

SUMMARY OF BENEFITS

January 1, 2020 – December 31, 2020

Cigna-HealthSpring Preferred (HMO) H4513-025

Our service area include the following counties:

Texas: Angelina, Bexar, 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

What's Inside

- 1 About **Cigna-HealthSpring Preferred (HMO)**
- 2 Monthly Premium, Deductible and Limits
- 3 Covered Medical and Hospital Benefits
- 4 Prescription Drug Benefits

This *Summary of Benefits* gives you a summary of what **Cigna-HealthSpring Preferred (HMO)** 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.CignaMedicare.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.
- › 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 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 Preferred (HMO) 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. Our automated phone system may answer your call weekends, holidays and after hours.
- › If you are not a customer of this plan, call toll-free **1-855-982-6174 (TTY 711)**. Licensed agents are 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. Our automated phone system may answer your call weekends, holidays and after hours.
- › Our website: www.CignaMedicare.com.

1 ABOUT CIGNA-HEALTHSPRING PREFERRED (HMO)

Who can join?

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

Our service area includes the following counties:

Texas: Angelina, Bexar, 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 Preferred (HMO) 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.CignaMedicare.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 *Comprehensive Prescription Drug List* (formulary) which lists the Part D prescription drugs along with any restrictions on our website, www.CignaMedicare.com.
- › Or, call us and we will send you a copy of the plan's *Comprehensive 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 *Comprehensive Prescription Drug List* (formulary). The amount you pay depends on the tier of the drug you're taking and what prescription drug coverage stage you have reached. For information about the prescription drug coverage stages that occur after you meet your deductible, see the "Prescription Drug Benefits" section within this *Summary of Benefits*.

2 MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS

Benefit	Cigna-HealthSpring Preferred (HMO)
Monthly Premium, Deductible and Limits	
Monthly Premium	\$0 per month. In addition, you must keep paying your Medicare Part B premium.
Medical Deductible	This plan does not have a deductible.
Pharmacy (Part D) Deductible	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	<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: \$3,400 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. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

3 COVERED MEDICAL AND HOSPITAL BENEFITS

Benefit	What You Pay
Covered Medical and Hospital Benefits Note: Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.	
Inpatient Hospital Coverage^{1,2}	
Our plan covers an unlimited number of days for an inpatient hospital stay.	\$350 per stay
Outpatient Surgery	
Ambulatory Surgical Center (ASC) ^{1,2}	\$0–\$150 copay
Outpatient Services ^{1,2}	\$0–\$200 copay
Outpatient Observation ^{1,2}	\$200 copay
Doctors' Visits	
Primary Care Physician (PCP)	\$0 copay
Specialists ²	\$20 copay
Preventive Care	
Our plan covers many Medicare-covered preventive services, including: <ul style="list-style-type: none"> › Abdominal aortic aneurysm screening › Alcohol misuse counseling › Bone mass measurement › Breast cancer screening (mammogram) › Cardiovascular disease (behavioral therapy) › Cardiovascular screenings › Cervical and vaginal cancer screening › Colorectal cancer screening (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) › Depression screening › Diabetes screenings › HIV screening › Lung cancer screening with low dose computed tomography (LDCT) › Medical nutrition therapy services › Medicare Diabetes Prevention Program (MDPP) › Obesity screening and counseling › Prostate cancer screenings (PSA) › Sexually transmitted infections screening and counseling 	\$0 copay 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.

Benefit	What You Pay
Preventive Care <i>(Continued)</i>	
<ul style="list-style-type: none"> › Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) › Vaccines, including Flu shots, Hepatitis B shots and Pneumococcal shots › “Welcome to Medicare” preventive visit (one-time) › Yearly “Wellness” visit 	<p>\$0 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>
Emergency Care	
Emergency Care Services	<p>\$120 copay</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care.</p>
Worldwide Emergency/Urgent Coverage/Emergency Transportation	<p>\$120 copay</p> <p>Maximum worldwide coverage amount \$50,000</p>
Urgently Needed Services	
Urgent Care Services	<p>\$25 copay</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for urgent care.</p>
Diagnostic Services, Labs and Imaging <i>(Costs for these services may vary based on place of service)</i>	
Diagnostic Procedures and Tests ^{1,2}	\$0–\$150 copay
Lab Services ^{1,2}	\$0 copay
Therapeutic Radiological Services ^{1,2}	\$60 copay
X-ray Services	\$0 copay
Diagnostic Radiological Services (such as MRIs, CT Scans) ^{1,2}	\$0–\$150 copay
Hearing Services	
Hearing Exams (Medicare-covered) ²	\$0 copay in a Primary Care Physician office; \$20 copay in a Specialist office
Routine Hearing Exams ²	\$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 up to plan maximum coverage amount for hearing aids of \$700 per ear per device every three years

Benefit	What You Pay
Dental Services	
Dental Services (Medicare-covered) ¹ Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)	\$20 copay
Preventive Dental Services ¹ <ul style="list-style-type: none"> – Prophylaxis/cleaning (one every six months) – Oral exams – Dental x-rays 	\$0 copay
Comprehensive Dental Services ¹ <ul style="list-style-type: none"> – Restorative – Periodontics – Extractions – Prosthodontics/oral surgery 	\$0 copay up to a maximum coverage amount of \$2,000 every year
Vision Services	
Eye Exams (Medicare-covered)	\$0 copay for diabetic retinal exams; \$20 copay for all other Medicare-covered vision services
Routine Eye Exam	\$0 copay for one routine exam every year
Glaucoma Screening (Medicare-covered)	\$0 copay
Eyewear (Medicare-covered)	\$0 copay
Routine Eyewear <ul style="list-style-type: none"> – Contact lenses (unlimited) – Eyeglasses–lenses and frames (one every year) – Eyeglass lenses (one every year) – Eyeglass frames (one every year) – Upgrades 	\$0 copay up to plan maximum coverage amount of \$250 every year
Mental Health Services	
Inpatient ¹ Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.	\$300 per day for days 1–4 \$0 per day for days 5–90
Outpatient ¹ Individual or Group Therapy Visit	\$20 copay

Benefit	What You Pay
Skilled Nursing Facility (SNF)¹	
Our plan covers up to 100 days in the SNF.	\$0 per day for days 1–10 \$20 per day for days 11–20 \$178 per day for days 21–100
Rehabilitation Services	
Cardiac (Heart) Rehab Services ^{1,2}	\$10 copay
Pulmonary Rehab Services ^{1,2}	\$10 copay
Occupational Therapy Services ^{1,2}	\$20 copay
Physical Therapy and Speech and Language Therapy Services ^{1,2}	\$20 copay
Ambulance¹	
Ground Service (one-way trip)	\$250 copay
Air Service (one-way trip)	20% coinsurance
Transportation¹	
Members are required to coordinate with Cigna vendor for transportation to plan-approved locations at least 48 hours in advance. Mileage restrictions may apply. See <i>Evidence of Coverage</i> for full details and restrictions related to benefit.	\$0 for unlimited trips every year
Prescription Drugs	
Medicare Part B Drugs ¹ Medicare-covered Part B Drugs may be subject to step therapy requirements.	20% coinsurance This plan has Part D prescription drug coverage. See Section 4 in the <i>Summary of Benefits</i> .
Foot Care (Podiatry Services)	
Podiatry Services (Medicare-covered) ²	\$20 copay
Routine Podiatry Services ²	Not Covered
Medical Equipment and Supplies	
Durable Medical Equipment (wheelchairs, oxygen, etc.) ¹	20% coinsurance
Prosthetic Devices (braces, artificial limbs, etc.) and Related Medical Supplies ¹	20% coinsurance
Diabetes Supplies and Services	\$0 copay for diabetes self-management training 10% coinsurance for therapeutic shoes or inserts 0% or 10% coinsurance; depending on the brand of diabetic monitoring supplies

Benefit	What You Pay
Fitness and Wellness Programs	
Fitness Program Program offers a fitness center membership or home fitness program in addition to enhanced technology options and senior lifestyle coaching.	\$0 copay
Health Information Line	
Talk one-on-one with a Nurse Advocate to get timely answers to your health-related questions at no additional cost, anytime day or night.	\$0 copay
Chiropractic Care	
Chiropractic Services (Medicare-covered) ²	\$20 copay
Routine Chiropractic Services ²	Not Covered
Home Health Care¹	
	\$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
Outpatient Substance Abuse¹	
Individual or Group Therapy Visit	\$20 copay
Opioid Treatment Services¹	
FDA-approved treatment medications in addition to testing, counseling and therapy.	\$20 copay
Over-the-Counter Items (OTC)	
Over-the-counter drugs and other health-related pharmacy products, as listed in the OTC catalog.	\$30 per quarter
Meal Benefit	
	\$0 copayment for post-hospital meals Limited to 14 meals per discharge from qualified hospital stay (up to three stays per year)

Benefit	What You Pay
MD Live Telehealth Services <i>(Medicare-covered)</i>	
Covered services include certain telehealth services such as: allergies, cough, headache, nausea and other low-risk illnesses. You must use a network provider that offers this service.	\$0 copay
Acupuncture	
	Not Covered

4 PRESCRIPTION DRUG BENEFITS

Benefit	Cigna-HealthSpring Preferred (HMO)		
Prescription Drug Benefits			
<p>Medicare Part D Drugs Initial Coverage (after you pay your deductible, if applicable)</p> <p>Tier 1: Preferred Generic Drugs</p> <p>Tier 2: Generic Drugs</p> <p>Tier 3: Preferred Brand Drugs</p> <p>Tier 4: Non-Preferred Drugs</p> <p>Tier 5: Specialty Drugs</p>	<p>The following charts shows the cost-sharing amounts for covered drugs under this plan. After you pay your yearly Part D deductible, you pay the following until your total yearly drug costs reach \$4,020. Total yearly drug costs are the total drug costs paid by both you and our plan.</p>		
Preferred Mail Order Cost-Sharing			
Tier	30 Days	60 Days	90 Days
Tier 1	\$0	\$0	\$0
Tier 2	\$0	\$0	\$0
Tier 3	\$40	\$80	\$80
Tier 4	\$80	\$160	\$160
Tier 5	33%	Not available	Not available
Preferred Retail Cost-Sharing			
Tier	30 Days	60 Days	90 Days
Tier 1	\$0	\$0	\$0
Tier 2	\$4	\$8	\$4
Tier 3	\$40	\$80	\$80
Tier 4	\$80	\$160	\$160
Tier 5	33%	Not available	Not available
Standard Mail Order Cost-Sharing			
Tier	30 Days	60 Days	90 Days
Tier 1	\$5	\$10	\$5
Tier 2	\$9	\$18	\$9
Tier 3	\$45	\$90	\$90
Tier 4	\$85	\$170	\$170
Tier 5	33%	Not available	Not available
Standard Retail Cost-Sharing			
Tier	30 Days	60 Days	90 Days
Tier 1	\$5	\$10	\$5
Tier 2	\$9	\$18	\$9
Tier 3	\$45	\$90	\$90
Tier 4	\$85	\$170	\$170
Tier 5	33%	Not available	Not available

Benefit	Cigna-HealthSpring Preferred (HMO)																																																
Prescription Drug Benefits																																																	
Medicare Part D Drugs Initial Coverage (Continued)	<p>You may get your drugs at preferred or standard network retail pharmacies, or preferred mail order pharmacies. Your prescription drug copay will typically be less at a preferred network pharmacy because it has a preferred agreement with your plan.</p> <p>You can get your prescription from an out-of-network pharmacy, but 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.</p> <p>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 plan <i>Comprehensive Prescription Drug List</i> (formulary) on our website www.CignaMedicare.com. Or, call us and we will send you a copy of the <i>Comprehensive Prescription Drug List</i> (formulary).</p>																																																
Coverage Gap	<p>Most Medicare prescription drug plans have a Coverage Gap (also called the “Donut Hole”). This means that there is a temporary change in what you will pay for your drugs. The Coverage Gap begins after your total yearly prescription drug cost (including what our plan has paid and what you have paid) reaches \$4,020. Not everyone will enter the Coverage Gap.</p> <p>After you enter the Coverage Gap, you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$6,350, which is the end of the Coverage Gap.</p> <p>This plan offers some additional prescription drug coverage for Tier 1 drugs in the Coverage Gap. See the table that follows to find out how much you will pay.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="4" style="background-color: #D9E1F2;">Preferred Mail Order Cost-Sharing</th> </tr> <tr> <th style="background-color: #D9E1F2;">Tier</th> <th style="background-color: #D9E1F2;">30 Days</th> <th style="background-color: #D9E1F2;">60 Days</th> <th style="background-color: #D9E1F2;">90 Days</th> </tr> </thead> <tbody> <tr> <td>Tier 1</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> </tbody> </table> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="4" style="background-color: #D9E1F2;">Preferred Retail Cost-Sharing</th> </tr> <tr> <th style="background-color: #D9E1F2;">Tier</th> <th style="background-color: #D9E1F2;">30 Days</th> <th style="background-color: #D9E1F2;">60 Days</th> <th style="background-color: #D9E1F2;">90 Days</th> </tr> </thead> <tbody> <tr> <td>Tier 1</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">\$0</td> </tr> </tbody> </table> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="4" style="background-color: #D9E1F2;">Standard Mail Order Cost-Sharing</th> </tr> <tr> <th style="background-color: #D9E1F2;">Tier</th> <th style="background-color: #D9E1F2;">30 Days</th> <th style="background-color: #D9E1F2;">60 Days</th> <th style="background-color: #D9E1F2;">90 Days</th> </tr> </thead> <tbody> <tr> <td>Tier 1</td> <td style="text-align: center;">\$5</td> <td style="text-align: center;">\$10</td> <td style="text-align: center;">\$5</td> </tr> </tbody> </table> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="4" style="background-color: #D9E1F2;">Standard Retail Cost-Sharing</th> </tr> <tr> <th style="background-color: #D9E1F2;">Tier</th> <th style="background-color: #D9E1F2;">30 Days</th> <th style="background-color: #D9E1F2;">60 Days</th> <th style="background-color: #D9E1F2;">90 Days</th> </tr> </thead> <tbody> <tr> <td>Tier 1</td> <td style="text-align: center;">\$5</td> <td style="text-align: center;">\$10</td> <td style="text-align: center;">\$5</td> </tr> </tbody> </table>	Preferred Mail Order Cost-Sharing				Tier	30 Days	60 Days	90 Days	Tier 1	\$0	\$0	\$0	Preferred Retail Cost-Sharing				Tier	30 Days	60 Days	90 Days	Tier 1	\$0	\$0	\$0	Standard Mail Order Cost-Sharing				Tier	30 Days	60 Days	90 Days	Tier 1	\$5	\$10	\$5	Standard Retail Cost-Sharing				Tier	30 Days	60 Days	90 Days	Tier 1	\$5	\$10	\$5
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Benefit	Cigna-HealthSpring Preferred (HMO)
Prescription Drug Benefits	
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) have reached \$6,350, the plan will pay most of the cost for your drugs. Your share of the cost of covered drugs will be the greater of:</p> <p>5% of the cost of the drug</p> <p>— or —</p> <p>\$3.60 copay for generic drugs (including brand drugs treated as generic) and \$8.95 copay for all other drugs.</p>

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Arizona, Inc., Cigna HealthCare of St. Louis, Inc., HealthSpring Life & Health Insurance Company, Inc., HealthSpring of Florida, Inc., Bravo Health Mid-Atlantic, Inc., and Bravo Health Pennsylvania, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

The disclaimers on this page apply to the benefits outlined throughout this document. This information is not a complete description of benefits. Benefits vary by plan. Prior authorization and / or referrals are required for certain services. A licensed benefit advisor can assist you with any questions about our plans by calling the number throughout this document. Limitations, copayments and restrictions may apply. Benefits, premiums and / or copayments / coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Individuals may enroll in a plan only during specific times of the year and must have Medicare Parts A and B. Individuals must live in the plan service area.

Cigna is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna depends on contract renewal. ©2019 Cigna

FOR ARIZONA RESIDENTS ONLY

Call Customer Service at 1-800-627-7534 (TTY 711), 8 a.m.–8 p.m. local time: October–March: 7 days a week, April–September: Monday to Friday. Our automated phone system may answer your call weekends, holidays and after hours.

FOR NON-ARIZONA RESIDENTS

Call Customer Service at 1-800-668-3813 (TTY 711), 8 a.m.–8 p.m. local time: October–March: 7 days a week, April–September: Monday to Friday. Our automated phone system may answer your call weekends, holidays and after hours.

FOR ENROLLMENT IN CIGNA-HEALTHSPRING ACHIEVE AND ACHIEVE PLUS PLANS

Enrollment in the Cigna-HealthSpring Achieve plans are for those who have been diagnosed with diabetes.

FOR ENROLLMENT IN CIGNA-HEALTHSPRING TOTALCARE AND TOTALCARE PLUS PLANS

Cigna-HealthSpring TotalCare plans are available to anyone who has both Medical Assistance (Medicaid) from the State and Medicare. ORLANDO, TAMPA and DAYTONA, FLORIDA RESIDENTS must have full Medicaid benefits from the State and Medicare. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive.

FOR ENROLLMENT IN PPO AND POS PLANS

For PPO and POS plans, out-of-network/non-contracted providers are under no obligation to treat Cigna members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

FOR ENROLLMENT IN ISNP PLANS

Cigna-HealthSpring Traditions plans are available to anyone with Medicare who meets the Skilled Nursing Facility (SNF) level of care and resides in a nursing home. Please contact the plan for further details.

Silver&Fit

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EXPRESS SCRIPTS

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CIGNA MEDICAL GROUP

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