

Contact us with questions.

Call 1-855-561-3811 (TTY 711), 8 a.m. to 8 p.m. local time, 7 days a week October–March, Monday to Friday April–September. Our automated phone system may answer your call during weekends, holidays and after hours or visit CignaMedicare.com.



CHOOSE CIGNA MEDICARE ADVANTAGE

2021—Phoenix, AZ



Together, all the way.®

Better value is here for you.

Are you ready for more?

Now more than ever, it's important to have a health plan that provides more benefits at every step of your health care journey. Cigna Medicare Advantage plans offer all-in-one coverage, with benefits such as preventive care, doctor and hospital visits, telehealth (virtual care) and more.

At Cigna, our Medicare Advantage plans offer all the coverage of Original Medicare plus you may get additional coverage and benefits, such as:

- › Inpatient and outpatient hospital coverage
- › Prescription drug coverage
- › Dental services
- › Telehealth (virtual care)
- › Vision services
- › Hearing services
- › Fitness program options

What's the right plan for you?

Your wants and needs are unique. That's why Cigna offers options. Use the enclosed chart to compare coverage, benefits and costs. For a more detailed review and comparison to Original Medicare, please see the *Summary of Benefits* document, which includes Original Medicare covered services.

At Cigna, we're here to help you before, during and long after enrollment. If you have questions, just ask.



Plans and Service Areas

Cigna Alliance Medicare (HMO) H0354-028

You must live in these service areas:

Maricopa county, AZ (Full County)
Pinal county, AZ (select zip codes - 85117, 85118, 85119, 85120, 85140, 85143, 85178, 85220)

Cigna Achieve Medicare (HMO C-SNP) H0354-027

You must live in these service areas:

Maricopa county, AZ (Full County)
Pinal county, AZ (select zip codes - 85117, 85118, 85119, 85120, 85140, 85143, 85178, 85220)

Cigna Preferred Medicare (HMO) H0354-001

You must live in these service areas:

Maricopa county, AZ (Full County)
Pinal county, AZ (select zip codes - 85117, 85118, 85119, 85120, 85140, 85143, 85178, 85220)

Notes:

This chart compares Cigna coverage to Original Medicare.

Benefits	Original Medicare	Cigna Alliance Medicare (HMO) H0354-028	Cigna Achieve Medicare (HMO C-SNP) H0354-027 ¹	Cigna Preferred Medicare (HMO) H0354-001
Consider this plan for:	Part A and B only (standard coverage)	Better benefits supported by a dedicated network of providers	Easy and affordable Diabetes management	\$0 monthly plan premium
Monthly Plan Premium	For 2020 the standard monthly Part B premium is \$144.60 (amount may change for 2021)	\$0 monthly premium	\$0 monthly premium	\$0 monthly premium
Prescription Drug Coverage	Not covered	\$0 deductible and \$0 copay for many prescription drugs	\$0 deductible and \$0 copay for many prescription drugs	\$0 deductible and \$0 copay for many prescription drugs
Primary Care Provider (PCP)	20% coinsurance	\$0 copay	\$0 copay	\$0 copay
Physician Specialist	20% coinsurance	\$5 copay	\$20 copay	\$25 copay
Inpatient Hospital	For 2020 the amounts for each benefit period are: Days 1–60: \$1,408 deductible and \$0 per day Days 61–90: \$352 per day	\$185 per day for days 1–7 \$0 per day for days 8–90	\$225 per day for days 1–7 \$0 per day for days 8–90	\$225 per day for days 1–7 \$0 per day for days 8–90
Transportation	Nonemergency transportation may be covered if you have an order from your provider	\$0 copay for unlimited trips every year ²	\$0 copay for unlimited trips every year ²	\$0 copay for 24 one-way trips every year ²
Dental Services	Not covered	Preventive and Comprehensive Dental Services; No maximum for Comprehensive each year	Preventive Dental Services; Comprehensive Dental benefit available for an additional \$13.50 premium	Preventive Dental Services; Comprehensive Dental benefit available for an additional \$13.50 premium
Vision Services	Eye exams for eyeglasses or contact lenses not covered	\$5 copay for one routine exam every year; \$200 allowance for routine eyewear every year	\$20 copay for one routine exam every year; \$200 allowance for routine eyewear every year	\$25 copay for one routine exam every year; \$100 allowance for routine eyewear every year
Over-the-Counter Items	Not covered	\$70 over-the-counter quarterly allowance ³	\$40 over-the-counter quarterly allowance ³	\$40 over-the-counter quarterly allowance ³
Hearing Services	Hearing aids or exams for fitting hearing aids not covered	\$0 copay for one routine exam every year; \$700 for hearing aids per ear per device every three years	\$10 copay for one routine exam every year	\$10 copay for one routine exam every year
Telehealth (virtual)	Medicare Part B covers certain telehealth services; 20% coinsurance	\$0 copay nonemergency virtual care visit with an MDLIVE provider	\$0 copay nonemergency virtual care visit with an MDLIVE provider	\$0 copay nonemergency virtual care visit with an MDLIVE provider
Fitness Program	Not covered	\$0 copay	\$0 copay	\$0 copay

Notes:

¹ You must be clinically diagnosed with Diabetes to be eligible for this plan.

² Customers are required to coordinate with Cigna vendors for transportation to plan-approved locations at least 48 hours in advance. Mileage restrictions may apply. See *Evidence of Coverage* for full details and restrictions related to benefit.

³ This plan offers an allowance every three months for over-the-counter medication and products, as listed in the *OTC Catalog*.