

# SUMMARY OF BENEFITS

January 1, 2019 - December 31, 2019

**Cigna-HealthSpring TotalCare (HMO SNP)  
H4513-010**

Our service area include the following counties:

**Texas:** Angelina, Brazoria, Cameron, Chambers, El Paso, Fort Bend, Galveston (77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591 and 77592), Hardin, Harris, Hidalgo, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, Webb and Willacy counties, TX

Together, all the way.®





# INTRODUCTION TO SUMMARY OF BENEFITS

This *Summary of Benefits* gives you a summary of what **Cigna-HealthSpring TotalCare (HMO SNP)** covers and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, refer to the plan's *Evidence of Coverage* (EOC) online at [www.CignaHealthSpring.com](http://www.CignaHealthSpring.com), or call us to request a copy.

## Tips for comparing your Medicare choices

- 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](http://www.medicare.gov).
- If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or 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**.

## Cigna-HealthSpring TotalCare (HMO SNP) Phone Numbers and Website

- If you are already a customer of this plan, call toll-free **1-800-668-3813 (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, Saturday 8 a.m. – 5 p.m. local time. Messaging service used weekends, after hours and on federal holidays.
- If you are not a customer of this plan, call toll-free **1-855-982-6174 (TTY 711)**, 7 days a week, 8 a.m. – 8 p.m. to speak with a licensed agent.
- Our website: [www.CignaHealthSpring.com](http://www.CignaHealthSpring.com).

## What's Inside

- 1 About **Cigna-HealthSpring TotalCare (HMO SNP)**
- 2 Monthly Premium, Deductible and Limits on How Much You Pay for Covered Services
- 3 Covered Medical & Hospital Benefits
- 4 Prescription Drug Benefits
- 5 Summary of Medicaid-Covered Benefits

# 1 ABOUT CIGNA-HEALTHSPRING TOTALCARE (HMO SNP)

## Who can join?

To join **Cigna-HealthSpring TotalCare (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Texas Medicaid and live in our service area.

Our service area includes the following counties:

**Texas:** Angelina, Brazoria, Cameron, Chambers, El Paso, Fort Bend, Galveston (77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591 and 77592), Hardin, Harris, Hidalgo, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, Webb and Willacy counties, TX

## Which doctors, hospitals and pharmacies can I use?

**Cigna-HealthSpring TotalCare (HMO SNP)** has a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

- You can see our plan's *Provider and Pharmacy Directory* at our website, [www.CignaHealthSpring.com](http://www.CignaHealthSpring.com).
- Or, call us and we will send you a copy of the *Provider and Pharmacy Directory*.

## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and more.

- **Our customers get all of 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 *Prescription Drug List* (formulary) which lists the Part D prescription drugs along with any restrictions on our website, [www.CignaHealthSpring.com](http://www.CignaHealthSpring.com).
- Or, call us and we will send you a copy of the plan's *Prescription Drug List* (formulary).

## How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." To locate the tier of your prescribed drug, please refer to the *Prescription Drug List* (formulary). The amount you pay depends on the tier of the drug you're taking and what stage of coverage you have reached. For information about the drug coverage stages that occur after you meet your deductible, see the prescription drug section within this *Summary of Benefits*.

## 2 MONTHLY PREMIUM, DEDUCTIBLE & LIMITS

Benefit	Cigna-HealthSpring TotalCare (HMO SNP)
<b>Monthly Premium, Deductible and Limits</b> <i>*Cost-sharing is based on your level of Medicaid eligibility</i>	
<b>Monthly Premium</b>	<b>\$0</b> or <b>\$17.70</b> per month.* In addition, you must keep paying your Medicare Part B premium.
<b>Medical Deductible</b>	This plan does not have a deductible.
<b>Pharmacy (Part D) Deductible</b>	Medicare Part D deductible.
<b>Is there any limit on how much I will pay for my covered services?</b>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <p><b>\$0</b> for services you receive from in-network providers for Medicare-covered benefits.</p> <p>This limit is the most you pay for copays, coinsurance and other costs for Medicare services for the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p> <p>In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medicaid eligibility.</p> <p>Refer to the “Medicare &amp; You” handbook for Medicare-covered services. For Medicaid-covered services, refer to the Medicaid Coverage section in this document.</p>

### 3 COVERED MEDICAL & HOSPITAL BENEFITS

Coverage

Cigna-HealthSpring TotalCare (HMO SNP) H4513-010

Benefit	What You Pay	What You Should Know
<p><b>Covered Medical and Hospital Benefits</b>  <b>Note: Services with a <sup>1</sup> may require prior authorization.</b>  <b>Services with a <sup>2</sup> may require a referral from your doctor.</b>  <i>*Cost-sharing is based on your level of Medicaid eligibility</i></p>		
<p><b>Inpatient Hospital Coverage<sup>1,2</sup></b></p>		
<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>	<p><b>\$0</b> copay per stay</p>	<p>If readmitted within 24 hours for the same diagnosis the benefit will continue from original admission. You may not owe any additional copayments. In some instances, readmission within 30-days may result in continuation of benefits from the original admission, pending quality medical review by Cigna-HealthSpring. Referral required for elective procedures only.</p>
<p><b>Outpatient Surgery</b></p>		
<p>Ambulatory Surgical Center (ASC)<sup>1,2</sup></p>	<p><b>\$0</b> copay</p>	
<p>Outpatient Services &amp; Observation<sup>1,2</sup></p>	<p><b>\$0</b> copay</p>	
<p><b>Doctors' Visits</b></p>		
<p>Primary Care Physician (PCP)</p>	<p><b>\$0</b> copay</p>	
<p>Specialists<sup>1,2</sup></p>	<p><b>\$0</b> copay</p>	

Benefit	What You Pay	What You Should Know
<b>Preventive Care</b>		
<p>Our plan covers many Medicare-covered preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• HIV screening</li> <li>• Lung cancer screening with low dose computed tomography (LDCT)</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including Flu shots, Hepatitis B shots and Pneumococcal shots</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> <li>• Yearly “Wellness” visit</li> </ul>	<p><b>\$0</b> copay</p>	<p>Any additional preventive services approved by Medicare during the contract year will be covered. Please see your <i>Evidence of Coverage</i> (EOC) for frequency of covered services.</p>
<b>Emergency Care</b>		
Emergency Care Services	<p><b>\$0</b> copay</p>	

Benefit	What You Pay	What You Should Know
Worldwide Emergency/Urgent Coverage/Emergency Transportation	\$0 copay	\$50,000 (U.S. currency) combined limit per year for emergency and urgent care services provided outside the U.S. and its territories.
<b>Urgently Needed Services</b>		
Urgent Care Services	\$0 copay	
<b>Diagnostic Services, Labs &amp; Imaging</b> (Costs for these services may vary based on place of service)		
Diagnostic Procedures and Tests <sup>1,2</sup>	\$0 copay	
Lab Services <sup>1,2</sup>	\$0 copay	
Therapeutic Radiological Services <sup>1,2</sup>	\$0 copay	
X-ray Services	\$0 copay	
Diagnostic Radiological Services (such as MRIs, CT Scans) <sup>1,2</sup>	\$0 copay	
<b>Hearing Services</b>		
Hearing Exams (Medicare-covered) <sup>2</sup>	\$0 copay	
Routine Hearing Exams (one every year)	\$0 copay	
Hearing Aid Evaluation/Fitting (one every three years)	\$0 copay	Hearing aid evaluations are part of the routine hearing exam once every three years. Multiple fittings are allowed if necessary to ensure hearing aids are accurately fitted.
Hearing Aids (one every three years)	\$0 copay up to plan maximum coverage amount of \$700 per ear per device every three years	



Benefit	What You Pay	What You Should Know
<b>Dental Services</b>		
Dental Services (Medicare-covered) <sup>1</sup>	<b>\$0</b> copay	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)
Preventive Dental Services: <ul style="list-style-type: none"> <li>• Oral exam (one every six months)</li> <li>• Cleaning (one every six months)</li> <li>• Bitewing x-ray (one every year)</li> <li>• Full mouth &amp; panoramic x-ray (one every 36 months)</li> </ul>	<b>\$0</b> copay	Frequency limits vary depending on the type of covered service.
Comprehensive Dental Services: <ul style="list-style-type: none"> <li>• Restorative</li> <li>• Periodontics</li> <li>• Extractions</li> <li>• Prosthodontics/Oral surgery</li> </ul>	<b>\$0</b> copay up to a maximum coverage amount of <b>\$3,000</b> every year	<p>Unused amounts of the annual allowance do not carry forward to future benefit years.</p> <p>There are limitations on the number of covered services within a service category.</p> <p>Frequency limits and cost-sharing vary depending on the type of covered service.</p>
<b>Vision Services</b>		
Eye Exams (Medicare-covered)	<b>\$0</b> copay	
Routine Eye Exam (one every year)	<b>\$0</b> copay	
Eyewear (Medicare-covered)	<b>\$0</b> copay	
Routine Eyewear <ul style="list-style-type: none"> <li>• Eye Glasses (Lenses and Frames) (one every year)</li> <li>• Eye Glass Lenses (one every year)</li> <li>• Eye Glass Frames (one every year)</li> <li>• Contact Lenses (unlimited)</li> <li>• Upgrades</li> </ul>	<b>\$0</b> copay up to plan maximum coverage amount of <b>\$250</b> every year	The plan specified allowance may be applied to one set of choice eyewear for the member, to include the eyeglass frames/lenses/lens options combination or contact lenses (to include related professional fees) in lieu of eyeglasses.

Benefit	What You Pay	What You Should Know
<b>Mental Health Services</b>		
Inpatient <sup>1</sup> : Our plan covers 90 days for an inpatient psychiatric hospital stay.  Our plan also covers 60 lifetime reserve days. The plan covers 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.	\$0 copay per day: Days 1-90	
Outpatient <sup>1</sup> : Individual or Group Therapy Visit	\$0 copay	
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>		
Our plan covers up to 100 days in the SNF.	\$0 copay per day: Days 1-100	
<b>Rehabilitation Services</b>		
Cardiac (heart) Rehab Services <sup>1,2</sup>	\$0 copay	
Pulmonary Rehab Services <sup>1,2</sup>	\$0 copay	
Occupational Therapy Services <sup>1,2</sup>	\$0 copay	You will have one copayment when multiple therapies (such as PT, OT, ST) are provided on the same date and at the same place of service.
Physical Therapy and Speech and Language Therapy Services <sup>1,2</sup>	\$0 copay	
<b>Ambulance<sup>1</sup></b>		
Ground Service (one-way trip)	\$0 copay	
Air Service (one-way trip)	\$0 copay	
<b>Transportation<sup>1</sup></b>		
	\$0 for unlimited trips to plan-approved locations per year.	

Benefit	What You Pay	What You Should Know
<b>Prescription Drugs<sup>1</sup></b>		
Medicare Part B Drugs	For Part B drugs such as chemotherapy drugs: <b>\$0</b> copay	This plan has Part D prescription drug coverage. See Section 4.
<b>Foot Care (Podiatry Services)</b>		
Medicare-Covered Podiatry Services <sup>2</sup>	<b>\$0</b> copay	
<b>Medical Equipment &amp; Supplies</b>		
Durable Medical Equipment (wheelchairs, oxygen, etc.) <sup>1</sup>	<b>\$0</b> copay	
Prosthetic Devices (braces, artificial limbs, etc.) and Related Medical Supplies <sup>1</sup>	<b>\$0</b> copay	
Diabetes Supplies & Services	<b>\$0</b> copay for diabetes self-management training. May require a referral from your doctor. <b>\$0</b> copay for therapeutic shoes or inserts <b>\$0</b> copay for diabetes monitoring supplies	Non-preferred brand diabetic test strips and monitors not covered. You are eligible for one glucose monitor every two years and 200 glucose test strips per 30-day period.
<b>Fitness &amp; Wellness Programs</b>		
Fitness Program	<b>\$0</b> copay	Basic gym membership at a participating fitness location including fitness classes. Provides home fitness kits as an alternative program option in lieu of facility membership.
<b>24-Hour Health Information Line</b>		
	<b>\$0</b> copay	24-Hour Health Information Line to talk one-on-one with a clinician. Available 24/7/365 where you'll get guidance and information.
<b>Chiropractic Care</b>		
Chiropractic Services (Medicare-covered) <sup>2</sup>	<b>\$0</b> copay	

Benefit	What You Pay	What You Should Know
<b>Home Health Care<sup>1</sup></b>		
	<b>\$0</b> copay	
<b>Hospice</b>		
Hospice care must be provided by a Medicare-certified hospice program.	<b>\$0</b> copay	Our plan covers hospice consultation services (one-time only) before you select hospice. Hospice is covered outside of our plan. Hospice care must be provided by a Medicare-certified hospice program. You may have to pay part of the cost for drugs and respite care. Please contact the plan for more details.
<b>Outpatient Substance Abuse<sup>1</sup></b>		
Individual or Group Therapy Visit	<b>\$0</b> copay	
<b>Over-the-Counter Items (OTC)</b>		
	<b>\$150</b> every three months	Some OTC items require a doctor's recommendation for a specific, diagnosable condition. Limited to one order per member per month. Members are eligible to use the full quarterly allowance anytime throughout the quarter. Unused balance can roll forward each quarter, but must be used by December 31st. Balance does not carry over year to year.
<b>Meal Benefit</b>		
	<b>\$0</b> copayment for post-hospital meals; limit 14 meals per discharge up to three qualified hospital stays per year	

## 4 PRESCRIPTION DRUG BENEFITS

Benefit	Cigna-HealthSpring TotalCare (HMO SNP)
<b>Prescription Drug Benefits</b>	
<p><b>Medicare Part D Drugs Initial Coverage</b> (after you pay your deductible, if applicable)</p>	<p>Depending on your income and institutional status, you pay the following:</p> <ul style="list-style-type: none"> <li>• For generic drugs (including brand drugs treated as generic), either:               <ul style="list-style-type: none"> <li>– \$0 copay; or</li> <li>– \$1.25 copay; or</li> <li>– \$3.40 copay; or</li> <li>– 5%</li> </ul> </li> <li>• For all other drugs, either:               <ul style="list-style-type: none"> <li>– \$0 copay; or</li> <li>– \$3.80 copay; or</li> <li>– \$8.50 copay; or</li> <li>– 5%</li> </ul> </li> </ul> <p>You may get your drugs at network retail pharmacies and mail order pharmacies. If you reside in a long term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p>
<p><b>Catastrophic Coverage</b></p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach <b>\$5,100</b>, you pay nothing for all drugs.</p>

## 5 SUMMARY OF MEDICAID-COVERED BENEFITS FOR CONTRACT H4513-010-000

This section demonstrates the Medicaid benefit package for full benefit dual-eligible recipients in the state of Texas. The services offered in your Medicaid benefit package are based on your Medicaid eligibility. The services listed below are available only to those SNP customers eligible under Medicaid for medical services. For more information about your Medicaid benefits and copayments, please contact the State Medicaid Office.

The benefits described below are covered by Medicaid for individuals who qualify for full Medicaid, QMB + full Medicaid, full Medicaid + SLMB. The benefits described in the Covered Medical and Hospital Benefits section of the *Summary of Benefits* are covered by Medicare. If you join Cigna-HealthSpring, you do not have to pay for deductibles, copayments or coinsurance for services that are covered by Medicare. Certain Medicare recipients qualify for Medicaid to pay their Medicare Part A (hospital insurance) OR Part B (supplemental medical insurance) premiums. These recipients do not qualify for any of the covered services listed below.

These programs include:

- **QI-1:** Medicaid pays the Medicare Part B premium only.
- **SLMB:** Medicaid pays Medicare Part B premiums only.
- **QMB:** Medicaid pays Medicare Part B premiums, Medicare deductibles and co-insurance. In some cases, Medicaid may also pay their Part A premium.

Benefit Category (Excludes Medicare-covered services)	Texas Medicaid-Covered Services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
<b>Ambulance Services</b>	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <b>\$0</b> copay for Medicaid-covered services.	Ground service (one-way trip): <b>\$0</b> copay Air service (one-way trip): <b>\$0</b> copay

Benefit Category (Excludes Medicare-covered services)	Texas Medicaid-Covered Services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
<b>Dental Services</b>	This is a benefit only for Texas Health Steps eligible clients and for clients in an ICF-MR who are 21 years of age and older. For Dual-eligible members who meet the above criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <b>\$0</b> copay for Medicaid-covered services.	<p>Dental Services (Medicare-covered): <b>\$0</b> copay</p> <p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)</p> <p>Preventive Dental Services: <b>\$0</b> copay</p> <ul style="list-style-type: none"> <li>• Oral exam (one every six months)</li> <li>• Cleaning (one every six months)</li> <li>• Bitewing x-ray (one every year)</li> <li>• Full mouth &amp; panoramic x-ray (one every 36 months)</li> </ul> <p>Frequency limits vary depending on the type of covered service.</p> <p>Comprehensive Dental Services: <b>\$0</b> copay up to a maximum coverage amount of <b>\$3,000</b> every year</p> <ul style="list-style-type: none"> <li>• Restorative</li> <li>• Periodontics</li> <li>• Extractions</li> <li>• Prosthodontics/Oral surgery</li> </ul>
<b>Doctor's Office Visits</b>	For Dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <b>\$0</b> copay for Medicaid-covered services.	Primary Care Physician visit: <b>\$0</b> copay Specialist visit: <b>\$0</b> copay
<b>Home Health Services</b>	For Dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <b>\$0</b> copay for Medicaid-covered services.	<b>\$0</b> copay for Medicare-covered home health care visits.

Benefit Category (Excludes Medicare-covered services)	Texas Medicaid-Covered Services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
<b>Hospice Services</b>	For Dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <b>\$0</b> copay for Medicaid-covered services. Note: When adult clients elect hospice services, they waive their rights to all other Medicaid services related to their terminal illness. They do not waive their rights to Medicaid services unrelated to their terminal illness.	<b>\$0</b> copay Hospice care must be provided by a Medicare-certified hospice program.
<b>Inpatient Hospital Care</b>	Includes substance abuse and rehabilitation services: Inpatient hospital stays are a covered benefit Medicaid pays coinsurance, copayments and deductibles for Medicare covered services. Members should follow Medicare guidelines related to hospital choice. <b>\$0</b> copay for Medicaid-covered services.	Our plan covers 90 days for an inpatient hospital stay. <b>\$0</b> copay per stay If readmitted within 24 hours for the same diagnosis the benefit will continue from original admission. You may not owe any additional copayments. In some instances, readmission within 30-days may result in continuation of benefits from the original admission, pending quality medical review by Cigna-HealthSpring. Referral required for elective procedures only.
<b>Outpatient Hospital Care</b>	For Dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <b>\$0</b> copay for Medicaid-covered services.	<b>Ambulatory Surgical Center</b> <b>\$0</b> copay for surgical procedures (i.e. polyp removal) during a colorectal screening <b>\$0</b> copay for all other ASC services <b>Outpatient Services and Observation</b> <b>\$0</b> copay for surgical procedures (i.e. polyp removal) during a colorectal screening <b>\$0</b> copay for all other Outpatient Services including observation and outpatient surgical services, not provided in an ASC



<b>Benefit Category</b> (Excludes Medicare-covered services)	<b>Texas Medicaid-Covered Services</b>	<b>Cigna-HealthSpring TotalCare (HMO SNP)</b> *Cost-sharing is based on your level of Medicaid eligibility
<b>Psychiatric Hospital Services</b>	<p>Inpatient psychiatric hospital stays are a covered benefit for children. Inpatient hospital stays for acute psychiatric treatment are a covered benefit for adults. Medicaid pays coinsurance, copayments and deductibles for Medicare-covered services. Members should follow Medicare guidelines related to hospital choice. <b>\$0</b> copay for Medicaid-covered services.</p> <p>For Dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <b>\$0</b> copay for Medicaid-covered services.</p>	<p><b>Inpatient</b>            Our plan covers 90 days for an inpatient psychiatric hospital stay.  <b>\$0</b> copay per day: Days 1-90</p> <p><b>Outpatient</b>            See “Mental Health Services” section.</p>
<b>Laboratory and X-ray Services</b>	<p>For Dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <b>\$0</b> copay for Medicaid-covered services.</p>	<p>Lab services: <b>\$0</b> copay            X-ray services: <b>\$0</b> copay</p>
<b>Mental Health Services</b>	<p>For Dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <b>\$0</b> copay for Medicaid-covered services.</p>	<p><b>Inpatient</b>            See “Psychiatric Hospital Services” section.</p> <p><b>Outpatient</b>            Individual or group therapy visit: <b>\$0</b> copay</p> <p><b>Substance Abuse</b>            Individual or group therapy visit: <b>\$0</b> copay</p>
<b>Skilled Nursing Facility</b>	<p>For Dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <b>\$0</b> copay for Medicaid-covered services.</p>	<p>Our plan covers up to 100 days in the SNF.  <b>\$0</b> copay per day: Days 1 through 100</p>

Benefit Category (Excludes Medicare-covered services)	Texas Medicaid-Covered Services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Prescription Drugs	For Dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <b>\$0</b> copayment for Medicaid-covered prescription drugs not covered by Medicare Part D.	For Part B drugs such as chemotherapy drugs: <b>\$0</b> copay Drugs covered under Medicare Part D: <ul style="list-style-type: none"> <li>• Depending on your income and institutional status, you pay the following: <ul style="list-style-type: none"> <li>– For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> <li>▪ <b>\$0</b> copay; or</li> <li>▪ <b>\$1.25</b> copay; or</li> <li>▪ <b>\$3.40</b> copay; or <b>5%</b></li> </ul> </li> <li>– For all other drugs, either: <ul style="list-style-type: none"> <li>▪ <b>\$0</b> copay; or</li> <li>▪ <b>\$3.80</b> copay; or</li> <li>▪ <b>\$8.50</b> copay; or <b>5%</b></li> </ul> </li> </ul> </li> </ul>
Medical Equipment and Supplies and Appliances	For Dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <b>\$0</b> copay for Medicaid-covered services.  For Dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <b>\$0</b> copay for Medicaid-covered services. Includes coverage for test strips, lancets and screening tests.  For members birth through age 20 (CCP), Medicaid pays for this service if it is Not covered by Medicare or when the Medicare benefit as exhausted. Medicaid pays for breast prostheses for members of all ages if not covered by Medicare or when the Medicare benefit is exhausted. <b>\$0</b> copay for Medicaid-covered services.	<b>Durable Medical Equipment (wheelchairs, oxygen, etc.)</b> <b>\$0</b> copay <b>Prosthetic Devices (braces, artificial limbs, etc.)</b> <ul style="list-style-type: none"> <li>• Prosthetic devices: <b>\$0</b> copay</li> <li>• Related medical supplies: <b>\$0</b> copay</li> </ul> <b>Diabetes Supplies and Services</b> <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for diabetes self-management training. May require a referral from your doctor.</li> <li>• <b>\$0</b> copay for therapeutic shoes or inserts</li> <li>• <b>\$0</b> copay for diabetes monitoring supplies</li> <li>• Non-preferred brand diabetic test strips and monitors not covered. You are eligible for one glucose monitor every two years and 200 glucose test strips per 30-day period.</li> </ul>
Transportation	For Dual-eligible Members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <b>\$0</b> copay for Medicaid-covered services.	<b>\$0</b> for unlimited trips to plan-approved locations per year.

Benefit Category (Excludes Medicare-covered services)	Texas Medicaid-Covered Services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
<b>Therapy (Physical, Occupational and Speech)</b>	For members birth through age 20, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <b>\$0</b> copay for Medicaid-covered services.	<b>\$0</b> copay
<b>Hearing Services</b>	For Dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <b>\$0</b> copay for Medicaid-covered services.	<p>Hearing Exams (Medicare-covered) <b>\$0</b> copay</p> <p>Routine Hearing Exams (one every year) <b>\$0</b> copay</p> <p>Hearing Aid Evaluation/Fitting (one every three years) <b>\$0</b> copay</p> <p>Hearing aid evaluations are part of the routine hearing exam once every three years. Multiple fittings are allowed if necessary to ensure hearing aids are accurately fitted.</p> <p>Hearing Aids (one every three years) <b>\$0</b> copay up to plan maximum coverage amount of <b>\$700</b> per ear per device every three years</p>
<b>Emergency</b>	For Dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <b>\$0</b> copay for Medicaid-covered services.	<p>Emergency Care Services <b>\$0</b> copay</p> <p><b>\$50,000</b> (U.S. currency) combined limit per year for worldwide emergency and urgent care services provided outside the U.S. and its territories. <b>\$0</b> copay</p> <p>Urgent Care Services <b>\$0</b> copay</p>

Benefit Category (Excludes Medicare-covered services)	Texas Medicaid-Covered Services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Preventive Services	For Dual-eligible members who meet the criteria, Medicaid pays for these services if they are not covered by Medicare or when the Medicare benefit is exhausted. <b>\$0</b> copay for Medicaid-covered services bone mass measurement (for people who are at risk). Bone density screening is a benefit of Texas Medicaid, pap smears and pelvic exams (for women), colorectal cancer screening (for people with Medicare age 50 and older), immunizations, mammograms (annual screening), prostate cancer screening exams, telemedicine services, assistive communication devices (this is a benefit for clients in an ICFMR).	<b>\$0</b> copay Any additional preventive services approved by Medicare during the contract year will be covered. Please see your <i>Evidence of Coverage (EOC)</i> for frequency of covered services."
Podiatry	For Dual-eligible members, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. <b>\$0</b> copay for Medicaid-covered services.	Medicare-Covered Podiatry Services <b>\$0</b> copay

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