

SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

**Cigna-HealthSpring® Preferred (HMO)
H9725 - 001**



SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

This booklet gives you a summary of what we cover 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, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Cigna-HealthSpring Preferred (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Cigna-HealthSpring Preferred (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.

Sections in this booklet

- Things to Know About **Cigna-HealthSpring Preferred (HMO)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Optional Benefits (you must pay an extra premium for these benefits)

- 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 <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.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-800-668-3813.

Este documento puede estar disponible en un idioma distinto al inglés. Para obtener información adicional, llámenos al 1-800-668-3813.

THINGS TO KNOW ABOUT CIGNA-HEALTHSPRING PREFERRED (HMO)

Hours of Operation

You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Local time.

Cigna-HealthSpring Preferred (HMO) Phone Numbers and Website

- If you are a member of this plan, call toll-free **1-800-668-3813**.
- If you are not a member of this plan, call toll-free **1-866-625-2499**.
- Our website:
<http://www.cignahealthspring.com>

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 in North Carolina: Alexander, Cabarrus, Catawba, Cleveland, Davidson, Davie, Forsyth, Gaston, Guilford, Iredell, Lincoln, Polk, Rowan, Stokes, Union, and Yadkin.

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 (<http://www.cignahealthspring.com>).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

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

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

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 complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.cignahealthspring.com>.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

SECTION II - SUMMARY OF BENEFITS

Benefit		Cigna-HealthSpring Preferred (HMO)
Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services		
How much is the monthly premium?	\$0 per month. In addition, you must keep paying your Medicare Part B premium.	
How much is the deductible?	\$200 per year for Part D prescription drugs except for drugs listed on Tier 1, Tier 2, and Tier 3 which are excluded from the 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:</p> <p style="padding-left: 40px;">\$5,300 for services you receive from in-network providers.</p> <p>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>	
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	

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

Benefit**Cigna-HealthSpring Preferred (HMO)****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.

Outpatient Care and Services

Acupuncture	Not covered
Ambulance¹	\$200 copay or 20% of the cost, depending on the service
Chiropractic Care²	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay
Dental Services¹	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$40 copay This plan offers additional dental benefits as an Optional Supplemental Benefit.
Diabetes Supplies and Services²	Diabetes monitoring supplies: 0-20% of the cost, depending on the supply Diabetes self-management training: You pay nothing Therapeutic shoes or inserts: 20% of the cost
Diagnostic Tests, Lab and Radiology Services, and X-Rays (Costs for these services may vary based on place of service) ^{1,2}	Diagnostic radiology services (such as MRIs, CT scans): \$10-250 copay, depending on the service Diagnostic tests and procedures: \$0-250 copay, depending on the service Lab services: You pay nothing Outpatient x-rays: \$10 copay Therapeutic radiology services (such as radiation treatment for cancer): \$60 copay
Doctor's Office Visits^{1,2}	Primary care physician visit: \$10 copay Specialist visit: \$40 copay
Durable Medical Equipment (wheelchairs, oxygen, etc.) ¹	20% of the cost
Emergency Care	\$75 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.
Foot Care (podiatry services) ²	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$40 copay

Benefit**Cigna-HealthSpring Preferred (HMO)**

Hearing Services²	<p>Exam to diagnose and treat hearing and balance issues: \$10-40 copay, depending on the service</p> <p>Routine hearing exam (for up to 1 every year): \$0 copay</p> <p>Hearing aid fitting/evaluation (for up to 1 every three years): \$0 copay</p> <p>Hearing aid: \$0 copay</p> <p>Our plan pays up to \$500 every three years for hearing aids.</p> <p>Please see your EOC for plan coverage details.</p>
Home Health Care¹	You pay nothing
Mental Health Care¹	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>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.</p> <ul style="list-style-type: none"> • \$260 copay per day for days 1 through 6 • You pay nothing per day for days 7 through 90 <p>Outpatient group therapy visit: \$40 copay</p> <p>Outpatient individual therapy visit: \$40 copay</p>
Outpatient Rehabilitation^{1,2}	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$35 copay</p> <p>Occupational therapy visit: \$40 copay</p> <p>Physical therapy and speech and language therapy visit: \$40 copay</p>
Outpatient Substance Abuse¹	<p>Group therapy visit: \$40 copay</p> <p>Individual therapy visit: \$40 copay</p>
Outpatient Surgery^{1,2}	<p>Ambulatory surgical center: \$125 copay</p> <p>Outpatient hospital: \$240 copay</p>
Over-the-Counter Items	Not Covered
Prosthetic Devices (braces, artificial limbs, etc.) ¹	<p>Prosthetic devices: 20% of the cost</p> <p>Related medical supplies: 20% of the cost</p>
Renal Dialysis^{1,2}	20% of the cost
Transportation	Not covered

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Urgently Needed Services	\$40 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services. See the "Inpatient Hospital Care" section of this booklet for other costs.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0-40 copay, depending on the service Routine eye exam (for up to 1 every year): \$0 copay Contact lenses: \$0 copay Eyeglasses (frames and lenses) (for up to 1 every year): \$0 copay Eyeglass frames (for up to 1 every year): \$0 copay Eyeglass lenses (for up to 1 every year): \$0 copay Eyeglasses or contact lenses after cataract surgery: \$0 copay Our plan pays up to \$100 every year for eyewear. \$0 copays for supplemental eyewear (except after cataract surgery) apply up to the plan allowance. Please see your EOC for plan coverage details.
Preventive Care	You pay nothing Our plan covers many 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 screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)• Depression screening• Diabetes screenings• HIV screening• Medical nutrition therapy services• Obesity screening and counseling• Prostate cancer screenings (PSA)• Sexually transmitted infections screening and counseling• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)• Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots• "Welcome to Medicare" preventive visit (one-time)• Yearly "Wellness" visit Any additional preventive services approved by Medicare during the contract year will be covered.
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

Benefit**Cigna-HealthSpring Preferred (HMO)****Inpatient Care****Inpatient Hospital Care^{1,2}**

Our plan covers 90 days for an inpatient hospital stay. 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.

- \$270 copay per day for days 1 through 7
- You pay nothing per day for days 8 through 90

Inpatient Mental Health Care

For inpatient mental health care, see the “Mental Health Care” section of this booklet.

Skilled Nursing Facility (SNF)¹

Our plan covers up to 100 days in a SNF.

- You pay nothing per day for days 1 through 20
- \$160 copay per day for days 21 through 100

Benefit**Cigna-HealthSpring Preferred (HMO)****Prescription Drug Benefits****How much do I pay?**

For Part B drugs such as chemotherapy drugs¹: 20% of the cost
 Other Part B drugs¹: 20% of the cost

Initial Coverage

After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

Standard Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$3 copay	\$6 copay	\$9 copay
Tier 2 (Generic)	\$15 copay	\$30 copay	\$45 copay
Tier 3 (Preferred Brand)	\$47 copay	\$94 copay	\$141 copay
Tier 4 (Non-Preferred Brand)	\$95 copay	\$190 copay	\$285 copay
Tier 5 (Specialty Tier)	28% of the cost	28% of the cost	28% of the cost

Standard Mail Order Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$3 copay	\$9 copay
Tier 2 (Generic)	\$15 copay	\$45 copay
Tier 3 (Preferred Brand)	\$47 copay	\$141 copay
Tier 4 (Non-Preferred Brand)	\$95 copay	\$285 copay
Tier 5 (Specialty Tier)	28% of the cost	28% of the cost

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, but may pay more than you pay at an in-network pharmacy.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310.

After you enter the coverage gap, you pay 45% of the plan’s cost for covered brand name drugs and 58% of the plan’s cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the greater of:

- 5% of the cost, or
- \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs.

Benefit**Cigna-HealthSpring Preferred (HMO)****Optional Benefits** (you must pay an extra premium each month for these benefits)**Package 1: Enhanced Dental - Preventive**

Benefits include: Preventive Dental

Preventive Dental: \$0 copay

- Cleaning
- Dental x-ray(s)
- Oral exam

Please see your EOC for plan coverage details.

How much is the monthly premium?

Additional \$6.10 per month. You must keep paying your Medicare Part B premium and your \$0 monthly plan premium.

How much is the deductible?

This package does not have a deductible.

Is there a limit on how much the plan will pay?

No. There is no limit to how much our plan will pay for benefits in this package.

Package 2: Enhanced Dental - Preventive and Comprehensive

Benefits include: Preventive Dental and Comprehensive Dental

Preventive Dental: \$0 copay

- Cleaning
- Dental x-ray(s)
- Oral exam

Comprehensive Dental:

- Restorative: \$10-\$195 copay
- Periodontics/Extractions: \$10-\$75 copay
- Prosthodontics/Oral Surgery: \$0-\$195 copay

Endodontics is not covered.

Please see your EOC for plan coverage details.

How much is the monthly premium?

Additional \$28.30 per month. You must keep paying your Medicare Part B premium and your \$0 monthly plan premium.

How much is the deductible?

This package does not have a deductible

Is there a limit on how much the plan will pay?

Our plan pays up to \$1,500 every year. Our plan has additional coverage limits for certain benefits.

Benefit		Cigna-HealthSpring Preferred (HMO)
Additional Plan Benefits		
24-hour Nurse Line	\$0 copay for 24-hour Nurse Line	Caring registered nurses are available by phone 24 hours a day, 7 days a week to answer your health questions in a confidential and convenient service.
Fitness	\$0 copay for membership in Health Club/Fitness Classes.	Please see your EOC for plan coverage details.

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