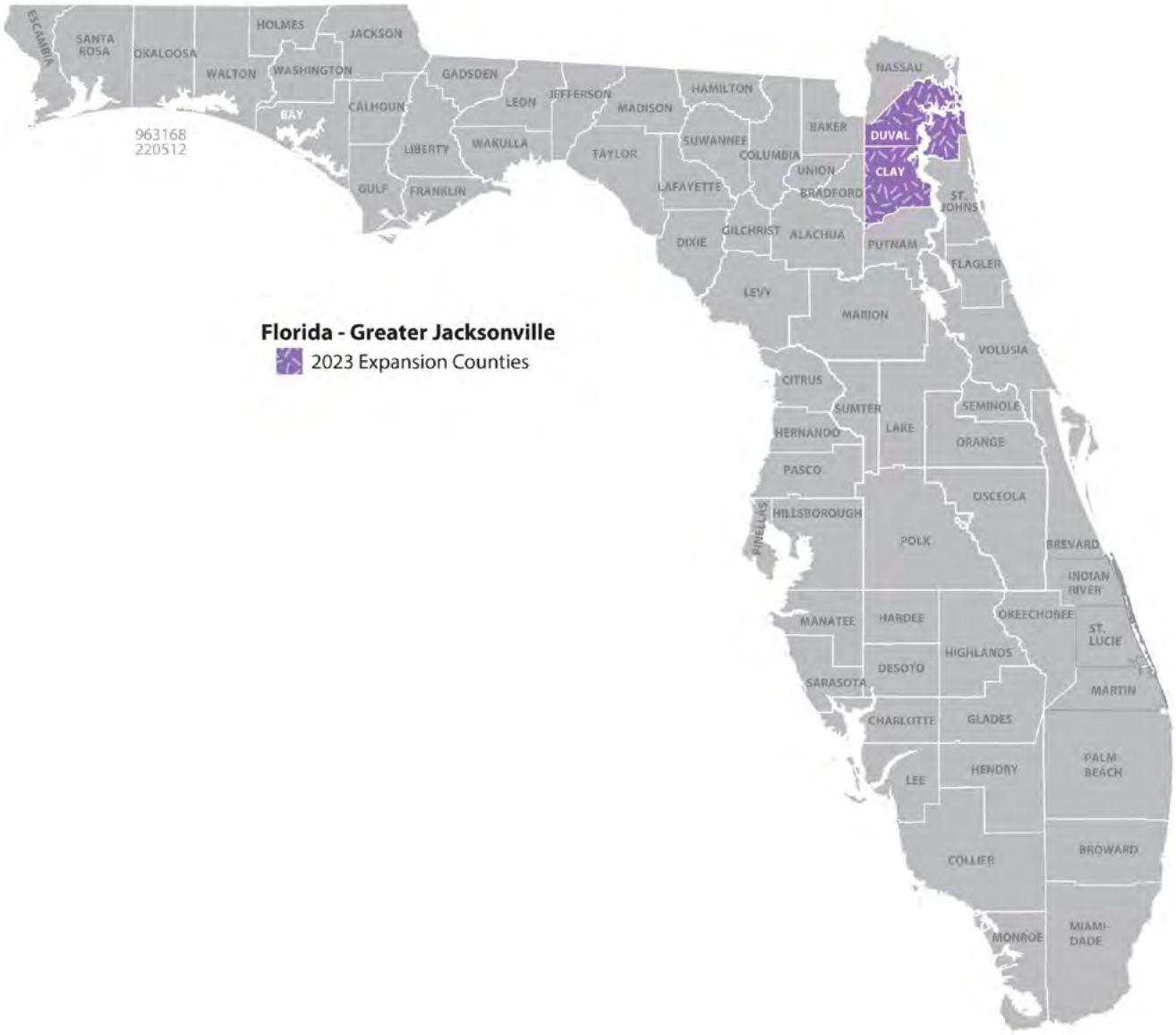
CENTRAL FLORIDA
DAYTONA

COUNTIES	Brevard, Flagler, Volusia	Brevard, Flagler, Volusia	Brevard, Flagler, Volusia
PLAN ID	**H5410-027-000**	**H5410-028-000**	**H5410-034-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Preferred Savings Medicare (HMO)**	**Cigna Primary Medicare (HMO)**
Total Premium	$0	$0	$22.90
Cost Share—PCP/Specialist	$0/$0	$0/$20	$0/$0
Inpatient Acute Care Hospital	$150 per day for days 1-6; $0 per day for days 7-90	$225 per day for days 1-6; $0 per day for days 7-90	$25 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$3,600 applies to in-network Medicare-covered benefits	$5,050 applies to in-network Medicare-covered benefits	$3,500 applies to in-network Medicare-covered benefits
Lab	$0	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $75	$0 - $200	$0 - $25
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $35 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $95 Tier 5: 33%	Tier 1: $2 Tier 2: $18 Tier 3: 18% Tier 4: 50% Tier 5: 25%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $105 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $4 (2x one month) Tier 2: $36 (2x one month) Tier 3: 18% Tier 4: 50% Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,150 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,150 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

FLORIDA — GREATER JACKSONVILLE

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
219,671

MEDICARE ADVANTAGE PENETRATION:
45.7%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CENTRAL FLORIDA
JACKSONVILLE

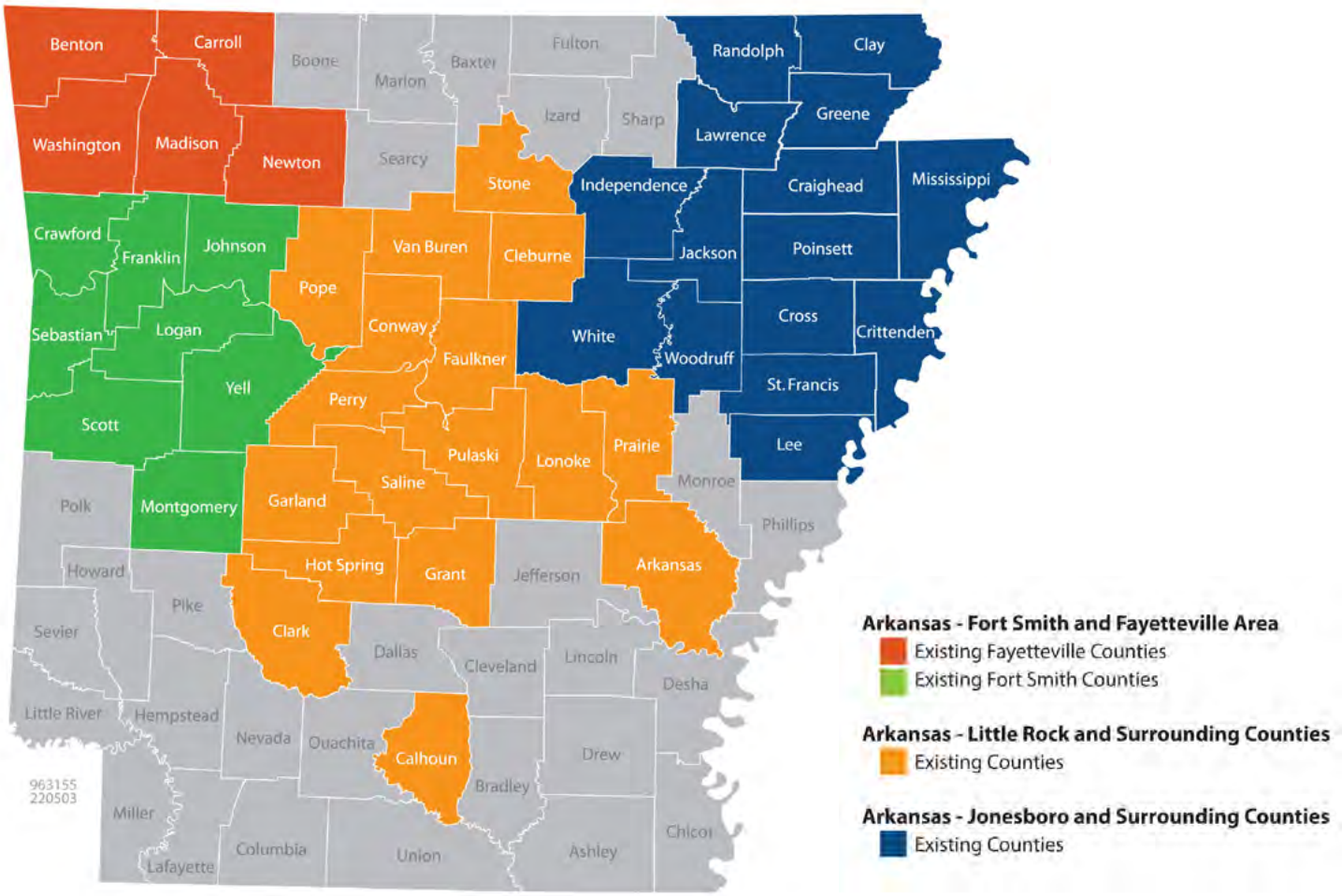
COUNTIES	Clay, Duval	Clay, Duval
PLAN ID	NEW PLAN **H5410-043-000**	NEW PLAN **H5410-044-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Preferred Savings Medicare (HMO)**
Total Premium	$0	$0
Cost Share—PCP/Specialist	$0/$10	$0/$30
Inpatient Acute Care Hospital	$150 per day for days 1-6; $0 per day for days 7-90	$350 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$3,900 applies to in-network Medicare-covered benefits	$3,900 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $75	$0 - $125
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $35 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $0 Tier 3: $35 Tier 4: $100 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $105 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $0 Tier 3: $105 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

BEST INSURANCE COMPANIES
U.S.News & WORLD REPORT
MEDICARE ADVANTAGE
ARKANSAS
2022

ARKANSAS

2023 OVERVIEW



2023 HIGHLIGHTS

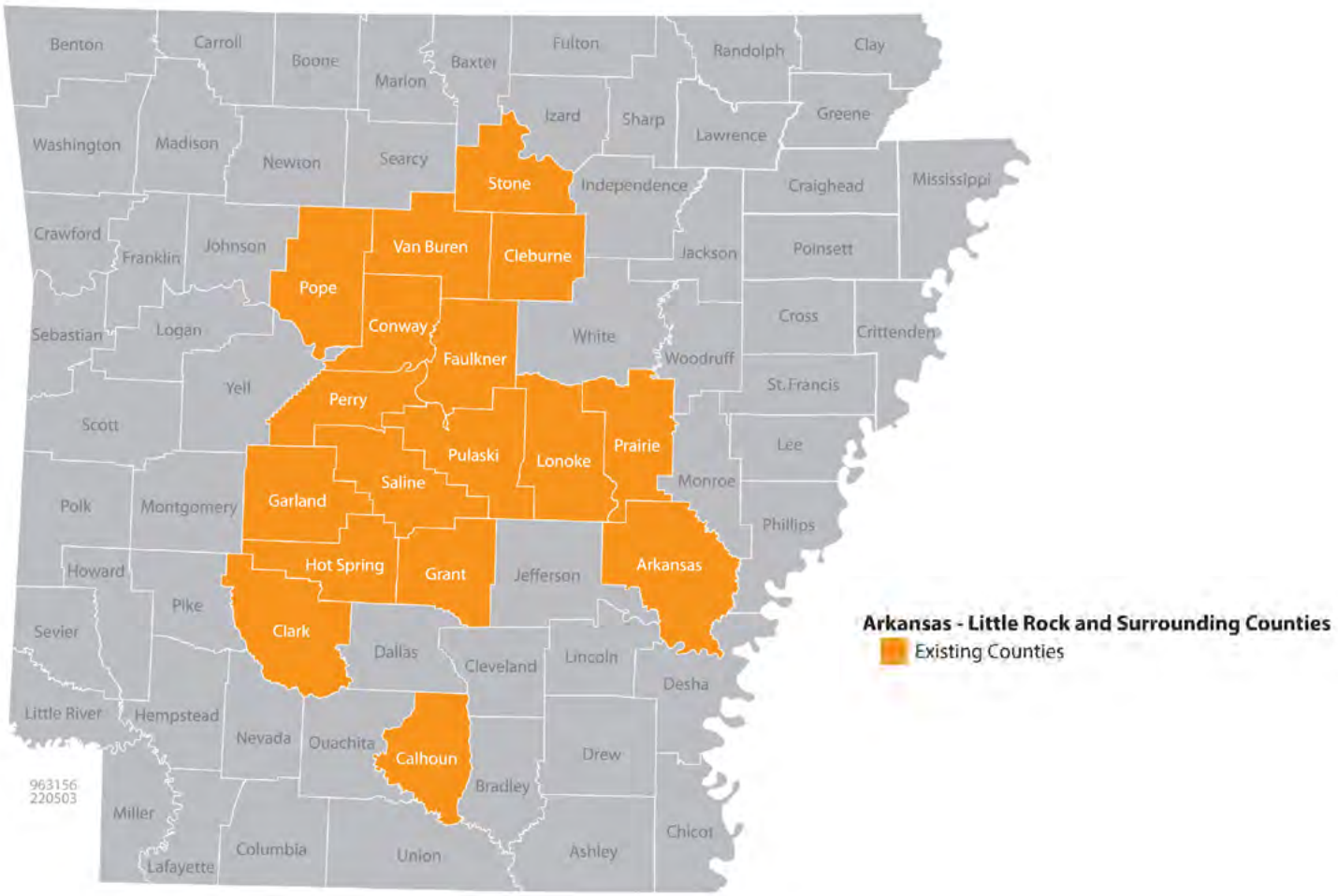
- New PPO plan option
- Dental Allowance
- Insulin Savings plan added/ all plans
- $ 60 OTC/FLEX card

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

ARKANSAS — LITTLE ROCK

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
235,059

MEDICARE ADVANTAGE PENETRATION:
33.5%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

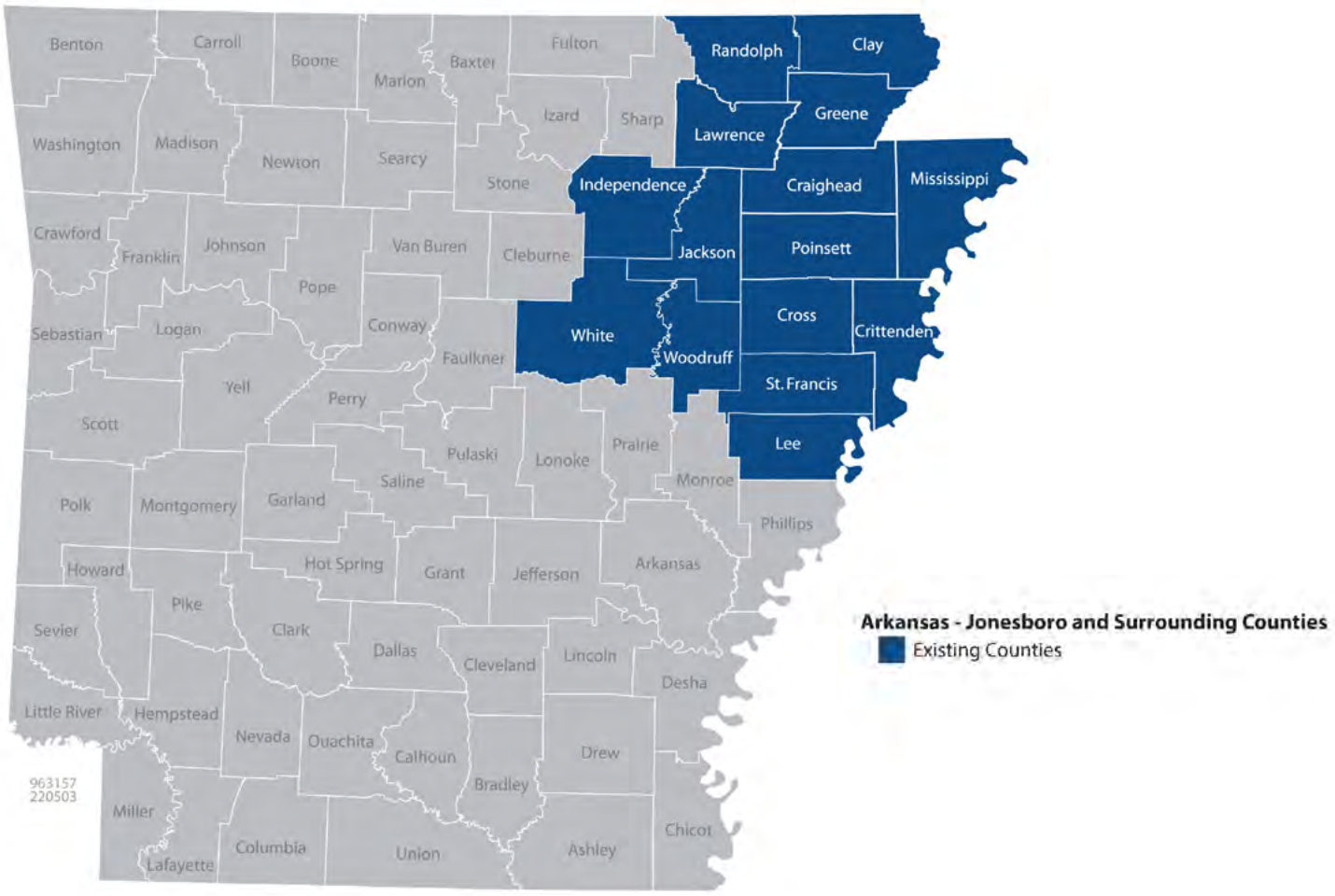
TENNESSEE
ARKANSAS

COUNTIES	Arkansas, Calhoun, Clark, Cleburne, Conway, Faulkner, Garland, Grant, Hot Spring, Lonoke, Perry, Pope, Prairie, Pulaski, Saline, Stone, Van Buren	Arkansas, Calhoun, Clark, Cleburne, Conway, Faulkner, Garland, Grant, Hot Spring, Lonoke, Perry, Pope, Prairie, Pulaski, Saline, Stone, Van Buren	
PLAN ID	**H4513-050-000**	**H7849-102-002**	
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna True Choice Medicare (PPO)**	
		In Network	**Out of Network**
Total Premium	$0	$0	
Cost Share—PCP/Specialist	$0/$15	$0/$25	$40/$55
Inpatient Acute Care Hospital	$325 per day for days 1-5; $0 per day for days 6-90	$295 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$5,900 applies to in-network Medicare-covered benefits	$5,500 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $200	$0 - $200	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $4 Tier 3: $40 Tier 4: $80 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $120 (3x one month) Tier 4: $240 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

ARKANSAS — JONESBORO

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
107,087

MEDICARE ADVANTAGE PENETRATION:
35.1%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE
ARKANSAS

COUNTIES	Clay, Craighead, Crittenden, Cross, Greene, Independence, Jackson, Lawrence, Lee, Mississippi, Poinsett, Randolph, St. Francis, White, Woodruff	Craighead, Crittenden, Greene, Lawrence, Mississippi, Poinsett
PLAN ID	**H4513-038-000**	**H4513-039-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$0	$26.90
Cost Share—PCP/Specialist	$0/$15	$0-20%/20%
Inpatient Acute Care Hospital	$325 per day for days 1-5; $0 per day for days 6-90	$222 per day for days 1-10; $0 per day for days 11-90
Max Out-of-Pocket (MOOP)	$5,900 applies to in-network Medicare-covered benefits	$7,550 applies to in-network Medicare-covered benefits
Lab	$0	20%
Ambulatory Surgical Center (ASC)	$0 - $200	0 - 20%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	$4,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	$4,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE
ARKANSAS

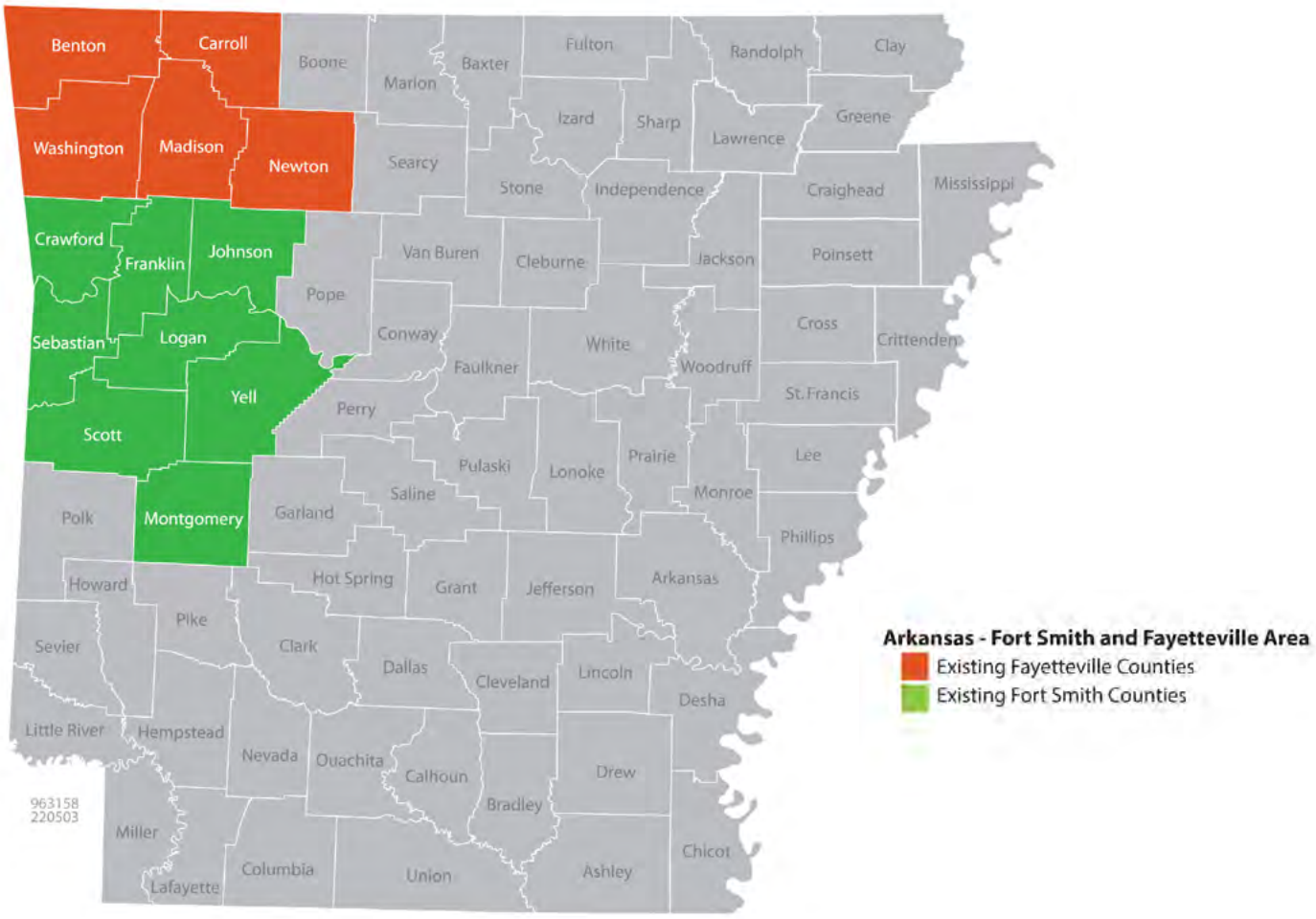
COUNTIES	Clay, Craighead, Crittenden, Cross, Greene, Independence, Jackson, Lawrence, Lee, Mississippi, Poinsett, Randolph, St. Francis, White, Woodruff	
PLAN ID	**H7849-102-001**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share— PCP/Specialist	$0/$25	$40/$55
Inpatient Acute Care Hospital	$295 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$5,500 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $200	30%
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $40 Tier 4: $80 Tier 5: 33%	N/A
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $120 (3x one month) Tier 4: $240 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

ARKANSAS — FORT SMITH AND FAYETTEVILLE

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
164,354

MEDICARE ADVANTAGE PENETRATION:
41.5%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE
ARKANSAS

COUNTIES	Crawford, Franklin, Johnson, Logan, Montgomery, Scott, Sebastian, Yell	Benton, Carroll, Madison, Newton, Washington
PLAN ID	**H4513-051-000**	**H4513-052-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Preferred Medicare (HMO)**
Total Premium	$0	$0
Cost Share— PCP/Specialist	$0/$15	$0/$15
Inpatient Acute Care Hospital	$325 per day for days 1-5; $0 per day for days 6-90	$325 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$5,900 applies to in-network Medicare-covered benefits	$5,900 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $200	$0 - $200
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $100 Tier 5: 33%
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE
ARKANSAS

COUNTIES	Crawford, Franklin, Johnson, Logan, Montgomery, Scott, Sebastian, Yell	
PLAN ID	H7849-102-003	
PLAN NAME	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$40/$55
Inpatient Acute Care Hospital	$295 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$5,500 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $200	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $40 Tier 4: $80 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $120 (3x one month) Tier 4: $240 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

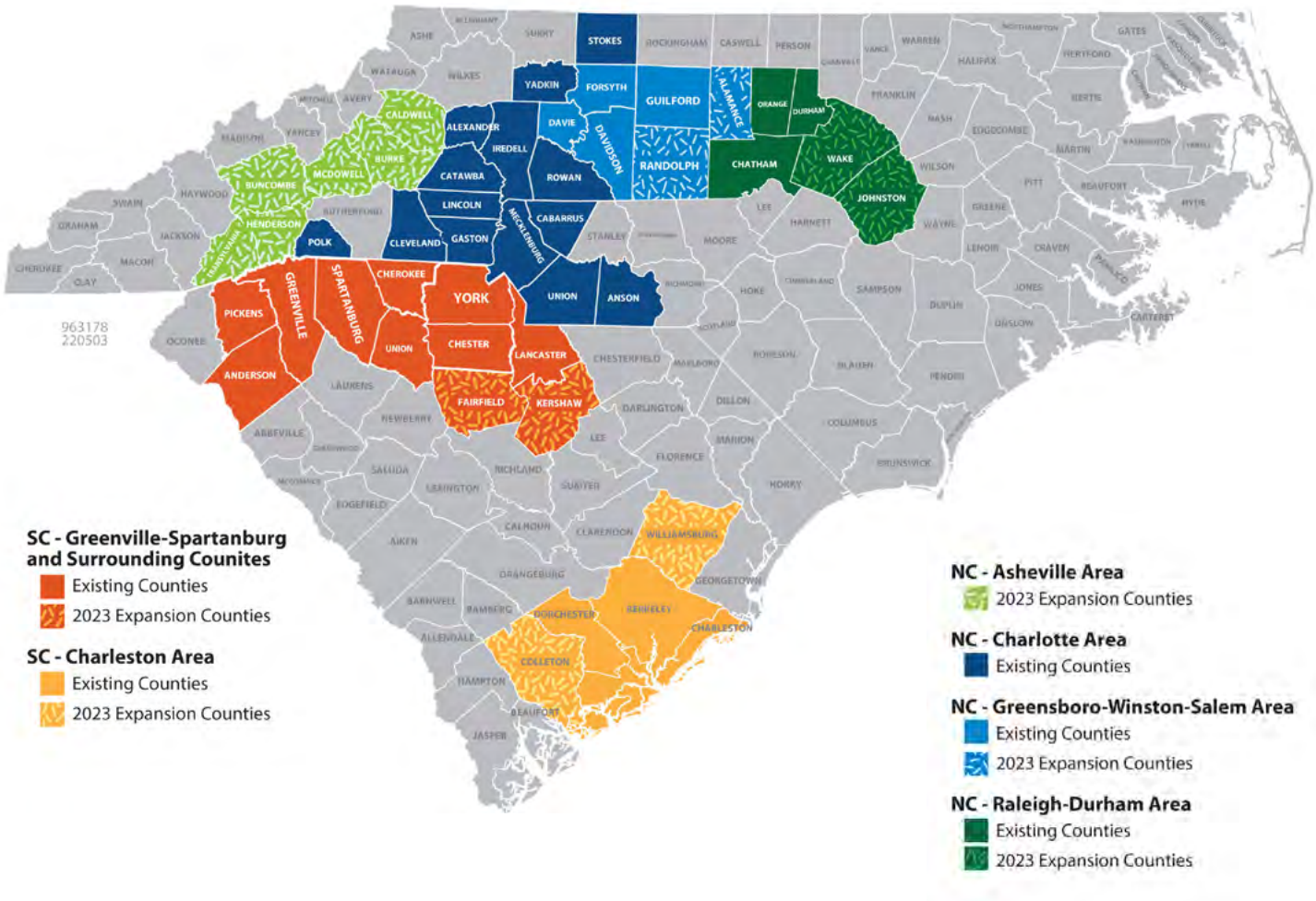
TENNESSEE
ARKANSAS

COUNTIES	Benton, Carroll, Madison, Newton, Washington	
PLAN ID	H7849-102-004	
PLAN NAME	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$40/$55
Inpatient Acute Care Hospital	$295 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$5,500 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $200	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $40 Tier 4: $80 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $120 (3x one month) Tier 4: $240 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTH AND SOUTH CAROLINA

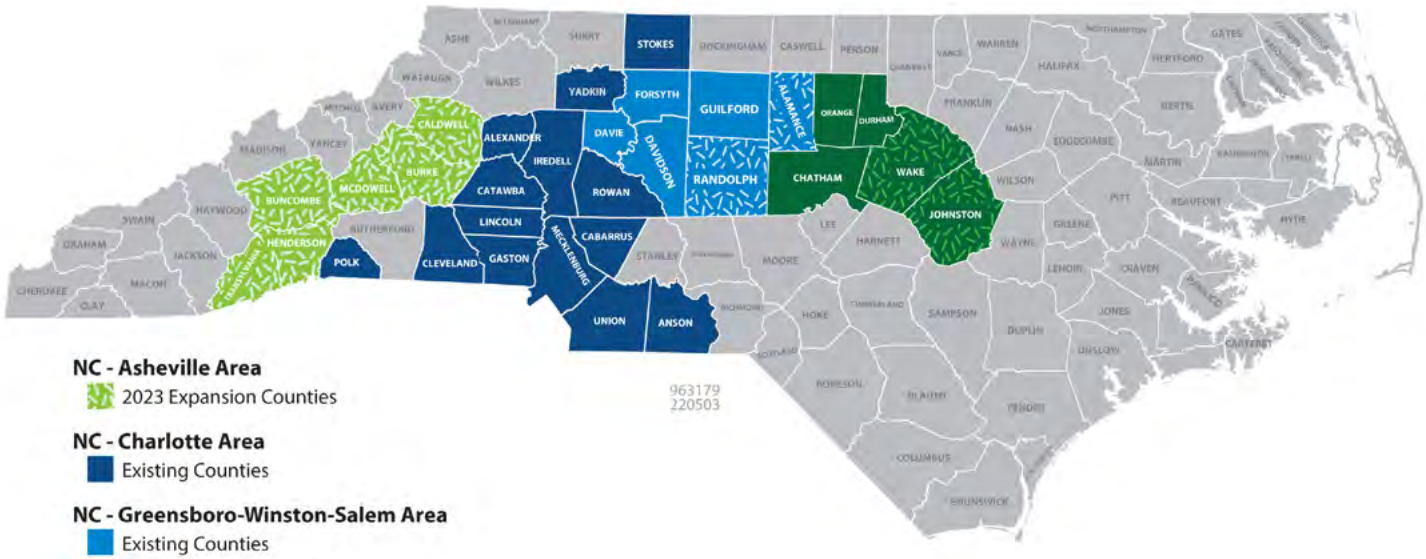
2023 OVERVIEW



2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTH CAROLINA

2023 OVERVIEW



NC - Asheville Area
2023 Expansion Counties

NC - Charlotte Area
Existing Counties

NC - Greensboro-Winston-Salem Area
Existing Counties
2023 Expansion Counties

NC - Raleigh-Durham Area
Existing Counties
2023 Expansion Counties

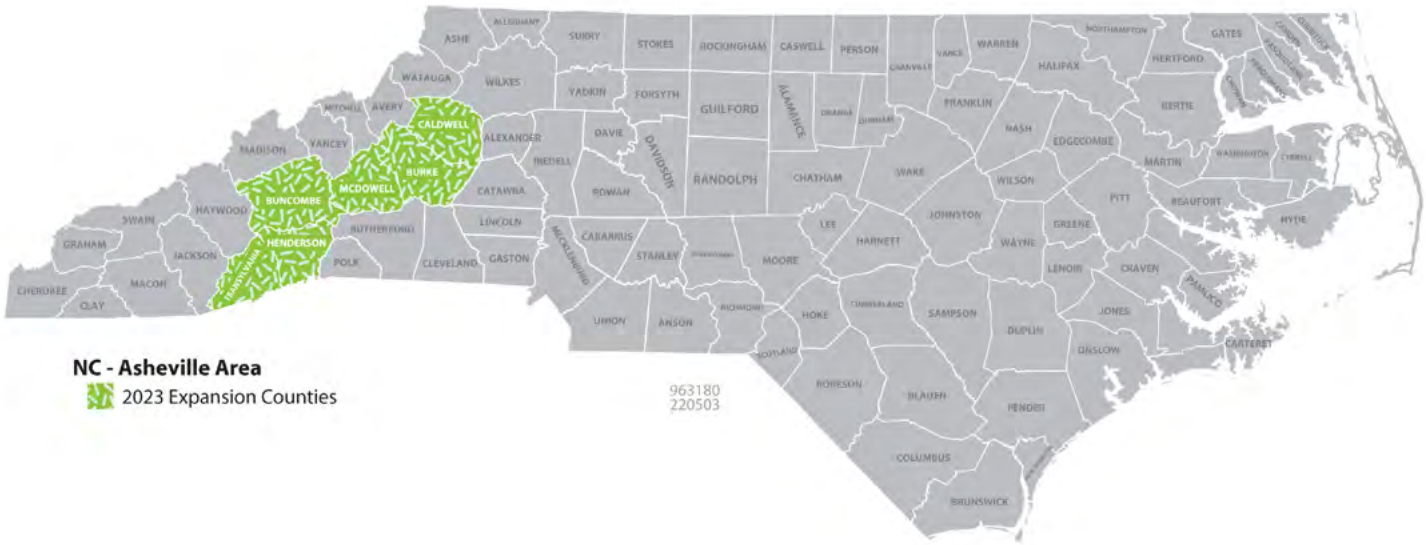
2023 HIGHLIGHTS

- NEW TotalCare Plus plan
- NEW Buy Down plan
- Expansion in Raleigh and Asheville
- NEW HMO plan

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTH CAROLINA — ASHEVILLE

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
161,631

MEDICARE ADVANTAGE PENETRATION:
45.7%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS

NORTH CAROLINA

COUNTIES	Alamance, Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mcdowell, Mecklenburg, Orange, Polk, Randolph, Rowan, Stokes, Transylvania, Union, Wake, Yadkin	Alamance, Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mcdowell, Mecklenburg, Orange, Polk, Randolph, Rowan, Stokes, Transylvania, Union, Wake, Yadkin
PLAN ID	NEW COUNTIES **H9725-003-000**	NEW COUNTIES **H9725-005-000**
PLAN NAME	**Cigna TotalCare (HMO D-SNP)**	**Cigna Courage Medicare (HMO)**
Total Premium	$33.50	$0
Cost Share—PCP/Specialist	$0/$0	$0/$20
Inpatient Acute Care Hospital	$1,400 per stay	$295 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$7,550 applies to in-network Medicare-covered benefits	$3,600 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	0 - 20%	$0 - $225
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	N/A
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,500 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,500 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS

NORTH CAROLINA

COUNTIES	Alamance, Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mcdowell, Mecklenburg, Orange, Polk, Randolph, Rowan, Stokes, Transylvania, Union, Wake, Yadkin	Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Cleveland, Davie, Gaston, Henderson, Iredell, Johnston, Lincoln, McDowell, Nash, Polk, Stokes, Transylania, Yadkin
PLAN ID	NEW COUNTIES **H9725-006-000**	NEW PLAN **H9725-009-002**
PLAN NAME	**Cigna Preferred Plus Medicare (HMO)**	**Cigna Preferred Medicare (HMO)**
Total Premium	$29.00	$0
Cost Share—PCP/Specialist	$0/$10	$0/$20
Inpatient Acute Care Hospital	$295 per day for days 1-5; $0 per day for days 6-90	$310 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$3,900 applies to in-network Medicare-covered benefits	$4,600 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $175	$0 - $225
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $47 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $100 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS

NORTH CAROLINA

COUNTIES	Alamance, Buncombe, Burke, Caldwell, Catawba, Chatham, Davidson, Durham, Forsyth, Guilford, Henderson, Mcdowell, Mecklenburg, Orange, Randolph, Rowan, Transylvania, Union, Wake	Alamance, Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mcdowell, Mecklenburg, Orange, Polk, Randolph, Rowan, Stokes, Transylvania, Union, Wake, Yadkin
PLAN ID	NEW PLAN H9725-012-000	NEW PLAN H9725-013-000
PLAN NAME	**Cigna Preferred Savings Medicare (HMO)**	**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$0	$28.50
Cost Share—PCP/Specialist	$0/$50	20%/20%
Inpatient Acute Care Hospital	$450 per day for days 1-4; $0 per day for days 5-90	Standard Medicare
Max Out-of-Pocket (MOOP)	$7,500 applies to in-network Medicare-covered benefits	$7,550 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $250	0 - 20%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $38 Tier 4: 28% Tier 5: 29%	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $114 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$500 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$500 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS

NORTH CAROLINA

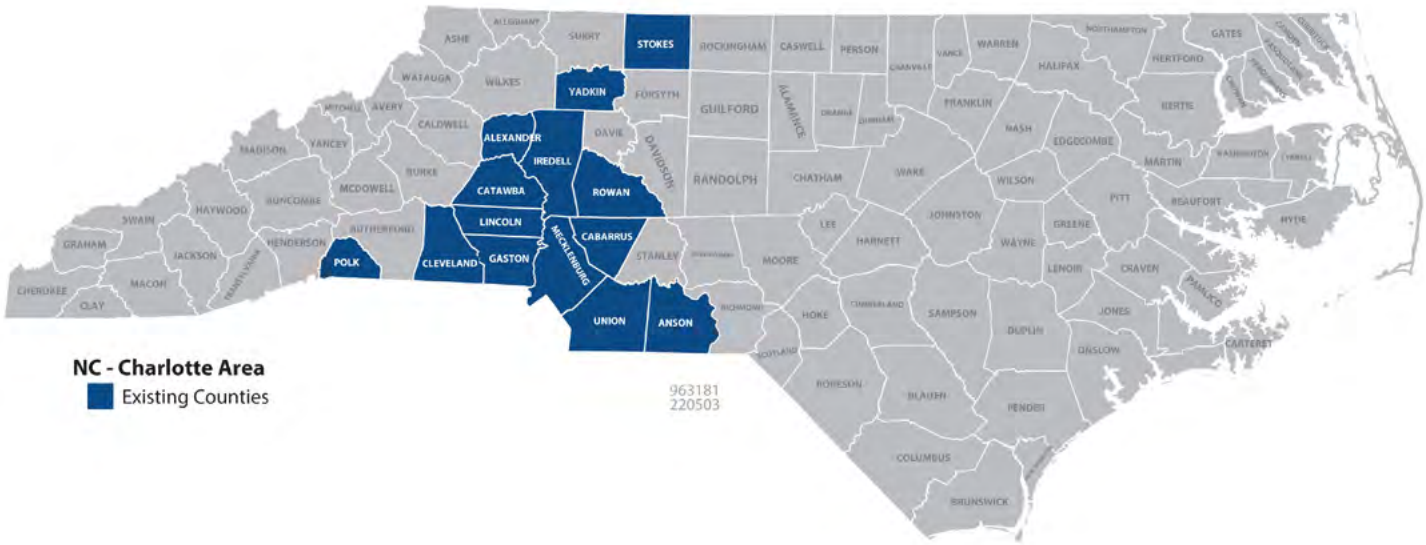
COUNTIES	Buncombe, Burke, Caldwell, Chatham, Durham, Henderson, Johnston, Mcdowell, Orange, Transylvania, Wake	
PLAN ID	H7849-046-000	
PLAN NAME	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$25	$30/$55
Inpatient Acute Care Hospital	$335 per day for days 1-6; $0 per day for days 7-90	40%
Max Out-of-Pocket (MOOP)	$6,001 applies to in-network Medicare-covered benefits	$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	50%
Ambulatory Surgical Center (ASC)	$0 - $295	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $47 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,250 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,250 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTH CAROLINA — CHARLOTTE

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
470,292

MEDICARE ADVANTAGE PENETRATION:
50.7%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS

NORTH CAROLINA

COUNTIES	Alamance, Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mcdowell, Mecklenburg, Orange, Polk, Randolph, Rowan, Stokes, Transylvania, Union, Wake, Yadkin	Alamance, Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mcdowell, Mecklenburg, Orange, Polk, Randolph, Rowan, Stokes, Transylvania, Union, Wake, Yadkin
PLAN ID	NEW COUNTIES **H9725-003-000**	NEW COUNTIES **H9725-005-000**
PLAN NAME	**Cigna TotalCare (HMO D-SNP)**	**Cigna Courage Medicare (HMO)**
Total Premium	$33.50	$0
Cost Share—PCP/Specialist	$0/$0	$0/$20
Inpatient Acute Care Hospital	$1,400 per stay	$295 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$7,550 applies to in-network Medicare-covered benefits	$3,600 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	0 - 20%	$0 - $225
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	N/A
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,500 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,500 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS

NORTH CAROLINA

COUNTIES	Alamance, Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mcdowell, Mecklenburg, Orange, Polk, Randolph, Rowan, Stokes, Transylvania, Union, Wake, Yadkin	Alamance, Catawba, Chatham, Davidson, Durham, Forsyth, Guilford, Mecklenburg, Orange, Randolph, Rowan, Union, Wake
PLAN ID	NEW COUNTIES **H9725-006-000**	NEW PLAN **H9725-009-001**
PLAN NAME	**Cigna Preferred Plus Medicare (HMO)**	**Cigna Preferred Medicare (HMO)**
Total Premium	$29.00	$0
Cost Share—PCP/Specialist	$0/$10	$0/$20
Inpatient Acute Care Hospital	$295 per day for days 1-5; $0 per day for days 6-90	"$310 per day for days 1-6; $0 per day for days 7-90 "
Max Out-of-Pocket (MOOP)	$3,900 applies to in-network Medicare-covered benefits	$4,200 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $175	$0 - $225
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $47 Tier 4: $100 Tier 5: 33%	"Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $100 Tier 5: 33% "
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	"Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A "
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS

NORTH CAROLINA

COUNTIES	Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Cleveland, Davie, Gaston, Henderson, Iredell, Johnston, Lincoln, McDowell, Nash, Polk, Stokes, Transylania, Yadkin	Alamance, Buncombe, Burke, Caldwell, Catawba, Chatham, Davidson, Durham, Forsyth, Guilford, Henderson, Mcdowell, Mecklenburg, Orange, Randolph, Rowan, Transylvania, Union, Wake
PLAN ID	NEW PLAN H9725-009-002	NEW PLAN H9725-012-000
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Preferred Savings Medicare (HMO)**
Total Premium	$0	$0
Cost Share— PCP/Specialist	$0/$20	$0/$50
Inpatient Acute Care Hospital	$310 per day for days 1-6; $0 per day for days 7-90	$450 per day for days 1-4; $0 per day for days 5-90
Max Out-of-Pocket (MOOP)	$4,600 applies to in-network Medicare-covered benefits	$7,500 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $225	$0 - $250
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $5 Tier 3: $38 Tier 4: 28% Tier 5: 29%
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $114 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	$500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	$500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS
NORTH CAROLINA

COUNTIES	Alamance, Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mcdowell, Mecklenburg, Orange, Polk, Randolph, Rowan, Stokes, Transylvania, Union, Wake, Yadkin	Alamance, Durham, Forsyth, Guilford, Mecklenburg, Orange, Union, Wake
PLAN ID	NEW PLAN H9725-013-000	NEW PLAN H9725-014-000
PLAN NAME	**Cigna TotalCare Plus (HMO D-SNP)**	**Cigna Preferred Select Medicare (HMO)**
Total Premium	$31.00	$0
Cost Share—PCP/Specialist	20%/20%	$0/$20
Inpatient Acute Care Hospital	Standard Medicare	$325 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$7,550 applies to in-network Medicare-covered benefits	$4,200 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	0 - 20%	$0 - $225
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $100 Tier 5: 30%
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$3,000 combined preventive and comprehensive allowance every year	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$3,000 combined preventive and comprehensive allowance every year	$20,000 combined preventive and c omprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS

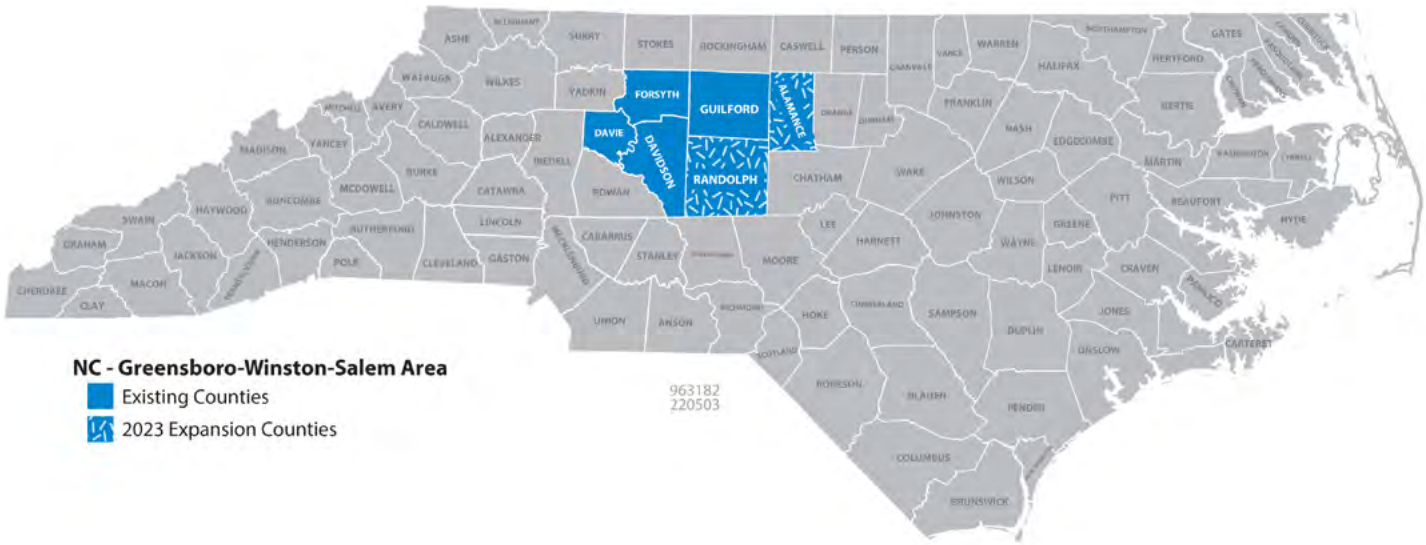
NORTH CAROLINA

COUNTIES	Alexander, Anson, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Polk, Rowan, Stokes, Union, Yadkin	
PLAN ID	**H7849-019-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$25	$40/$55
Inpatient Acute Care Hospital	$315 per day for days 1-7; $0 per day for days 8-90	30%
Max Out-of-Pocket (MOOP)	$5,750 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $275	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $10 Tier 3: $47 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $20 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTH CAROLINA — GREENSBORO/WINSTON/SALEM

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
291,628

MEDICARE ADVANTAGE PENETRATION:
64%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS

NORTH CAROLINA

COUNTIES	Alamance, Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mcdowell, Mecklenburg, Orange, Polk, Randolph, Rowan, Stokes, Transylvania, Union, Wake, Yadkin	Alamance, Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mcdowell, Mecklenburg, Orange, Polk, Randolph, Rowan, Stokes, Transylvania, Union, Wake, Yadkin
PLAN ID	NEW COUNTIES **H9725-003-000**	NEW COUNTIES **H9725-005-000**
PLAN NAME	**Cigna TotalCare (HMO D-SNP)**	**Cigna Courage Medicare (HMO)**
Total Premium	$33.50	$0
Cost Share—PCP/Specialist	$0/$0	$0/$20
Inpatient Acute Care Hospital	$1,400 per stay	$295 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$7,550 applies to in-network Medicare-covered benefits	$3,600 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	0 - 20%	$0 - $225
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	N/A
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,500 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,500 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS

NORTH CAROLINA

COUNTIES	Alamance, Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mcdowell, Mecklenburg, Orange, Polk, Randolph, Rowan, Stokes, Transylvania, Union, Wake, Yadkin	Alamance, Catawba, Chatham, Davidson, Durham, Forsyth, Guilford, Mecklenburg, Orange, Randolph, Rowan, Union, Wake
PLAN ID	NEW COUNTIES **H9725-006-000**	NEW PLAN **H9725-009-001**
PLAN NAME	**Cigna Preferred Plus Medicare (HMO)**	**Cigna Preferred Medicare (HMO)**
Total Premium	$29.00	$0
Cost Share—PCP/Specialist	$0/$10	$0/$20
Inpatient Acute Care Hospital	$295 per day for days 1-5; $0 per day for days 6-90	"$310 per day for days 1-6; $0 per day for days 7-90 "
Max Out-of-Pocket (MOOP)	$3,900 applies to in-network Medicare-covered benefits	$4,200 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $175	$0 - $225
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $47 Tier 4: $100 Tier 5: 33%	"Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $100 Tier 5: 33% "
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	"Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A "
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS

NORTH CAROLINA

COUNTIES	Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Cleveland, Davie, Gaston, Henderson, Iredell, Johnston, Lincoln, McDowell, Nash, Polk, Stokes, Transylania, Yadkin	Alamance, Buncombe, Burke, Caldwell, Catawba, Chatham, Davidson, Durham, Forsyth, Guilford, Henderson, Mcdowell, Mecklenburg, Orange, Randolph, Rowan, Transylvania, Union, Wake
PLAN ID	NEW PLAN H9725-009-002	NEW PLAN H9725-012-000
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Preferred Savings Medicare (HMO)**
Total Premium	$0	$0
Cost Share— PCP/Specialist	$0/$20	$0/$50
Inpatient Acute Care Hospital	$310 per day for days 1-6; $0 per day for days 7-90	$450 per day for days 1-4; $0 per day for days 5-90
Max Out-of-Pocket (MOOP)	$4,600 applies to in-network Medicare-covered benefits	$7,500 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $225	$0 - $250
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $5 Tier 3: $38 Tier 4: 28% Tier 5: 29%
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $114 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	$500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	$500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS
NORTH CAROLINA

COUNTIES	Alamance, Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mcdowell, Mecklenburg, Orange, Polk, Randolph, Rowan, Stokes, Transylvania, Union, Wake, Yadkin	Alamance, Durham, Forsyth, Guilford, Mecklenburg, Orange, Union, Wake
PLAN ID	NEW PLAN H9725-013-000	NEW PLAN H9725-014-000
PLAN NAME	**Cigna TotalCare Plus (HMO D-SNP)**	**Cigna Preferred Select Medicare (HMO)**
Total Premium	$31.00	$0
Cost Share—PCP/Specialist	20%/20%	$0/$20
Inpatient Acute Care Hospital	Standard Medicare	$325 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$7,550 applies to in-network Medicare-covered benefits	$4,200 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	0 - 20%	$0 - $225
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $100 Tier 5: 30%
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$3,000 combined preventive and comprehensive allowance every year	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$3,000 combined preventive and comprehensive allowance every year	$20,000 combined preventive and c omprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS

NORTH CAROLINA

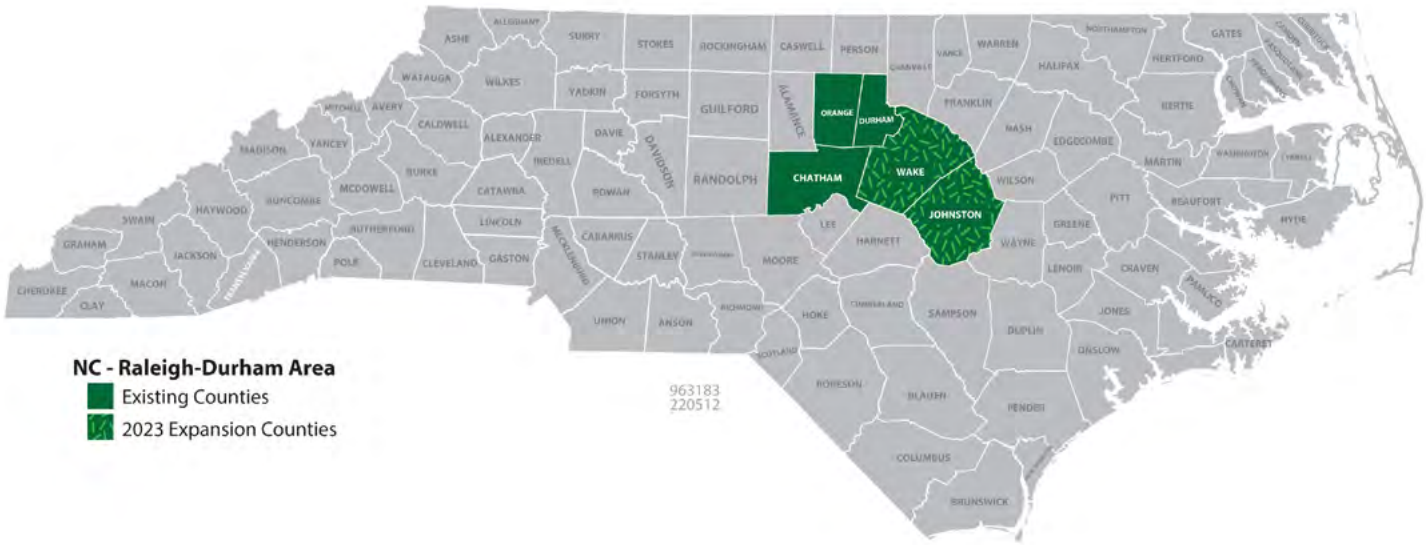
COUNTIES	Alamance, Davidson, Davie, Forsyth, Guilford, Randolph	
PLAN ID	**H7849-011-000**	
PLAN NAME	**Cigna True Choice Savings Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share— PCP/Specialist	$0/$25	$50/$60
Inpatient Acute Care Hospital	$295 per day for days 1-7; $0 per day for days 8-90	30%
Max Out-of-Pocket (MOOP)	$6,000 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $250	30%
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $10 Tier 3: $47 Tier 4: $100 Tier 5: 33%	N/A
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $20 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

NEW COUNTIES

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTH CAROLINA — RALEIGH/DURHAM

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
291,567

MEDICARE ADVANTAGE PENETRATION:
45.3%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS

NORTH CAROLINA

COUNTIES	Alamance, Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mcdowell, Mecklenburg, Orange, Polk, Randolph, Rowan, Stokes, Transylvania, Union, Wake, Yadkin	Alamance, Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mcdowell, Mecklenburg, Orange, Polk, Randolph, Rowan, Stokes, Transylvania, Union, Wake, Yadkin
PLAN ID	NEW COUNTIES **H9725-003-000**	NEW COUNTIES **H9725-005-000**
PLAN NAME	**Cigna TotalCare (HMO D-SNP)**	**Cigna Courage Medicare (HMO)**
Total Premium	$33.50	$0
Cost Share—PCP/Specialist	$0/$0	$0/$20
Inpatient Acute Care Hospital	$1,400 per stay	$295 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$7,550 applies to in-network Medicare-covered benefits	$3,600 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	0 - 20%	$0 - $225
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	N/A
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,500 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,500 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS

NORTH CAROLINA

COUNTIES	Alamance, Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mcdowell, Mecklenburg, Orange, Polk, Randolph, Rowan, Stokes, Transylvania, Union, Wake, Yadkin	Alamance, Catawba, Chatham, Davidson, Durham, Forsyth, Guilford, Mecklenburg, Orange, Randolph, Rowan, Union, Wake
PLAN ID	NEW COUNTIES **H9725-006-000**	NEW PLAN **H9725-009-001**
PLAN NAME	**Cigna Preferred Plus Medicare (HMO)**	**Cigna Preferred Medicare (HMO)**
Total Premium	$29.00	$0
Cost Share—PCP/Specialist	$0/$10	$0/$20
Inpatient Acute Care Hospital	$295 per day for days 1-5; $0 per day for days 6-90	"$310 per day for days 1-6; $0 per day for days 7-90 "
Max Out-of-Pocket (MOOP)	$3,900 applies to in-network Medicare-covered benefits	$4,200 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $175	$0 - $225
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $47 Tier 4: $100 Tier 5: 33%	"Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $100 Tier 5: 33% "
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	"Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A "
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS

NORTH CAROLINA

COUNTIES	Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Cleveland, Davie, Gaston, Henderson, Iredell, Johnston, Lincoln, McDowell, Nash, Polk, Stokes, Transylania, Yadkin	Alamance, Buncombe, Burke, Caldwell, Catawba, Chatham, Davidson, Durham, Forsyth, Guilford, Henderson, Mcdowell, Mecklenburg, Orange, Randolph, Rowan, Transylvania, Union, Wake
PLAN ID	NEW PLAN H9725-009-002	NEW PLAN H9725-012-000
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Preferred Savings Medicare (HMO)**
Total Premium	$0	$0
Cost Share— PCP/Specialist	$0/$20	$0/$50
Inpatient Acute Care Hospital	$310 per day for days 1-6; $0 per day for days 7-90	$450 per day for days 1-4; $0 per day for days 5-90
Max Out-of-Pocket (MOOP)	$4,600 applies to in-network Medicare-covered benefits	$7,500 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $225	$0 - $250
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $5 Tier 3: $38 Tier 4: 28% Tier 5: 29%
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $114 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	$500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	$500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS
NORTH CAROLINA

COUNTIES	Alamance, Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Chatham, Cleveland, Davidson, Davie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mcdowell, Mecklenburg, Orange, Polk, Randolph, Rowan, Stokes, Transylvania, Union, Wake, Yadkin	Alamance, Durham, Forsyth, Guilford, Mecklenburg, Orange, Union, Wake
PLAN ID	NEW PLAN H9725-013-000	NEW PLAN H9725-014-000
PLAN NAME	**Cigna TotalCare Plus (HMO D-SNP)**	**Cigna Preferred Select Medicare (HMO)**
Total Premium	$31.00	$0
Cost Share—PCP/Specialist	20%/20%	$0/$20
Inpatient Acute Care Hospital	Standard Medicare	$325 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$7,550 applies to in-network Medicare-covered benefits	$4,200 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	0 - 20%	$0 - $225
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $100 Tier 5: 30%
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$3,000 combined preventive and comprehensive allowance every year	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$3,000 combined preventive and comprehensive allowance every year	$20,000 combined preventive and c omprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS

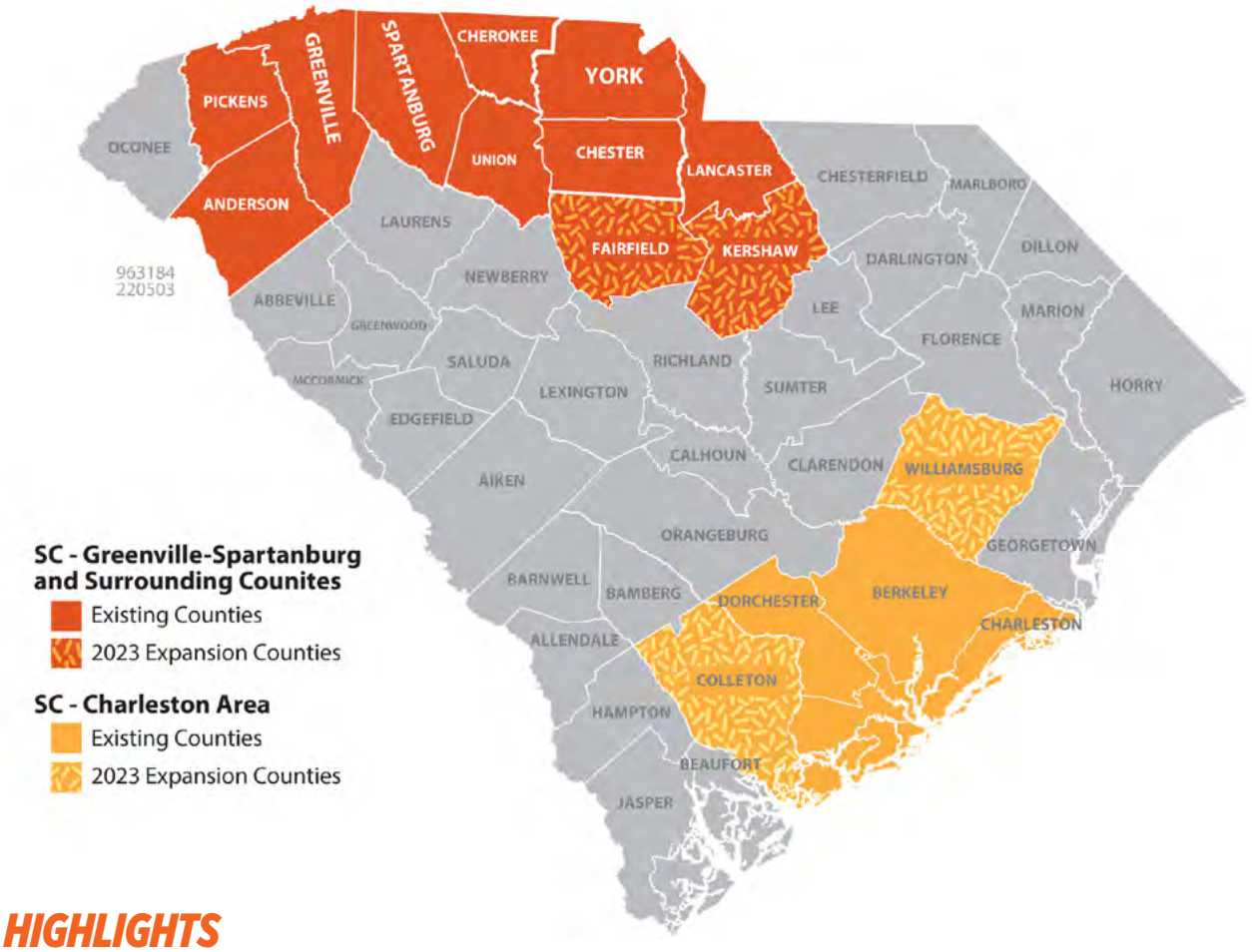
NORTH CAROLINA

COUNTIES	Buncombe, Burke, Caldwell, Chatham, Durham, Henderson, Johnston, Mcdowell, Orange, Transylvania, Wake	
PLAN ID	**H7849-046-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share— PCP/Specialist	$0/$25	$30/$55
Inpatient Acute Care Hospital	$335 per day for days 1-6; $0 per day for days 7-90	40%
Max Out-of-Pocket (MOOP)	$6,001 applies to in-network Medicare-covered benefits	$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	50%
Ambulatory Surgical Center (ASC)	$0 - $295	40%
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $47 Tier 4: $100 Tier 5: 33%	N/A
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,250 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,250 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTH CAROLINA

2023 OVERVIEW



2023 HIGHLIGHTS

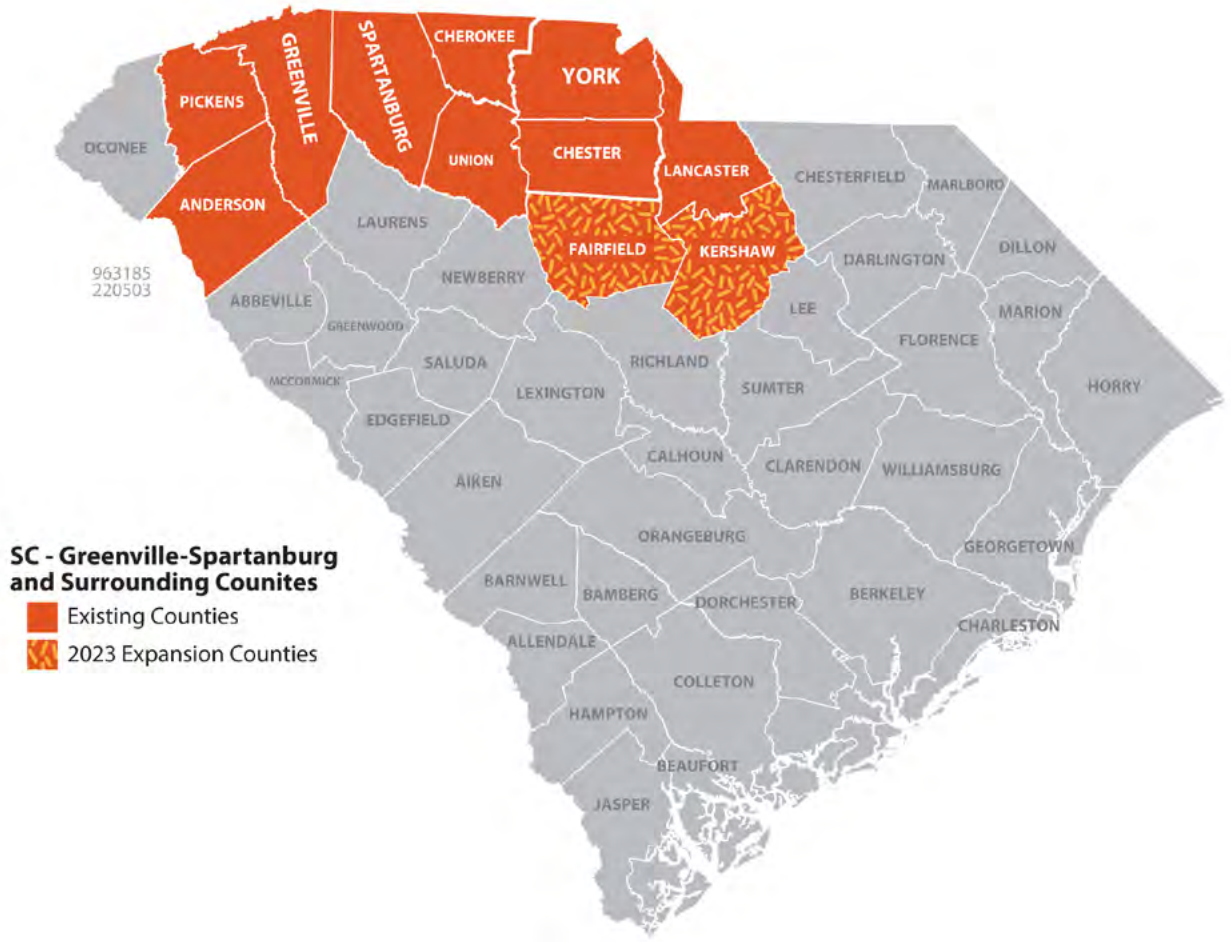
- Two county expansion

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTH CAROLINA — GREENVILLE/SPARTANBURG

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
369,445

MEDICARE ADVANTAGE PENETRATION:
44.9%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS

SOUTH CAROLINA

COUNTIES	Anderson, Cherokee, Chester, Farifield, Greenville, Kershaw, Lancaster, Pickens, Spartanburg, Union, York	Anderson, Berkeley, Charleston, Cherokee, Chester, Colleton, Dorchester, Fairfield, Greenville, Kershaw, Lancaster, Pickens, Spartanburg, Union, Williamsburg, York
PLAN ID	NEW COUNTIES H7020-004-000	NEW COUNTIES H7020-005-000
PLAN NAME	Cigna Preferred Medicare (HMO)	Cigna Courage Medicare (HMO)
Total Premium	$0	$0
Cost Share—PCP/Specialist	$0/$20	$20/$50
Inpatient Acute Care Hospital	$295 per day for days 1-7; $0 per day for days 8-90	$375 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$5,400 applies to in-network Medicare-covered benefits	$6,700 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $275	$0 - $325
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $47 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,250 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,250 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS

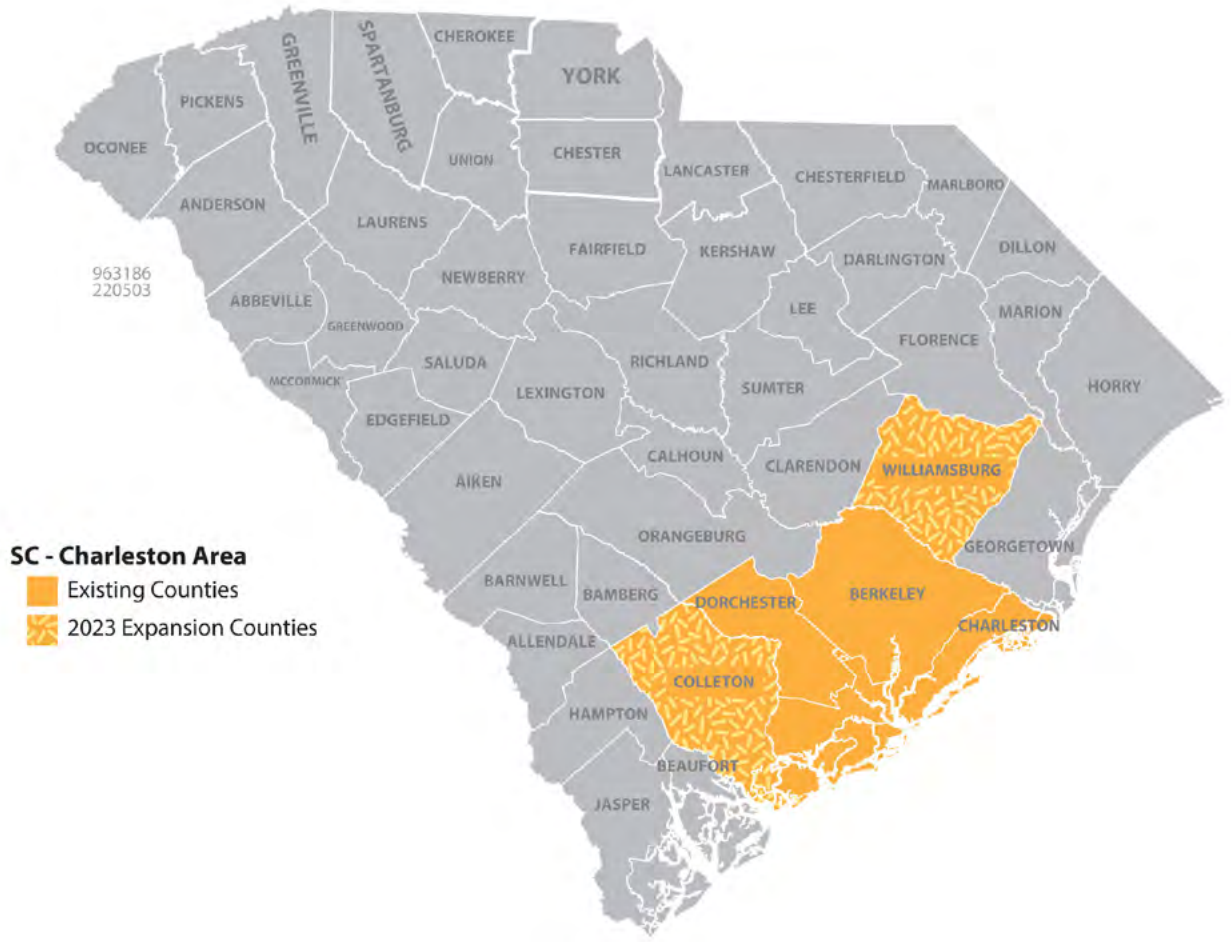
SOUTH CAROLINA

COUNTIES	Anderson, Cherokee, Chester, Farifield, Greenville, Kershaw, Lancaster, Pickens, Spartanburg, Union, York	Anderson, Cherokee, Chester, Fairfield, Greenville, Kershaw, Lancaster, Pickens, Spartanburg, Union, York	
PLAN ID	**H7020-006-000**	**H7849-018-000**	
PLAN NAME	**Cigna Preferred Plus Medicare (HMO)**	**Cigna True Choice Medicare (PPO)**	
		In Network	**Out of Network**
Total Premium	$24.00	$0	
Cost Share— PCP/Specialist	$0 / $20	$0/$25	$30/$55
Inpatient Acute Care Hospital	$275 per day for days 1-6; $0 per day for days 7-90	$315 per day for days 1-7; $0 per day for days 8-90	30%
Max Out-of-Pocket (MOOP)	$4,500 applies to in-network Medicare-covered and in-network non-Medicare-covered benefits	$6,600 applies to in-network Medicare-covered benefits	$11,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$0	35%
Ambulatory Surgical Center (ASC)	$0-$175	$0 - $275	30%
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $47 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $5 Tier 3: $47 Tier 4: $100 Tier 5: 33%	N/A
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Preventive and Comprehensive Plus AZ	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive every year	$750 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive every year	$750 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTH CAROLINA — CHARLESTON

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
167,064

MEDICARE ADVANTAGE PENETRATION:
35%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS
SOUTH CAROLINA

COUNTIES	Anderson, Berkeley, Charleston, Cherokee, Chester, Colleton, Dorchester, Fairfield, Greenville, Kershaw, Lancaster, Pickens, Spartanburg, Union, Williamsburg, York	Berkeley, Charleston, Colleton, Dorchester, Williamsburg
PLAN ID	NEW COUNTIES **H7020-005-000**	NEW COUNTIES **H7020-008-000**
PLAN NAME	**Cigna Courage Medicare (HMO)**	**Cigna Preferred Medicare (HMO)**
Total Premium	$0	$0
Cost Share— PCP/Specialist	$20/$50	$0/$30
Inpatient Acute Care Hospital	$375 per day for days 1-5; $0 per day for days 6-90	$305 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	$5,900 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $325	$0 - $250
Costshare— Preferred Retail RX (One Month)	N/A	Tier 1: $0 Tier 2: $8 Tier 3: $47 Tier 4: $95 Tier 5: 33%
Cost Share— Preferred Retail RX (Three Months)	N/A	Tier 1: $0 Tier 2: $16 (2x one month) Tier 3: $141 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	$1,250 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and c omprehensive allowance every year	$1,250 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

CAROLINAS

SOUTH CAROLINA

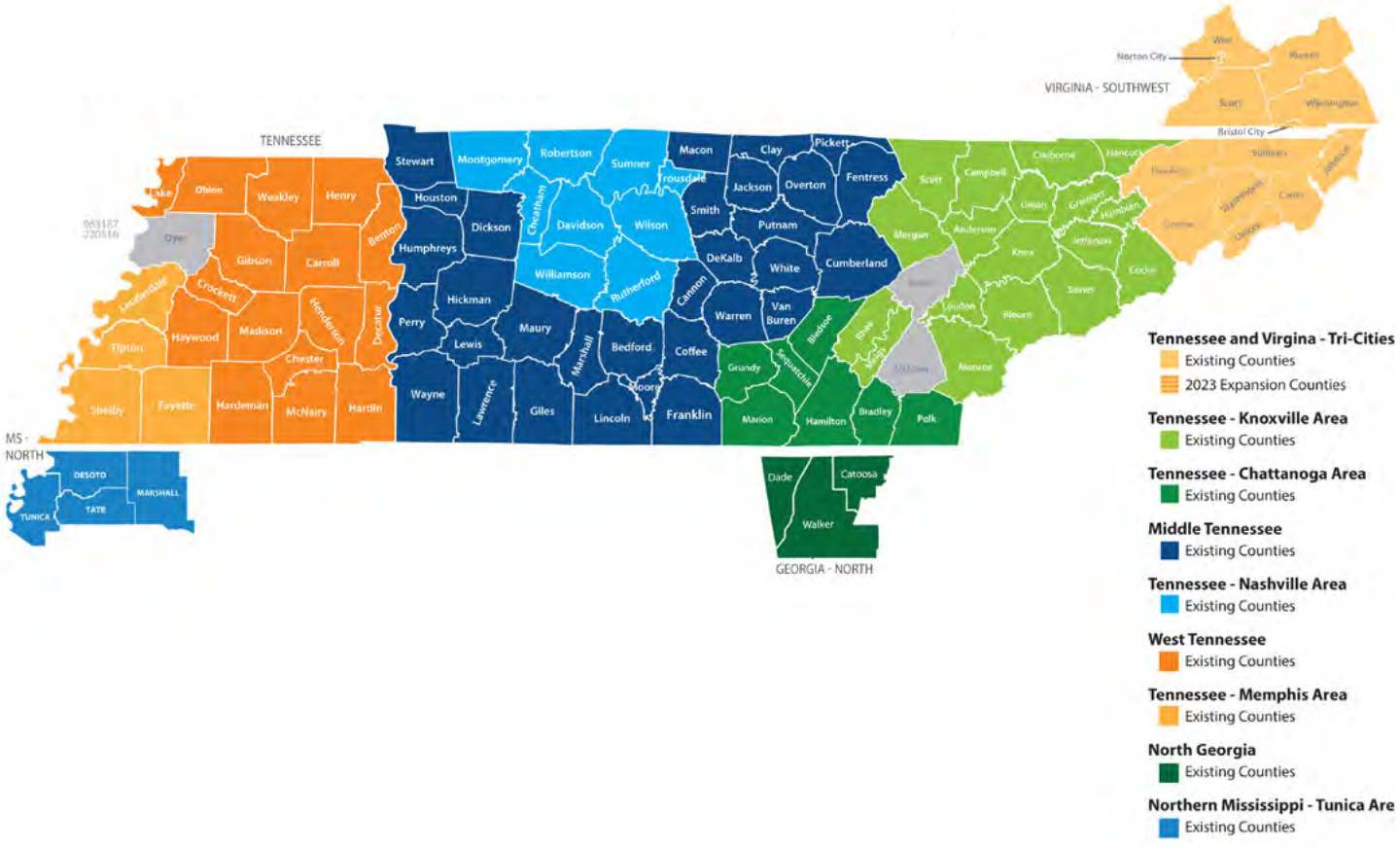
COUNTIES	Berkeley, Charleston, Colleton, Dorchester, Williamsburg	
PLAN ID	H7849-045-000	
PLAN NAME	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$30/$55
Inpatient Acute Care Hospital	$275 per day for days 1-6; $0 per day for days 7-90	45%
Max Out-of-Pocket (MOOP)	$5,900 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	50%
Ambulatory Surgical Center (ASC)	$0 - $250	45%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $47 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

NEW COUNTIES

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

TENNESSE, NORTH GEORGIA, NORTHERN MISSISSIPPI, AND SOUTHWEST VIRGINIA

2023 OVERVIEW



2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

TENNESSEE

2023 OVERVIEW

2023 HIGHLIGHTS

- $ 60 Buy Back
- $1,400—$2,000 Hearing aid benefit
- Flex Card added/increased OTC benefit
- Dental Allowance

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

TENNESSEE — WEST

2023 OVERVIEW

MEDICARE ELIGIBLE POPULATION:
112,771

MEDICARE ADVANTAGE PENETRATION:
38.5%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Grainger, Grundy, Hamblen, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Morgan, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Sevier, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Union, Van Buren, Warren, Wayne, White, Williamson, Wilson	Bedford, Benton, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson
PLAN ID	**H4513-033-000**	**H4513-034-000**
PLAN NAME	**Cigna Courage Medicare (HMO)**	**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$0	$24.50
Cost Share—PCP/Specialist	$0/$30	$0-20%/20%
Inpatient Acute Care Hospital	$270 per day for days 1-5; $0 per day for days 6-90	$222 per day for days 1-10; $0 per day for days 11-90
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	$7,550 applies to in-network Medicare-covered benefits
Lab	$0	20%
Ambulatory Surgical Center (ASC)	$0 - $100	0 - 20%
Costshare—Preferred Retail RX (One Month)	N/A	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	N/A	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,600 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,600 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Benton, Carroll, Chester, Crockett, Decatur, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Mcnairy, Madison, Obion, Weakley	Benton, Carroll, Chester, Crockett, Decatur, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Lauderdale, Madison, McNairy, Shelby, Tipton
PLAN ID	**H4513-049-005**	**H4513-053-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Primary Medicare (HMO)**
Total Premium	$0	$19.50
Cost Share—PCP/Specialist	$0/$15	$0/$0
Inpatient Acute Care Hospital	$275 per day for days 1-6; $0 per day for days 7-90	$100 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$5,900 applies to in-network Medicare-covered benefits	$5,000 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $250	$0 - $100
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: 50% Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: 50% Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Bedford, Benton, Bledsoe, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Grundy, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson	
PLAN ID	**H4513-036-000**	
PLAN NAME	**Cigna Premier Medicare (HMO-POS)**	
	In Network	**Out of Network**
Total Premium	$57.00	
Cost Share—PCP/Specialist	$0/$30	30%/30%
Inpatient Acute Care Hospital	$300 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	There is no maximum out of pocket cost for out-of-network benefits
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $225	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $3 Tier 2: $12 Tier 3: $42 Tier 4: 38% Tier 5: 29%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $6 (2x one month) Tier 2: $24 (2x one month) Tier 3: $126 (3x one month) Tier 4: 38% Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Not covered
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Not covered
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Not covered

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Benton, Carroll, Decatur, Fayette, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, McNairy, Madison, Obion, Shelby, Tipton, Weakley	
PLAN ID	**H7849-037-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$40/$55
Inpatient Acute Care Hospital	$295 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$5,900 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $275	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $40 Tier 4: $80 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $120 (3x one month) Tier 4: $240 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

TENNESSEE — MEMPHIS

2023 OVERVIEW

MEDICARE ELIGIBLE POPULATION:
185,514

MEDICARE ADVANTAGE PENETRATION:
40.8%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Grainger, Grundy, Hamblen, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Morgan, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Sevier, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Union, Van Buren, Warren, Wayne, White, Williamson, Wilson	Bedford, Benton, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson
PLAN ID	**H4513-033-000**	**H4513-034-000**
PLAN NAME	**Cigna Courage Medicare (HMO)**	**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$0	$24.50
Cost Share—PCP/Specialist	$0/$30	$0-20%/20%
Inpatient Acute Care Hospital	$270 per day for days 1-5; $0 per day for days 6-90	$222 per day for days 1-10; $0 per day for days 11-90
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	$7,550 applies to in-network Medicare-covered benefits
Lab	$0	20%
Ambulatory Surgical Center (ASC)	$0 - $100	0 - 20%
Costshare—Preferred Retail RX (One Month)	N/A	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	N/A	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,600 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,600 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Fayette, Lauderdale, Shelby, Tipton	Benton, Carroll, Chester, Crockett, Decatur, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Lauderdale, Madison, McNairy, Shelby, Tipton
PLAN ID	H4513-049-004	H4513-053-000
PLAN NAME	Cigna Preferred Medicare (HMO)	Cigna Primary Medicare (HMO)
Total Premium	$0	$19.50
Cost Share—PCP/Specialist	$0/$15	$0/$0
Inpatient Acute Care Hospital	$275 per day for days 1-6; $0 per day for days 7-90	$100 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$5,900 applies to in-network Medicare-covered benefits	$5,000 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $250	$0 - $100
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: 50% Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: 50% Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Fayette, Lauderdale, Shelby, Tipton
PLAN ID	**H4513-068-002**
PLAN NAME	**Cigna Preferred Savings Medicare (HMO)**
Total Premium	$0
Cost Share—PCP/Specialist	$0/$50
Inpatient Acute Care Hospital	$375 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	$0 - $275
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: 42% Tier 5: 30%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 (2x one month) Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: 42% Tier 5: N/A
Type of Dental Benefit	Dental Allowance
Max Coverage Amount for Preventive Dental	$500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Bedford, Benton, Bledsoe, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Grundy, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson	
PLAN ID	**H4513-036-000**	
PLAN NAME	**Cigna Premier Medicare (HMO-POS)**	
	In Network	**Out of Network**
Total Premium	$57.00	
Cost Share—PCP/Specialist	$0/$30	30%/30%
Inpatient Acute Care Hospital	$300 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	There is no maximum out of pocket cost for out-of-network benefits
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $225	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $3 Tier 2: $12 Tier 3: $42 Tier 4: 38% Tier 5: 29%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $6 (2x one month) Tier 2: $24 (2x one month) Tier 3: $126 (3x one month) Tier 4: 38% Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Not covered
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Not covered
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Not covered

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

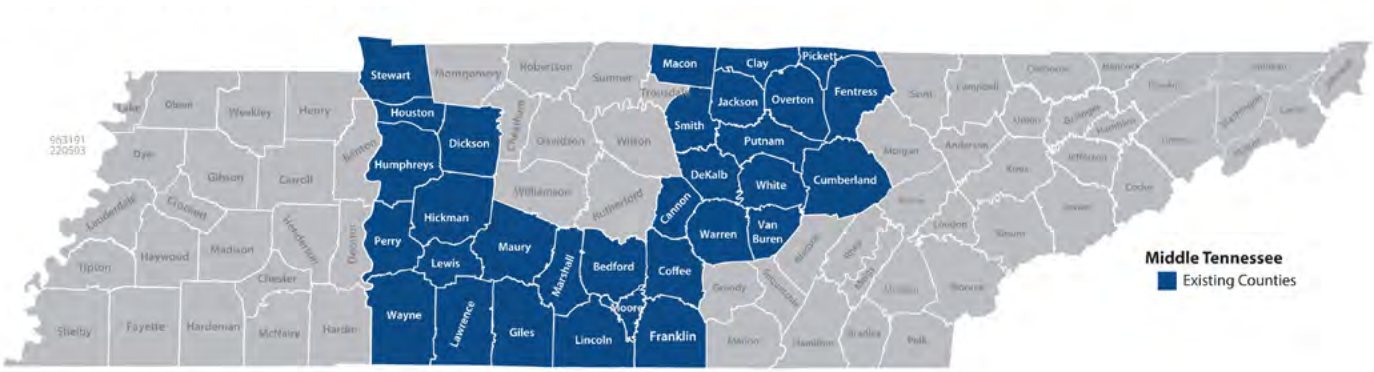
TENNESSEE

COUNTIES	Benton, Carroll, Decatur, Fayette, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, McNairy, Madison, Obion, Shelby, Tipton, Weakley	
PLAN ID	**H7849-037-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$40/$55
Inpatient Acute Care Hospital	$295 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$5,900 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $275	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $40 Tier 4: $80 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $120 (3x one month) Tier 4: $240 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

TENNESSEE — MIDDLE

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
219,731

MEDICARE ADVANTAGE PENETRATION:
41.7%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Grainger, Grundy, Hamblen, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Morgan, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Sevier, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Union, Van Buren, Warren, Wayne, White, Williamson, Wilson	Bedford, Benton, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson
PLAN ID	**H4513-033-000**	**H4513-034-000**
PLAN NAME	**Cigna Courage Medicare (HMO)**	**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$0	$24.50
Cost Share—PCP/Specialist	$0/$30	$0-20%/20%
Inpatient Acute Care Hospital	$270 per day for days 1-5; $0 per day for days 6-90	$222 per day for days 1-10; $0 per day for days 11-90
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	$7,550 applies to in-network Medicare-covered benefits
Lab	$0	20%
Ambulatory Surgical Center (ASC)	$0 - $100	0 - 20%
Costshare—Preferred Retail RX (One Month)	N/A	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	N/A	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,600 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,600 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Bedford, Cannon, Clay, Coffee, Cumberland, Dekalb, Dickson, Fentress, Franklin, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Moore, Overton, Perry, Pickett, Putnam, Smith, Stewart, Van Buren, Warren, Wayne, White
PLAN ID	**H4513-049-002**
PLAN NAME	**Cigna Preferred Medicare (HMO)**
Total Premium	$0
Cost Share— PCP/Specialist	$0/$5
Inpatient Acute Care Hospital	$295 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$5,900 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	$0 - $275
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: 50% Tier 5: 33%
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: 50% Tier 5: N/A
Type of Dental Benefit	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year

NEW COUNTIES

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Bedford, Benton, Bledsoe, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Grundy, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson	
PLAN ID	**H4513-036-000**	
PLAN NAME	**Cigna Premier Medicare (HMO-POS)**	
	In Network	**Out of Network**
Total Premium	$57.00	
Cost Share—PCP/Specialist	$0/$30	30%/30%
Inpatient Acute Care Hospital	$300 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	There is no maximum out of pocket cost for out-of-network benefits
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $225	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $3 Tier 2: $12 Tier 3: $42 Tier 4: 38% Tier 5: 29%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $6 (2x one month) Tier 2: $24 (2x one month) Tier 3: $126 (3x one month) Tier 4: 38% Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Not covered
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Not covered
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Not covered

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

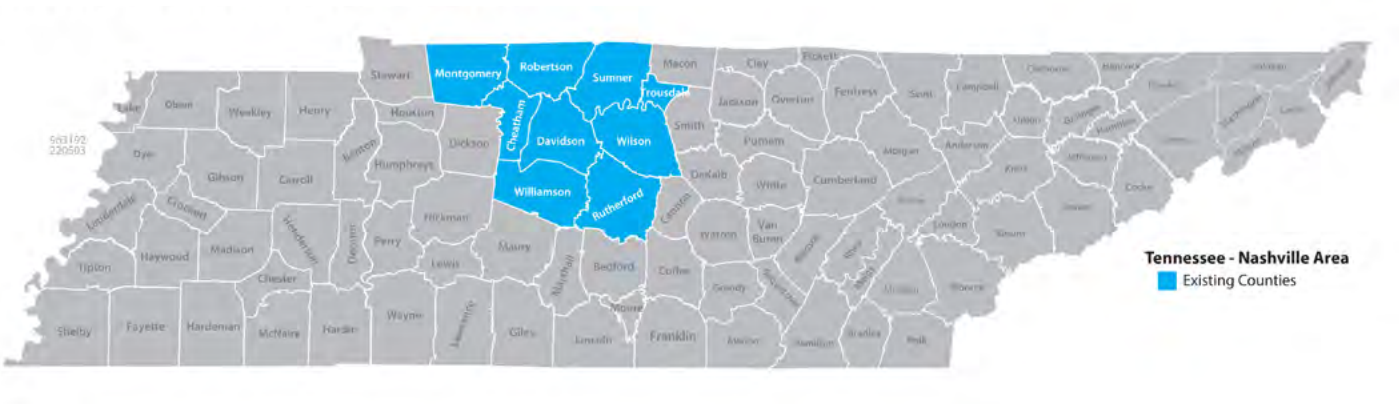
COUNTIES	Bedford, Cannon, Cheatham, Clay, Coffee, Davidson, Dekalb, Dickson, Giles, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Warren, Wayne, Williamson, Wilson	
PLAN ID	**H7849-010-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$25	$40/$55
Inpatient Acute Care Hospital	$275 per day for days 1-5; $0 per day for days 6-90	$475 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$5,400 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$25
Ambulatory Surgical Center (ASC)	$0 - $250	$475
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $2 Tier 3: $40 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $5 (2.5x one month) Tier 3: $120 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

TENNESSEE — NASHVILLE

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
302,556

MEDICARE ADVANTAGE PENETRATION:
46.7%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Grainger, Grundy, Hamblen, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Morgan, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Sevier, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Union, Van Buren, Warren, Wayne, White, Williamson, Wilson
PLAN ID	**H4513-033-000**
PLAN NAME	**Cigna Courage Medicare (HMO)**
Total Premium	$0
Cost Share—PCP/Specialist	$0/$30
Inpatient Acute Care Hospital	$270 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	$0 - $100
Costshare—Preferred Retail RX (One Month)	N/A
Cost Share—Preferred Retail RX (Three Months)	N/A
Type of Dental Benefit	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,600 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,600 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Bedford, Benton, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson	NEW COUNTIES	Cheatham, Davidson, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, Wilson
PLAN ID	**H4513-034-000**		**H4513-049-001**
PLAN NAME	**Cigna TotalCare Plus (HMO D-SNP)**		**Cigna Preferred Medicare (HMO)**
Total Premium	$24.50		$0
Cost Share—PCP/Specialist	$0-20%/20%		$0/$5
Inpatient Acute Care Hospital	$222 per day for days 1-10; $0 per day for days 11-90		$285 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$7,550 applies to in-network Medicare-covered benefits		$5,800 applies to in-network Medicare-covered benefits
Lab	20%		$0
Ambulatory Surgical Center (ASC)	0 - 20%		$0 - $250
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share		Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: 50% Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share		Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: 50% Tier 5: N/A
Type of Dental Benefit	Dental Allowance		Dental Allowance
Max Coverage Amount for Preventive Dental	$3,000 combined preventive and comprehensive allowance every year		$1,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$3,000 combined preventive and comprehensive allowance every year		$1,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Bledsoe, Bradley, Cheatham, Davidson, Grundy, Hamilton, Marion, Montgomery, Polk, Robertson, Rutherford, Sequatchie, Sumner, Trousdale, Williamson, Wilson	Cheatham, Davidson, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, Wilson
PLAN ID	NEW PLAN H4513-068-001	NEW PLAN H4513-070-000
PLAN NAME	**Cigna Preferred Savings Medicare (HMO)**	**Cigna Primary Medicare (HMO)**
Total Premium	$0	$18.40
Cost Share—PCP/Specialist	$0/$50	$0/$0
Inpatient Acute Care Hospital	$375 per day for days 1-5; $0 per day for days 6-90	$100 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	$5,000 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $275	$0 - $100
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: 42% Tier 5: 30%	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 (2x one month) Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: 42% Tier 5: N/A	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$500 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$500 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Bedford, Benton, Bledsoe, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Grundy, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson	
PLAN ID	**H4513-036-000**	
PLAN NAME	**Cigna Premier Medicare (HMO-POS)**	
	In Network	**Out of Network**
Total Premium	$57.00	
Cost Share—PCP/Specialist	$0/$30	30%/30%
Inpatient Acute Care Hospital	$300 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	There is no maximum out of pocket cost for out-of-network benefits
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $225	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $3 Tier 2: $12 Tier 3: $42 Tier 4: 38% Tier 5: 29%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $6 (2x one month) Tier 2: $24 (2x one month) Tier 3: $126 (3x one month) Tier 4: 38% Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Not covered
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Not covered
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Not covered

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

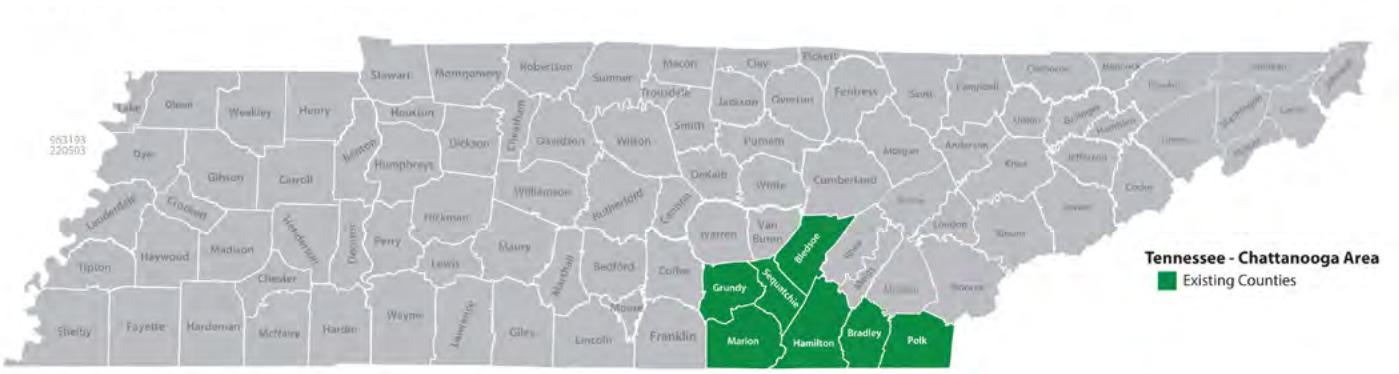
TENNESSEE

COUNTIES	Bedford, Cannon, Cheatham, Clay, Coffee, Davidson, Dekalb, Dickson, Giles, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Warren, Wayne, Williamson, Wilson	
PLAN ID	**H7849-010-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$25	$40/$55
Inpatient Acute Care Hospital	$275 per day for days 1-5; $0 per day for days 6-90	$475 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$5,400 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$25
Ambulatory Surgical Center (ASC)	$0 - $250	$475
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $2 Tier 3: $40 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $5 (2.5x one month) Tier 3: $120 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

TENNESSEE — CHATTANOOGA

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
123,913

MEDICARE ADVANTAGE PENETRATION:
50.4%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Grainger, Grundy, Hamblen, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Morgan, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Sevier, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Union, Van Buren, Warren, Wayne, White, Williamson, Wilson
PLAN ID	**H4513-033-000**
PLAN NAME	**Cigna Courage Medicare (HMO)**
Total Premium	$0
Cost Share—PCP/Specialist	$0/$30
Inpatient Acute Care Hospital	$270 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	$0 - $100
Costshare—Preferred Retail RX (One Month)	N/A
Cost Share—Preferred Retail RX (Three Months)	N/A
Type of Dental Benefit	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,600 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,600 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Bledsoe, Bradley, Grundy, Hamilton, Marion, Polk, Sequatchie		Bledsoe, Bradley, Grundy, Hamilton, Marion, Polk, Sequatchie
PLAN ID	**H4513-040-000**	NEW PLAN	**H4513-049-003**
PLAN NAME	**Cigna TotalCare Plus (HMO D-SNP)**		**Cigna Preferred Medicare (HMO)**
Total Premium	$26.50		$0
Cost Share— PCP/Specialist	$0-20%/20%		$0/$5
Inpatient Acute Care Hospital	$222 per day for days 1-10; $0 per day for days 11-90		$295 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$7,550 applies to in-network Medicare-covered benefits		$5,800 applies to in-network Medicare-covered benefits
Lab	20%		$0
Ambulatory Surgical Center (ASC)	0 - 20%		$0 - $275
Costshare— Preferred Retail RX (One Month)	Standard Part D cost share		Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: 50% Tier 5: 33%
Cost Share— Preferred Retail RX (Three Months)	Standard Part D cost share		Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: 50% Tier 5: N/A
Type of Dental Benefit	Dental Allowance		Dental Allowance
Max Coverage Amount for Preventive Dental	$3,000 combined preventive and comprehensive allowance every year		$1,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$3,000 combined preventive and comprehensive allowance every year		$1,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Bledsoe, Bradley, Cheatham, Davidson, Grundy, Hamilton, Marion, Montgomery, Polk, Robertson, Rutherford, Sequatchie, Sumner, Trousdale, Williamson, Wilson
PLAN ID	**H4513-068-001**
PLAN NAME	**Cigna Preferred Savings Medicare (HMO)**
Total Premium	$0
Cost Share— PCP/Specialist	$0/$50
Inpatient Acute Care Hospital	$375 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	$0 - $275
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: 42% Tier 5: 30%
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 (2x one month) Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: 42% Tier 5: N/A
Type of Dental Benefit	Dental Allowance
Max Coverage Amount for Preventive Dental	$500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Bedford, Benton, Bledsoe, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Grundy, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson	
PLAN ID	**H4513-036-000**	
PLAN NAME	**Cigna Premier Medicare (HMO-POS)**	
	In Network	**Out of Network**
Total Premium	$57.00	
Cost Share—PCP/Specialist	$0/$30	30%/30%
Inpatient Acute Care Hospital	$300 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	There is no maximum out of pocket cost for out-of-network benefits
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $225	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $3 Tier 2: $12 Tier 3: $42 Tier 4: 38% Tier 5: 29%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $6 (2x one month) Tier 2: $24 (2x one month) Tier 3: $126 (3x one month) Tier 4: 38% Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Not covered
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Not covered
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Not covered

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

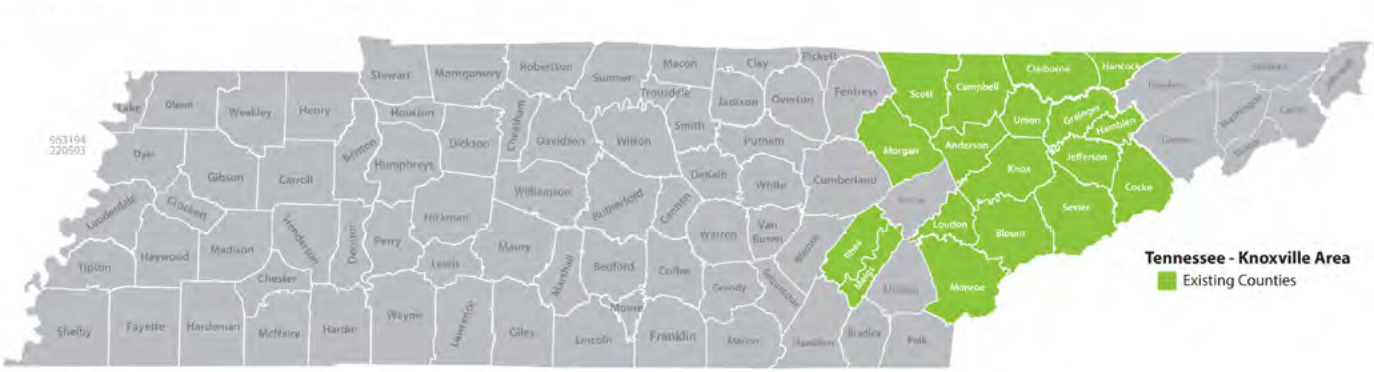
TENNESSEE

COUNTIES	Bledsoe, Bradley, Cumberland, Grundy, Hamilton, Marion, Polk, Sequatchie, Van Buren, White	
PLAN ID	**H7849-036-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$25	$40/$55
Inpatient Acute Care Hospital	$295 per day for days 1-5; $0 per day for days 6-90	$495 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$5,500 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$25
Ambulatory Surgical Center (ASC)	$0 - $250	$495
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $40 Tier 4: $80 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $120 (3x one month) Tier 4: $240 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

TENNESSEE — KNOXVILLE

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
292,357

MEDICARE ADVANTAGE PENETRATION:
50.2%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Grainger, Grundy, Hamblen, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Morgan, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Sevier, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Union, Van Buren, Warren, Wayne, White, Williamson, Wilson
PLAN ID	**H4513-033-000**
PLAN NAME	**Cigna Courage Medicare (HMO)**
Total Premium	$0
Cost Share—PCP/Specialist	$0/$30
Inpatient Acute Care Hospital	$270 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	$0 - $100
Costshare—Preferred Retail RX (One Month)	N/A
Cost Share—Preferred Retail RX (Three Months)	N/A
Type of Dental Benefit	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,600 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,600 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Anderson, Blount, Bradley, Cocke, Grainger, Grundy, Hamblen, Hamilton, Jefferson, Knox, Loudon, Marion, Morgan, Sequatchie, Sevier, Union	Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Hancock, Jefferson, Knox, Loudon, Meigs, Monroe, Morgan, Rhea, Scott, Sevier, Union
PLAN ID	**H4513-035-000**	**H4513-037-000**
PLAN NAME	**Cigna Primary Medicare (HMO)**	**Cigna Preferred Medicare (HMO)**
Total Premium	$26.10	$0
Cost Share—PCP/Specialist	$0/$0	$0/$5
Inpatient Acute Care Hospital	$100 per day for days 1-5; $0 per day for days 6-90	$325 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$5,000 applies to in-network Medicare-covered benefits	$5,900 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $100	$0 - $200
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	Tier 1: $0 Tier 2: $10 Tier 3: $42 Tier 4: 43% Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	Tier 1: $0 Tier 2: $20 (2x one month) Tier 3: $126 (3x one month) Tier 4: 43% Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$750 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$750 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Anderson, Blount, Campbell, Claiborne, Cocke, Fentress, Grainger, Hamblen, Hancock, Jackson, Jefferson, Knox, Loudon, Meigs, Monroe, Morgan, Rhea, Scott, Sevier, Union	
PLAN ID	**H7849-043-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0-$5/$30	$40/$40
Inpatient Acute Care Hospital	$275 per day for days 1-5; $0 per day for days 6-90	$375 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$6,100 applies to in-network Medicare-covered benefits	$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $200	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

TENNESSEE AND VIRGINIA — TRI-CITIES

2023 OVERVIEW

MEDICARE ELIGIBLE POPULATION:
182,794

MEDICARE ADVANTAGE PENETRATION:
58.5%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TRI-CITIES

COUNTIES	**TN:** Carter, Greene, Hawkins, Johnson, Sullivan, Unicoi, Washington	Bristol City, Norton City, Russell, Scott, Washington, Wise
PLAN ID	**H4513-059-000**	**H9725-008-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Preferred Medicare (HMO)**
Total Premium	$0	$0
Cost Share— PCP/Specialist	$0/$5	$0/$5
Inpatient Acute Care Hospital	$295 per day for days 1-5; $0 per day for days 6-90	$325 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$4,900 applies to in-network Medicare-covered benefits	$6,700 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $270	$0 - $280
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $10 Tier 3: $42 Tier 4: 44% Tier 5: 33%	Tier 1: $0 Tier 2: $10 Tier 3: $42 Tier 4: 50% Tier 5: 33%
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $20 (2x one month) Tier 3: $126 (3x one month) Tier 4: 44% Tier 5: N/A	Tier 1: $0 Tier 2: $20 (2x one month) Tier 3: $126 (3x one month) Tier 4: 50% Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE

TRI-CITIES

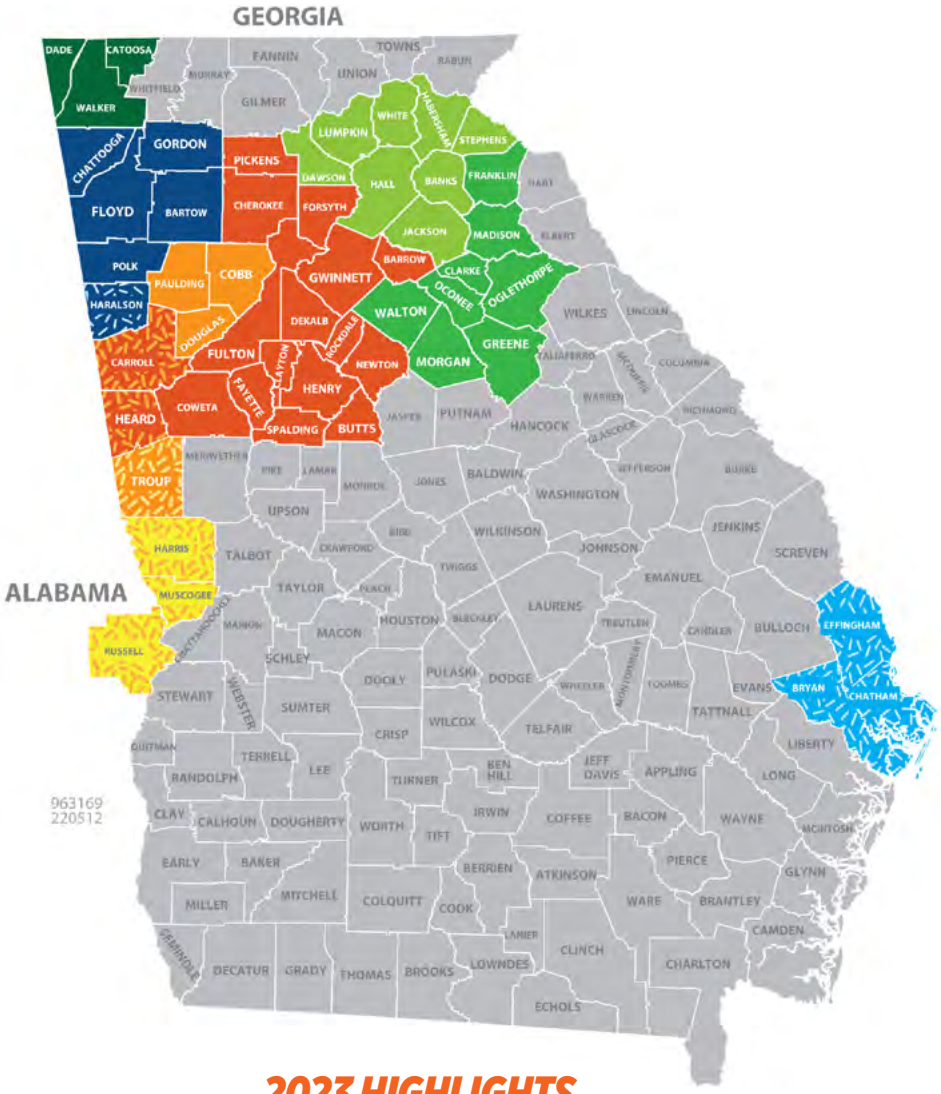
COUNTIES	**TN:** Carter, Greene, Hawkins, Johnson, Sullivan, Unicoi, Washington **VA:** Bristol City, Norton City, Russell, Scott, Washington, Wise	
PLAN ID	**H7849-034-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$35	$40/$55
Inpatient Acute Care Hospital	$270 per day for days 1-5; $0 per day for days 6-90	40%
Max Out-of-Pocket (MOOP)	$5,900 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $220	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $40 Tier 4: $80 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $120 (3x one month) Tier 4: $240 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

GEORGIA

2023 OVERVIEW



North Georgia
- Existing Counties

Georgia - Atlanta and Surrounding Counties
- Existing Metro Counties
- 2023 Expansion Metro Counties
- Existing West Metro Counties
- 2023 Expansion West Metro County

Georgia - Athens
- Existing Counties

Georgia - Northeast
- Existing Counties

Georgia - Northwest
- Existing Counties
- 2023 Expansion Counties

Georgia - Columbus
- 2023 Expansion Counties

Georgia - Savannah
- 2023 Expansion Counties

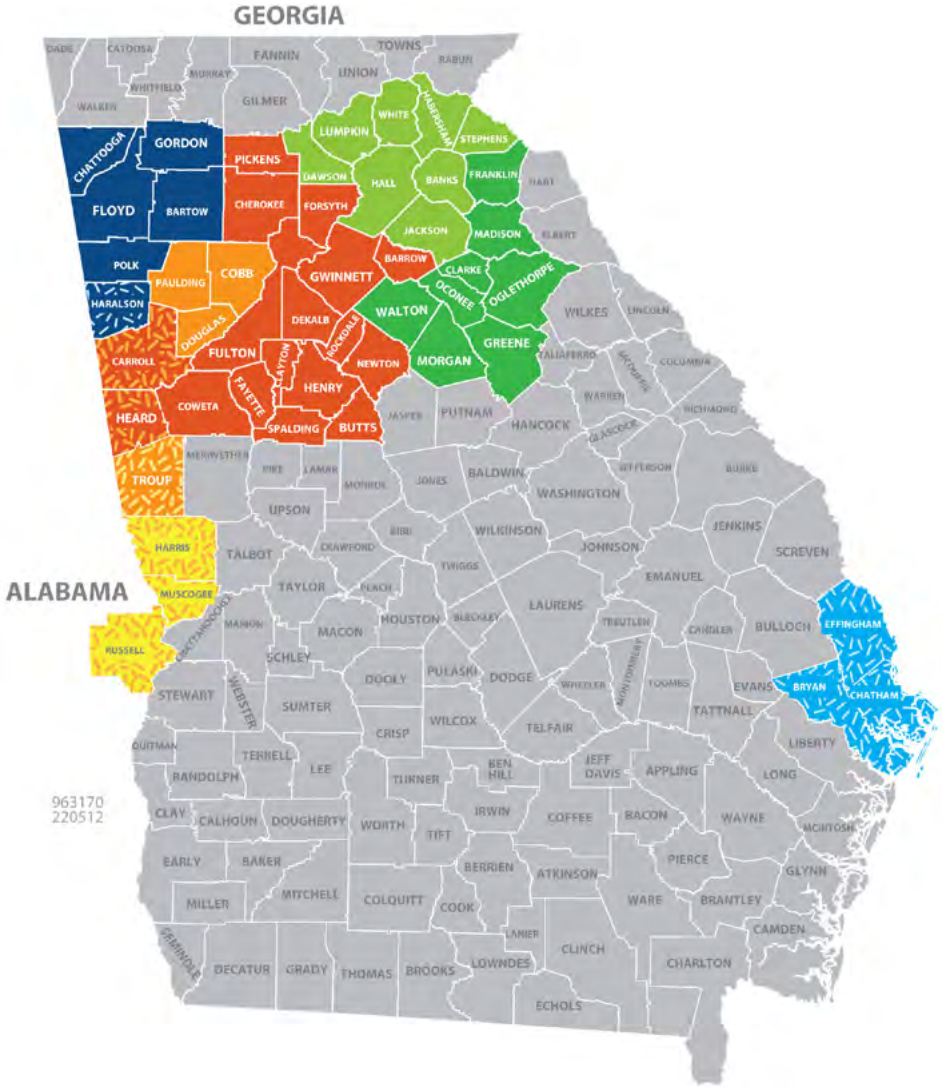
2023 HIGHLIGHTS

- NEW Buy Down plan in all markets
- Expansions in Columbus, Harris and Savannah
- More TotalCare Plus plans
- Dental Allowance increase

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

GEORGIA — ATLANTA, ATHENS, NE AND NW

2023 OVERVIEW



Georgia - Atlanta and Surrounding Counties
- Existing Metro Counties
- 2023 Expansion Metro Counties
- Existing West Metro Counties
- 2023 Expansion West Metro County

Georgia - Athens
- Existing Counties

Georgia - Northeast
- Existing Counties

Georgia - Northwest
- Existing Counties
- 2023 Expansion County

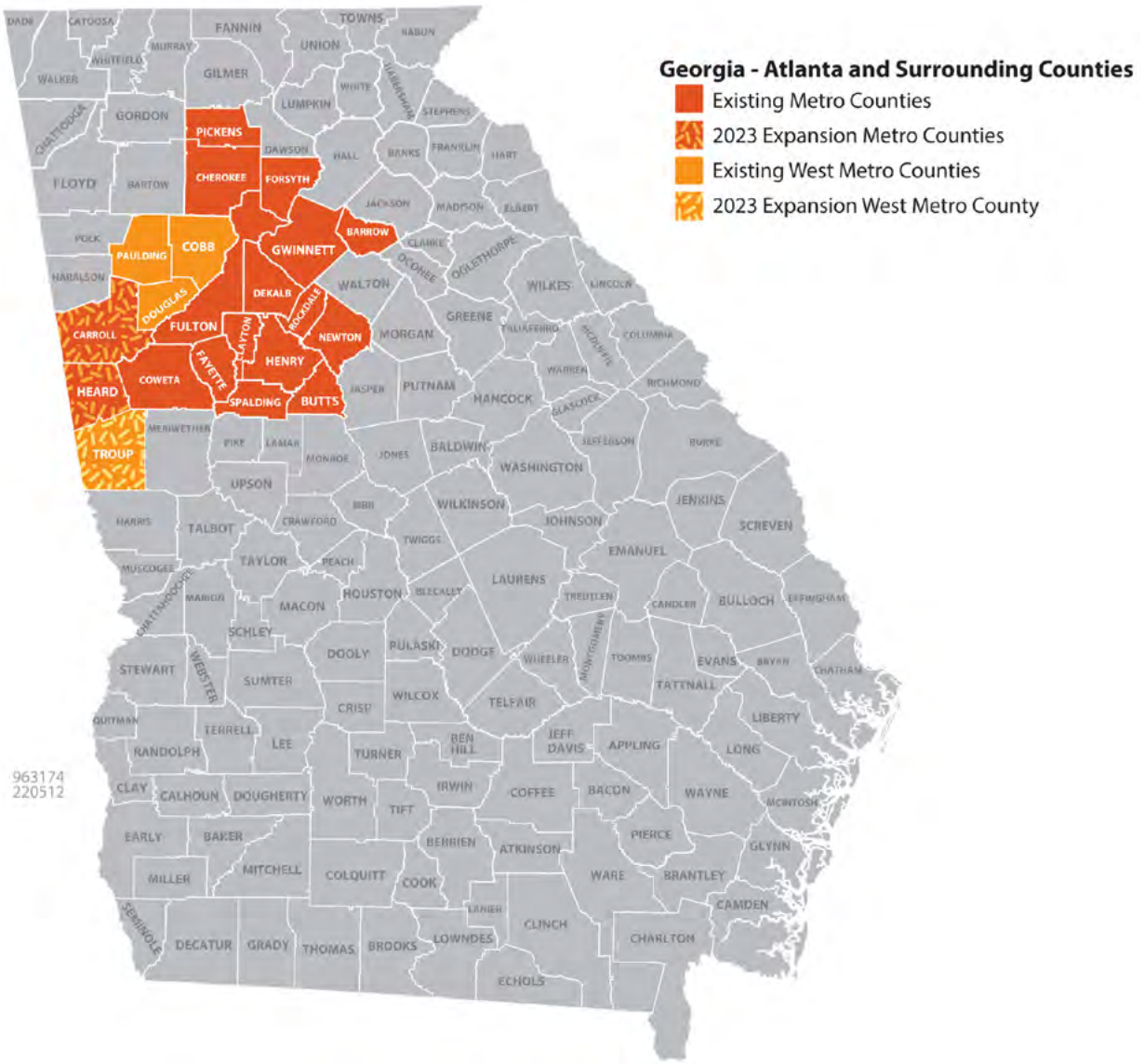
Georgia - Columbus
- 2023 Expansion Counties

Georgia - Savannah
- 2023 Expansion Counties

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

GEORGIA — ATLANTA METRO

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
846,959

MEDICARE ADVANTAGE PENETRATION:
51.2%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

GEORGIA

COUNTIES	Banks, Barrow, Bartow, Butts, Byran, Carroll, Chatham, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Effingham, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Harris, Heard, Henry, Jackson, Lumpkin, Madison, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Troup, Walton, White	Banks, Barrow, Bartow, Butts, Byran, Carroll, Chatham, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Effingham, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Harris, Heard, Henry, Jackson, Lumpkin, Madison, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Troup, Walton, White
PLAN ID	NEW COUNTIES **H0439-002-000**	NEW COUNTIES **H0439-012-000**
PLAN NAME	**Cigna TotalCare (HMO D-SNP)**	**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$28.20	$28.00
Cost Share—PCP/Specialist	$0/$0	$0-20%/20%
Inpatient Acute Care Hospital	$325 per day for days 1-6; $0 per day for days 7-90	$1,725 per stay
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	$3,450 applies to in-network Medicare-covered benefits
Lab	$0	20%
Ambulatory Surgical Center (ASC)	0 - 20%	0 - 20%
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

GEORGIA

COUNTIES	Barrow, Butts, Clarke, Clayton, DeKalb, Douglas, Franklin, Fulton, Greene, Gwinnett, Henry, Madison, Morgan, Newton, Oconee, Oglethorpe, Rockdale, Spalding, Walton	Banks, Bartow, Chattooga, Cherokee, Cobb, Coweta, Dawson, Fayette, Floyd, Forsyth, Gordon, Habersham, Hall, Jackson, Lumpkin, Paulding, Pickens, Polk, Stephens, White
PLAN ID	**H0439-003-001**	**H0439-003-002**
PLAN NAME	**Cigna Preferred GA Medicare (HMO)**	**Cigna Preferred GA Medicare (HMO)**
Total Premium	$0	$20.00
Cost Share—PCP/Specialist	$0-$5/$40	$0 - $5/$40
Inpatient Acute Care Hospital	$335 per day for days 1-6; $0 per day for days 7-90	$370 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$7,500 applies to in-network Medicare-covered benefits	$7,400 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $325	$0 - $325
Costshare—Preferred Retail RX (One Month)	Tier 1: $3 Tier 2: $12 Tier 3: $42 Tier 4: 38% Tier 5: 28%	Tier 1: $3 Tier 2: $12 Tier 3: $42 Tier 4: 38% Tier 5: 28%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $6 (2x one month) Tier 2: $24 (2x one month) Tier 3: $126 (3x one month) Tier 4: 38% Tier 5: N/A	Tier 1: $6 (2x one month) Tier 2: $24 (2x one month) Tier 3: $126 (3x one month) Tier 4: 38% Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$500 combined preventive and comprehensive allowance every year	$500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$500 combined preventive and comprehensive allowance every year	$500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

GEORGIA

COUNTIES	Banks, Barrow, Bartow, Butts, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Henry, Jackson, Lumpkin, Madison, Morgan, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Walton, White
PLAN ID	**H0439-006-000**
PLAN NAME	**Cigna Preferred Plus Medicare (HMO)**
Total Premium	$25.00
Cost Share— PCP/Specialist	$0/$20
Inpatient Acute Care Hospital	$315 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$5,700 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	$0 - $245
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $95 Tier 5: 33%
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

GEORGIA

COUNTIES	Barrow, Butts, Carroll, Cherokee, Clayton, Coweta, DeKalb, Fayette, Forsyth, Fulton, Gwinnett, Heard, Henry, Newton, Pickens, Rockdale, Spalding	Cobb, Douglas, Paulding, Troup
PLAN ID	NEW COUNTIES H0439-007-000	NEW COUNTIES H0439-008-000
PLAN NAME	Cigna Preferred Medicare (HMO)	Cigna Preferred Medicare (HMO)
Total Premium	$0	$0
Cost Share—PCP/Specialist	$0/$25	$0/$35
Inpatient Acute Care Hospital	$295 per day for days 1-6; $0 per day for days 7-90	$335 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$6,200 applies to in-network Medicare-covered benefits	$7,200 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $225	$0 - $295
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $10 Tier 3: $42 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $12 Tier 3: $42 Tier 4: $95 Tier 5: 31%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $20 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $24 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

GEORGIA

COUNTIES	Barrow, Butts, Carroll, Cherokee, Clayton, Coweta, DeKalb, Fayette, Forsyth, Fulton, Gwinnett, Heard, Henry, Newton, Pickens, Rockdale, Spalding	
PLAN ID (NEW COUNTIES)	H7849-003-000	
PLAN NAME	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$40/$55
Inpatient Acute Care Hospital	$295 per day for days 1-6; $0 per day for days 7-90	35%
Max Out-of-Pocket (MOOP)	$7,200 applies to in-network Medicare-covered benefits	$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	35%
Ambulatory Surgical Center (ASC)	$0 - $295	35%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $12 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $30 (2.5x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

GEORGIA

COUNTIES	Cobb, Douglas, Paulding, Troup	
PLAN ID	**H7849-020-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share— PCP/Specialist	$0/$30	$40/$55
Inpatient Acute Care Hospital	$320 per day for days 1-5; $0 per day for days 6-90	35%
Max Out-of-Pocket (MOOP)	$7,400 applies to in-network Medicare-covered benefits	$11,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	35%
Ambulatory Surgical Center (ASC)	$0 - $325	35%
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $12 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $30 (2.5x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

GEORGIA

COUNTIES	**AL:** Russell **GA:** Barrow, Butts, Carroll, Cherokee, Clayton, Coweta, Dekalb, Fayette, Forsyth, Fulton, Gwinnett, Harris, Heard, Henry, Muscogee, Newton, Pickens, Rockdale, Spalding	
PLAN ID	**H7849-069-000**	
PLAN NAME	**Cigna True Choice Savings Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0-$10/$45	$50/$55
Inpatient Acute Care Hospital	$395 per day for days 1-4; $0 per day for days 5-90	40%
Max Out-of-Pocket (MOOP)	$7,500 applies to in-network Medicare-covered benefits	$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$25	40%
Ambulatory Surgical Center (ASC)	$0 - $300	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 26%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $12.50 (2.5x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

GEORGIA — ATHENS

2023 OVERVIEW

MEDICARE ELIGIBLE POPULATION:
71,241

MEDICARE ADVANTAGE PENETRATION:
47%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

GEORGIA

COUNTIES	Banks, Barrow, Bartow, Butts, Byran, Carroll, Chatham, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Effingham, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Harris, Heard, Henry, Jackson, Lumpkin, Madison, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Troup, Walton, White	Banks, Barrow, Bartow, Butts, Byran, Carroll, Chatham, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Effingham, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Harris, Heard, Henry, Jackson, Lumpkin, Madison, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Troup, Walton, White
PLAN ID	NEW COUNTIES **H0439-002-000**	NEW COUNTIES **H0439-012-000**
PLAN NAME	**Cigna TotalCare (HMO D-SNP)**	**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$28.20	$28.00
Cost Share—PCP/Specialist	$0/$0	$0-20%/20%
Inpatient Acute Care Hospital	$325 per day for days 1-6; $0 per day for days 7-90	$1,725 per stay
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	$3,450 applies to in-network Medicare-covered benefits
Lab	$0	20%
Ambulatory Surgical Center (ASC)	0 - 20%	0 - 20%
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

GEORGIA

COUNTIES	Barrow, Butts, Clarke, Clayton, DeKalb, Douglas, Franklin, Fulton, Greene, Gwinnett, Henry, Madison, Morgan, Newton, Oconee, Oglethorpe, Rockdale, Spalding, Walton	Banks, Barrow, Bartow, Butts, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Henry, Jackson, Lumpkin, Madison, Morgan, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Walton, White
PLAN ID	**H0439-003-001**	**H0439-006-000**
PLAN NAME	**Cigna Preferred GA Medicare (HMO)**	**Cigna Preferred Plus Medicare (HMO)**
Total Premium	$0	$25.00
Cost Share—PCP/Specialist	$0-$5/$40	$0/$20
Inpatient Acute Care Hospital	$335 per day for days 1-6; $0 per day for days 7-90	$315 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$7,500 applies to in-network Medicare-covered benefits	$5,700 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $325	$0 - $245
Costshare—Preferred Retail RX (One Month)	Tier 1: $3 Tier 2: $12 Tier 3: $42 Tier 4: 38% Tier 5: 28%	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $95 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $6 (2x one month) Tier 2: $24 (2x one month) Tier 3: $126 (3x one month) Tier 4: 38% Tier 5: N/A	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$500 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$500 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

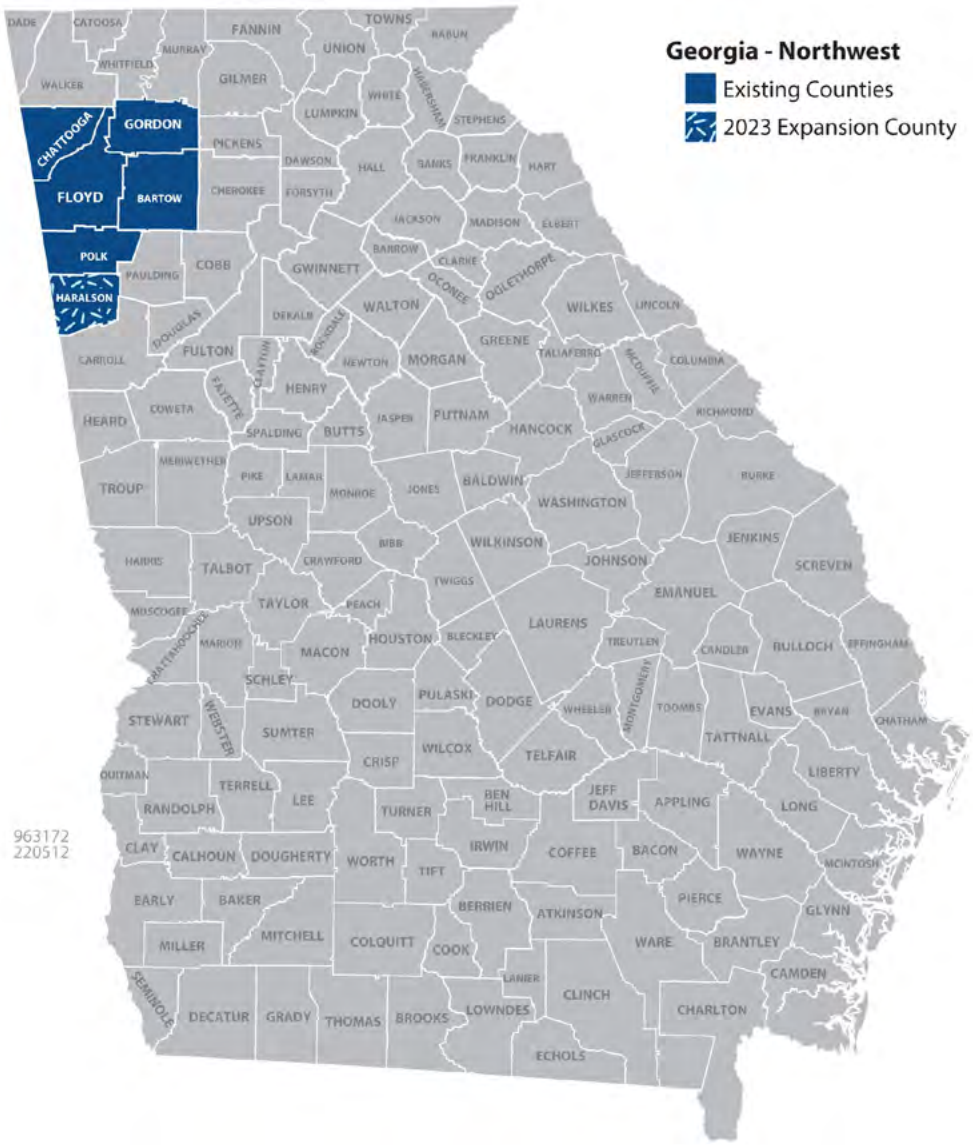
GEORGIA

COUNTIES	Clarke, Franklin, Greene, Madison, Morgan, Oconee, Oglethorpe, Walton	Clarke, Franklin, Greene, Madison, Morgan, Oconee, Oglethorpe, Walton	
PLAN ID	H0439-009-000	H7849-021-000	
PLAN NAME	Cigna Preferred Medicare (HMO)	Cigna True Choice Medicare (PPO)	
		In Network	Out of Network
Total Premium	$0	$0	
Cost Share—PCP/Specialist	$0/$25	$0/$35	$40/$55
Inpatient Acute Care Hospital	$290 per day for days 1-6; $0 per day for days 7-90	$295 per day for days 1-7; $0 per day for days 8-90	35%
Max Out-of-Pocket (MOOP)	$6,500 applies to in-network Medicare-covered benefits	$7,200 applies to in-network Medicare-covered benefits	$11,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$0	35%
Ambulatory Surgical Center (ASC)	$0 - $225	$0 - $245	35%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $12 Tier 3: $42 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $12 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $24 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $30 (2.5x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

GEORGIA — NORTHWEST

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
72,606

MEDICARE ADVANTAGE PENETRATION:
46.5%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

GEORGIA

COUNTIES	Banks, Barrow, Bartow, Butts, Byran, Carroll, Chatham, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Effingham, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Harris, Heard, Henry, Jackson, Lumpkin, Madison, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Troup, Walton, White	Banks, Barrow, Bartow, Butts, Byran, Carroll, Chatham, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Effingham, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Harris, Heard, Henry, Jackson, Lumpkin, Madison, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Troup, Walton, White
PLAN ID	NEW COUNTIES **H0439-002-000**	NEW COUNTIES **H0439-012-000**
PLAN NAME	**Cigna TotalCare (HMO D-SNP)**	**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$28.20	$28.00
Cost Share—PCP/Specialist	$0/$0	$0-20%/20%
Inpatient Acute Care Hospital	$325 per day for days 1-6; $0 per day for days 7-90	$1,725 per stay
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	$3,450 applies to in-network Medicare-covered benefits
Lab	$0	20%
Ambulatory Surgical Center (ASC)	0 - 20%	0 - 20%
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

GEORGIA

COUNTIES	Banks, Bartow, Chattooga, Cherokee, Cobb, Coweta, Dawson, Fayette, Floyd, Forsyth, Gordon, Habersham, Hall, Jackson, Lumpkin, Paulding, Pickens, Polk, Stephens, White	Banks, Barrow, Bartow, Butts, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Henry, Jackson, Lumpkin, Madison, Morgan, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Walton, White
PLAN ID	**H0439-003-002**	**H0439-006-000**
PLAN NAME	**Cigna Preferred GA Medicare (HMO)**	**Cigna Preferred Plus Medicare (HMO)**
Total Premium	$20.00	$25.00
Cost Share—PCP/Specialist	$0 - $5/$40	$0/$20
Inpatient Acute Care Hospital	$370 per day for days 1-5; $0 per day for days 6-90	$315 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$7,400 applies to in-network Medicare-covered benefits	$5,700 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $325	$0 - $245
Costshare—Preferred Retail RX (One Month)	Tier 1: $3 Tier 2: $12 Tier 3: $42 Tier 4: 38% Tier 5: 28%	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $95 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $6 (2x one month) Tier 2: $24 (2x one month) Tier 3: $126 (3x one month) Tier 4: 38% Tier 5: N/A	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$500 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$500 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

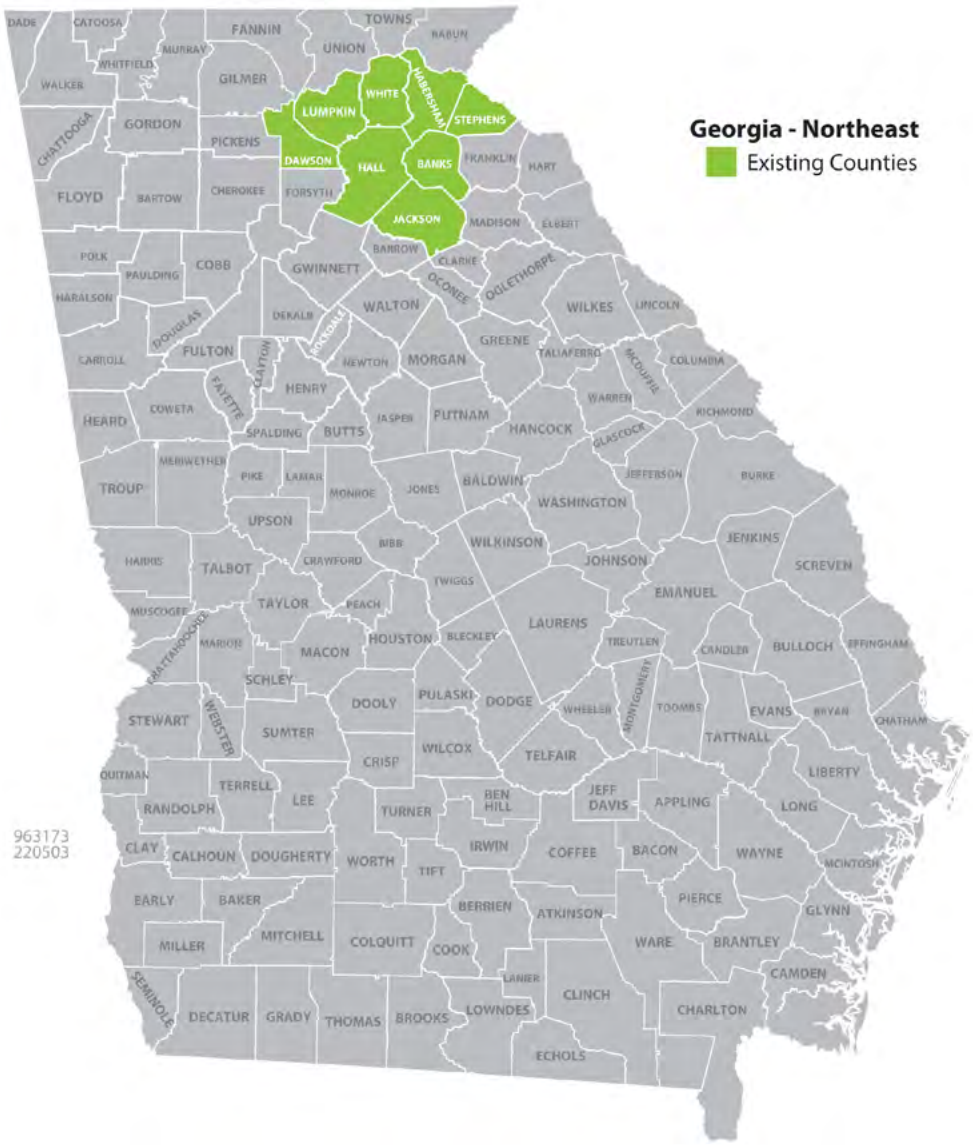
GEORGIA

COUNTIES	Bartow, Chattooga, Floyd, Gordon, Haralson, Polk	Bartow, Chattooga, Floyd, Gordon, Haralson, Polk	
PLAN ID	NEW COUNTIES H0439-011-000	NEW COUNTIES H7849-023-000	
PLAN NAME	Cigna Preferred Medicare (HMO)	Cigna True Choice Medicare (PPO)	
		In Network	Out of Network
Total Premium	$0	$0	
Cost Share—PCP/Specialist	$0/$25	$0/$30	$40/$55
Inpatient Acute Care Hospital	$290 per day for days 1-6; $0 per day for days 7-90	$280 per day for days 1-7; $0 per day for days 8-90	35%
Max Out-of-Pocket (MOOP)	$6,450 applies to in-network Medicare-covered benefits	$7,200 applies to in-network Medicare-covered benefits	$11,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$0	35%
Ambulatory Surgical Center (ASC)	$0 - $225	$0 - $245	35%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $12 Tier 3: $42 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $12 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $24 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $30 (2.5x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

GEORGIA — NORTHEAST

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
93,532

MEDICARE ADVANTAGE PENETRATION:
46.1%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

GEORGIA

COUNTIES	Banks, Barrow, Bartow, Butts, Byran, Carroll, Chatham, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Effingham, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Harris, Heard, Henry, Jackson, Lumpkin, Madison, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Troup, Walton, White	Banks, Barrow, Bartow, Butts, Byran, Carroll, Chatham, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Effingham, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Harris, Heard, Henry, Jackson, Lumpkin, Madison, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Troup, Walton, White
PLAN ID	NEW COUNTIES **H0439-002-000**	NEW COUNTIES **H0439-012-000**
PLAN NAME	**Cigna TotalCare (HMO D-SNP)**	**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$28.20	$28.00
Cost Share—PCP/Specialist	$0/$0	$0-20%/20%
Inpatient Acute Care Hospital	$325 per day for days 1-6; $0 per day for days 7-90	$1,725 per stay
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	$3,450 applies to in-network Medicare-covered benefits
Lab	$0	20%
Ambulatory Surgical Center (ASC)	0 - 20%	0 - 20%
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

GEORGIA

COUNTIES	Banks, Bartow, Chattooga, Cherokee, Cobb, Coweta, Dawson, Fayette, Floyd, Forsyth, Gordon, Habersham, Hall, Jackson, Lumpkin, Paulding, Pickens, Polk, Stephens, White	Banks, Barrow, Bartow, Butts, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Henry, Jackson, Lumpkin, Madison, Morgan, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Walton, White
PLAN ID	**H0439-003-002**	**H0439-006-000**
PLAN NAME	**Cigna Preferred GA Medicare (HMO)**	**Cigna Preferred Plus Medicare (HMO)**
Total Premium	$20.00	$25.00
Cost Share—PCP/Specialist	$0 - $5/$40	$0/$20
Inpatient Acute Care Hospital	$370 per day for days 1-5; $0 per day for days 6-90	$315 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$7,400 applies to in-network Medicare-covered benefits	$5,700 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $325	$0 - $245
Costshare—Preferred Retail RX (One Month)	Tier 1: $3 Tier 2: $12 Tier 3: $42 Tier 4: 38% Tier 5: 28%	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $95 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $6 (2x one month) Tier 2: $24 (2x one month) Tier 3: $126 (3x one month) Tier 4: 38% Tier 5: N/A	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$500 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$500 combined preventive and comprehensive allowance every year	$1,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

GEORGIA

COUNTIES	Banks, Dawson, Habersham, Hall, Jackson, Lumpkin, Stephens, White	Banks, Dawson, Habersham, Hall, Jackson, Lumpkin, Stephens, White	
PLAN ID	**H0439-010-000**	**H7849-022-000**	
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna True Choice Medicare (PPO)**	
		In Network	**Out of Network**
Total Premium	$0	$0	
Cost Share—PCP/Specialist	$0/$25	$0/$30	$40/$55
Inpatient Acute Care Hospital	$295 per day for days 1-6; $0 per day for days 7-90	$315 per day for days 1-6; $0 per day for days 7-90	35%
Max Out-of-Pocket (MOOP)	$6,900 applies to in-network Medicare-covered benefits	$7,200 applies to in-network Medicare-covered benefits	$11,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$0	35%
Ambulatory Surgical Center (ASC)	$0 - $250	$0 - $265	35%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $12 Tier 3: $42 Tier 4: $95 Tier 5: 30%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $30 (2.5x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

GEORGIA — SAVANNAH

2023 OVERVIEW

MEDICARE ELIGIBLE POPULATION:
69,681

MEDICARE ADVANTAGE PENETRATION:
49.4%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

GEORGIA

COUNTIES	Banks, Barrow, Bartow, Butts, Byran, Carroll, Chatham, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Effingham, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Harris, Heard, Henry, Jackson, Lumpkin, Madison, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Troup, Walton, White	Banks, Barrow, Bartow, Butts, Byran, Carroll, Chatham, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Effingham, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Harris, Heard, Henry, Jackson, Lumpkin, Madison, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Troup, Walton, White
PLAN ID	NEW COUNTIES **H0439-002-000**	NEW COUNTIES **H0439-012-000**
PLAN NAME	**Cigna TotalCare (HMO D-SNP)**	**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$28.20	$28.00
Cost Share—PCP/Specialist	$0/$0	$0-20%/20%
Inpatient Acute Care Hospital	$325 per day for days 1-6; $0 per day for days 7-90	$1,725 per stay
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	$3,450 applies to in-network Medicare-covered benefits
Lab	$0	20%
Ambulatory Surgical Center (ASC)	0 - 20%	0 - 20%
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

GEORGIA

COUNTIES	Bryan, Chatham, Effingham
PLAN ID	**H0439-013-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**
Total Premium	$0
Cost Share—PCP/Specialist	$0/$25
Inpatient Acute Care Hospital	$295 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$6,200 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	$0 - $245
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $47 Tier 4: $95 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $141 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance
Max Coverage Amount for Preventive Dental	$1,250 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$1,250 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

GEORGIA

COUNTIES	Bryan, Chatham, Effingham	
PLAN ID	H7849-067-000	
PLAN NAME	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$40/$55
Inpatient Acute Care Hospital	$295 per day for days 1-6; $0 per day for days 7-90	35%
Max Out-of-Pocket (MOOP)	$6,900 applies to in-network Medicare-covered benefits	$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	35%
Ambulatory Surgical Center (ASC)	$0 - $295	35%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $12 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $30 (2.5x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

GEORGIA — COLUMBUS

2023 OVERVIEW

MEDICARE ELIGIBLE POPULATION:
55,775

MEDICARE ADVANTAGE PENETRATION:
47.5%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

GEORGIA

COUNTIES	Banks, Barrow, Bartow, Butts, Byran, Carroll, Chatham, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Effingham, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Harris, Heard, Henry, Jackson, Lumpkin, Madison, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Troup, Walton, White	Banks, Barrow, Bartow, Butts, Byran, Carroll, Chatham, Chattooga, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Effingham, Fayette, Floyd, Forsyth, Franklin, Fulton, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Harris, Heard, Henry, Jackson, Lumpkin, Madison, Morgan, Muscogee, Newton, Oconee, Oglethorpe, Paulding, Pickens, Polk, Rockdale, Spalding, Stephens, Troup, Walton, White
PLAN ID	NEW COUNTIES **H0439-002-000**	NEW COUNTIES **H0439-012-000**
PLAN NAME	**Cigna TotalCare (HMO D-SNP)**	**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$28.20	$28.00
Cost Share—PCP/Specialist	$0/$0	$0-20%/20%
Inpatient Acute Care Hospital	$325 per day for days 1-6; $0 per day for days 7-90	$1,725 per stay
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	$3,450 applies to in-network Medicare-covered benefits
Lab	$0	20%
Ambulatory Surgical Center (ASC)	0 - 20%	0 - 20%
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

GEORGIA

COUNTIES	**AL:** Russell **GA:** Harris, Muscogee	
PLAN ID	**H7849-068-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$40/$55
Inpatient Acute Care Hospital	$295 per day for days 1-6; $0 per day for days 7-90	35%
Max Out-of-Pocket (MOOP)	$7,200 applies to in-network Medicare-covered benefits	$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	35%
Ambulatory Surgical Center (ASC)	$0 - $295	35%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $12 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $30 (2.5x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

GEORGIA

GEORGIA

COUNTIES	**AL:** Russell **GA:** Barrow, Butts, Carroll, Cherokee, Clayton, Coweta, Dekalb, Fayette, Forsyth, Fulton, Gwinnett, Harris, Heard, Henry, Muscogee, Newton, Pickens, Rockdale, Spalding	
PLAN ID	**H7849-069-000**	
PLAN NAME	**Cigna True Choice Savings Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0-$10/$45	$50/$55
Inpatient Acute Care Hospital	$395 per day for days 1-4; $0 per day for days 5-90	40%
Max Out-of-Pocket (MOOP)	$7,500 applies to in-network Medicare-covered benefits	$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$25	40%
Ambulatory Surgical Center (ASC)	$0 - $300	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 26%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $12.50 (2.5x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

GEORGIA — NORTH

2023 OVERVIEW

MEDICARE ELIGIBLE POPULATION:
33,269

MEDICARE ADVANTAGE PENETRATION:
44%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST

TENNESSEE
NORTH GEORGIA

COUNTIES	Catoosa, Dade, Walker	Catoosa, Dade, Walker	
PLAN ID	**H4513-030-000**	**H7849-035-000**	
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna True Choice Medicare (PPO)**	
		In Network	**Out of Network**
Total Premium	$0	$0	
Cost Share—PCP/Specialist	$0/$40	$0/$30	$40/$55
Inpatient Acute Care Hospital	$350 per day for days 1-5; $0 per day for days 6-90	$295 per day for days 1-7; $0 per day for days 8-90	$495 per day for days 1-7; $0 per day for days 8-90
Max Out-of-Pocket (MOOP)	$7,000 applies to in-network Medicare-covered benefits	$5,900 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$0	$25
Ambulatory Surgical Center (ASC)	$0 - $275	$0 - $195	$495
Costshare—Preferred Retail RX (One Month)	Tier 1: $3 Tier 2: $12 Tier 3: $42 Tier 4: 36% Tier 5: 29%	Tier 1: $0 Tier 2: $4 Tier 3: $40 Tier 4: $80 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $6 (2x one month) Tier 2: $24 (2x one month) Tier 3: $126 (3x one month) Tier 4: 36% Tier 5: N/A	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $120 (3x one month) Tier 4: $240 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,100 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,100 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

PART B BUY DOWN

SOUTHEAST ALABAMA

SUBMARKET	CONTRACT AND ID #	PLAN NAME	PLAN TYPE	PLAN TYPE (DETAILED)	COUNTIES	PART B PREMIUM BUY DOWN
Alabama	H4513-045-000	Cigna Courage Medicare (HMO)	HMO	MA ONLY	Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Coosa, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Perry, Shelby, St. Clair, Talladega, Tuscaloosa, Walker	$50
Alabama	H7849-012-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	Blount, Cherokee, Colbert, DeKalb, Etowah, Jackson, Lawrence, Limestone, Madison, Marshall, Morgan, St. Clair, Tuscaloosa	$20
Alabama	H7849-013-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	Autauga, Bibb, Chilton, Coosa, Cullman, Dallas, Elmore, Jefferson, Lowndes, Mobile, Montgomery, Perry, Shelby, Talladega, Walker	$20
North Florida	H5410-004-000	Cigna Courage Medicare (HMO)	HMO	MA ONLY	Bay, Escambia, Okaloosa, Santa Rosa, Walton	$60
South Mississippi	H4407-011-000	Cigna Courage Medicare (HMO)	HMO	MA ONLY	Covington, Forrest, George, Greene, Hancock, Harrison, Hinds, Jackson, Jefferson Davis, Jones, Lamar, Lawrence, Madison, Marion, Pearl River, Perry, Rankin, Stone, Walthall, Wayne	$50

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST CAROLINAS

SUBMARKET	CONTRACT AND ID #	PLAN NAME	PLAN TYPE	PLAN TYPE (DETAILED)	COUNTIES	PART B PREMIUM BUY DOWN
North Carolina	H7849-011-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	Alamance, Davidson, Davie, Forsyth, Guilford, Randolph	$24
North Carolina	H9725-005-000	Cigna Courage Medicare (HMO)	HMO	MA ONLY	Alamance, Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Catawba, Chatham, Cleveland, Davidson, Davaie, Durham, Forsyth, Gaston, Guilford, Henderson, Iredell, Johnston, Lincoln, Mcdowell, Mecklenburg, Orange, Polk, Randolph, Rowan, Stokes, Transylvania, Union, Wake, Yadkin	$60
North Carolina	H9725-012-000	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	Alamance, Buncombe, Burke, Caldwell, Catawba, Chatham, Davidson, Durham, Forsyth, Guilford, Henderson, Mcdowell, Mecklenburg, Orange, Randolph, Rowan, Transylvania, Union, Wake	$100
South Carolina	H7020-005-000	Cigna Courage Medicare (HMO)	HMO	MA ONLY	Anderson, Berkeley, Charleston, Cherokee, Chester, Colleton, Dorchester, Fairfield, Greenville, Kershaw, Lancaster, Pickens, Spartanburg, Union, Williamsburg, York	$100

SOUTHEAST CENTRAL FLORIDA

SUBMARKET	CONTRACT AND ID #	PLAN NAME	PLAN TYPE	PLAN TYPE (DETAILED)	COUNTIES	PART B PREMIUM BUY DOWN
Daytona	H5410-028-000	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	Brevard, Flagler, Volusia	$100
Jacksonville	H5410-044-000	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	Clay, Duval	$100
Orlando	H5410-026-000	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	Lake, Marion, Orange, Osceola, Polk, Seminole, Sumter	$120
Tampa	H5410-030-000	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	Hernando, Hillsborough, Manatee, Pasco, Pinellas, Sarasota	$130

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

PART B BUY DOWN

SOUTHEAST GEORGIA

SUBMARKET	CONTRACT AND ID #	PLAN NAME	PLAN TYPE	PLAN TYPE (DETAILED)	COUNTIES	PART B PREMIUM BUY DOWN
Georgia	H7849-069-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	**AL:** Russell **GA:** Barrow, Butts, Carroll, Cherokee, Clayton, Coweta, Dekalb, Fayette, Forsyth, Fulton, Gwinnett, Harris, Heard, Henry, Muscogee, Newton, Pickens, Rockdale, Spalding	$80

SOUTHEAST SOUTH FLORIDA

SUBMARKET	CONTRACT AND ID #	PLAN NAME	PLAN TYPE	PLAN TYPE (DETAILED)	COUNTIES	PART B PREMIUM BUY DOWN
Southeast Florida	H5410-050-000	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	Broward	$120
Southeast Florida	H5410-052-000	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	Miami-Dade	$125
Southeast Florida	H5410-054-000	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	Palm Beach	$115
Southwest Florida	H5410-041-000	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	Charlotte, Collier, Lee	$100
Treasure Coast	H5410-040-000	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	Indian River, Martin, St. Lucie	$105

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHEAST TENNESSEE

SUBMARKET	CONTRACT AND ID #	PLAN NAME	PLAN TYPE	PLAN TYPE (DETAILED)	COUNTIES	PART B PREMIUM BUY DOWN
Tennessee	H4513-033-000	Cigna Courage Medicare (HMO)	HMO	MA ONLY	Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Cannon, Carroll, Cheatham, Chester, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Grainger, Grundy, Hamblen, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McNairy, Montgomery, Moore, Morgan, Overton, Perry, Pickett, Polk, Putnam, Robertson, Rutherford, Sequatchie, Sevier, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Union, Van Buren, Warren, Wayne, White, Williamson, Wilson	$65
Tennessee	H4513-068-001	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	Bledsoe, Bradley, Cheatham, Davidson, Grundy, Hamilton, Marion, Montgomery, Polk, Robertson, Rutherford, Sequatchie, Sumner, Trousdale, Williamson, Wilson	$75
Tennessee	H4513-068-002	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	Fayette, Lauderdale, Shelby, Tipton	$75

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

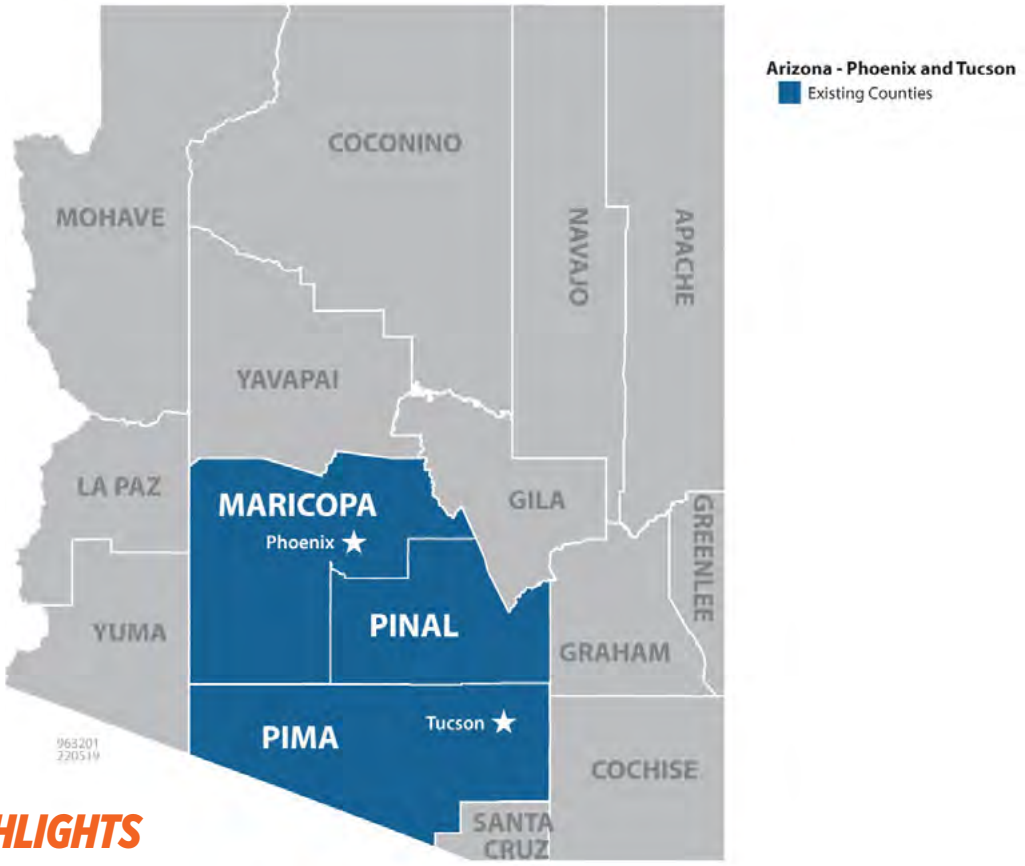
STATE + MARKET **PLANS**

WEST REGION

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

ARIZONA

2023 OVERVIEW



2023 HIGHLIGHTS

- NEW PPO plans
- Pima County expansion
- NEW Part B Buy Downs
- $0 premium plans
- Network expansions

MEDICARE ELIGIBLE POPULATION:
1,070,705

MEDICARE ADVANTAGE PENETRATION:
50.3%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

ARIZONA

ARIZONA

COUNTIES	Maricopa, Pima, Pinal	Maricopa, Pima, Pinal
PLAN ID	NEW COUNTIES **H0354-001-000**	NEW COUNTIES **H0354-027-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Achieve Medicare (HMO C-SNP)**
Total Premium	$0	$0
Cost Share— PCP/Specialist	$0/$20	$0/$15
Inpatient Acute Care Hospital	$195 per day for days 1-7; $0 per day for days 8-90	$195 per day for days 1-7; $0 per day for days 8-90
Max Out-of-Pocket (MOOP)	$2,300 applies to in-network Medicare-covered and in-network non-Medicare-covered benefits	$2,900 applies to in-network Medicare-covered and in-network non-Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $75	$0 - $75
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $47 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $5 Tier 3: $47 Tier 4: $100 Tier 5: 33% Tier 6: $9
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A Tier 6: $18 (2x one month)
Type of Dental Benefit	Preventive and Comprehensive Plus AZ	Preventive and Comprehensive Plus AZ
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

ARIZONA

ARIZONA

COUNTIES	Maricopa, Pima, Pinal	Maricopa, Pima, Pinal
PLAN ID	NEW COUNTIES H0354-028-000	NEW COUNTIES H0354-029-000
PLAN NAME	Cigna Alliance Medicare (HMO)	Cigna Preferred Savings Medicare (HMO)
Total Premium	$0	$0
Cost Share—PCP/Specialist	$0/$5	$0/$35
Inpatient Acute Care Hospital	$160 per day for days 1-7; $0 per day for days 8-90	"$275 per day for days 1-7; $0 per day for days 8-90 "
Max Out-of-Pocket (MOOP)	$2,500 applies to in-network Medicare-covered and in-network non-Medicare-covered benefits	$3,400 applies to in-network Medicare-covered and in-network non-Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $75	$0 - $200
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $47 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $5 Tier 3: $47 Tier 4: $100 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Preventive and Comprehensive Plus AZ
Max Coverage Amount for Preventive Dental	$3,000 combined preventive and comprehensive allowance every year	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$3,000 combined preventive and comprehensive allowance every year	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

ARIZONA

ARIZONA

COUNTIES	Maricopa, Pima, Pinal	
PLAN ID	H7849-065-000	
PLAN NAME	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$0/$40
Inpatient Acute Care Hospital	$300 per day for days 1-7; $0 per day for days 8-90	$500 per day for days 1-7; $0 per day for days 8-90
Max Out-of-Pocket (MOOP)	$4,500 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$10
Ambulatory Surgical Center (ASC)	$0 - $200	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $47 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A"	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

ARIZONA

ARIZONA

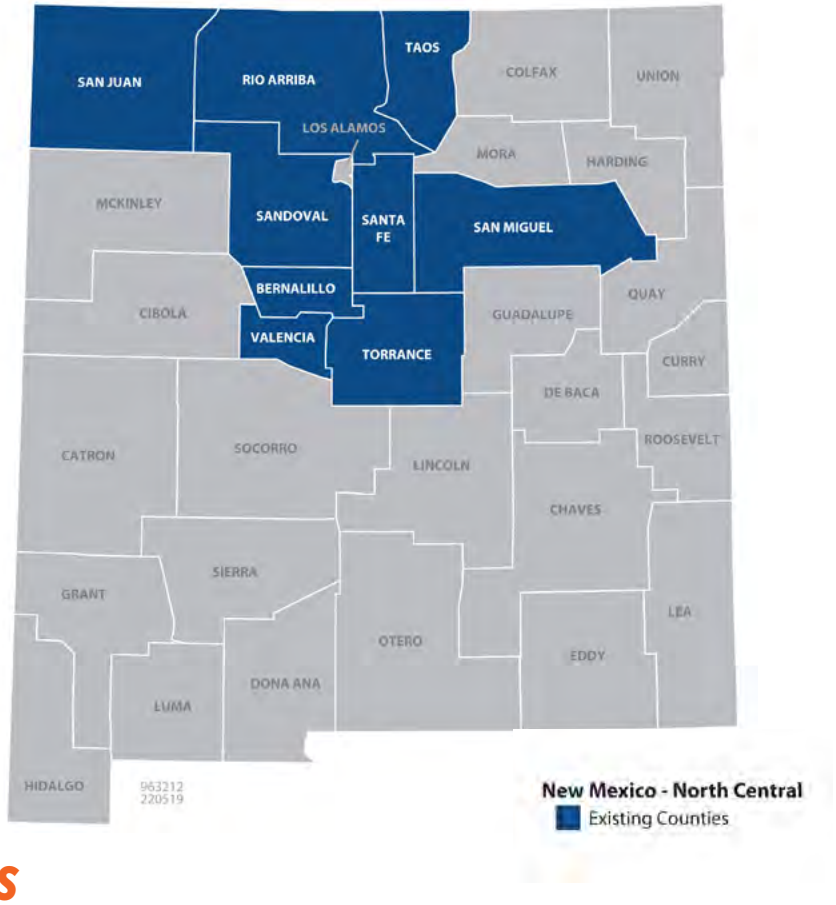
COUNTIES	Maricona, Pima, Pinal	
PLAN ID	H7849-066-000	
PLAN NAME	Cigna True Choice Savings Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$40	$20/$65
Inpatient Acute Care Hospital	$325 per day for days 1-7; $0 per day for days 8-90	$500 per day for days 1-7; $0 per day for days 8-90
Max Out-of-Pocket (MOOP)	$6,000 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $300	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $47 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NEW MEXICO

2023 OVERVIEW



2023 HIGHLIGHTS

- Dental Allowance
- Part B Buy Down
- Increased hearing benefit
- PAPA Cares

MEDICARE ELIGIBLE POPULATION:
279,838

MEDICARE ADVANTAGE PENETRATION:
52.4%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

MOUNTAIN STATES

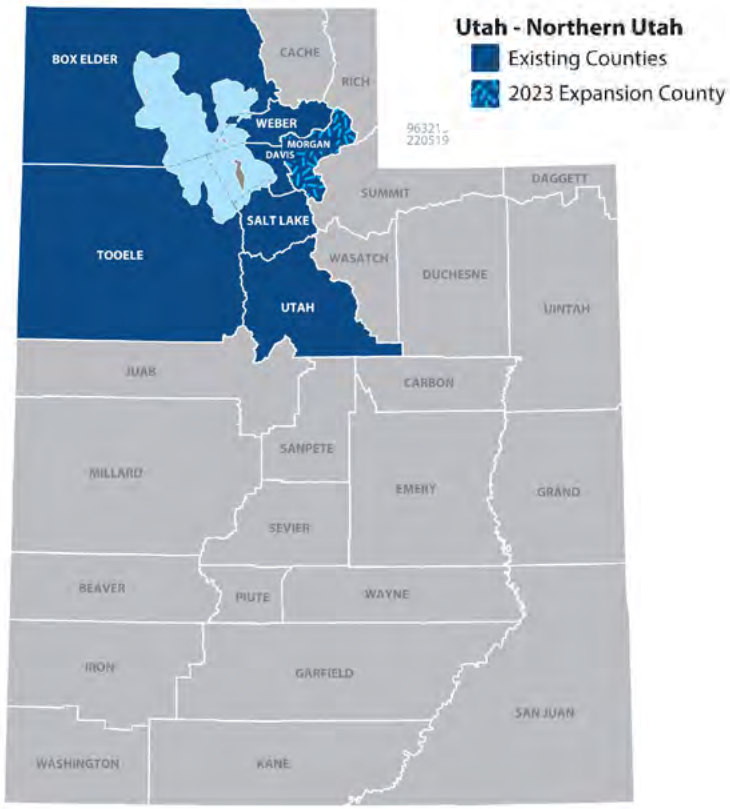
NEW MEXICO

COUNTIES	Bernalillo, Rio Arriba, Sandoval, San Juan, San Miguel, Sante Fe, Taos, Torrance, Valencia	Bernalillo, Rio Arriba, Sandoval, San Juan, San Miguel, Sante Fe, Taos, Torrance, Valencia	
PLAN ID	**H0672-005-000**	**H7849-028-000**	
PLAN NAME	**Cigna Preferred Savings Medicare (HMO)**	**Cigna True Choice Savings Medicare (PPO)**	
		In Network	**Out of Network**
Total Premium	$0	$0	
Cost Share—PCP/Specialist	$0/$25	$0/$30	$0/$60
Inpatient Acute Care Hospital	$270 per day for days 1-5; $0 per day for days 6-90 "	$280 per day for days 1-5; $0 per day for days 6-90"	$400 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$4,000 applies to in-network Medicare-covered benefits	$4,900 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $180	$0 - $200	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	$2,100 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	$2,100 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

UTAH

2023 OVERVIEW



2023 HIGHLIGHTS

- County expansion
- Part B Buy Down
- Increased hearing benefit
- $0 premium plans

MEDICARE ELIGIBLE POPULATION:
311,995

MEDICARE ADVANTAGE PENETRATION:
49.6%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

MOUNTAIN STATES

UTAH

COUNTIES	Box Elder, Davis, Morgan, Salt Lake, Tooele, Utah, Weber	Box Elder, Davis, Morgan, Salt Lake, Tooele, Utah, Weber	
PLAN ID	NEW COUNTIES **H7389-001-000**	NEW COUNTIES **H7849-029-000**	
PLAN NAME	**Cigna Preferred Savings Medicare (HMO)**	**Cigna True Choice Savings Medicare (PPO)**	
		In Network	**Out of Network**
Total Premium	$0	$0	
Cost Share—PCP/Specialist	$0/$20	$0/$30	$25/$60
Inpatient Acute Care Hospital	$325 per day for days 1-5; $0 per day for days 6-90	$330 per day for days 1-5; $0 per day for days 6-90	35%
Max Out-of-Pocket (MOOP)	$5,200 applies to in-network Medicare-covered benefits	$5,500 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $175	$0 - $275	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Preventive and Comprehensive Plus	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$2,100 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$2,100 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

OKLAHOMA

2023 OVERVIEW

2023 HIGHLIGHTS

- Low OOP maximums
- $75 Part B Buy back
- OTC up to $110/quarter
- Dental up to $2000 allowance
- Hearing up to $2000 allowance

MEDICARE ELIGIBLE POPULATION:
232,065

MEDICARE ADVANTAGE PENETRATION:
37.2%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

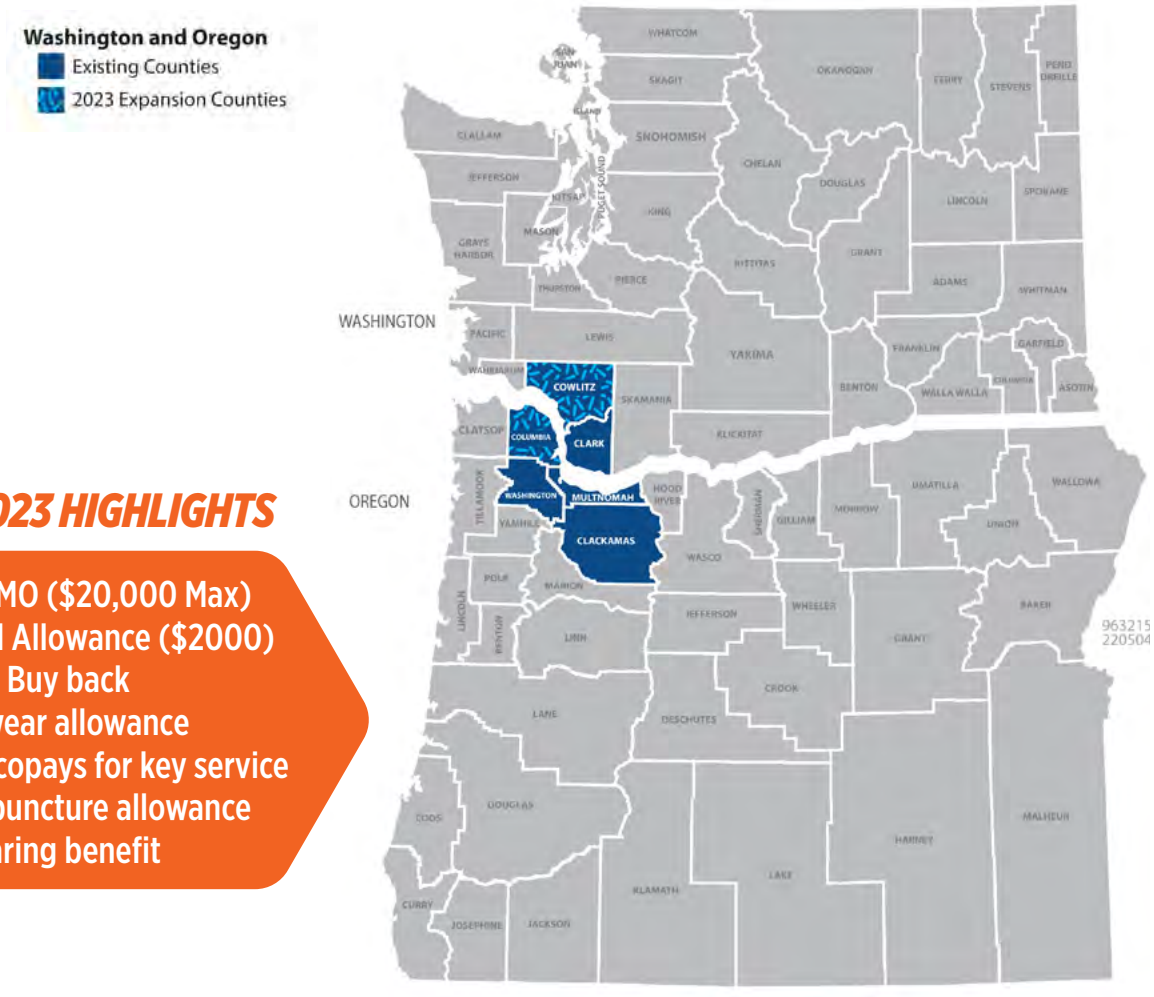
TEXAS
OKLAHOMA

COUNTIES	Canadian, Cleveland, Lincoln, Logan, Mcclain, Oklahoma	Canadian, Cleveland, Lincoln, Logan, McClain, Oklahoma	
PLAN ID	H4513-073-000	H7849-042-000	
PLAN NAME	Cigna Preferred Savings Medicare (HMO)	Cigna True Choice Medicare (PPO)	
		In Network	Out of Network
Total Premium	$0	$0	
Cost Share—PCP/Specialist	$0/$40	$0/$25	$0/$35
Inpatient Acute Care Hospital	$325 per day for days 1-5; $0 per day for days 6-90	$250 per day for days 1-5; $0 per day for days 6-90	$375 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$7,200 applies to in-network Medicare-covered benefits	$5,500 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $200	$0 - $200	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

PACIFIC NORTHWEST — WASHINGTON AND OREGON

2023 OVERVIEW



2023 HIGHLIGHTS

- Dental DHMO ($20,000 Max) and Dental Allowance ($2000)
- $30 Part B Buy back
- $350 eyewear allowance
- PPO OON copays for key service
- $300 Acupuncture allowance
- $2500 hearing benefit

MEDICARE ELIGIBLE POPULATION:
451,455

MEDICARE ADVANTAGE PENETRATION:
64%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

PACIFIC NORTHWEST

OREGON

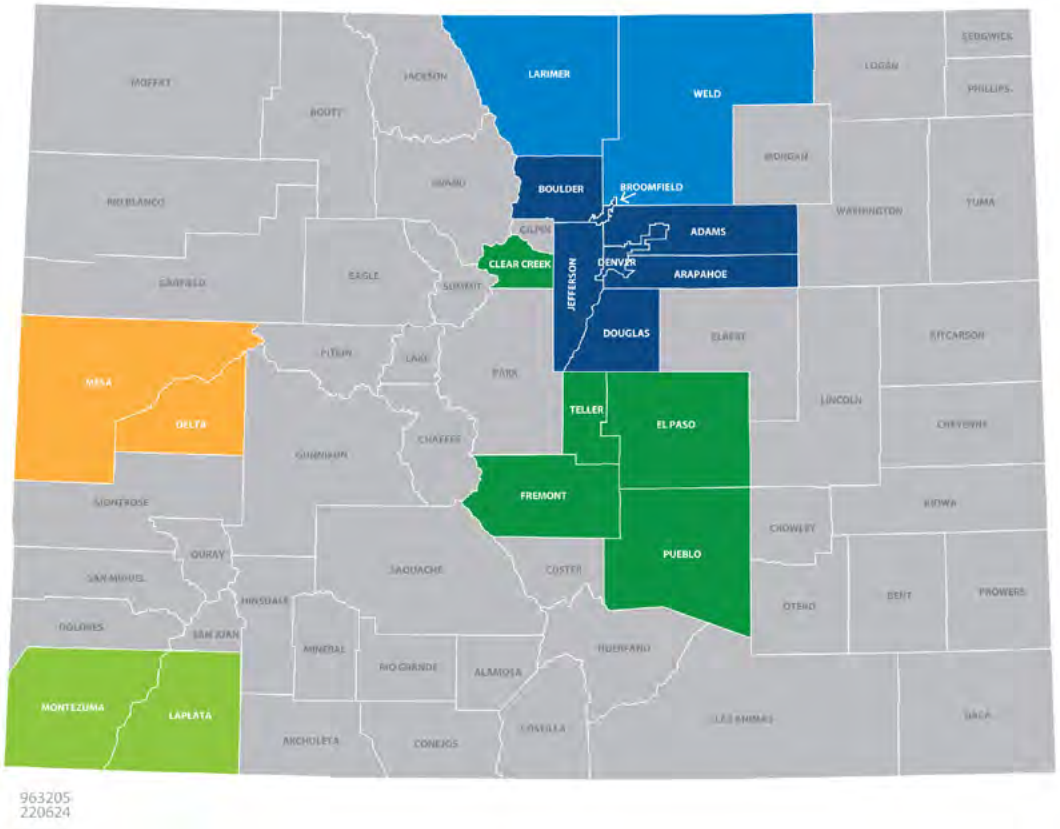
COUNTIES	**OR:** Clackamas, Columbia, Multnomah, Washington **WA:** Clark, Cowlitz	**OR:** Clackamas, Columbia, Multnomah, Washington **WA:** Clark, Cowlitz	
PLAN ID	NEW COUNTIES **H7389-002-000**	NEW COUNTIES **H7849-055-000**	
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna True Choice Savings Medicare (PPO)**	
		In Network	**Out of Network**
Total Premium	$0	$0	
Cost Share—PCP/Specialist	$0/$20	$0/$25	$0/$25
Inpatient Acute Care Hospital	$350 per day for days 1-5; $0 per day for days 6-90	$395 per day for days 1-4; $0 per day for days 5-90	$450 per day for days 1-4; $0 per day for days 5-90
Max Out-of-Pocket (MOOP)	$5,200 applies to in-network Medicare-covered benefits	$5,900 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $295	$0 - $295	$0 - $350
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Preventive and Comprehensive Plus	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

COLORADO

2023 OVERVIEW



Colorado - Boulder and Denver
Existing Counties

Colorado - Colorado Springs
Existing Counties

Colorado - Larimer, Weld
Existing Counties

Colorado - Southwest Corner
Existing Counties

Colorado - Western Slope
Existing Counties

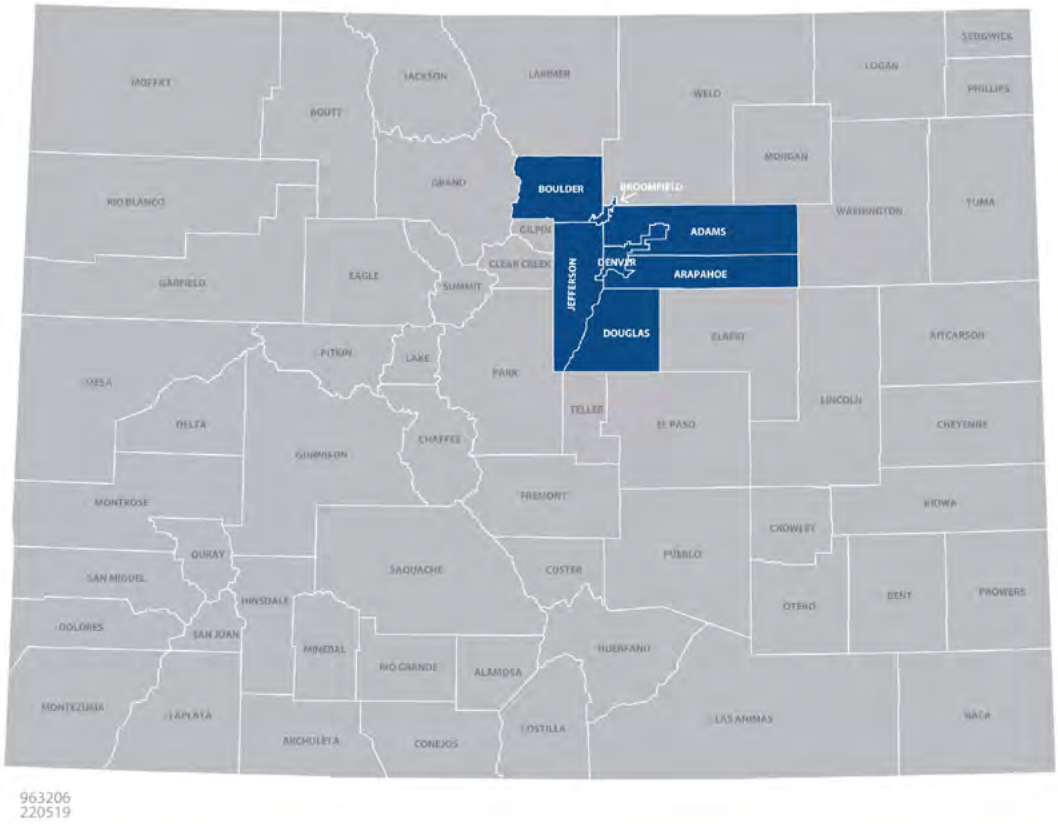
2023 HIGHLIGHTS

- D-SNP Plans
- Part B Buy Downs

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

COLORADO — BOULDER AND DENVER

2023 OVERVIEW



963206
220519

Colorado - Boulder and Denver
Existing Counties

MEDICARE ELIGIBLE POPULATION:
489,125

MEDICARE ADVANTAGE PENETRATION:
55.9%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

MOUNTAIN STATES

COLORADO

COUNTIES	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Teller, Weld
PLAN ID	**H0672-001-000**	**H0672-009-000**
PLAN NAME	**Cigna Preferred Savings Medicare (HMO)**	**Cigna TotalCare (HMO D-SNP)**
Total Premium	$0	$22.00
Cost Share— PCP/Specialist	$0/$20	$0/$0
Inpatient Acute Care Hospital	$195 per day for days 1-6; $0 per day for days 7-90	$180 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$3,900 applies to in-network Medicare-covered benefits	$3,800 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $175	$0 - $150
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $90 Tier 5: 33%	Standard Part D cost share
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $126 (3x one month) Tier 4: $270 (3x one month) Tier 5: N/A	Standard Part D cost share
Type of Dental Benefit	Preventive and Comprehensive Plus	Dental Allowance
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$2,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$2,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

MOUNTAIN STATES
COLORADO

COUNTIES	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Teller, Weld
PLAN ID	**H0672-010-000**
PLAN NAME	**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$22.20
Cost Share—PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	$300 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$7,750 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	0 - 20%
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share
Type of Dental Benefit	Dental Allowance
Max Coverage Amount for Preventive Dental	$4,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$4,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

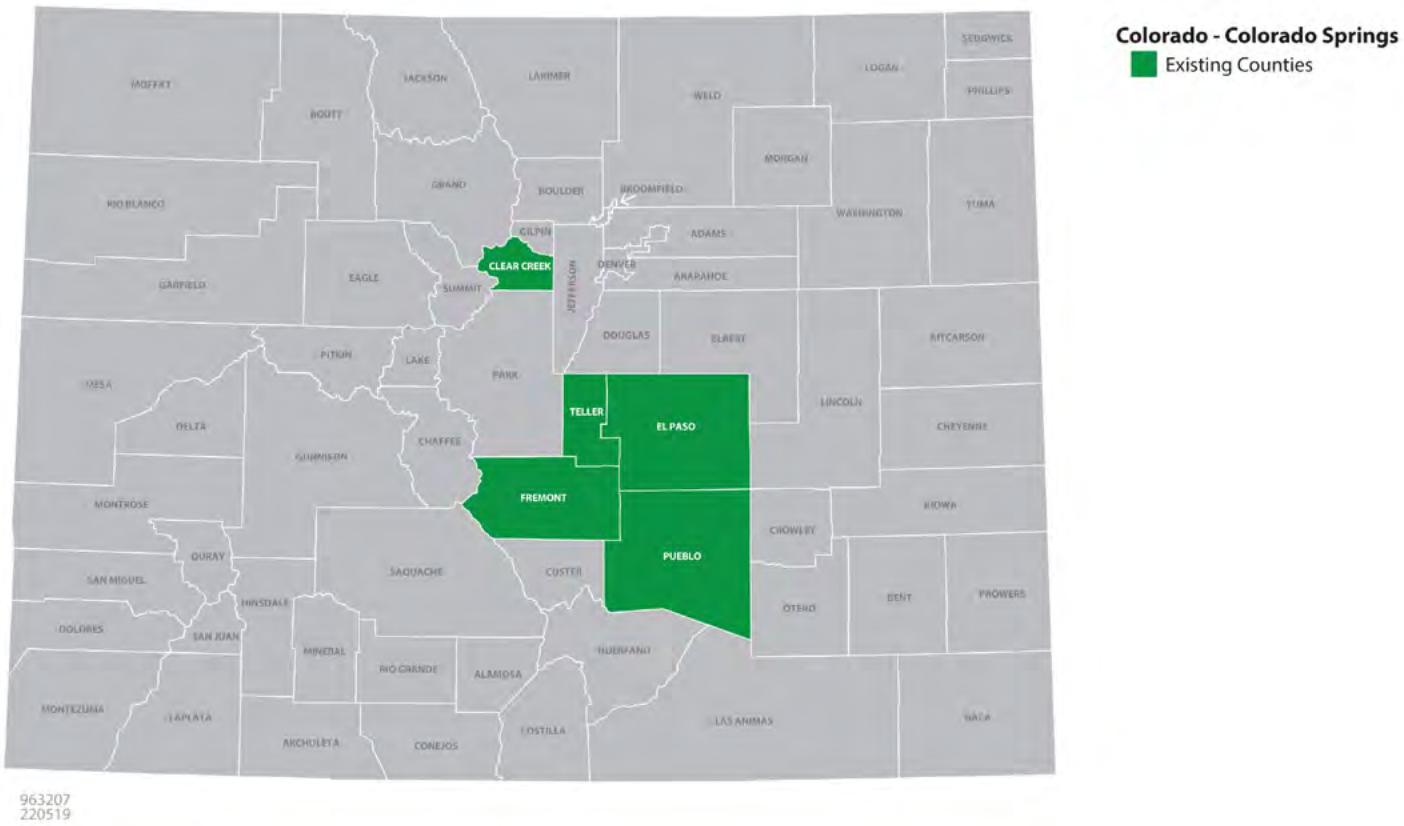
MOUNTAIN STATES
COLORADO

COUNTIES	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson	
PLAN ID	**H7849-001-000**	
PLAN NAME	**Cigna True Choice Savings Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$40/$60
Inpatient Acute Care Hospital	$295 per day for days 1-5; $0 per day for days 6-90	$500 per day for days 1-20; $0 per day for days 21-90
Max Out-of-Pocket (MOOP)	$5,500 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $225	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $90 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $126 (3x one month) Tier 4: $270 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

COLORADO — COLORADO SPRINGS

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
176,189

MEDICARE ADVANTAGE PENETRATION:
48.1%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

MOUNTAIN STATES

COLORADO

COUNTIES	Clear Creek, El Paso, Fremont, Pueblo, Teller	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Teller, Weld
PLAN ID	**H0672-004-000**	**H0672-009-000**
PLAN NAME	**Cigna Preferred Savinngs Medicare (HMO)**	**Cigna TotalCare (HMO D-SNP)**
Total Premium	$0	$20.80
Cost Share—PCP/Specialist	$0/$25	$0/$0
Inpatient Acute Care Hospital	$250 per day for days 1-5; $0 per day for days 6-90	$180 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$4,200 applies to in-network Medicare-covered benefits	$3,800 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $200	$0 - $150
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $90 Tier 5: 33%	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $126 (3x one month) Tier 4: $270 (3x one month) Tier 5: N/A	Standard Part D cost share
Type of Dental Benefit	Preventive and Comprehensive Plus	Dental Allowance
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$2,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$2,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

MOUNTAIN STATES
COLORADO

COUNTIES	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Teller, Weld
PLAN ID	**H0672-010-000**
PLAN NAME	**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$20.80
Cost Share—PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	$300 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$7,750 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	0 - 20%
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share
Type of Dental Benefit	Dental Allowance
Max Coverage Amount for Preventive Dental	$4,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$4,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

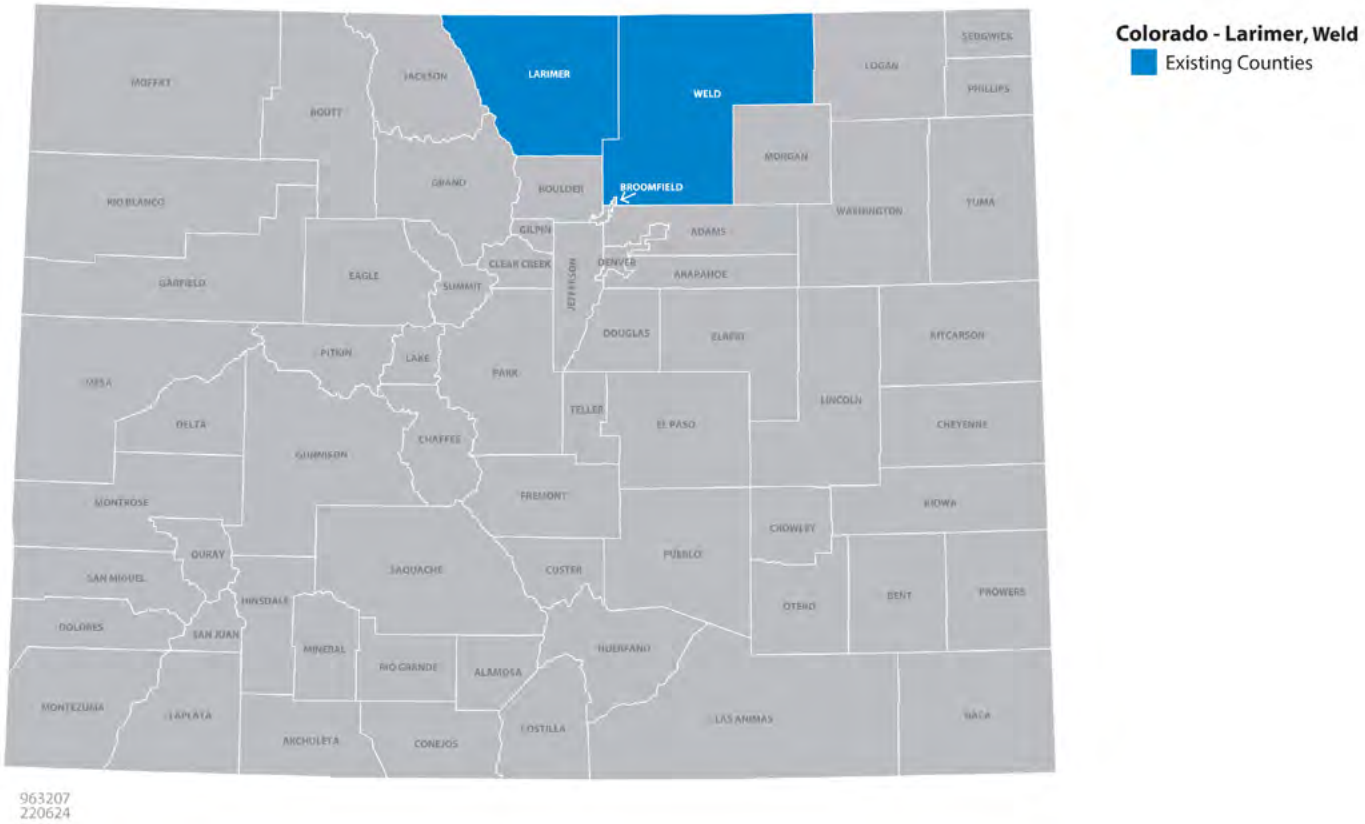
MOUNTAIN STATES
COLORADO

COUNTIES	Clear Creek, El Paso, Fremont, Pueblo, Teller	
PLAN ID	**H7849-027-000**	
PLAN NAME	**Cigna True Choice Savings Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share— PCP/Specialist	$0/$30	$40/$60
Inpatient Acute Care Hospital	$295 per day for days 1-5; $0 per day for days 6-90	$500 per day for days 1-20; $0 per day for days 21-90
Max Out-of-Pocket (MOOP)	$5,500 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0-$215	40%
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $90 Tier 5: 33%	N/A
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $126 (3x one month) Tier 4: $270 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,100 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,100 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

COLORADO — LARIMER, WELD

2023 OVERVIEW



963207
220624

MEDICARE ELIGIBLE POPULATION:
116,274

MEDICARE ADVANTAGE PENETRATION:
47.5%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

MOUNTAIN STATES

COLORADO

COUNTIES	Larimer, Weld	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Teller, Weld
PLAN ID	**H0672-003-000**	**H0672-009-000**
PLAN NAME	**Cigna Preferred Savings Medicare (HMO)**	**Cigna TotalCare (HMO D-SNP)**
Total Premium	$0	$22.00
Cost Share—PCP/Specialist	$0/$20	$0/$0
Inpatient Acute Care Hospital	$225 per day for days 1-5; $0 per day for days 6-90	$180 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$4,200 applies to in-network Medicare-covered benefits	$3,800 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $200	$0 - $150
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $90 Tier 5: 33%	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $126 (3x one month) Tier 4: $270 (3x one month) Tier 5: N/A	Standard Part D cost share
Type of Dental Benefit	Preventive and Comprehensive Plus	Dental Allowance
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$2,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$2,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

MOUNTAIN STATES
COLORADO

COUNTIES	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Teller, Weld
PLAN ID	**H0672-010-000**
PLAN NAME	**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$22.20
Cost Share—PCP/Specialist	20%/20%
Inpatient Acute Care Hospital	$300 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$7,750 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	0 - 20%
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share
Type of Dental Benefit	Dental Allowance
Max Coverage Amount for Preventive Dental	$4,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$4,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

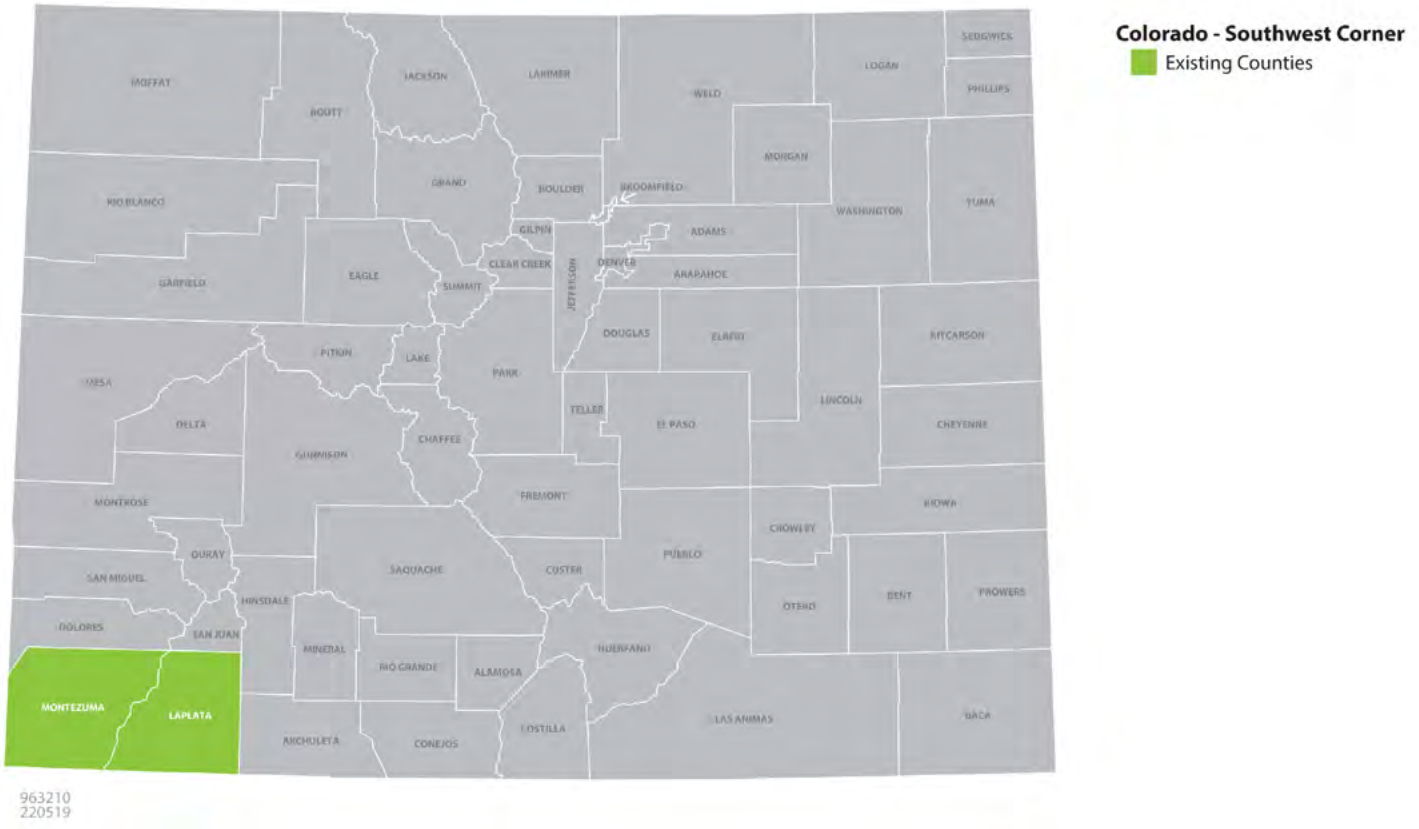
MOUNTAIN STATES
COLORADO

COUNTIES	Larimer, Weld	
PLAN ID	**H7849-026-000**	
PLAN NAME	**Cigna True Choice Savings Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$40/$60
Inpatient Acute Care Hospital	$295 per day for days 1-5; $0 per day for days 6-90	$500 per day for days 1-20; $0 per day for days 21-90
Max Out-of-Pocket (MOOP)	$5,500 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $225	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $90 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $126 (3x one month) Tier 4: $270 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

COLORADO — SOUTHWEST CORNER

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
19,257

MEDICARE ADVANTAGE PENETRATION:
26.5%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

MOUNTAIN STATES

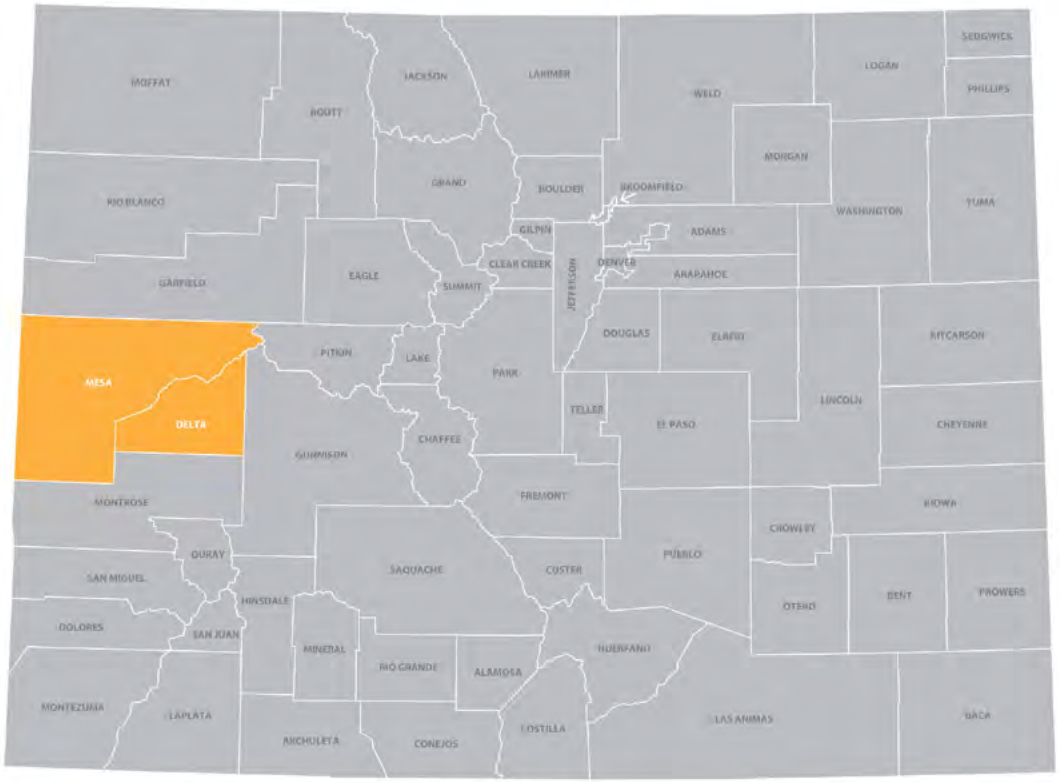
COLORADO

COUNTIES	La Plata, Montezuma	La Plata, Montezuma	
PLAN ID	**H0672-007-000**	**H7849-050-000**	
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna True Choice Savings Medicare (PPO)**	
		In Network	**Out of Network**
Total Premium	$0	$0	
Cost Share—PCP/Specialist	$0/$30	$0/$35	$40/$60
Inpatient Acute Care Hospital	$280 per day for days 1-5; $0 per day for days 6-90	$300 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$5,000 applies to in-network Medicare-covered benefits	$5,200 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $200	$0-$235	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $90 Tier 5: 33%	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $90 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $126 (3x one month) Tier 4: $270 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $126 (3x one month) Tier 4: $270 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Preventive and Comprehensive Plus	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

COLORADO — WESTERN SLOPE

2023 OVERVIEW



963211
220519

Colorado - Western Slope
Existing Counties

MEDICARE ELIGIBLE POPULATION:
46,690

MEDICARE ADVANTAGE PENETRATION:
39.8%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

MOUNTAIN STATES

COLORADO

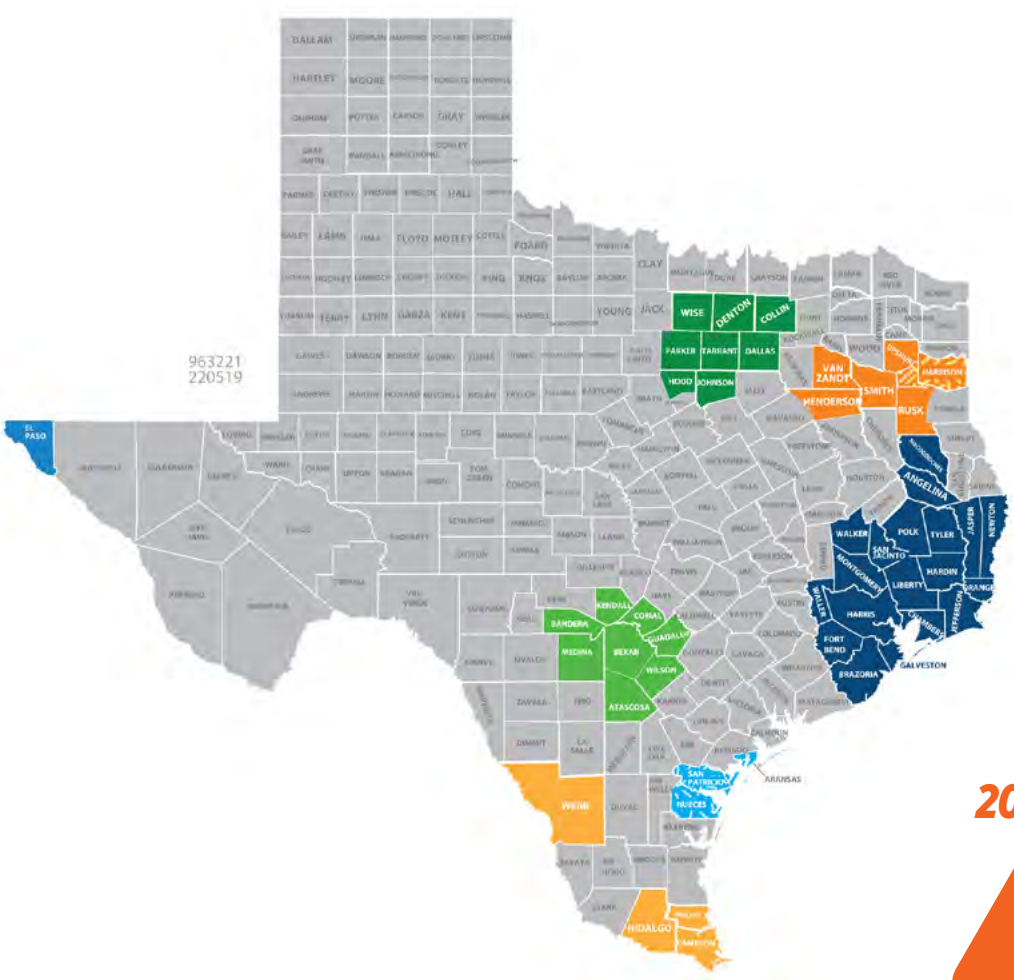
COUNTIES	Delta, Mesa	Delta, Mesa	
PLAN ID	**H0672-008-000**	**H7849-051-000**	
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna True Choice Savings Medicare (PPO)**	
		In Network	**Out of Network**
Total Premium	$0	$0	
Cost Share—PCP/Specialist	$0/$30	$0/$35	$40/$60
Inpatient Acute Care Hospital	$285 per day for days 1-5; $0 per day for days 6-90	"$305 per day for days 1-5; $0 per day for days 6-90"	"$475 per day for days 1-20; $0 per day for days 21-90"
Max Out-of-Pocket (MOOP)	$5,200 applies to in-network Medicare-covered benefits	$5,500 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $235	$0 - $250	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $90 Tier 5: 33%	"Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $90 Tier 5: 33% "	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $126 (3x one month) Tier 4: $270 (3x one month) Tier 5: N/A	"Tier 1: $0 Tier 2: $10 (2.5x one month) Tier 3: $126 (3x one month) Tier 4: $270 (3x one month) Tier 5: N/A "	N/A
Type of Dental Benefit	Preventive and Comprehensive Plus	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

TEXAS

2023 OVERVIEW



Texas - Houston and Southeast
Existing Counties

Texas - San Antonio
Existing Counties

Texas - Dallas-Fort Worth
Existing Counties

Texas - El Paso
Existing Counties

Texas - Northeast
Existing Counties
2023 Expansion Counties

Texas - Rio Grande Valley
Existing Counties

Texas - Corpus Christi
2023 Expansion Counties

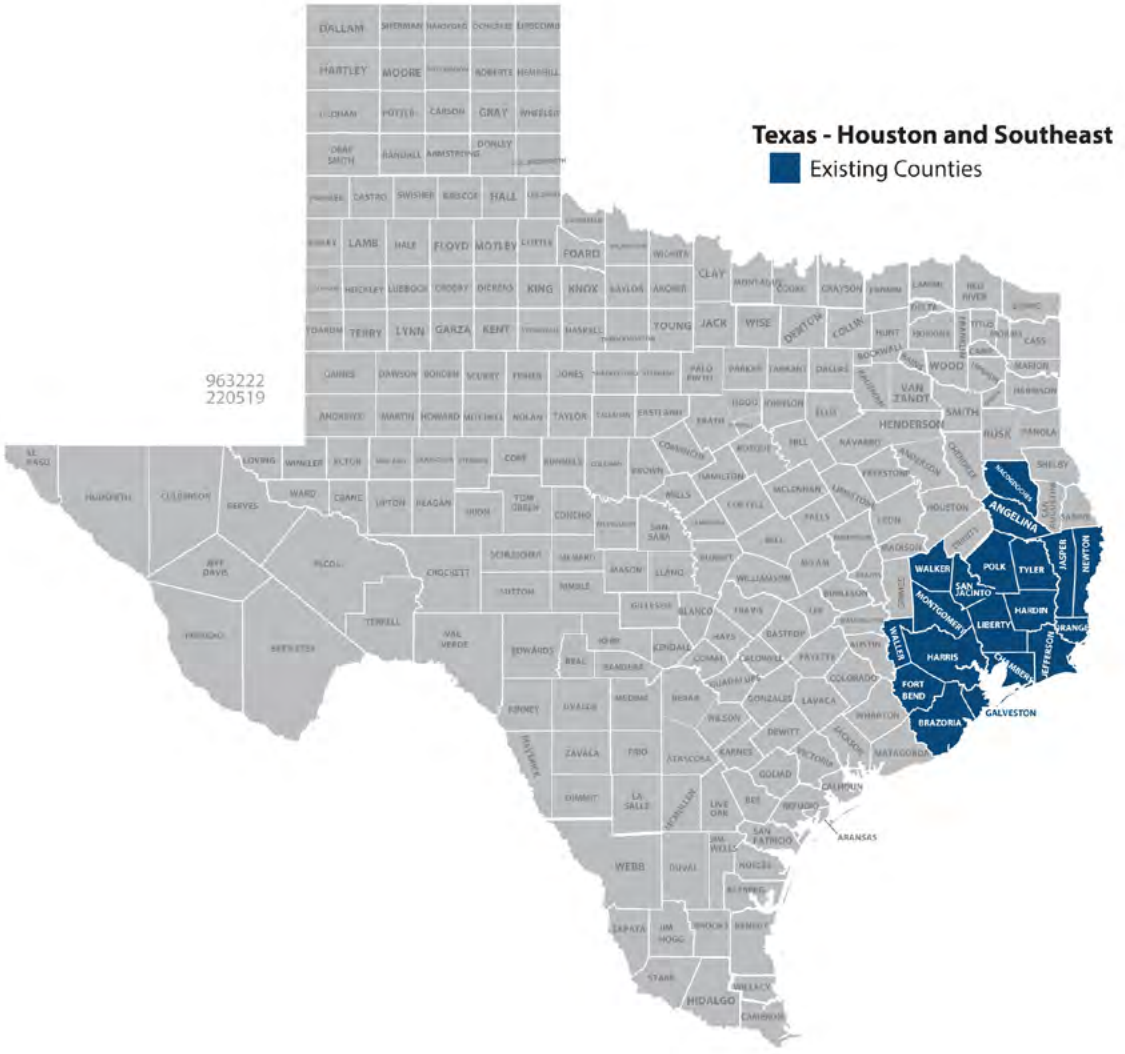
2023 HIGHLIGHTS

- Part B Buy Back
- Expanded eyewear, hearing, OTC benefits
- Dental DHMO increased max
- PPO plans

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

TEXAS — HOUSTON AND SOUTHEAST

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
1,088,151

MEDICARE ADVANTAGE PENETRATION:
53.4%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

TEXAS

COUNTIES	Angelina, Brazoria, Cameron, Chambers, Fort Bend, Galveston, Hardin, Harris, Hidalgo, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, Webb, Willacy	Angelina, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller
PLAN ID	**H4513-009-000**	**H4513-060-001**
PLAN NAME	**Cigna Courage Medicare (HMO)**	**Cigna TotalCare (HMO D-SNP)**
Total Premium	$0	$9.40
Cost Share—PCP/Specialist	$0/$30	$0/$0
Inpatient Acute Care Hospital	$325 per stay	$0 per stay
Max Out-of-Pocket (MOOP)	$4,300 applies to in-network Medicare-covered benefits	$3,400 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $200	$0
Costshare—Preferred Retail RX (One Month)	N/A	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	N/A	Standard Part D cost share
Type of Dental Benefit	Preventive and Comprehensive Plus	Preventive and Comprehensive Base
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

TEXAS

COUNTIES	Angelina, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller	Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, Walker
PLAN ID	**H4513-061-001**	**H4513-064-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Alliance Medicare (HMO)**
Total Premium	$0	$0
Cost Share—PCP/Specialist	$0/$20	$0/$10
Inpatient Acute Care Hospital	$275 per stay	$200 per stay
Max Out-of-Pocket (MOOP)	$3,200 applies to in-network Medicare-covered benefits	$2,900 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $100	$0 - $75
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

TEXAS

COUNTIES	Angelina, Atascosa, Aransas, Bandera, Bexar, Brazoria, Cameron, Chambers, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Gregg, Guadalupe, Hardin, Harris, Harrison, Henderson, Hidalgo, Hood, Jasper, Jefferson, Johnson, Kendall, Liberty, Medina, Montgomery, Nacogdoches, Newton, Nueces, Orange, Parker, Polk, Rusk, San Jacinto, San Patricio, Smith, Tarrant, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Willacy, Wilson, Wise
PLAN ID	**H4513-066-000**
PLAN NAME	**Cigna Preferred Savings Medicare (HMO)**
Total Premium	$0
Cost Share— PCP/Specialist	$0/$45
Inpatient Acute Care Hospital	$325 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	$0 - $275
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year

NEW COUNTIES

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

TEXAS

COUNTIES	Angelina, Atascosa, Bandera, Bexar, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Kendall, Liberty, Medina, Montgomery, Nacogdoches, Orange, Polk, San Jacinto, Tyler, Waller, Walker, Wilson	
PLAN ID	H7849-038-000	
PLAN NAME	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$0/$45
Inpatient Acute Care Hospital	$275 per day for days 1-5; $0 per day for days 6-90	$375 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$6,100 applies to in-network Medicare-covered benefits	$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $200	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

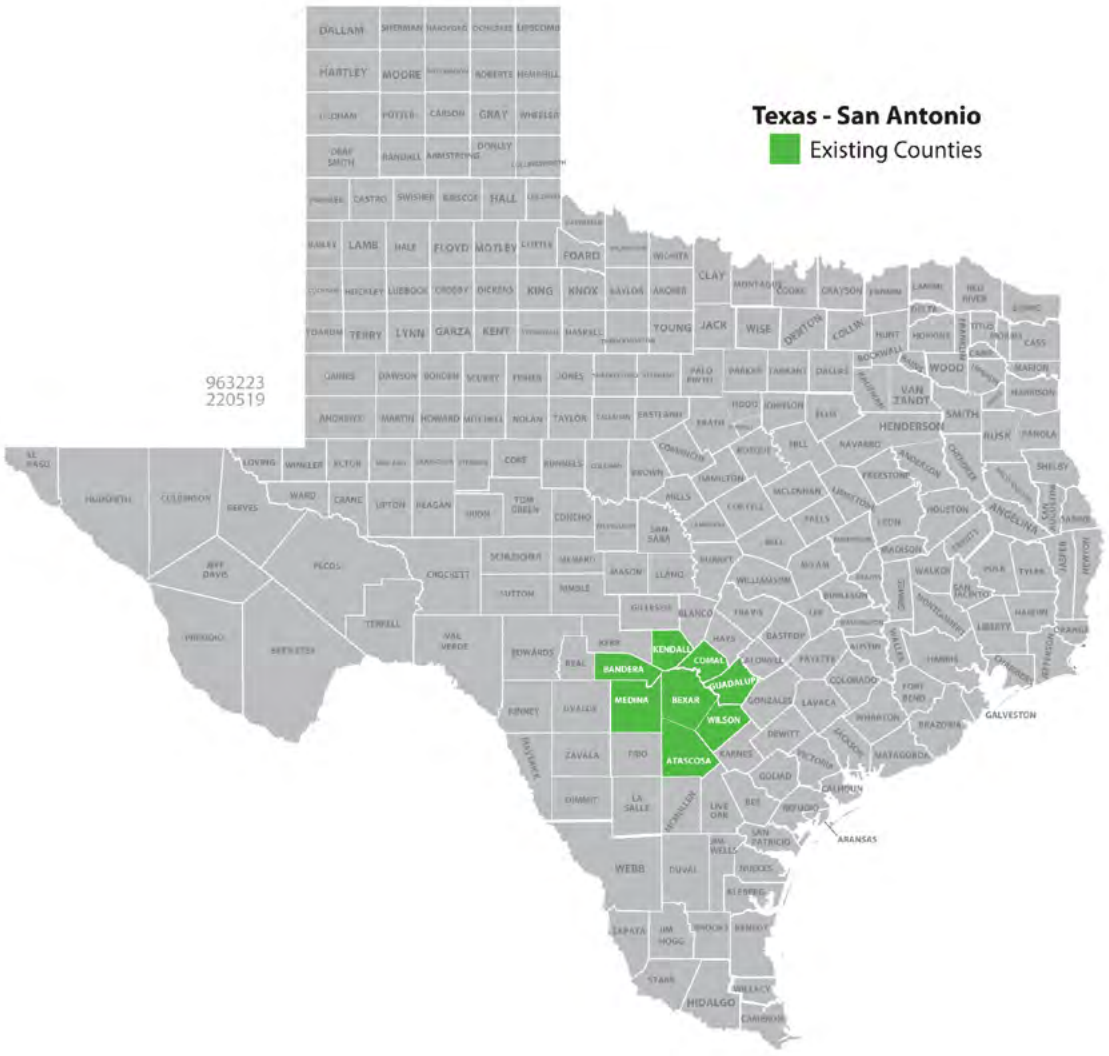
TEXAS

COUNTIES	Angelina, Atascosa, Bandera, Bexar, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Kendall, Medina, Liberty, Montgomery, Nacogdoches, Orange, Polk, San Jacinto, Tyler, Walker, Waller, Wilson	
PLAN ID (NEW COUNTIES)	H7849-062-000	
PLAN NAME	Cigna True Choice Plus Medicare (PPO)	
	In Network	Out of Network
Total Premium	$19.00	
Cost Share—PCP/Specialist	$0/$25	$0/$45
Inpatient Acute Care Hospital	$250 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$6,100 applies to in-network Medicare-covered benefits	$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $250	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$3,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$3,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

TEXAS — SAN ANTONIO

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
425,358

MEDICARE ADVANTAGE PENETRATION:
50.4%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

TEXAS

COUNTIES	Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson	Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson
PLAN ID	H4513-060-004	H4513-061-004
PLAN NAME	Cigna TotalCare (HMO D-SNP)	Cigna Preferred Medicare (HMO)
Total Premium	$9.40	$0
Cost Share—PCP/Specialist	$0/$0	$0/$15
Inpatient Acute Care Hospital	$190 per day for days 1-5; $0 per day for days 6-90	$75 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$3,450 applies to in-network Medicare-covered benefits	$3,200 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	0 - 20%	$0 - $50
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Preventive and Comprehensive Base	Dental Allowance
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$3,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$3,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

TEXAS

COUNTIES	Atascosa, Bandera, Bexar, Comal, El Paso, Guadalupe, Kendall, Medina, Wilson
PLAN ID	**H4513-062-000**
PLAN NAME	**Cigna Courage Medicare (HMO)**
Total Premium	$0
Cost Share— PCP/Specialist	$0/$25
Inpatient Acute Care Hospital	$100 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$4,300 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	$0 - $150
Costshare— Preferred Retail RX (One Month)	N/A
Cost Share— Preferred Retail RX (Three Months)	N/A
Type of Dental Benefit	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

TEXAS

COUNTIES	Angelina, Atascosa, Aransas, Bandera, Bexar, Brazoria, Cameron, Chambers, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Gregg, Guadalupe, Hardin, Harris, Harrison, Henderson, Hidalgo, Hood, Jasper, Jefferson, Johnson, Kendall, Liberty, Medina, Montgomery, Nacogdoches, Newton, Nueces, Orange, Parker, Polk, Rusk, San Jacinto, San Patricio, Smith, Tarrant, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Willacy, Wilson, Wise
PLAN ID	**H4513-066-000**
PLAN NAME	**Cigna Preferred Savings Medicare (HMO)**
Total Premium	$0
Cost Share— PCP/Specialist	$0/$45
Inpatient Acute Care Hospital	$325 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	$0 - $275
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year

NEW COUNTIES

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

TEXAS

COUNTIES	Angelina, Atascosa, Bandera, Bexar, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Kendall, Liberty, Medina, Montgomery, Nacogdoches, Orange, Polk, San Jacinto, Tyler, Waller, Walker, Wilson	
PLAN ID	H7849-038-000	
PLAN NAME	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$0/$45
Inpatient Acute Care Hospital	$275 per day for days 1-5; $0 per day for days 6-90	$375 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$6,100 applies to in-network Medicare-covered benefits	$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $200	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

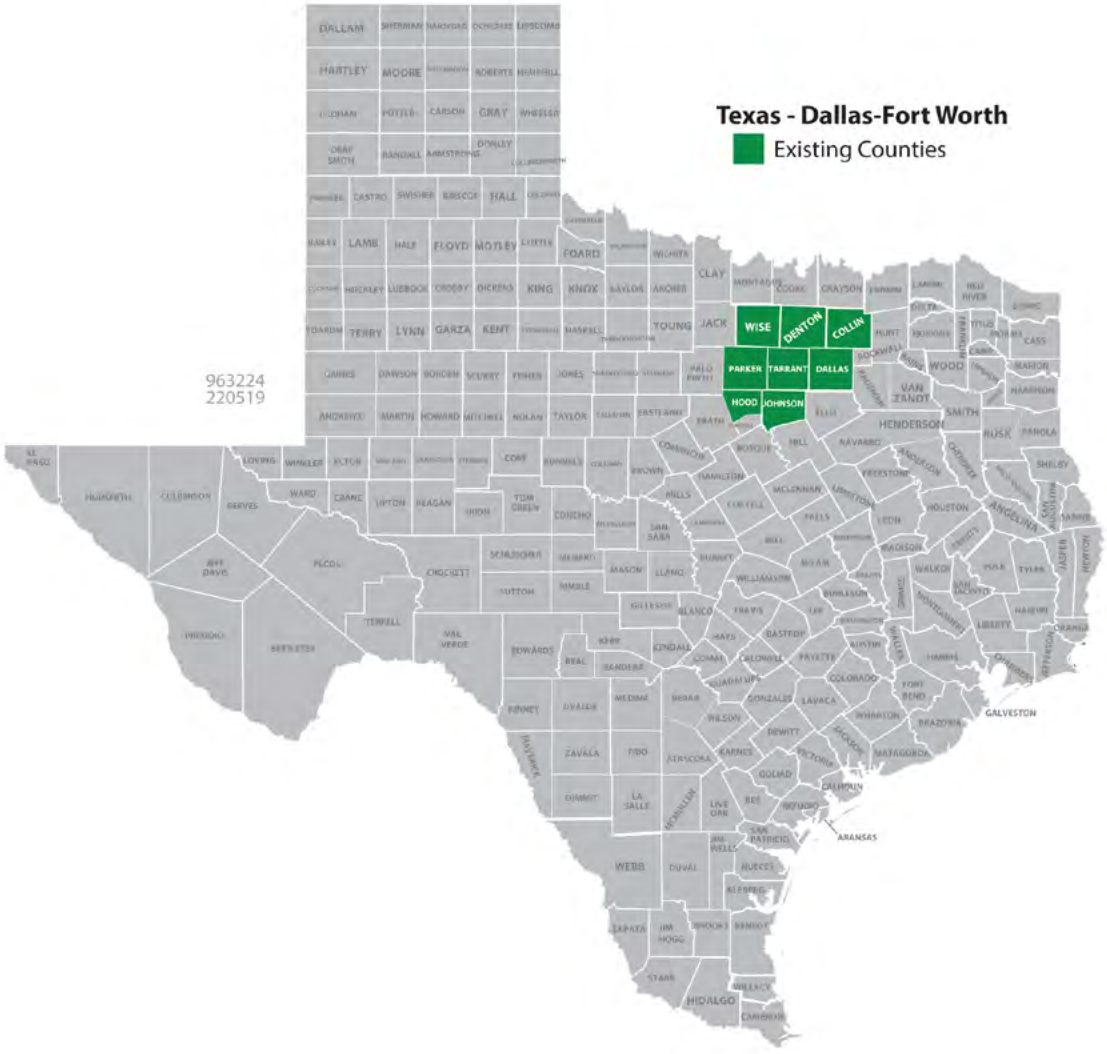
TEXAS

COUNTIES	Angelina, Atascosa, Bandera, Bexar, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jasper, Jefferson, Kendall, Medina, Liberty, Montgomery, Nacogdoches, Orange, Polk, San Jacinto, Tyler, Walker, Waller, Wilson	
PLAN ID (NEW COUNTIES)	H7849-062-000	
PLAN NAME	Cigna True Choice Plus Medicare (PPO)	
	In Network	Out of Network
Total Premium	$19.00	
Cost Share—PCP/Specialist	$0/$25	$0/$45
Inpatient Acute Care Hospital	$250 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$6,100 applies to in-network Medicare-covered benefits	$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $250	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$3,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$3,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

TEXAS — DALLAS/ FORT WORTH

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
955,836

MEDICARE ADVANTAGE PENETRATION:
48%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

TEXAS

COUNTIES	Collin, Dallas, Denton, Hood, Johnson, Parker, Tarrrant, Wise	Collin, Dallas, Denton, Hood, Johnson, Parker, Tarrrant, Wise
PLAN ID	NEW PLAN H4513-060-005	NEW PLAN H4513-061-005
PLAN NAME	Cigna TotalCare (HMO D-SNP)	Cigna Preferred Medicare (HMO)
Total Premium	$10.80	$0
Cost Share—PCP/Specialist	$0/$0	$0/$25
Inpatient Acute Care Hospital	$190 per day for days 1-5; $0 per day for days 6-90	$225 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$3,450 applies to in-network Medicare-covered benefits	$3,400 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	0 - 20%	$0 - $175
Costshare—Preferred Retail RX (One Month)	N/A	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	N/A	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Preventive and Comprehensive Base	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

TEXAS

COUNTIES	Angelina, Atascosa, Aransas, Bandera, Bexar, Brazoria, Cameron, Chambers, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Gregg, Guadalupe, Hardin, Harris, Harrison, Henderson, Hidalgo, Hood, Jasper, Jefferson, Johnson, Kendall, Liberty, Medina, Montgomery, Nacogdoches, Newton, Nueces, Orange, Parker, Polk, Rusk, San Jacinto, San Patricio, Smith, Tarrant, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Willacy, Wilson, Wise
PLAN ID	**H4513-066-000**
PLAN NAME	**Cigna Preferred Savings Medicare (HMO)**
Total Premium	$0
Cost Share— PCP/Specialist	$0/$45
Inpatient Acute Care Hospital	$325 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	$0 - $275
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year

NEW COUNTIES

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

NORTH TEXAS

COUNTIES	Collin, Dallas, Denton, Johnson, Tarrant	
PLAN ID	**H7787-001-000**	
PLAN NAME	**Cigna Preferred Savings Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share— PCP/Specialist	$0/$30	$0/$45
Inpatient Acute Care Hospital	$295 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$6,100 applies to in-network Medicare-covered benefits	$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	35%
Ambulatory Surgical Center (ASC)	$0 - $275	35%
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

NORTH TEXAS

COUNTIES	Collin, Dallas, Denton, Johnson, Tarrant	
PLAN ID	**H7787-002-000**	
PLAN NAME	**Cigna True Choice Courage Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	50%/50%
Inpatient Acute Care Hospital	$255 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$5,700 applies to in-network Medicare-covered benefits	$8,700 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	50%
Ambulatory Surgical Center (ASC)	$0 - $175	50%
Costshare—Preferred Retail RX (One Month)	N/A	N/A
Cost Share—Preferred Retail RX (Three Months)	N/A	N/A
Type of Dental Benefit	Preventive and Comprehensive Plus	Combined with in-network
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

NORTH TEXAS

COUNTIES	Collin, Dallas, Denton, Gregg, Harrison, Henderson, Hood, Parker, Johnson, Rusk, Smith, Tarrant, Upshur, Van Zandt, Wise	
PLAN ID	**H7849-040-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share— PCP/Specialist	$0/$35	$10/$45
Inpatient Acute Care Hospital	$325 per day for days 1-5; $0 per day for days 6-90	40%
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $275	40%
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

NEW COUNTIES

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

TEXAS — EL PASO

2023 OVERVIEW

MEDICARE ELIGIBLE POPULATION:
136,414

MEDICARE ADVANTAGE PENETRATION:
68.8%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

TEXAS

COUNTIES	El Paso	El Paso	Atascosa, Bandera, Bexar, Comal, El Paso, Guadalupe, Kendall, Medina, Wilson
PLAN ID	**H4513-060-003**	**H4513-061-003**	**H4513-062-000**
PLAN NAME	**Cigna TotalCare (HMO D-SNP)**	**Cigna Preferred Medicare (HMO)**	**Cigna Courage Medicare (HMO)**
Total Premium	$9.40	$0	$0
Cost Share—PCP/Specialist	$0/$0	$0/$15	$0/$25
Inpatient Acute Care Hospital	$0 per stay	$75 per day for days 1-5; $0 per day for days 6-90	$100 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$3,400 applies to in-network Medicare-covered benefits	$2,900 applies to in-network Medicare-covered benefits	$4,300 applies to in-network Medicare-covered benefits
Lab	$0	$0	$0
Ambulatory Surgical Center (ASC)	$0	$0 - $75	$0 - $150
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	Tier 1: $7 Tier 2: $15 Tier 3: $47 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	Tier 1: $21 (3x one month) Tier 2: $45 (3x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Preventive and Comprehensive Base	Dental Allowance	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$2,500 combined preventive and comprehensive allowance every year	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$2,500 combined preventive and comprehensive allowance every year	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

TEXAS

COUNTIES	Angelina, Atascosa, Aransas, Bandera, Bexar, Brazoria, Cameron, Chambers, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Gregg, Guadalupe, Hardin, Harris, Harrison, Henderson, Hidalgo, Hood, Jasper, Jefferson, Johnson, Kendall, Liberty, Medina, Montgomery, Nacogdoches, Newton, Nueces, Orange, Parker, Polk, Rusk, San Jacinto, San Patricio, Smith, Tarrant, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Willacy, Wilson, Wise
PLAN ID	**H4513-066-000**
PLAN NAME	**Cigna Preferred Savings Medicare (HMO)**
Total Premium	$0
Cost Share— PCP/Specialist	$0/$45
Inpatient Acute Care Hospital	$325 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	$0 - $275
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year

NEW COUNTIES

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

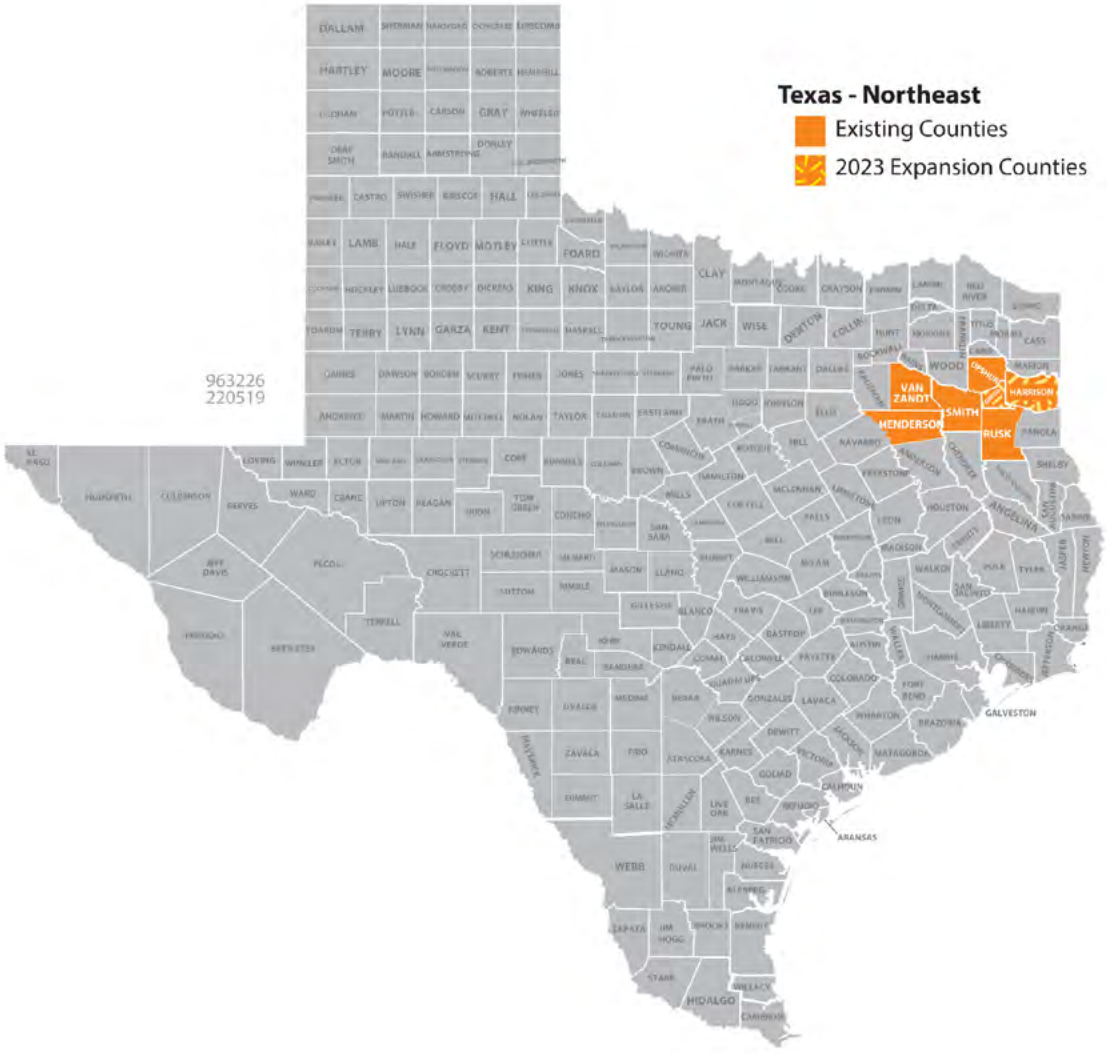
TEXAS

COUNTIES	El Paso	
PLAN ID	**H7849-041-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$0/$45
Inpatient Acute Care Hospital	$275 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$5,900 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $275	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

TEXAS — NORTHEAST

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
140,904

MEDICARE ADVANTAGE PENETRATION:
40.3%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

TEXAS

COUNTIES	Gregg, Harrison, Henderson, Rusk, Smith, Upshur, Van Zandt	Gregg, Harrison, Henderson, Rusk, Smith, Upshur, Van Zandt
PLAN ID	NEW COUNTIES H4513-026-000	NEW COUNTIES H4513-027-000
PLAN NAME	Cigna Preferred Medicare (HMO)	Cigna TotalCare (HMO D-SNP)
Total Premium	$0	$13.20
Cost Share—PCP/Specialist	$0/$20	$0/$0
Inpatient Acute Care Hospital	$250 per day for days 1-5; $0 per day for days 6-90	$0 per stay
Max Out-of-Pocket (MOOP)	$4,200 applies to in-network Medicare-covered benefits	$3,400 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $150	$0
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Preventive and Comprehensive Base
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

TEXAS

COUNTIES	Angelina, Atascosa, Aransas, Bandera, Bexar, Brazoria, Cameron, Chambers, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Gregg, Guadalupe, Hardin, Harris, Harrison, Henderson, Hidalgo, Hood, Jasper, Jefferson, Johnson, Kendall, Liberty, Medina, Montgomery, Nacogdoches, Newton, Nueces, Orange, Parker, Polk, Rusk, San Jacinto, San Patricio, Smith, Tarrant, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Willacy, Wilson, Wise
PLAN ID	**H4513-066-000**
PLAN NAME	**Cigna Preferred Savings Medicare (HMO)**
Total Premium	$0
Cost Share— PCP/Specialist	$0/$45
Inpatient Acute Care Hospital	$325 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	$0 - $275
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year

NEW COUNTIES

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

TEXAS

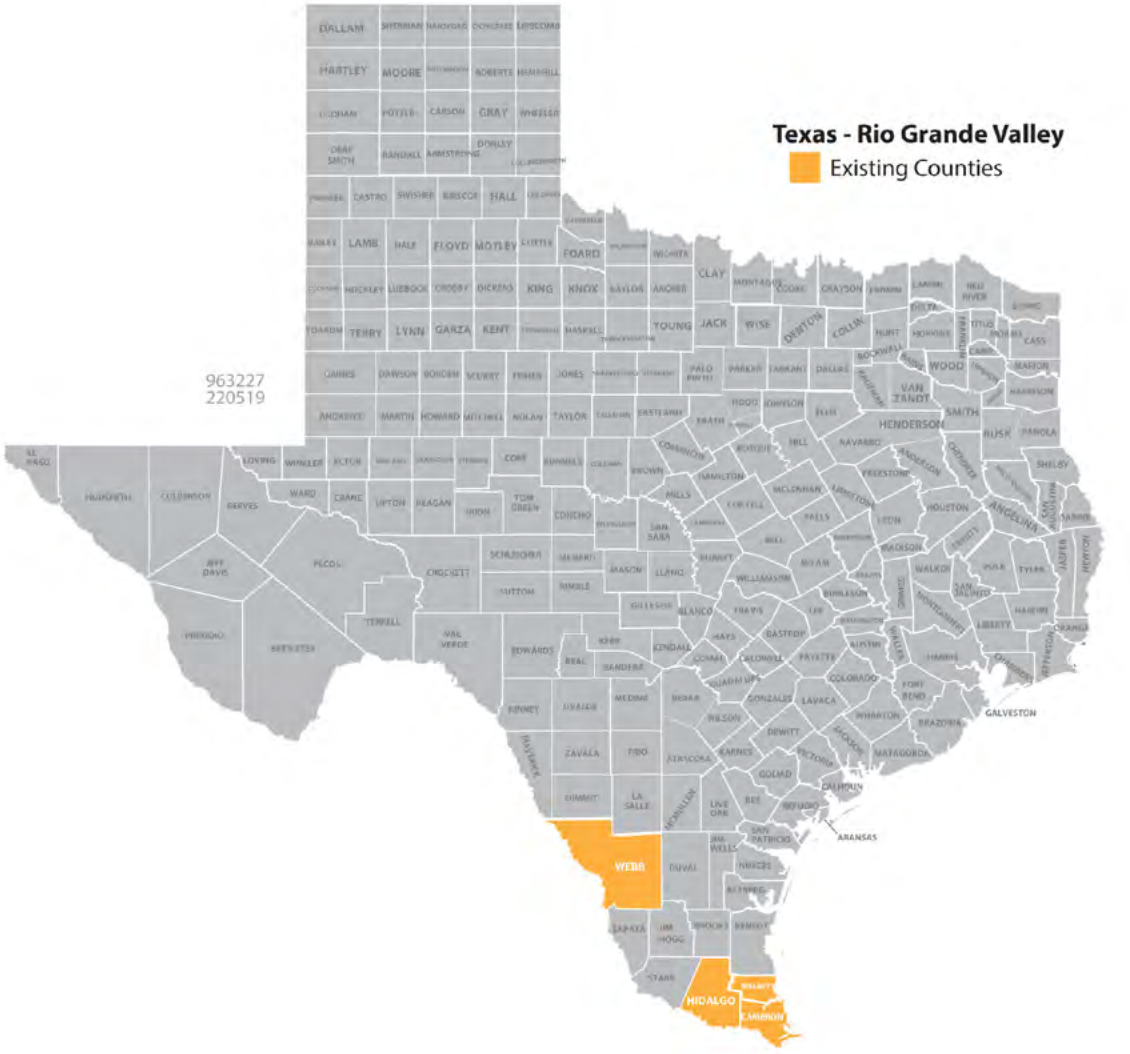
COUNTIES	Collin, Dallas, Denton, Gregg, Harrison, Henderson, Hood, Parker, Johnson, Rusk, Smith, Tarrant, Upshur, Van Zandt, Wise	
PLAN ID	H7849-040-000	
PLAN NAME	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$35	$10/$45
Inpatient Acute Care Hospital	$475 Days 1-15; $0 per day for days 16-90	40%
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $275	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

NEW COUNTIES

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

TEXAS — RIO GRANDE VALLEY

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
215,388

MEDICARE ADVANTAGE PENETRATION:
62.8%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

TEXAS

COUNTIES	Angelina, Brazoria, Cameron, Chambers, Fort Bend, Galveston, Hardin, Harris, Hidalgo, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, Webb, Willacy	Cameron, Hidalgo, Webb, Willacy	Cameron, Hidalgo, Webb, Willacy
PLAN ID	**H4513-009-000**	**H4513-060-002**	**H4513-061-002**
PLAN NAME	**Cigna Courage Medicare (HMO)**	**Cigna TotalCare (HMO D-SNP)**	**Cigna Preferred Medicare (HMO)**
Total Premium	$0	$9.40	$0
Cost Share—PCP/Specialist	$0/$30	$0/$0	$0/$20
Inpatient Acute Care Hospital	$325 per stay	$0 per stay	$250 per stay
Max Out-of-Pocket (MOOP)	$4,300 applies to in-network Medicare-covered benefits	$3,400 applies to in-network Medicare-covered benefits	$3,200 applies to in-network Medicare-covered benefits
Lab	$0	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $200	$0	$0 - $100
Costshare—Preferred Retail RX (One Month)	N/A	Standard Part D cost share	Tier 1: $7 Tier 2: $15 Tier 3: $47 Tier 4: $100 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	N/A	Standard Part D cost share	Tier 1: $21 (3x one month) Tier 2: $45 (3x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Preventive and Comprehensive Plus	Preventive and Comprehensive Base	Dental Allowance
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year	$3,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year	$3,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

TEXAS

COUNTIES	Angelina, Atascosa, Aransas, Bandera, Bexar, Brazoria, Cameron, Chambers, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Gregg, Guadalupe, Hardin, Harris, Harrison, Henderson, Hidalgo, Hood, Jasper, Jefferson, Johnson, Kendall, Liberty, Medina, Montgomery, Nacogdoches, Newton, Nueces, Orange, Parker, Polk, Rusk, San Jacinto, San Patricio, Smith, Tarrant, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Willacy, Wilson, Wise
PLAN ID	**H4513-066-000**
PLAN NAME	**Cigna Preferred Savings Medicare (HMO)**
Total Premium	$0
Cost Share— PCP/Specialist	$0/$45
Inpatient Acute Care Hospital	$325 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	$0 - $275
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year

NEW COUNTIES

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

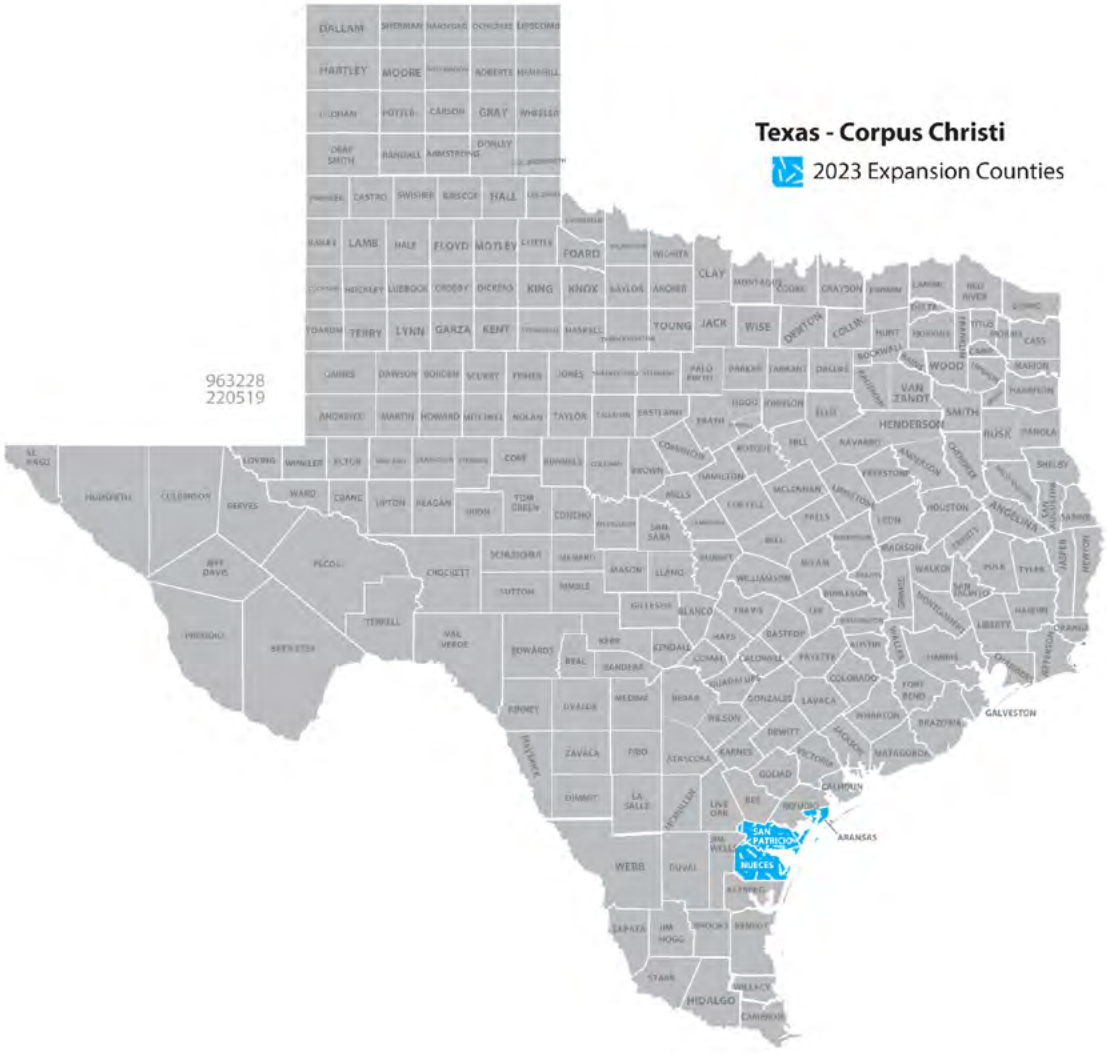
TEXAS

COUNTIES	Cameron, Hidalgo, Webb, Willacy	
PLAN ID	**H7849-039-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$0/$45
Inpatient Acute Care Hospital	$275 per day for days 1-5; $0 per day for days 6-90	$375 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$6,100 applies to in-network Medicare-covered benefits	$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $275	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

TEXAS — CORPUS CHRISTI

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
83,371

MEDICARE ADVANTAGE PENETRATION:
59.6%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

TEXAS

COUNTIES	Angelina, Atascosa, Aransas, Bandera, Bexar, Brazoria, Cameron, Chambers, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Gregg, Guadalupe, Hardin, Harris, Harrison, Henderson, Hidalgo, Hood, Jasper, Jefferson, Johnson, Kendall, Liberty, Medina, Montgomery, Nacogdoches, Newton, Nueces, Orange, Parker, Polk, Rusk, San Jacinto, San Patricio, Smith, Tarrant, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Willacy, Wilson, Wise
PLAN ID	**H4513-066-000**
PLAN NAME	**Cigna Preferred Savings Medicare (HMO)**
Total Premium	$0
Cost Share— PCP/Specialist	$0/$45
Inpatient Acute Care Hospital	$325 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	$0 - $275
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year

NEW COUNTIES

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

TEXAS

COUNTIES	Aransas, Nueces, San Patricio	Aransas, Nueces, San Patricio
PLAN ID	H4513-074-000	H4513-075-000
PLAN NAME	Cigna Preferred Medicare (HMO)	Cigna TotalCare (HMO D-SNP)
Total Premium	$0	$9
Cost Share—PCP/Specialist	$0/$20	$0/$0
Inpatient Acute Care Hospital	$50 per day for days 1-5; $0 per day for days 6-90	$800 per stay
Max Out-of-Pocket (MOOP)	$2,900 applies to in-network Medicare-covered benefits	$3,400 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $30	$0 - $50
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Preventive and Comprehensive Base
Max Coverage Amount for Preventive Dental	$3,000 combined preventive and comprehensive allowance every year	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$3,000 combined preventive and comprehensive allowance every year	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST

TEXAS

TEXAS

COUNTIES	Aransas, Nueces, San Patricio	
PLAN ID	H7849-103-000	
PLAN NAME	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$0/$45
Inpatient Acute Care Hospital	$300 per day for days 1-5; $0 per day for days 6-90	$425 per day for days 1-15; $0 per day for days 16-90
Max Out-of-Pocket (MOOP)	$6,100 applies to in-network Medicare-covered benefits	$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $275	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

PART B BUY DOWN

WEST ARIZONA

SUBMARKET	CONTRACT AND ID #	PLAN NAME	PLAN TYPE	PLAN TYPE (DETAILED)	COUNTIES	PART B PREMIUM BUY DOWN
Arizona	H0354-028-000	Cigna Alliance Medicare (HMO)	HMO	HMO	Maricopa, Pima, Pinal	$20
Arizona	H0354-029-000	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	Maricopa, Pima, Pinal	$100
Arizona	H7849-066-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	Maricopa, Pima, Pinal	$50

WEST MOUNTAIN STATES

SUBMARKET	CONTRACT AND ID #	PLAN NAME	PLAN TYPE	PLAN TYPE (DETAILED)	COUNTIES	PART B PREMIUM BUY DOWN
Colorado	H0672-001-000	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson	$25
Colorado	H0672-003-000	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	Larimer, Weld	$25
Colorado	H0672-004-000	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	Clear Creek, El Paso, Fremont, Pueblo, Teller	$25
Colorado	H7849-001-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson	$30
Colorado	H7849-026-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	Larimer, Weld	$30
Colorado	H7849-027-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	Clear Creek, El Paso, Fremont, Pueblo, Teller	$40
Colorado	H7849-050-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	La Plata, Montezuma	$30
Colorado	H7849-051-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	Delta, Mesa	$30
New Mexico	H0672-005-000	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	Bernalillo, Rio Arriba, Sandoval, San Juan, San Miguel, Sante Fe, Taos, Torrance, Valencia	$25
New Mexico	H7849-028-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	Bernalillo, Rio Arriba, Sandoval, San Juan, San Miguel, Sante Fe, Taos, Torrance, Valencia	$40
Utah	H7389-001-000	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	Box Elder, Davis, Morgan, Salt Lake, Tooele, Utah, Weber	$25
Utah	H7849-029-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	Box Elder, Davis, Morgan, Salt Lake, Tooele, Utah, Weber	$30

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

WEST PACIFIC NORTHWEST

SUBMARKET	CONTRACT AND ID #	PLAN NAME	PLAN TYPE	PLAN TYPE (DETAILED)	COUNTIES	PART B PREMIUM BUY DOWN
Oregon	H7849-055-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	**OR:** Clackamas, Columbia, Multnomah, Washington **WA:** Clark, Cowlitz	$30

WEST TEXAS

SUBMARKET	CONTRACT AND ID #	PLAN NAME	PLAN TYPE	PLAN TYPE (DETAILED)	COUNTIES	PART B PREMIUM BUY DOWN
North Texas	H7787-001-000	Cigna Preferred Savings Medicare (PPO)	LPPO	PPO	Collin, Dallas, Denton, Johnson, Tarrant	$50
North Texas	H7787-002-000	Cigna True Choice Courage Medicare (PPO)	LPPO	PPO	Collin, Dallas, Denton, Johnson, Tarrant	$75
Oklahoma	H4513-073-000	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	Canadian, Cleveland, Lincoln, Logan, Mcclain, Oklahoma	$75
Texas	H4513-009-000	Cigna Courage Medicare (HMO)	HMO	MA ONLY	Angelina, Brazoria, Cameron, Chambers, Fort Bend, Galveston, Hardin, Harris, Hidalgo, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, Webb, Willacy	$125
Texas	H4513-062-000	Cigna Courage Medicare (HMO)	HMO	MA ONLY	Atascosa, Bandera, Bexar, Comal, El Paso, Guadalupe, Kendall, Medina, Wilson	$60
Texas	H4513-066-000	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	Angelina, Atascosa, Aransas, Bandera, Bexar, Brazoria, Cameron, Chambers, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Gregg, Guadalupe, Hardin, Harris, Harrison, Henderson, Hidalgo, Hood, Jasper, Jefferson, Johnson, Kendall, Liberty, Medina, Montgomery, Nacogdoches, Newton, Nueces, Orange, Parker, Polk, Rusk, San Jacinto, San Patricio, Smith, Tarrant, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Willacy, Wilson, Wise	$125

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

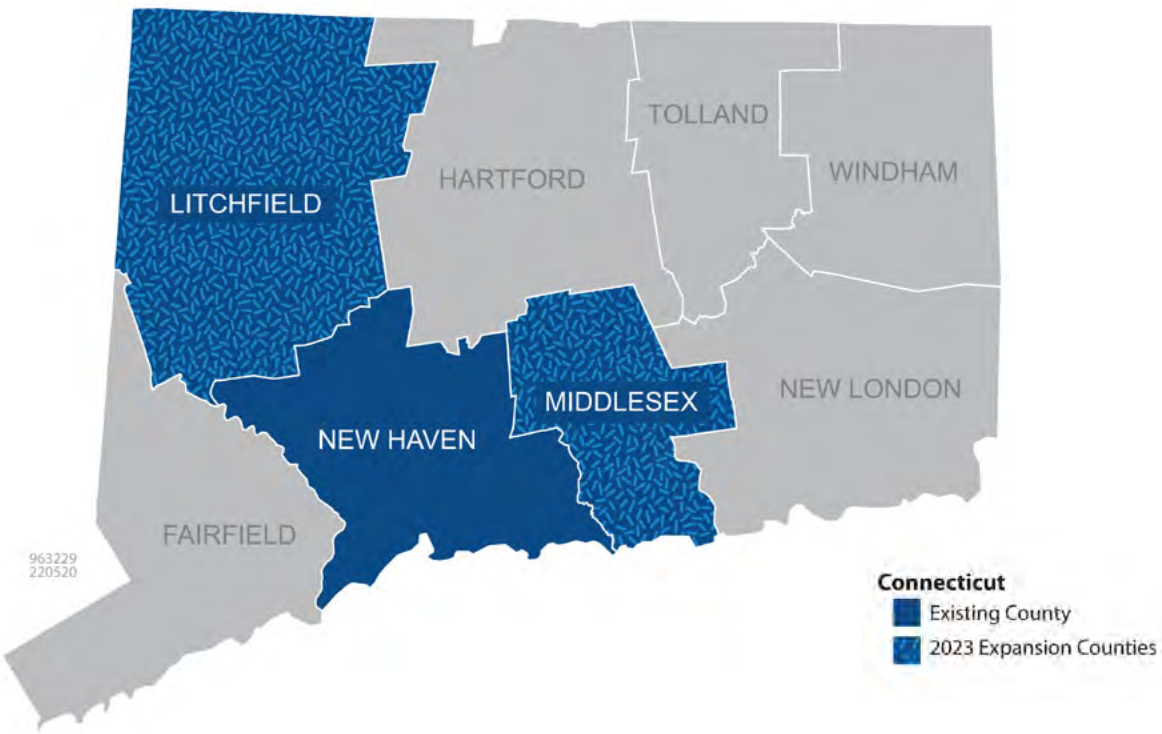
STATE + MARKET **PLANS**

NORTHEAST REGION

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

CONNECTICUT

2023 OVERVIEW



2023 HIGHLIGHTS

- Two county expansion
- NEW Dental Allowance
- NEW D-SNP plan
- Expanded network
- Enhanced PPO

MEDICARE ELIGIBLE POPULATION:
253,980

MEDICARE ADVANTAGE PENETRATION:
52.2%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

NEW ENGLAND
CONNECTICUT

COUNTIES	New Haven	New Haven
PLAN ID	**H2752-001-000**	**H2752-002-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$0	$29.80
Cost Share—PCP/Specialist	$0/$0 - $40	$0 - 20% /$0 - 20%
Inpatient Acute Care Hospital	$475 per day for days 1-4; $0 per day for days 5-90	$1,400 per stay
Max Out-of-Pocket (MOOP)	$6,500 applies to in-network Medicare-covered benefits	$7,550 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $350	0 - 20%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: $90 Tier 5: 33%	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: $270 (3x one month) Tier 5: N/A	Standard Part D cost share
Type of Dental Benefit	Preventive and Comprehensive Base	Preventive and Comprehensive Base
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

NEW ENGLAND
CONNECTICUT

COUNTIES	Litchfield, Middlesex, New Haven
PLAN ID	**H2752-003-000**
PLAN NAME	**Cigna TotalCare Select Plus (HMO D-SNP)**
Total Premium	$29.80
Cost Share—PCP/Specialist	$0 - 20% / $0 - 20%
Inpatient Acute Care Hospital	$1,400 per stay
Max Out-of-Pocket (MOOP)	$7,550 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	0 - 20%
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share
Type of Dental Benefit	Dental Allowance
Max Coverage Amount for Preventive Dental	$2,500 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$2,500 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

NEW ENGLAND
CONNECTICUT

COUNTIES	Litchfield, Middlesex, New Haven	
PLAN ID	**H7849-052-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share— PCP/Specialist	$0/$0 - $30	$15/$50
Inpatient Acute Care Hospital	$385 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$6,500 applies to in-network Medicare-covered benefits	$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $250	30%
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

NEW ENGLAND
CONNECTICUT

COUNTIES	Litchfield, Middlesex, New Haven	
PLAN ID	**H7849-054-000**	
PLAN NAME	**Cigna True Choice Plus Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$26.00	
Cost Share— PCP/Specialist	$0/$0 - $30	$15/$45
Inpatient Acute Care Hospital	$295 per day for days 1-6; $0 per day for days 7-90	30%
Max Out-of-Pocket (MOOP)	$5,900 applies to in-network Medicare-covered benefits	$8,900 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $235	30%
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

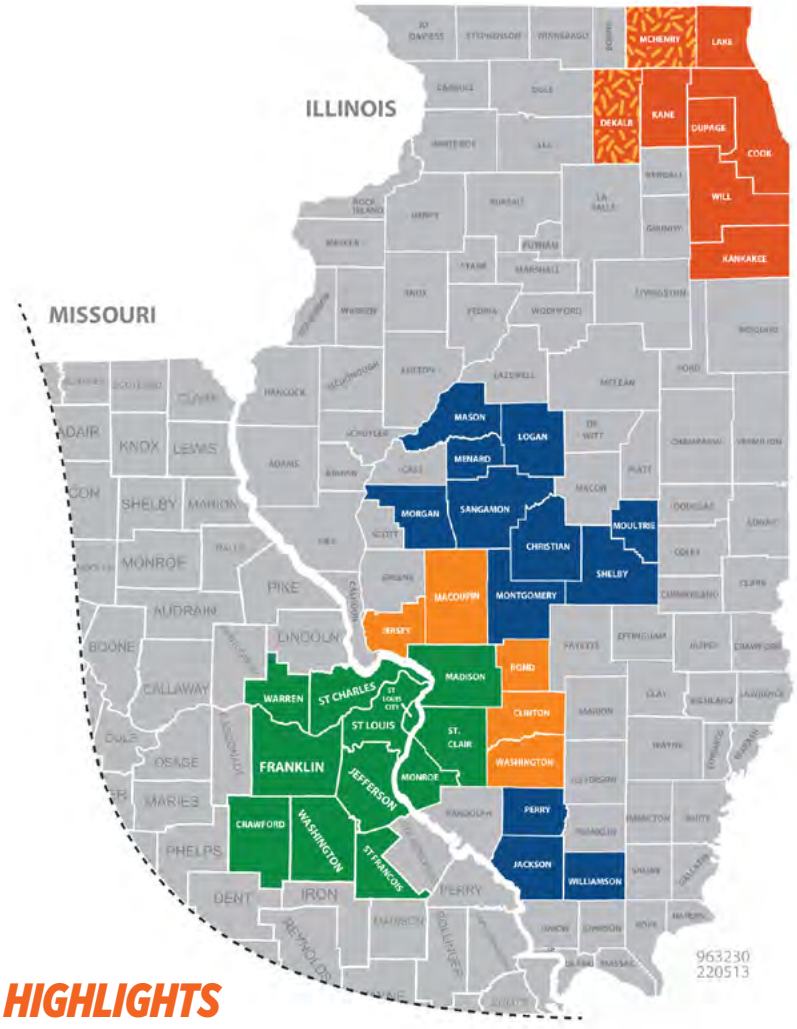
NEW ENGLAND
CONNECTICUT

COUNTIES	Litchfield, Middlesex, New Haven	
PLAN ID	**H7849-081-000**	
PLAN NAME	**Cigna True Choice Savings Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$0-$40	$15/$50
Inpatient Acute Care Hospital	$465 per day for days 1-4; $0 per day for days 5-90	30%
Max Out-of-Pocket (MOOP)	$7,550 applies to in-network Medicare-covered benefits combined	$11,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $350	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

ILLINOIS AND ST. LOUIS

2023 OVERVIEW



Chicago
- Existing Counties
- 2023 Expansion Counties

Southern Illinois
- Existing Counties

South East Illinois
- Existing Counties

St. Louis
- Existing Counties

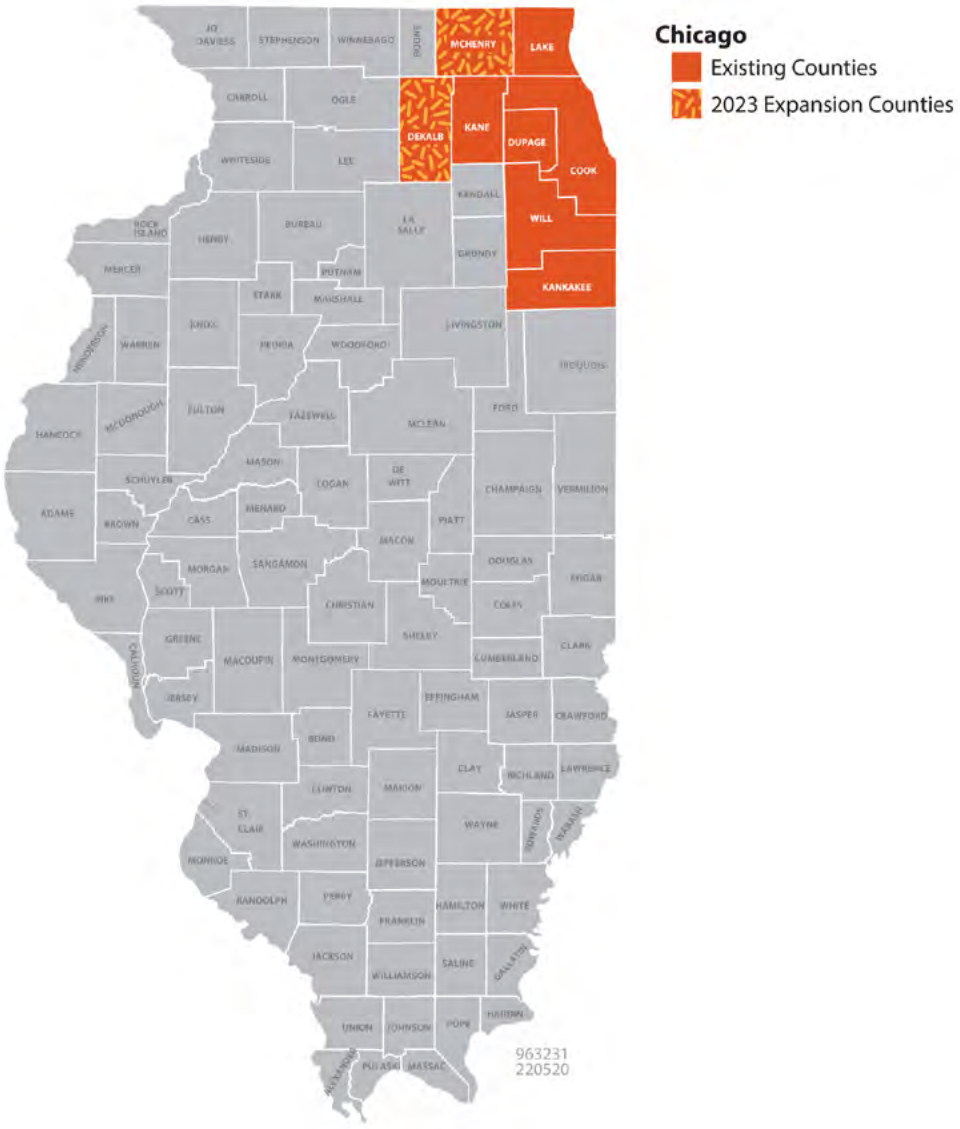
2023 HIGHLIGHTS

- True Choice Plus plans
- NEW Part B Buy Down
- Expanded provider network
- Expanded counties
- NEW Courage plan
- Enhanced dental benefit

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

ILLINOIS — CHICAGO

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
1,408,267

MEDICARE ADVANTAGE PENETRATION:
36.2%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDWEST
ILLINOIS

COUNTIES	Cook, Dekalb, DuPage, Kane, Kankakee, Lake, Mchenry, Will	Cook, Dekalb, DuPage, Kane, Kankakee, Lake, Mchenry, Will
PLAN ID	NEW COUNTIES **H1415-024-000**	NEW COUNTIES **H1415-013-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Courage Medicare (HMO)**
Total Premium	$0	$0
Cost Share— PCP/Specialist	$0/$25	$0/$40
Inpatient Acute Care Hospital	$195 per day for days 1-7; $0 per day for days 8-90	$295 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$2,650 applies to in-network Medicare-covered benefits	$6,700 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $125	$0 - $250
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Preventive and Comprehensive Plus	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDWEST

ILLINOIS

COUNTIES	Cook, DuPage, Kane, Kankakee, Lake, Will	
PLAN ID	**H1415-021-000**	
PLAN NAME	**Cigna Premier Medicare (HMO-POS)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share— PCP/Specialist	$0/$35	30%/30%
Inpatient Acute Care Hospital	$275 per day for days 1-7; $0 per day for days 8-90	30%
Max Out-of-Pocket (MOOP)	$4,500 applies to in-network Medicare-covered benefits	There is no maximum out of pocket cost for out-of-network benefits
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $175	30%
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: 45% Tier 5: 33%	N/A
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: 45% Tier 5: N/A	N/A
Type of Dental Benefit	Preventive and Comprehensive Plus	Not covered
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	Not covered
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	Not covered

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDWEST

ILLINOIS

COUNTIES	Cook, Dekalb, DuPage, Kane, Kankakee, Lake, Mchenry, Will	
PLAN ID	H7849-002-000	
PLAN NAME	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$15/$40
Inpatient Acute Care Hospital	$300 per day for days 1-6; $0 per day for days 7-90	$320 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$3,500 applies to in-network Medicare-covered benefits	$5,450 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $260	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,100 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,100 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDWEST

ILLINOIS

COUNTIES	Cook, Dekalb, DuPage, Kane, Kankakee, Lake, Mchenry, Will	
PLAN ID	**H7849-078-000**	
PLAN NAME	**Cigna True Choice Courage Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share— PCP/Specialist	$0/$40	$25/$55
Inpatient Acute Care Hospital	$290 per day for days 1-6; $0 per day for days 7-90	$350 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$5,900 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $250	50%
Costshare— Preferred Retail RX (One Month)	N/A	N/A
Cost Share— Preferred Retail RX (Three Months)	N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDWEST

ILLINOIS

COUNTIES	Cook, Dekalb, DuPage, Kane, Kankakee, Lake, Mchenry, Will	
PLAN ID	H7849-079-000	
PLAN NAME	Cigna True Choice Plus Medicare (PPO)	
	In Network	Out of Network
Total Premium	$26.70	
Cost Share—PCP/Specialist	$0/20%	30%/30%
Inpatient Acute Care Hospital	$295 per day for days 1-6; $0 per day for days 7-90	$395 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$7,550 applies to in-network Medicare-covered benefits	$12,450 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	0 - 20%	30%
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	N/A
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$3,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$3,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDWEST

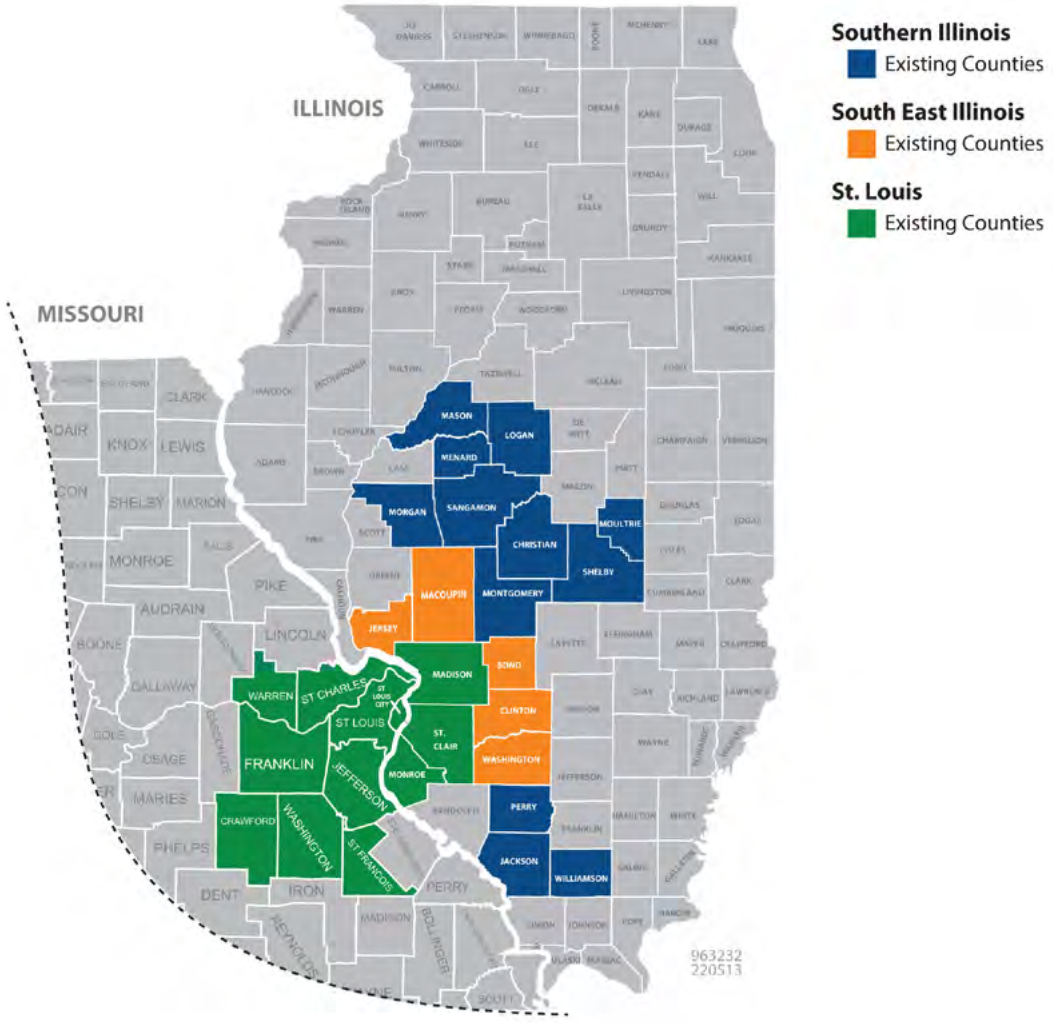
ILLINOIS

COUNTIES	Cook, Dekalb, DuPage, Kane, Kankakee, Lake, Mchenry, Will	
PLAN ID	H7849-080-000	
PLAN NAME	Cigna True Choice Savings Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$50	$30/40%
Inpatient Acute Care Hospital	$395 per day for days 1-6; $0 per day for days 7-90	20%
Max Out-of-Pocket (MOOP)	$3,950 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $260	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $4 Tier 3: $42 Tier 4: 43% Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $8 (2x one month) Tier 3: $126 (3x one month) Tier 4: 43% Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$750 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$750 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

SOUTHERN ILLINOIS AND ST. LOUIS

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
701,898

MEDICARE ADVANTAGE PENETRATION:
49.7%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDAMERICA
SOUTH ILLINOIS

COUNTIES	Bond, Clinton, Jersey, Macoupin, Washington	Christian, Jackson, Logan, Mason, Menard, Montgomery, Morgan, Moultrie, Perry, Sangamon, Shelby, Williamson
PLAN ID	**H7389-004-000**	**H7389-005-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Preferred Plus Medicare (HMO)**
Total Premium	$0	$19.00
Cost Share—PCP/Specialist	$0/$40	$0/$50
Inpatient Acute Care Hospital	$265 per day for days 1-8; $0 per day for days 9-90	$300 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$3,000 applies to in-network Medicare-covered benefits	$4,500 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $180	$0 - $180
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Tier 1: $3 Tier 2: $19 Tier 3: 17% Tier 4: 47% Tier 5: 25%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $9 (3x one month) Tier 2: $57 (3x one month) Tier 3: 17% Tier 4: 47% Tier 5: N/A
Type of Dental Benefit	Preventive and Comprehensive Plus	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDAMERICA
SOUTH ILLINOIS

COUNTIES	Bond, Clinton, Jersey, Macoupin, Washington	
PLAN ID	**H7849-058-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$40	$15/$50
Inpatient Acute Care Hospital	$295 per day for days 1-6; $0 per day for days 7-90	$320 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$3,900 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $260	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDAMERICA
SOUTH ILLINOIS

COUNTIES	Christian, Jackson, Logan, Mason, Menard, Montgomery, Morgan, Moultrie, Perry, Sangamon, Shelby, Williamson	
PLAN ID	**H7849-059-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share— PCP/Specialist	$0/$40	$15/$50
Inpatient Acute Care Hospital	$300 per day for days 1-6; $0 per day for days 7-90	$320 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$4,900 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $260	30%
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,250 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,250 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDAMERICA
SOUTH ILLINOIS

COUNTIES	Christian, Jackson, Logan, Mason, Menard, Montgomery, Morgan, Moultrie, Perry, Sangamon, Shelby, Williamson	
PLAN ID	**H7849-073-000**	
PLAN NAME	**Cigna True Choice Courage Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share— PCP/Specialist	$0/$35	$35/$50
Inpatient Acute Care Hospital	"$275 per day for days 1-6; $0 per day for days 7-90"	"$320 per day for days 1-6; $0 per day for days 7-90"
Max Out-of-Pocket (MOOP)	$5,000 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $260	40%
Costshare— Preferred Retail RX (One Month)	N/A	N/A
Cost Share— Preferred Retail RX (Three Months)	N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDAMERICA

ST. LOUIS

COUNTIES	**IL:** Madison, Monroe, St. Clair **MO:** Crawford, Franklin, Jefferson, St. Charles, St. Francois, St. Louis, St. Louis City, Warren, Washington	
PLAN ID	**H7849-074-000**	
PLAN NAME	**Cigna True Choice Courage Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$15/$55
Inpatient Acute Care Hospital	$325 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
Max Out-of-Pocket (MOOP)	$4,100 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $175	40%
Costshare—Preferred Retail RX (One Month)	N/A	N/A
Cost Share—Preferred Retail RX (Three Months)	N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDAMERICA
SOUTH ILLINOIS

COUNTIES	Christian, Jackson, Logan, Mason, Menard, Montgomery, Morgan, Moultrie, Perry, Sangamon, Shelby, Williamson	
PLAN ID	**H7849-076-000**	
PLAN NAME	**Cigna True Choice Savings Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share— PCP/Specialist	$0/$45	$15/$50
Inpatient Acute Care Hospital	$300 per day for days 1-6; $0 per day for days 7-90	$320 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$5,300 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $260	30%
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

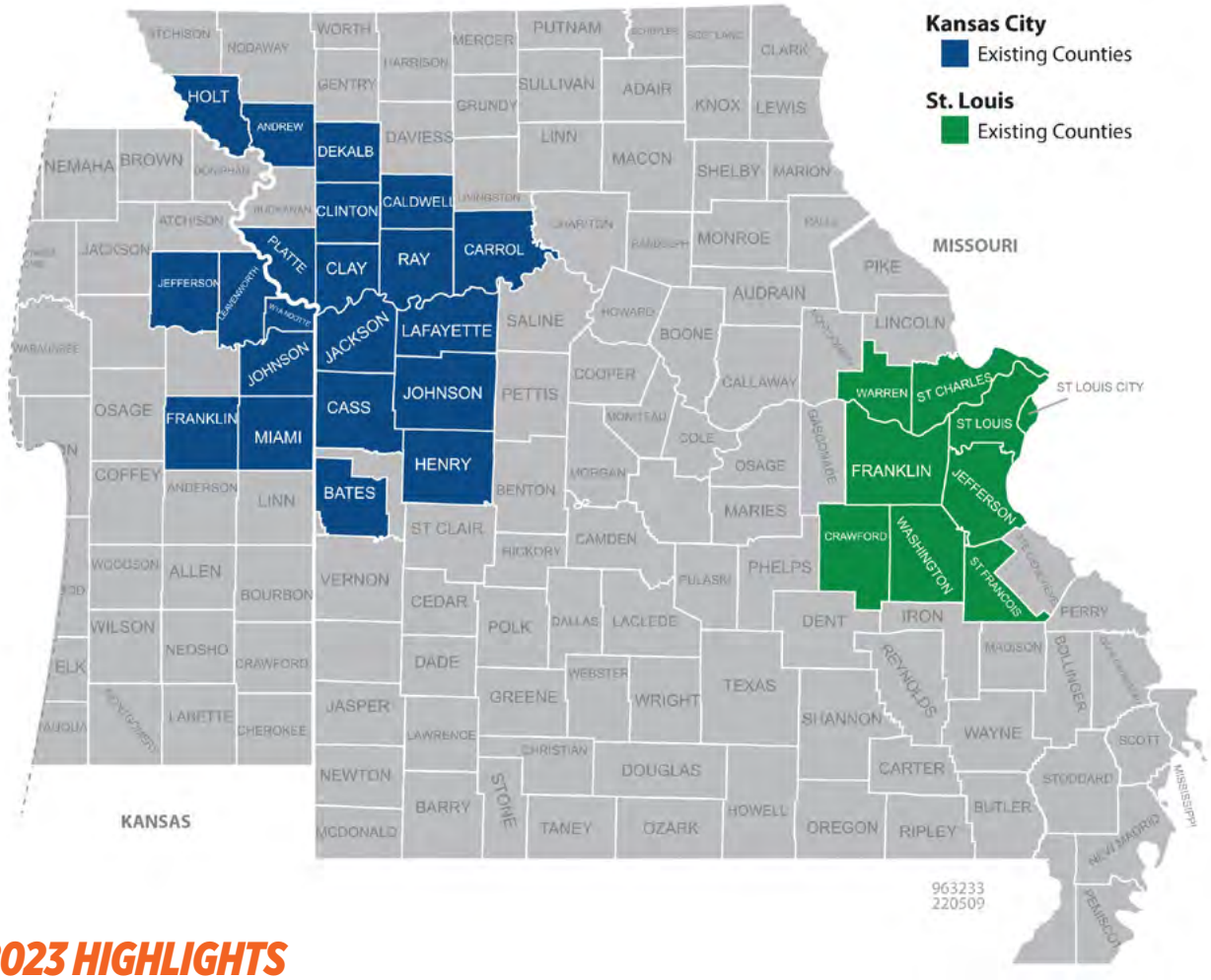
MIDAMERICA
ST. LOUIS

COUNTIES	**IL:** Madison, Monroe, St. Clair **MO:** Crawford, Franklin, Jefferson, St. Charles, St. Francois, St. Louis, St. Louis City, Warren, Washington	
PLAN ID	**H7849-077-000**	
PLAN NAME	**Cigna True Choice Savings Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$45	$30/$55
Inpatient Acute Care Hospital	$315 per day for days 1-5; $0 per day for days 6-90	$330 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$3,900 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $225	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

KANSAS CITY AND ST. LOUIS

2023 OVERVIEW



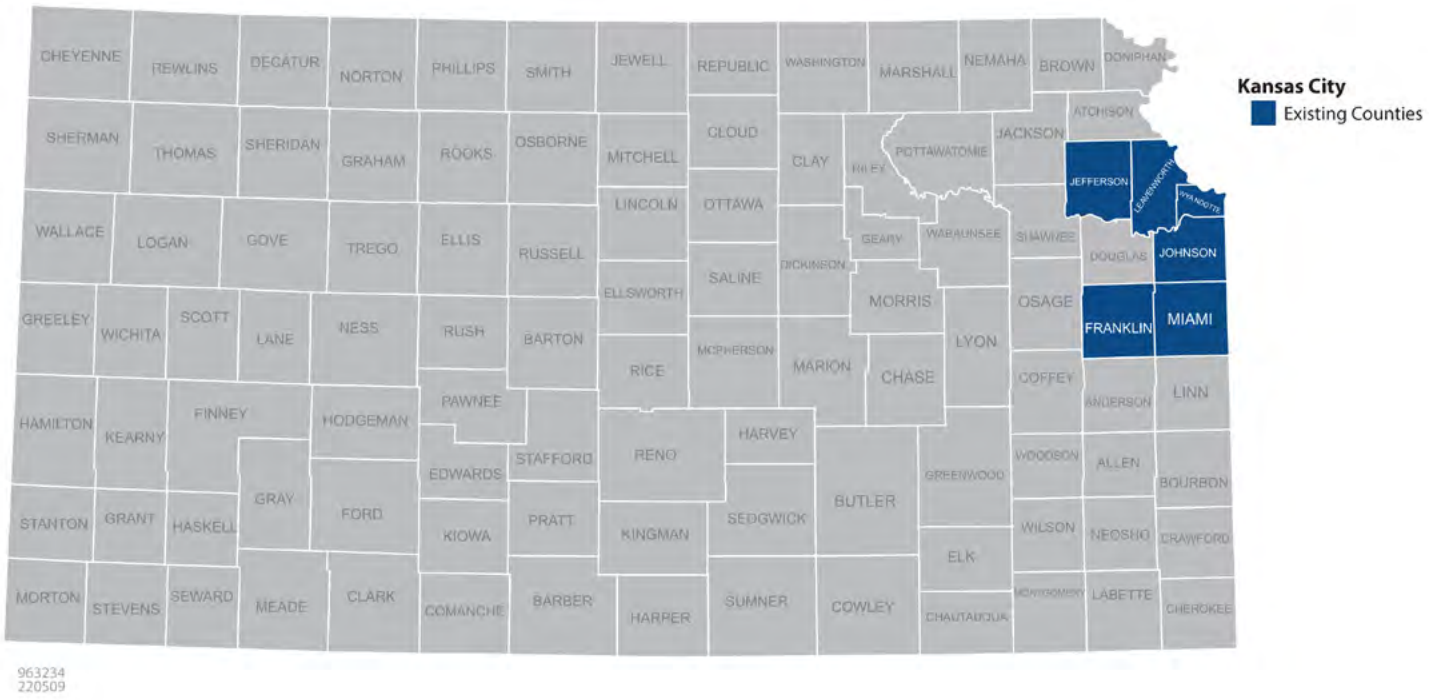
2023 HIGHLIGHTS

- True Choice Plus plans
- NEW Part B Buy Down
- Expanded provider network
- Expanded counties
- NEW Courage plan
- Enhanced dental benefit

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

KANSAS

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
419,000

MEDICARE ADVANTAGE PENETRATION:
43.4%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDAMERICA
KANSAS CITY

COUNTIES	**KS:** Franklin, Jefferson, Johnson, Leavenworth, Miami, Wyandotte **MO:** Andrew, Bates, Caldwell, Carroll, Cass, Clay, Clinton, DeKalb, Henry, Holt, Jackson, Johnson, Lafayette, Platte, Ray	
PLAN ID	**H7849-024-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$35	$25/$50
Inpatient Acute Care Hospital	$295 per day for days 1-6; $0 per day for days 7-90	$315 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$3,800 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $275	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: 50% Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 (2x one month) Tier 3: $126 (3x one month) Tier 4: 50% Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDAMERICA
KANSAS CITY

COUNTIES	**KS:** Franklin, Jefferson, Johnson, Leavenworth, Miami, Wyandotte **MO:** Andrew, Bates, Caldwell, Carroll, Cass, Clay, Clinton, DeKalb, Henry, Holt, Jackson, Johnson, Lafayette, Platte, Ray
PLAN ID	**H9460-001-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**
Total Premium	$0
Cost Share—PCP/Specialist	$0/$40
Inpatient Acute Care Hospital	$315 per day for days 1-7; $0 per day for days 8-90
Max Out-of-Pocket (MOOP)	$5,500 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	$0 - $295
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: 48% Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: 48% Tier 5: N/A
Type of Dental Benefit	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

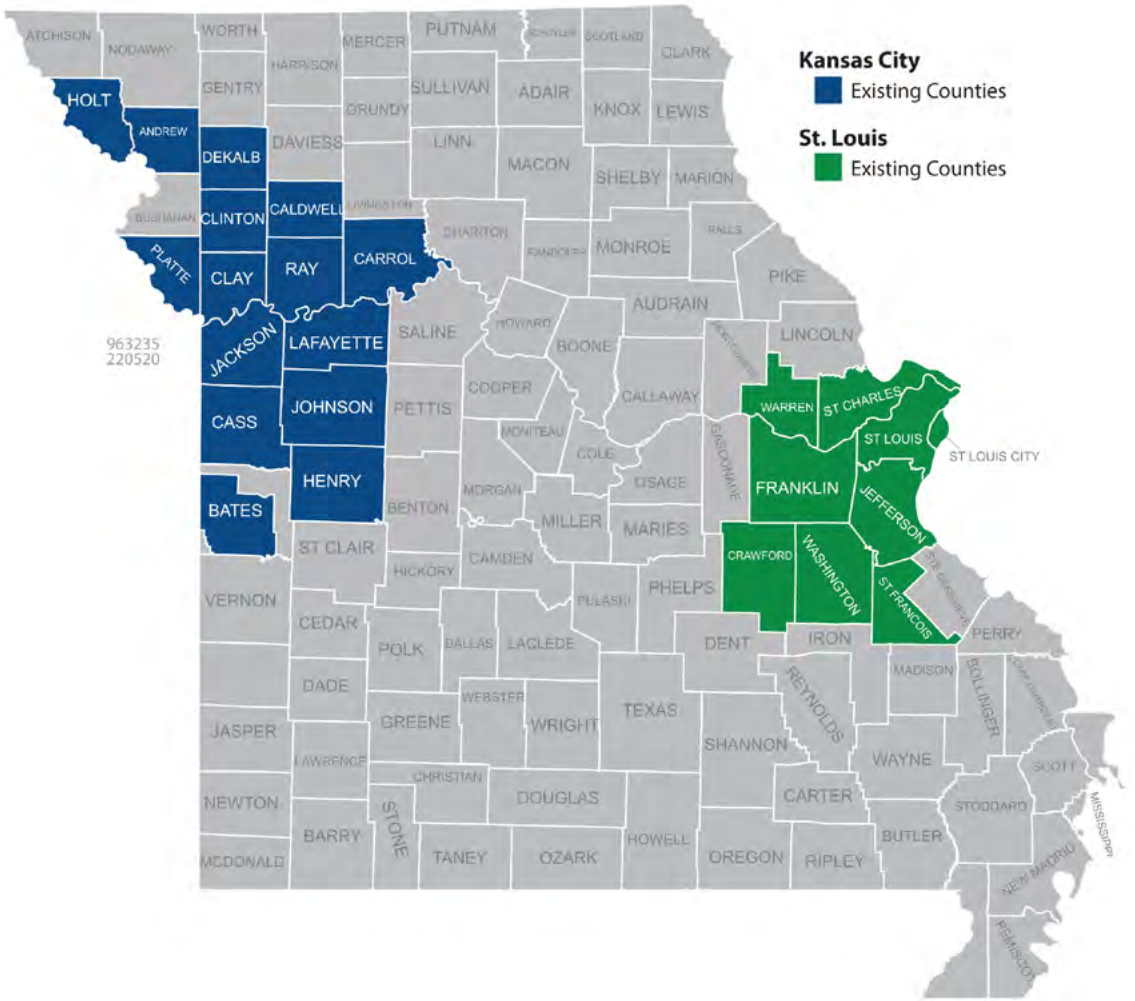
MIDAMERICA
KANSAS CITY

COUNTIES	**KS:** Franklin, Jefferson, Johnson, Leavenworth, Miami, Wyandotte **MO:** Andrew, Bates, Caldwell, Carroll, Cass, Clay, Clinton, DeKalb, Henry, Holt, Jackson, Johnson, Lafayette, Platte, Ray	
PLAN ID	**H7849-072-000**	
PLAN NAME	**Cigna True Choice Courage Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$25	$15/$65
Inpatient Acute Care Hospital	$325 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
Max Out-of-Pocket (MOOP)	$4,000 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $275	40%
Costshare—Preferred Retail RX (One Month)	N/A	N/A
Cost Share—Preferred Retail RX (Three Months)	N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

MISSOURI

2023 OVERVIEW



2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDAMERICA
KANSAS CITY

COUNTIES	**KS:** Franklin, Jefferson, Johnson, Leavenworth, Miami, Wyandotte **MO:** Andrew, Bates, Caldwell, Carroll, Cass, Clay, Clinton, DeKalb, Henry, Holt, Jackson, Johnson, Lafayette, Platte, Ray	
PLAN ID	**H7849-072-000**	
PLAN NAME	**Cigna True Choice Courage Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$25	$15/$65
Inpatient Acute Care Hospital	$325 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
Max Out-of-Pocket (MOOP)	$4,000 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $275	40%
Costshare—Preferred Retail RX (One Month)	N/A	N/A
Cost Share—Preferred Retail RX (Three Months)	N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDAMERICA

ST. LOUIS

COUNTIES	**IL:** Madison, Monroe, St. Clair **MO:** Crawford, Franklin, Jefferson, St. Charles, St. Francois, St. Louis, St. Louis City, Warren, Washington	
PLAN ID	**H7849-074-000**	
PLAN NAME	**Cigna True Choice Courage Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$15/$55
Inpatient Acute Care Hospital	$325 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
Max Out-of-Pocket (MOOP)	$4,100 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $175	40%
Costshare—Preferred Retail RX (One Month)	N/A	N/A
Cost Share—Preferred Retail RX (Three Months)	N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDAMERICA
ST. LOUIS

COUNTIES	**IL:** Madison, Monroe, St. Clair **MO:** Crawford, Franklin, Jefferson, St. Charles, St. Francois, St. Louis, St. Louis City, Warren, Washington	
PLAN ID	**H7849-077-000**	
PLAN NAME	**Cigna True Choice Savings Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$45	$30/$55
Inpatient Acute Care Hospital	$315 per day for days 1-5; $0 per day for days 6-90	$330 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$3,900 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $225	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDAMERICA
ST. LOUIS

COUNTIES	**IL:** Madison, Monroe, St. Clair **MO:** Crawford, Franklin, Jefferson, St. Charles, St. Francois, St. Louis, St. Louis City, Warren, Washington	**IL:** Madison, Monroe, St. Clair **MO:** Crawford, Franklin, Jefferson, St. Charles, St. Francois, St. Louis, St. Louis City, Warren, Washington	
PLAN ID	**H7389-003-000**	**H7849-057-000**	
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna True Choice Medicare (PPO)**	
		In Network	**Out of Network**
Total Premium	$0	$0	
Cost Share—PCP/Specialist	$0/$35	$0/$40	$15/$55
Inpatient Acute Care Hospital	$295 per day for days 1-7; $0 per day for days 8-90	$315 per day for days 1-5; $0 per day for days 6-90	$330 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$2,750 applies to in-network Medicare-covered benefits	$3,850 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $225	$0 - $175	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 (2x one month) Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Preventive and Comprehensive Plus	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$2,100 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$2,100 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDAMERICA
KANSAS CITY

COUNTIES	**KS:** Franklin, Jefferson, Johnson, Leavenworth, Miami, Wyandotte **MO:** Andrew, Bates, Caldwell, Carroll, Cass, Clay, Clinton, DeKalb, Henry, Holt, Jackson, Johnson, Lafayette, Platte, Ray	**KS:** Franklin, Jefferson, Johnson, Leavenworth, Miami, Wyandotte **MO:** Andrew, Bates, Caldwell, Carroll, Cass, Clay, Clinton, DeKalb, Henry, Holt, Jackson, Johnson, Lafayette, Platte, Ray	
PLAN ID	**H9460-001-000**	**H7849-024-000**	
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna True Choice Medicare (PPO)**	
		In Network	**Out of Network**
Total Premium	$0	$0	
Cost Share—PCP/Specialist	$0/$40	$0/$35	$25/$50
Inpatient Acute Care Hospital	$315 per day for days 1-7; $0 per day for days 8-90	$295 per day for days 1-6; $0 per day for days 7-90	$315 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$5,500 applies to in-network Medicare-covered benefits	$3,800 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $295	$0 - $275	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: 48% Tier 5: 33%	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: 50% Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: 48% Tier 5: N/A	Tier 1: $0 Tier 2: $0 (2x one month) Tier 3: $126 (3x one month) Tier 4: 50% Tier 5: N/A	N/A
Type of Dental Benefit	Preventive and Comprehensive Plus	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

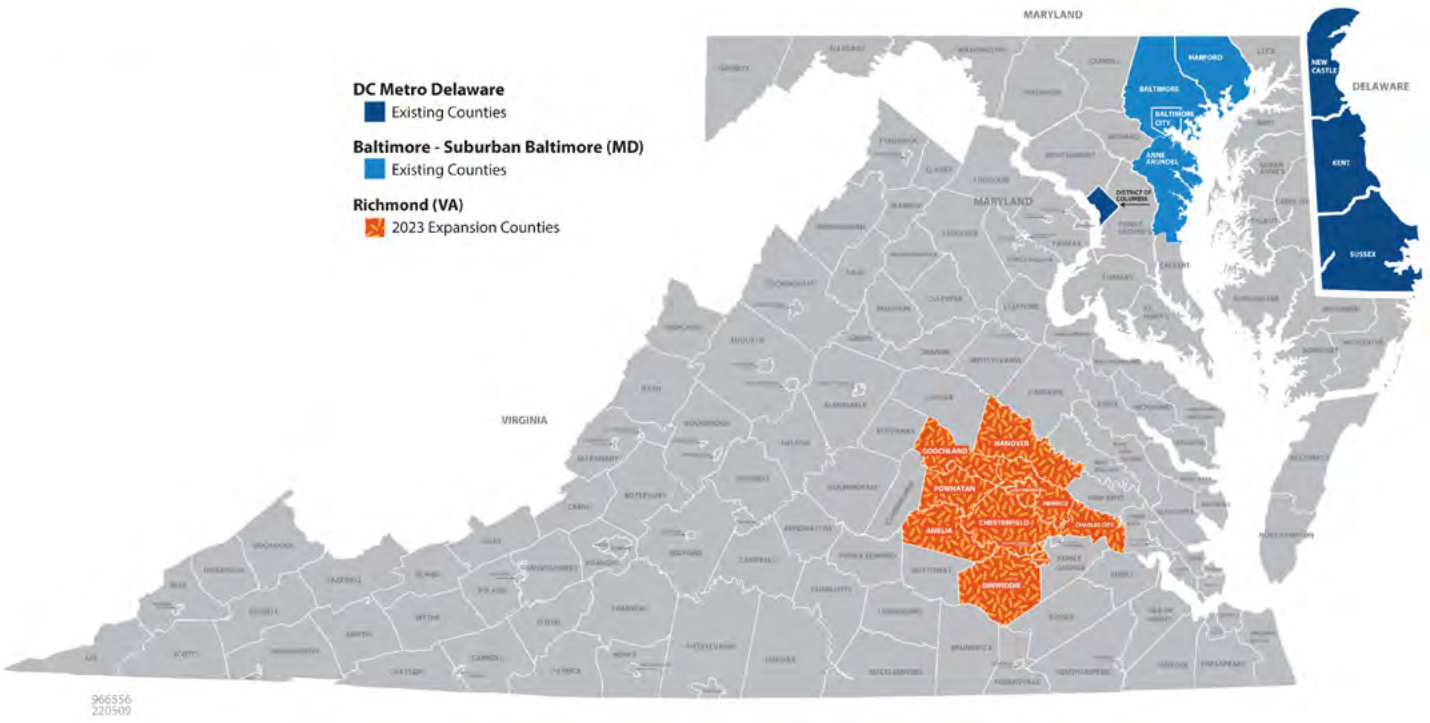
2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

MID-ATLANTIC — DELAWARE, DISTRICT OF COLUMBIA, MARYLAND, VIRGINIA

2023 OVERVIEW



2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

DELAWARE

2023 OVERVIEW

MEDICARE ELIGIBLE POPULATION:
224,716

MEDICARE ADVANTAGE PENETRATION:
26.3%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDATLANTIC
DC DELAWARE

COUNTIES	**DE:** Kent, New Castle, Sussex **MD:** Anne Arundel, Baltimore, Baltimore City, Harford	**DC:** District of Columbia **DE:** Kent, New Castle, Sussex	**DC:** District of Columbia **DE:** Kent, New Castle, Sussex
PLAN ID	**H2108-001-000**	**H2108-028-000**	**H2108-029-000**
PLAN NAME	**Cigna TotalCare (HMO D-SNP)**	**Cigna Preferred Medicare (HMO)**	**Cigna Achieve Medicare (HMO C-SNP)**
Total Premium	$26.20	$0	$75.00
Cost Share—PCP/Specialist	0 - 20%/20%	$0/$30	$0/$40
Inpatient Acute Care Hospital	$1,300 per stay	$335 per day for days 1-6; $0 per day for days 7-90	$300 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$7,550 applies to in-network Medicare-covered benefits	$4,400 applies to in-network Medicare-covered benefits	$3,450 applies to in-network Medicare-covered benefits
Lab	$0	$0	$0
Ambulatory Surgical Center (ASC)	0 - 20%	$0 - $200	$0 - $200
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33% Tier 6: $5
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A Tier 6: $10 (2x one month)
Type of Dental Benefit	Preventive and Comprehensive Base	Preventive and Comprehensive Plus	Preventive
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year	$5,000 every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year	Not covered

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDATLANTIC
DC DELAWARE

COUNTIES	**DC:** District of Columbia **DE:** Kent, New Castle, Sussex	
PLAN ID	**H7849-008-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$35	$40/$55
Inpatient Acute Care Hospital	$230 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$7,300 applies to in-network Medicare-covered benefits	$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $225	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,400 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,400 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDATLANTIC
DC DELAWARE

COUNTIES	Kent, New Castle, Sussex
PLAN ID	**H2108-039-000**
PLAN NAME	**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$27.30
Cost Share—PCP/Specialist	$0-20% / 20%
Inpatient Acute Care Hospital	Standard Medicare
Max Out-of-Pocket (MOOP)	$7,550 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	0 - 20%
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share
Type of Dental Benefit	Preventive and Comprehensive Base
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

DISTRICT OF COLUMBIA

2023 OVERVIEW

MEDICARE ELIGIBLE POPULATION:
94,898

MEDICARE ADVANTAGE PENETRATION:
27.1%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDATLANTIC
DC DELAWARE

COUNTIES	**DC:** District of Columbia **DE:** Kent, New Castle, Sussex	**DC:** District of Columbia **DE:** Kent, New Castle, Sussex
PLAN ID	**H2108-028-000**	**H2108-029-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Achieve Medicare (HMO C-SNP)**
Total Premium	$0	$75.00
Cost Share— PCP/Specialist	$0/$30	$0/$40
Inpatient Acute Care Hospital	$335 per day for days 1-6; $0 per day for days 7-90	$300 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$4,400 applies to in-network Medicare-covered benefits	$3,450 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $200	$0 - $200
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33% Tier 6: $5
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A Tier 6: $10 (2x one month)
Type of Dental Benefit	Preventive and Comprehensive Plus	Preventive
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$5,000 every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	Not covered

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

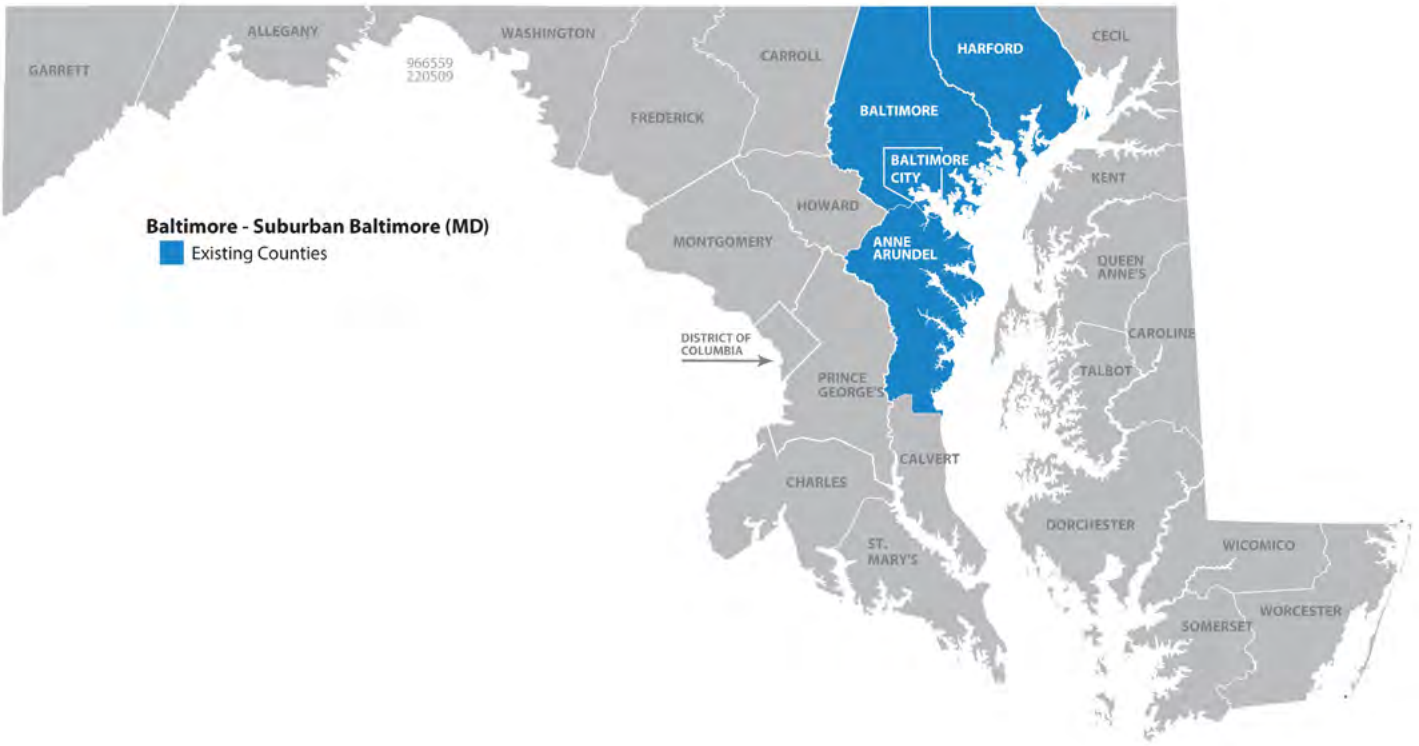
MIDATLANTIC
DC DELAWARE

COUNTIES	**DC:** District of Columbia **DE:** Kent, New Castle, Sussex	
PLAN ID	**H7849-008-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$35	$40/$55
Inpatient Acute Care Hospital	$230 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$7,300 applies to in-network Medicare-covered benefits	$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $225	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,400 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,400 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

MARYLAND

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
414,282

MEDICARE ADVANTAGE PENETRATION:
22%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDATLANTIC
MARYLAND

COUNTIES	**DE:** Kent, New Castle, Sussex **MD:** Anne Arundel, Baltimore, Baltimore City, Harford	Anne Arundel, Baltimore, Baltimore City, Harford
PLAN ID	**H2108-001-000**	**H2108-022-000**
PLAN NAME	**Cigna TotalCare (HMO D-SNP)**	**Cigna Preferred Plus Medicare (HMO)**
Total Premium	$26.20	$60.00
Cost Share—PCP/Specialist	0 - 20%/20%	$0/$50
Inpatient Acute Care Hospital	$1,300 per stay	$310 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$7,550 applies to in-network Medicare-covered benefits	$8,300 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	0 - 20%	$0 - $300
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A
Type of Dental Benefit	Preventive and Comprehensive Base	Not Covered
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	Not Covered
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and c omprehensive every year	Not Covered

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDATLANTIC

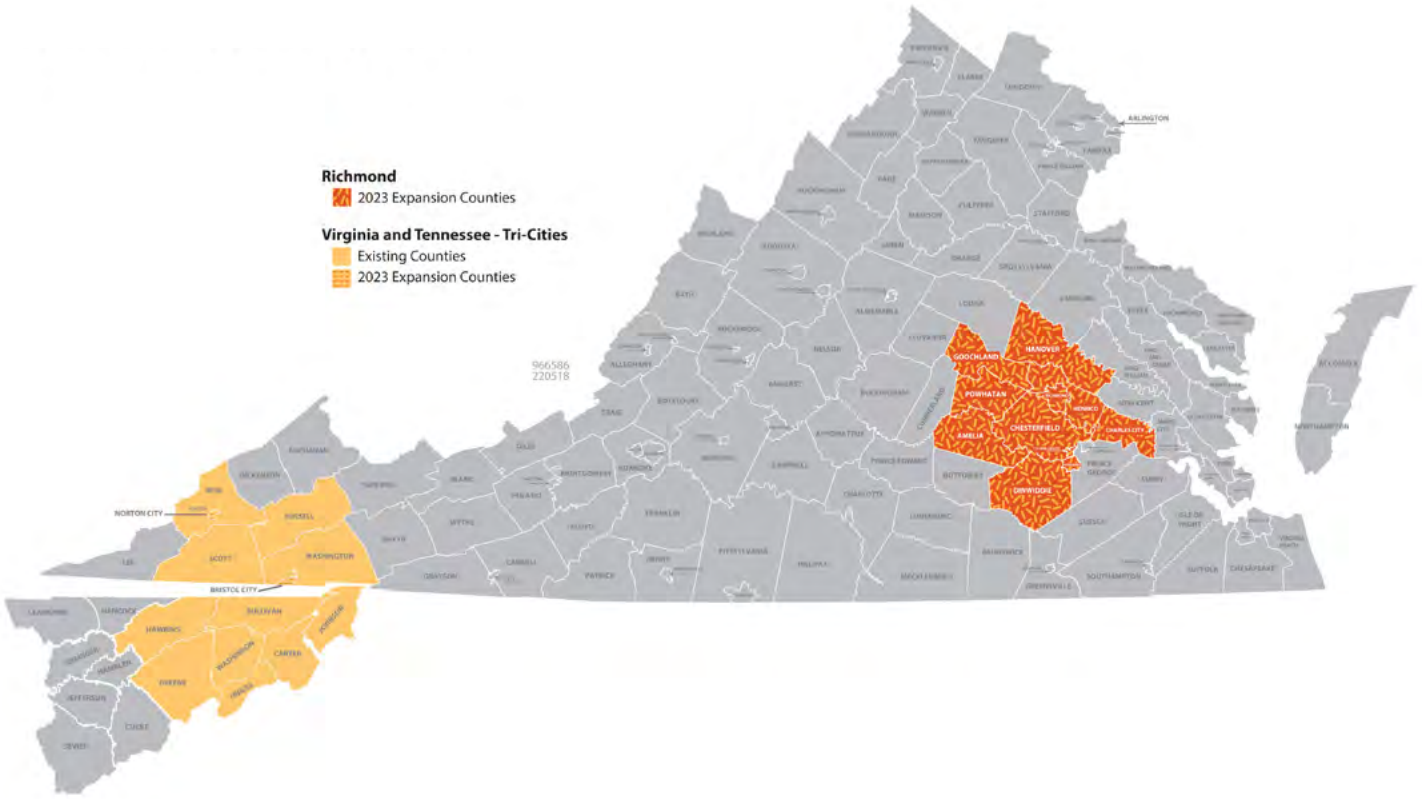
MARYLAND

COUNTIES	Anne Arundel, Baltimore, Baltimore City, Harford	Anne Arundel, Baltimore, Baltimore City
PLAN ID	**H2108-030-000**	**H2108-036-000**
PLAN NAME	**Cigna Achieve Medicare (HMO C-SNP)**	**Cigna Alliance Medicare (HMO)**
Total Premium	$81.00	$30.00
Cost Share—PCP/Specialist	$0/$45	$0/$45
Inpatient Acute Care Hospital	$390 per day for days 1-5; $0 per day for days 6-90	$325 per day for days 1-7; $0 per day for days 8-90
Max Out-of-Pocket (MOOP)	$7,550 applies to in-network Medicare-covered benefits	$8,300 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $250	$0 - $300
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33% Tier 6: $10	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A Tier 6: $20 (2x one month)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A
Type of Dental Benefit	Preventive	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$5,000 every year	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	Not covered	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

VIRGINIA AND TENNESSEE TRI-CITIES

2023 OVERVIEW

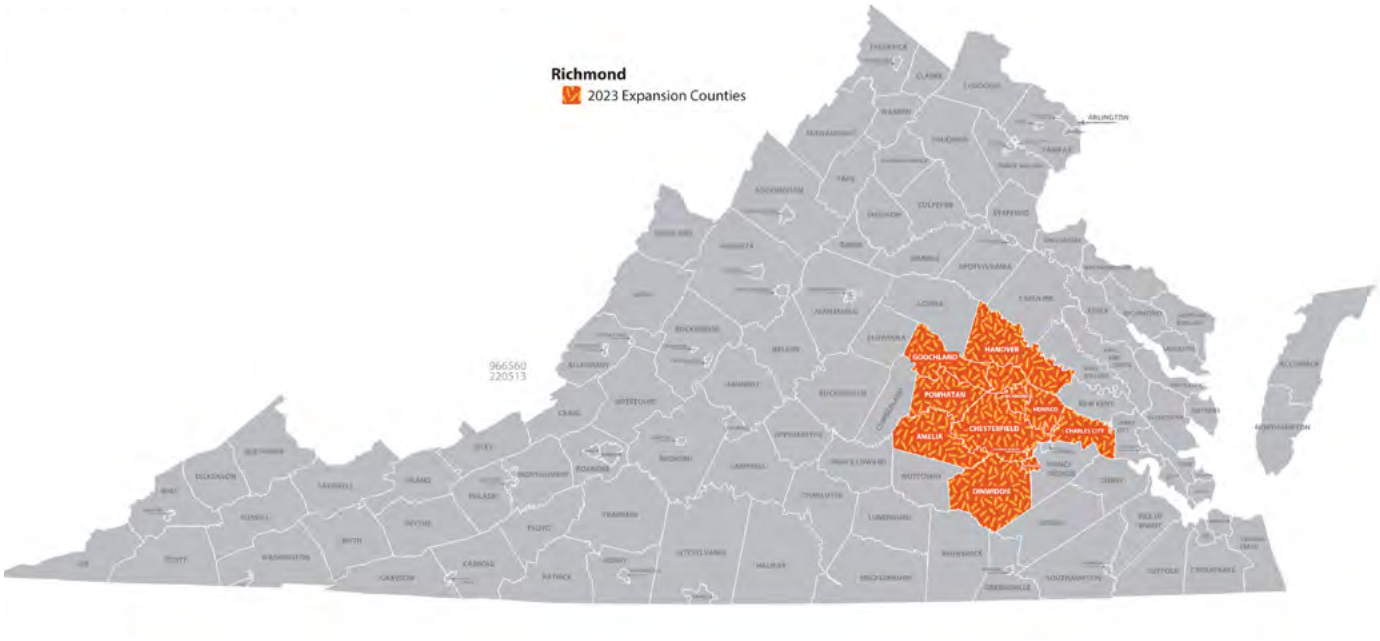


2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

VIRGINIA

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
210,555

MEDICARE ADVANTAGE PENETRATION:
36%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDATLANTIC

VIRGINIA

COUNTIES	Amelia, Charles City, Chesterfield, Colonial Heights City, Dinwiddie, Goochland, Hanover, Henrico, Petersburg City, Powhatan, Richmond City	Amelia, Charles City, Chesterfield, Colonial Heights City, Dinwiddie, Goochland, Hanover, Henrico, Petersburg City, Powhatan, Richmond City
PLAN ID	NEW PLAN H9725-010-000	NEW PLAN H9725-011-000
PLAN NAME	Cigna Preferred Medicare (HMO)	Cigna Preferred Plus Medicare (HMO)
Total Premium	$0	$31.00
Cost Share—PCP/Specialist	$0/$25	$0/$25
Inpatient Acute Care Hospital	$250 per day for days 1-6; $0 per day for days 7-90	$250 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$3,450 applies to in-network Medicare-covered benefits	$3,450 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $200	$0 - $225
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A
Type of Dental Benefit	Preventive and Comprehensive Plus	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDATLANTIC
VIRGINIA

COUNTIES	Amelia, Charles City, Chesterfield, Colonial Heights City, Dinwiddie, Goochland, Hanover, Henrico, Petersburg City, Powhatan, Richmond City	
PLAN ID	**H7849-070-000**	
PLAN NAME	**Cigna TrueChoice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$35	$40/$55
Inpatient Acute Care Hospital	$295 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$6,500 applies to in-network Medicare-covered benefits	$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $240	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

MIDATLANTIC

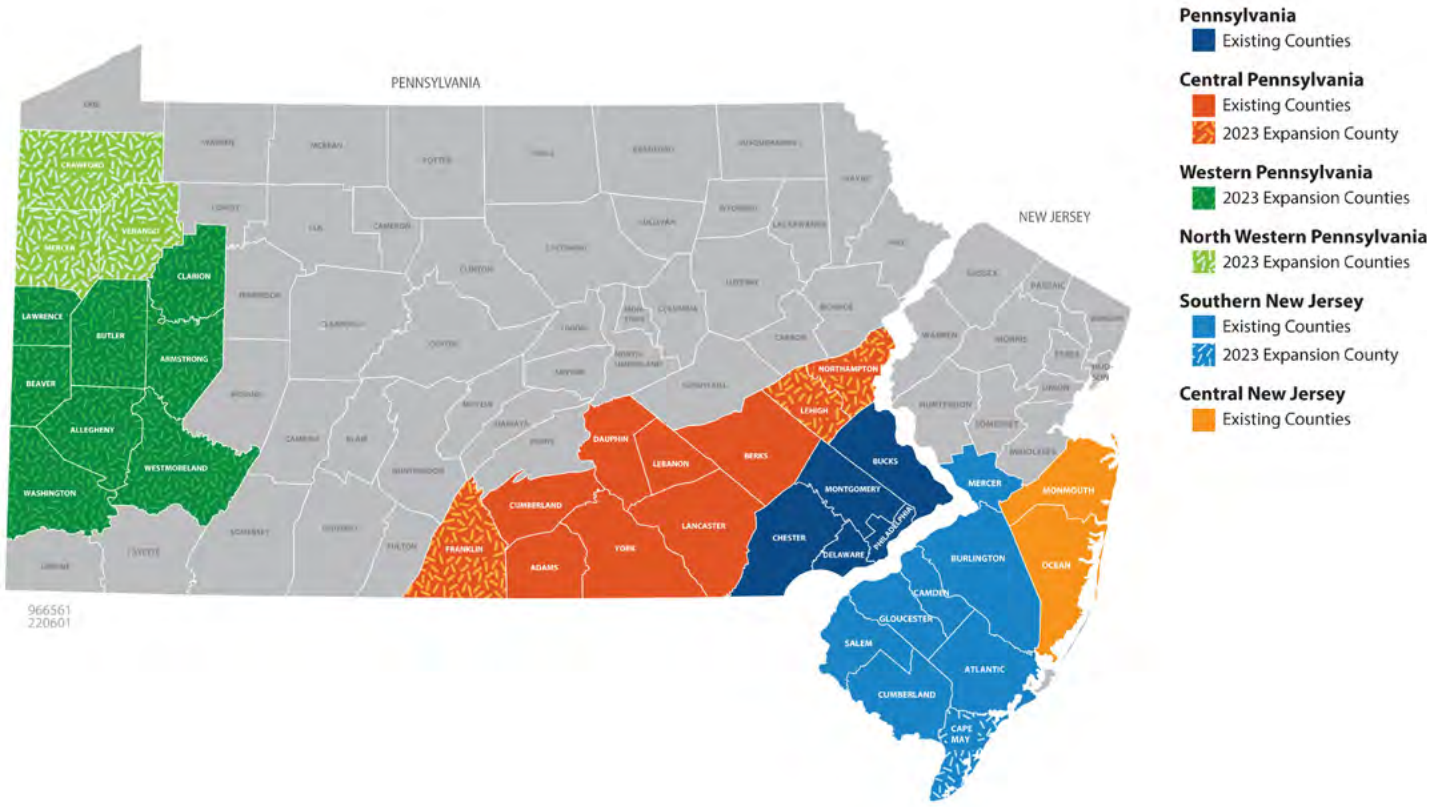
VIRGINIA

COUNTIES	Amelia, Charles City, Chesterfield, Colonial Heights City, Dinwiddie, Goochland, Hanover, Henrico, Petersburg City, Powhatan, Richmond City	
PLAN ID	**H7849-071-000**	
PLAN NAME	**Cigna True Choice Plus Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$31.00	
Cost Share— PCP/Specialist	$0/$25	$40/$55
Inpatient Acute Care Hospital	$295 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$6,500 applies to in-network Medicare-covered benefits	$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $225	30%
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

PENNSYLVANIA AND NEW JERSEY

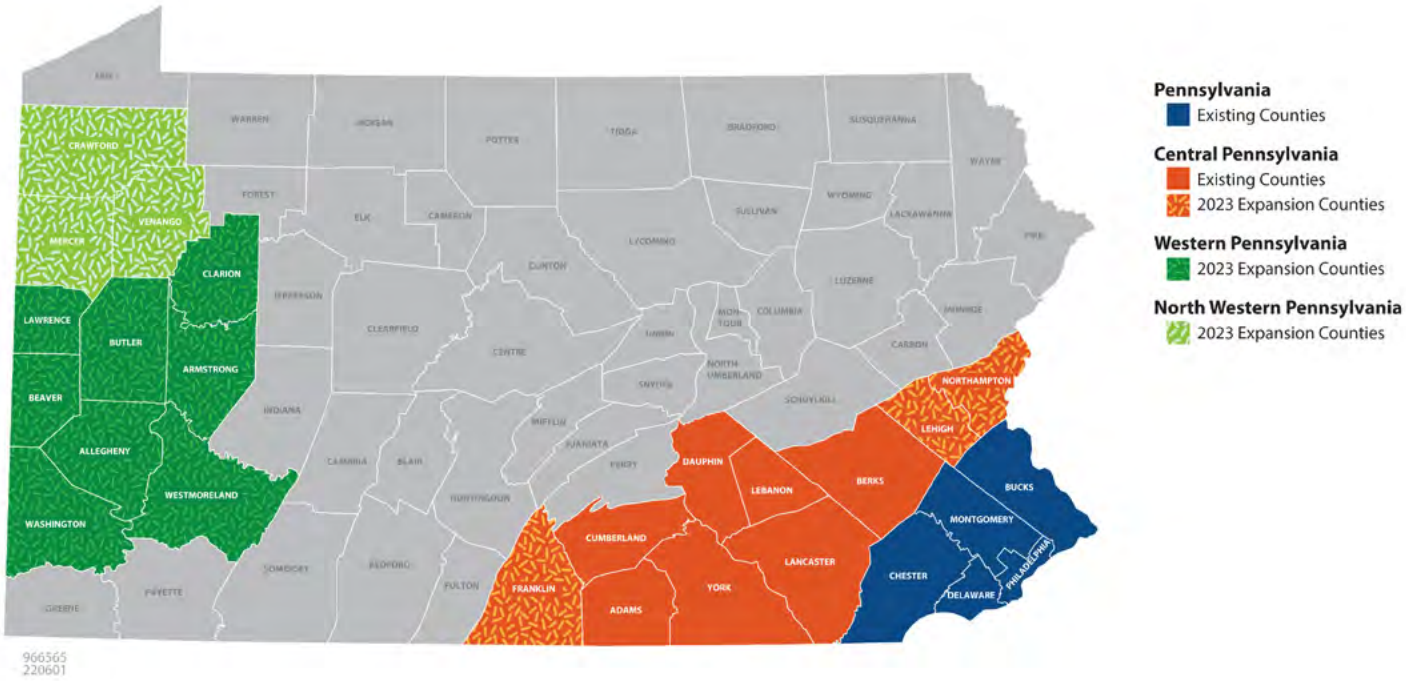
2023 OVERVIEW



2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

PENNSYLVANIA

2023 OVERVIEW



Pennsylvania
Existing Counties

Central Pennsylvania
Existing Counties
2023 Expansion Counties

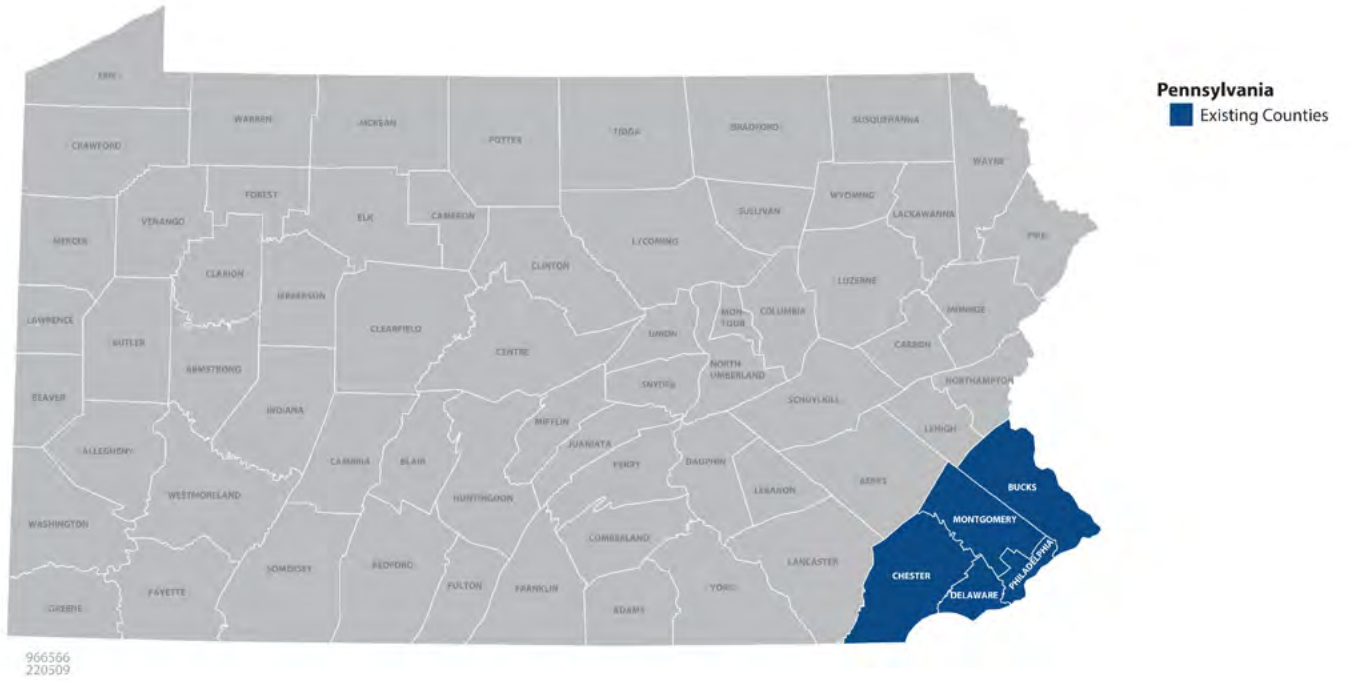
Western Pennsylvania
2023 Expansion Counties

North Western Pennsylvania
2023 Expansion Counties

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

PENNSYLVANIA — PHILADELPHIA

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
787,581

MEDICARE ADVANTAGE PENETRATION:
40.5%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA

PENNSYLVANIA

COUNTIES	Adams, Allegheny, Armstrong, Beaver, Berks, Bucks, Butler, Chester, Clarion, Crawford, Cumberland, Dauphin, Delaware, Franklin, Lancaster, Lawrence, Lebanon, Lehigh, Mercer, Montgomery, Northampton, Philadelphia, Venango, Washington, Westmoreland, York
PLAN ID	**H3949-009-000**
PLAN NAME	**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$26.70
Cost Share—PCP/Specialist	0 - 20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Max Out-of-Pocket (MOOP)	$3,450 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	0 - 20%
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share
Type of Dental Benefit	Preventive and Comprehensive Base
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year

NEW COUNTIES

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA

PENNSYLVANIA

COUNTIES	Bucks, Chester, Delaware, Montgomery, Philadelphia	Bucks, Chester, Delaware, Montgomery, Philadelphia	Bucks, Chester, Delaware, Montgomery, Philadelphia
PLAN ID	**H3949-013-000**	**H3949-024-000**	**H3949-026-000**
PLAN NAME	**Cigna Preferred Plus Medicare (HMO)**	**Cigna Achieve Medicare (HMO C-SNP)**	**Cigna Courage Medicare (HMO)**
Total Premium	$120.00	$0	$0
Cost Share—PCP/Specialist	$0/$25	$0/$20	$0/$25
Inpatient Acute Care Hospital	$225 per day for days 1-7; $0 per day for days 8-90	$295 per day for days 1-7; $0 per day for days 8-90	$295 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$4,900 applies to in-network Medicare-covered benefits	$6,700 applies to in-network Medicare-covered benefits	$5,900 applies to in-network Medicare-covered benefits
Lab	$0	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $125	$0 - $195	$0 - $200
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33% Tier 6: $5	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A Tier 6: $10 (2x one month)	N/A
Type of Dental Benefit	Preventive and Comprehensive Plus	Preventive and Comprehensive Plus	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA
PENNSYLVANIA

COUNTIES	Bucks, Chester, Delaware, Montgomery, Philadelphia	Bucks, Chester, Delaware, Montgomery, Philadelphia
PLAN ID	**H3949-030-000**	**H3949-031-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Alliance Medicare (HMO)**
Total Premium	$33.00	$0
Cost Share—PCP/Specialist	$0/$35	$0/$20
Inpatient Acute Care Hospital	$295 per day for days 1-7; $0 per day for days 8-90	$295 per day for days 1-7; $0 per day for days 8-90
Max Out-of-Pocket (MOOP)	$5,900 applies to in-network Medicare-covered benefits	$5,900 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $175	$0 - $195
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A
Type of Dental Benefit	Preventive and Comprehensive Plus	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA

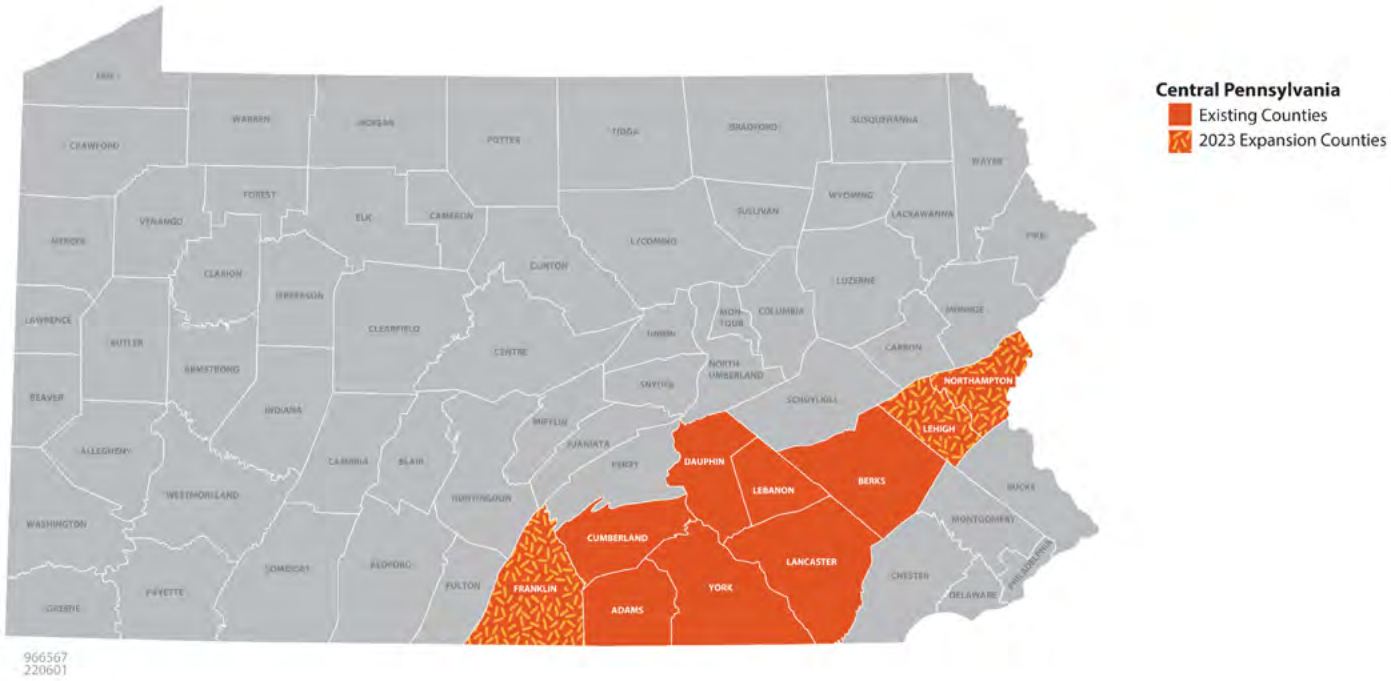
PENNSYLVANIA

COUNTIES	Bucks, Chester, Delaware, Montgomery, Philadelphia	
PLAN ID	**H7849-006-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$35	$15/$40
Inpatient Acute Care Hospital	$295 per day for days 1-6; $0 per day for days 7-90	30%
Max Out-of-Pocket (MOOP)	$6,900 applies to in-network Medicare-covered benefits	$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $225	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

PENNSYLVANIA — CENTRAL

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
657,777

MEDICARE ADVANTAGE PENETRATION:
44.6%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA
PENNSYLVANIA

COUNTIES	Adams, Allegheny, Armstrong, Beaver, Berks, Bucks, Butler, Chester, Clarion, Crawford, Cumberland, Dauphin, Delaware, Franklin, Lancaster, Lawrence, Lebanon, Lehigh, Mercer, Montgomery, Northampton, Philadelphia, Venango, Washington, Westmoreland, York
PLAN ID	**H3949-009-000**
PLAN NAME	**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$26.70
Cost Share—PCP/Specialist	0 - 20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Max Out-of-Pocket (MOOP)	$3,450 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	0 - 20%
Costshare—Preferred Retail RX (One Month)	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Standard Part D cost share
Type of Dental Benefit	Preventive and Comprehensive Base
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year

NEW COUNTIES

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA

PENNSYLVANIA

COUNTIES	Adams, Berks, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, York	Lehigh, Northampton	Lehigh, Northampton
PLAN ID	NEW COUNTIES H3949-035-000	NEW PLAN H3949-045-000	NEW PLAN H3949-046-000
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Preferred Medicare (HMO)**	**Cigna Preferred Plus Medicare (HMO)**
Total Premium	$0	$0	$30.00
Cost Share—PCP/Specialist	$0/$30	$0/$30	$0/$30
Inpatient Acute Care Hospital	$195 per day for days 1-8; $0 per day for days 9-90	$225 per day for days 1-6; $0 per day for days 7-90	$260 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	$5,900 applies to in-network Medicare-covered benefits	$5,900 applies to in-network Medicare-covered benefits
Lab	$0	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $250	$0 - $200	$0 - $200
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A
Type of Dental Benefit	Preventive and Comprehensive Plus	Preventive and Comprehensive Plus	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA

PENNSYLVANIA

COUNTIES	Adams, Berks, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, York	
PLAN ID	**H7849-031-000**	
PLAN NAME	**Cigna True Choice Savings Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share— PCP/Specialist	$0/$35	$15/$40
Inpatient Acute Care Hospital	$195 per day for days 1-7; $0 per day for days 8-90	30%
Max Out-of-Pocket (MOOP)	$6,100 applies to in-network Medicare-covered benefits	$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $225	30%
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA

PENNSYLVANIA

COUNTIES	Adams, Berks, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, York	
PLAN ID	**H7849-032-000**	
PLAN NAME	**Cigna True Choice Plus Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$30.00	
Cost Share— PCP/Specialist	$0/$30	$15/$40
Inpatient Acute Care Hospital	$175 per day for days 1-7; $0 per day for days 8-90	30%
Max Out-of-Pocket (MOOP)	$6,100 applies to in-network Medicare-covered benefits	$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $225	30%
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA

PENNSYLVANIA

COUNTIES	Lehigh, Northampton	
PLAN ID	**H7849-104-000**	
PLAN NAME	**Cigna True Choice Savings Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$15/$40
Inpatient Acute Care Hospital	$325 per stay	30%
Max Out-of-Pocket (MOOP)	$6,900 applies to in-network Medicare-covered benefits	$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $275	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA
PENNSYLVANIA

COUNTIES	Lehigh, Northampton	
PLAN ID	H7849-105-000	
PLAN NAME	Cigna True Choice Plus Medicare (PPO)	
	In Network	Out of Network
Total Premium	$29.00	
Cost Share—PCP/Specialist	$0/$30	$15/$40
Inpatient Acute Care Hospital	$250 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$6,200 applies to in-network Medicare-covered benefits	$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $225	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

PENNSYLVANIA — WESTERN

2023 OVERVIEW

MEDICARE ELIGIBLE POPULATION:
621,603

MEDICARE ADVANTAGE PENETRATION:
64.3%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA

PENNSYLVANIA

COUNTIES	Adams, Allegheny, Armstrong, Beaver, Berks, Bucks, Butler, Chester, Clarion, Crawford, Cumberland, Dauphin, Delaware, Franklin, Lancaster, Lawrence, Lebanon, Lehigh, Mercer, Montgomery, Northampton, Philadelphia, Venango, Washington, Westmoreland, York
PLAN ID	**H3949-009-000**
PLAN NAME	**Cigna TotalCare Plus (HMO D-SNP)**
Total Premium	$26.70
Cost Share— PCP/Specialist	0 - 20%/20%
Inpatient Acute Care Hospital	Standard Medicare
Max Out-of-Pocket (MOOP)	$3,450 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	0 - 20%
Costshare— Preferred Retail RX (One Month)	Standard Part D cost share
Cost Share— Preferred Retail RX (Three Months)	Standard Part D cost share
Type of Dental Benefit	Preventive and Comprehensive Base
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year

NEW COUNTIES

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA

PENNSYLVANIA

COUNTIES	Allegheny, Armstrong, Beaver, Butler, Clarion, Lawrence, Washington, Westmoreland	Allegheny, Armstrong, Beaver, Butler, Clarion, Lawrence, Washington, Westmoreland
PLAN ID	NEW PLAN H3949-047-000	NEW PLAN H3949-048-000
PLAN NAME	Cigna Preferred Medicare (HMO)	Cigna Preferred Plus Medicare (HMO)
Total Premium	$0	$28.00
Cost Share—PCP/Specialist	$0/$25	$0/$25
Inpatient Acute Care Hospital	$175 per day for days 1-5; $0 per day for days 6-90	$300 per stay
Max Out-of-Pocket (MOOP)	$4,900 applies to in-network Medicare-covered benefits	$3,900 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $150	$0 - $125
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $35 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $0 Tier 3: $35 Tier 4: $95 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $105 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $0 Tier 3: $105 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A
Type of Dental Benefit	Preventive and Comprehensive Plus	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA

PENNSYLVANIA

COUNTIES	Crawford, Mercer, Venango	Crawford, Mercer, Venango
PLAN ID	NEW PLAN H3949-049-000	NEW PLAN H3949-050-000
PLAN NAME	Cigna Preferred Medicare (HMO)	Cigna Preferred Plus Medicare (HMO)
Total Premium	$0	$26.00
Cost Share—PCP/Specialist	$0/$30	$0/$25
Inpatient Acute Care Hospital	$140 per day for days 1-5; $0 per day for days 6-90	$300 per stay
Max Out-of-Pocket (MOOP)	$5,900 applies to in-network Medicare-covered benefits	$4,350 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $150	$0 - $125
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $35 Tier 4: $95 Tier 5: 33%	Tier 1: $0 Tier 2: $0 Tier 3: $35 Tier 4: $95 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $105 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $0 Tier 3: $105 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A
Type of Dental Benefit	Preventive and Comprehensive Plus	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA

PENNSYLVANIA

COUNTIES	Allegheny, Armstrong, Beaver, Butler, Clarion, Lawrence, Washington, Westmoreland	
PLAN ID	**H7849-106-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share— PCP/Specialist	$0/$25	$20/$25
Inpatient Acute Care Hospital	$295 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$6,400 applies to in-network Medicare-covered benefits	$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $225	30%
Costshare— Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $35 Tier 4: $95 Tier 5: 33%	N/A
Cost Share— Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $105 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA
PENNSYLVANIA

COUNTIES	Allegheny, Armstrong, Beaver, Butler, Clarion, Lawrence, Washington, Westmoreland	
PLAN ID	**H7849-107-000**	
PLAN NAME	**Cigna True Choice Plus Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$29.00	
Cost Share—PCP/Specialist	$0/$25	$10/$25
Inpatient Acute Care Hospital	$300 per stay	30%
Max Out-of-Pocket (MOOP)	$5,500 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $150	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $35 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $105 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA

PENNSYLVANIA

COUNTIES	Crawford, Mercer, Venango	
PLAN ID	**H7849-108-000**	
PLAN NAME	**Cigna True Choice Savings Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$35	$40/$55
Inpatient Acute Care Hospital	$330 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$6,350 applies to in-network Medicare-covered benefits	$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $225	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $35 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $105 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA
PENNSYLVANIA

COUNTIES	Crawford, Mercer, Venango	
PLAN ID	**H7849-109-000**	
PLAN NAME	**Cigna True Choice Plus Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$28.00	
Cost Share—PCP/Specialist	$0/$25	$20/$25
Inpatient Acute Care Hospital	$150 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$5,500 applies to in-network Medicare-covered benefits	$8,950 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $150	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $35 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $105 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA

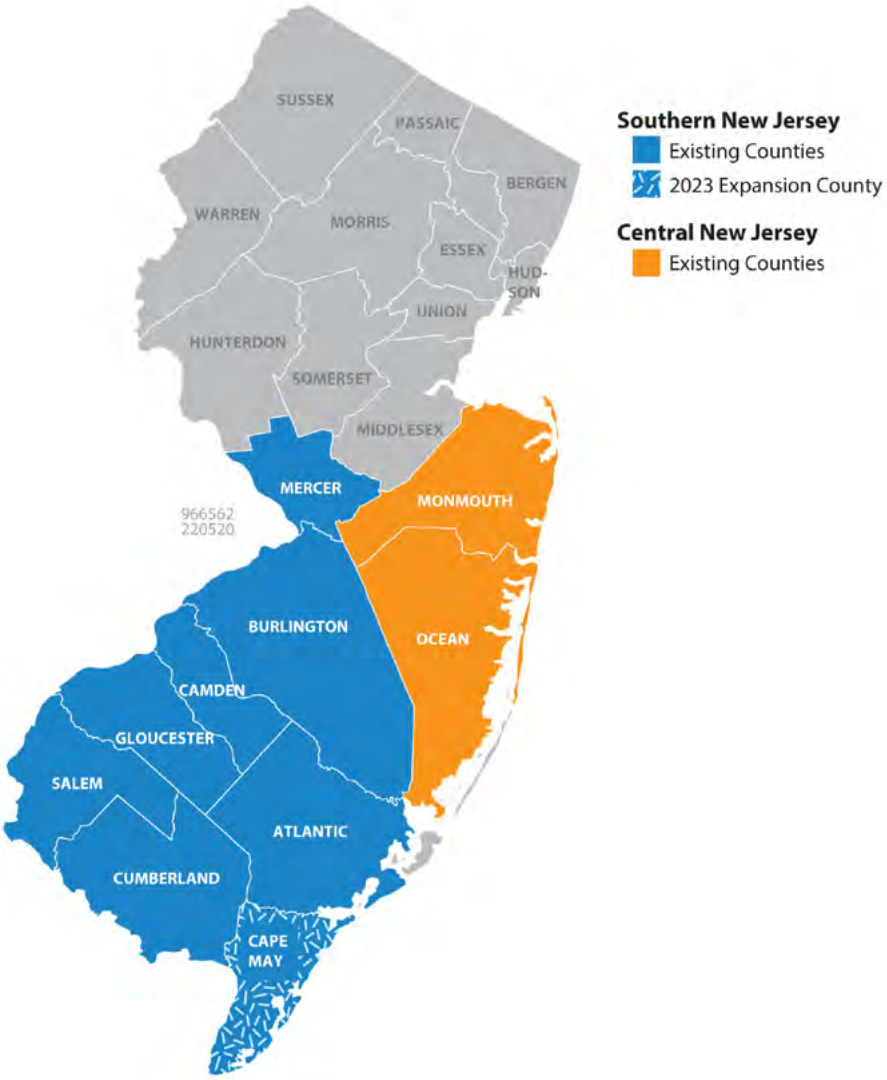
PENNSYLVANIA

COUNTIES	Allegheny, Armstrong, Beaver, Butler, Clarion, Lawrence, Washington, Westmoreland	
PLAN ID	**H7849-111-000**	
PLAN NAME	**Cigna True Choice Savings Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$35	$40/$55
Inpatient Acute Care Hospital	$330 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$6,350 applies to in-network Medicare-covered benefits	$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $225	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $35 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $105 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NEW JERSEY

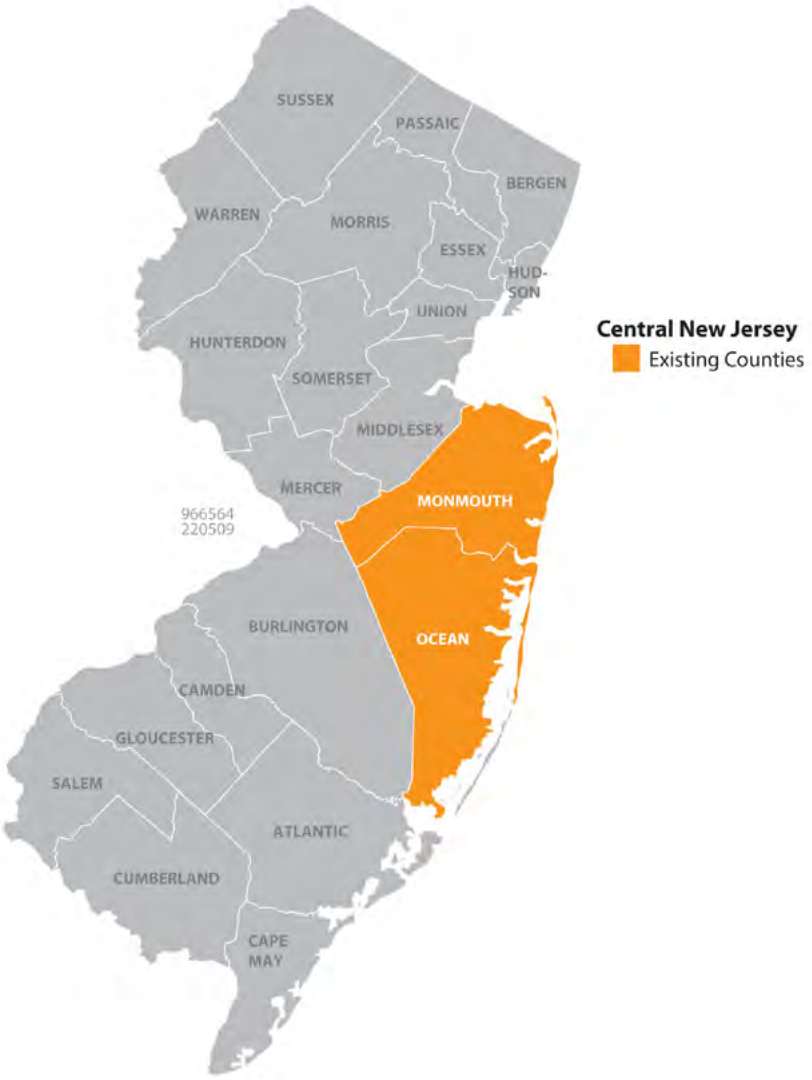
2023 OVERVIEW



2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NEW JERSEY — CENTRAL

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
288,588

MEDICARE ADVANTAGE PENETRATION:
32.1%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA
NEW JERSEY

COUNTIES	Monmouth, Ocean
PLAN ID	**H3949-034-000**
PLAN NAME	**Cigna Preferred Medicare (HMO)**
Total Premium	$0
Cost Share—PCP/Specialist	$0/$20
Inpatient Acute Care Hospital	$350 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$5,900 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	$0 - $225
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A
Type of Dental Benefit	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA
NEW JERSEY

COUNTIES	Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Monmouth, Ocean, Salem
PLAN ID	**H3949-051-000**
PLAN NAME	**Cigna Courage Medicare (HMO)**
Total Premium	$0
Cost Share— PCP/Specialist	$0/$30
Inpatient Acute Care Hospital	$295 per day for days 1-7; $0 per day for days 8-90
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits
Lab	$0
Ambulatory Surgical Center (ASC)	$0 - $150
Costshare— Preferred Retail RX (One Month)	N/A
Cost Share— Preferred Retail RX (Three Months)	N/A
Type of Dental Benefit	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

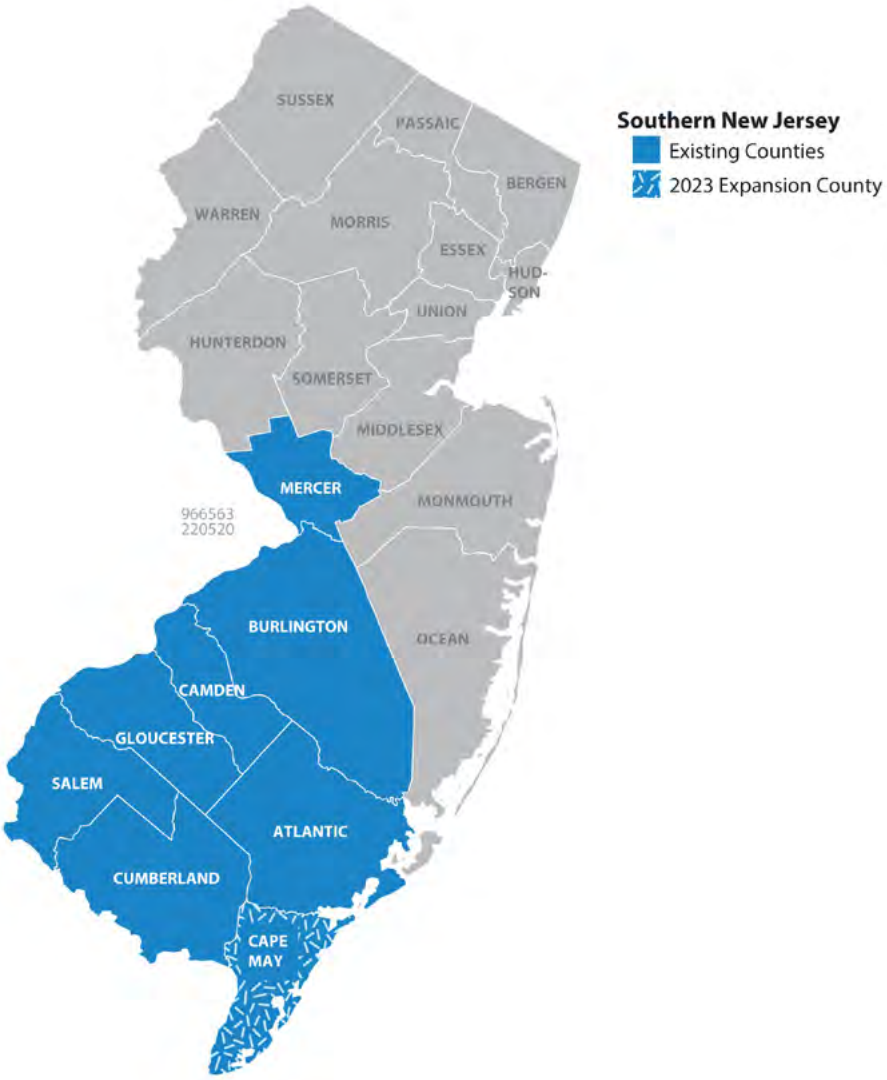
PENNSYLVANIA
NEW JERSEY

COUNTIES	Monmouth, Ocean	
PLAN ID	**H7849-030-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$20	$15/$40
Inpatient Acute Care Hospital	$190 per day for days 1-6; $0 per day for days 7-90	30%
Max Out-of-Pocket (MOOP)	$7,250 applies to in-network Medicare-covered benefits	$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $150	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NEW JERSEY — SOUTHERN

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
448,212

MEDICARE ADVANTAGE PENETRATION:
38.4%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA
NEW JERSEY

COUNTIES	Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Salem	Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Monmouth, Ocean, Salem
PLAN ID	**H3949-032-000** (NEW COUNTIES)	**H3949-051-000** (NEW PLAN)
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Courage Medicare (HMO)**
Total Premium	$0	$0
Cost Share—PCP/Specialist	$0/$30	$0/$30
Inpatient Acute Care Hospital	$295 per day for days 1-7; $0 per day for days 8-90	$295 per day for days 1-7; $0 per day for days 8-90
Max Out-of-Pocket (MOOP)	$6,900 applies to in-network Medicare-covered benefits	$6,700 applies to in-network Medicare-covered benefits
Lab	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $150	$0 - $150
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Preventive and Comprehensive Plus	Preventive and Comprehensive Plus
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$20,000 combined preventive and comprehensive every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

PENNSYLVANIA
NEW JERSEY

COUNTIES	Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Salem	
PLAN ID	H7849-033-000	
PLAN NAME	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$40/$55
Inpatient Acute Care Hospital	$260 per day for days 1-6; $0 per day for days 7-90	30%
Max Out-of-Pocket (MOOP)	$6,900 applies to in-network Medicare-covered benefits	$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $175	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

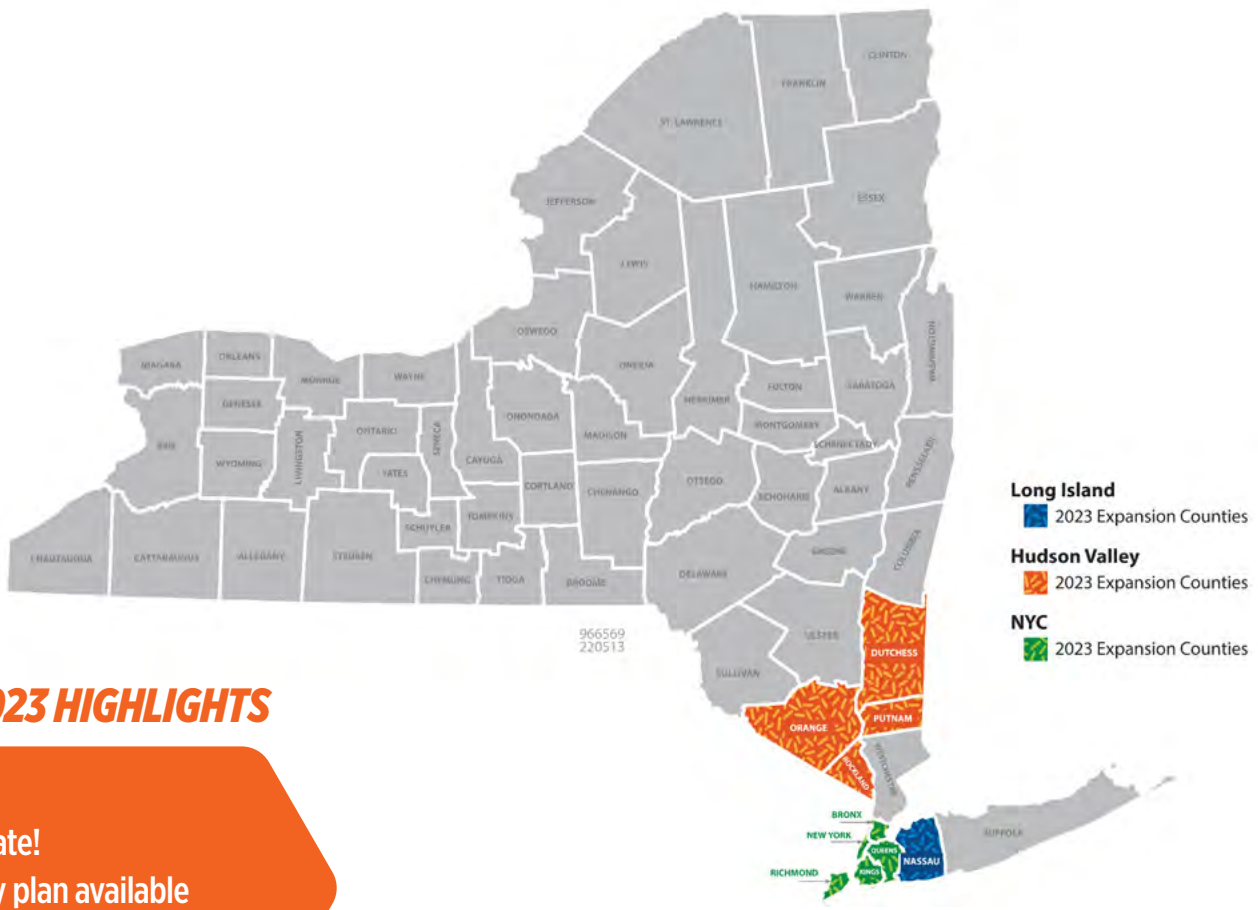
PENNSYLVANIA
NEW JERSEY

COUNTIES	Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Salem	
PLAN ID	H7849-110-000	
PLAN NAME	Cigna True Choice Savings Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$15/$40
Inpatient Acute Care Hospital	$270 per day for days 1-6; $0 per day for days 7-90	30%
Max Out-of-Pocket (MOOP)	$7,500 applies to in-network Medicare-covered benefits	$11,300 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $200	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $42 Tier 4: $95 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $10 (2x one month) Tier 3: $126 (3x one month) Tier 4: $285 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NEW YORK

2023 OVERVIEW



2023 HIGHLIGHTS

- NEW state!
- MA Only plan available
- $0 premium PPO

MEDICARE ELIGIBLE POPULATION:
1,833,315

MEDICARE ADVANTAGE PENETRATION:
46.1%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

NEW YORK/NEW JERSEY

NEW YORK

COUNTIES	Bronx, Kings, New York, Queens, Richmond	
PLAN ID	**H7849-082-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$40	$25/$60
Inpatient Acute Care Hospital	$270 per day for days 1-6; $0 per day for days 7-90	30%
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	$7,600 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $250	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $47 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1:$0 Tier 2: $10 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

NEW YORK/NEW JERSEY

NEW YORK

COUNTIES	Dutchess, Orange, Putnam, Rockland	
PLAN ID	H7849-083-000	
PLAN NAME	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$40	$25/$60
Inpatient Acute Care Hospital	$280 per day for days 1-6; $0 per day for days 7-90	30%
Max Out-of-Pocket (MOOP)	$6,700 applies to in-network Medicare-covered benefits	$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $250	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $47 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1:$0 Tier 2: $10 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

NEW YORK/NEW JERSEY

NEW YORK

COUNTIES	Nassau	
PLAN ID	**H7849-084-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$35	$25/$60
Inpatient Acute Care Hospital	$320 per day for days 1-6; $0 per day for days 7-90	30%
Max Out-of-Pocket (MOOP)	$5,900 applies to in-network Medicare-covered benefits	$7,600 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $250	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $47 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1:$0 Tier 2: $10 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,500 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

NEW YORK/NEW JERSEY

NEW YORK

COUNTIES	Nassau	
PLAN ID	H7849-085-000	
PLAN NAME	Cigna True Choice Plus Medicare (PPO)	
	In Network	Out of Network
Total Premium	$30.00	
Cost Share—PCP/Specialist	$0/$35	$40/$60
Inpatient Acute Care Hospital	$330 per day for days 1-6; $0 per day for days 7-90	$330 per day for days 1-6; $0 per day for days 7-90
Max Out-of-Pocket (MOOP)	$6,300 applies to in-network Medicare-covered benefits	$10,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $250	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $47 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1:$0 Tier 2: $10 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$3,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$3,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

NEW YORK/NEW JERSEY

NEW YORK

COUNTIES	Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland	
PLAN ID	NEW PLAN H7849-086-000	
PLAN NAME	**Cigna True Choice Courage Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$35	$25/$55
Inpatient Acute Care Hospital	$310 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$5,300 applies to in-network Medicare-covered benefits	$8,900 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $250	30%
Costshare—Preferred Retail RX (One Month)	N/A	N/A
Cost Share—Preferred Retail RX (Three Months)	N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

NEW YORK/NEW JERSEY

NEW YORK

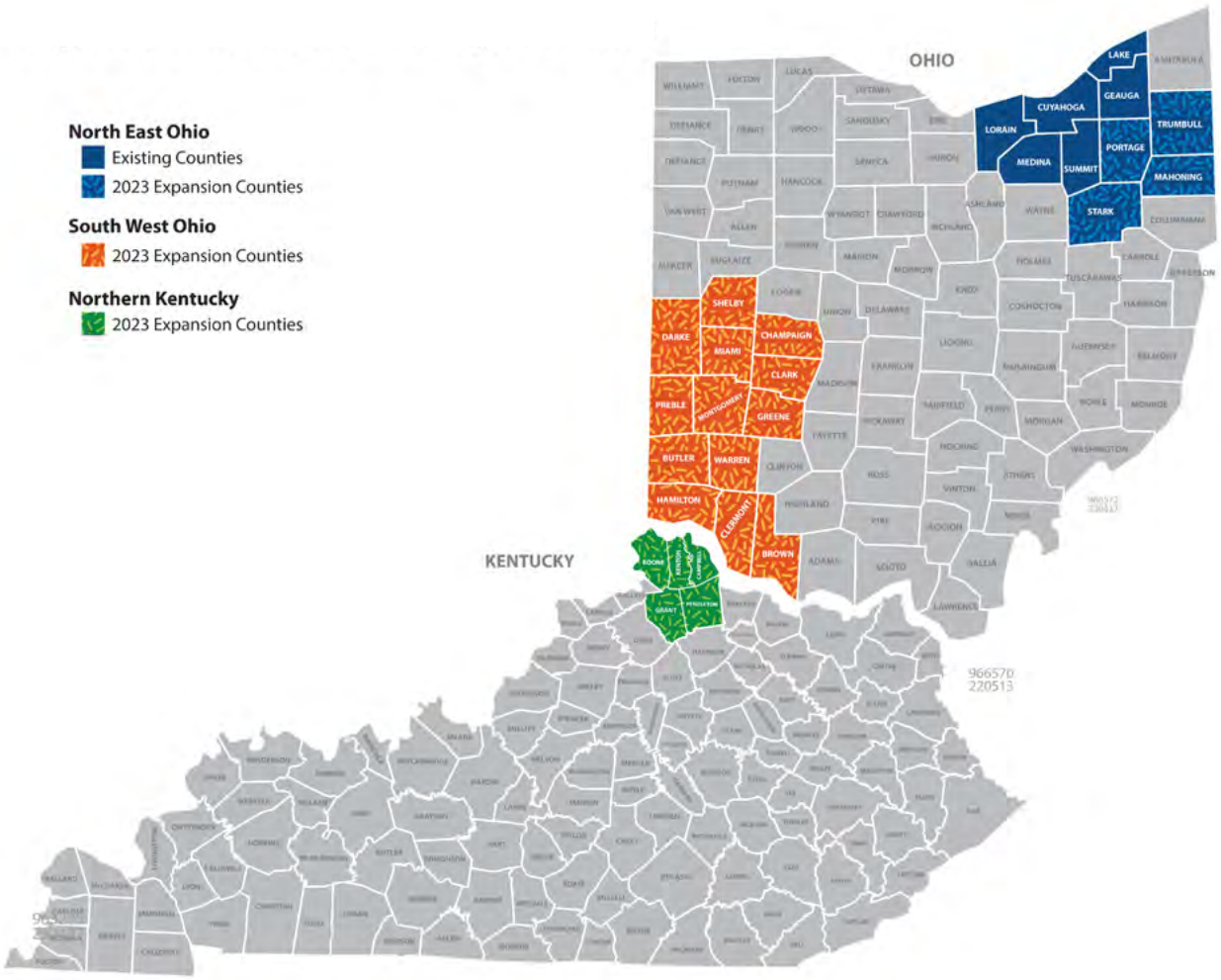
COUNTIES	Nassau	
PLAN ID	H7849-087-000	
PLAN NAME	Cigna True Choice Savings Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$40	$25/$60
Inpatient Acute Care Hospital	$305 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$7,000 applies to in-network Medicare-covered benefits	$11,000 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $250	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $5 Tier 3: $47 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1:$0 Tier 2: $10 (2x one month) Tier 3: $141 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$1,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

OHIO/KENTUCKY

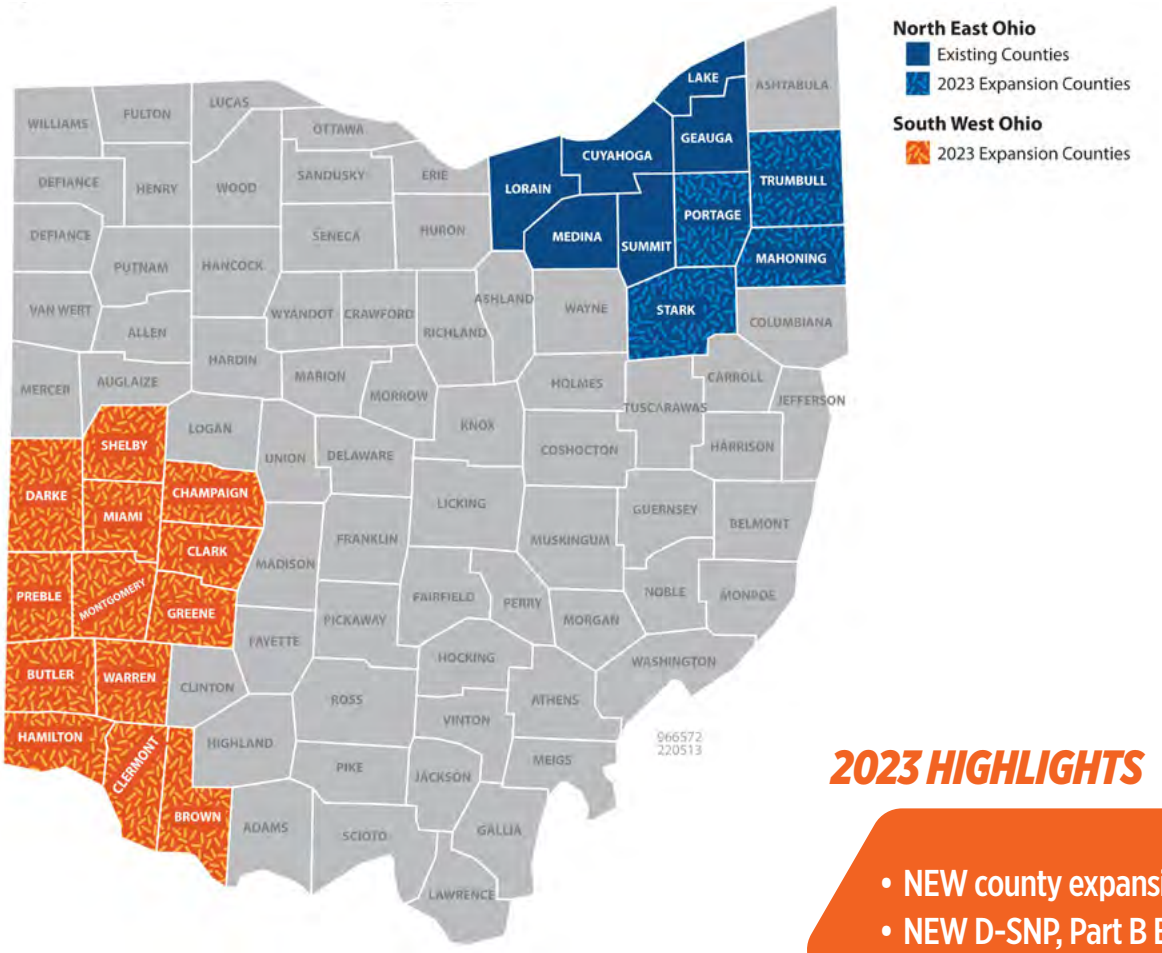
2023 OVERVIEW



2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

OHIO

2023 OVERVIEW



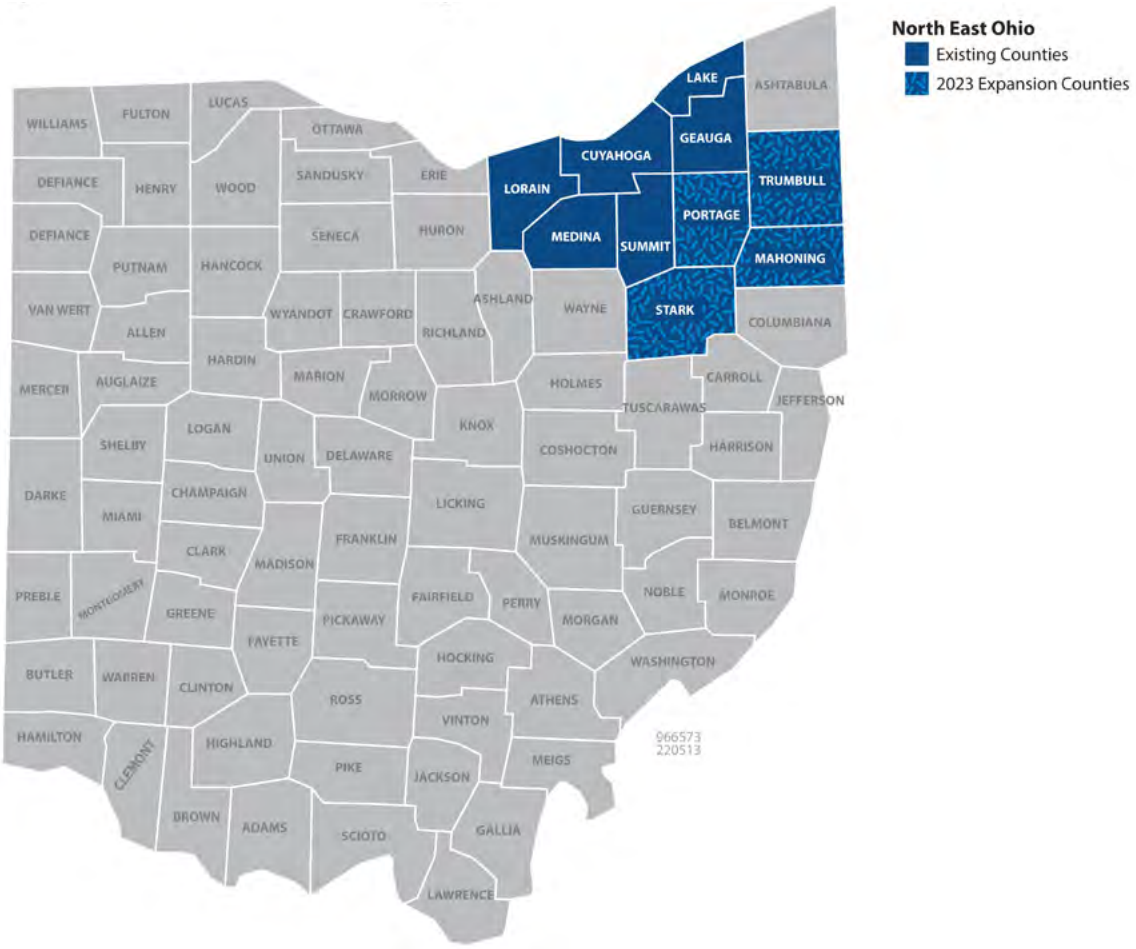
2023 HIGHLIGHTS

- NEW county expansions
- NEW D-SNP, Part B Buy Down and MA Only PPO plans
- Expanded ancillary benefits

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

OHIO — CLEVELAND (NORTHEAST OHIO)

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
792,057

MEDICARE ADVANTAGE PENETRATION:
56.3%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

OHIO

OHIO

COUNTIES	Cuyahoga, Geauga, Lake, Lorain, Medina, Mahoning, Portage, Stark, Summit, Trumbull	Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull	Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull
PLAN ID	NEW COUNTIES H0672-006-000	NEW PLAN H0672-011-000	NEW PLAN H0672-012-000
PLAN NAME	Cigna Preferred Medicare (HMO)	Cigna Preferred Plus Medicare (HMO)	Cigna TotalCare (HMO D-SNP)
Total Premium	$0	$25.00	$30.40
Cost Share—PCP/Specialist	$0/$30	$0/$25	$0/$0
Inpatient Acute Care Hospital	$295 per day for days 1-6; $0 per day for days 7-90	$295 per day for days 1-5; $0 per day for days 6-90	Standard Medicare
Max Out-of-Pocket (MOOP)	$3,900 applies to in-network Medicare-covered benefits	$3,500 applies to in-network Medicare-covered benefits	$7,550 applies to in-network Medicare-covered benefits
Lab	$0	$0	$0
Ambulatory Surgical Center (ASC)	$0 -$225	$0 - $295	0 - 20%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Standard Part D cost share
Type of Dental Benefit	Preventive and Comprehensive Base	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$20,000 combined preventive and comprehensive every year	$3,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$20,000 combined preventive and comprehensive every year	$3,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

OHIO

OHIO

COUNTIES	Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull	Cuyahoga, Geauga, Lake, Lorain, Medina, Mahoning, Portage, Stark, Summit, Trumbull	
PLAN ID	H0672-016-000 (NEW PLAN)	H7849-015-000 (NEW COUNTIES)	
PLAN NAME	Cigna Preferred Savings Medicare (HMO)	Cigna True Choice Medicare (PPO)	
		In Network	Out of Network
Total Premium	$0	$0	
Cost Share—PCP/Specialist	$0/$40	$0/$30	$0/$30
Inpatient Acute Care Hospital	$360 per day for days 1-5; $0 per day for days 6-90	$360 per day for days 1-5; $0 per day for days 6-90	$375 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$5,900 applies to in-network Medicare-covered benefits	$4,900 applies to in-network Medicare-covered benefits	$7,500 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $290	$0 - $275	30%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

OHIO

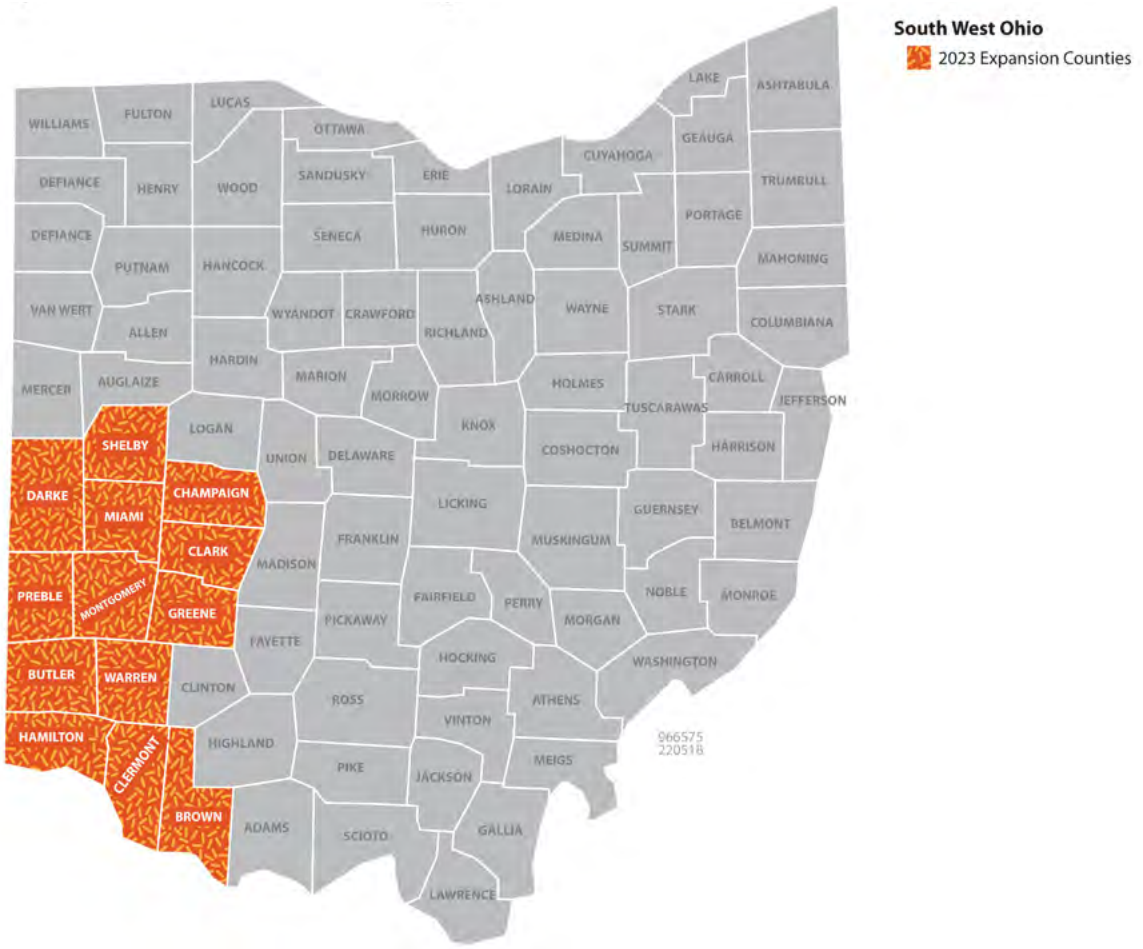
OHIO

COUNTIES	Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull	
PLAN ID	H7849-090-000	
PLAN NAME	Cigna True Choice Courage Medicare (PPO)	
	In Network	Out of Network
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$25	$20/$40
Inpatient Acute Care Hospital	$260 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$4,100 applies to in-network Medicare-covered benefits	$7,900 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $225	30%
Costshare—Preferred Retail RX (One Month)	N/A	N/A
Cost Share—Preferred Retail RX (Three Months)	N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

OHIO — DAYTON (SOUTHWEST OHIO)

2023 OVERVIEW



MEDICARE ELIGIBLE POPULATION:
556,644

MEDICARE ADVANTAGE PENETRATION:
53%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

OHIO

OHIO

COUNTIES	**KY:** Boone, Campbell, Grant, Kenton, Pendleton **OH:** Brown, Butler, Champaign, Clark, Clermont, Darke, Greene, Hamilton, Miami, Montgomery, Preble, Shelby, Warren	**KY:** Boone, Campbell, Grant, Kenton, Pendleton **OH:** Brown, Butler, Champaign, Clark, Clermont, Darke, Greene, Hamilton, Miami, Montgomery, Preble, Shelby, Warren	Brown, Butler, Champaign, Clark, Clermont, Darke, Greene, Hamilton, Miami, Montgomery, Preble, Shelby, Warren
PLAN ID	NEW PLAN H0672-013-000	NEW PLAN H0672-014-000	NEW PLAN H0672-015-000
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Preferred Plus Medicare (HMO)**	**Cigna TotalCare (HMO D-SNP)**
Total Premium	$0	$20.00	$30.40
Cost Share—PCP/Specialist	$0/$30	$0/$35	$0/$0
Inpatient Acute Care Hospital	$295 per day for days 1-6; $0 per day for days 7-90	$275 per day for days 1-5; $0 per day for days 6-90	Standard Medicare
Max Out-of-Pocket (MOOP)	$3,900 applies to in-network Medicare-covered benefits	$3,500 applies to in-network Medicare-covered benefits	$7,550 applies to in-network Medicare-covered benefits
Lab	$0	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $245	$0 - $245	0 - 20%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Standard Part D cost share
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Standard Part D cost share
Type of Dental Benefit	Dental Allowance	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$3,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$3,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

OHIO

OHIO

COUNTIES	**KY:** Boone, Campbell, Grant, Kenton, Pendleton **OH:** Brown, Butler, Champaign, Clark, Clermont, Darke, Greene, Hamilton, Miami, Montgomery, Preble, Shelby, Warren	**KY:** Boone, Campbell, Grant, Kenton, Pendleton **OH:** Brown, Butler, Champaign, Clark, Clermont, Darke, Greene, Hamilton, Miami, Montgomery, Preble, Shelby, Warren	
PLAN ID	H0672-017-000	H7849-088-000	
PLAN NAME	**Cigna Preferred Savings Medicare (HMO)**	**Cigna True Choice Medicare (PPO)**	
		In Network	**Out of Network**
Total Premium	$0	$0	
Cost Share—PCP/Specialist	$0/$40	$0/$40	$35/$55
Inpatient Acute Care Hospital	$360 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	$400 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$5,900 applies to in-network Medicare-covered benefits	$4,600 applies to in-network Medicare-covered benefits	$8,900 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $290	$0 - $325	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

OHIO

OHIO

COUNTIES	**KY:** Boone, Campbell, Grant, Kenton, Pendleton **OH:** Brown, Butler, Champaign, Clark, Clermont, Darke, Greene, Hamilton, Miami, Montgomery, Preble, Shelby, Warren	
PLAN ID	NEW PLAN **H7849-089-000**	
PLAN NAME	**Cigna True Choice Courage Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$20/$45
Inpatient Acute Care Hospital	$260 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$4,100 applies to in-network Medicare-covered benefits	$7,900 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $225	30%
Costshare—Preferred Retail RX (One Month)	N/A	N/A
Cost Share—Preferred Retail RX (Three Months)	N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

KENTUCKY

2023 OVERVIEW

2023 HIGHLIGHTS

- **NEW state!**

MEDICARE ELIGIBLE POPULATION:
79,434

MEDICARE ADVANTAGE PENETRATION:
50.5%

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

OHIO

OHIO

COUNTIES	**KY:** Boone, Campbell, Grant, Kenton, Pendleton **OH:** Brown, Butler, Champaign, Clark, Clermont, Darke, Greene, Hamilton, Miami, Montgomery, Preble, Shelby, Warren	**KY:** Boone, Campbell, Grant, Kenton, Pendleton **OH:** Brown, Butler, Champaign, Clark, Clermont, Darke, Greene, Hamilton, Miami, Montgomery, Preble, Shelby, Warren	**KY:** Boone, Campbell, Grant, Kenton, Pendleton **OH:** Brown, Butler, Champaign, Clark, Clermont, Darke, Greene, Hamilton, Miami, Montgomery, Preble, Shelby, Warren
PLAN ID	NEW PLAN H0672-013-000	NEW PLAN H0672-014-000	NEW PLAN H0672-017-000
PLAN NAME	**Cigna Preferred Medicare (HMO)**	**Cigna Preferred Plus Medicare (HMO)**	**Cigna Preferred Savings Medicare (HMO)**
Total Premium	$0	$20.00	$0
Cost Share—PCP/Specialist	$0/$30	$0/$35	$0/$40
Inpatient Acute Care Hospital	$295 per day for days 1-6; $0 per day for days 7-90	$275 per day for days 1-5; $0 per day for days 6-90	$360 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$3,900 applies to in-network Medicare-covered benefits	$3,500 applies to in-network Medicare-covered benefits	$5,900 applies to in-network Medicare-covered benefits
Lab	$0	$0	$0
Ambulatory Surgical Center (ASC)	$0 - $245	$0 - $245	$0 - $290
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A
Type of Dental Benefit	Dental Allowance	Dental Allowance	Dental Allowance
Max Coverage Amount for Preventive Dental	$3,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year
Max Coverage Amount for Comprehensive Dental	$3,000 combined preventive and comprehensive allowance every year	$3,000 combined preventive and comprehensive allowance every year	$2,000 combined preventive and comprehensive allowance every year

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

OHIO

OHIO

COUNTIES	**KY:** Boone, Campbell, Grant, Kenton, Pendleton **OH:** Brown, Butler, Champaign, Clark, Clermont, Darke, Greene, Hamilton, Miami, Montgomery, Preble, Shelby, Warren	
PLAN ID	**H7849-088-000**	
PLAN NAME	**Cigna True Choice Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$40	$35/$55
Inpatient Acute Care Hospital	$350 per day for days 1-5; $0 per day for days 6-90	$400 per day for days 1-5; $0 per day for days 6-90
Max Out-of-Pocket (MOOP)	$4,600 applies to in-network Medicare-covered benefits	$8,900 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	40%
Ambulatory Surgical Center (ASC)	$0 - $325	40%
Costshare—Preferred Retail RX (One Month)	Tier 1: $0 Tier 2: $0 Tier 3: $42 Tier 4: $100 Tier 5: 33%	N/A
Cost Share—Preferred Retail RX (Three Months)	Tier 1: $0 Tier 2: $0 Tier 3: $126 (3x one month) Tier 4: $300 (3x one month) Tier 5: N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST

OHIO

OHIO

COUNTIES	**KY:** Boone, Campbell, Grant, Kenton, Pendleton **OH:** Brown, Butler, Champaign, Clark, Clermont, Darke, Greene, Hamilton, Miami, Montgomery, Preble, Shelby, Warren	
PLAN ID	NEW PLAN **H7849-089-000**	
PLAN NAME	**Cigna True Choice Courage Medicare (PPO)**	
	In Network	**Out of Network**
Total Premium	$0	
Cost Share—PCP/Specialist	$0/$30	$20/$45
Inpatient Acute Care Hospital	$260 per day for days 1-5; $0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	$4,100 applies to in-network Medicare-covered benefits	$7,900 applies to in-network and out-of-network Medicare-covered benefits combined
Lab	$0	30%
Ambulatory Surgical Center (ASC)	$0 - $225	30%
Costshare—Preferred Retail RX (One Month)	N/A	N/A
Cost Share—Preferred Retail RX (Three Months)	N/A	N/A
Type of Dental Benefit	Dental Allowance	Combined with in-network
Max Coverage Amount for Preventive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network
Max Coverage Amount for Comprehensive Dental	$2,000 combined preventive and comprehensive allowance every year	Combined with in-network

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

PART B BUY DOWN

NORTHEAST MIDAMERICA

SUBMARKET	CONTRACT AND ID #	PLAN NAME	PLAN TYPE	PLAN TYPE (DETAILED)	COUNTIES	PART B PREMIUM BUY DOWN
Kansas City	H7849-072-000	Cigna True Choice Courage Medicare (PPO)	LPPO	PPO	**KS:** Franklin, Jefferson, Johnson, Leavenworth, Miami, Wyandotte **MO:** Andrew, Bates, Caldwell, Carroll, Cass, Clay, Clinton, DeKalb, Henry, Holt, Jackson, Johnson, Lafayette, Platte, Ray	$60.00
South Illinois	H7849-073-000	Cigna True Choice Courage Medicare (PPO)	LPPO	PPO	Christian, Jackson, Logan, Mason, Menard, Montgomery, Morgan, Moultrie, Perry, Sangamon, Shelby, Williamson	$50.00
South Illinois	H7849-076-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	Christian, Jackson, Logan, Mason, Menard, Montgomery, Morgan, Moultrie, Perry, Sangamon, Shelby, Williamson	$15.00
St. Louis	H7849-074-000	Cigna True Choice Courage Medicare (PPO)	LPPO	PPO	**IL:** Madison, Monroe, St. Clair **MO:** Crawford, Franklin, Jefferson, St. Charles, St. Francois, St. Louis, St. Louis City, Warren, Washington	$75.00
St. Louis	H7849-077-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	**IL:** Madison, Monroe, St. Clair **MO:** Crawford, Franklin, Jefferson, St. Charles, St. Francois, St. Louis, St. Louis City, Warren, Washington	$25.00

NORTHEAST MIDWEST

SUBMARKET	CONTRACT AND ID #	PLAN NAME	PLAN TYPE	PLAN TYPE (DETAILED)	COUNTIES	PART B PREMIUM BUY DOWN
Illinois	H1415-013-000	Cigna Courage Medicare (HMO)	HMO	MA ONLY	Cook, Dekalb, DuPage, Kane, Kankakee, Lake, Mchenry, Will	$25
Illinois	H7849-002-000	Cigna True Choice Medicare (PPO)	LPPO	PPO	Cook, Dekalb, DuPage, Kane, Kankakee, Lake, Mchenry, Will	$5.00
Illinois	H7849-078-000	Cigna True Choice Courage Medicare (PPO)	LPPO	PPO	Cook, Dekalb, DuPage, Kane, Kankakee, Lake, Mchenry, Will	$50.00
Illinois	H7849-080-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	Cook, Dekalb, DuPage, Kane, Kankakee, Lake, Mchenry, Will	$75.00

NORTHEAST NEW ENGLAND

SUBMARKET	CONTRACT AND ID #	PLAN NAME	PLAN TYPE	PLAN TYPE (DETAILED)	COUNTIES	PART B PREMIUM BUY DOWN
Connecticut	H7849-081-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	Litchfield, Middlesex, New Haven	$40.00

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna

NORTHEAST NEW YORK/NEW JERSEY

SUBMARKET	CONTRACT AND ID #	PLAN NAME	PLAN TYPE	PLAN TYPE (DETAILED)	COUNTIES	PART B PREMIUM BUY DOWN
New York	H7849-086-000	Cigna True Choice Courage Medicare (PPO)	LPPO	PPO	Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland	$50.00
New York	H7849-087-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	Nassau	$75.00

NORTHEAST OHIO

SUBMARKET	CONTRACT AND ID #	PLAN NAME	PLAN TYPE	PLAN TYPE (DETAILED)	COUNTIES	PART B PREMIUM BUY DOWN
Ohio	H0672-016-000	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull	$100.00
Ohio	H0672-017-000	Cigna Preferred Savings Medicare (HMO)	HMO	HMO	KY: Boone, Campbell, Grant, Kenton, Pendleton OH: Brown, Butler, Champaign, Clark, Clermont, Darke, Greene, Hamilton, Miami, Montgomery, Preble, Shelby, Warren	$100.00
Ohio	H7849-089-000	Cigna True Choice Courage Medicare (PPO)	LPPO	PPO	KY: Boone, Campbell, Grant, Kenton, Pendleton OH: Brown, Butler, Champaign, Clark, Clermont, Darke, Greene, Hamilton, Miami, Montgomery, Preble, Shelby, Warren	$60.00
Ohio	H7849-090-000	Cigna True Choice Courage Medicare (PPO)	LPPO	PPO	Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull	$60.00

NORTHEAST PENNSYLVANIA

SUBMARKET	CONTRACT AND ID #	PLAN NAME	PLAN TYPE	PLAN TYPE (DETAILED)	COUNTIES	PART B PREMIUM BUY DOWN
New Jersey	H7849-110-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Salem	$25.00
Pennsylvania	H7849-031-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	Adams, Berks, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, York	$25.00
Pennsylvania	H7849-104-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	Lehigh, Northampton	$25.00
Pennsylvania	H7849-108-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	Crawford, Mercer, Venango	$25.00
Pennsylvania	H7849-111-000	Cigna True Choice Savings Medicare (PPO)	LPPO	PPO	Allegheny, Armstrong, Beaver, Butler, Clarion, Lawrence, Washington, Westmoreland	$25.00

2023 market, plan and benefit information subject to CMS approval. Refer to applicable plan documents for details. Do not share. Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2022 Cigna