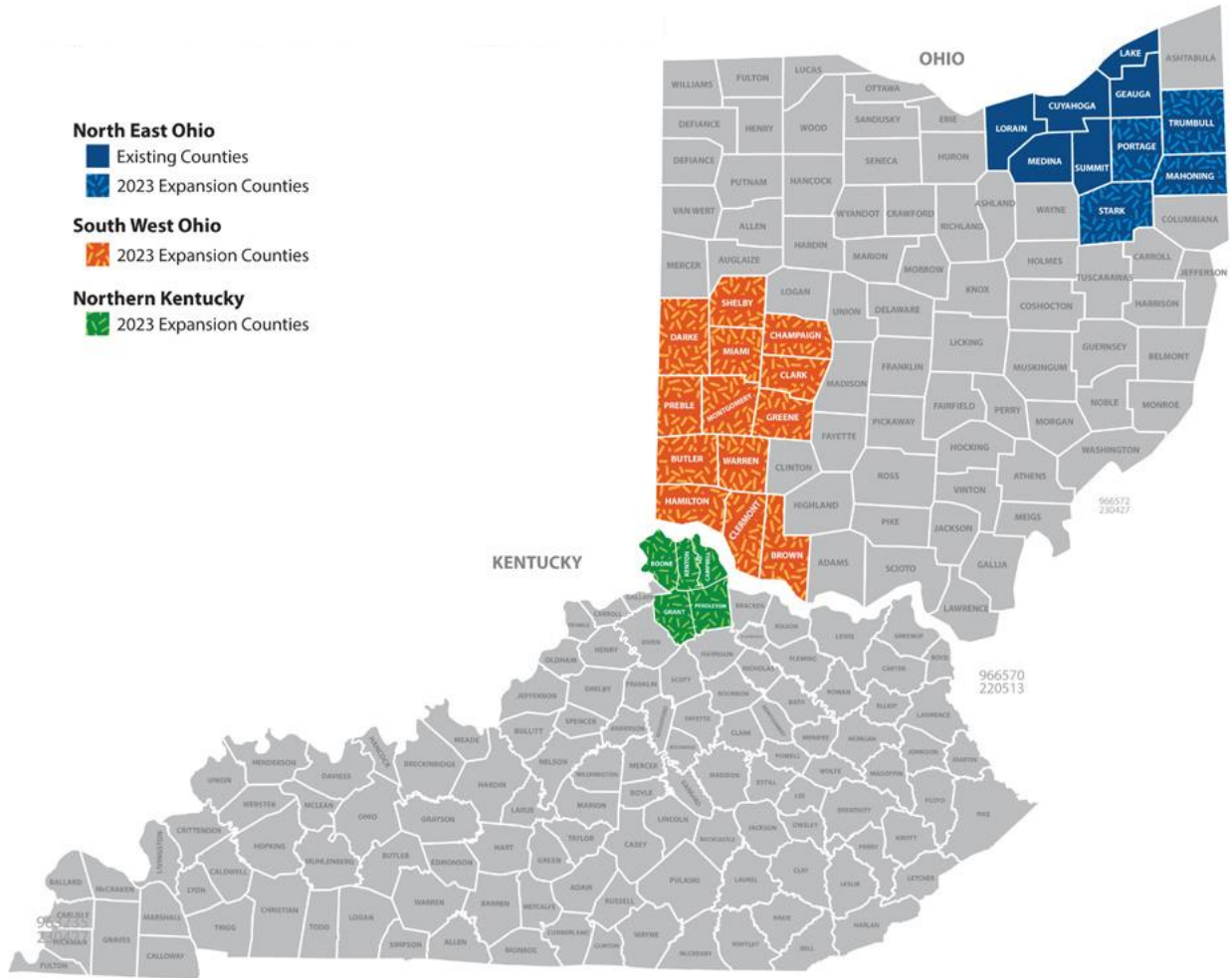


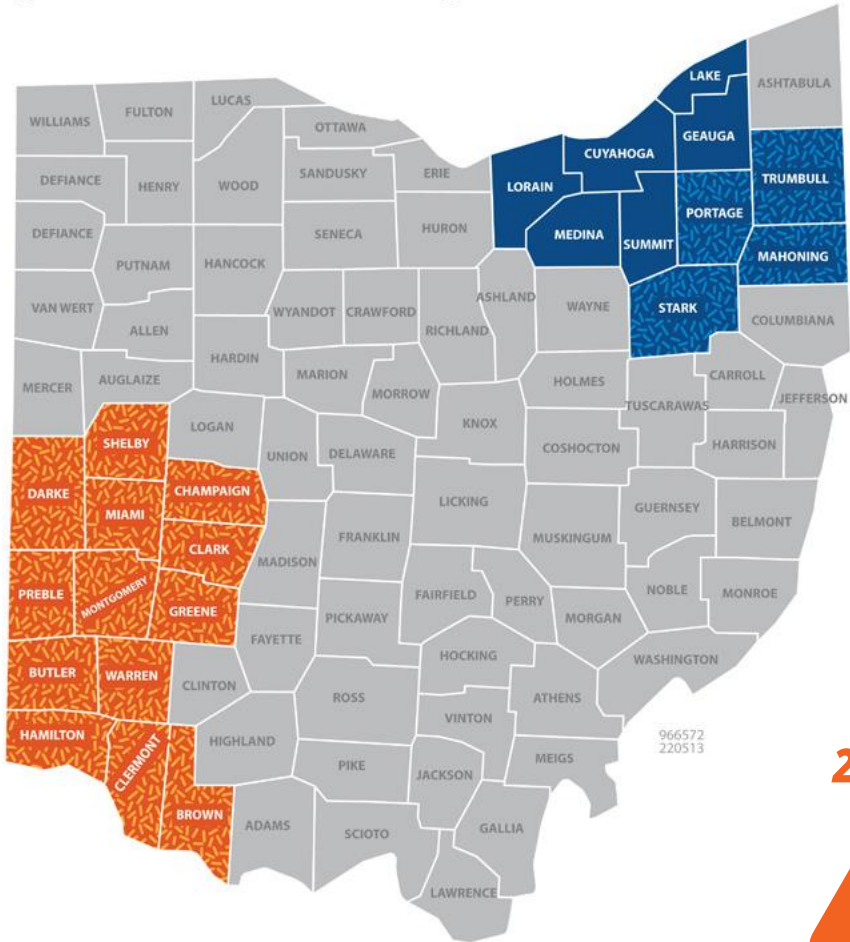
OHIO/KENTUCKY

2023 OVERVIEW



OHIO

2023 OVERVIEW



North East Ohio
 ■ Existing Counties
 ■ 2023 Expansion Counties

South West Ohio
 ■ 2023 Expansion Counties

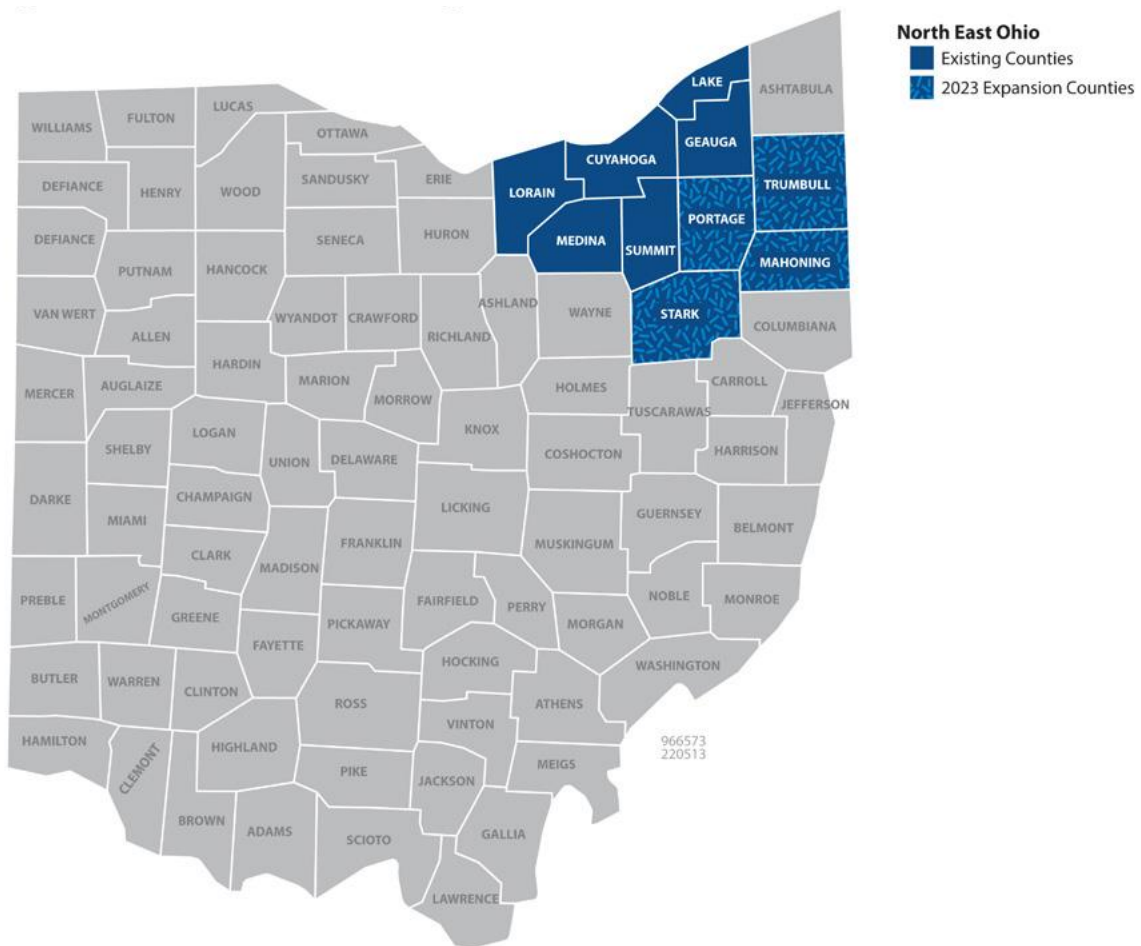
2023 HIGHLIGHTS

- 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	\$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

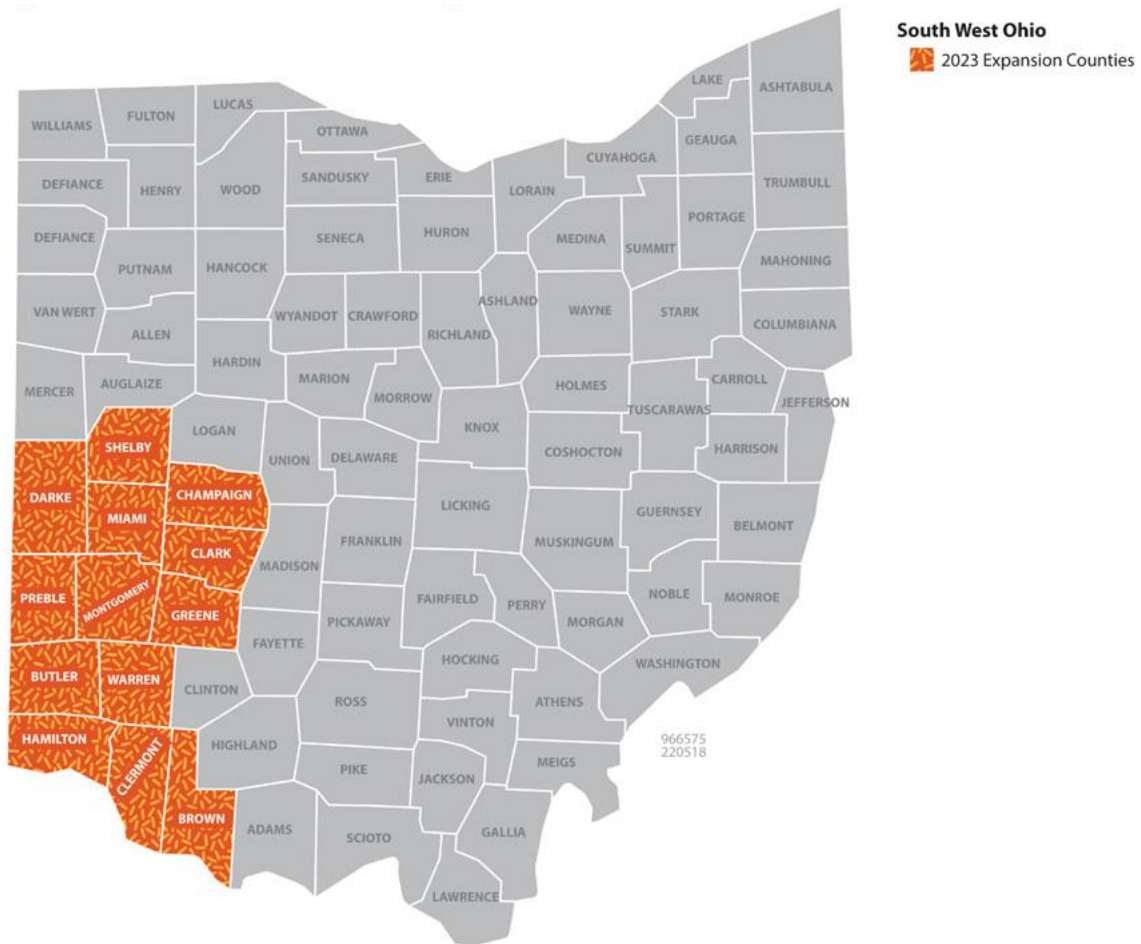
OHIO
OHIO

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



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



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	
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

