Summary of Benefits

2025
January 1, 2025 to
December 31, 2025

Cigna True Choice Medicare (PPO)
Vermont State Colleges System
H7787 – 801

Standard Drug List
Pharmacy Network: Medicare Broad Network

A5

TO JOIN
You must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

The **Cigna True Choice Medicare (PPO)** service area includes all 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands.

Introduction

What's Inside

This Summary of Benefits gives you a summary of what **Cigna True Choice Medicare (PPO)** covers and what you pay. It doesn't list every service that we cover or every limitation or exclusion. To get a complete list of services we cover, refer to the plan's *Evidence of Coverage (EOC) Snapshot* online at **myCigna.com** or call Customer Service to request a copy.

Comparing coverage
If you want to compare our plan with other Medicare health plans, ask the other plans for their *Summary of Benefits*. Or, use the *Medicare Plan Finder* on **www.medicare.gov**.

More about Original Medicare
If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook.

View the handbook online at **www.medicare.gov.**

Get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Need help?
Call toll-free **1-888-281-7867 (TTY 711).** Customer Service is available October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays.

You can also visit our website at:
CignaMedicare.com/group/MAresources

❶ About this plan

Which doctors, hospitals and pharmacies can I use?
Cigna True Choice Medicare (PPO) has a network of doctors, hospitals, and other providers and pharmacies. You may also choose to use providers that are out-of-network and there will not be a change to your copay or coinsurance.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Your plan uses the Medicare Broad Network.

You can see our plan's *Provider and Pharmacy Directory* at our website, **CignaMedicare.com/group/MAresources.**

What do we cover?
Like all Medicare health plans, we cover everything that Original Medicare covers and more.

- Our customers get all the benefits covered by Original Medicare.
- Our customers also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this *Summary of Benefits*.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the plan's complete *Comprehensive Prescription Drug List* which lists the Part D prescription drugs along with any restrictions on our website, CignaMedicare.com/group/MAresources.
- Or, call us and we will send you a copy of the Standard Drug List.

❷ Monthly Premium, Deductible & Limits

Benefit	Cigna True Choice Medicare (PPO)
How much is the monthly premium?	Please contact your Plan Sponsor. In addition, you must keep paying your Medicare Part B premium.
How much is the Medical Deductible?	**$250** per year for medical services. Some services are not subject to the deductible. Refer to the *Evidence of Coverage Snapshot* for a list of those services.
How much is the Pharmacy (Part D) Deductible?	**$0** per year for Part D prescription drugs
Is there any limit on how much I will pay for my covered services?	Your yearly limit(s) in this plan: **$250** for services you receive from in-network and out-of-network providers combined for Medicare-covered benefits. This limit is the most you pay for copays, coinsurance, and other costs for Medicare services for the year. If you reach the limit on out-of-pocket costs, you keep getting in-network and out-of-network covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-share for your Part D prescription drugs.
What pharmacy network is connected to my plan?	Medicare Broad Network
Is there any limit on how much I will pay for my covered prescriptions?	The most you will pay for your Part D prescription drugs is **$1,250**

❸ Covered Medical & Hospital Benefits

Benefit	What you Pay In-Network and Out-of-Network
Note: Services with a [1] may require prior authorization.	
Inpatient Hospital Coverage[1]	
Our plan covers an unlimited number of days for an inpatient hospital stay. For each Medicare-covered hospital stay, you are required to pay the applicable cost-sharing, starting with day 1 each time you are admitted.	**$0** copay per admission
Outpatient Hospital Services	
Outpatient Hospital[1]	**$0** copay
Outpatient Observation[1]	**$0** copay
Ambulatory Surgical Center (ASC) Services	
ASC Services (ASC)[1]	**$0** copay
Doctors Visits[1]	
Primary Care Physician	**$0** copay
Specialists	**$0** copay
Preventive Care	
Our plan covers many Medicare-covered preventive services, including: › Abdominal aortic aneurysm screening › Alcohol misuse screening and counseling › Bone mass measurement › Breast cancer screening (mammogram) › Cardiovascular disease (behavioral therapy) › Cardiovascular screenings › Cervical and vaginal cancer screening › Colorectal cancer screenings (colonoscopy, fecal occult blood test, multi-target stool DNA tests, screening barium enemas, flexible sigmoidoscopy) › Depression screening › Diabetes screenings › Diabetes self-management training › Glaucoma tests › Hepatitis B Virus (HBV) infection screening › Hepatitis C screening	**$0** copay Any additional preventive services approved by Medicare during the contract year will be covered. Please see your *Evidence of Coverage* (EOC) for frequency of covered services.

Benefit	What you Pay In-Network and Out-of-Network
› HIV screening › Lung cancer screening with low dose computed tomography (LDCT) › Medical nutrition therapy services › Obesity screening and counseling › Prostate cancer screenings (PSA) › Sexually transmitted infections screening and counseling › Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) › Vaccines; including COVID-19, Flu shots/Influenza, Hepatitis B shots, Pneumococcal shots › "Welcome to Medicare" preventive visit (one-time) › Yearly "Wellness" visit	
Emergency Care	
Emergency Care Services	**$0** copay
Worldwide Emergency/Urgent Coverage/Emergency Transportation	**$0** copay Maximum worldwide coverage amount $50,000.
Urgently Needed Services	
Urgent Care Services	**$0** copay
Diagnostic Services, Labs and Imaging ***(Costs for these services may vary based on place of service or type of service)***	
Diagnostic Procedures and Tests[1]	**$0** copay
Lab Services[1]	**$0** copay
Genetic Testing[1]	**$0** copay
Diagnostic Radiological Services (MRIs, CT scans, etc.)[1]	**$0** copay
Therapeutic Radiological Services[1]	**$0** copay
X-ray Services[1]	**$0** copay in a Primary Care Physician office **$0** copay in a Specialist office **$0** copay or coinsurance in other outpatient locations
Hearing Services	
Hearing Exams (Medicare-covered)	**$0** copay in a Primary Care Physician office

Benefit	What you Pay
	In-Network and Out-of-Network
Diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider. A separate physician cost-share will apply if additional services requiring cost-sharing are rendered.	**$0** copay in a Specialist office
Routine Hearing Exams	**$0** copay for one routine exam every year
Hearing Aid Evaluation/Fitting	**$0** copay for one fitting evaluation per hearing aid every three years
Hearing Aids	**$0** copay Plan maximum coverage amount for hearing aids of **$1,400** every three years.
Dental Services (Medicare-covered)[1]	
Limited dental services (this does not include services in connection with care, treatment, filling removal or replacement of teeth)	**$0** copay
Vision Services	
Eye Exams (Medicare-covered) A separate physician cost-share may apply if additional services requiring cost-sharing are rendered (e.g., but not limited to, if a medical eye condition is discovered during a preventive routine eye exam). A facility cost-share may apply for procedures performed at an outpatient surgical center.	**$0** copay for diabetic retinopathy screening **$0** copay for all other Medicare-covered vision services.
Routine Eye Exam One routine eye exam (including eye refraction) per year. Eye refractions outside of the annual non-Medicare-covered routine eye exam are not covered. For routine eye exams and eyewear services, customers are encouraged to select a provider within Cigna Healthcare's vision vendor network but are not required to do so. Customers have the option to select doctors and benefits both in and out-of-network with no referrals required, however, out-of-pocket	**$0** copay for one routine exam every year

Benefit	What you Pay In-Network and Out-of-Network
costs may be higher for out-of-network services.	
Glaucoma Screening (Medicare-covered)	**$0** copay
Eyewear (Medicare-covered)	**$0** copay
Routine Eyewear › Eyeglasses (lenses and frames) › Eyeglass lenses › Eyeglass frames › Contact lenses (including contact lens fittings) › Upgrades	**$0** copay Plan maximum coverage amount of **$100.** The plan-specified allowance may be applied to one set of the member's choice of eyewear once per year, to include the eyeglass frame/lenses/lens options combination or contact lenses (to include related professional fees) in lieu of eyeglasses.
Mental Health Services	
Inpatient[1] Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. For each Medicare-covered hospital stay, you are required to pay the applicable cost-sharing, starting with Day 1 each time you are admitted.	**$0** copay per admission
Outpatient[1] Individual or Group Therapy Visit	**$0** copay
Skilled Nursing Facility *(SNF)*[1]	
Our plan covers up to 100 days in the SNF.	**$0** copay per day for days 1–100
Rehabilitation Services	
Cardiac (heart) Rehab Services[1]	**$0** copay
Intensive Cardiac (heart) Rehab Services[1]	**$0** copay
Pulmonary Rehab Services[1]	**$0** copay
Occupational Therapy Services[1]	**$0** copay
Physical Therapy, Speech and Language Therapy Services[1]	**$0** copay
Physical Therapy, Speech and Language Therapy Virtual Services[1]	**$0** copay
Ambulance[1]	
Ground Service (one-way trip)	**$0** copay

Benefit	What you Pay
	In-Network and Out-of-Network
Air Service (one-way trip)	**$0** copay
Transportation[1]	
	Not Covered
Medicare Part B Drugs	
Medicare Part B Insulin Drugs	**$0** copay
Medicare Part B Chemotherapy/Radiation Drugs[1]	**$0** copay
Other Medicare Part B Drugs[1] Medicare-covered Part B Drugs may be subject to step therapy requirements.	**$0** copay This plan has Part D prescription drug coverage. See Section 4 in this *Summary of Benefits*.
Acupuncture Services	
Acupuncture Services (Medicare-Covered)[1]	**$0** copay
Routine Acupuncture Services	Not Covered
Chiropractic Care	
Chiropractic Services (Medicare-Covered)[1]	**$0** copay
Routine Chiropractic Services	**$0** copay
Fitness & Wellness Programs	
The Silver&Fit® Healthy Aging and Exercise program offers the flexibility of a fitness center membership, digital fitness tools, and 1 Home Fitness Kit from a variety of kit options, including a wearable fitness tracker. You can also take advantage of digital workout plans on the program's website, one-on-one Healthy Aging Coaching by phone, video, or chat, and many other digital resources through the Well-Being Club. The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Silver&Fit is a trademark of ASH and used with permission herein. Kits are subject to change. Fitness center participation may vary by location and is subject to change. Non-standard services that call for an added fee are not part of the fitness program and will not be reimbursed. This information is	**$0** copay

Benefit	What you Pay In-Network and Out-of-Network
not a complete description of benefits. Contact your health plan for more information.	
Foot Care *(Podiatry Services)*	
Podiatry Services Medicare-covered	**$0** copay
Routine Podiatry Services	Not Covered
Home Delivered Meals	
Limited to 14 meals per discharge from a qualifying inpatient hospital or skilled nursing facility stay (up to 3 stays per year). End-stage renal disease (ESRD) care management is limited to 56 meals once per year.	**$0** copay Limited to 14 meals per discharge from qualified hospital stay or skilled nursing facility (up to 3 stays per year). ESRD care management is limited to 56 meals per benefit period.
Home Health Care[1]	
If you're eligible for home health care, covered services include: › Part-time or intermittent skilled nursing and home health aide services › Physical therapy, occupational therapy, and speech therapy › Medical and social services Medical equipment and supplies	**$0** copay
Hospice	
Hospice care must be provided by a Medicare-certified hospice program. Our plan covers hospice consultation services (one-time only) before you select hospice. Hospice is covered outside of our plan. You may have to pay part of the cost for drugs and respite care. Please contact the plan for more details.	**$0** copay
Medical Equipment and Supplies	
Durable Medical Equipment (wheelchairs, oxygen, etc.)[1]	**$0** copay
Prosthetic & Orthotic Devices (braces, artificial limbs, etc.)[1]	**$0** copay
Related Medical Supplies[1]	**$0** copay
Diabetes Supplies & Services[1] Brand limitations apply to certain supplies.	**$0** copay for diabetes self-management training **$0** copay for therapeutic shoes or inserts

Benefit	What you Pay
	In-Network and Out-of-Network
	$0 copay for diabetes monitoring supplies
Opioid Treatment Services[1]	
FDA-approved treatment medications in addition to testing, counseling, and therapy.	**$0** copay
Outpatient Substance Abuse[1]	
Individual or Group Therapy Visit	**$0** copay
Over-the-Counter Items *(OTC)*	
	Not Covered
MDLIVE Telehealth Services	
For non-emergency urgent care, including allergies, cough, headache, sore throat, and other minor illnesses, talk with an MDLIVE® telehealth provider via smart phone, computer, or tablet. This benefit also includes virtual mental health therapy and dermatology services.	**$0** copay for non-emergency urgent care virtual visits **$0** copay for mental health therapy virtual visits[1] **$0** copay for dermatology care virtual visits[1]
Extra Benefits Included in your plan	
Annual Physical Exam[1]	**$0** copay
Cigna Healthy Today Card Use your preloaded Cigna Healthy Today® card for easy access to incentive rewards and select allowance benefits that may be part of your plan. Total incentive reward amounts depend on your plan and activities completed. Rewards cannot be used toward the purchase of tobacco, firearms, explosives, or other excluded products.	Based on your plan's allowance and frequency amounts, funds will be loaded on your Cigna Healthy Today card automatically. Allowance amounts do not carry over to the next quarter or the following year.
Home Life Referrals With our Home Life Referrals program, customers have quick and convenient access to trusted local resources to assist them with everyday needs such as finding childcare, eldercare, pet care, home repairs, and more.	**$0** copay
In-Home Support The in-home support program provides a variety of helpful services and companionship. Services can include help coordinating transportation and meal / grocery delivery. Companionship includes virtual visits focused on social check-ins,	**$0** copay for in-home support services **30** hours per year towards the use of in-home support services. Unused balances do not carry over year to year.

Benefit	What you Pay
	In-Network and Out-of-Network
games, even art classes and virtual museum tours. Support services can be provided virtually through a telephone, smart phone or computer.	
Support for Caregiver of Enrollee Services include one-on-one coaching and personalized resources for customers and caregivers.	**$0** copay

❹ Prescription Drug Benefits

Medicare Part D Drugs - Initial Coverage

The following chart shows the cost-share amounts for covered drugs under this plan. After you pay your yearly deductible (if applicable), you pay the following until your total yearly drug costs reach **$2,000.** Total yearly drug costs are the total drug costs paid by both you and our plan.

Your costs may be different if you qualify for Extra Help. Your copay or coinsurance is based on the drug tier for your medication, which you can find in the Standard (Formulary) on our website **CignaMedicare.com/group/MAresources.** Or, call us and we will send you a copy of the formulary.

Medicare Broad Network			
Tier	Supply	Retail Cost-Share	Mail-Order Cost-Share
Tier 1	30-day	$10	$10
	60-day	$10	$10
	90-day	$10	$10
Tier 2	30-day	$20	$20
	60-day	$20	$20
	90-day	$20	$20
Tier 3	30-day	$20	$20
	60-day	$20	$20
	90-day	$20	$20
Tier 4*	30-day	$20	$20
	60-day	N/A	N/A
	90-day	N/A	N/A
***Specialty drugs are limited to a 30-day supply**			

Cost-sharing may vary depending on the customer's Part D coverage phase. Costs may differ based on pharmacy type or status, for example, preferred/non-preferred, mail order, long-term care (LTC), home infusion, and 30-60- 90-day supply.

You can get your prescription from an out-of-network pharmacy, but you may pay more than you would pay at an in-network pharmacy. If you reside in a long-term care facility, you would pay the standard retail cost-sharing at an in-network pharmacy.

Catastrophic Coverage

You qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached the $2,000 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will pay $0 for all covered Part D drugs through the end of the calendar year.

Out-of-Network Coverage

You can get your prescription from an out-of-network pharmacy, but you may pay more than you would pay at an in-network pharmacy. If you reside in a long-term care facility, you will pay the standard retail cost-share at an in-network pharmacy. Your Medicare Pharmacy Network is: **Medicare Broad Network.**

Coverage is limited to certain situations; see Chapter 5 of the Evidence of Coverage booklet for details.

Long term care

Your share of the cost when you get a one-month (up to a 30-day or 31-day supply) in a network long-term care facility is the same as what you pay for a 30-day supply at a network pharmacy.

What you pay for Insulin

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

<table>
<tr><th colspan="2">Additional Benefits Offered</th></tr>
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- **Cough and Cold Drugs** - Drugs used for the relief of cough or cold symptoms
- **Erectile Dysfunction Drugs^** - Drugs used for the treatment of sexual or erectile dysfunction
- **^** - Drugs used to promote fertility
- **Prescription Vitamins** - Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- **Courtesy Drugs/DESI Buy Up -** Courtesy Drugs: Drugs normally covered under commercial pharmacy plans but are excluded by CMS. DESI (Drug Efficacy Study Implementation) Drugs: Drugs that were introduced between 1938-1962 and approved for safety but not effectiveness. DESI drugs are not “grandfathered” or generally recognized as safe and effective (GRAS/E).

</td><td>

Your plan covers additional drugs not normally covered in a Medicare Prescription Drug Plan as indicated in the Formulary Drug List by the **+** symbol. Please see your 2025 Formulary document for details. The cost-share you pay on these drugs do not count toward your annual True Out-of-Pocket (TrOOP).

^Some drugs are subject to prior authorization and quantity limitations even though these limitations may be waived in other treatment categories.

</td></tr>
<tr><td colspan="2">Covered Diabetic Test Strips and Meters
You will not pay more than $0 for preferred products.</td></tr>
<tr><td colspan="2">Covered Diabetic Lancets and Control Solutions
You will not pay more than $0 for this benefit.</td></tr>
</table>

Your plan includes the following clinical management edits. Refer to your 2025 Formulary for more information.	
PA	This drug requires prior authorization.
QL	This drug has quantity limits.
ST	This drug has step therapy requirements.
*****	Opioid medication available as a 7-day supply or less for first time opioid user. For continued use this drug may only be available as a month supply.
+	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
^	This prescription drug has an administrative prior authorization requirement that is not waived. This drug may be covered under different benefits depending on circumstances.
HRM PA	This high-risk medication requires prior authorization.
B/D PA	This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.
LA	Limited Availability drug. This drug may be available only at certain pharmacies.