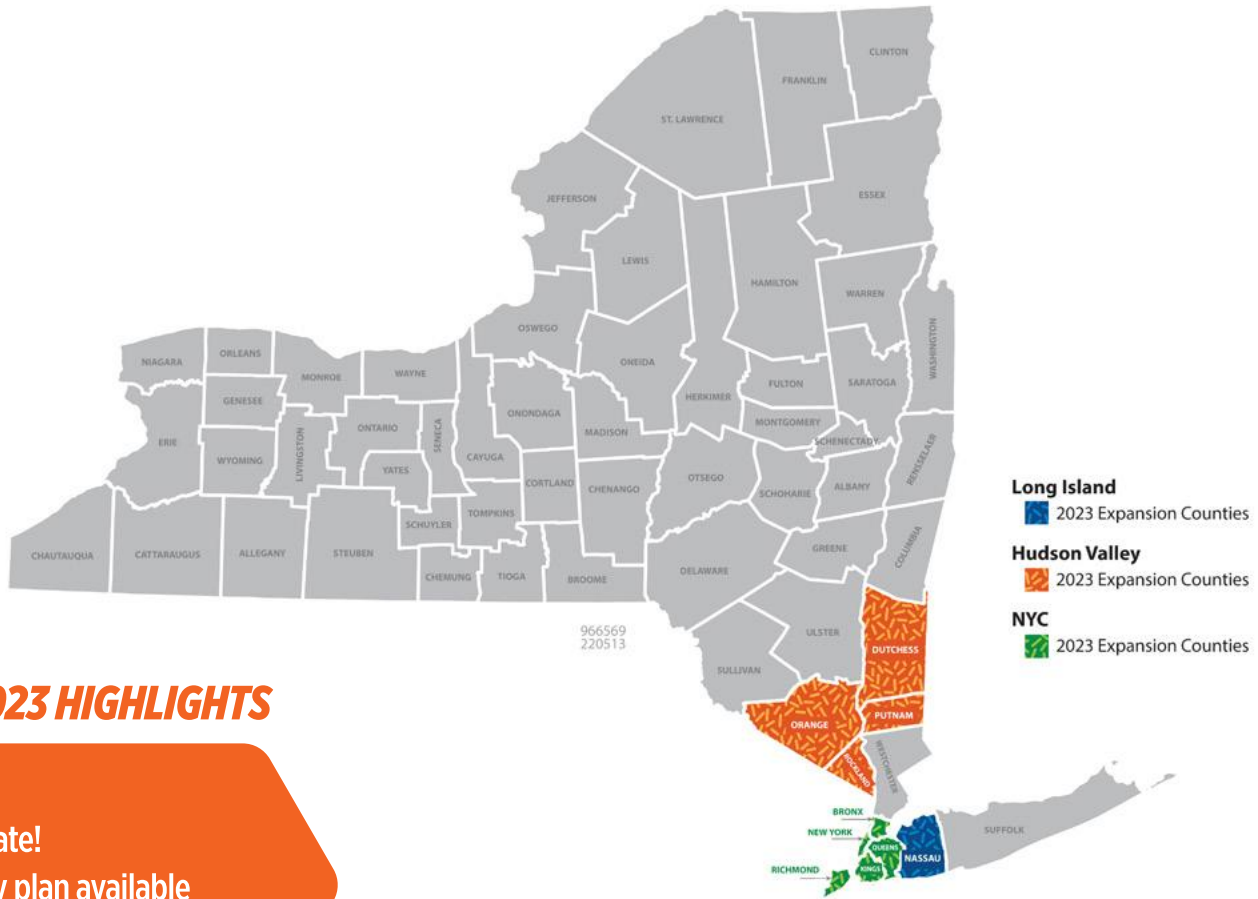


NEW YORK

2023 OVERVIEW



2023 HIGHLIGHTS

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



MEDICARE ELIGIBLE POPULATION:
1,833,315

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



STATE + MARKET PLANS

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

