

SUMMARY OF BENEFITS

January 1, 2017 - December 31, 2017

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

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



INTRODUCTION TO SUMMARY OF 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* online at 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.
- 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.

What's Inside

- ➊ About **Cigna-HealthSpring Preferred (HMO)**
- ➋ Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- ➌ Covered Medical & Hospital Benefits
- ➍ Prescription Drug Benefits
- ➎ Optional Supplemental Benefits (you must pay an additional premium for these benefits)

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 – February 14, 8 a.m. – 8 p.m. local time, 7 days a week. From February 15 – September 30, Monday – Friday 8 a.m. – 8 p.m. local time, Saturday 8 a.m. – 6 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 **1-888-767-1879 (TTY 711)**, 7 days a week, 8 a.m. – 8 p.m. to speak with a licensed agent.
- Our website: www.cignahealthspring.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 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, 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 complete plan Drug List (formulary) which lists the Part D prescription drugs along with any restrictions on our website, www.cignahealthspring.com.
- Or, call us and we will send you a copy of the plan's 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 *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 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?	\$275 per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 2 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>\$6,700 for services you receive from in-network providers for Medicare-covered benefits.</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>

3 COVERED MEDICAL & HOSPITAL BENEFITS

Benefit	Cigna-HealthSpring Preferred (HMO)
<p>Covered Medical and Hospital Benefits</p> <p>Note: Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.</p>	
<p>Inpatient Hospital Coverage^{1,2}</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"> - Days 1 through 4: \$450 copay per day - Days 5 through 90: \$0 copay per day <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.</p>
<p>Doctor Visits (Primary and Specialists)^{1,2}</p>	<ul style="list-style-type: none"> • Primary Care Physician visit: \$10 copay • Specialist visit: \$45 copay
<p>Preventive Care</p>	<p>\$0 copay</p> <p>Our plan covers many Medicare-covered preventive services, including:</p> <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 • Lung cancer screening with low dose computed tomography (LDCT) • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots

Benefit	Cigna-HealthSpring Preferred (HMO)
Preventive Care <i>(Continued)</i>	<ul style="list-style-type: none"> • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit <p>Any additional preventive services approved by Medicare during the contract year will be covered. Please refer to the plan’s <i>Evidence of Coverage</i> for frequency of covered services.</p>
Emergency Care	<ul style="list-style-type: none"> • Emergency care services: \$75 copay • Worldwide emergency/urgent coverage: \$75 copay \$50,000 (U.S. currency) combined limit per year for emergency and urgent care services provided outside the U.S. and its territories. <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p>
Urgently Needed Services	<ul style="list-style-type: none"> • Urgent care services: \$55 copay • Worldwide emergency/urgent coverage: \$75 copay \$50,000 (U.S. currency) combined limit per year for emergency and urgent care services provided outside the U.S. and its territories. <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p>
Diagnostic Services / Labs / Imaging <i>(Costs for these services may vary based on place of service)^{1,2}</i>	<ul style="list-style-type: none"> • Diagnostic procedures and tests: <ul style="list-style-type: none"> - EKG and diagnostic colorectal screenings: \$0 copay - All other diagnostic tests and procedures: \$275 copay • Lab services: \$20 copay • Therapeutic radiological services: 20% of the cost • X-ray services: \$20 copay • Diagnostic radiological services (such as MRIs, CT scans): <ul style="list-style-type: none"> - Mammography and ultrasounds: \$0 copay - All other diagnostic radiological services: \$275 copay <p>If multiple test types (such as CT and PET) are performed on the same day, multiple copayments will apply. If multiple tests of the same type (for example, CT scan of the head and CT scan of the chest) are performed on the same day, one copayment will apply.</p>
Hearing Services²	<ul style="list-style-type: none"> • Hearing exams (Medicare-covered): <ul style="list-style-type: none"> - Primary Care Physician office: \$10 copay - Specialist office: \$45 copay • Routine hearing exams (one every year): \$0 copay • Hearing aid evaluation/fitting (one every three years): \$0 copay <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>

Benefit	Cigna-HealthSpring Preferred (HMO)
Hearing Services² <i>(Continued)</i>	<ul style="list-style-type: none"> • Hearing aids (one every three years): \$0 copay up to plan coverage maximum <p>The plan has a maximum coverage amount for hearing aids of \$700 per ear per device every three years.</p>
Dental Services¹	<ul style="list-style-type: none"> • Dental services (Medicare-covered): \$45 copay <ul style="list-style-type: none"> - Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth) <p>This plan offers additional dental benefits as an Optional Supplemental Benefit. See section 5 – “Optional Supplemental Benefits” for details.</p>
Vision Services	<ul style="list-style-type: none"> • Eye exams (Medicare-covered): <ul style="list-style-type: none"> - Glaucoma screening: \$0 copay - Diabetic retinal exams: \$0 copay - All other Medicare-covered vision services: \$45 copay • Routine eye exam (one every year): \$0 copay • Eyewear (Medicare-covered): \$0 copay • Routine eyewear: \$0 copay up to plan coverage maximum <ul style="list-style-type: none"> - Eyeglasses–lenses and frames (one every year) - Eyeglass lenses (one every year) - Eyeglass frames (one every year) - Contact lenses - Upgrades <p>The plan has a maximum coverage amount for routine eyewear of \$150 every year. The plan specified allowance may be applied to one set of the customer’s choice of eyewear, to include the eyeglass frame/lenses/lens options combination or contact lenses (to include related professional fees) in lieu of eyeglasses.</p>
Mental Health Services¹	<ul style="list-style-type: none"> • Inpatient <p>Our plan covers 90 days for an inpatient psychiatric 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"> - Days 1 through 4: \$395 copay per day - Days 5 through 90: \$0 copay per day <p>There is a lifetime maximum of 190 days for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health services provided in a general hospital.</p> • Outpatient <p>Outpatient individual or group therapy visit: \$40 copay</p>

Benefit	Cigna-HealthSpring Preferred (HMO)
Skilled Nursing Facility (SNF)¹	Our plan covers up to 100 days in a SNF. <ul style="list-style-type: none"> - Days 1 through 20: \$0 copay per day - Days 21 through 100: \$164 copay per day
Rehabilitation Services^{1,2}	<ul style="list-style-type: none"> • Cardiac (heart) rehab services: \$30 copay • Pulmonary rehab services: \$30 copay • Occupational therapy services: \$40 copay • Physical therapy and speech and language therapy services: \$40 copay You will have one copayment when multiple therapies are provided on the same date and at the same place of service.
Ambulance¹	<ul style="list-style-type: none"> • Ground service (one-way trip): \$220 copay • Air service (one-way trip): 20% of the cost
Transportation	Not covered
Foot Care (Podiatry Services)²	Podiatry services (Medicare-covered): \$45 copay
Medical Equipment / Supplies^{1,2} <ul style="list-style-type: none"> - Durable Medical Equipment - Prosthetic Devices - Diabetes Supplies and Services 	<ul style="list-style-type: none"> • Durable Medical Equipment (wheelchairs, oxygen, etc.): 20% of the cost • Prosthetic Devices (braces, artificial limbs, etc.): <ul style="list-style-type: none"> - Prosthetic devices: 20% of the cost - Related medical supplies: 20% of the cost • Diabetes Supplies and Services: <ul style="list-style-type: none"> - Diabetes self-management training: \$0 copay - Therapeutic shoes or inserts: 20% of the cost - Diabetes monitoring supplies: 0% or 20% of the cost, depending on the supply Preferred brands diabetic test strips and monitors covered at \$0 cost-share. Non-preferred brands not covered. 20% of the cost applies to other monitoring supplies (e.g. Lancets). You are eligible for one glucose monitor every two years and 200 glucose test strips per 30 day period.
Wellness Programs (e.g. Fitness)	\$0 copay Fitness benefit provides a basic gym membership at a participating fitness location. Customers can take advantage of exercise equipment and location amenities. Customers will receive orientation to the facility and equipment. Customers can take advantage of group exercise classes tailored to meet the needs of older adults where available.

Benefit	Cigna-HealthSpring Preferred (HMO)
24-hour Nurse Line	\$0 copay Registered nurses provide telephonic access for customers who request health and medical information and guidance.
Over-the-Counter (OTC) Items	Not covered
Chiropractic Care ²	Chiropractic services (Medicare-covered): \$20 copay
Outpatient Surgery ^{1,2}	<ul style="list-style-type: none"> • Ambulatory Surgical Center (ASC): <ul style="list-style-type: none"> - Surgical procedures (i.e. polyp removal) during a colorectal screening: \$0 copay - All other ASC services: \$275 copay • Outpatient Services and Observation: <ul style="list-style-type: none"> - Surgical procedures (i.e. polyp removal) during a colorectal screening: \$0 copay - All other Outpatient Services including observation and outpatient surgical services, not provided in an ASC: \$325 copay
Outpatient Substance Abuse ¹	Individual or group therapy visit: \$40 copay
Home Health Care ¹	\$0 copay
Hospice	\$0 copay 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. Our plan covers hospice consultation services (one-time only) before you select hospice. Hospice is covered outside of our plan. Please contact us for more details.

4 PRESCRIPTION DRUG BENEFITS

Benefit		Cigna-HealthSpring Preferred (HMO)		
Prescription Drug Benefits				
Medicare Part B Drugs ¹	For Part B drugs such as chemotherapy drugs: 20% of the cost			
Medicare Part D Drugs Initial Coverage	<p>After you pay your Part D yearly deductible, you pay the following until your total yearly drug costs reach \$3,700. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at preferred or standard network retail pharmacies, as well as through standard network 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>			
		Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Standard Mail Order Cost-Sharing 30 / 90 Days
	Tier 1: Preferred Generic Drugs	\$1 / \$2 / \$0	\$6 / \$12 / \$18	\$6 / \$18
	Tier 2: Generic Drugs	\$15 / \$30 / \$37.50	\$20 / \$40 / \$60	\$20 / \$60
	Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$141
	Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$100 / \$300
	Tier 5: Specialty Tier	27% for 30 day supply only	27% for 30 day supply only	27% for 30 day supply only
	<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>			

Benefit	Cigna-HealthSpring Preferred (HMO)
Coverage Gap	<p>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 \$3,700. Not everyone will reach the coverage gap.</p> <p>After you enter the coverage gap, you pay 40% of the plan’s cost for covered brand name drugs and 51% of the plan’s cost for covered generic drugs until your costs total \$4,950, which is the end of the coverage gap.</p>
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay the greater of:</p> <ul style="list-style-type: none">• 5% of the cost or• \$3.30 copay for generic (including brand drugs treated as generic) and \$8.25 copay for all other drugs.

5 OPTIONAL SUPPLEMENTAL BENEFITS

Benefit		Cigna-HealthSpring Preferred (HMO)
Optional Supplemental Benefits (you must pay an additional premium each month for these benefits)		
Package 1: Enhanced Dental – Preventive	<ul style="list-style-type: none"> Preventive dental services: \$0 copay Oral exam (one every six months) Prophylaxis–cleanings (one every six months) Bitewing X-ray (one every year) Full mouth & panoramic X-ray (one every 36 months) Frequency limits vary depending on the type of covered service.	
How much is the monthly premium?	Additional \$21.50 per month. You must keep paying your Medicare Part B premium.	
How much is the deductible?	This package does not have a deductible.	
Is there a limit on how much the plan will pay?	The plan has no maximum coverage.	

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