



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

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ABOUT 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



OUR HISTORY

1912



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

2006



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



1792

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



25+

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



2018

Cigna completes combination with **Express Scripts®**



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.



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



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](#).





WHY CIGNA MEDICARE



WHY **CIGNA MEDICARE**

INTRODUCING **CIGNA'S EVOLVED STRATEGY**

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



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.



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



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)



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



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



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



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





SUPPLEMENTAL **HEALTH BENEFITS**



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.



SUPPLEMENTAL HEALTH BENEFITS

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



SUPPLEMENTAL HEALTH BENEFITS

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)



SUPPLEMENTAL HEALTH BENEFITS

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.



SUPPLEMENTAL HEALTH BENEFITS

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.



SUPPLEMENTAL HEALTH BENEFITS

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 dietitians are on staff at GA Foods.

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



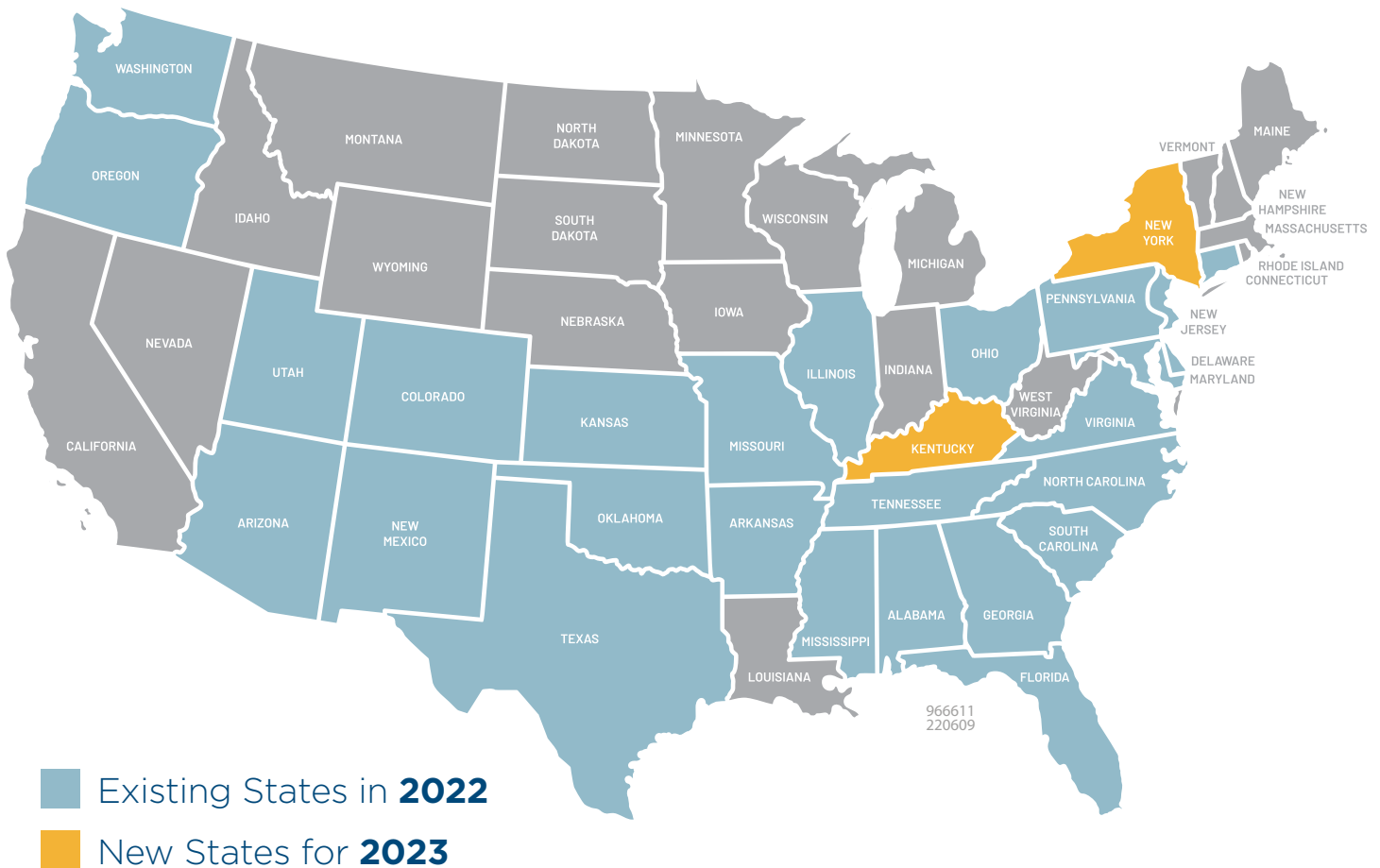


NEW FOR 2023



NEW FOR **2023**

CIGNA MEDICARE ADVANTAGE **2023 FOOTPRINT**



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



NEW FOR 2023



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



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



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**



NEW FOR **2023**





STATE + MARKET **PLANS**





CLICK TO VIEW A **PLAN BY STATE**



Alabama

Arizona

Arkansas

Colorado

Connecticut

Delaware

District of Columbia

Florida

Georgia



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





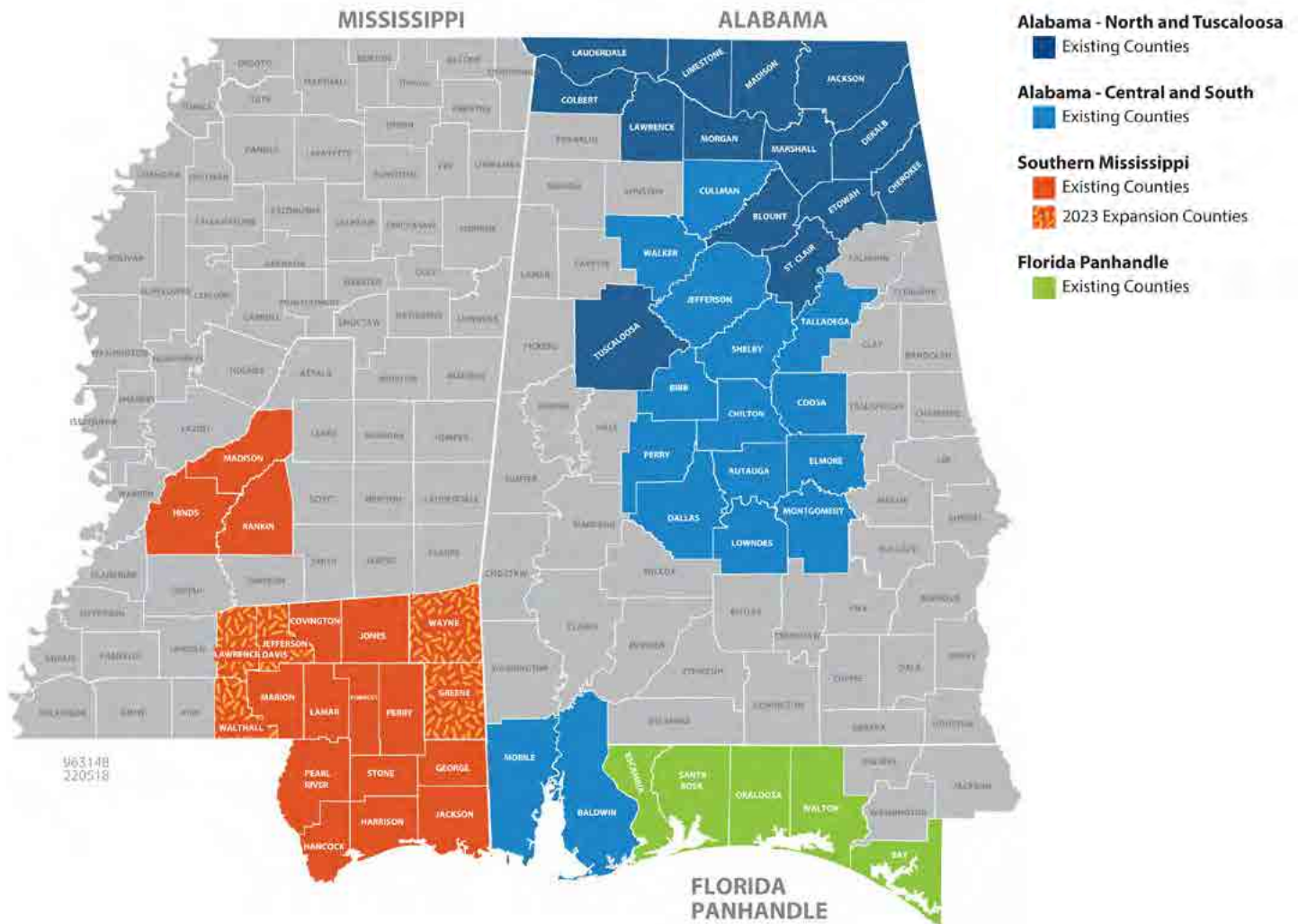
STATE + MARKET **PLANS**

SOUTHEAST REGION



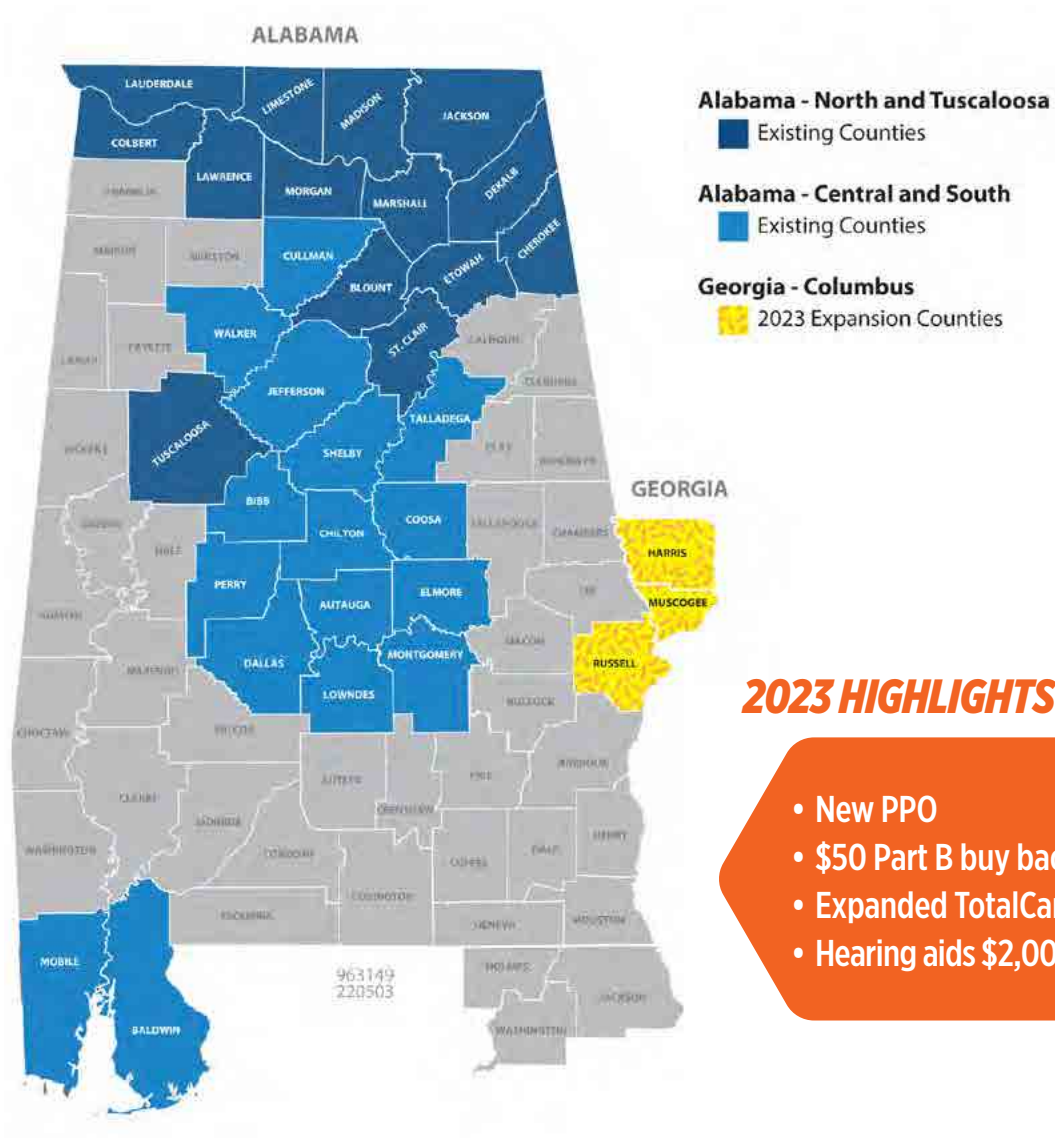
ALABAMA, FLORIDA PANHANDLE, AND SOUTHERN MISSISSIPPI

2023 OVERVIEW



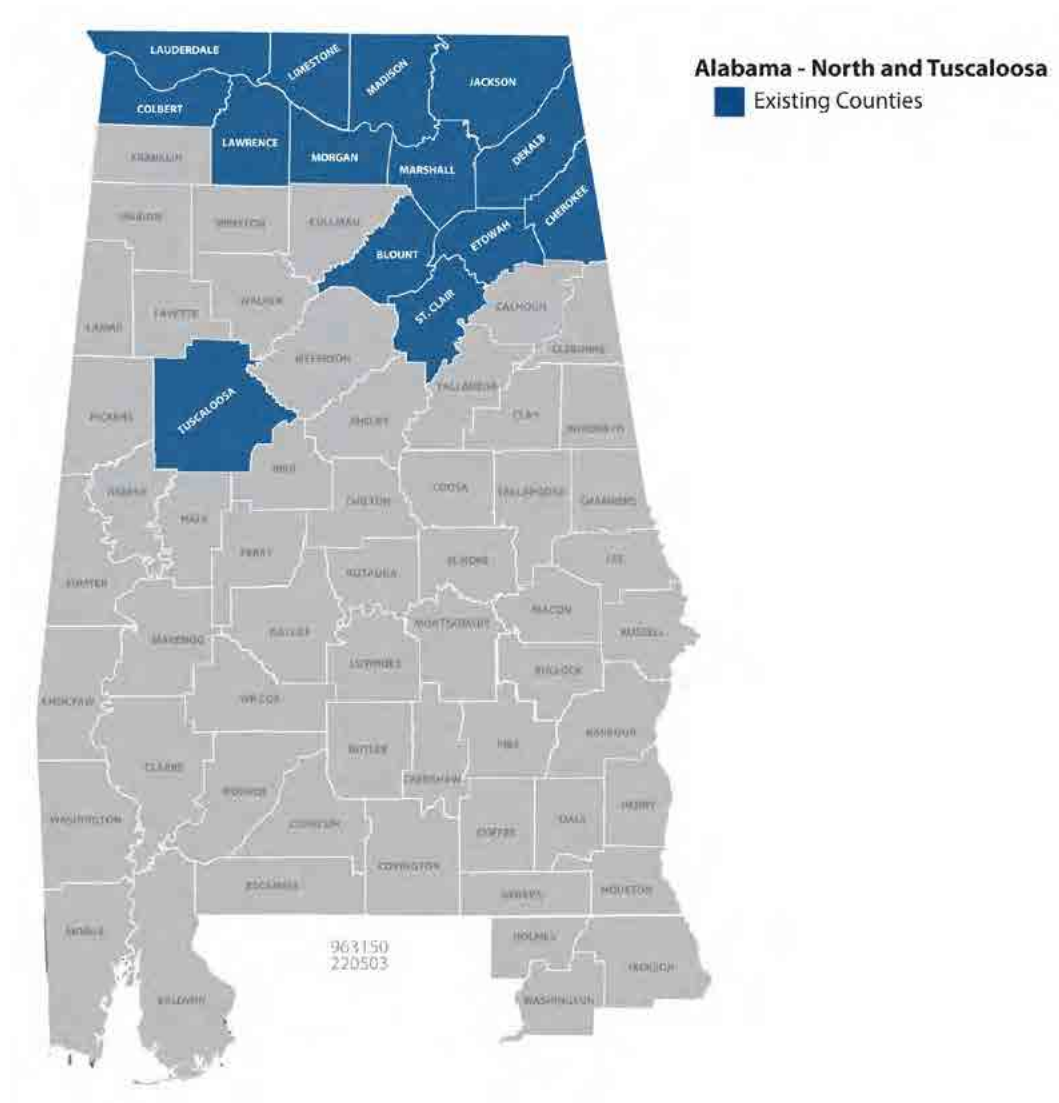
ALABAMA

2023 OVERVIEW



ALABAMA— NORTH AND TUSCALOOSA

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
313,405

**MEDICARE ADVANTAGE
PENETRATION:**
47.4%



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



STATE + MARKET PLANS

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



SOUTHEAST

ALABAMA
ALABAMA

COUNTIES	Blount, Cherokee, Colbert, Dekalb, Etowah, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marshall, Morgan, Russell, St. Clair, Tuscaloosa	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



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



SOUTHEAST

ALABAMA

ALABAMA

COUNTIES	Blount, Cherokee, Colbert, Dekalb, Etowah, Jackson, Lawrence, Limestone, Madison, Marshall, Morgan, St. Clair, Tuscaloosa	
PLAN ID	<div>NEW PLAN</div> 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



ALABAMA— CENTRAL AND SOUTH

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
481,683

**MEDICARE ADVANTAGE
PENETRATION:**
59.2%



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



STATE + MARKET PLANS

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



SOUTHEAST

ALABAMA
ALABAMA

COUNTIES	Autauga, Baldwin, Bibb, Chilton, Coosa, Cullman, Dallas, Elmore, Jefferson, Lowndes, Mobile, Montgomery, Perry, Shelby, Talladega, Walker	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



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



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	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

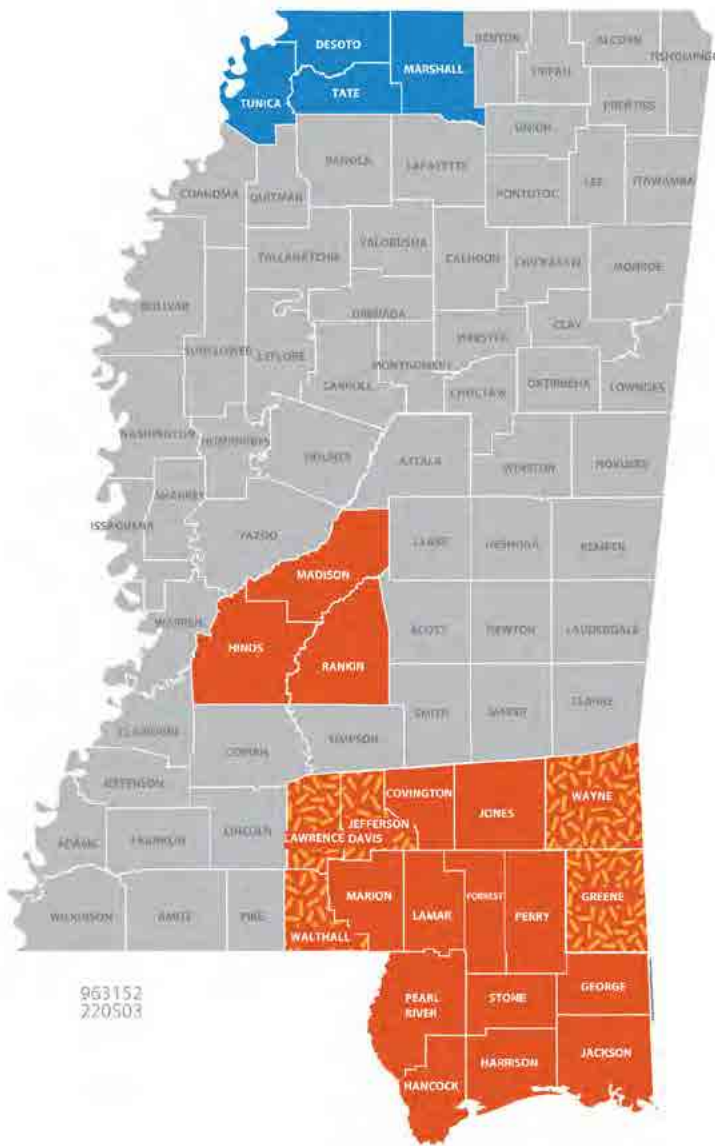


STATE + MARKET **PLANS**



MISSISSIPPI

2023 OVERVIEW



Northern Mississippi - Tunica Area

Existing Counties

Southern Mississippi

Existing Counties

2023 Expansion Counties

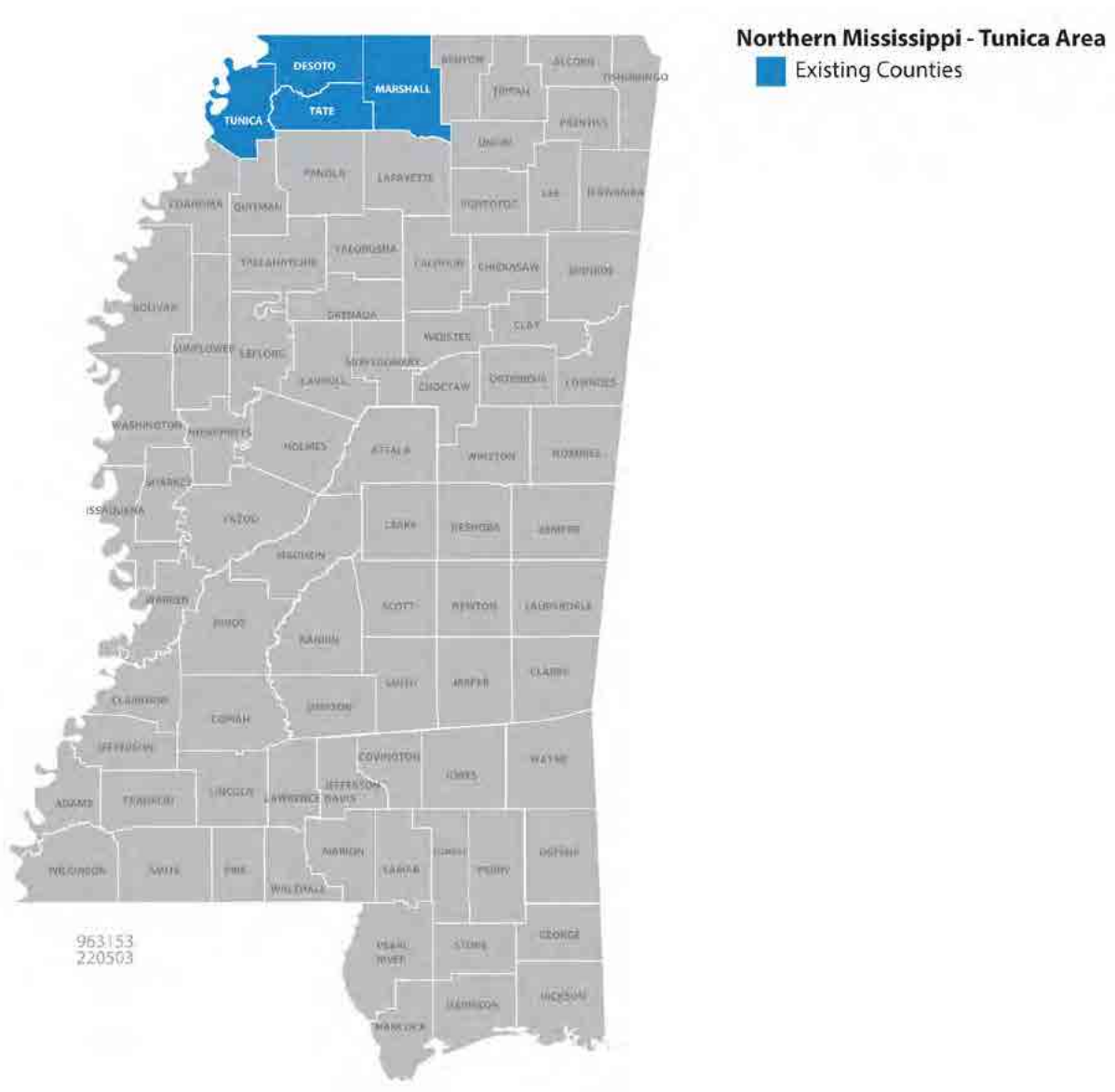
2023 HIGHLIGHTS

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



MISSISSIPPI — NORTHERN

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
46,149

**MEDICARE ADVANTAGE
PENETRATION:**
32%



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 OVERVIEW





**MEDICARE ADVANTAGE
PENETRATION:**
37.9%



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	 H4407-004-000	 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




STATE + MARKET PLANS

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	 H4407-026-000	 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



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



FLORIDA

2023 OVERVIEW



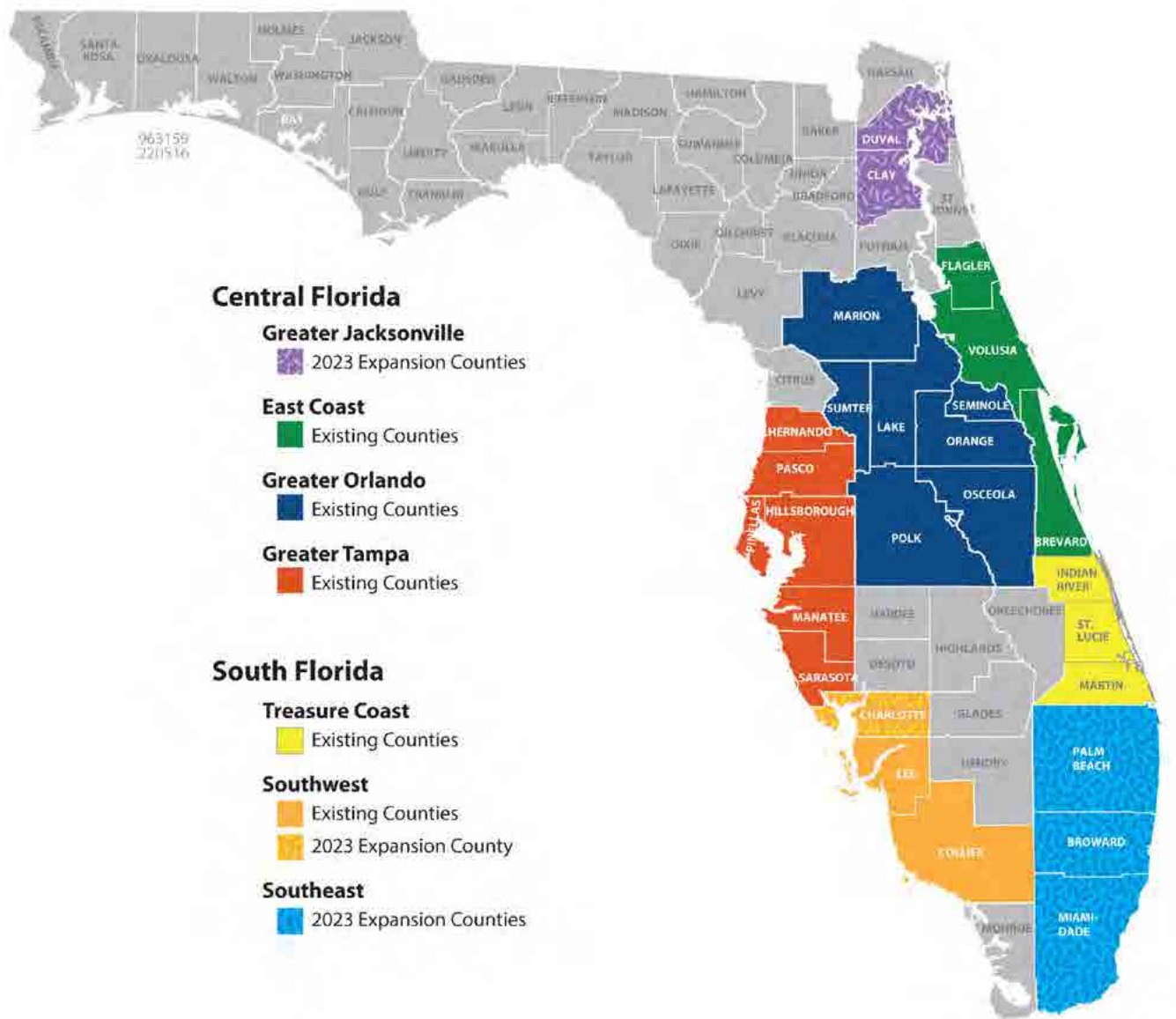
2023 HIGHLIGHTS

- 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



FLORIDA — CENTRAL AND SOUTH

2023 OVERVIEW






STATE + MARKET PLANS

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	 H5410-031-000	 H5410-045-000	 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



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



STATE + MARKET PLANS

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



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





STATE + MARKET PLANS

SOUTHEAST

FLORIDA

SOUTHWEST FLORIDA



COUNTIES	Charlotte, Collier, Lee	Charlotte, Collier, Lee
PLAN ID	 H4510-039-000	 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



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



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



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





STATE + MARKET PLANS

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



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



STATE + MARKET PLANS

SOUTHEAST

FLORIDA

SOUTHEAST FLORIDA

COUNTIES	Palm Beach	Broward, Miami-Dade, Palm Beach
PLAN ID	NEW PLAN H5410-054-000	NEW PLAN 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



SOUTHEAST

FLORIDA

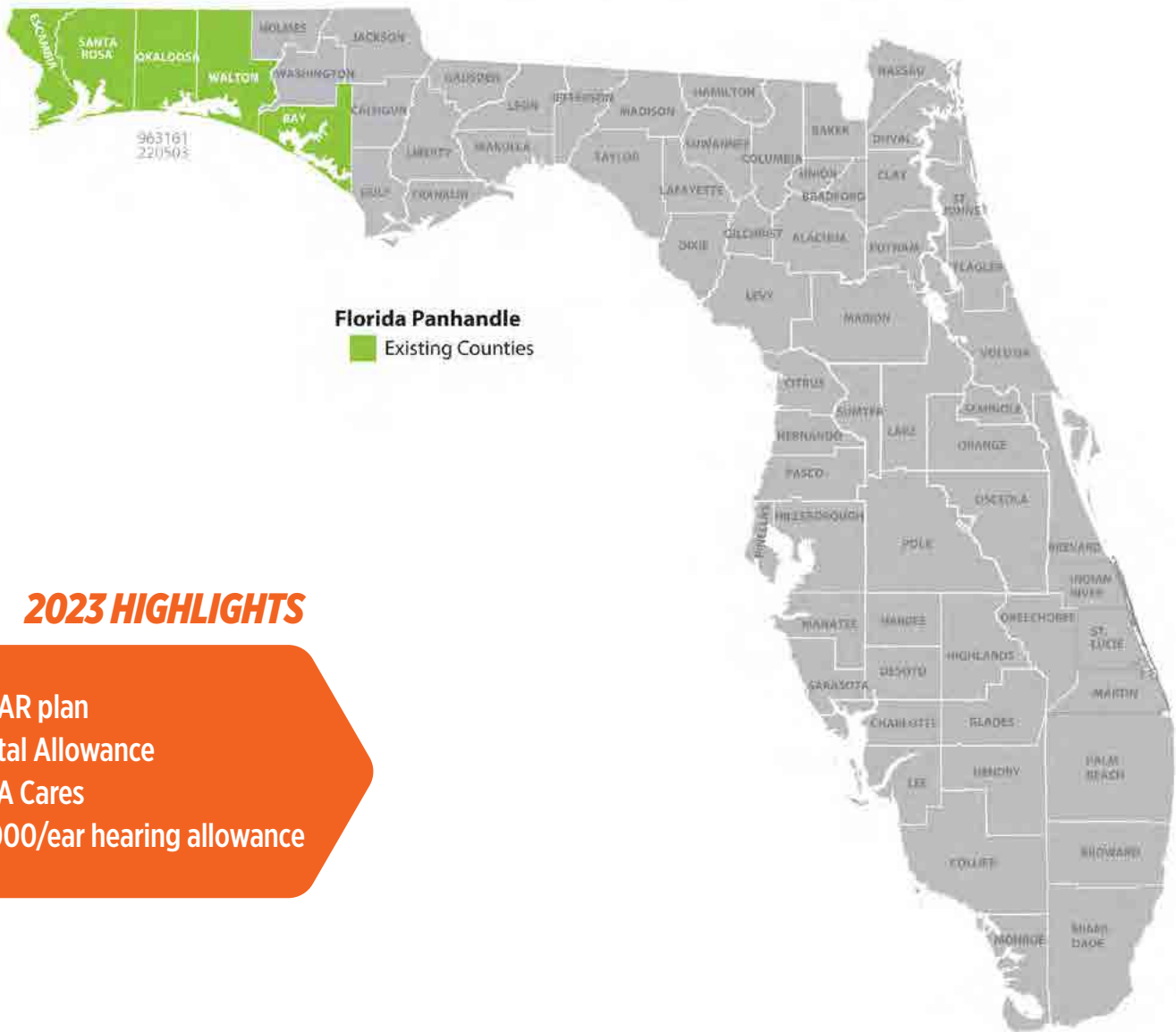
SOUTHEAST FLORIDA

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



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%



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



STATE + MARKET PLANS

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



SOUTHEAST

ALABAMA

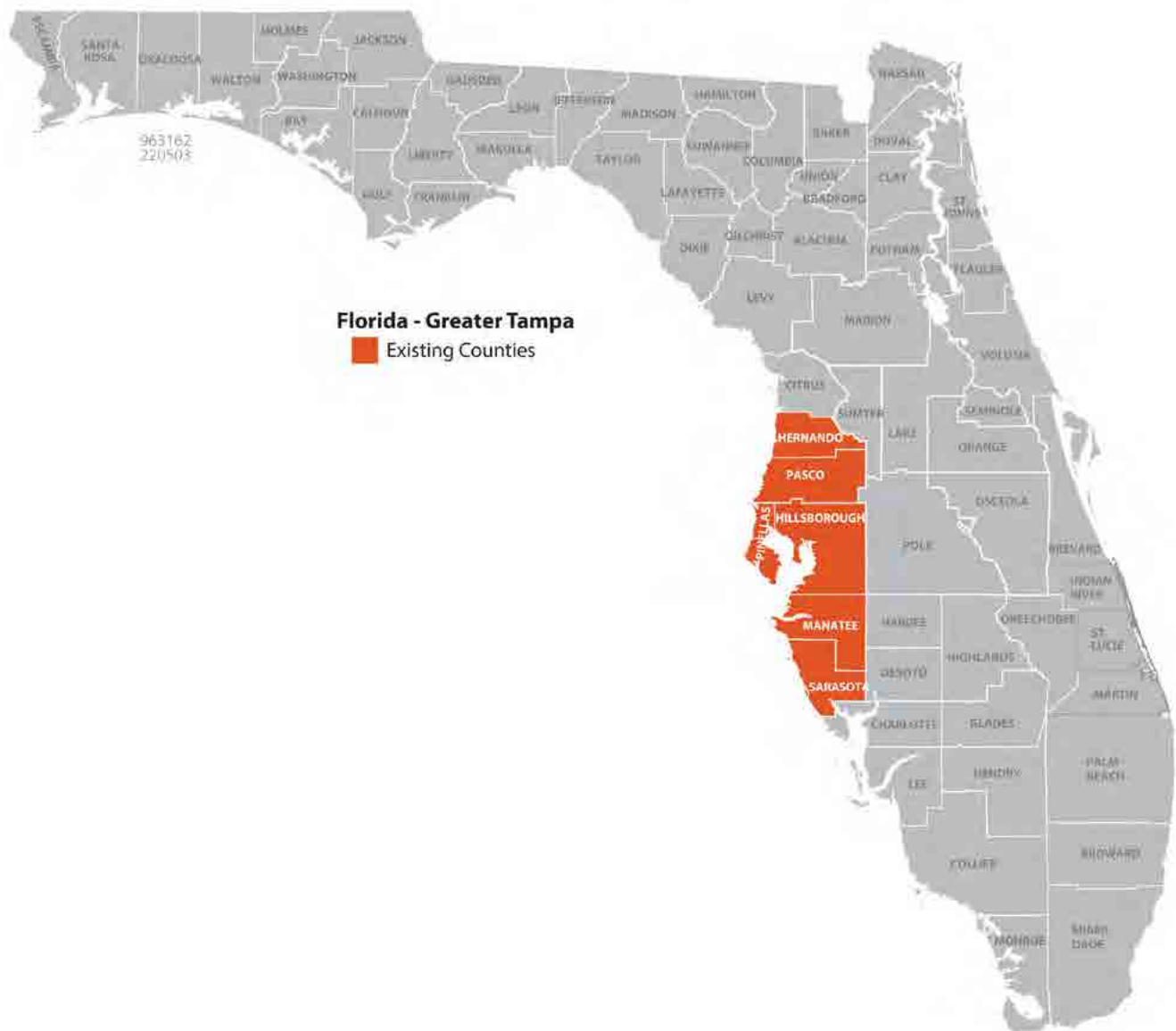
NORTH FLORIDA

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



FLORIDA — GREATER TAMPA

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
971,895

**MEDICARE ADVANTAGE
PENETRATION:**
54.2%



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



STATE + MARKET PLANS

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



SOUTHEAST

CENTRAL FLORIDA

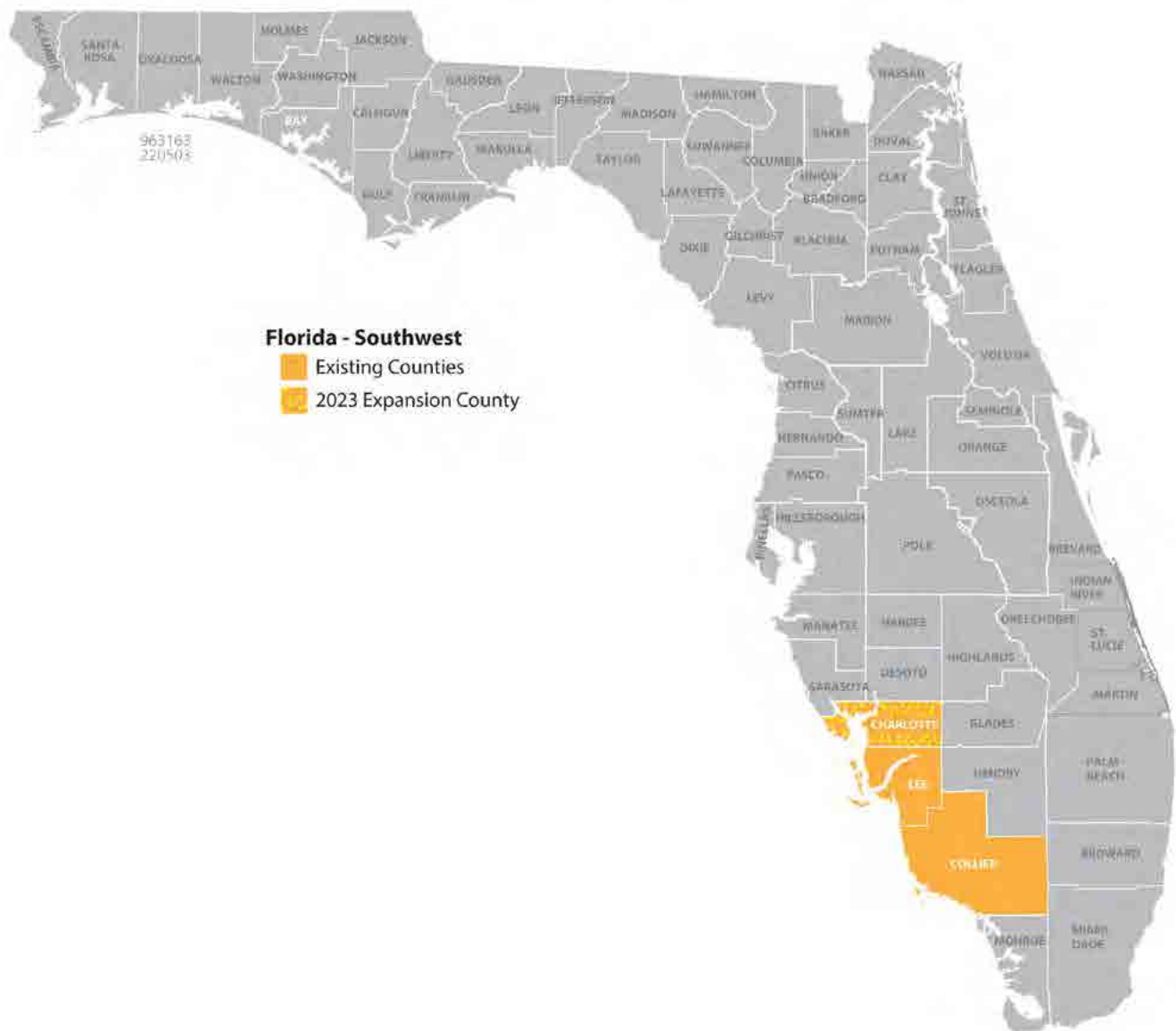
TAMPA

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



FLORIDA — SOUTHWEST

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
398,315



**MEDICARE ADVANTAGE
PENETRATION:**
41.8%



SOUTHEAST

FLORIDA

SOUTHWEST FLORIDA

COUNTIES	Charlotte, Collier, Lee	Charlotte, Collier, Lee
PLAN ID	 H4510-039-000	 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





STATE + MARKET PLANS

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



SOUTHEAST

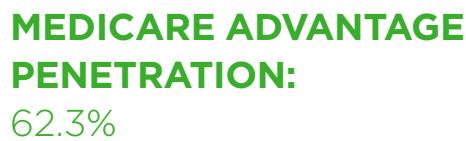
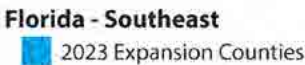
FLORIDA

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





2023 OVERVIEW



SOUTHEAST

FLORIDA

SOUTHEAST FLORIDA

COUNTIES	Broward	Broward, Miami-Dade, Palm Beach
PLAN ID	 H5410-048-000	 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





STATE + MARKET PLANS

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



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





STATE + MARKET PLANS

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



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



STATE + MARKET **PLANS**



STATE + MARKET PLANS

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



SOUTHEAST

FLORIDA

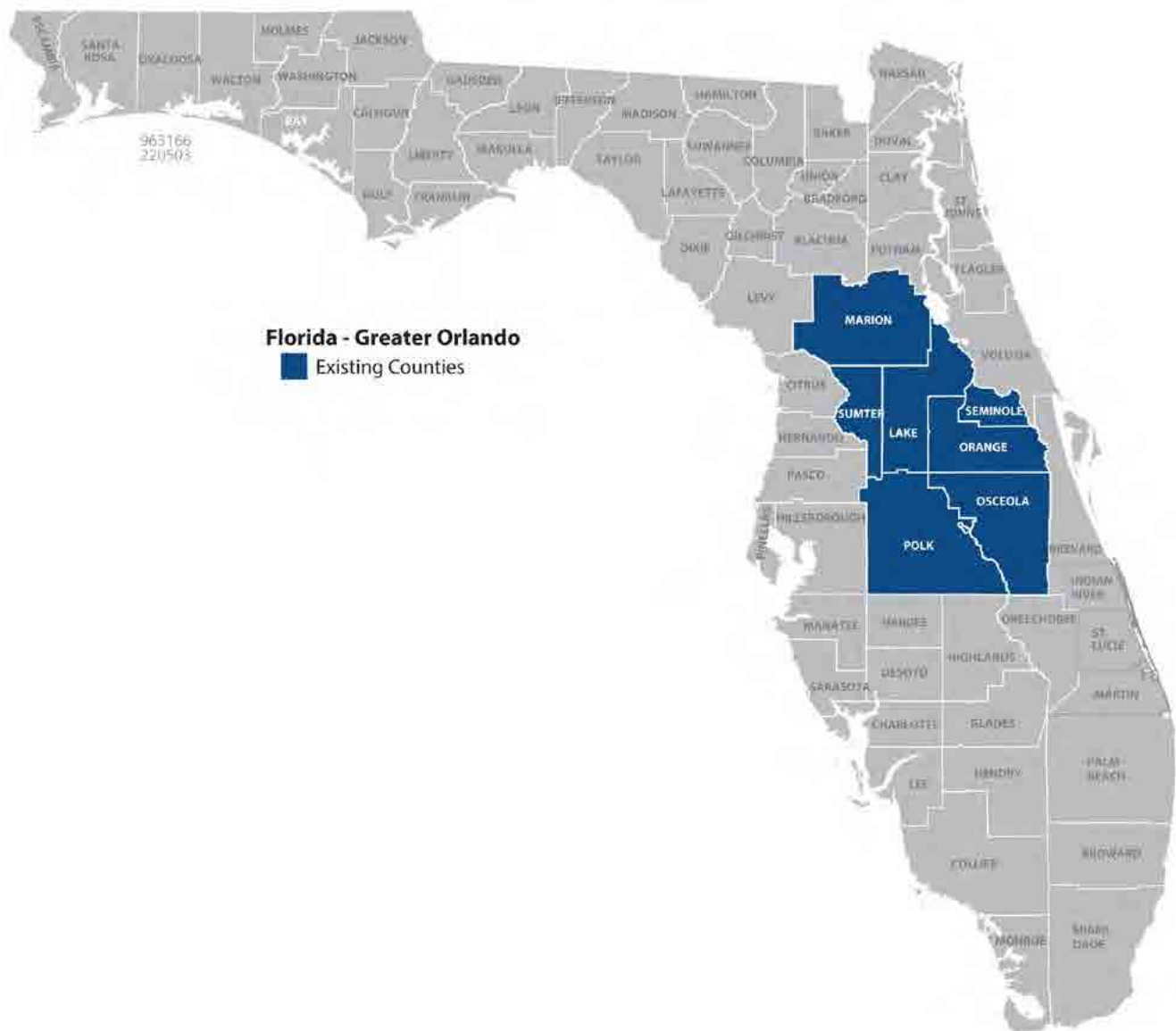
TREASURE COAST

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



FLORIDA — GREATER ORLANDO

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
829,207

**MEDICARE ADVANTAGE
PENETRATION:**
56.7%



SOUTHEAST

CENTRAL FLORIDA

ORLANDO

COUNTIES	Lake, Marion, Orange, Osceola, Polk, Seminole, Sumter	Lake, Marion, Orange, Osceola, Polk, Seminole, Sumter
PLAN ID	H5410-024-000	NEW COUNTIES 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



STATE + MARKET PLANS

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



SOUTHEAST

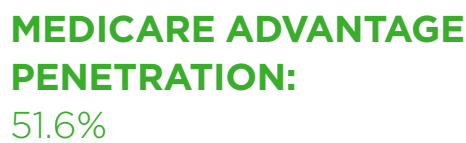
CENTRAL FLORIDA

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 OVERVIEW



SOUTHEAST

CENTRAL FLORIDA

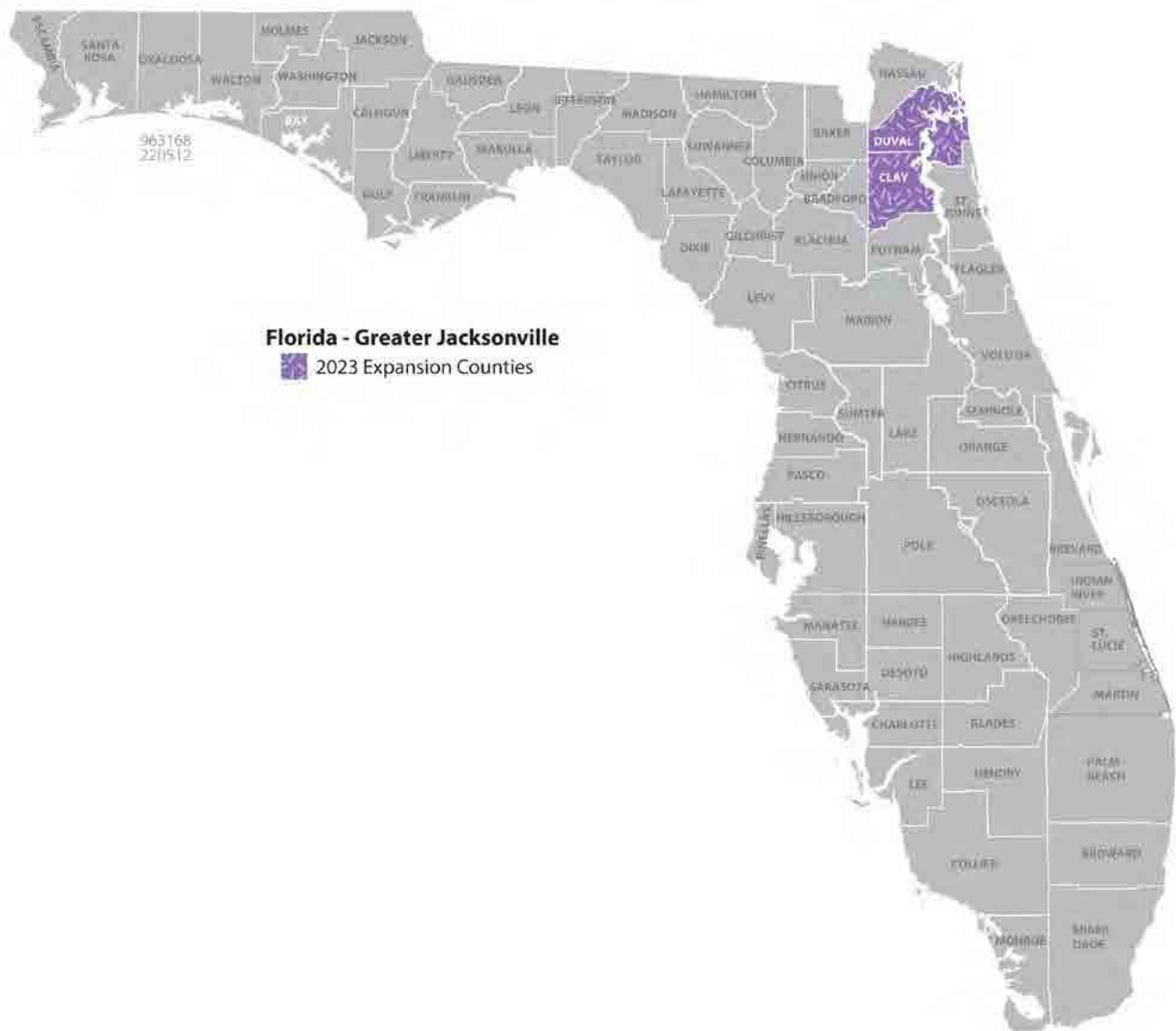
DAYTONA

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



FLORIDA — GREATER JACKSONVILLE

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
219,671

**MEDICARE ADVANTAGE
PENETRATION:**
45.7%



SOUTHEAST

CENTRAL FLORIDA
JACKSONVILLE

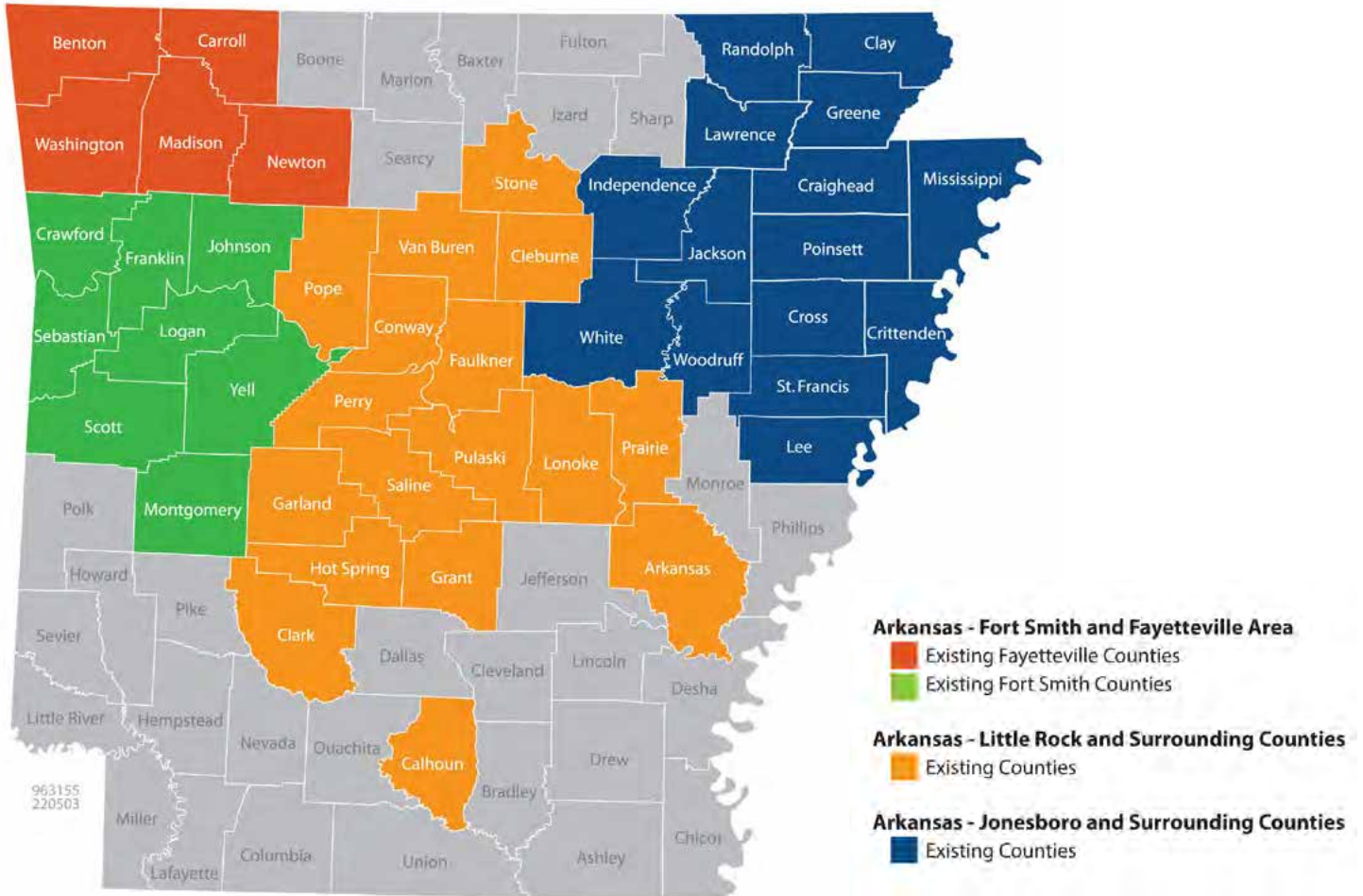
COUNTIES	Clay, Duval	Clay, Duval
PLAN ID	NEW PLAN H5410-043-000	NEW PLAN H5410-044-000
PLAN NAME	Cigna Preferred Medicare (HMO)	Cigna Preferred Savings Medicare (HMO)
Total Premium	\$0	\$0
Cost Share— PCP/Specialist	\$0/\$10	\$0/\$30
Inpatient Acute Care Hospital	\$150 per day for days 1-6; \$0 per day 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



STATE + MARKET PLANS

ARKANSAS

2023 OVERVIEW



2023 HIGHLIGHTS

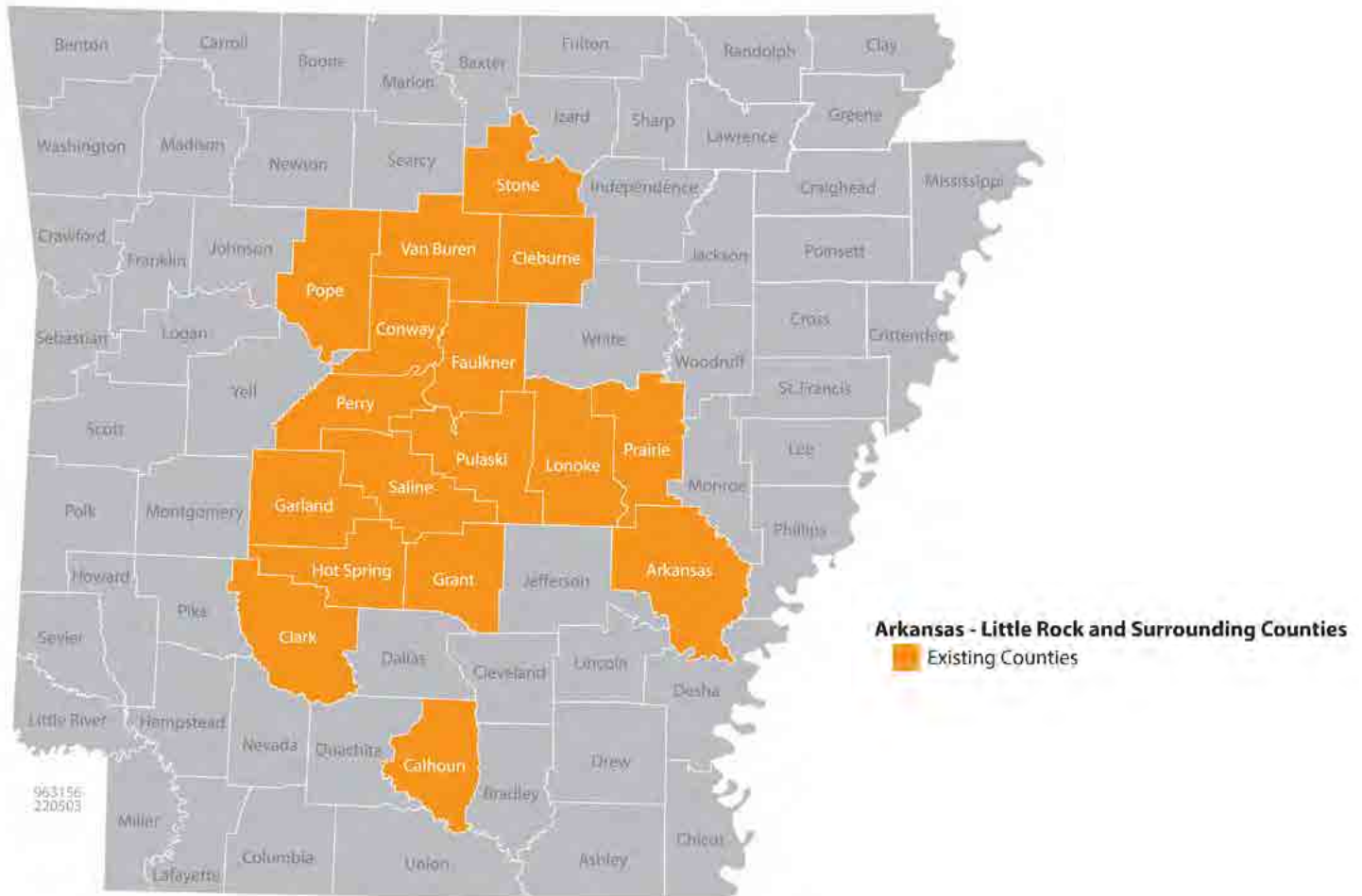
- New PPO plan option
- Dental Allowance
- Insulin Savings plan added/ all plans
- \$ 60 OTC/FLEX card





ARKANSAS — LITTLE ROCK

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
235,059

**MEDICARE ADVANTAGE
PENETRATION:**
33.5%



SOUTHEAST

TENNESSEE

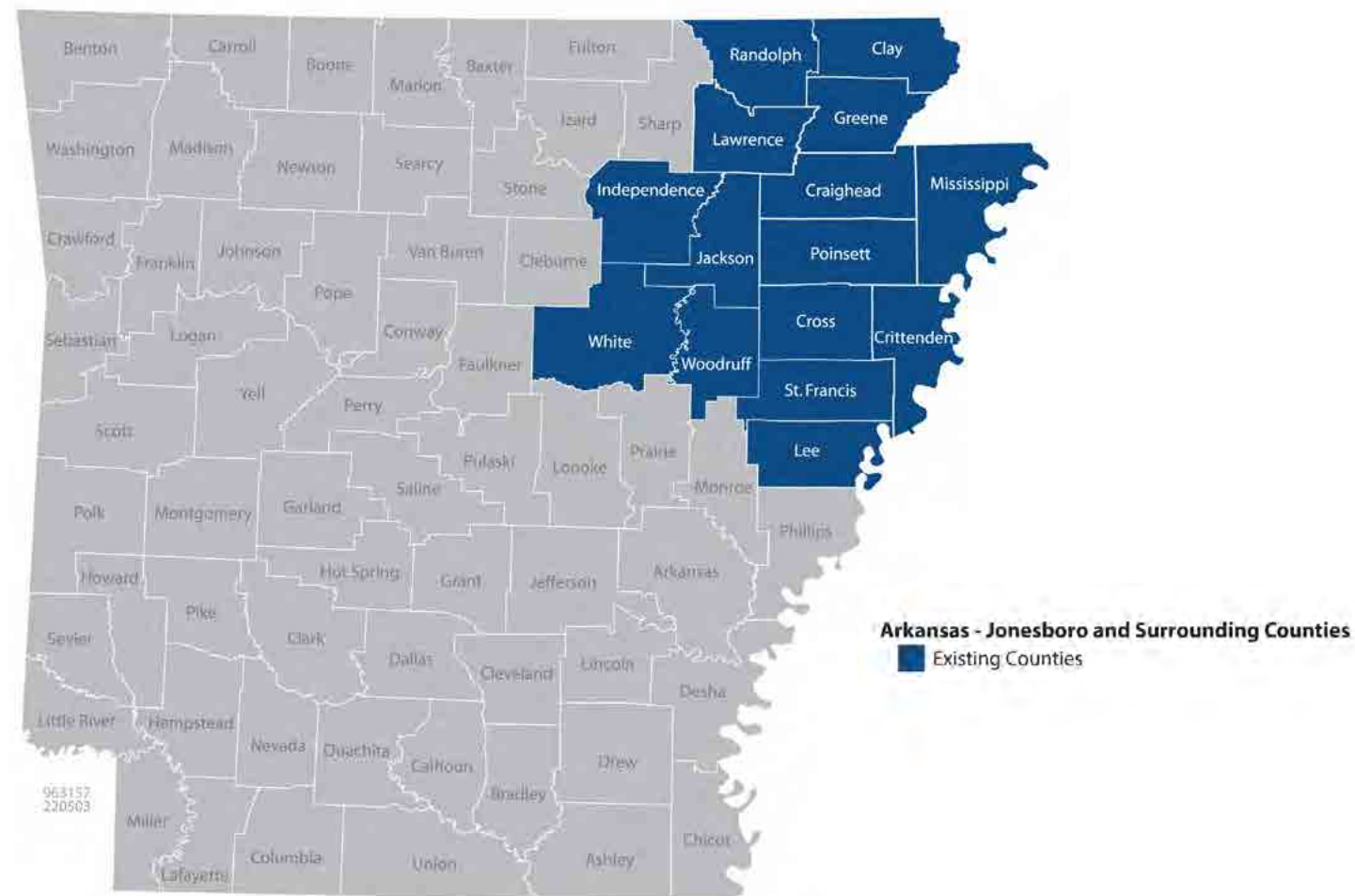
ARKANSAS

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



ARKANSAS — JONESBORO

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
107,087

**MEDICARE ADVANTAGE
PENETRATION:**
35.1%



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



SOUTHEAST

TENNESSEE

ARKANSAS

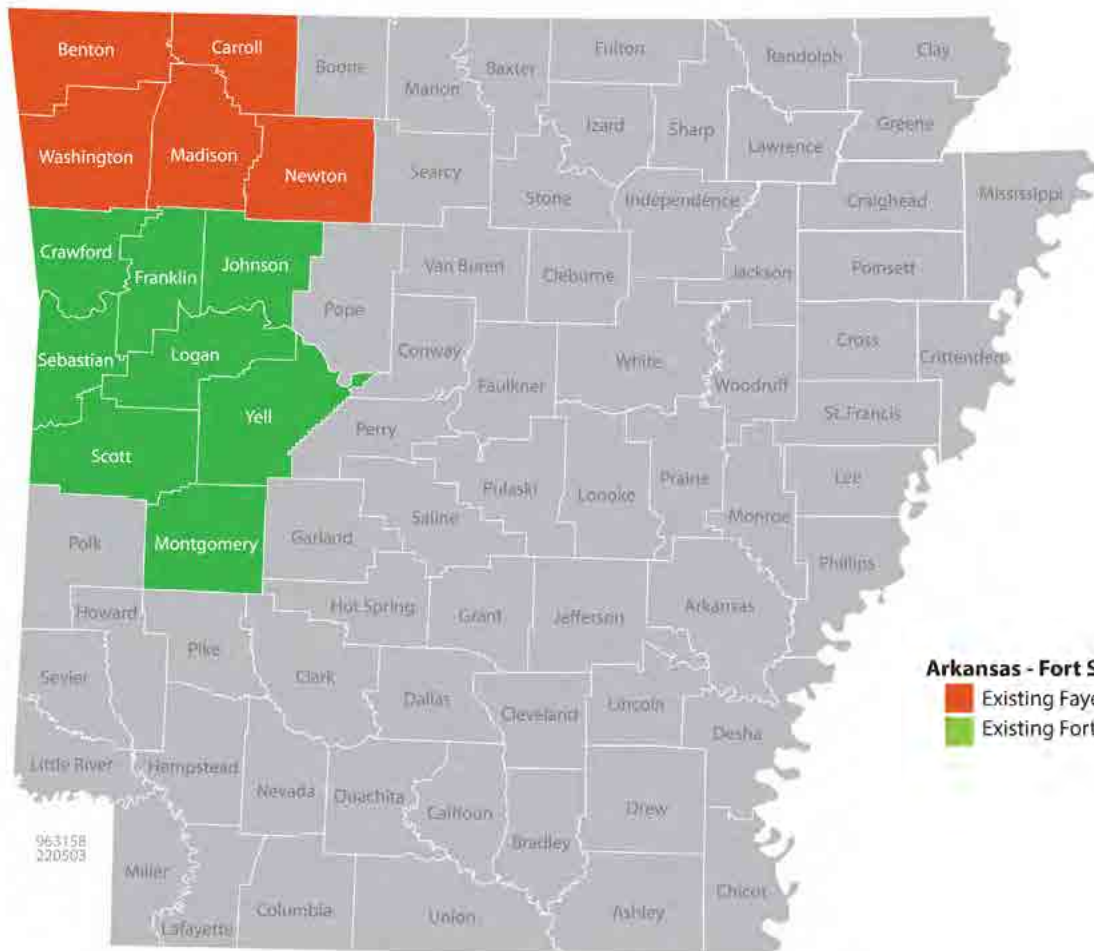
COUNTIES	Clay, Craighead, Crittenden, Cross, Greene, Independence, Jackson, Lawrence, Lee, Mississippi, Poinsett, Randolph, St. Francis, White, Woodruff	
PLAN ID	H7849-102-001	
PLAN NAME	Cigna True Choice Medicare (PPO)	
	In Network	Out of Network
Total Premium	\$0	
Cost Share—PCP/Specialist	\$0/\$25	\$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





ARKANSAS — FORT SMITH AND FAYETTEVILLE

2023 OVERVIEW



Arkansas - Fort Smith and Fayetteville Area

- Existing Fayetteville Counties
- Existing Fort Smith Counties



**MEDICARE ELIGIBLE
POPULATION:**
164,354

**MEDICARE ADVANTAGE
PENETRATION:**
41.5%



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



STATE + MARKET PLANS

SOUTHEAST

TENNESSEE

ARKANSAS

COUNTIES	Crawford, Franklin, Johnson, Logan, Montgomery, Scott, Sebastian, Yell	
PLAN ID	<div> <div>NEW PLAN</div> <div>H7849-102-003</div> </div>	
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



SOUTHEAST

TENNESSEE

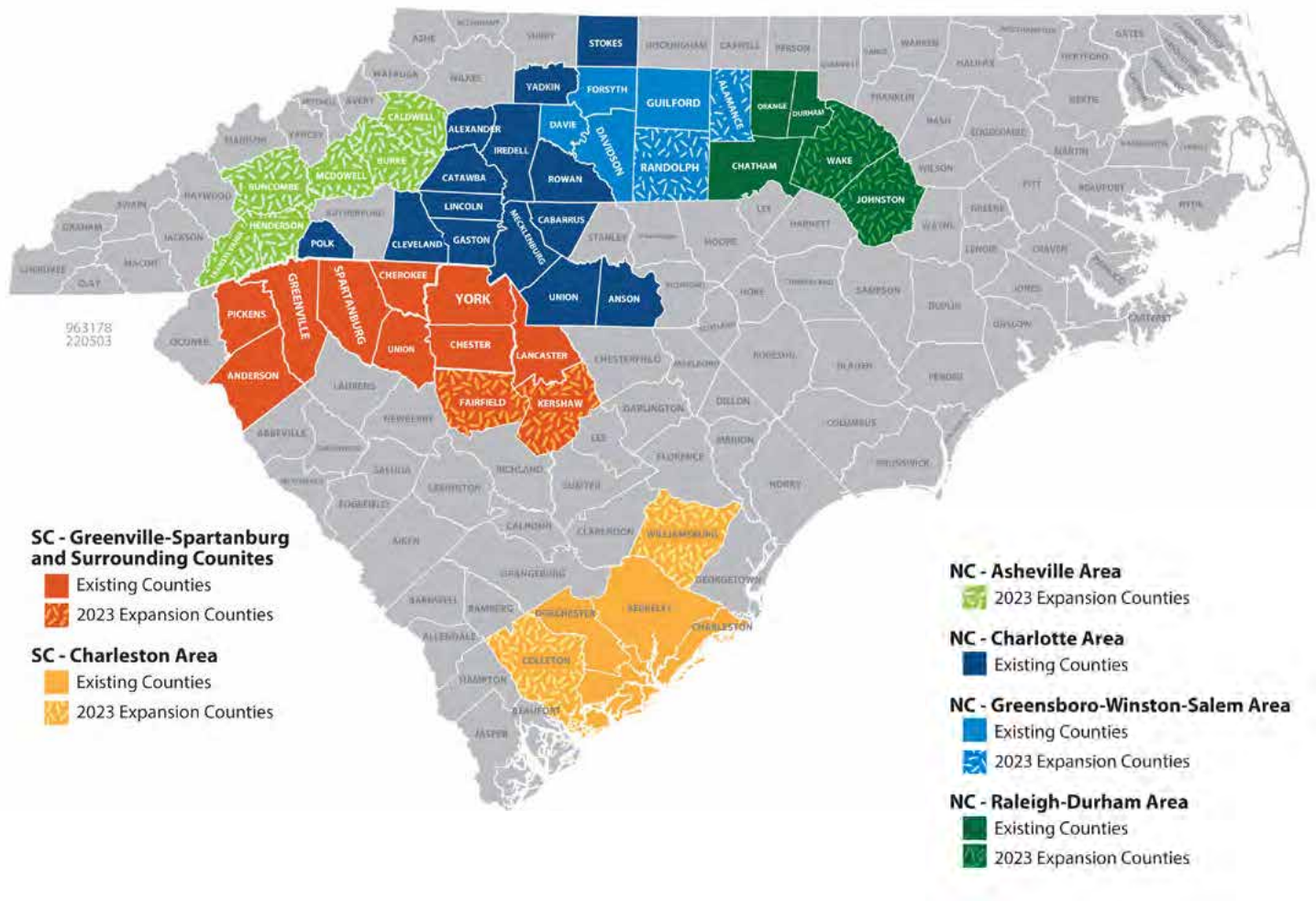
ARKANSAS

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



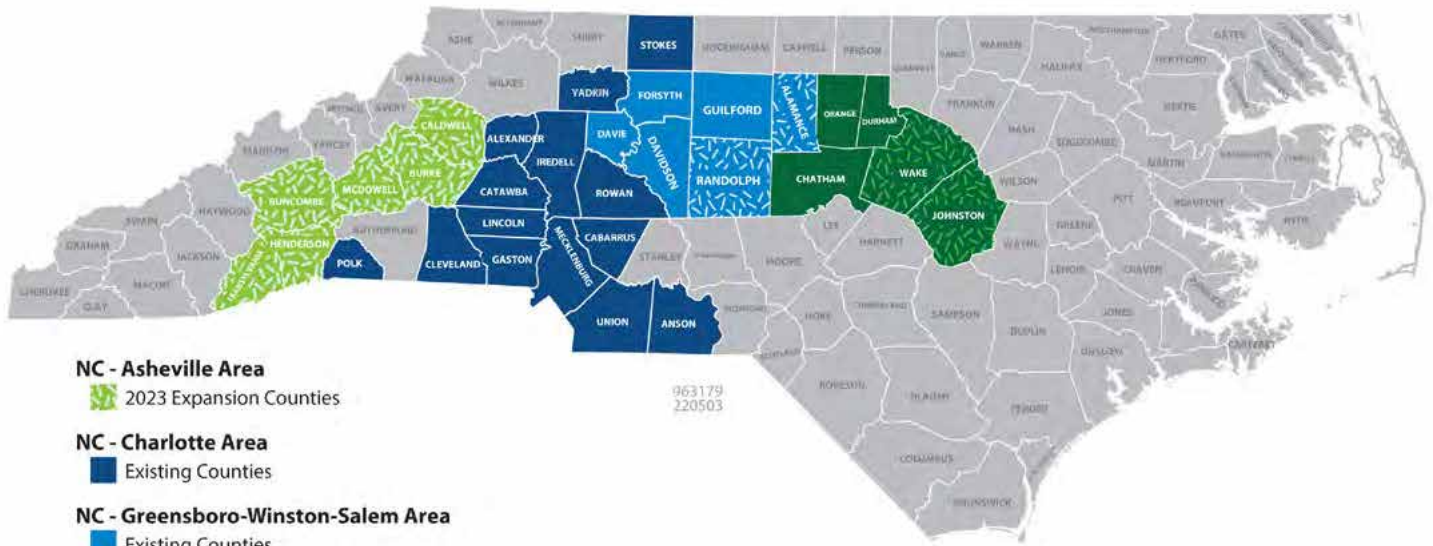
NORTH AND SOUTH CAROLINA

2023 OVERVIEW



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



NORTH CAROLINA — ASHEVILLE

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
161,631



**MEDICARE ADVANTAGE
PENETRATION:**
45.7%



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	 H9725-003-000	 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





STATE + MARKET PLANS

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, Transylvania, Yadkin
PLAN ID	 H9725-006-000	 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



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	 H9725-012-000	 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



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



STATE + MARKET **PLANS**



NORTH CAROLINA — CHARLOTTE

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
470,292



**MEDICARE ADVANTAGE
PENETRATION:**
50.7%



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	 H9725-003-000	 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





STATE + MARKET PLANS

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	 H9725-006-000	 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



SOUTHEAST

CAROLINAS

NORTH CAROLINA

COUNTIES	Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Cleveland, Davie, Gaston, Henderson, Iredell, Johnston, Lincoln, McDowell, Nash, Polk, Stokes, Transylvania, 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





STATE + MARKET PLANS

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	 H9725-013-000	 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 comprehensive every year



SOUTHEAST

CAROLINAS

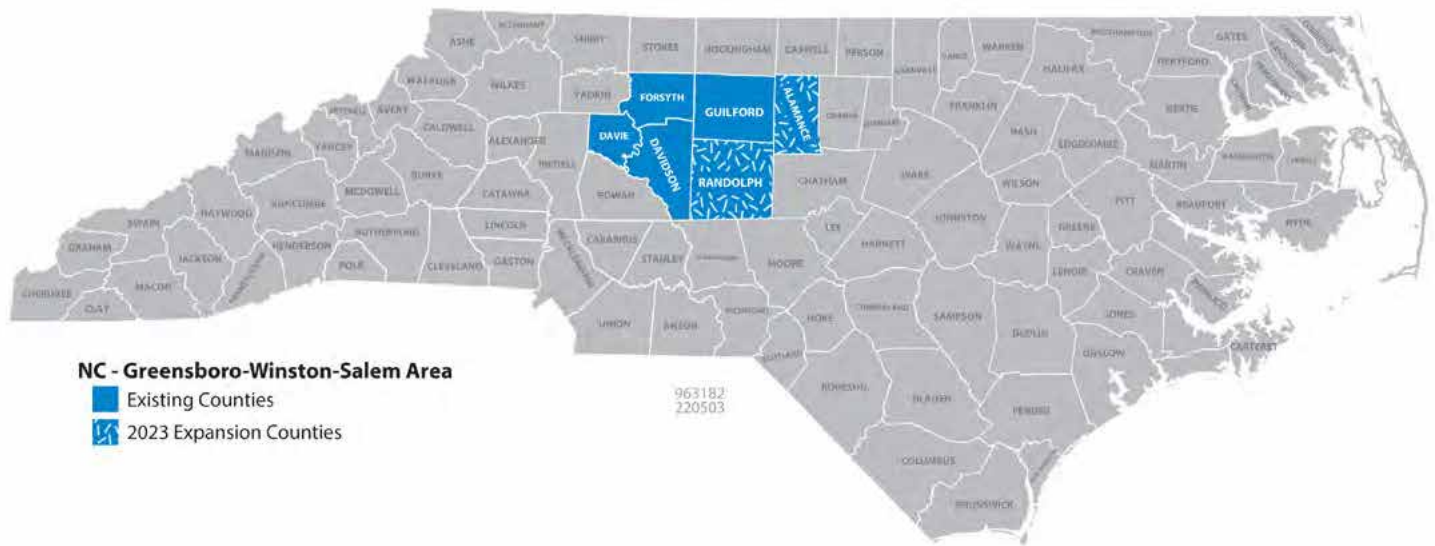
NORTH CAROLINA

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



NORTH CAROLINA — GREENSBORO/WINSTON/SALEM

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
291,628



**MEDICARE ADVANTAGE
PENETRATION:**
64%



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	 H9725-003-000	 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





STATE + MARKET PLANS

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	 H9725-006-000	 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



SOUTHEAST

CAROLINAS

NORTH CAROLINA

COUNTIES	Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Cleveland, Davie, Gaston, Henderson, Iredell, Johnston, Lincoln, McDowell, Nash, Polk, Stokes, Transylvania, 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





STATE + MARKET PLANS

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	 H9725-013-000	 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 comprehensive every year



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



NORTH CAROLINA — RALEIGH/DURHAM

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
291,567



**MEDICARE ADVANTAGE
PENETRATION:**
45.3%



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	 H9725-003-000	 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





STATE + MARKET PLANS

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	 H9725-006-000	 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



SOUTHEAST

CAROLINAS

NORTH CAROLINA

COUNTIES	Alexander, Anson, Buncombe, Burke, Cabarrus, Caldwell, Cleveland, Davie, Gaston, Henderson, Iredell, Johnston, Lincoln, McDowell, Nash, Polk, Stokes, Transylvania, 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





STATE + MARKET PLANS

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	 H9725-013-000	 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 comprehensive every year



SOUTHEAST

CAROLINAS

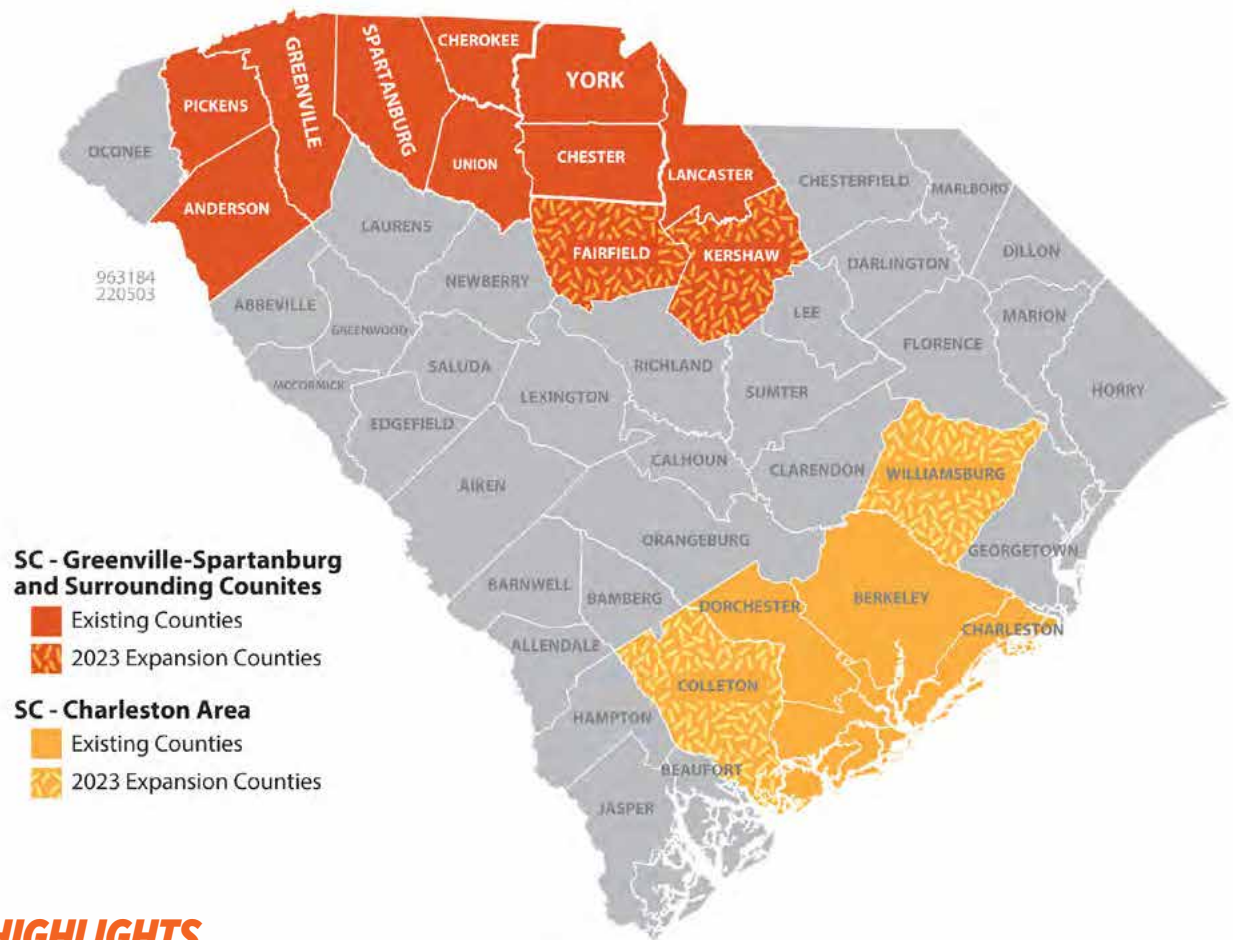
NORTH CAROLINA

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



SOUTH CAROLINA

2023 OVERVIEW

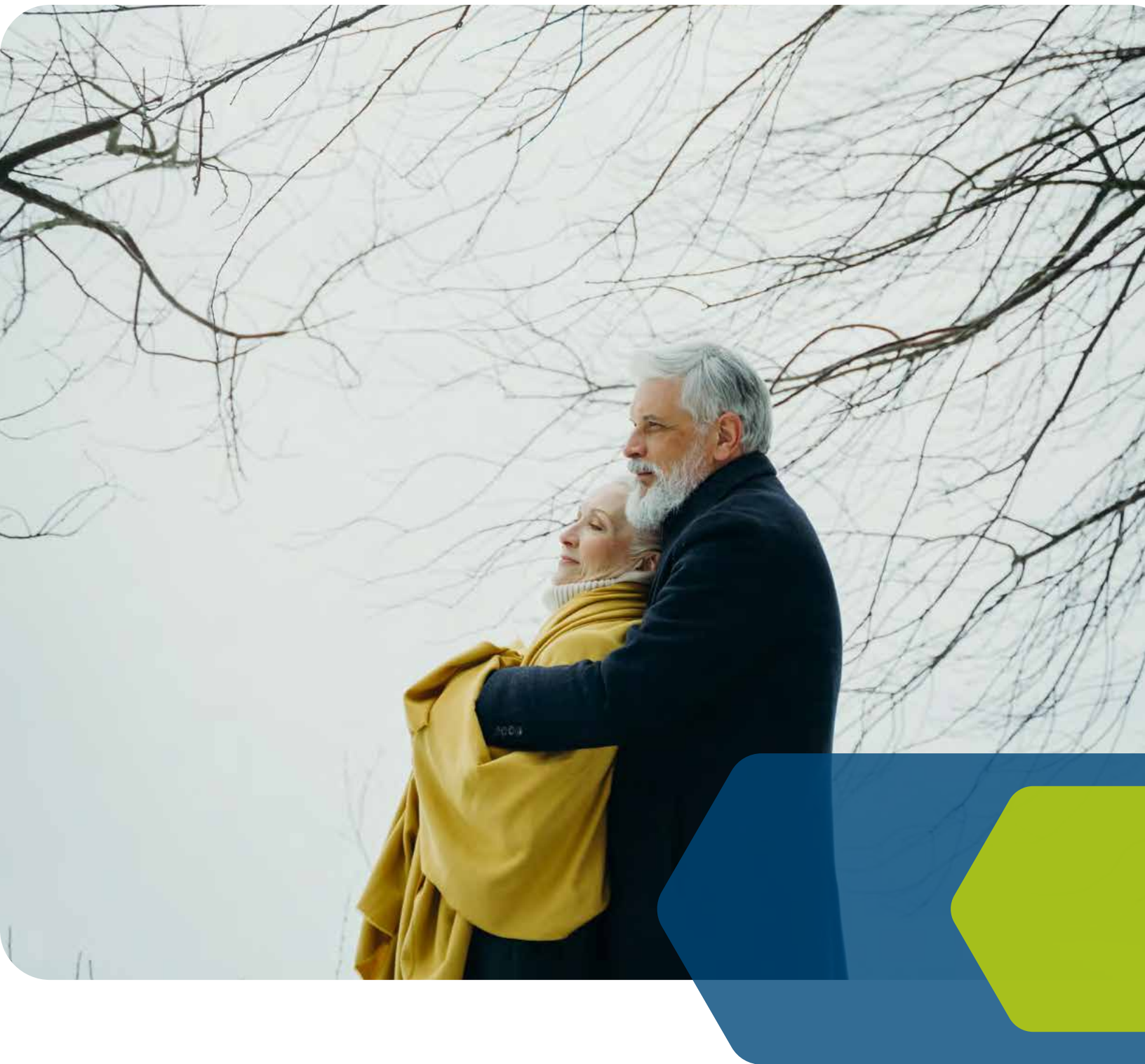


2023 HIGHLIGHTS

- Two county expansion

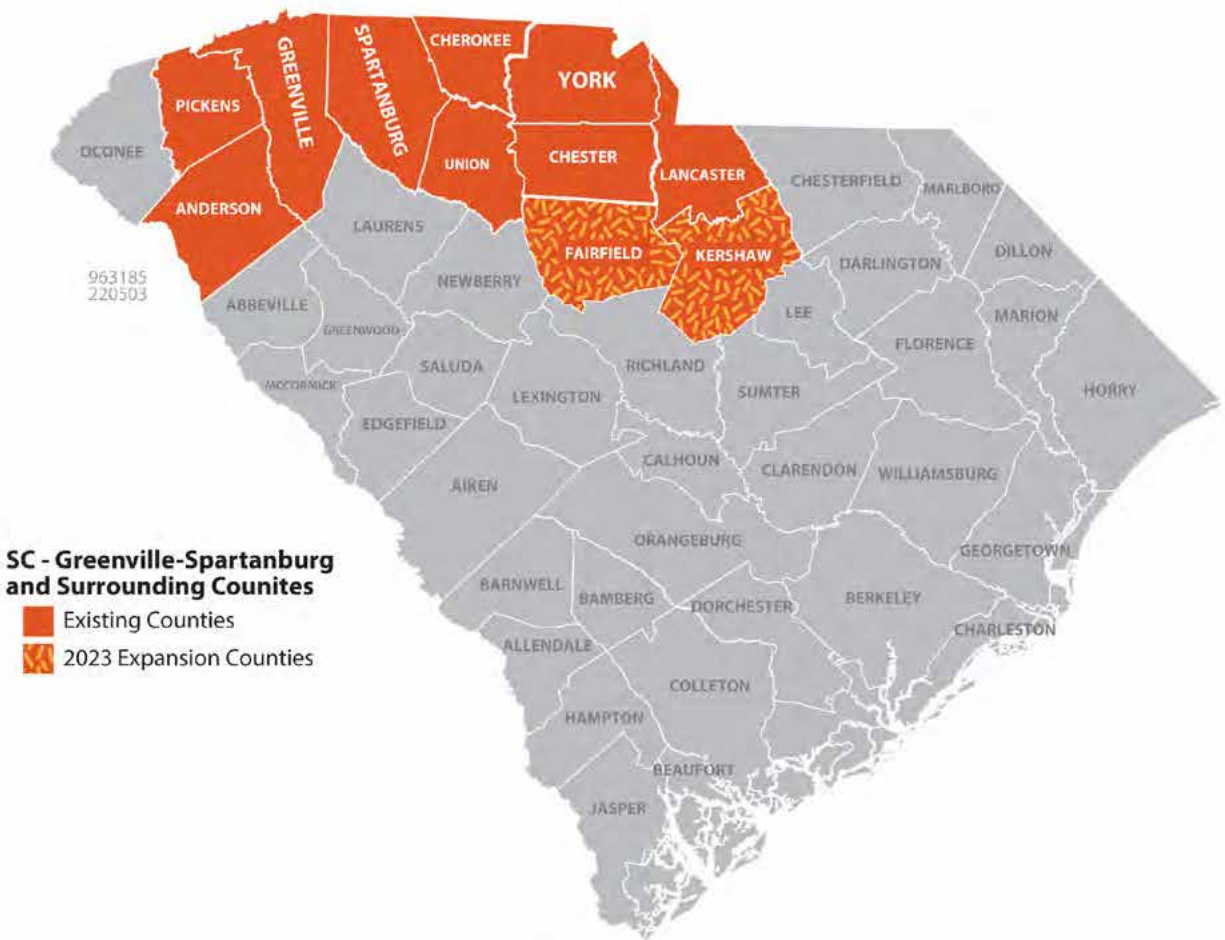


STATE + MARKET **PLANS**



SOUTH CAROLINA — GREENVILLE/SPARTANBURG

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
369,445



**MEDICARE ADVANTAGE
PENETRATION:**
44.9%



SOUTHEAST

CAROLINAS

SOUTH CAROLINA

COUNTIES	Anderson, Cherokee, Chester, Farfield, 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	 H7020-004-000	 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



STATE + MARKET PLANS

SOUTHEAST

CAROLINAS

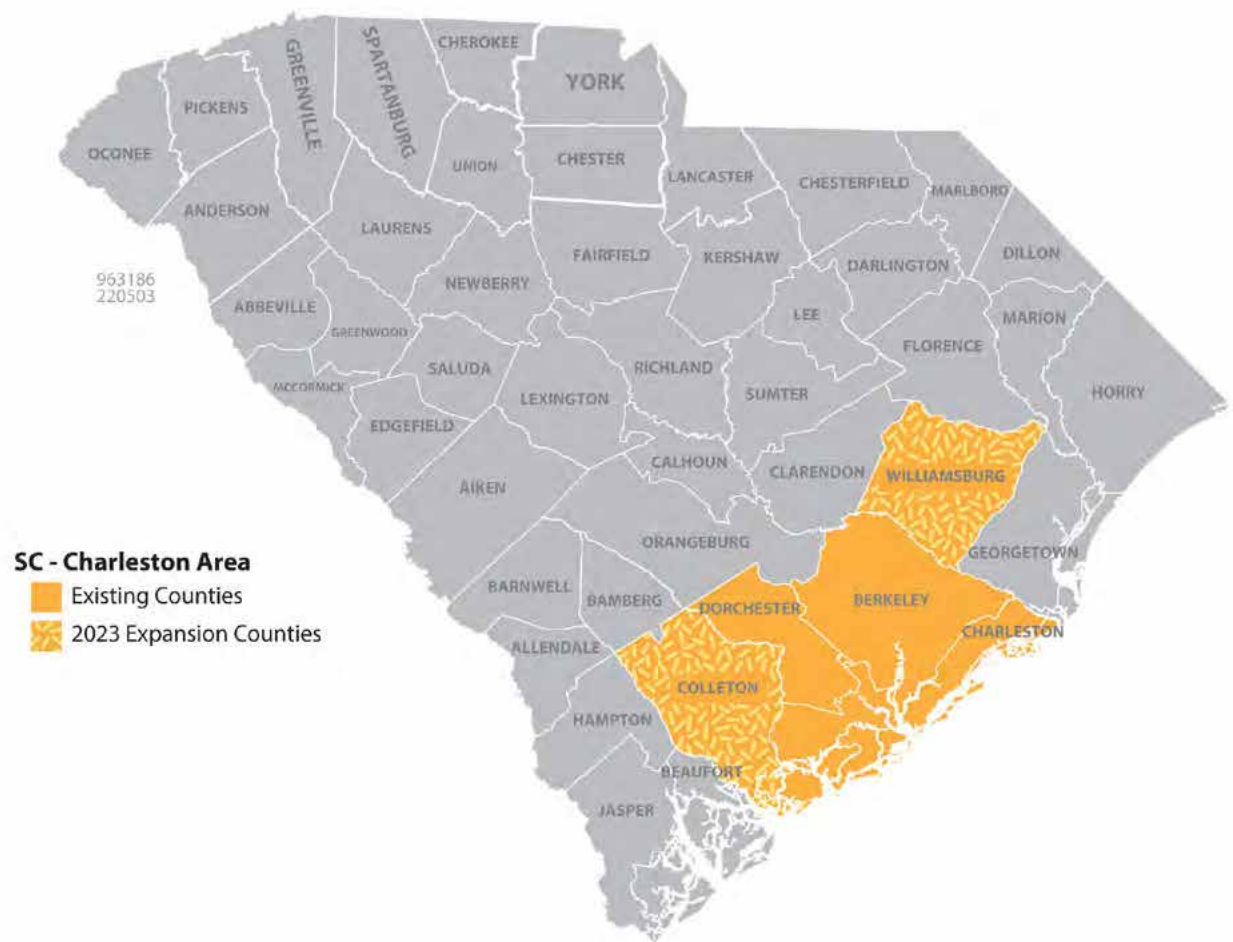
SOUTH CAROLINA

COUNTIES	Anderson, Cherokee, Chester, Fairfield , Greenville, Kershaw , Lancaster, Pickens, Spartanburg, Union, York		Anderson, Cherokee, Chester, Fairfield , Greenville, Kershaw , Lancaster, Pickens, Spartanburg, Union, York	
PLAN ID	NEW COUNTIES H7020-006-000	NEW COUNTIES	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



SOUTH CAROLINA — CHARLESTON

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
167,064

**MEDICARE ADVANTAGE
PENETRATION:**
35%





STATE + MARKET PLANS

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	 H7020-005-000	 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



SOUTHEAST

CAROLINAS

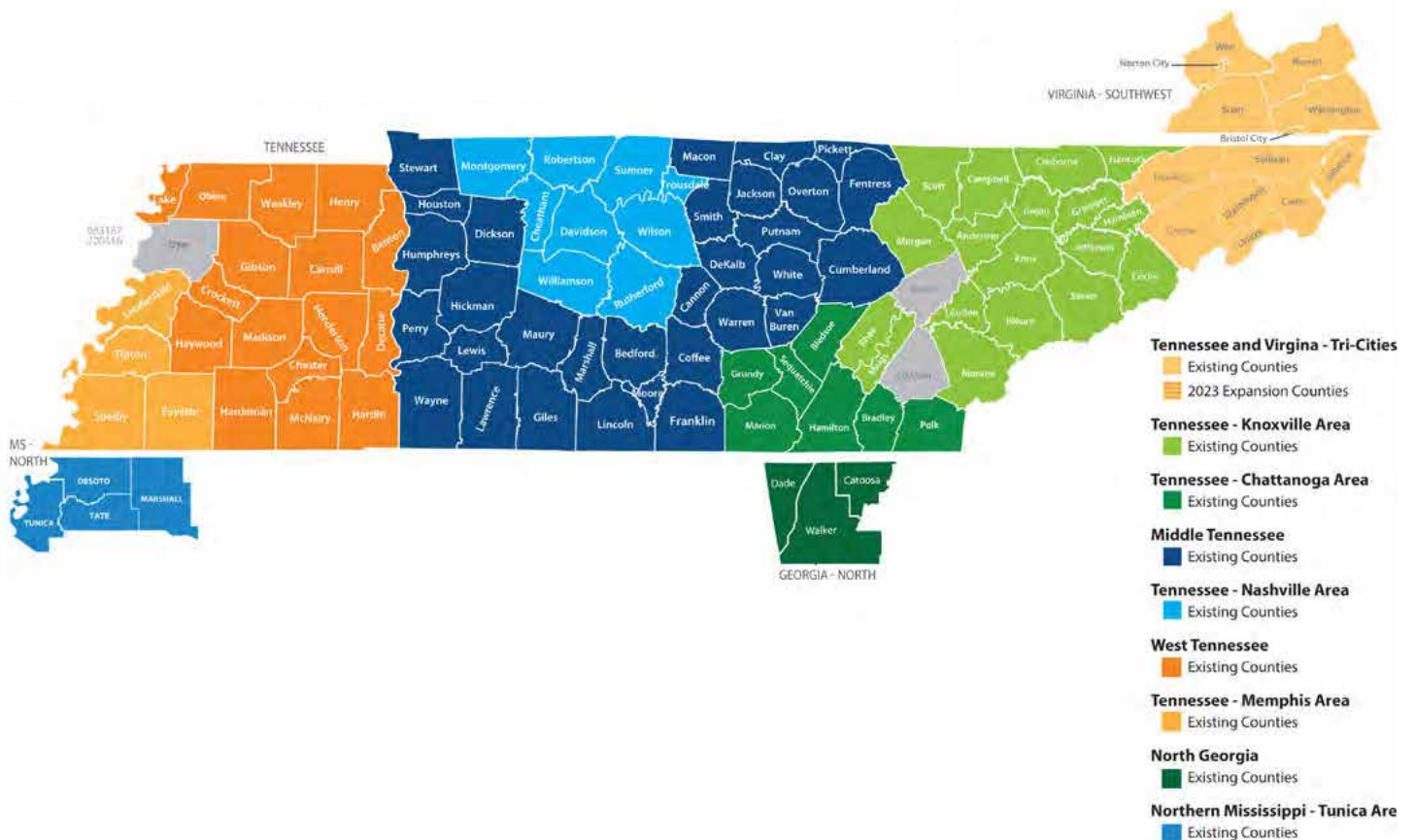
SOUTH CAROLINA

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



TENNESSE, NORTH GEORGIA, NORTHERN MISSISSIPPI, AND SOUTHWEST VIRGINIA

2023 OVERVIEW

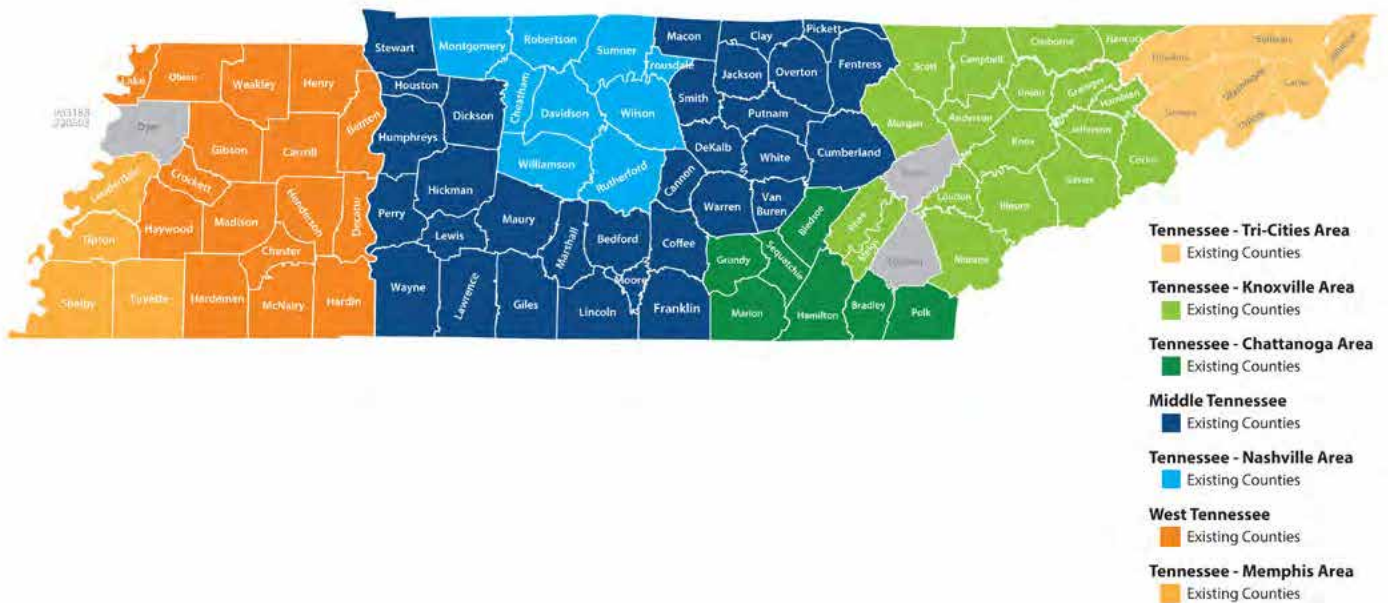


TENNESSEE

2023 OVERVIEW

2023 HIGHLIGHTS

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



TENNESSEE — WEST

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
112,771

**MEDICARE ADVANTAGE
PENETRATION:**
38.5%



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



STATE + MARKET PLANS

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	NEW PLAN 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



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



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



STATE + MARKET **PLANS**



TENNESSEE — MEMPHIS

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
185,514

**MEDICARE ADVANTAGE
PENETRATION:**
40.8%



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



STATE + MARKET PLANS

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	NEW PLAN 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



SOUTHEAST

TENNESSEE

TENNESSEE

COUNTIES	Fayette, Lauderdale, Shelby, Tipton
PLAN ID	NEW PLAN 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



STATE + MARKET PLANS

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



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



TENNESSEE — MIDDLE

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
219,731

**MEDICARE ADVANTAGE
PENETRATION:**
41.7%



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



STATE + MARKET PLANS

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



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



STATE + MARKET PLANS

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





TENNESSEE — NASHVILLE

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
302,556

**MEDICARE ADVANTAGE
PENETRATION:**
46.7%



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



STATE + MARKET PLANS

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	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



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



STATE + MARKET PLANS

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



SOUTHEAST

TENNESSEE

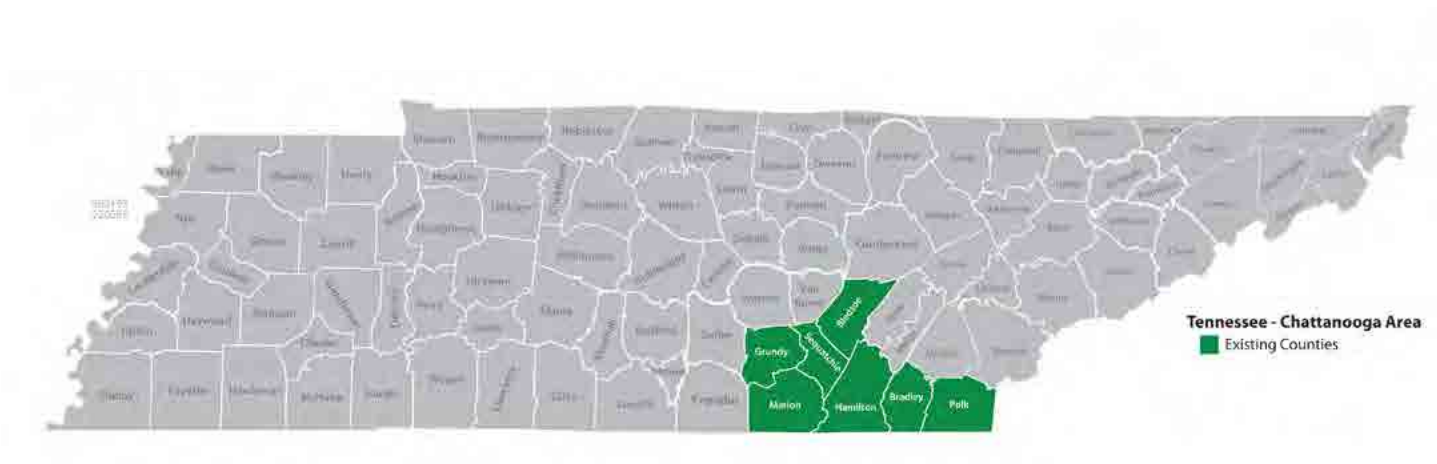
TENNESSEE

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



TENNESSEE — CHATTANOOGA

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
123,913

**MEDICARE ADVANTAGE
PENETRATION:**
50.4%



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



STATE + MARKET PLANS

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



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



STATE + MARKET PLANS

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



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



TENNESSEE — KNOXVILLE

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
292,357

**MEDICARE ADVANTAGE
PENETRATION:**
50.2%



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



STATE + MARKET PLANS

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



SOUTHEAST

TENNESSEE

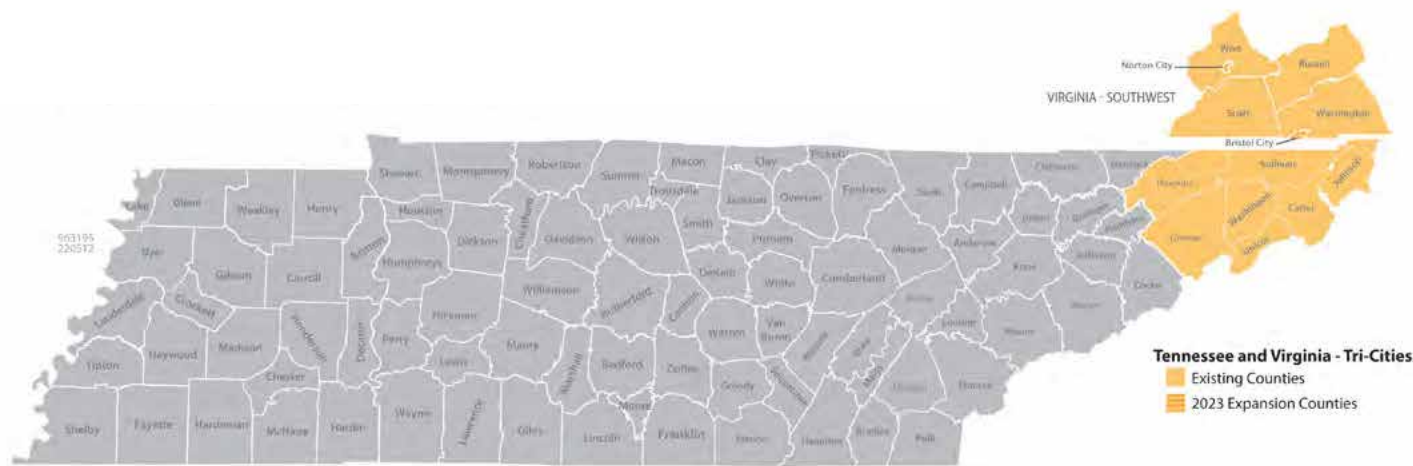
TENNESSEE

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



TENNESSEE AND VIRGINIA — TRI-CITIES

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
182,794

**MEDICARE ADVANTAGE
PENETRATION:**
58.5%



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



SOUTHEAST

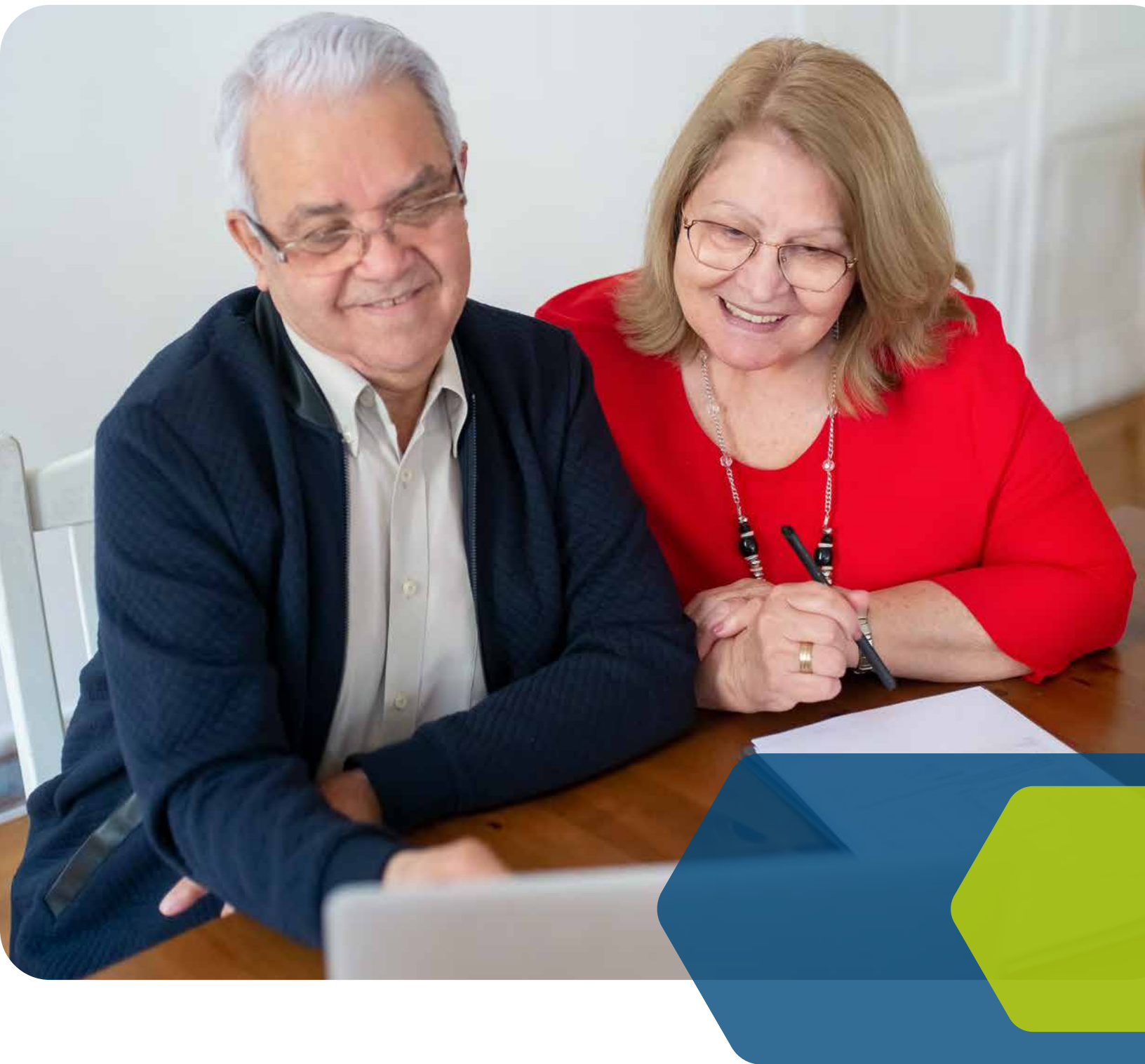
TENNESSEE

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



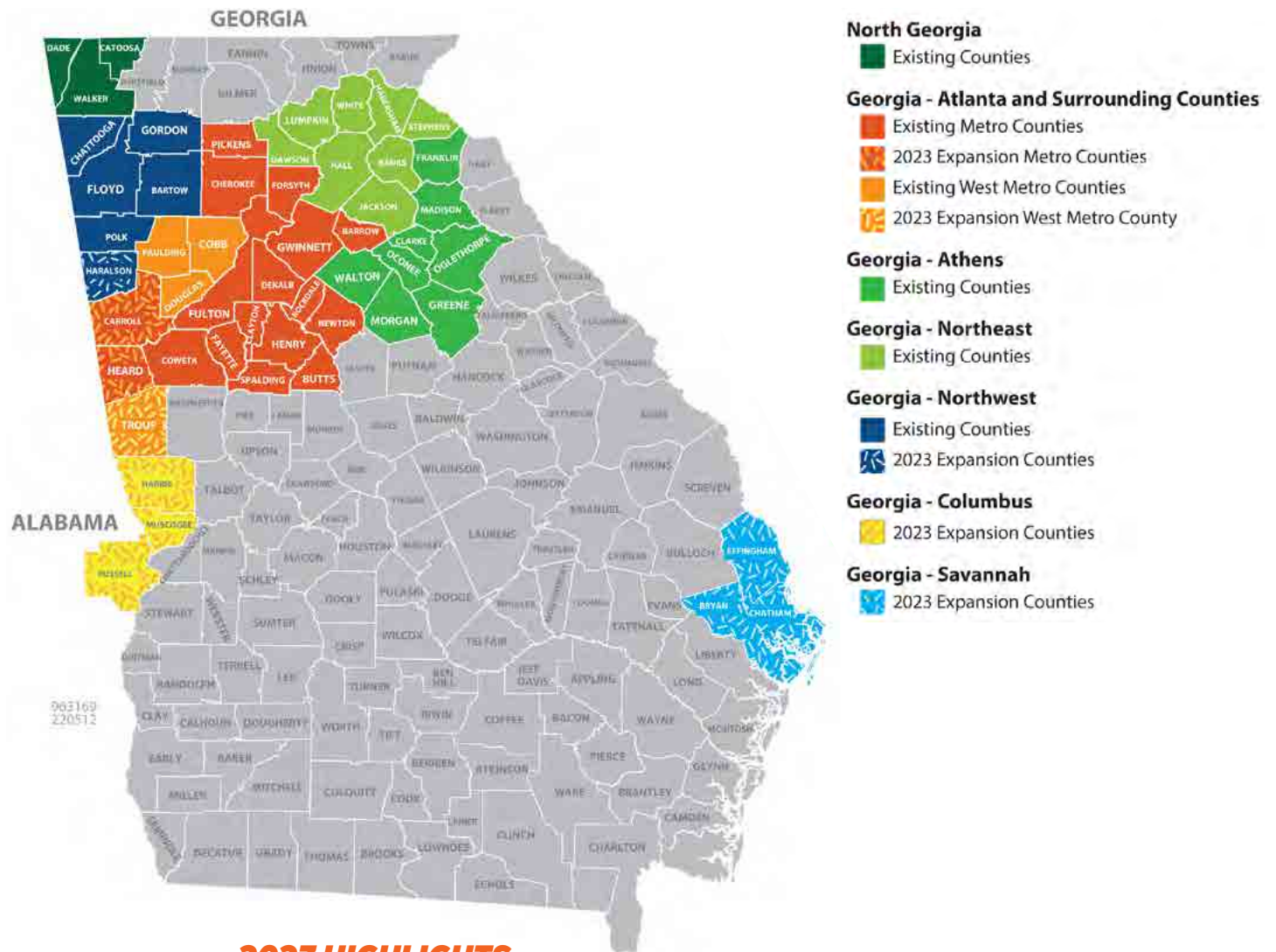
STATE + MARKET **PLANS**



STATE + MARKET PLANS

GEORGIA

2023 OVERVIEW

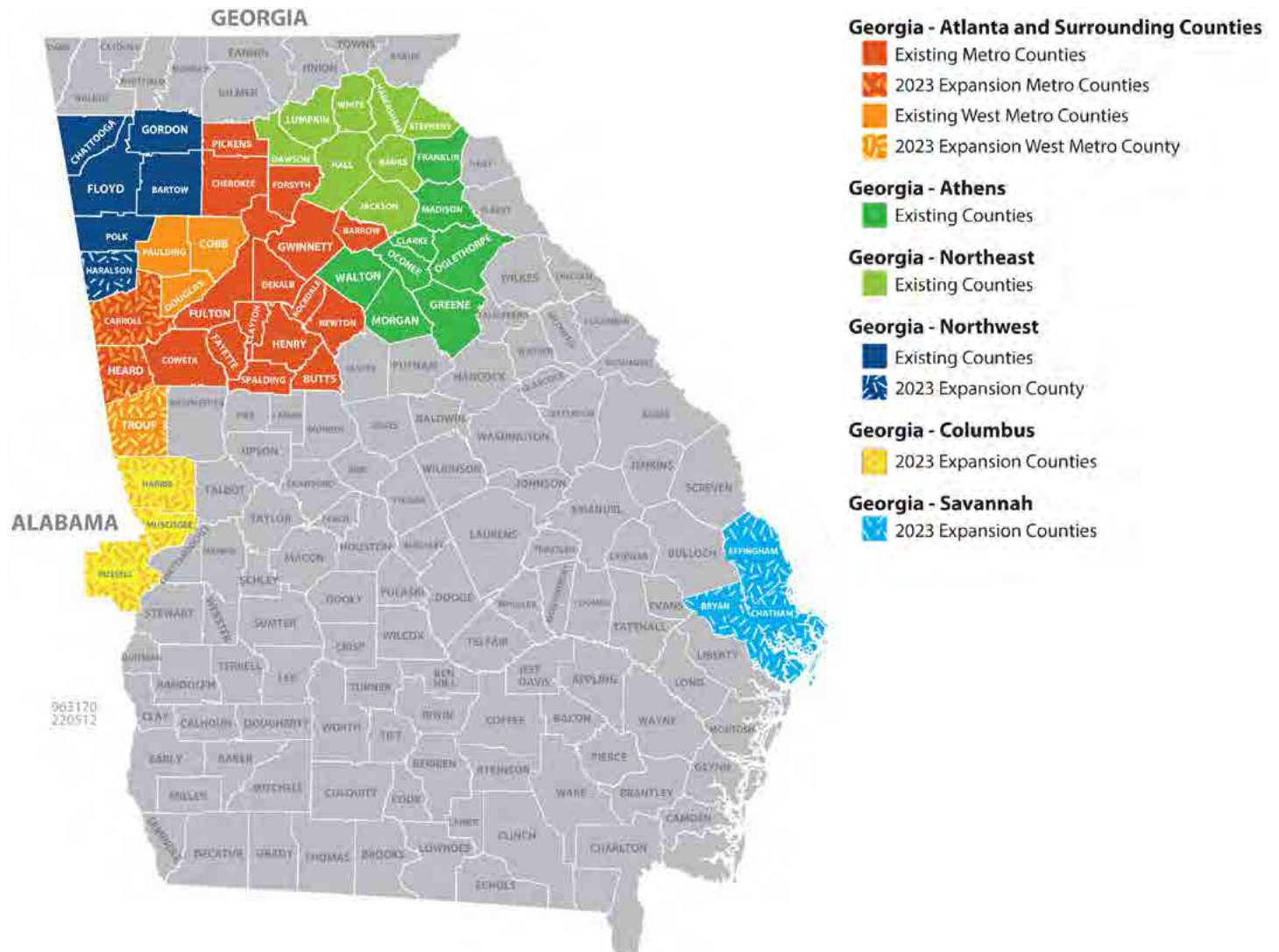


- NEW Buy Down plan in all markets
- Expansions in Columbus, Harris and Savannah
- More TotalCare Plus plans
- Dental Allowance increase



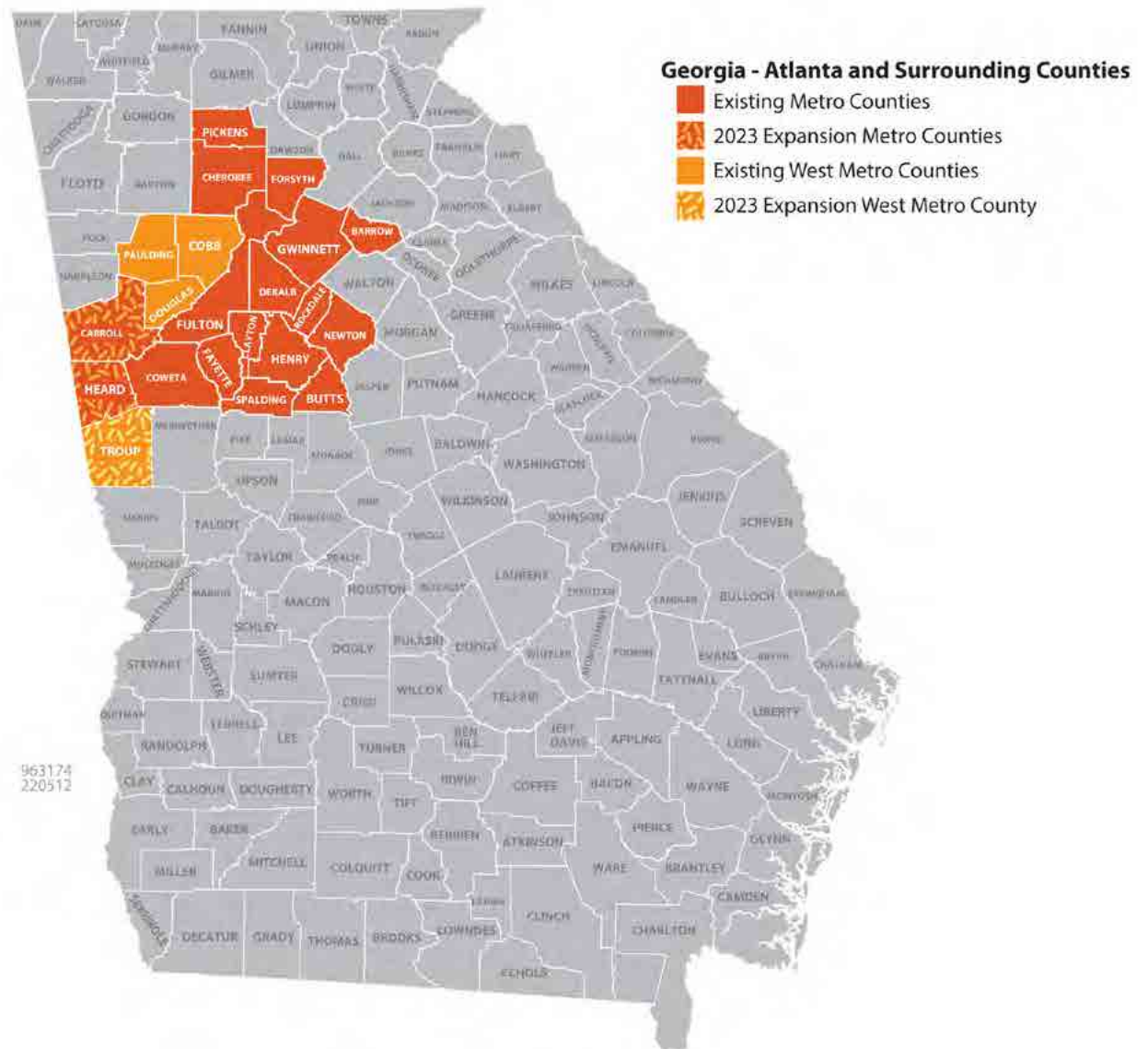
GEORGIA — ATLANTA, ATHENS, NE AND NW

2023 OVERVIEW



GEORGIA — ATLANTA METRO

2023 OVERVIEW





**MEDICARE ELIGIBLE
POPULATION:**
846,959

**MEDICARE ADVANTAGE
PENETRATION:**
51.2%



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	 H0439-002-000	 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



STATE + MARKET PLANS

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



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



STATE + MARKET PLANS

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	 H0439-007-000	 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



SOUTHEAST

GEORGIA

GEORGIA

COUNTIES	Barrow, Butts, Carroll, Cherokee, Clayton, Coweta, DeKalb, Fayette, Forsyth, Fulton, Gwinnett, Heard, Henry, Newton, Pickens, Rockdale, Spalding	
PLAN ID	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



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



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



GEORGIA — ATHENS

2023 OVERVIEW





**MEDICARE ELIGIBLE
POPULATION:**
71,241

**MEDICARE ADVANTAGE
PENETRATION:**
47%



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	 H0439-002-000	 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



STATE + MARKET PLANS

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



SOUTHEAST

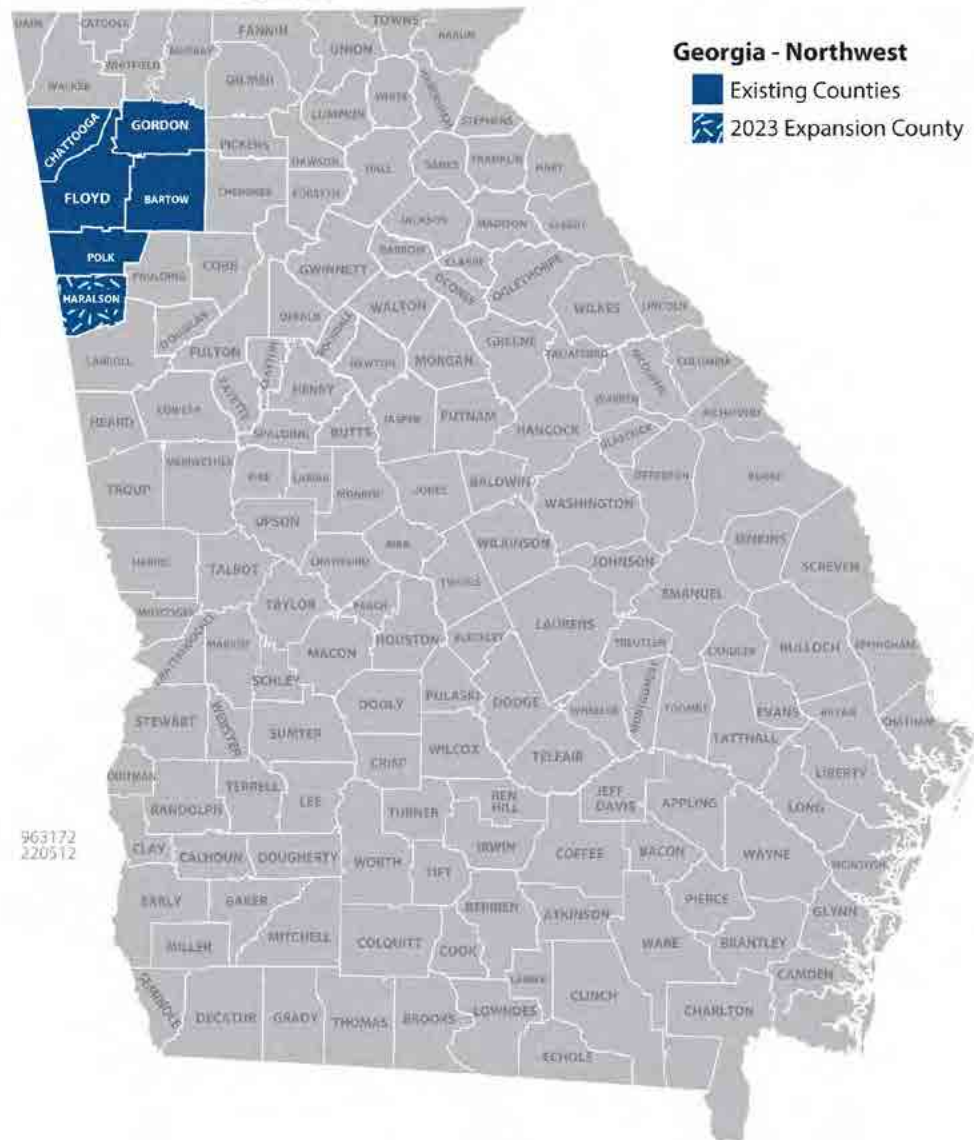
GEORGIA
GEORGIA

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



GEORGIA — NORTHWEST

2023 OVERVIEW





**MEDICARE ELIGIBLE
POPULATION:**
72,606

**MEDICARE ADVANTAGE
PENETRATION:**
46.5%



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	 H0439-002-000	 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



STATE + MARKET PLANS

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



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



GEORGIA — NORTHEAST

2023 OVERVIEW





**MEDICARE ELIGIBLE
POPULATION:**
93,532

**MEDICARE ADVANTAGE
PENETRATION:**
46.1%



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	 H0439-002-000	 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



STATE + MARKET PLANS

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



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



GEORGIA — SAVANNAH

2023 OVERVIEW





**MEDICARE ELIGIBLE
POPULATION:**
69,681

**MEDICARE ADVANTAGE
PENETRATION:**
49.4%



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	 H0439-002-000	 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



STATE + MARKET PLANS

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



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



GEORGIA — COLUMBUS

2023 OVERVIEW





**MEDICARE ELIGIBLE
POPULATION:**
55,775

**MEDICARE ADVANTAGE
PENETRATION:**
47.5%



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	 H0439-002-000	 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



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



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



GEORGIA — NORTH

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
33,269

**MEDICARE ADVANTAGE
PENETRATION:**
44%



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



STATE + MARKET PLANS

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



STATE + MARKET PLANS

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



STATE + MARKET PLANS

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



STATE + MARKET PLANS

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





STATE + MARKET **PLANS**

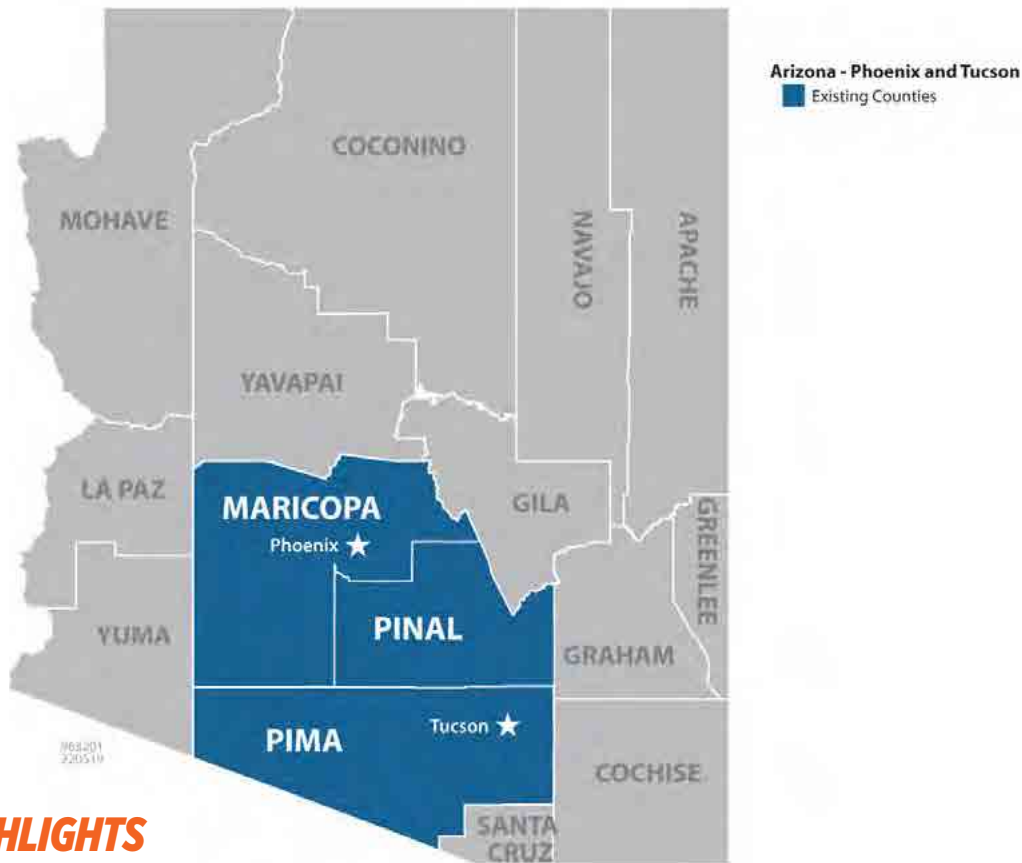
WEST REGION



STATE + MARKET PLANS

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%



STATE + MARKET PLANS

WEST

ARIZONA ARIZONA



COUNTIES	Maricopa, Pima , Pinal	Maricopa, Pima , Pinal
PLAN ID	 H0354-001-000	 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



STATE + MARKET PLANS

WEST

ARIZONA ARIZONA

COUNTIES	Maricopa, Pima, Pinal	Maricopa, Pima, Pinal
PLAN ID	 H0354-028-000	 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



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



STATE + MARKET PLANS

WEST

ARIZONA ARIZONA

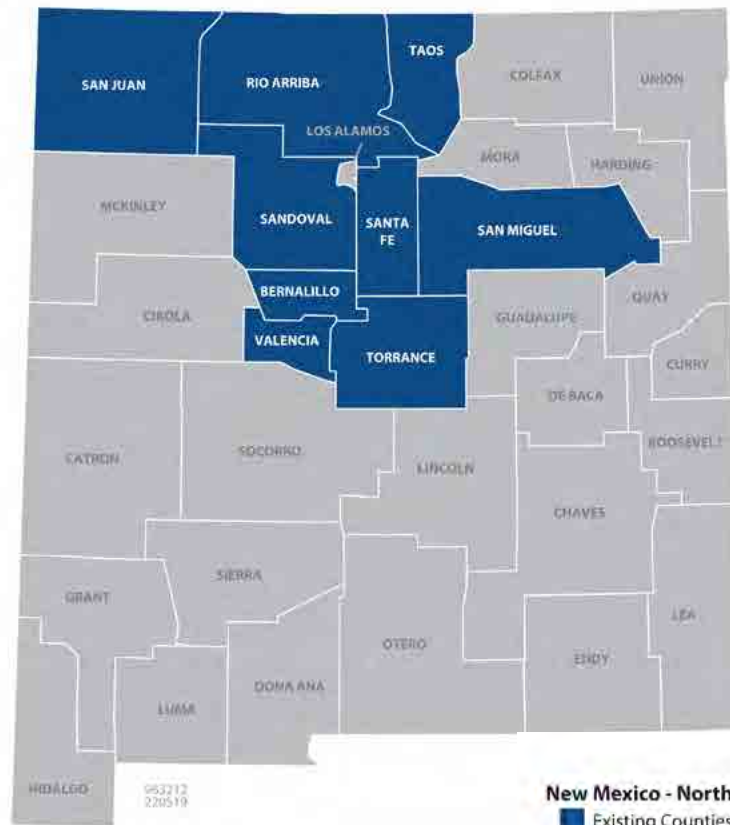
COUNTIES	Maricopa, Pima, Pinal	
PLAN ID	H7849-066-000	
PLAN NAME	Cigna True Choice Savings Medicare (PPO)	
	In Network	Out of Network
Total Premium	\$0	
Cost Share—PCP/Specialist	\$0/\$40	\$20/\$65
Inpatient Acute Care Hospital	\$325 per day for days 1-7; \$0 per day for days 8-90	\$500 per day for days 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





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%



WEST

MOUNTAIN STATES
NEW MEXICO

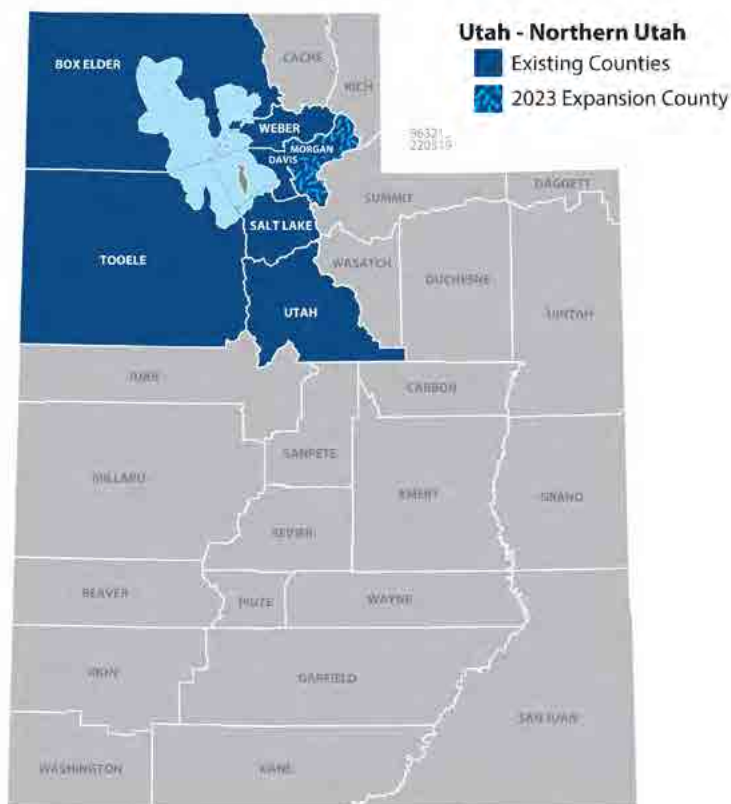
COUNTIES	Bernalillo, Rio Arriba, Sandoval, San Juan, San Miguel, Sante Fe, Taos, Torrance, Valencia	Bernalillo, Rio Arriba, Sandoval, San Juan, San Miguel, Sante Fe, Taos, Torrance, Valencia	
PLAN ID	H0672-005-000	H7849-028-000	
PLAN NAME	Cigna Preferred Savings Medicare (HMO)	Cigna True Choice Savings 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



STATE + MARKET PLANS

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%



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



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%




STATE + MARKET PLANS

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 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



PACIFIC NORTHWEST — WASHINGTON AND OREGON

2023 OVERVIEW

Washington and Oregon
■ Existing Counties
■ 2023 Expansion Counties



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%



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

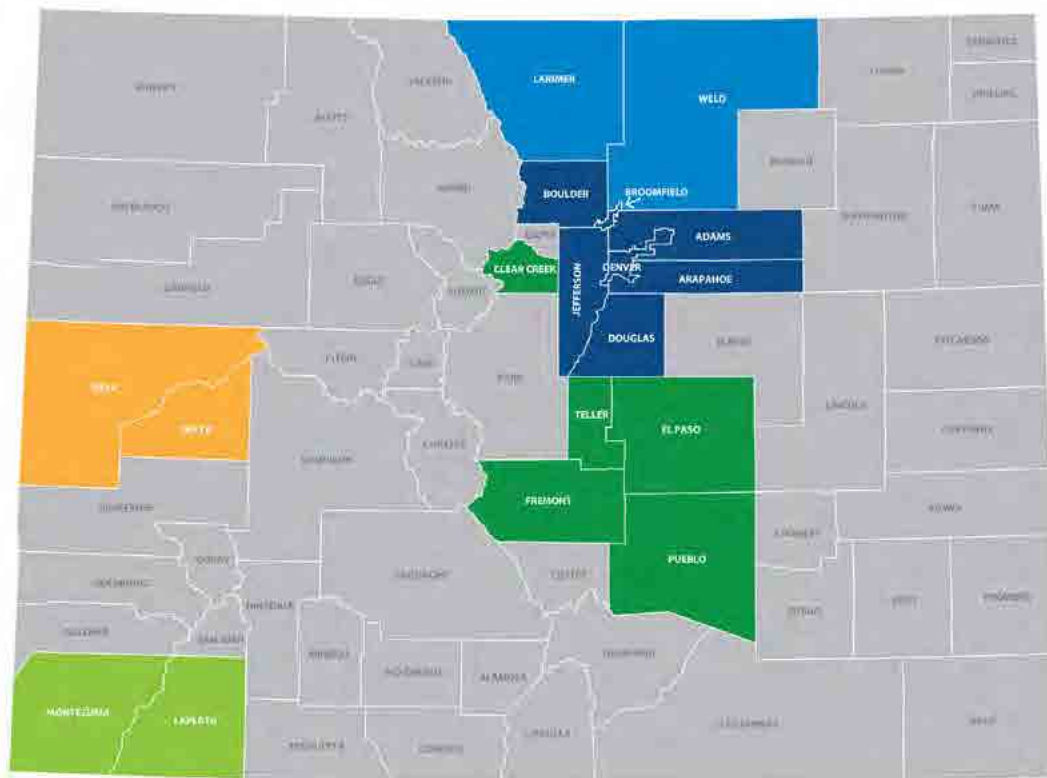


STATE + MARKET **PLANS**



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



COLORADO — BOULDER AND DENVER

2023 OVERVIEW



Colorado - Boulder and Denver
Existing Counties

963206
220510



**MEDICARE ELIGIBLE
POPULATION:**
489,125

**MEDICARE ADVANTAGE
PENETRATION:**
55.9%



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



STATE + MARKET PLANS

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



WEST

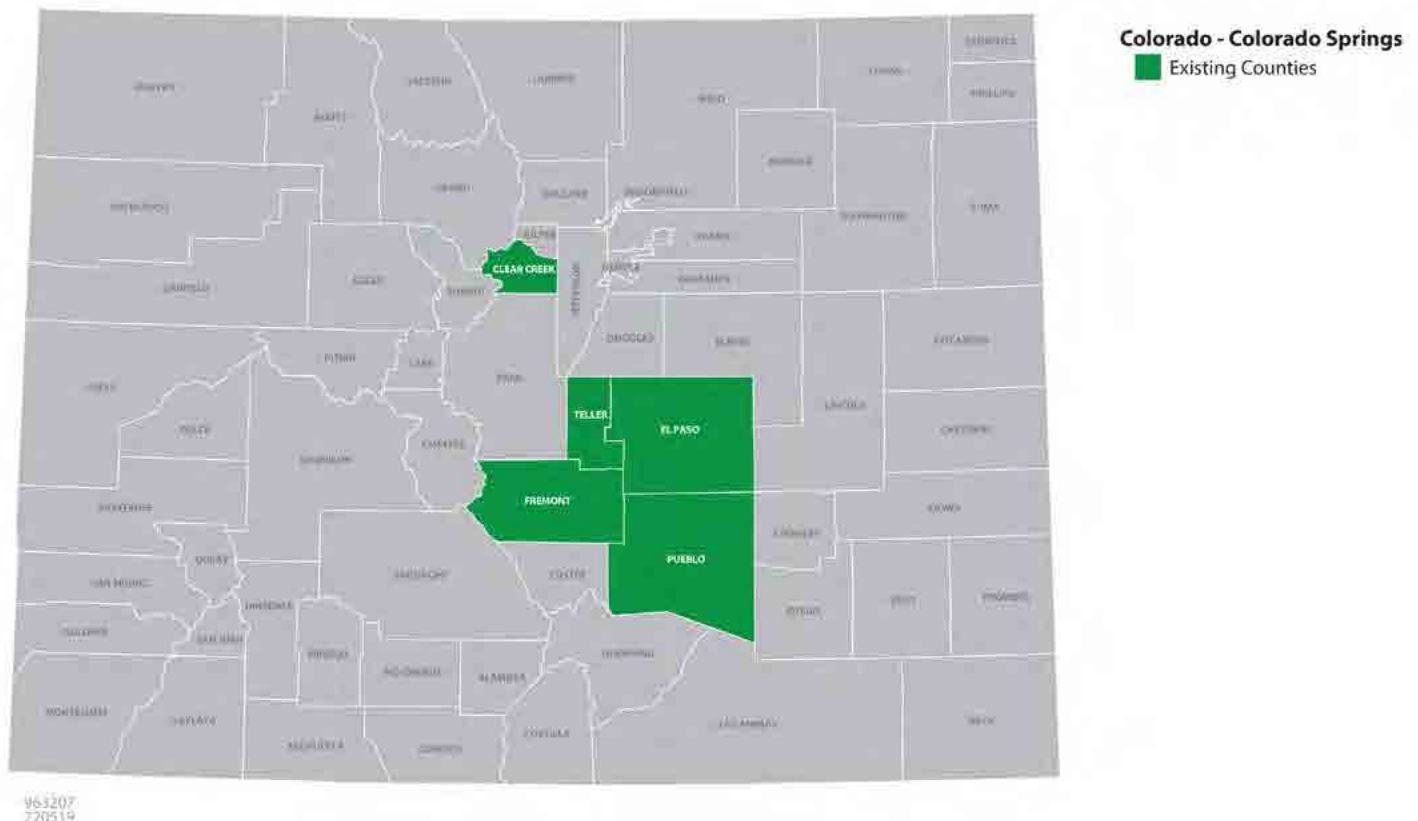
MOUNTAIN STATES
COLORADO

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



COLORADO — COLORADO SPRINGS

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
176,189

**MEDICARE ADVANTAGE
PENETRATION:**
48.1%



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 Savings 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



STATE + MARKET PLANS

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



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



COLORADO — LARIMER, WELD

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
116,274

**MEDICARE ADVANTAGE
PENETRATION:**
47.5%



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



STATE + MARKET PLANS

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



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



COLORADO — SOUTHWEST CORNER

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
19,257

**MEDICARE ADVANTAGE
PENETRATION:**
26.5%



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



COLORADO — WESTERN SLOPE

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
46,690

**MEDICARE ADVANTAGE
PENETRATION:**
39.8%



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

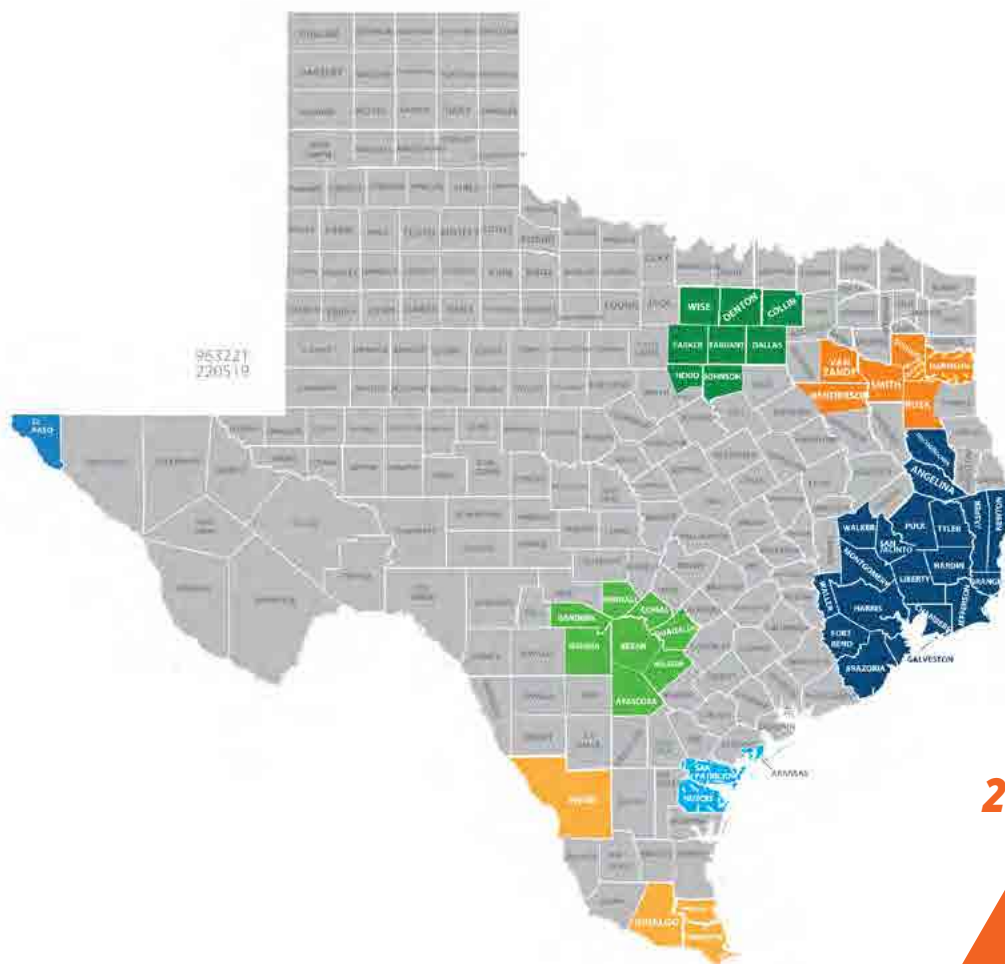


STATE + MARKET **PLANS**



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

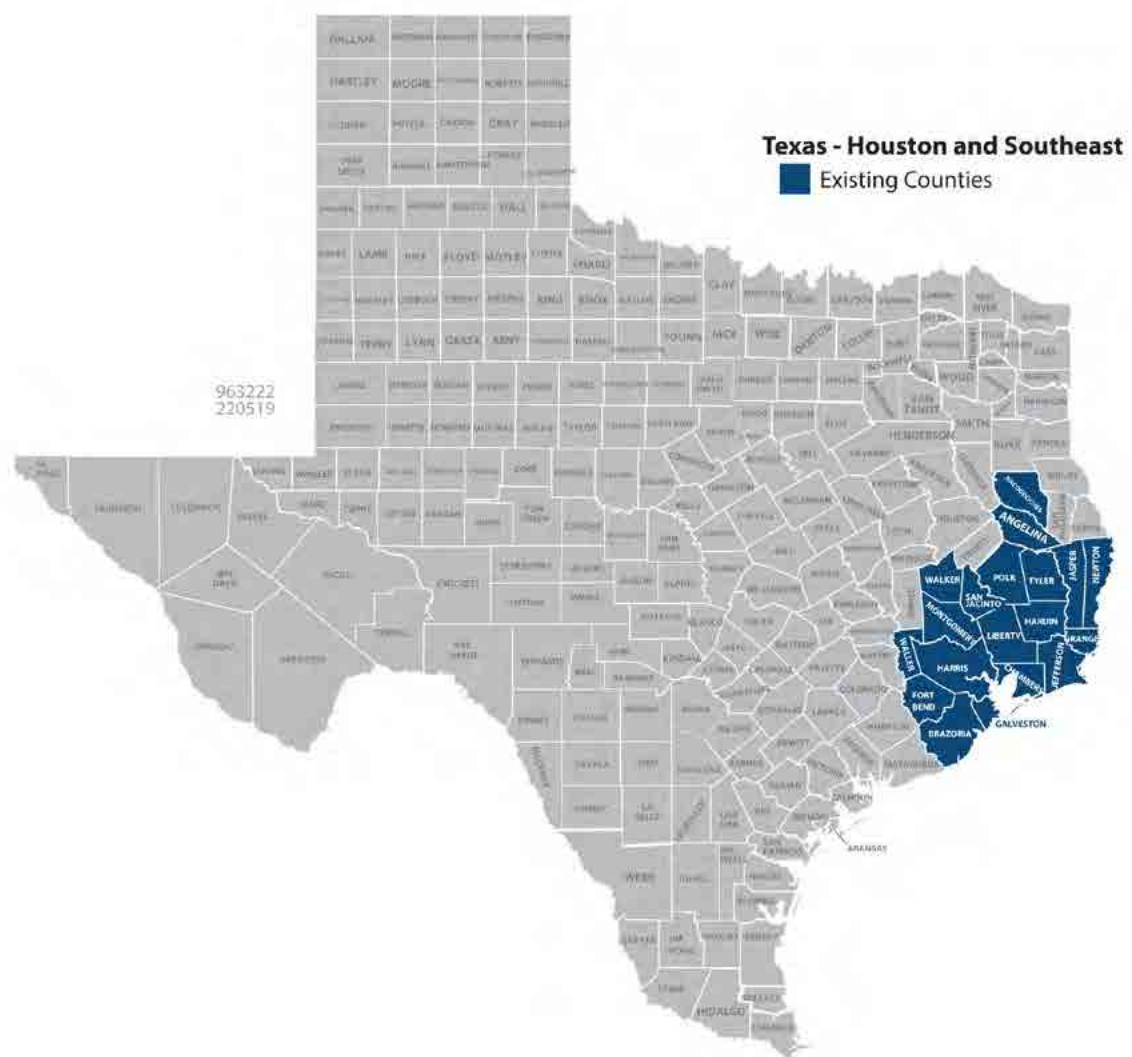
2023 HIGHLIGHTS

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



TEXAS — HOUSTON AND SOUTHEAST

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
1,088,151

**MEDICARE ADVANTAGE
PENETRATION:**
53.4%



STATE + MARKET PLANS

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



STATE + MARKET PLANS

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



STATE + MARKET PLANS

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



STATE + MARKET PLANS

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



WEST

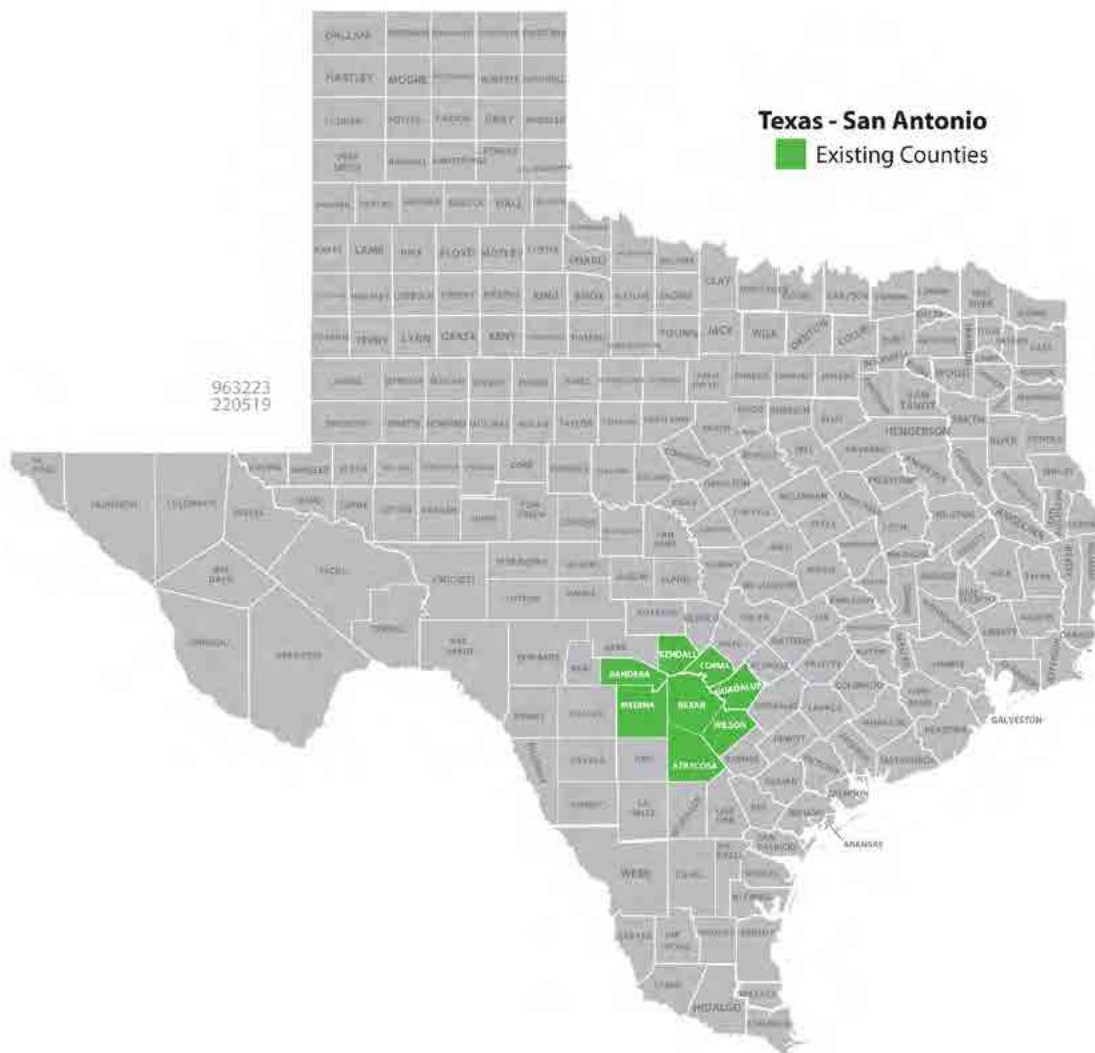
TEXAS
TEXAS

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	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



TEXAS — SAN ANTONIO

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
425,358



**MEDICARE ADVANTAGE
PENETRATION:**
50.4%



STATE + MARKET PLANS

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



STATE + MARKET PLANS

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



STATE + MARKET PLANS

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



STATE + MARKET PLANS

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



WEST

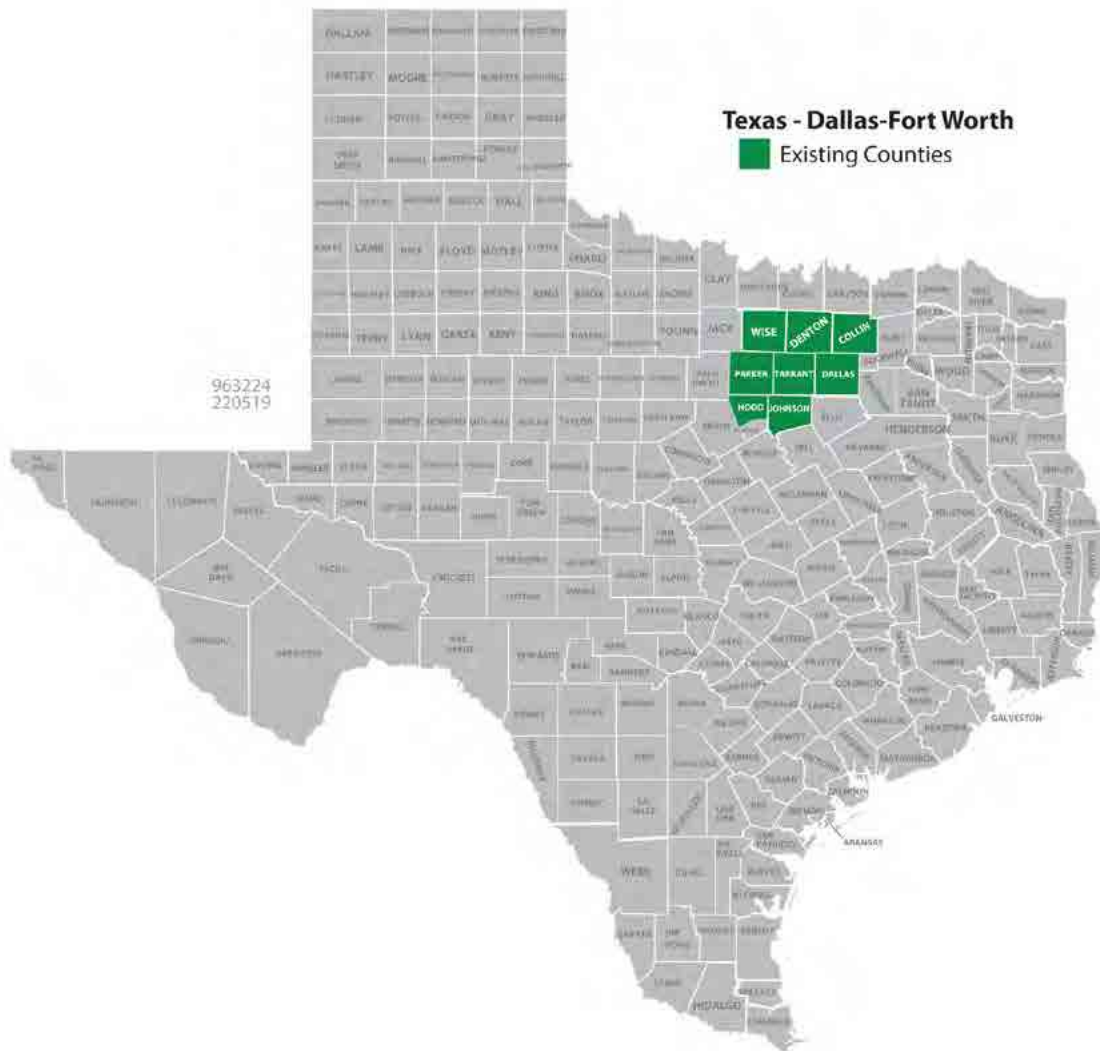
TEXAS
TEXAS

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	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



TEXAS — DALLAS/ FORT WORTH

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
955,836

**MEDICARE ADVANTAGE
PENETRATION:**
48%



STATE + MARKET PLANS

WEST

TEXAS

TEXAS

COUNTIES	Collin, Dallas, Denton, Hood, Johnson, Parker, Tarrant, Wise	Collin, Dallas, Denton, Hood, Johnson, Parker, Tarrant, 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



STATE + MARKET PLANS

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	NEW COUNTIES	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	



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



STATE + MARKET PLANS

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



WEST

TEXAS

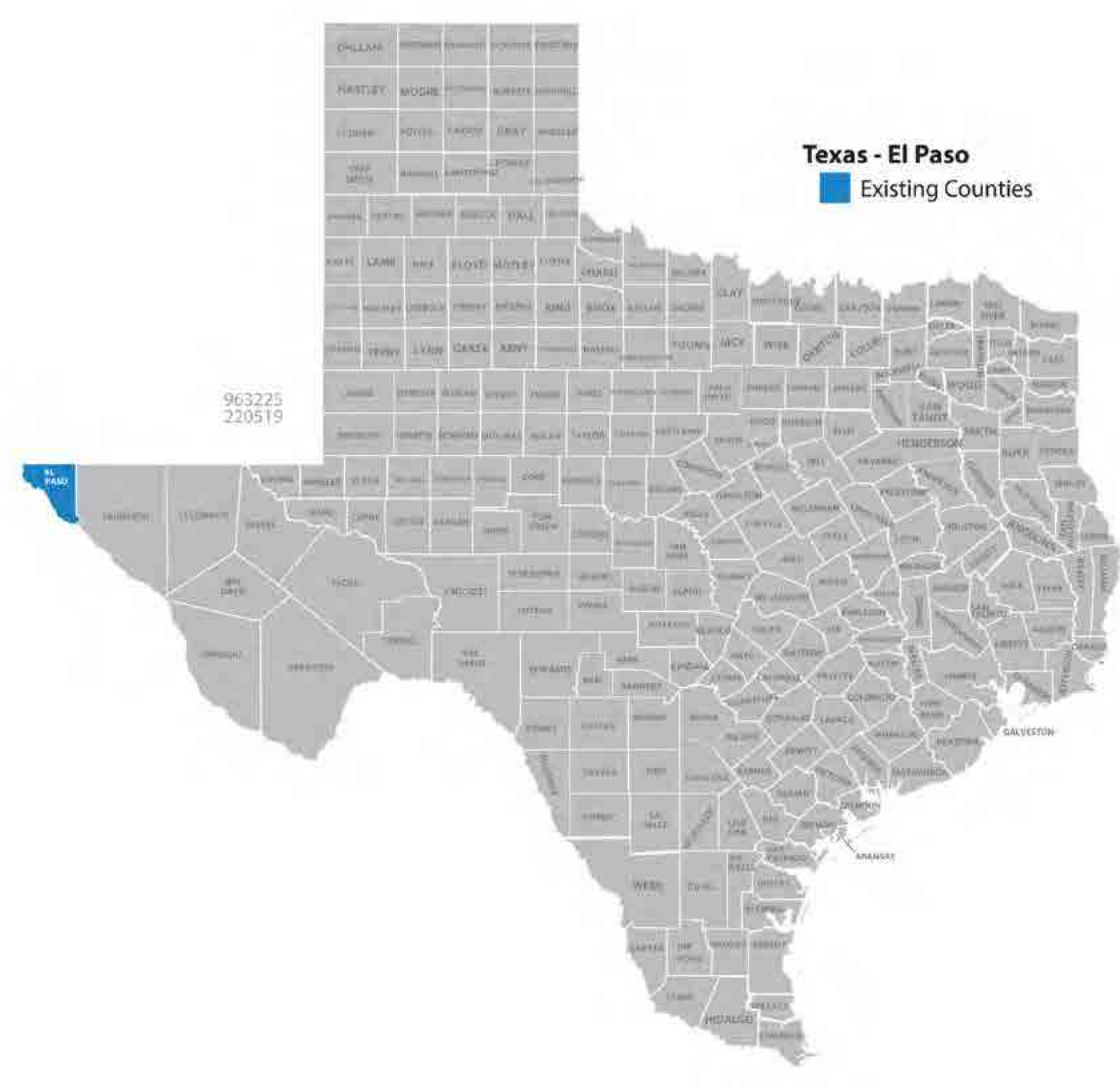
NORTH TEXAS

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



TEXAS — EL PASO

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
136,414

**MEDICARE ADVANTAGE
PENETRATION:**
68.8%



STATE + MARKET PLANS

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



STATE + MARKET PLANS

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	NEW COUNTIES	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	



WEST

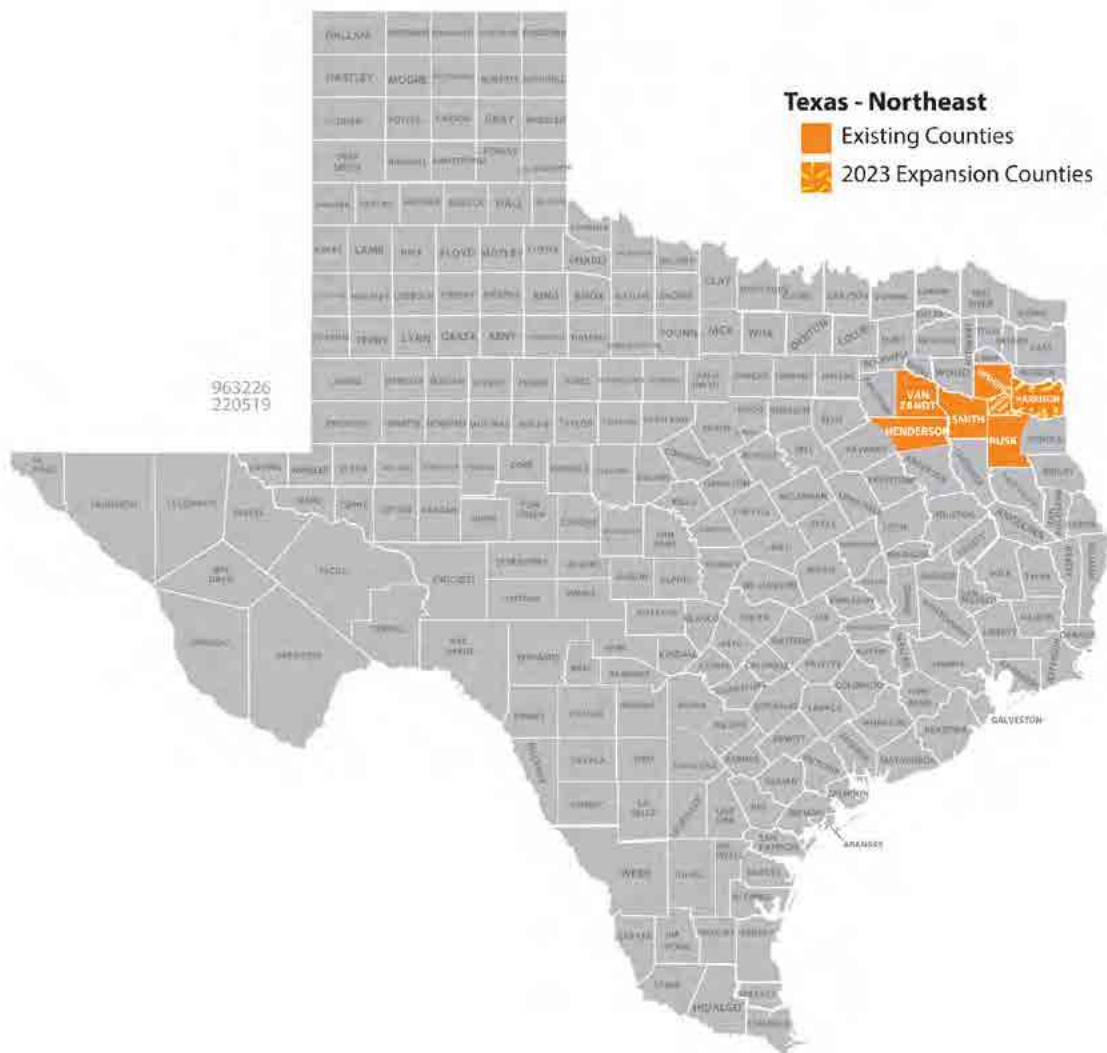
TEXAS
TEXAS

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



TEXAS — NORTHEAST

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
140,904



**MEDICARE ADVANTAGE
PENETRATION:**
40.3%



STATE + MARKET PLANS

WEST

TEXAS TEXAS

COUNTIES	Gregg, Harrison, Henderson, Rusk, Smith, Upshur, Van Zandt	Gregg, Harrison, Henderson, Rusk, Smith, Upshur, Van Zandt
PLAN ID	 H4513-026-000	 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



STATE + MARKET PLANS

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	NEW COUNTIES	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	



WEST

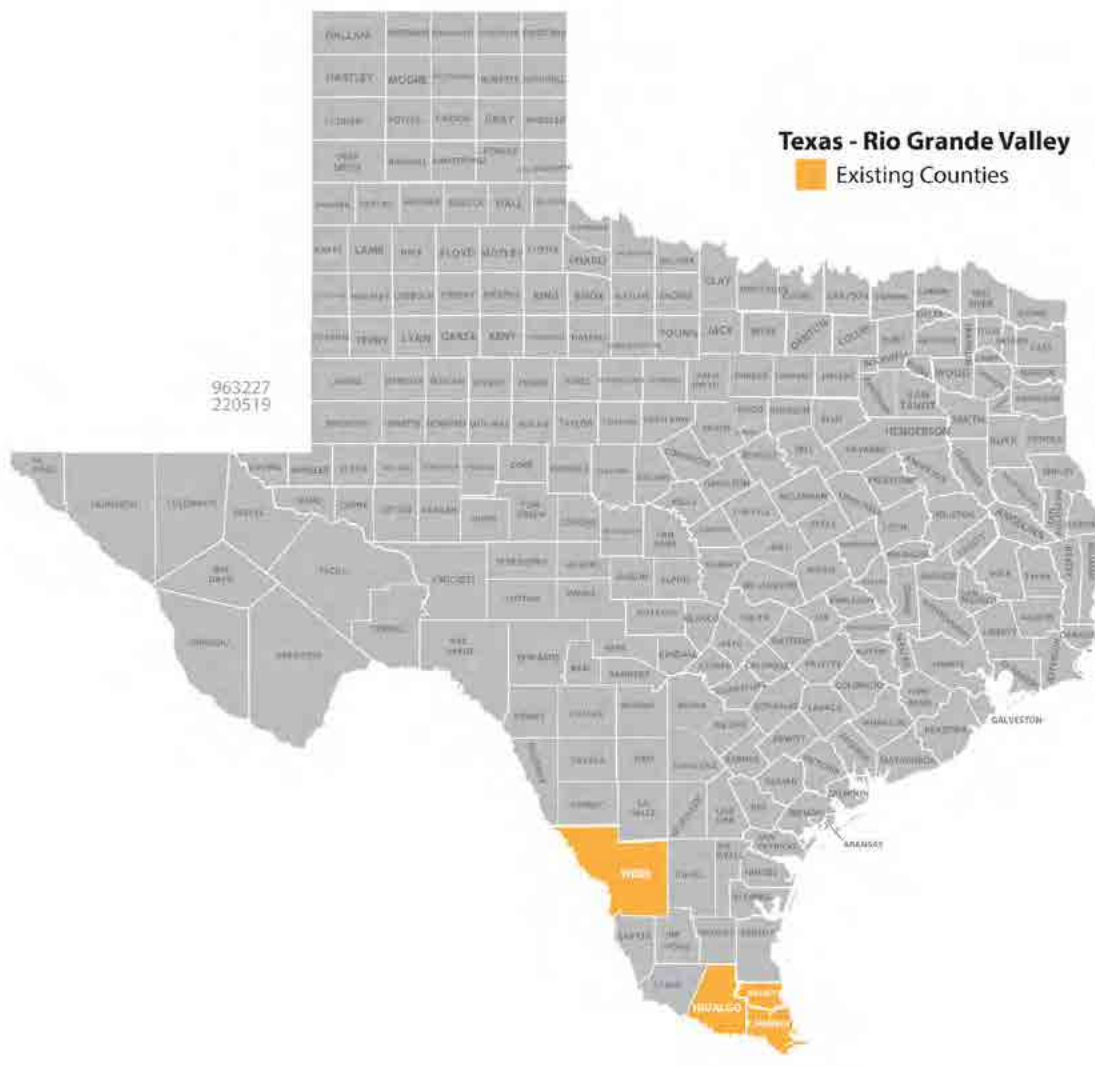
TEXAS
TEXAS

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



TEXAS — RIO GRANDE VALLEY

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
215,388

**MEDICARE ADVANTAGE
PENETRATION:**
62.8%



STATE + MARKET PLANS

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



STATE + MARKET PLANS

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	NEW COUNTIES	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	



WEST

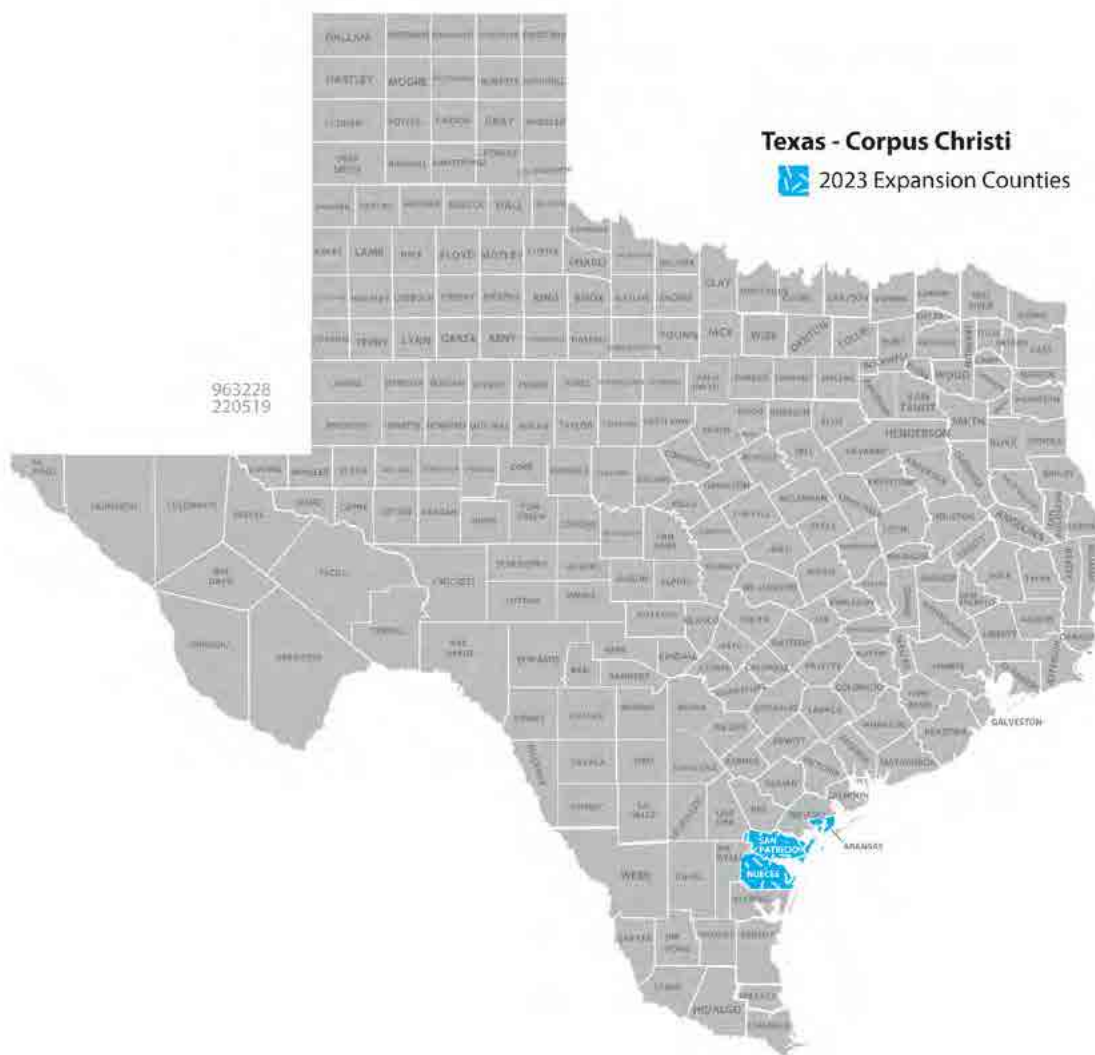
TEXAS
TEXAS

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



TEXAS — CORPUS CHRISTI

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
83,371

**MEDICARE ADVANTAGE
PENETRATION:**
59.6%



STATE + MARKET PLANS

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





STATE + MARKET PLANS

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



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



STATE + MARKET PLANS

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



STATE + MARKET PLANS

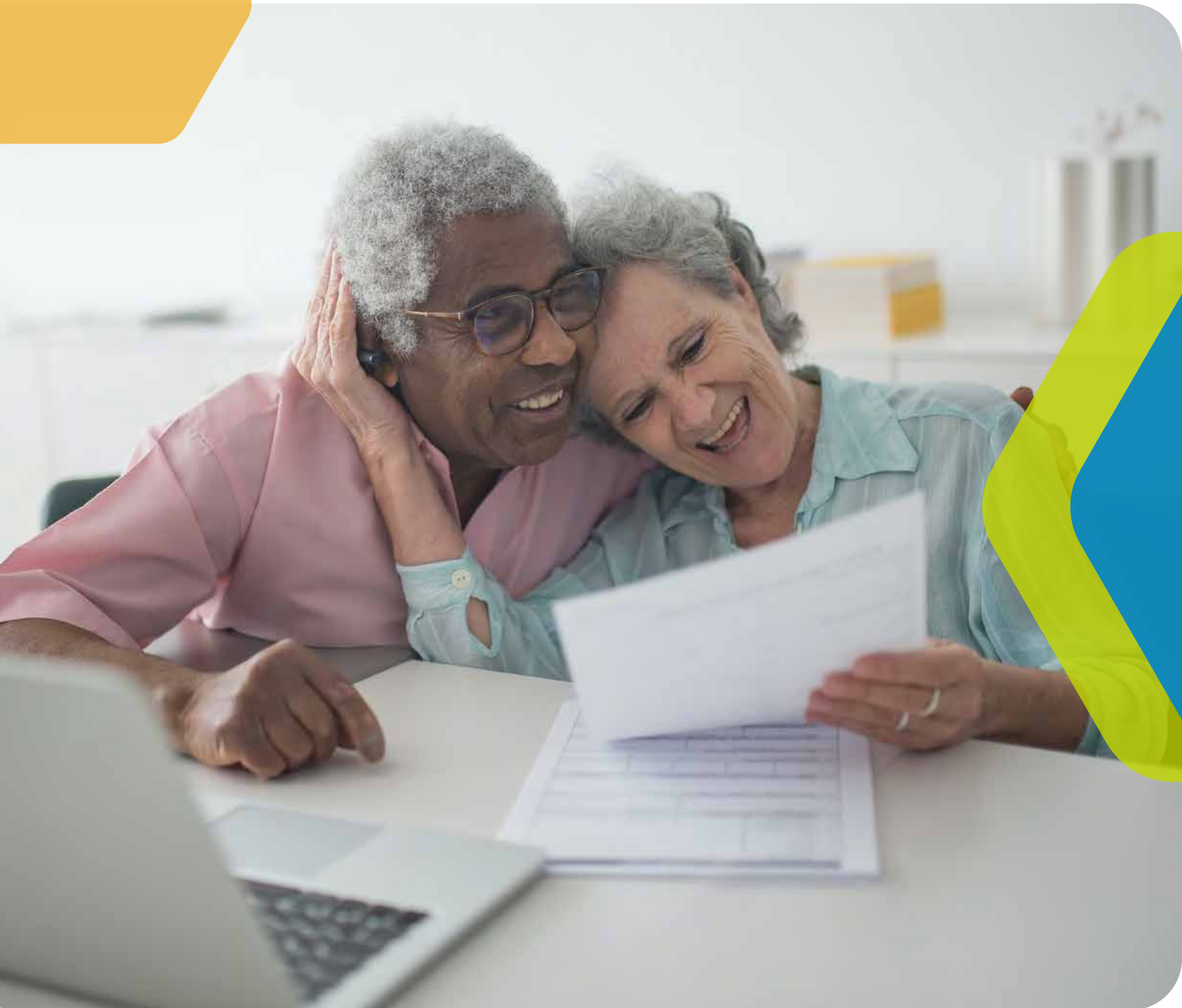
WEST PACIFIC NORTHWEST

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





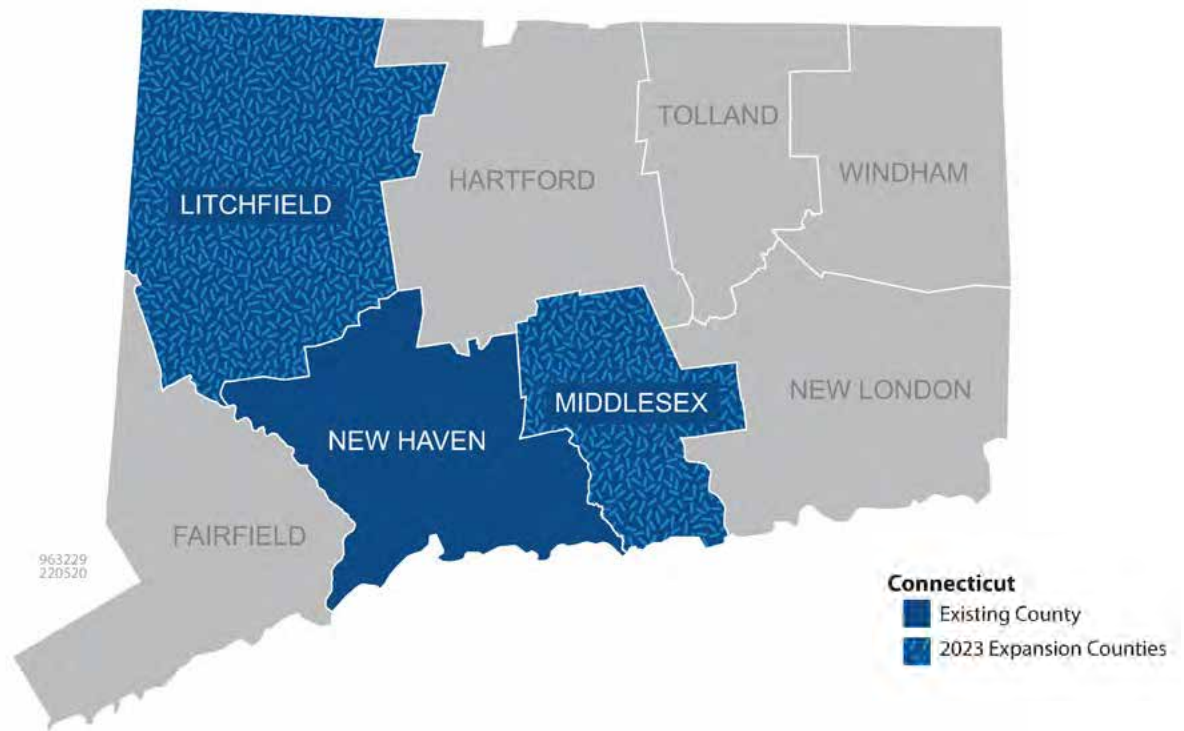
STATE + MARKET **PLANS**

NORTHEAST REGION



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%



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



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



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



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



NORTHEAST

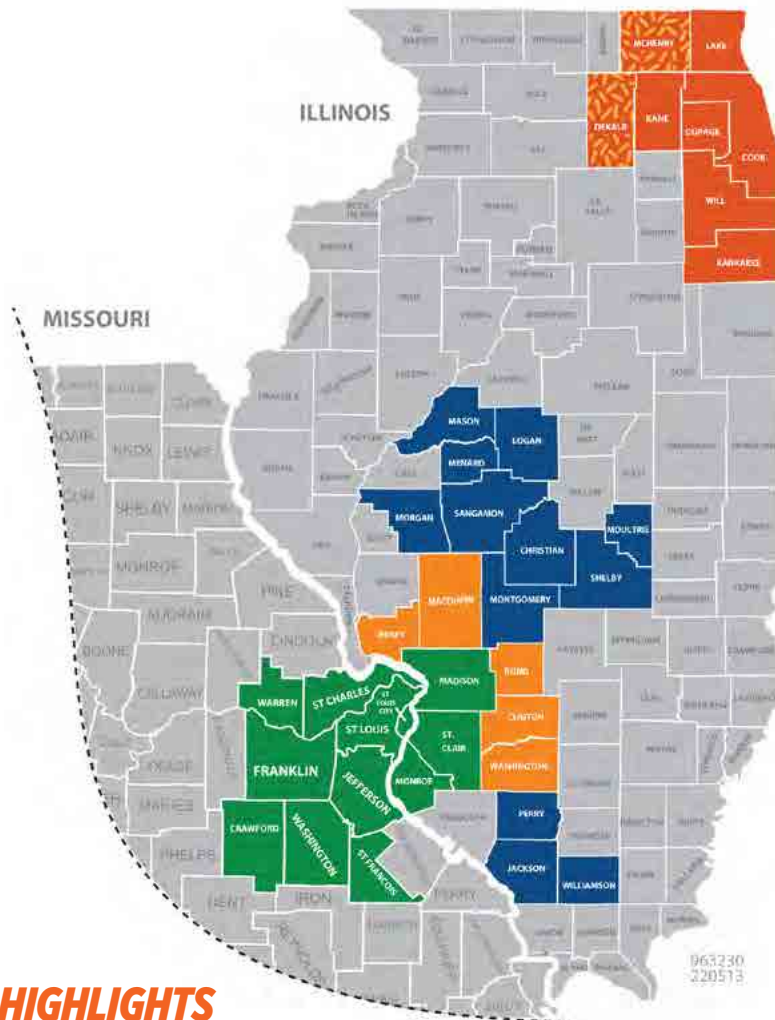
NEW ENGLAND
CONNECTICUT

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



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

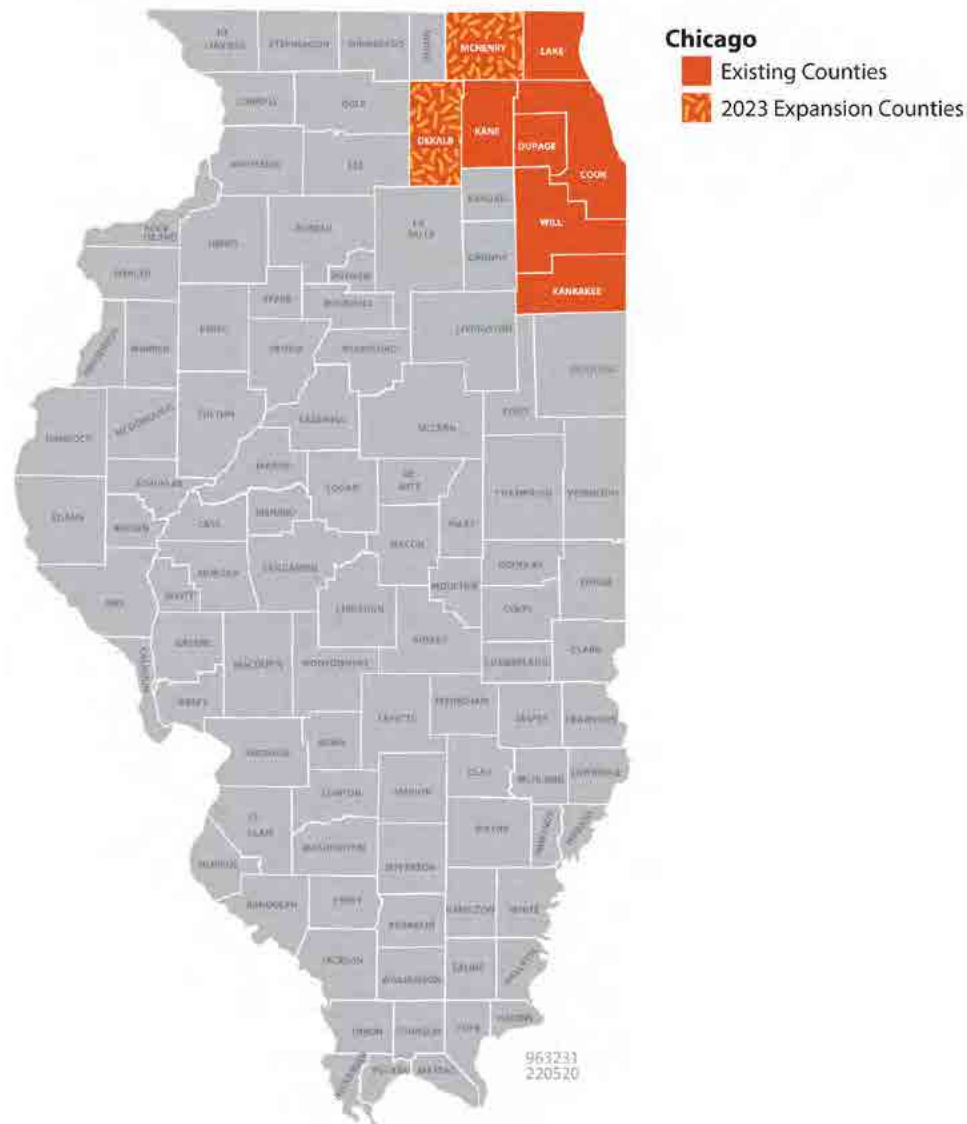
2023 HIGHLIGHTS

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



ILLINOIS — CHICAGO

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
1,408,267

**MEDICARE ADVANTAGE
PENETRATION:**
36.2%





STATE + MARKET PLANS

NORTHEAST

MIDWEST

ILLINOIS

COUNTIES	Cook, Dekalb , DuPage, Kane, Kankakee, Lake, Mchenry , Will	Cook, Dekalb , DuPage, Kane, Kankakee, Lake, Mchenry , Will
PLAN ID	 H1415-024-000	 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



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



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



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



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



NORTHEAST

MIDWEST

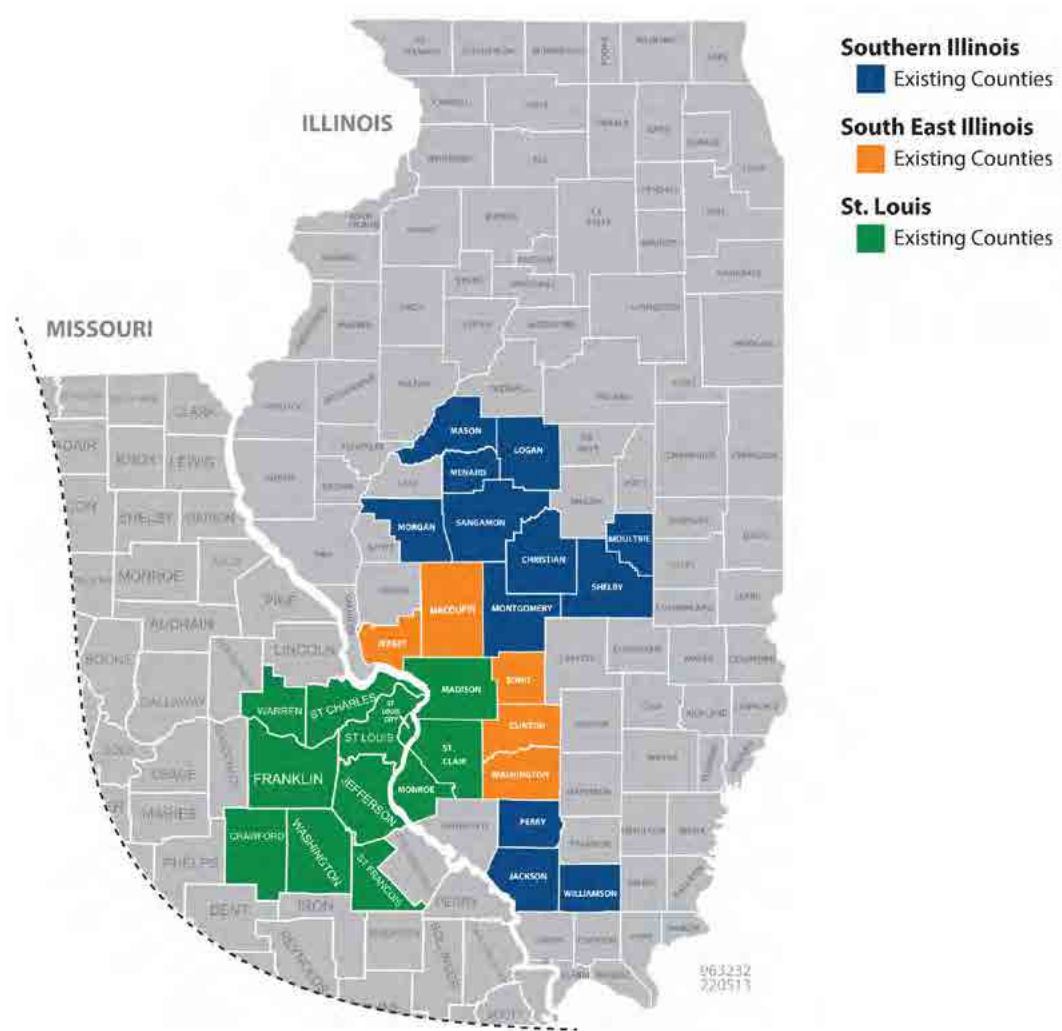
ILLINOIS

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



SOUTHERN ILLINOIS AND ST. LOUIS

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
701,898

**MEDICARE ADVANTAGE
PENETRATION:**
49.7%



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



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



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



NORTHEAST

MIDAMERICA

SOUTH ILLINOIS

COUNTIES	Christian, Jackson, Logan, Mason, Menard, Montgomery, Morgan, Moultrie, Perry, Sangamon, Shelby, Williamson	
PLAN ID	<div>NEW PLAN</div> 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



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



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



NORTHEAST

MIDAMERICA

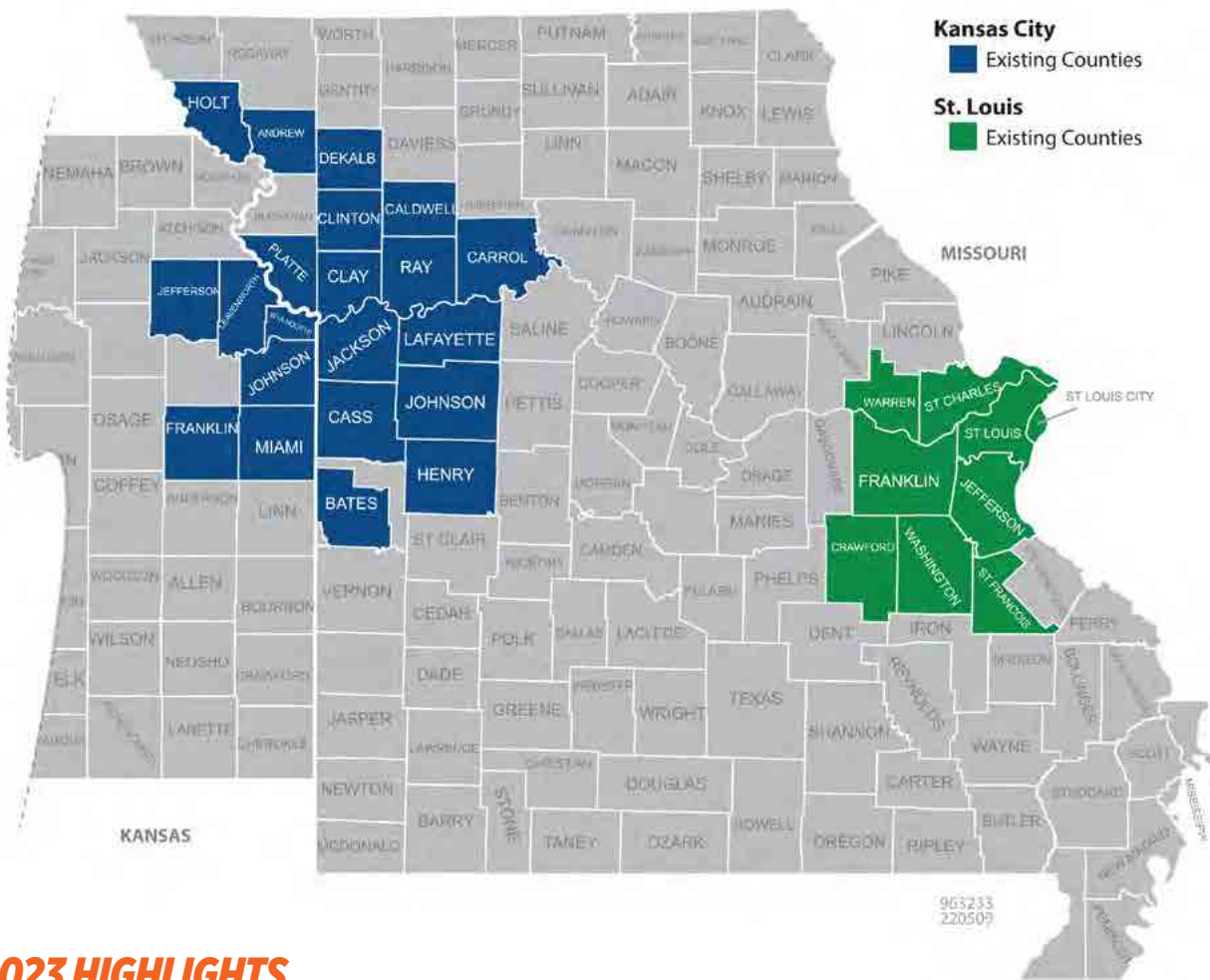
ST. LOUIS

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



KANSAS CITY AND ST. LOUIS

2023 OVERVIEW



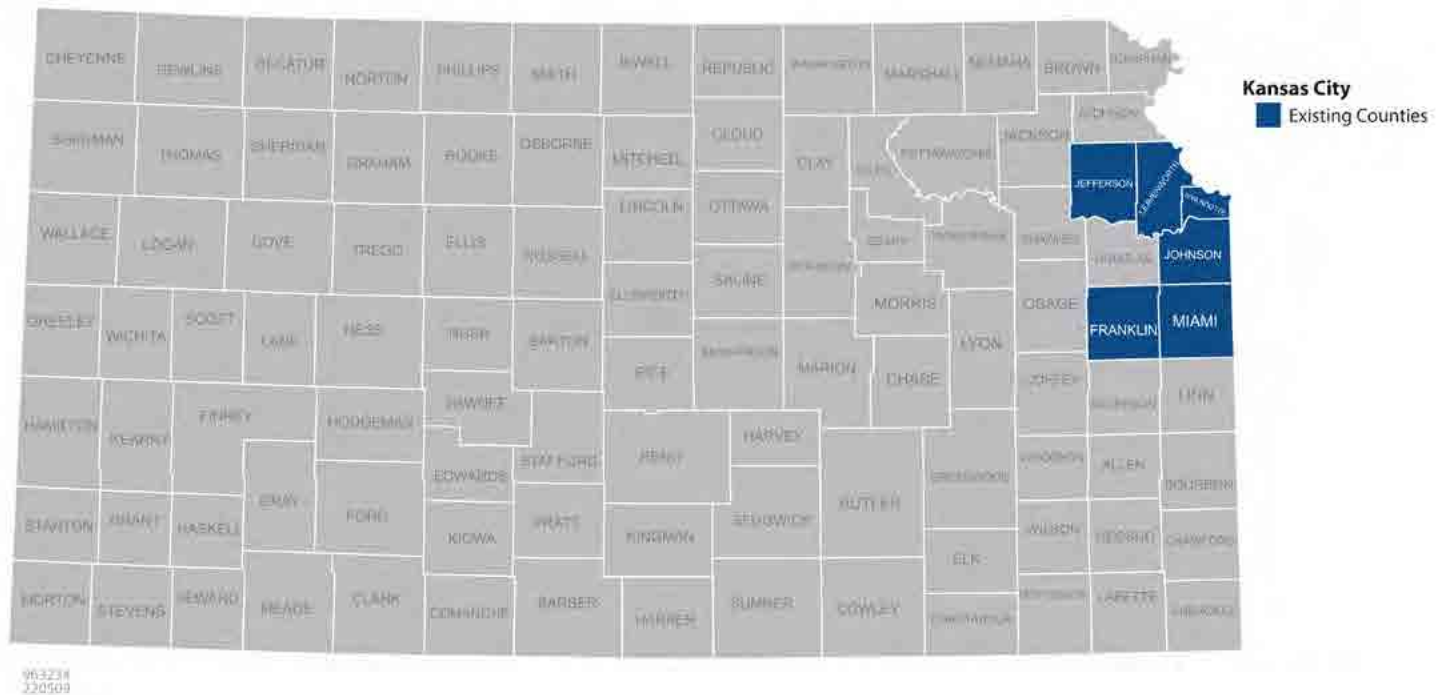
2023 HIGHLIGHTS

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



KANSAS

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
419,000

**MEDICARE ADVANTAGE
PENETRATION:**
43.4%



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



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



NORTHEAST

MIDAMERICA

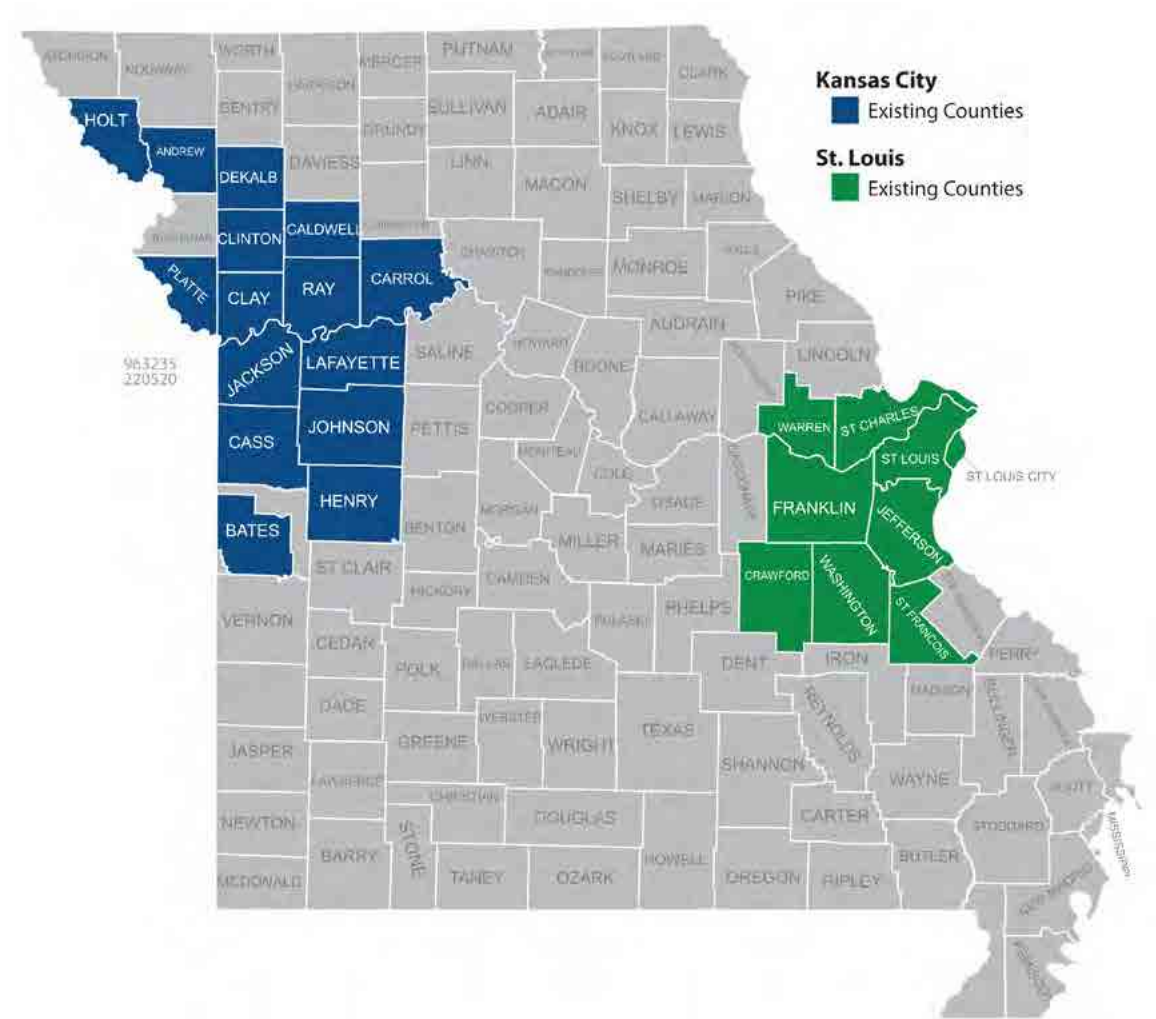
KANSAS CITY

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



MISSOURI

2023 OVERVIEW



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



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



STATE + MARKET PLANS

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



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



STATE + MARKET PLANS

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



STATE + MARKET **PLANS**



STATE + MARKET **PLANS**



DELAWARE

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
224,716

**MEDICARE ADVANTAGE
PENETRATION:**
26.3%



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



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



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



DISTRICT OF COLUMBIA

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
94,898

**MEDICARE ADVANTAGE
PENETRATION:**
27.1%



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



NORTHEAST

MIDATLANTIC

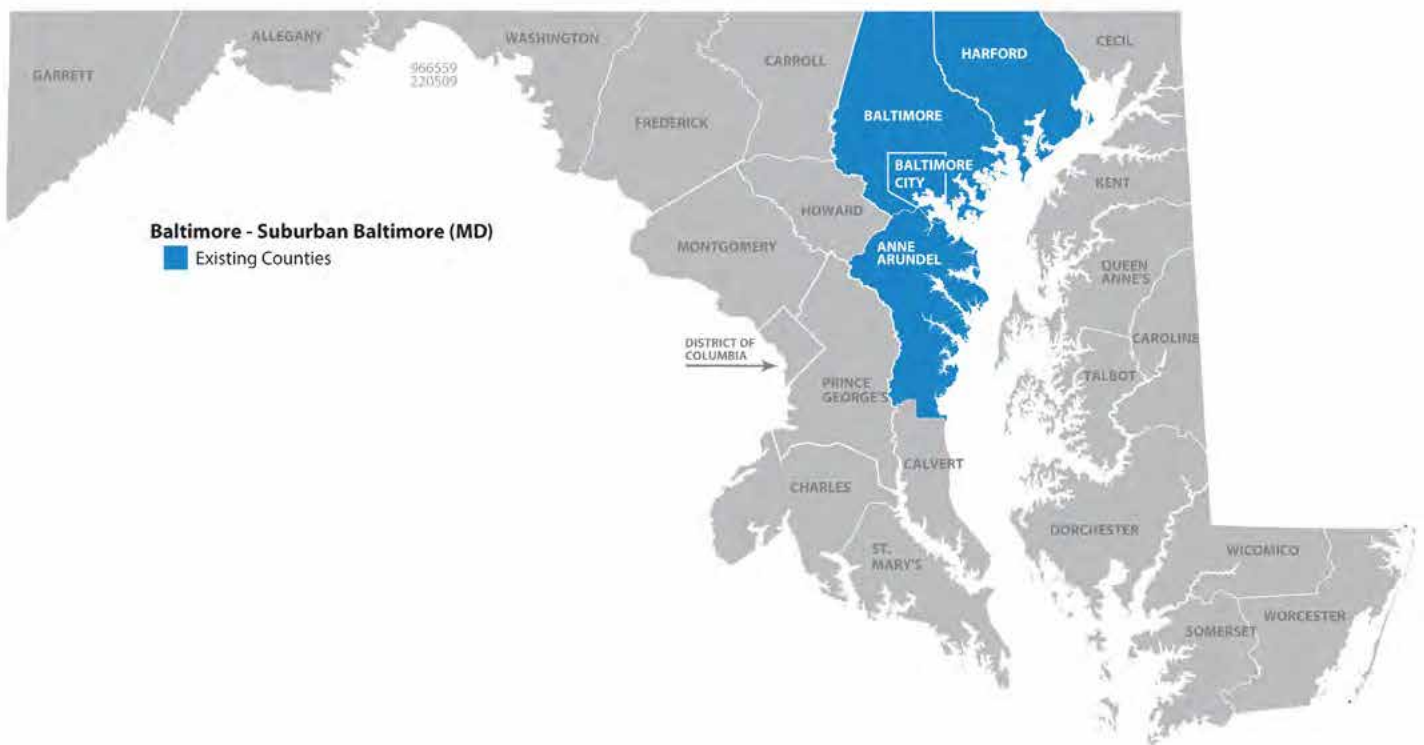
DC DELAWARE

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



MARYLAND

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
414,282

**MEDICARE ADVANTAGE
PENETRATION:**
22%



STATE + MARKET PLANS

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



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 OVERVIEW



STATE + MARKET **PLANS**



2023 OVERVIEW





**MEDICARE ADVANTAGE
PENETRATION:**
36%



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	 H9725-010-000	 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



STATE + MARKET PLANS

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



NORTHEAST

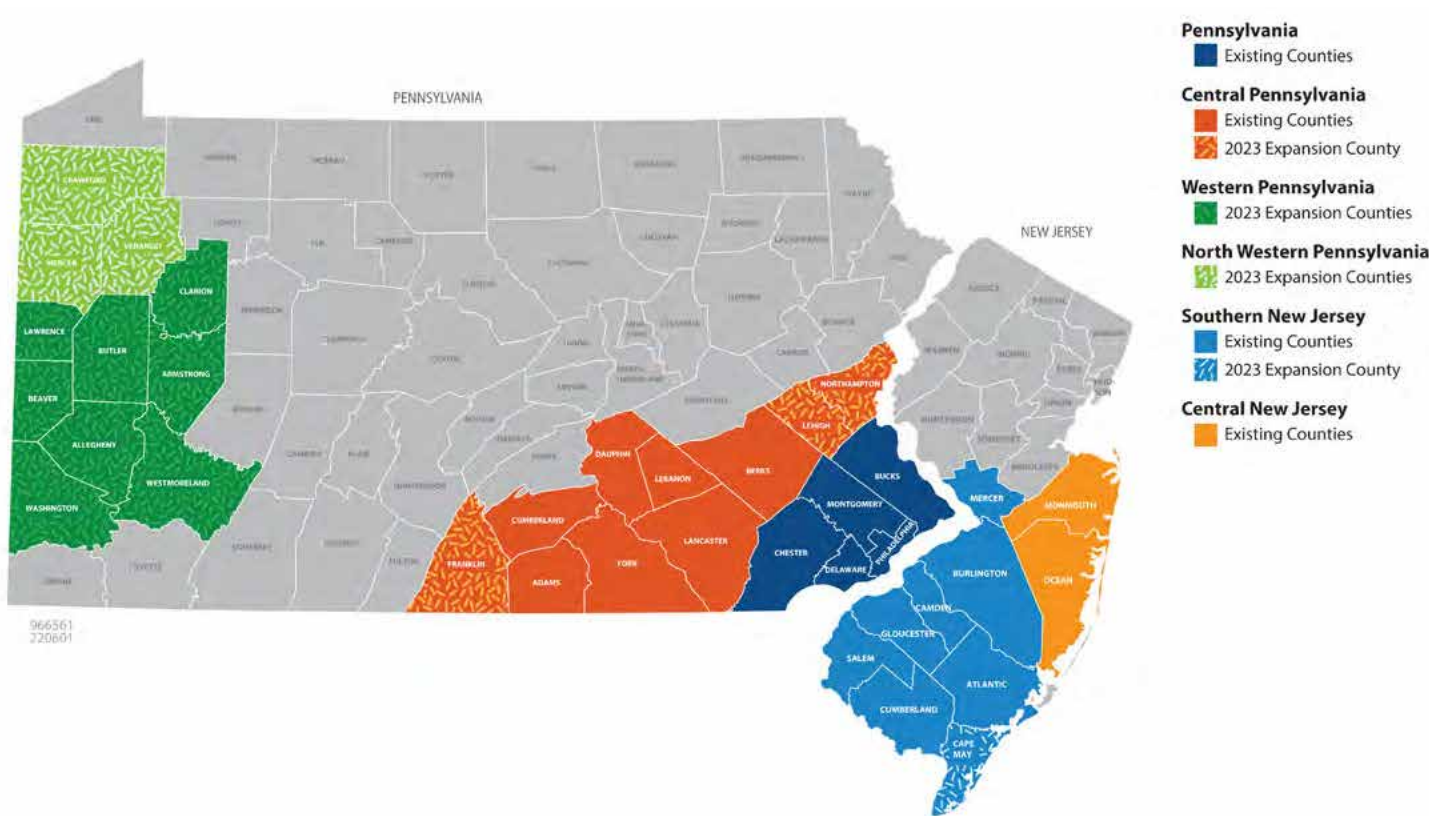
MIDATLANTIC
VIRGINIA

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



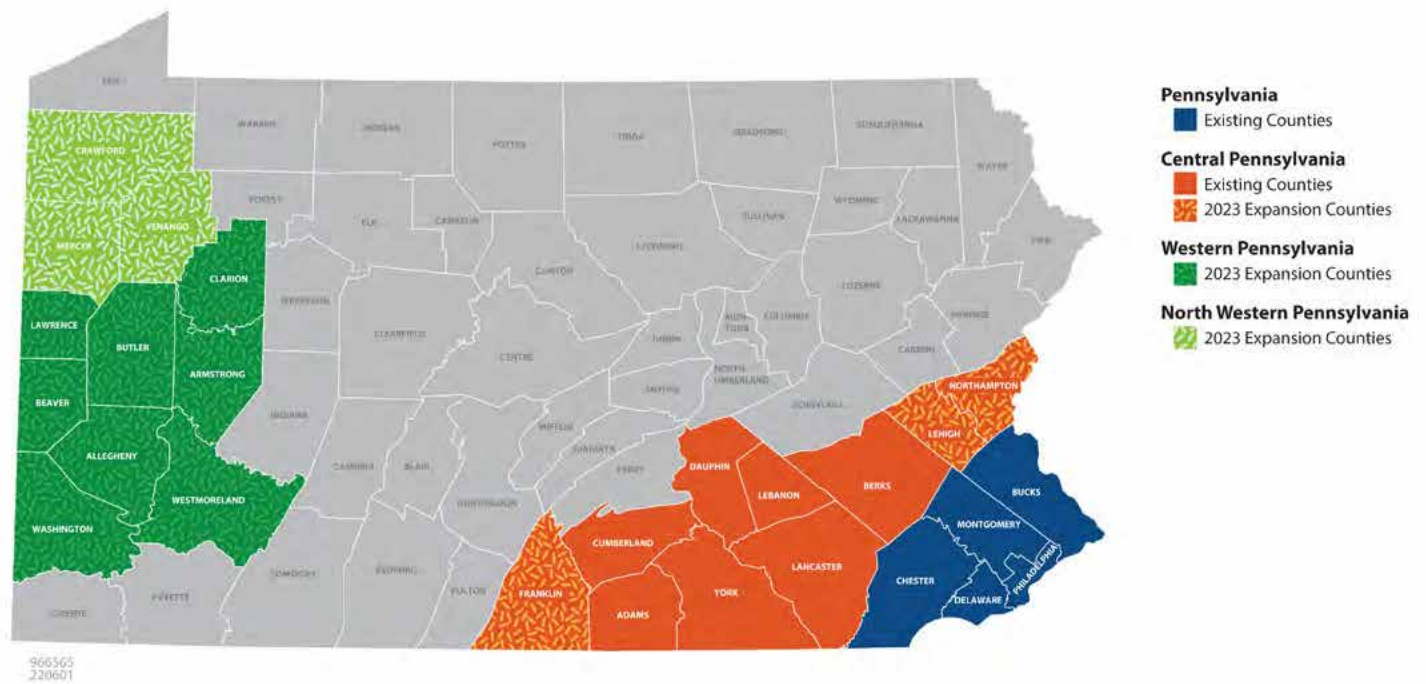
PENNSYLVANIA AND NEW JERSEY

2023 OVERVIEW



PENNSYLVANIA

2023 OVERVIEW



PENNSYLVANIA — PHILADELPHIA

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
787,581

**MEDICARE ADVANTAGE
PENETRATION:**
40.5%



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



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



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



NORTHEAST

PENNSYLVANIA

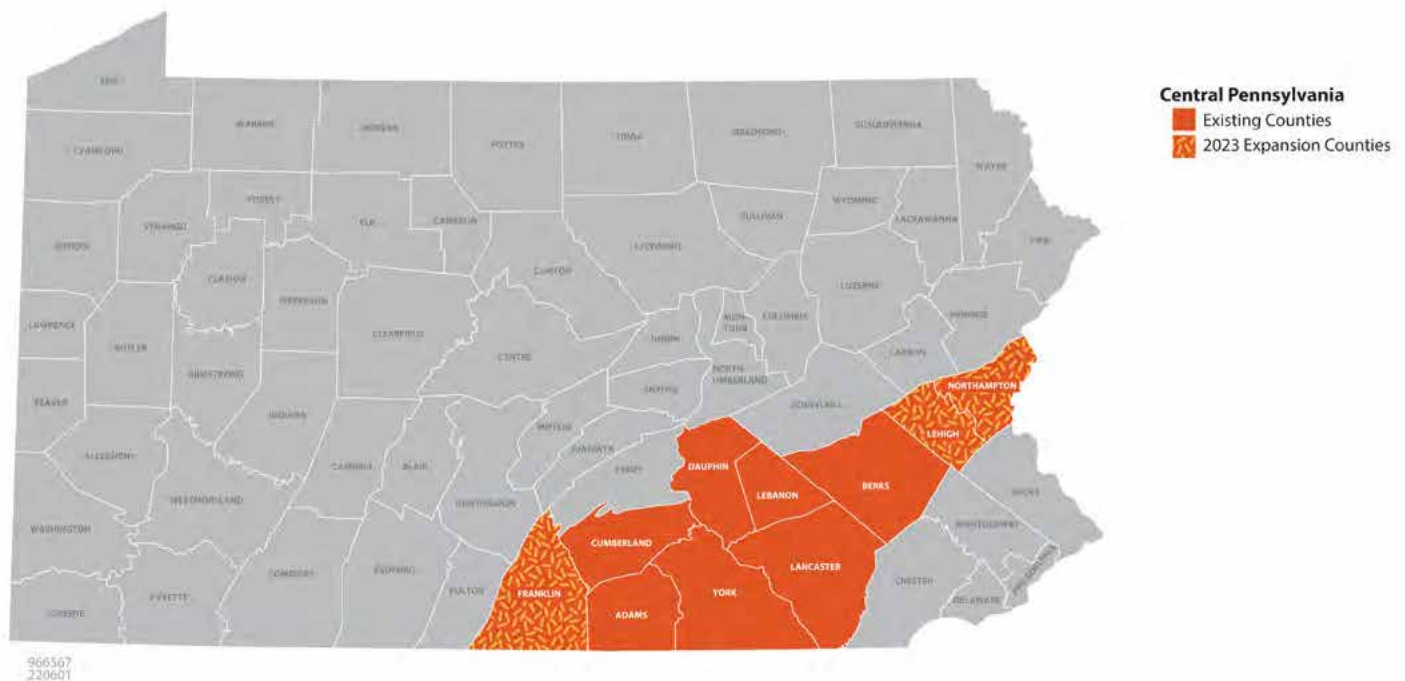
PENNSYLVANIA

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



PENNSYLVANIA — CENTRAL

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
657,777

**MEDICARE ADVANTAGE
PENETRATION:**
44.6%



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



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



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



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



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



NORTHEAST

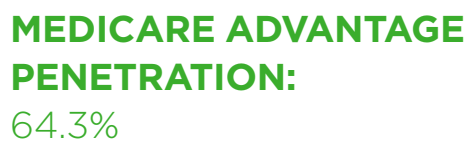
PENNSYLVANIA

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 OVERVIEW



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





STATE + MARKET PLANS

NORTHEAST

PENNSYLVANIA

PENNSYLVANIA



COUNTIES	Allegheny, Armstrong, Beaver, Butler, Clarion, Lawrence, Washington, Westmoreland	Allegheny, Armstrong, Beaver, Butler, Clarion, Lawrence, Washington, Westmoreland
PLAN ID	 H3949-047-000	 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



NORTHEAST

PENNSYLVANIA

PENNSYLVANIA

COUNTIES	Crawford, Mercer, Venango	Crawford, Mercer, Venango
PLAN ID	 H3949-049-000	 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



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



NORTHEAST

PENNSYLVANIA

PENNSYLVANIA

COUNTIES	Allegheny, Armstrong, Beaver, Butler, Clarion, Lawrence, Washington, Westmoreland	
PLAN ID	<div>NEW PLAN</div> 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



STATE + MARKET PLANS

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



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



STATE + MARKET PLANS

NORTHEAST

PENNSYLVANIA

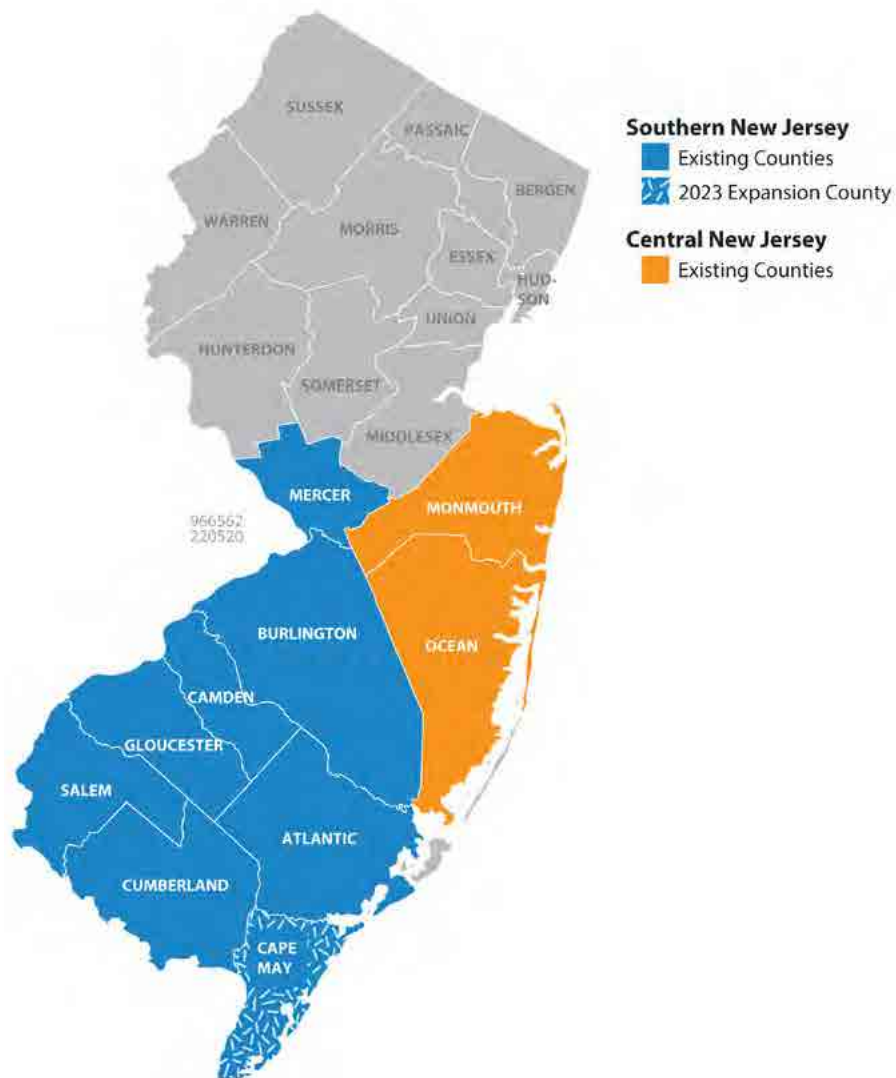
PENNSYLVANIA

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



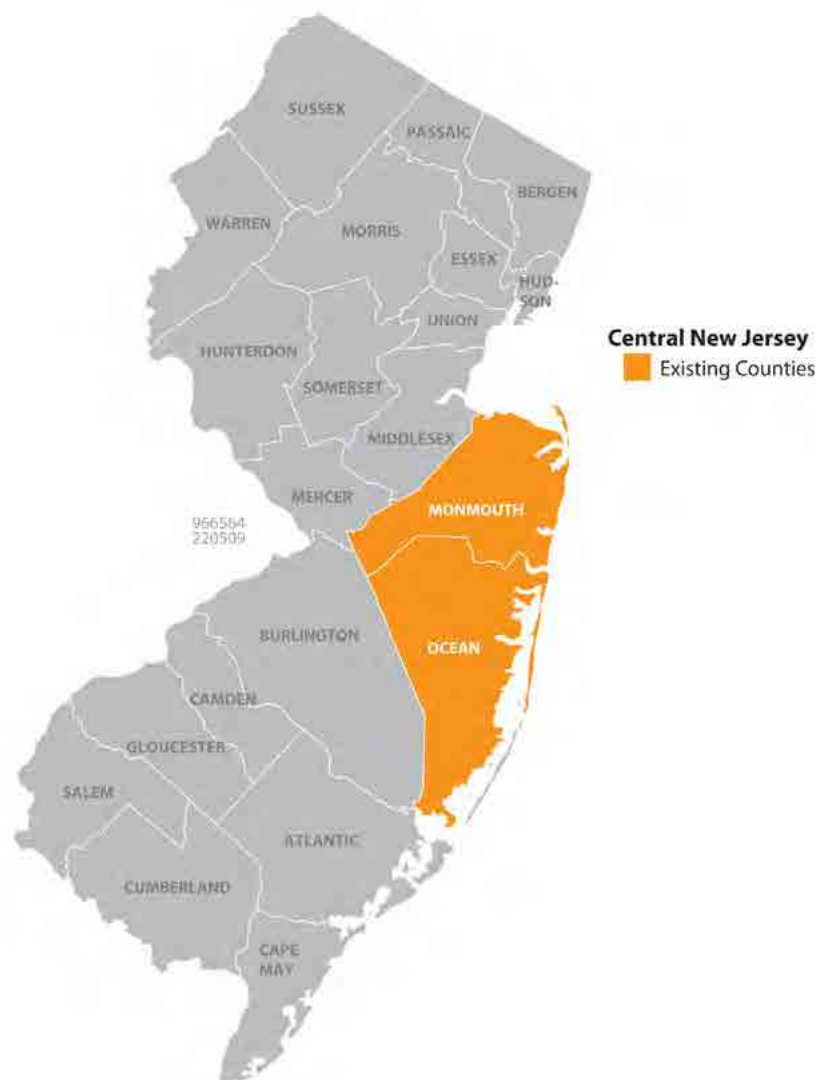
NEW JERSEY

2023 OVERVIEW



NEW JERSEY — CENTRAL

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
288,588

**MEDICARE ADVANTAGE
PENETRATION:**
32.1%



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



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



NORTHEAST

PENNSYLVANIA

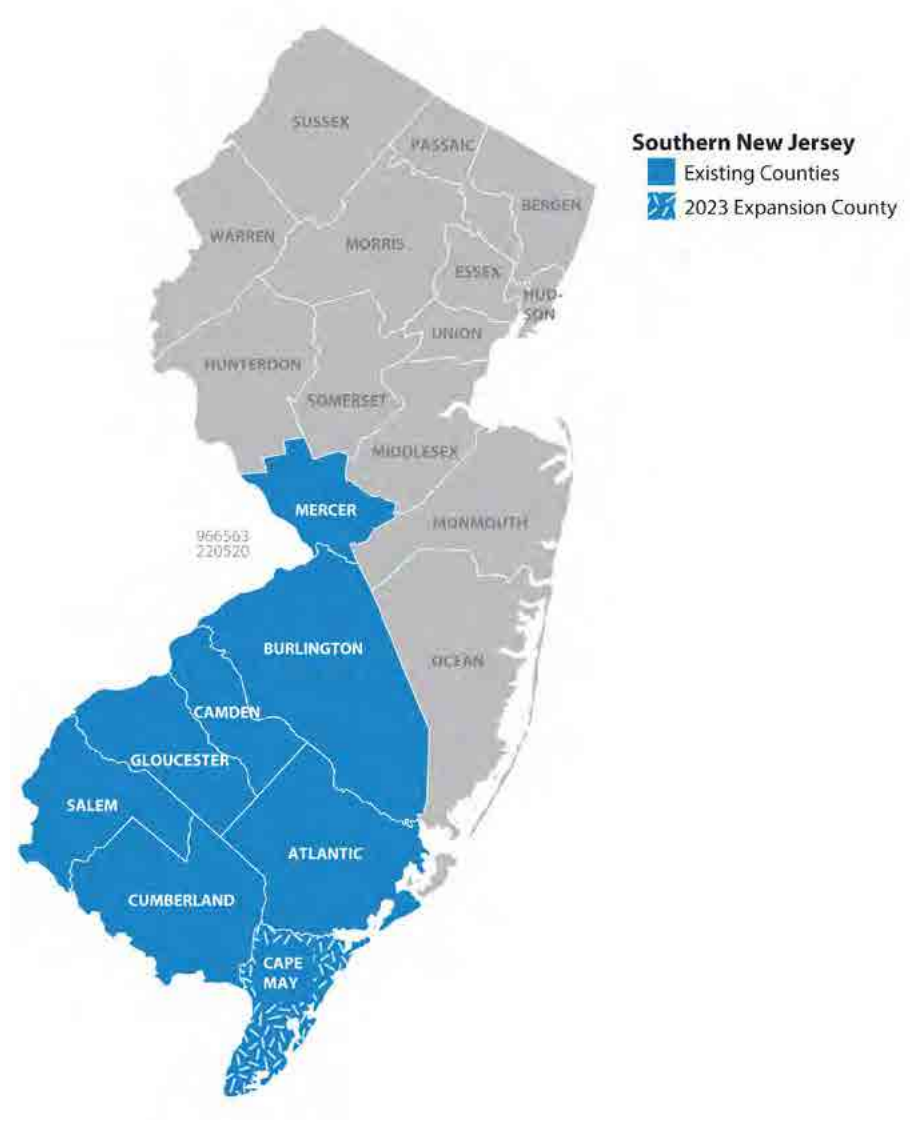
NEW JERSEY

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



NEW JERSEY — SOUTHERN

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
448,212



**MEDICARE ADVANTAGE
PENETRATION:**
38.4%



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	 H3949-051-000
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



STATE + MARKET PLANS

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



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 OVERVIEW



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



**MEDICARE ADVANTAGE
PENETRATION:**
46.1%



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



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



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



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



NORTHEAST

NEW YORK/NEW JERSEY

NEW YORK

COUNTIES	Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland	
PLAN ID	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



NORTHEAST

NEW YORK/NEW JERSEY

NEW YORK

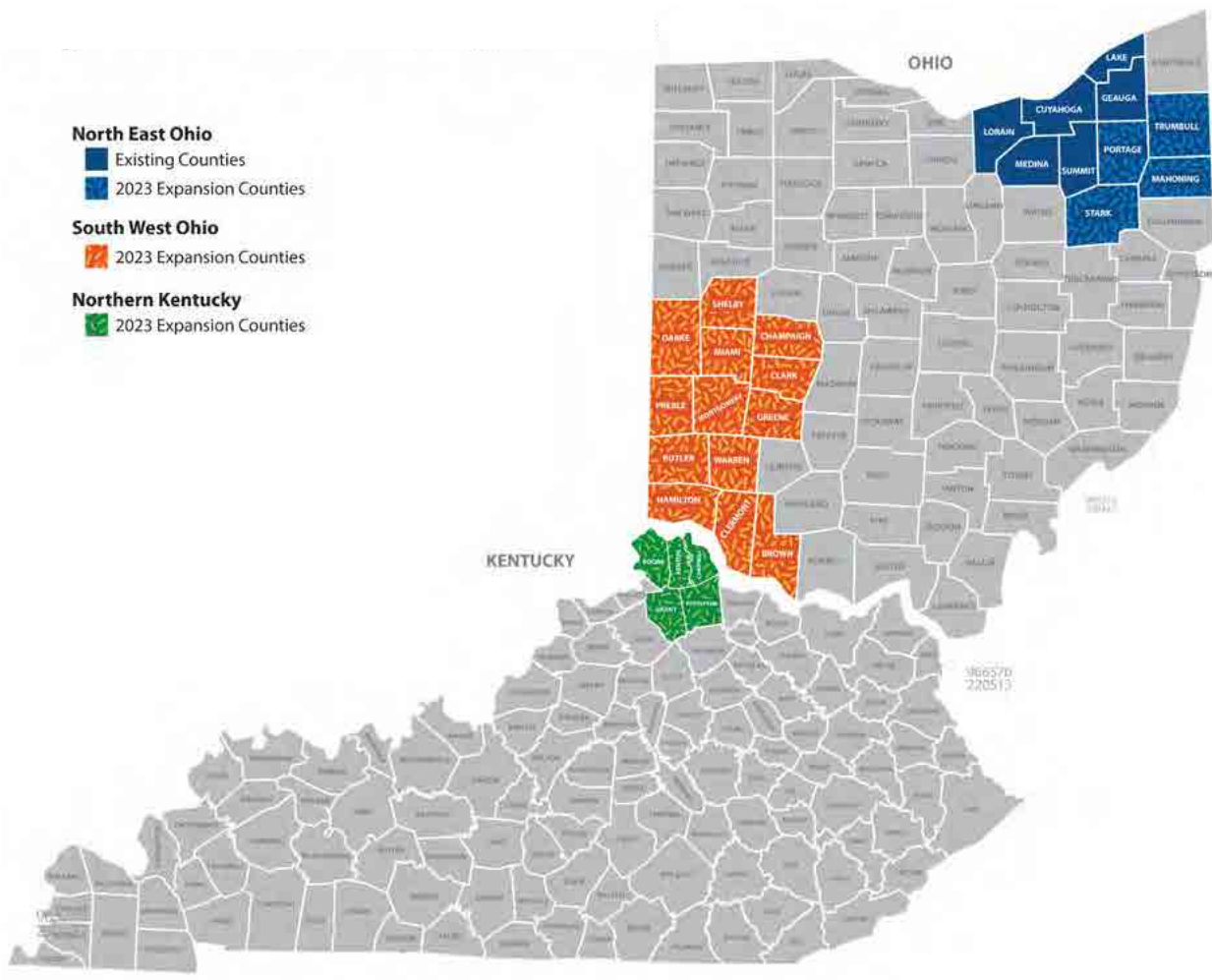
COUNTIES	Nassau	
PLAN ID	H7849-087-000	
PLAN NAME	Cigna True Choice Savings Medicare (PPO)	
	In Network	Out of Network
Total Premium	\$0	
Cost Share—PCP/Specialist	\$0/\$40	\$25/\$60
Inpatient Acute Care Hospital	\$305 per day for days 1-5; \$0 per day for days 6-90	30%
Max Out-of-Pocket (MOOP)	\$7,000 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





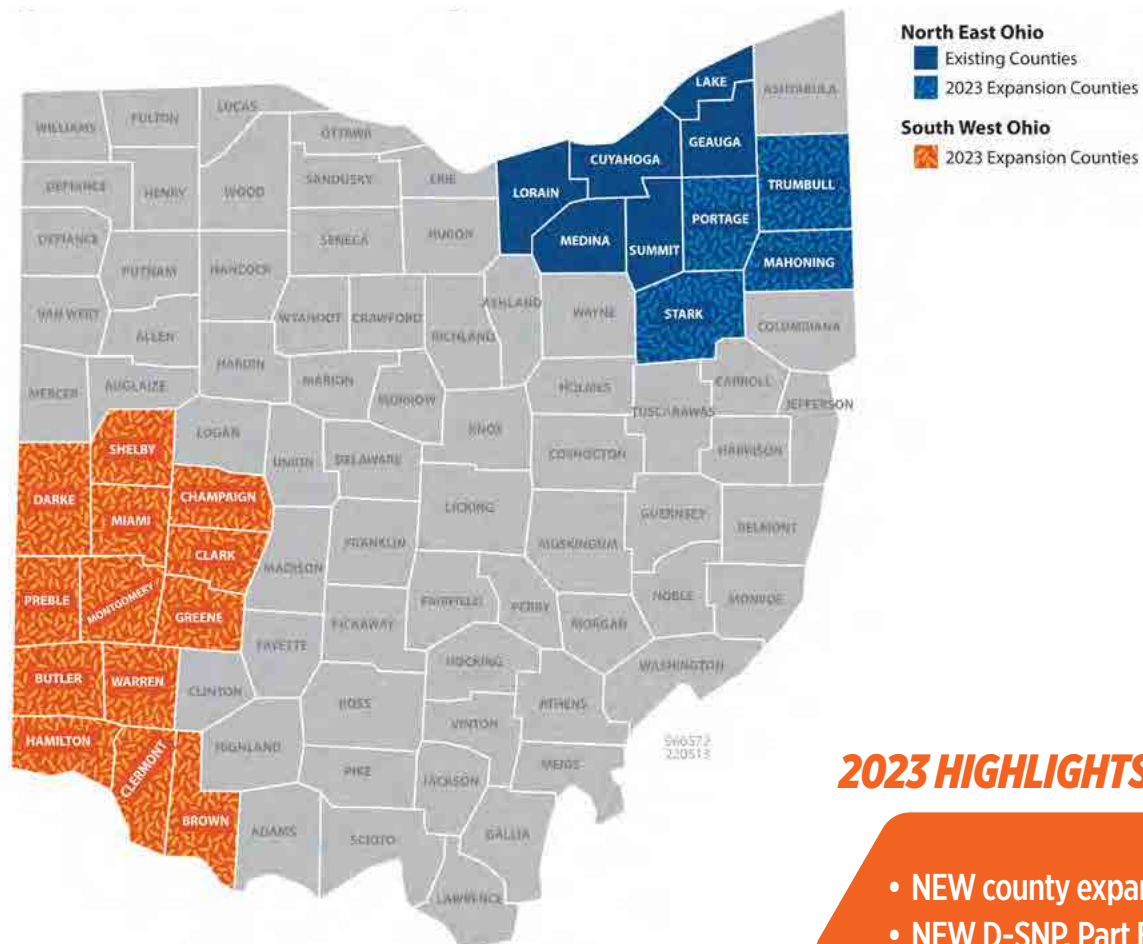
OHIO/KENTUCKY

2023 OVERVIEW



OHIO

2023 OVERVIEW



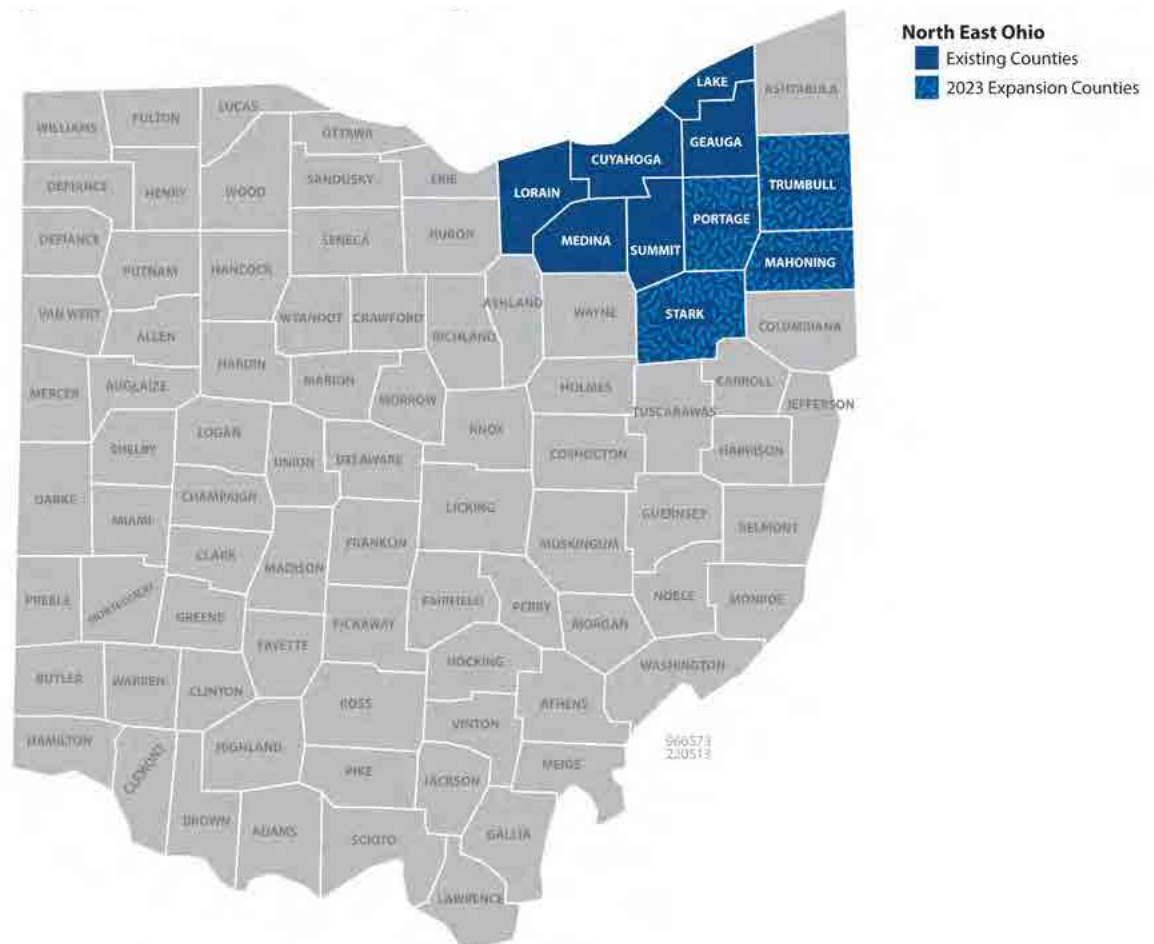
2023 HIGHLIGHTS

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



OHIO — CLEVELAND (NORTHEAST OHIO)

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
792,057




**MEDICARE ADVANTAGE
PENETRATION:**
56.3%



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	 H0672-006-000	 H0672-011-000	 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



STATE + MARKET PLANS

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	NEW PLAN H0672-016-000	NEW COUNTIES H7849-015-000	
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/\$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



NORTHEAST

OHIO

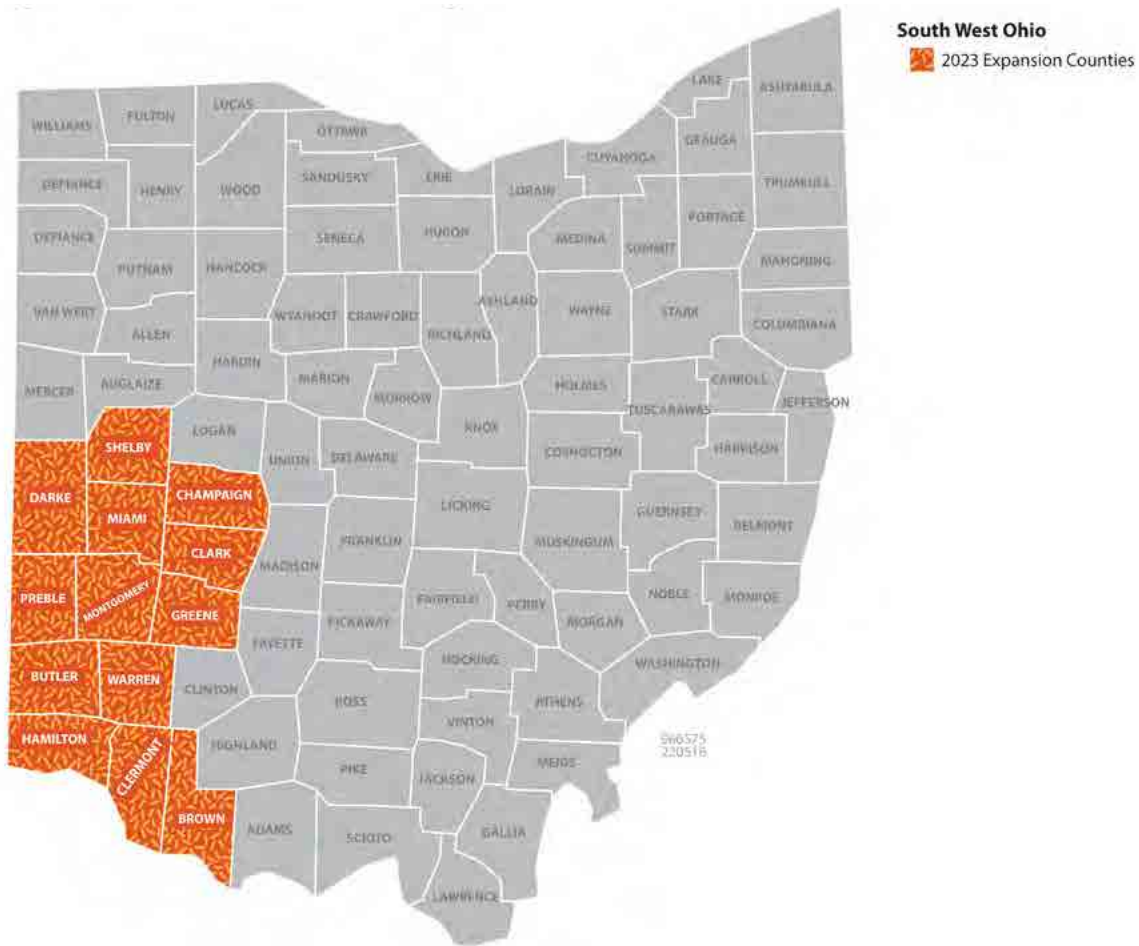
OHIO

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



OHIO — DAYTON (SOUTHWEST OHIO)

2023 OVERVIEW



**MEDICARE ELIGIBLE
POPULATION:**
556,644

**MEDICARE ADVANTAGE
PENETRATION:**
53%



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



STATE + MARKET PLANS

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	NEW PLAN H0672-017-000		NEW PLAN 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



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	H7849-089-000	
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



STATE + MARKET PLANS

KENTUCKY

2023 OVERVIEW



2023 HIGHLIGHTS

- NEW state!



**MEDICARE ELIGIBLE
POPULATION:**
79,434




**MEDICARE ADVANTAGE
PENETRATION:**
50.5%



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	 H0672-013-000	 H0672-014-000	 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



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



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	H7849-089-000	
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



STATE + MARKET PLANS

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



STATE + MARKET PLANS

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)	LPP0	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)	LPP0	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)	LPP0	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)	LPP0	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)	LPP0	PPO	Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Salem	\$25.00
Pennsylvania	H7849-031-000	Cigna True Choice Savings Medicare (PPO)	LPP0	PPO	Adams, Berks, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, York	\$25.00
Pennsylvania	H7849-104-000	Cigna True Choice Savings Medicare (PPO)	LPP0	PPO	Lehigh, Northampton	\$25.00
Pennsylvania	H7849-108-000	Cigna True Choice Savings Medicare (PPO)	LPP0	PPO	Crawford, Mercer, Venango	\$25.00
Pennsylvania	H7849-111-000	Cigna True Choice Savings Medicare (PPO)	LPP0	PPO	Allegheny, Armstrong, Beaver, Butler, Clarion, Lawrence, Washington, Westmoreland	\$25.00

