



Cigna Preferred Medicare (HMO)

ANNUAL NOTICE OF CHANGES FOR 2023

Williamson County Government

You are currently enrolled as a member of Cigna Preferred Medicare (HMO). Next year, there will be some changes to the plan's costs and benefits. This booklet tells about the changes to your plan. To get more information about costs, benefits or rules please review the Evidence of Coverage Snapshot included in this mailing or the Evidence of Coverage located on our website at [CignaMedicare.com/group/MAresources](https://www.CignaMedicare.com/group/MAresources).

- **These changes will take effect on January 1, 2023.**

What to do now

1. **ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital)
 - Review the changes to our drug coverage, including authorization requirements and costs
 - Think about how much you will spend on premiums, deductibles, and cost-shares.
- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.
- Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You* 2023 handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

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

- If you want to **keep** Cigna Preferred Medicare (HMO) you don't need to do anything. You will stay in Cigna Preferred Medicare (HMO).
- To change to a **different plan** that may better meet your needs, contact your Plan Sponsor for information about other plan options that may be available to you and any consequences for opting out of this group plan.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Customer Service number at 1-888-281-7867 (TTY 711). October 1- March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Our automated phone system may answer your call during weekends from April 1 – September 30.
- To get information from us in a way that works for you, please call Customer Service. We can give you information in braille, in large print, and other alternate formats if you need it.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/affordable-care-act/individuals-and-families for more information.

About Cigna Preferred Medicare (HMO)

- Cigna is contracted with Medicare for HMO, PPO, and PDP plans and with select State Medicaid programs. Enrollment in Cigna depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means Cigna. When it says “plan” or “our plan”, it means Cigna Preferred Medicare (HMO).

Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Cigna Preferred Medicare (HMO) in several important areas. **Please note this is only a summary of changes.**

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amounts This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	\$3,000	\$3,000
Doctor office visits	Primary care visits: \$10 per visit Specialist visits: \$20 per visit	Primary care visits: \$10 per visit Specialist visits: \$20 per visit
Inpatient hospital stays	\$200 per admission	\$200 per admission
Part D prescription Drug Coverage (See Section 2.6 for details.)	Deductible: \$0 Copays during the Initial Coverage Stage for a 30-day supply: <ul style="list-style-type: none"> • Drug Tier 1: \$10 copay • Drug Tier 2: \$25 copay • Drug Tier 3: \$50 copay • Drug Tier 4: \$50 copay 	Deductible: \$0 Copays during the Initial Coverage Stage for a 30-day supply: <ul style="list-style-type: none"> • Drug Tier 1: \$10 copay • Drug Tier 2: \$25 copay • Drug Tier 3: \$50 copay • Drug Tier 4: \$50 copay

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SECTION 1 Refer to the information you received from your Plan Sponsor if you choose to stay enrolled

The information in this document tells you about the differences between your current benefits and the benefits you will have on January 1, 2023 in the Cigna Preferred Medicare (HMO) plan. Please read the letter from your Plan Sponsor telling you about your membership in Cigna Preferred Medicare (HMO). It has important information about the different ways you can get your Medicare coverage, including information about how to make a change in your coverage.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

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

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year. The Maximum out-of-pocket amount applies to covered in-network Part A and Part B services. It does not apply to covered out-of-network Part A and Part B services.

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount	\$3,000	\$3,000
Your costs for covered medical services (such as copays) count toward your out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		Once you have paid \$3,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider Network

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

There are changes to our network of providers for next year. **Please review the 2023 *Provider and Pharmacy Directory* to see if your providers (primary care provider, specialists, hospitals, and pharmacies etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

Section 2.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. **Please review the 2023 *Provider and Pharmacy Directory* to see if which pharmacies are in our network.**

Section 2.5 – Changes to Benefits and Costs for Medical Services

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

Benefit	2022 (this year)	2023 (next year)
Cigna Healthy Today Card / Incentives	You received your choice from Amazon, Target or Walmart for a \$50 gift card for completing the yearly health check-up.	Your Cigna Medicare Advantage Plan now includes a flexible spending card called the Cigna Healthy Today SM card. This preloaded Visa card gives you easy access to your incentive rewards. For starters, you will receive \$30 on your Cigna Healthy Today card after you have completed your Yearly Health Check-Up and your claim is verified. Then, if eligible, you may be able to earn additional rewards up to \$170 for completing other activities, such as diabetic management screenings, mammograms, and colorectal cancer screenings. For more information, contact Customer Service.
Home Life Resources	Not covered.	Customers will have quick and convenient access to trusted local resources to assist with everyday needs such as finding child care, eldercare, pet care, home repairs, and more at no cost to you.

Section 2.6 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Basic Drug List is posted online and can be found at [CignaMedicare.com/group/MAresources](https://www.cignamedicare.com/group/MAresources). The Drug List provided includes many — *but not all* — of the drugs that we will cover next year. If you don’t see your drug on this list, it might still be covered. You can get a copy of the Drug List by calling Customer Service or by visiting our website.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of the *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate mailing, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug coverage. If you get “Extra Help” and didn’t receive this insert by November 2022, please call Customer Service and ask for the “LIS Rider.” Phone numbers for Customer Service are in Section 8.1 of this booklet.

There are four “drug payment stages.”

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage There is no deductible for this plan.	The deductible is \$0 .	The deductible is \$0 .

Changes to Your Cost-sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in your <i>Evidence of Coverage Snapshot</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier; look them up on the Drug List.</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p>Drug Tier 1: \$10 copay Drug Tier 2: \$25 copay Drug Tier 3: \$50 copay Drug Tier 4: \$50 copay</p> <p>Once your total drugs costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p>Drug Tier 1: \$10 copay Drug Tier 2: \$25 copay Drug Tier 3: \$50 copay Drug Tier 4: \$50 copay</p> <p>Once your total drugs costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>
<p>Mail-Order</p> <p>Cost-share during the Initial Coverage Stage for prescriptions filled using a network mail-order service for a 90-day supply.</p>	<p>Drug Tier 1: \$20 copay Drug Tier 2: \$50 copay Drug Tier 3: \$100 copay Drug Tier 4: N/A</p> <p>Specialty drugs are limited to a 30-day supply</p>	<p>Drug Tier 1: \$20 copay Drug Tier 2: \$50 copay Drug Tier 3: \$100 copay Drug Tier 4: N/A</p> <p>Specialty drugs are limited to a 30-day supply</p>

Important Message About What You Pay for Insulin

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. If your insulin is on a tier where cost-sharing is lower than \$35, you will pay the lower cost for your insulin.

Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. Call Customer Service for more information.

SECTION 3 Administrative Changes

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

Process	2022 (this Year)	2023 (next year)
The 2023 Basic Drug List will not be printed and included in the Benefit Booklet.	The 2022 Formulary was printed and mailed in your Benefit Booklet	The Basic drug list will be posted online and updated each month at Cignamedicare.com/group/MAResources .
Cigna Healthy Today Card	Allowance amounts for select benefits are provided by different methods.	Allowance amounts for select benefits will be loaded onto the Cigna Healthy Today benefit card. This debit card can be used at different retailers and/or providers. Benefits, coverage and amounts vary. Limitations, exclusions, and restrictions may apply. For more information see your Supplemental Benefits Guide or call Customer Service.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in *Cigna Preferred Medicare (HMO)*

To stay in this plan for 2023, refer to information received from your Plan Sponsor.

Section 4.2 – If you want to change plans

Before you decide to leave the plan please contact your Plan Sponsor for information about other plan options that may be available to you and any consequences for opting out of this group plan.

We hope to keep you as a member next year, but if you want to change for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- OR-- you can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2023*, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare and click “Find health & drug plans.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Cigna offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change to a different Medicare health plan, enroll in the new plan. You will automatically be disenrolled from our plan.
- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from our plan.
- To change to Original Medicare without a prescription drug plan, you must either:

- Contact your plan Sponsor or refer to information you received from your Plan Sponsor for instructions.
- – or – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 5 Deadline for Changing Plans

Please contact your Plan Sponsor for information about other plan options that may be available to you and any consequences for opting out of this group plan. Refer to the information about when you are allowed to make changes to your plan.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage at any time. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state.

SHIPs are independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. For a listing of the state specific SHIPs, see your *Evidence of Coverage*, Appendix A.

SECTION 7 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).

- **Help from your state's pharmaceutical assistance program, if applicable.** There may be a program in your state called the State Pharmaceutical Assistance Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (for the name and phone numbers for this organization, refer to the *Evidence of Coverage*).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, refer to the *Evidence of Coverage* to locate the phone number for the ADAP in your state.

SECTION 8 Questions?

Section 8.1 – Getting Help from Cigna Preferred Medicare (HMO)

Questions? We're here to help. Please call Customer Service at 1-888-281-7867 (TTY Only, call 711). We are available for phone calls October 1 - March 31, 8:00 a.m. – 8:00 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Our automated phone system may answer your call during weekends from April 1 – September 30. Calls to these numbers are free.

Read your 2023 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the 2023 *Evidence of Coverage* for Cigna Preferred Medicare (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [CignaMedicare.com/group/MAresources](https://www.cignamedicare.com/group/MAresources).

Visit our Website

You can also visit us online at [CignaMedicare.com/group/MAresources](https://www.cignamedicare.com/group/MAresources) to find a provider or pharmacy, view plan information, and more.

Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare.)

Read *Medicare & You* 2023

You can read *Medicare & You* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048

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