

SUMMARY OF BENEFITS

January 1, 2017 - December 31, 2017

**Cigna-HealthSpring[®] TotalCare (HMO SNP)
H9725 - 003**

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 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* 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

- 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

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 – 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 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 North Carolina Medicaid, 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 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.
- 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?

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)
Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services	
How much is the monthly premium?	\$31.40 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	\$0 or \$82 per year for Part D prescription drugs.
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 Medicaid-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>In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medicaid eligibility.</p> <p>Refer to the “Medicare & 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

Benefit	Cigna-HealthSpring TotalCare (HMO SNP)
<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. * Cost-sharing is based on your level of Medicaid eligibility.</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 10: \$0 or \$195 copay* per day - Days 11 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: \$0 copay • Specialist visit: \$0 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)

Benefit	Cigna-HealthSpring TotalCare (HMO SNP)
Preventive Care <i>(Continued)</i>	<ul style="list-style-type: none"> • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “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: \$0 or \$75 copay* • Worldwide emergency/urgent coverage: \$75 copay \$50,000 (US 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: \$0 copay • Worldwide emergency/urgent coverage: \$75 copay \$50,000 (US currency) combined limit per year for emergency and urgent care services provided outside the U.S. and its territories.
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% of the cost - All other diagnostic tests and procedures: 0% or 20% of the cost* • Lab services: \$0 copay • Therapeutic radiological services: 0% or 20% of the cost* • X-ray services: 0% or 20% of the cost* • Diagnostic radiological services (such as MRIs, CT scans): <ul style="list-style-type: none"> - Mammography and ultrasounds: 0% of the cost - All other diagnostic radiological services: 0% or 20% of the cost*
Hearing Services²	<ul style="list-style-type: none"> • Hearing exams (Medicare-covered): \$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 coverage maximum The plan has a maximum coverage amount for hearing aids of \$700 per ear per device every three years.

Benefit	Cigna-HealthSpring TotalCare (HMO SNP)
Dental Services¹	<ul style="list-style-type: none"> • Dental services (Medicare-covered): \$0 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) • Preventive dental services: \$0 copay <ul style="list-style-type: none"> - Oral exam (one every six months) - Prophylaxis–cleanings (one every six months) - Bitewing X-ray (one every year) - Full mouth and panoramic X-ray (one every 36 months) <p>Frequency limits vary depending on the type of covered service.</p>
Vision Services	<ul style="list-style-type: none"> • Eye exams (Medicare-covered): \$0 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 \$250 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 10: \$0 or \$155 copay* per day - Days 11 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: \$0 copay</p>

Benefit	Cigna-HealthSpring TotalCare (HMO SNP)
Skilled Nursing Facility (SNF)¹	Our plan covers up to 100 days in the SNF. <ul style="list-style-type: none"> - Days 1 through 20: \$0 copay per day - Days 21 through 100: \$0 or \$164 copay per day*
Rehabilitation Services^{1,2}	<ul style="list-style-type: none"> • Cardiac (heart) rehab services: \$0 copay • Pulmonary rehab services: \$0 copay • Occupational therapy services: \$0 copay • Physical therapy and speech and language therapy services: \$0 copay
Ambulance¹	<ul style="list-style-type: none"> • Ground service (one-way trip): \$0 or \$50 copay* • Air service (one-way trip): 0% or 20% of the cost*
Transportation	\$0 copay for up to 40 one-way trips to plan-approved locations every year. Authorization may be required in situations where the travel distance to provider exceeds the mileage limit of 60 miles. Please refer to the plan's <i>Evidence of Coverage</i> for details.
Foot Care (Podiatry Services)²	Podiatry services (Medicare-covered): \$0 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.): 0% or 20% of the cost* • Prosthetic Devices (braces, artificial limbs, etc.): <ul style="list-style-type: none"> - Prosthetic devices: 0% or 20% of the cost* - Related medical supplies: 0% or 20% of the cost* • Diabetes Supplies and Services: <ul style="list-style-type: none"> - Diabetes self-management training: \$0 copay - Therapeutic shoes or inserts: 0% or 20% of the cost* - Diabetes monitoring supplies: 0% or 20% of the cost*, depending on the supply <p>Preferred brands diabetic test strips and monitors covered at \$0 cost-share. Non-preferred brands not covered.</p> <p>0% or 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.</p>
Wellness Programs (e.g. Fitness)	Not covered

Benefit	Cigna-HealthSpring TotalCare (HMO SNP)
24-hour Nurse Line	<p>\$0 copay</p> <p>Registered nurses provide telephonic access for customers who request health and medical information and guidance.</p>
Over-the-Counter (OTC) Items	<p>\$10 per month for specific over-the-counter drugs and other health-related pharmacy products, as listed in the OTC catalog. Limited to one order per customer per month.</p> <p>Unused balance can roll forward each month, but must be used by December 31st. Balance does not carry over year to year.</p> <p>Customers are required to contact OTC benefit vendor to access this benefit. Some OTC items require a doctor's recommendation for a specific, diagnosable condition.</p> <p>Please visit our website to see our list of covered over-the-counter item.</p>
Chiropractic Care ²	Chiropractic services (Medicare-covered): \$0 copay
Outpatient Surgery ^{1,2}	<ul style="list-style-type: none"> • Ambulatory Surgical Center: \$0 copay • Outpatient Services and Observation: \$0 copay
Outpatient Substance Abuse ¹	Individual or group therapy visit: \$0 copay
Home Health Care ¹	\$0 copay
Hospice	<p>\$0 copay</p> <p>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.</p>

4 PRESCRIPTION DRUG BENEFITS

Benefit	Cigna-HealthSpring TotalCare (HMO)
Prescription Drug Benefits	
Medicare Part B Drugs ¹	For Part B drugs such as chemotherapy drugs: 0% or 20% of the cost*
Medicare Part D Drugs Initial Coverage	<p>Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$1.20 copay; or • \$3.30 copay; or • 15% <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$3.70 copay; or • \$8.25 copay; or • 15% <p>You may get your drugs at network retail and mail order pharmacies.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p>
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay nothing for all drugs.

5 SUMMARY OF MEDICAID-COVERED BENEFITS FOR CONTRACT H9725, PLAN 003

This section demonstrates the Medicaid benefit package for full benefit dual-eligible recipients in the state of North Carolina. The services offered in your Medicaid benefit package are based on your Medicaid eligibility level (Categorically Needy or Medically Needy). Medicare coverage must be used first and the Medicaid Program may cover payment of Medicare Part A and B deductible and coinsurance for all Medicare covered services. The services listed below are available only to those SNP customers eligible under Medicaid for medical services. If you are eligible for both Medicare and Medicaid, you will not

be held liable for Medicare Part A and B cost sharing when the state is responsible for paying these amounts. For more information about your Medicaid benefits and copayments, please contact the State Medicaid Office.

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what North Carolina Medicaid Agency covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Inpatient Hospital Care	For dual beneficiaries, Medicaid covers deductibles, copayments, and coinsurance for inpatient hospital care.	Authorization rules may apply. Referral required for elective procedures only. 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. - Days 1 through 10: \$0 or \$195 copay per day* - Days 11 through 90: \$0 copay per day If readmitted within 24 hours for the same diagnosis the benefit will continue from original admission.

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Inpatient Hospital Care <i>(Continued)</i>		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.
Doctor Office Visits	<p>For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered doctor visits.</p> <p>A \$3.00 copayment per visit for Medicaid-covered services.</p> <p>Mandatory services in NC to which this applies are:</p> <ul style="list-style-type: none"> • Physicians (except for physicians enrolled in N.C. Medicaid with a specialty of oncology, radiology, or nuclear medicine) • Nurse practitioners • Nurse midwives • Health departments • Rural health clinics • Federally qualified health centers <p>Medicaid will also cover up to 8 visits to a chiropractor, optometrist, or a podiatrist. (This means a total of 8 visits – for example, 2 visits to the podiatrist and 6 visits to the chiropractor.)</p>	<p>Authorization rules may apply. Referral from your Primary Care Physician (PCP) may be required.</p> <p>Primary Care Physician visit: \$0 copay Specialist visit: \$0 copay</p>
Outpatient Surgery	<p>For dual-eligible beneficiaries, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered outpatient surgery services.</p> <p>There is a copayment of \$3.00 for Medicaid-covered services.</p>	<p>Authorization rules may apply. Referral from your Primary Care Physician, (PCP) may be required.</p> <p>Ambulatory Surgical Center: \$0 copay Outpatient Services and Observation: \$0 copay</p>

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Preventive Care	<p>For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered preventive care screenings, including:</p> <ul style="list-style-type: none"> • Bone Mass Measurement • Colorectal Screening • Immunizations • Mammograms • Pap smears and Pelvic Exams • Prostate Cancer Screening Exams <p>There is a \$3.00 copayment for mammograms, pap smears and pelvic exams.</p>	<p>\$0 copay</p> <p>Our plan covers many 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 • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • 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 • "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>

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Emergency Care	For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered emergency care services.	Emergency care services: \$0 or \$75 copay* Worldwide emergency/urgent coverage: \$75 copay \$50,000 (US currency) combined limit per year for emergency and urgent care services provided outside the U.S. and its territories. If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.
Urgently Needed Services	For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered urgently needed services. There is no copayment for urgently needed care.	Urgent care services: \$0 copay Worldwide emergency/urgent coverage: \$75 copay \$50,000 (US currency) combined limit per year for emergency and urgent care services provided outside the U.S. and its territories.
Diagnostic Tests, X-rays, Lab Services and Radiology Services	For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered diagnostic tests, x-rays, lab and radiology services.	Authorization rules may apply. Referral from your Primary Care Physician, (PCP) may be required. Diagnostic procedures and tests: <ul style="list-style-type: none"> - EKG and diagnostic colorectal screenings: 0% of the cost - All other diagnostic tests and procedures: 0% or 20% of the cost* Lab services: \$0 copay Therapeutic radiological services: 0% or 20% of the cost* X-ray services: 0% or 20% of the cost* Diagnostic radiological services (such as MRIs, CT scans): <ul style="list-style-type: none"> - Mammography and ultrasounds: 0% of the cost - All other diagnostic radiological services: 0% or 20% of the cost*

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Hearing Services	<p>For dual-eligible beneficiaries, Medicaid covers deductibles, copayments, and coinsurance for Medicare-covered hearing services.</p> <p>Hearing Aids: Under age 21 only.</p>	<p>Referral from your Primary Care Physician, (PCP) may be required.</p> <p>Hearing exams (Medicare-covered): \$0 copay</p> <p>Routine hearing exams (one every year): \$0 copay</p> <p>Hearing aid evaluation/fitting (one every three years): \$0 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): \$0 copay up to plan coverage maximum</p> <p>The plan has a maximum coverage amount for hearing aids of \$700 per ear per device every three years.</p>
Dental Services for recipients over 21 years of age	<p>For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered dental services.</p> <p>Medicaid usual limits and copayments for this service: \$3.00 copayment per visit.</p> <p>Prior approval for some services may be required.</p> <p>Please refer to the North Carolina Health Care Coverage Programs for Families and Children handbook for restrictions and specific services that are not covered.</p>	<p>Authorization rules may apply.</p> <p>Dental services (Medicare-covered): \$0 copay</p> <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>Preventive dental services: \$0 copay</p> <ul style="list-style-type: none"> - Oral exam (one every six months) - Prophylaxis–cleanings (one every six months) - Bitewing X-ray (one every year) - Full mouth and panoramic X-ray (one every 36 months) <p>Frequency limits vary depending on the type of covered service.</p>

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Vision Services for recipients over 21 years of age	<p>For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered vision services.</p> <p>Optical services are not covered for adults age 21 and older.</p>	<p>Eye exams (Medicare-covered): \$0 copay</p> <p>Routine eye exam (one every year): \$0 copay</p> <p>Eyewear (Medicare-covered): \$0 copay</p> <p>Routine eyewear: \$0 copay up to plan coverage maximum</p> <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 \$250 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>
Inpatient Mental Health Care	<p>For dual-eligible beneficiaries, Medicaid covers deductibles, copayments, and coinsurance for Medicare-covered inpatient mental health care services.</p>	<p>Authorization rules may apply.</p> <p>Inpatient:</p> <p>Our plan covers 90 days for an inpatient psychiatric hospital stay. Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover.</p> <p>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 10: \$0 or \$155 copay* per day - Days 11 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>

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Outpatient Mental Health Care	For dual-eligible beneficiaries, Medicaid covers deductibles, copayments, and coinsurance for Medicare-covered outpatient mental health care services. \$3.00 copayment for Medicaid Outpatient Mental Health Care.	Authorization rules may apply. Outpatient individual or group therapy visit: \$0 copay
Skilled Nursing Facility (SNF)	For dual-eligible beneficiaries, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered skilled nursing facility services. Medicaid covers additional days beyond Medicare 100 day limit.	Authorization rules may apply. Our plan covers up to 100 days in the SNF. - Days 1 through 20: \$0 copay per day - Days 21 through 100: \$0 or \$164 copay* per day
Outpatient Rehabilitation Services	For dual-eligible beneficiaries, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered durable medical equipment and supplies.	Authorization rules may apply. Referral from your Primary Care Physician, (PCP) may be required. Cardiac (heart) rehab services: \$0 copay Pulmonary rehab services: \$0 copay Occupational therapy services: \$0 copay Physical therapy and speech and language therapy services: \$0 copay
Intermediate Care Facilities (ICF)	For services in Institutions for Mental Diseases, age 65+. There is no copayment for Medicaid-covered ICF services	This benefit is not covered.
Ambulance Services	For dual plan beneficiaries, Medicaid pays deductibles, copayments and coinsurance for Medicare-covered medically necessary ambulance services.	Authorization rules may apply. Ground service (one-way trip): \$0 or \$50 copay* Air service (one-way trip): 0% or 20% of the cost*
Transportation	For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered transportation services. Medicaid-covered non-emergency medical transportation services: \$0 copayment Prior scheduling required.	\$0 copay for up to 40 one-way trips to plan-approved locations every year. Authorization may be required in situations where the travel distance to provider exceeds the mileage limit of 60 miles. Please refer to the plan's <i>Evidence of Coverage</i> for details.

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Podiatry Services	For dual-eligible beneficiaries, Medicaid pays deductibles, copayments, and coinsurances for Medicare-covered podiatry services. Medicaid beneficiaries have a copayment of \$3.00	Referral from your Primary Care Physician, (PCP) may be required. Podiatry services (Medicare-covered): \$0 copay
Durable Medical Equipment & Supplies	For dual-eligible beneficiaries, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered durable medical equipment and supplies.	Authorization rules may apply. Durable Medical Equipment (wheelchairs, oxygen, etc.): 0% or 20% of the cost*
Diabetes Supplies and Services	For dual-eligible beneficiaries, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered diabetes supplies and services. Medicaid covers Medicare deductibles, copayments, and coinsurances for Diabetic Programs and Supplies.	Authorization rules may apply. Referral from your Primary Care Physician, (PCP) may be required. Diabetes Supplies and Services: <ul style="list-style-type: none"> - Diabetes self-management training: \$0 copay - Therapeutic shoes or inserts: 0% or 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. 0% or 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.
Prosthetic Devices <i>(Braces, artificial limbs, etc.)</i>	For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered prosthetic devices.	Authorization rules may apply. Prosthetic Devices (braces, artificial limbs, etc.): <ul style="list-style-type: none"> - Prosthetic devices: 0% or 20% of the cost* - Related medical supplies: 0% or 20% of the cost*

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Chiropractic Services	For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered chiropractic services. There is a \$2.00 copayment for Medicaid-covered services.	Referral from your Primary Care Physician, (PCP) may be required. Chiropractic services (Medicare-covered): \$0 copay
Over-the-Counter (OTC) Items	For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered over-the-counter items. Please refer to the North Carolina Health Care Coverage Programs for Families and Children handbook for a list of covered OTC drugs/items.	\$10 per month for specific over-the-counter drugs and other health-related pharmacy products, as listed in the OTC catalog. Limited to one order per customer per month. Unused balance can roll forward each month, but must be used by December 31st. Balance does not carry over year to year. Customers are required to contact OTC benefit vendor to access this benefit. Some OTC items require a doctor's recommendation for a specific, diagnosable condition. Please visit our website to see our list of covered over-the-counter item.
Inpatient Long-term Care Services	Inpatient hospital, nursing facility and intermediate care facility	See the "Inpatient Hospital Care" and "Skilled Nursing Facility (SNF)" section.
Home Health Care Services	For dual-eligible beneficiaries, Medicaid covers deductibles, copayments, and coinsurance for Medicare-covered home health care services.	Authorization rules may apply. \$0 copay
Hospice Services	For dual-eligible beneficiaries, Medicaid covers deductibles, copayments, and coinsurance for Medicare-covered hospice services. Medicaid covers Medicare deductibles, copayments and coinsurances for Hospice Services.	\$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.

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Renal Dialysis	For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered end stage renal disease.	Authorization rules may apply. Referral from your Primary Care Physician (PCP) may be required. Kidney disease education services (Medicare-covered): \$0 copay Renal Dialysis (Medicare-covered): 0% or 20% of the cost*
Prescription Drugs (Outpatient)	\$0.50 - \$3.00 copayment for Medicaid-covered prescription drugs not covered by a Medicare Prescription Drug Plan.	Authorization rules may apply. Drugs covered under Medicare Part B: For Part B drugs such as chemotherapy drugs: 0% or 20% of the cost* Drugs covered under Medicare Part D: \$0 or \$82 per year deductible* for Part D prescription drugs. Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> • \$0 copay; or • \$1.20 copay; or • \$3.30 copay; or • 15% For all other drugs, either: <ul style="list-style-type: none"> • \$0 copay; or • \$3.70 copay; or • \$8.25 copay; or • 15% You may get your drugs at network retail 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. After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay nothing for all drugs.

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Outpatient Substance Abuse	For dual-eligible beneficiaries, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered outpatient substance abuse services. There is a copayment of \$3.00 for outpatient substance abuse services	Authorization rules may apply. Individual or group therapy visit: \$0 copay

This plan is available to anyone who has both Medical Assistance from the State and Medicare. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

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