

CIGNA Medicare Select Plus Rx® (HMO)

A Medicare Advantage HMO Medical Plan with Part D Prescription Drug Coverage

Summary of Benefits

January 1, 2012 – December 31, 2012

Maricopa County, Apache Junction
and Queen Creek



Centers for Medicare & Medicaid Services
(CMS) Contract # H0354



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Section I

Introduction to Summary of Benefits

Thank you for your interest in CIGNA Medicare Select Plus Rx (HMO). Our plans are offered by CIGNA HealthCare of Arizona, a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plans. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call CIGNA Medicare Select Plus Rx (HMO) and ask for the "Evidence of Coverage."



For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the Web.

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like CIGNA Medicare Select Plus Rx (HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

You may join or leave a plan only at certain times. Please call CIGNA Medicare Select Plus Rx (HMO) at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare CIGNA Medicare Select Plus Rx (HMO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plans cover and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS CIGNA MEDICARE SELECT PLUS RX (HMO) AVAILABLE?

The service area for these plans include: Maricopa and Pinal* Counties, AZ. You must live in one of these areas to join the plan. There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may only do so at certain times of the year. Please call customer service for more information.

* Denotes partial county which includes the following zip codes only: 85117, 85118, 85119, 85120, 85178, 85140 and 85143.

WHO IS ELIGIBLE TO JOIN CIGNA MEDICARE SELECT PLUS RX (HMO)?

You can join CIGNA Medicare Select Plus Rx (HMO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area.

However, individuals with End Stage Renal Disease are generally not eligible to enroll in CIGNA Medicare Select Plus Rx (HMO) unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

CIGNA Medicare Select Plus Rx (HMO) has formed a network of doctors, specialists and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current provider directory. For an updated list visit us at www.cignamedicare.com. Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

CIGNA Medicare Select Plus Rx (HMO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.cignamedicare.com. Our customer service number is listed at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

CIGNA Medicare Select Plus Rx (HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

CIGNA Medicare Select Plus Rx (HMO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.cignamedicare.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication Medicare & You.;
- The Social Security Administration at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of CIGNA Medicare Select Plus Rx (HMO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your State. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of CIGNA Medicare Select Plus Rx (HMO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. Contact CIGNA Medicare Select Plus Rx (HMO) for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact

CIGNA Medicare Select Plus Rx (HMO) for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable drugs for osteoporosis for certain women with Medicare.
- **Erythropoietin (Epoetin Alfa or Epogen®):** By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen.
- **Inhalation and Infusion Drugs** administered through DME.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov, and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed on the following page.



Please call CIGNA HealthCare of Arizona for more information about CIGNA Medicare Select Plus Rx (HMO).

Visit us at www.cignamedicare.com or call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday,
8 am – 8 pm Mountain

For questions related to the Medicare Advantage or Medicare Advantage Prescription Drug Programs, CURRENT members should call our local toll-free number, 1-800-627-7534 (TTY/TDD: 1-800-987-8816).

For questions related to the Medicare Advantage or Medicare Advantage Prescription Drug Programs, PROSPECTIVE members should call our local toll-free number, 1-800-592-9231 (TTY/TDD: 1-800-987-8816).

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call Customer Service at the phone number listed above.

Este documento puede ser disponible en un idioma no-Inglés. Para obtener información adicional, llame al departamento del servicio al cliente al teléfono enlistado por encima.

Section II

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
IMPORTANT INFORMATION			
<p>1 – Premium and Other Important Information</p>	<p>In 2011 the monthly Part B premium was \$96.40 and may change for 2012 and the annual Part B deductible amount was \$162 and may change for 2012.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General</p> <p>\$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>In-Network</p> <p>\$6,700 out-of-pocket limit.</p> <p>All plan services included.</p>	<p>General</p> <p>\$25 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>In-Network</p> <p>\$5,000 out-of-pocket limit.</p> <p>All plan services included.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
<p>2 – Doctor and Hospital Choice (for more information, see Emergency Care – #15 and Urgently Needed Care – #16).</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network You must go to network doctors, specialists and hospitals. Referral required for network specialists (for certain benefits). See page 36 for additional information about Doctor and Hospital Choice.</p>	<p>In-Network You must go to network doctors, specialists, and hospitals. Referral required for network specialists (for certain benefits). See page 36 for additional information about Doctor and Hospital Choice.</p>
INPATIENT CARE			
<p>3 – Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services).</p>	<p>In 2011 the amounts for each benefit period were: Days 1 – 60: \$1132 deductible. Days 61 – 90: \$283 per day Days 91 – 150: \$566 per lifetime reserve day These amounts may change for 2012. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care.</p>	<p>In-Network No limit to the number of days covered by the plan each hospital stay. For Medicare-covered hospital stays: Days 1 – 7: \$185 copay per day Days 8 – 90: \$0 copay per day \$0 copay for additional hospital days Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. See page 36 for additional information about Inpatient Hospital Care.</p>	<p>In-Network No limit to the number of days covered by the plan each hospital stay. For Medicare-covered hospital stays: Days 1 – 4: \$110 copay per day Days 5 – 90: \$0 copay per day \$0 copay for additional hospital days Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. See page 36 for additional information about Inpatient Hospital Care.</p>

If you have any questions about this plan’s benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
<p>3 – Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services).</p>	<p>If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>		
<p>4 – Inpatient Mental Health Care</p>	<p>In 2011 the amounts for each benefit period were: Days 1 – 60: \$1132 deductible Days 61 – 90: \$283 per day Days 91 – 150: \$566 per lifetime reserve day These amounts may change for 2012. You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>In-Network You get up to 190 days of inpatient psychiatric care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. For Medicare-covered hospital stays: Days 1 – 7: \$185 copay per day Days 8 – 90: \$0 copay per day Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-Network You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. For Medicare-covered hospital stays: Days 1 – 4: \$110 copay per day Days 5 – 90: \$0 copay per day Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
<p>5 – Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1 – 20: \$0 per day</p> <p>Days 21 – 100: \$141.50 per day</p> <p>These amounts may change for 2012</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>General Authorization rules may apply.</p> <p>In-Network Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>For SNF stays: Days 1 – 20: \$0 copay per day</p> <p>Days 21 – 100: \$125 copay per day</p>	<p>General Authorization rules may apply.</p> <p>In-Network Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>For SNF stays: Days 1 – 20: \$0 copay per day</p> <p>Days 21 – 100: \$125 copay per day</p>

If you have any questions about this plan’s benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
<p>6 – Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits</p>
<p>7 – Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p> <p>Your plan will pay for a consultative visit before you select hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p> <p>Your plan will pay for a consultative visit before you select hospice.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
OUTPATIENT CARE			
8 – Doctor Office Visits	20% coinsurance	<p>In-Network \$10 copay for each primary care doctor office visit for Medicare-covered benefits.</p> <p>\$20 to \$35 copay for each in-area, network urgent care Medicare-covered visit</p> <p>\$30 to \$45 copay for each specialist visit for Medicare-covered benefits.</p>	<p>In-Network \$0 copay for each primary care doctor office visit for Medicare-covered benefits.</p> <p>\$20 to \$35 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$20 to \$35 copay for each specialist visit for Medicare-covered benefits.</p>
9 – Chiropractic Services	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$20 copay for each Medicare-covered visit</p> <p>\$20 copay for up to 12 supplemental routine visits every year</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>See page 37 for more information about Chiropractic Services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$20 copay for each Medicare-covered visit</p> <p>\$20 copay for up to 12 supplemental routine visits every year</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>See page 37 for more information about Chiropractic Services.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
<p>10 – Podiatry Services</p>	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>In-Network</p> <p>\$30 to \$45 copay for each Medicare-covered visit</p> <p>\$10 to \$45 copay for each supplemental routine visit</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>See page 37 for more information about Podiatry Services.</p>	<p>In-Network</p> <p>\$20 to \$35 copay for each Medicare-covered visit</p> <p>\$0 to \$35 copay for each supplemental routine visit</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>See page 37 for more information about Podiatry Services.</p>
<p>11 – Outpatient Mental Health Care</p>	<p>40% coinsurance for most outpatient mental health services</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$40 copay for each Medicare-covered individual therapy visit</p> <p>\$40 copay for each Medicare-covered group therapy visit</p> <p>\$40 copay for each Medicare-covered individual therapy visit with a psychiatrist</p> <p>\$40 copay for each Medicare-covered group therapy visit with a psychiatrist</p> <p>\$40 for Medicare-covered partial hospitalization program services</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$35 copay for each Medicare-covered individual therapy visit</p> <p>\$35 copay for each Medicare-covered group therapy visit</p> <p>\$35 copay for each Medicare-covered individual therapy visit with a psychiatrist</p> <p>\$35 copay for each Medicare-covered group therapy visit with a psychiatrist</p> <p>\$35 for Medicare-covered partial hospitalization program services</p>

If you have any questions about this plan’s benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

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Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
12 – Outpatient Substance Abuse Care	20% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network \$40 copay for Medicare-covered individual visits \$40 copay for Medicare-covered group visits</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$35 copay for Medicare-covered individual visits \$35 copay for Medicare-covered group visits</p>
13 – Outpatient Services/ Surgery	<p>20% coinsurance for the doctor’s services</p> <p>Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility services</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$150 to \$250 copay for each Medicare-covered ambulatory surgical center visit \$45 to \$250 copay for each Medicare-covered outpatient hospital facility visit See page 39 for additional information about Outpatient Services/Surgery.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$100 to \$150 copay for each Medicare-covered ambulatory surgical center visit \$35 to \$150 copay for each Medicare-covered outpatient hospital facility visit See page 39 for additional information about Outpatient Services/Surgery.</p>
14 – Ambulance Services (medically necessary ambulance services)	20% coinsurance.	<p>In-Network \$150 copay for Medicare-covered ambulance benefits.</p>	<p>In-Network \$150 copay for Medicare-covered ambulance benefits.</p>

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Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
<p>15 – Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor’s services.</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don’t have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$65 copay for Medicare-covered emergency room visits</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.</p> <p>See page 37 for additional information about Emergency Care.</p>	<p>General</p> <p>\$65 copay for Medicare-covered emergency room visits</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.</p> <p>See page 37 for additional information about Emergency Care.</p>
<p>16 – Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$35 copay for Medicare-covered urgently-needed-care visits</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the urgently-needed care visit.</p> <p>See page 37 for additional information about Urgently Needed Care.</p>	<p>General</p> <p>\$35 copay for Medicare-covered urgently-needed-care visits</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the urgently-needed care visit.</p> <p>See page 37 for additional information about Urgently Needed Care.</p>

If you have any questions about this plan’s benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
<p>17 – Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	20% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network \$45 copay for Medicare-covered Occupational Therapy visits</p> <p>\$45 copay for Medicare-covered Physical and/or Speech and Language Therapy visits</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$35 copay for Medicare-covered Occupational Therapy visits</p> <p>\$35 copay for Medicare-covered Physical and/or Speech and Language Therapy visits</p>
OUTPATIENT MEDICAL SERVICES AND SUPPLIES			
<p>18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	20% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items.</p>
<p>19 – Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	20% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for Medicare-covered items</p>
<p>20 – Diabetes Programs and Supplies</p>	<p>20% coinsurance for diabetes self-management training</p> <p>20% coinsurance for diabetes supplies</p> <p>20% coinsurance for diabetic therapeutic shoes or inserts</p>	<p>In-Network \$0 copay for Diabetes self-management training</p> <p>\$0 copay for :</p> <ul style="list-style-type: none"> ■ Diabetes monitoring supplies ■ Therapeutic shoes or inserts <p>See page 39 for additional information about Diabetes Programs and Supplies.</p>	<p>In-Network \$0 copay for Diabetes self-management training</p> <p>\$0 copay for :</p> <ul style="list-style-type: none"> ■ Diabetes monitoring supplies ■ Therapeutic shoes or inserts <p>See page 39 for additional information about Diabetes Programs and Supplies.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
<p>21 – Diagnostic Tests, X-rays, Lab Services, and Radiology Services</p>	<p>20% coinsurance for diagnostic tests and X-rays \$0 copay for Medicare-covered lab services.</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvements Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p> <p>20% coinsurance for digital rectal exam and other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered lab services \$0 to \$45 copay for Medicare-covered diagnostic procedures and tests \$0 copay for Medicare-covered X-rays \$150 to \$250 copay for Medicare-covered diagnostic radiology services (not including X-rays) \$45 copay for Medicare-covered therapeutic radiology services</p> <p>See page 38 for additional information about Diagnostic Tests, X-rays, Lab Services and Radiology Services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered lab services \$0 to \$35 copay for Medicare-covered diagnostic procedures and tests \$0 copay for Medicare-covered X-rays \$150 to \$250 copay for Medicare-covered diagnostic radiology services (not including X-rays) \$35 copay for Medicare-covered therapeutic radiology services</p> <p>See page 38 for additional information about Diagnostic Tests, X-rays, Lab Services and Radiology Services.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
PREVENTIVE SERVICES			
22 – Cardiac and Pulmonary Rehabilitation Services	20% coinsurance for Cardiac Rehabilitation services 20% coinsurance for Pulmonary Rehabilitation services 20% coinsurance for Intensive Cardiac Rehabilitation services This applies to program services provided in a doctor’s office. Specified cost sharing for program services provided by hospital outpatient departments.	General Authorization rules may apply. In-Network \$45 copay for Medicare-covered Cardiac Rehabilitation Services \$45 copay for Medicare-covered Intensive Cardiac Rehabilitation Services \$45 copay for Medicare-covered Pulmonary Rehabilitation Services	General Authorization rules may apply. In-Network \$35 copay for Medicare-covered Cardiac Rehabilitation Services \$35 copay for Medicare-covered Intensive Cardiac Rehabilitation Services \$35 copay for Medicare-covered Pulmonary Rehabilitation Services
23 – Preventive Services and Wellness/ Education Programs	No coinsurance, copayment, or deductible for the following: <ul style="list-style-type: none"> ■ Abdominal Aortic Aneurysm Screening ■ Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions ■ Cardiovascular Screening ■ Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk 	General \$0 copay for all preventive services covered under Original Medicare at zero cost sharing: <ul style="list-style-type: none"> ■ Abdominal Aortic Aneurysm screening ■ Bone Mass Measurement ■ Cardiovascular Screening ■ Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) ■ Colorectal Cancer Screening ■ Diabetes Screening ■ Influenza Vaccine ■ Hepatitis B Vaccine ■ HIV Screening ■ Breast Cancer Screening (Mammogram) 	General \$0 copay for all preventive services covered under Original Medicare at zero cost sharing: <ul style="list-style-type: none"> ■ Abdominal Aortic Aneurysm screening ■ Bone Mass Measurement ■ Cardiovascular Screening ■ Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) ■ Colorectal Cancer Screening ■ Diabetes Screening ■ Influenza Vaccine ■ Hepatitis B Vaccine ■ HIV Screening ■ Breast Cancer Screening (Mammogram)

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Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
<p>23 – Preventive Services and Education/Wellness</p>	<ul style="list-style-type: none"> ■ Colorectal Cancer Screening ■ Diabetes Screening ■ Influenza Vaccine ■ Hepatitis B Vaccine for people with Medicare who are at risk ■ HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor’s visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. ■ Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. 	<ul style="list-style-type: none"> ■ Medical Nutrition Therapy Services ■ Personalized Prevention Plan Services (Annual Wellness Visits) ■ Pneumococcal Vaccine ■ Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) ■ Smoking Cessation (Counseling to stop smoking) ■ Welcome to Medicare Physical Exam (Initial Preventive Physical Exam) <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p>	<ul style="list-style-type: none"> ■ Medical Nutrition Therapy Services ■ Personalized Prevention Plan Services (Annual Wellness Visits) ■ Pneumococcal Vaccine ■ Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) ■ Smoking Cessation (Counseling to stop smoking) ■ Welcome to Medicare Physical Exam (Initial Preventive Physical Exam) <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact the plan for details.</p>

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Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
<p>23 – Preventive Services and Education/Wellness</p>	<ul style="list-style-type: none"> ■ Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease ■ Personalized Prevention Plan Services (Annual Wellness Visits) ■ Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call you doctor for more information. ■ Prostate Cancer Screening – Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. ■ Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. 	<p>In-Network The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> ■ Written health education materials, including Newsletters ■ Nutritional benefit ■ Health Club Membership/Fitness Classes ■ Nursing Hotline 	<p>In-Network The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> ■ Written health education materials, including Newsletters ■ Nutritional benefit ■ Health Club Membership/Fitness Classes ■ Nursing Hotline

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
23 – Preventive Services and Education/Wellness	<ul style="list-style-type: none"> Welcome to Medicare Physical Exam (initial preventive physical exam) When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months. 		
24 – Kidney Disease and Conditions	20% coinsurance for renal dialysis 20% coinsurance for kidney disease education services	In-Network 20% of the cost for renal dialysis \$0 copay for kidney disease education services	In-Network 20% of the cost for renal dialysis \$0 copay for kidney disease education services
25 – Outpatient Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	Drugs covered under Medicare Part B General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.	Drugs covered under Medicare Part B General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.

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Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
<p>25 – Outpatient Prescription Drugs</p>		<p>Home Infusion Drugs, Supplies and Services General \$0 copay for home infusion drugs that would normally be covered under Part D. This cost-sharing amount will also cover the supplies and services associated with home infusion of these drugs.</p> <p>Drugs covered under Medicare Part D General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.cignamedicare.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> – have limited incomes, – live in long term care facilities, or – have access to Indian/ Tribal/Urban (Indian Health Service) providers. 	<p>Home Infusion Drugs, Supplies and Services General \$0 copay for home infusion drugs that would normally be covered under Part D. This cost-sharing amount will also cover the supplies and services associated with home infusion of these drugs.</p> <p>Drugs Covered under Medicare Part D General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.cignamedicare.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> – have limited incomes; – live in long term care facilities; or – have access to Indian/ Tribal/Urban (Indian Health Service) providers.

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Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
<p>25 – Outpatient Prescription Drugs</p>		<p>Your in-network prescription coverage may be limited to the plan’s service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network pharmacy although you may have to pay additional charges. Contact the plan for details.</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from CIGNA Medicare Select Plus Rx – Standard (HMO) for certain drugs.</p>	<p>Your in-network prescription coverage may be limited to the plan’s service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network pharmacy although you may have to pay additional charges. Contact the plan for details.</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from CIGNA Medicare Select Plus Rx – Premium (HMO) for certain drugs.</p>

If you have any questions about this plan’s benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
<p>25 – Outpatient Prescription Drugs</p>		<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and CIGNA Medicare Select Plus Rx – Standard (HMO) approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost-sharing for that drug.</p> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,930:</p>	<p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and CIGNA Medicare Select Plus Rx – Premium (HMO) approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost sharing for that drug.</p> <p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,930:</p>

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Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
25 – Outpatient Prescription Drugs		Retail Pharmacy	Retail Pharmacy
		Tier 1: Generic Drugs	Tier 1: Generic Drugs
		\$5 copay for a one-month (30-day) supply of drugs in this tier	\$5 copay for a one-month (30-day) supply of drugs in this tier
		\$15 copay for a three-month (90-day) supply of drugs in this tier	\$15 copay for a three-month (90-day) supply of drugs in this tier
		Tier 2: Preferred Brand Drugs	Tier 2: Preferred Brand Drugs
		\$45 copay for a one-month (30-day) supply of drugs in this tier	\$45 copay for a one-month (30-day) supply of drugs in this tier
		\$135 copay for a three-month (90-day) supply of drugs in this tier	\$135 copay for a three-month (90-day) supply of drugs in this tier
		Tier 3: Non-Preferred Brand Drugs	Tier 3: Non-Preferred Brand Drugs
		\$75 copay for a one-month (30-day) supply of drugs in this tier	\$75 copay for a one-month (30-day) supply of drugs in this tier
		\$225 copay for a three-month (90-day) supply of drugs in this tier	\$225 copay for a three-month (90-day) supply of drugs in this tier
Tier 4: Specialty Tier Drugs	Tier 4: Specialty Tier Drugs		
25% coinsurance for a one-month (30-day) supply of drugs in this tier	25% coinsurance for a one-month (30-day) supply of drugs in this tier		
25% coinsurance for a three-month (90-day) supply of drugs in this tier	25% coinsurance for a three-month (90-day) supply of drugs in this tier		

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Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
25 – Outpatient Prescription Drugs		<i>Long-Term Care Pharmacy</i>	<i>Long-Term Care Pharmacy</i>
		Tier 1: Generic Drugs	Tier 1: Generic Drugs
		\$5 copay for a one-month (31-day) supply of drugs in this tier	\$5 copay for a one-month (31-day) supply of drugs in this tier
		Tier 2: Preferred Brand Drugs	Tier 2: Preferred Brand Drugs
		\$45 copay for a one-month (31-day) supply of drugs in this tier	\$45 copay for a one-month (31-day) supply of drugs in this tier
		Tier 3: Non-Preferred Brand Drugs	Tier 3: Non-Preferred Brand Drugs
		\$75 copay for a one-month (31-day) supply of drugs in this tier	\$75 copay for a one-month (31-day) supply of drugs in this tier
		Tier 4: Specialty Tier Drugs	Tier 4: Specialty Tier Drugs
		25% coinsurance for a one-month (31-day) supply of drugs in this tier	25% coinsurance for a one-month (31-day) supply of drugs in this tier
		<i>Mail Order</i>	<i>Mail Order</i>
		Tier 1: Generic Drugs	Tier 1: Generic Drugs
		\$5 copay for a one-month (30-day) supply of drugs in this tier \$12.50 copay for a three-month (90-day) supply of drugs in this tier	\$5 copay for a one-month (30-day) supply of drugs in this tier \$12.50 copay for a three-month (90-day) supply of drugs in this tier

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Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
25 – Outpatient Prescription Drugs		<i>Mail Order (continued)</i>	<i>Mail Order (continued)</i>
		Tier 2: Preferred Brand Drugs	Tier 2: Preferred Brand Drugs
		\$45 copay for a one-month (30-day) supply of drugs in this tier \$112.50 copay for a three-month (90-day) supply of drugs in this tier	\$45 copay for a one-month (30-day) supply of drugs in this tier \$112.50 copay for a three-month (90-day) supply of drugs in this tier
		Tier 3: Non-Preferred Brand Drugs	Tier 3: Non-Preferred Brand Drugs
		\$75 copay for a one-month (30-day) supply of drugs in this tier \$187.50 copay for a three-month (90-day) supply of drugs in this tier	\$75 copay for a one-month (30-day) supply of drugs in this tier \$187.50 copay for a three-month (90-day) supply of drugs in this tier
		Tier 4: Specialty Tier Drugs	Tier 4: Specialty Tier Drugs
		25% coinsurance for a one-month (30-day) supply of drugs in this tier 25% coinsurance for a three-month (90-day) supply of drugs in this tier	25% coinsurance for a one-month (30-day) supply of drugs in this tier 25% coinsurance for a three-month (90-day) supply of drugs in this tier

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Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
25 – Outpatient Prescription Drugs		<i>Additional Coverage Gap</i> You pay the following:	<i>Additional Coverage Gap</i> You pay the following:
		<i>Retail Pharmacy</i>	<i>Retail Pharmacy</i>
		Tier 1: Generic Drugs	Tier 1: Generic Drugs
		\$5 copay for a one-month (30-day) supply of all drugs covered in this tier	\$5 copay for a one-month (30-day) supply of all drugs covered in this tier
		\$15 copay for a three-month (90-day) supply of all drugs covered in this tier	\$15 copay for a three-month (90-day) supply of all drugs covered in this tier
		Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.	Not all drugs on this tier are available at this extended day supply. Please contact the plan for more information.
		<i>Long Term Care Pharmacy</i>	<i>Long Term Care Pharmacy</i>
		Tier 1: Generic Drugs	Tier 1: Generic Drugs
		\$5 copay for a one-month (31-day) supply of all drugs covered in this tier	\$5 copay for a one-month (31-day) supply of all drugs covered in this tier
		<i>Mail Order</i>	<i>Mail Order</i>
Tier 1: Generic Drugs	Tier 1: Generic Drugs		
\$5 copay for a one-month (30-day) supply of all drugs covered in this tier	\$5 copay for a one-month (30-day) supply of all drugs covered in this tier		
\$12.50 copay for a three-month (90-day) supply of all drugs covered in this tier	\$12.50 copay for a three-month (90-day) supply of all drugs covered in this tier		

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Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
25 – Outpatient Prescription Drugs		<p>After your total yearly drug costs reach \$2,930, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 86% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> – 5% coinsurance, or – \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from CIGNA Medicare Select Plus Rx – Standard (HMO).</p>	<p>After your total yearly drug costs reach \$2,930, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 86% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> – 5% coinsurance, or – \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. <p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from CIGNA Medicare Select Plus Rx – Premium (HMO).</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
25 – Outpatient Prescription Drugs		Out-of-Network Initial Coverage You will be reimbursed up to the plan’s cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930:	Out-of-Network Initial Coverage You will be reimbursed up to the plan’s cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930:
		Tier 1: Generic Drugs	Tier 1: Generic Drugs
		– \$5 copay for a one-month (30-day) supply of drugs in this tier	– \$5 copay for a one-month (30-day) supply of drugs in this tier
		Tier 2: Preferred Brand Drugs	Tier 2: Preferred Brand Drugs
		– \$45 copay for a one-month (30-day) supply of drugs in this tier	– \$45 copay for a one-month (30-day) supply of drugs in this tier
		Tier 3: Non-Preferred Brand Drugs	Tier 3: Non-Preferred Brand Drugs
		– \$75 copay for a one-month (30-day) supply of drugs in this tier	– \$75 copay for a one-month (30-day) supply of drugs in this tier
Tier 4: Specialty Tier Drugs	Tier 4: Specialty Tier Drugs		
– 25% coinsurance for a one-month (30-day) supply of drugs in this tier	– 25% coinsurance for a one-month (30-day) supply of drugs in this tier		

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Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
25 – Outpatient Prescription Drugs		Additional Out-of-Network Coverage Gap You will be reimbursed for these drugs purchased out-of-network up to the plan's cost of the drug minus the following:	Additional Out-of-Network Coverage Gap You will be reimbursed for these drugs purchased out-of-network up to the plan's cost of the drug minus the following:
		Tier 1: Generic Drugs	Tier 1: Generic Drugs
		– \$5 copay for a one-month (30-day) supply of all drugs covered in this tier	– \$5 copay for a one-month (30-day) supply of all drugs covered in this tier
		Tier 2: Preferred Brand Drugs You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.	Tier 2: Preferred Brand Drugs You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700. You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.

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Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
25 – Outpatient Prescription Drugs		Tier 3: Non-Preferred Brand Drugs	Tier 3: Non-Preferred Brand Drugs
		<p>You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p>	<p>You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p>
		Tier 4: Specialty Tier Drugs	Tier 4: Specialty Tier Drugs
		<p>You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p>	<p>You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
<p>25 – Outpatient Prescription Drugs</p>		<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan’s cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> – 5% coinsurance, or – \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. <p>See page 40 for additional information about Outpatient Prescription Drugs.</p>	<p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan’s cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> – 5% coinsurance, or – \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs. <p>See page 40 for additional information about Outpatient Prescription Drugs.</p>
<p>26 – Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>In-Network In general, preventive dental benefits (such as cleaning) not covered.</p> <p>However, this plan covers preventive dental benefits for an extra cost (see “Optional Benefits”).</p> <p>\$45 copay for Medicare-covered dental benefits</p>	<p>In-Network In general, preventive dental benefits (such as cleaning) not covered.</p> <p>However, this plan covers preventive dental benefits for an extra cost (see “Optional Benefits”).</p> <p>\$35 copay for Medicare-covered dental benefits</p>

If you have any questions about this plan’s benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
27 – Hearing Services	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network Hearing aids not covered.</p> <p>\$10 to \$45 copay for Medicare-covered diagnostic hearing exams</p> <p>\$10 copay for supplemental routine hearing exams</p> <p>See page 30 for additional information about Hearing Services.</p>	<p>In-Network Hearing aids not covered.</p> <p>\$0 to \$35 copay for Medicare-covered diagnostic hearing exams</p> <p>\$0 copay for supplemental routine hearing exams</p> <p>See page 30 for additional information about Hearing Services.</p>
28 – Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network \$0 copay for</p> <ul style="list-style-type: none"> – 1 pair of eyeglasses or contact lenses after cataract surgery <p>\$10 to \$45 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$10 copay for up to 1 supplemental routine eye exam every year</p> <p>See page 40 for additional information about Vision Services.</p>	<p>In-Network \$0 copay for</p> <ul style="list-style-type: none"> – 1 pair of eyeglasses or contact lenses after cataract surgery <p>\$0 to \$35 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 copay for up to 1 supplemental routine eye exam every year</p> <p>See page 40 for additional information about Vision Services.</p>
Over-the-Counter Items	Not covered.	<p>General The plan does not cover Over-the-Counter items.</p>	<p>General The plan does not cover Over-the-Counter items.</p>
Transportation (Routine)	Not covered.	<p>In-Network This plan does not cover supplemental routine transportation.</p>	<p>In-Network This plan does not cover supplemental routine transportation.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Standard (HMO)	CIGNA Medicare Select Plus Rx – Premium (HMO)
Acupuncture	Not covered.	In-Network This plan does not cover Acupuncture.	In-Network This plan does not cover Acupuncture.
OPTIONAL SUPPLEMENTAL PACKAGE #1			
Premium and Other Important Information		General Package: 1 – CIGNA Dental: \$17 monthly premium, in addition to your \$0 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: – Preventive Dental – Comprehensive Dental	General Package: 1 – CIGNA Dental: \$17 monthly premium, in addition to your \$25 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: – Preventive Dental – Comprehensive Dental
Dental Services		General Plan offers additional comprehensive dental benefits. In-Network \$5 copay for an office visit that includes: – up to 4 oral exams every year – up to 2 cleanings every year – up to 1 dental X-ray every year See page 42 for additional information about Dental Services.	General Plan offers additional comprehensive dental benefits. In-Network \$5 copay for an office visit that includes: – up to 4 oral exams every year – up to 2 cleanings every year – up to 1 dental X-ray every year See page 42 for additional information about Dental Services.

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Section III

OUT-OF-POCKET MAXIMUM

Maximum Out-of-Pocket Amount – As a member of a Medicare Advantage plan, there is a limit to how much you have to pay out-of-pocket each year. The annual maximum out-of-pocket amount is \$6,700 for CIGNA Medicare Select Plus Rx – Standard and \$5,000 for CIGNA Medicare Select Plus Rx – Premium. This is the maximum amount that you pay out-of-pocket during the calendar year for covered Part A (Hospital Insurance) and Part B (Medical Insurance) services. Plan premiums and Medicare Part A and Part B premiums do not count toward the maximum out-of-pocket amount. Amounts paid toward dental care also do not count towards your out-of-pocket maximum. For more information, call CIGNA.

DOCTOR AND HOSPITAL CHOICE

The Cigna Medical Group (CMG) is the designated provider network for CIGNA Medicare Select Plus Rx customers. Customers choose their Primary Care Physician from the CMG physicians located at our Cigna Medical Group facilities throughout the Phoenix metropolitan area. Wickenburg customers may choose a CMG Primary Care Physician or a contracted doctor in the Wickenburg area. The CMG network also gives you access to more than 4,000 specialists.

If the specialty service you require is not available at a Cigna Medical Group facility, your physician will help you select a contracted specialist in your area.

CIGNA HealthCare is contracted with most hospitals in the Phoenix area. For a list of contracted hospitals, call Customer Service or consult your CIGNA Medicare Select Provider Directory.

INPATIENT HOSPITAL CARE

CIGNA Medicare Select Plus Rx covers you for inpatient hospital services authorized by CIGNA HealthCare or your Primary Care Physician.

Benefit	CIGNA Medicare Select Plus Rx – Standard	CIGNA Medicare Select Plus Rx – Premium
Acute Inpatient & Psychiatric Hospital Admissions (includes admissions to the psychiatric wing of an Acute Care Hospital)	Days 1-7: \$185 per day Days 8-90: \$0 per day	Days 1-4: \$110 per day Days 5-90: \$0 per day

LONG-TERM CARE FACILITIES –

CIGNA HealthCare of Arizona has contracted with INSPIRIS, Inc. to provide Primary Care Physician services to customers residing in custodial settings in certain Medicare-certified facilities. INSPIRIS will provide and coordinate care to customers residing in these facilities. Customers who are under the care of INSPIRIS receive care in an institutional setting without having to travel to the doctor's office. If you reside in one of these long-term care facilities, you will be assigned to the INSPIRIS network. If you have questions about INSPIRIS Inc., please call our Customer Service department at the number on the back cover of this booklet.

EMERGENCY AND URGENT CARE (all cost-sharing amounts are noted on a per visit basis)

Benefit	CIGNA Medicare Select Plus Rx – Standard	CIGNA Medicare Select Plus Rx – Premium
Emergency Room	\$65	\$65
Urgent Care – Cigna Medical Group	\$20	\$20
Urgent Care – Out-of-Area or Contracted Facility	\$35	\$35

Emergency services are covered 24 hours a day regardless of where you are: even outside the U.S. (payment may be required at time of service). If you are admitted to a hospital or Skilled Nursing Facility within 24 hours of your emergency room visit for the same diagnosis, the emergency room or urgent care copay will be waived, however, you are responsible for the Inpatient Hospital copay. See Inpatient Hospital Care on page 8 for more information about hospital admission copays.

OFFICE VISITS

(all cost-sharing amounts are noted on a per visit basis)

Benefit	CIGNA Medicare Select Plus Rx – Standard		CIGNA Medicare Select Plus Rx – Premium	
	Cigna Medical Group	Contracted Provider	Cigna Medical Group	Contracted Provider
Primary Care Physician	\$10	Not covered	\$0	Not covered
Specialist	\$30	\$45	\$20	\$35
Chiropractic Services – Medicare-covered & Routine	\$20	\$20	\$20	\$20
Podiatry Services – Podiatrist	\$30	\$45	\$20	\$35
Podiatry Services – Nail Technician	\$10	\$45	\$0	\$35
Annual Routine Physical Exam (includes Well-Woman Exam)	\$0	\$0	\$0	\$0

The copays above also apply to office visits to a nurse or medical technician. Wickenburg customers may choose a CMG doctor or a contracted doctor in the Wickenburg area to receive primary care.

DIAGNOSTIC TESTS, X-RAYS AND LAB SERVICES

(all cost-sharing amounts are noted on a per visit basis)

Benefit	CIGNA Medicare Select Plus Rx – Standard		CIGNA Medicare Select Plus Rx – Premium	
	Cigna Medical Group	Contracted Provider	Cigna Medical Group	Contracted Provider
<ul style="list-style-type: none"> ▪ Routine or Standard X-ray Studies ▪ Lab services ▪ Mammography ▪ Pacemaker checks & programming ▪ Threshold checks ▪ EKG/ECG ▪ Oximetry 	\$0	\$0	\$0	\$0
<ul style="list-style-type: none"> ▪ Blood gas ▪ Pulmonary function ▪ Holter monitor ▪ Ultrasound ▪ Non-cardiac nuclear medicine studies & imaging ▪ Routine stress test ▪ Radiological visits not otherwise specified 	\$30	\$45	\$20	\$35
<ul style="list-style-type: none"> ▪ MRI ▪ MRA ▪ CT Scan ▪ PET Scan ▪ Cardiac nuclear medicine studies & imagine 	\$150	\$250	\$150	\$250

For any of the above procedures performed as a part of a screening exam, you will be charged a \$0 copay.

OUTPATIENT SERVICES (all cost-sharing amounts are noted on a per visit basis)

Benefit	CIGNA Medicare Select Plus Rx – Standard	CIGNA Medicare Select Plus Rx – Premium
Outpatient Surgery – Cigna Medical Group	\$150	\$100
Outpatient Surgery – Contracted Facilities	\$250	\$150
Non-surgical Hospital Outpatient Visit	\$45 – \$250	\$35 – \$150

For any screening procedures performed at the above locations, you will be charged a \$0 copay. For specialty services performed in a hospital outpatient department, the applicable specialty copay will apply.

DIABETES SELF-MONITORING TRAINING AND SUPPLIES

Glucose monitors and Part B diabetic supplies are available for a \$0 copay for a 30-day supply. The glucose monitor and diabetic supplies must be obtained at a Cigna Medical Group pharmacy.

BONE MASS MEASUREMENT (all cost-sharing amounts are noted on a per visit basis)

Benefit	CIGNA Medicare Select Plus Rx – Standard		CIGNA Medicare Select Plus Rx – Premium	
	Cigna Medical Group	Contracted Provider	Cigna Medical Group	Contracted Provider
Axial/Peripheral Dexascan (screening)	\$0	\$0	\$0	\$0
Axial/Peripheral Dexascan (diagnostic)	\$10	\$45	\$0	\$35

HEARING SERVICES (all cost-sharing amounts are noted on a per visit basis)

Benefit	CIGNA Medicare Select Plus Rx – Standard		CIGNA Medicare Select Plus Rx – Premium	
	Cigna Medical Group	Contracted Provider	Cigna Medical Group	Contracted Provider
Annual Routine Hearing Exam (Cigna Medical Group Hearing Center only)	\$10	Not covered	\$0	Not covered
Medically Needed Hearing Exam (Diagnostic)	\$10	\$45	\$0	\$35

VISION SERVICES

(all cost-sharing amounts are noted on a per visit basis)

Benefit	CIGNA Medicare Select Plus Rx – Standard		CIGNA Medicare Select Plus Rx – Premium	
	Cigna Medical Group	Contracted Provider	Cigna Medical Group	Contracted Provider
Annual Routine Vision Exam (Cigna Medical Group Vision Center only)	\$10	Not covered	\$0	Not covered
Medically Needed Vision Exam (Diagnostic)	Optometrist \$10	Optometrist \$45	Optometrist \$0	Optometrist \$35
	Ophthalmologist \$30	Ophthalmologist \$45	Ophthalmologist \$20	Ophthalmologist \$35

OUTPATIENT PRESCRIPTION DRUGS

There is no deductible for CIGNA Medicare Select Plus Rx customers. A summary of your costs for prescription drugs follows.

Benefit	CIGNA Medicare Select Plus Rx – Standard		CIGNA Medicare Select Plus Rx – Premium	
	Cigna Medical Group Pharmacies	CIGNA Home Delivery Pharmacy	Cigna Medical Group Pharmacies	CIGNA Home Delivery Pharmacy
Tier 1: Generic Drugs	\$5 copay for a 30-day supply	\$5 copay for a 30-day supply	\$5 copay for a 30-day supply	\$5 copay for a 30-day supply
	\$15 copay for a 90-day supply	\$12.50 copay for a 90-day supply	\$15 copay for a 90-day supply	\$12.50 copay for a 90-day supply
Tier 2: Preferred Brand Drugs	\$45 copay for a 30-day supply	\$45 copay for a 30-day supply	\$45 copay for a 30-day supply	\$45 copay for a 30-day supply
	\$135 copay for a 90-day supply	\$112.50 copay for a 90-day supply	\$135 copay for a 90-day supply	\$112.50 copay for a 90-day supply
Tier 3: Non-Preferred Brand Drugs	\$75 copay for a 30-day supply	\$75 copay for a 30-day supply	\$75 copay for a 30-day supply	\$75 copay for a 30-day supply
	\$225 copay for a 90-day supply	\$187.50 copay for a 90-day supply	\$225 copay for a 90-day supply	\$187.50 copay for a 90-day supply
Tier 4: Specialty Tier Drugs	25% coinsurance for a 30-day supply	25% coinsurance for a 30-day supply	25% coinsurance for a 30-day supply	25% coinsurance for a 30-day supply
	25% coinsurance for a 90-day supply	25% coinsurance for a 90-day supply	25% coinsurance for a 90-day supply	25% coinsurance for a 90-day supply

After your total yearly drug costs (paid by both you and CIGNA) reach \$2,930, you will continue to pay only a copay for Tier 1 drugs and you will receive a discount on the cost of most brand-name drugs through the coverage gap or until your yearly out-of-pocket drug costs reach \$4,700.

Please note: You are covered for all Tier 1 drugs even after you reach the \$2,930 initial coverage limit (subject to the applicable tier copay per prescription).

Whether you're on the Standard or Premium plan, once YOUR out-of-pocket costs for prescription drugs reach \$4,700, you pay the following:

	Cigna Medical Group Pharmacies	CIGNA Home Delivery Pharmacy
Generic Prescriptions	The greater of 5% of the cost of the drug or \$2.60 for a 30-day supply	The greater of 5% of the cost of the drug or \$2.60 for a 30-day supply
Brand-name Prescriptions	The greater of 5% of the cost of the drug or \$6.50 for a 30-day supply	The greater of 5% of the cost of the drug or \$6.50 for a 30-day supply

FILLING YOUR PRESCRIPTIONS

Prescriptions can be filled at any of the Cigna Medical Group pharmacies located throughout the Phoenix metropolitan area. Customers in the Wickenburg area who have selected a Primary Care Physician contracted with CIGNA HealthCare can have their prescriptions filled at a Cigna Medical Group pharmacy or a contracted retail pharmacy in Wickenburg. For information regarding the CIGNA HealthCare formulary or pharmacy locations, contact Customer Service at 1-800-592-9231 (TTY: 1-800-987-8816), 7 days a week 8 am – 8 pm.

CIGNA HOME DELIVERY PHARMACY

Prescriptions for maintenance medications can be filled through our mail order drug service, CIGNA Home Delivery Pharmacy. For information regarding obtaining drugs through CIGNA Home Delivery Pharmacy, please call 1-800-285-4812 (TTY: 1-800-987-8816), Monday – Friday, 7 am – 10 pm, Saturday, 8 am – 5 pm CST.

OUT-OF-NETWORK PHARMACIES

Under limited circumstances you may obtain up to a 30-day supply of your prescription drugs from out-of-network pharmacies. The following situations are the only times you will be able to obtain drugs from out-of-network pharmacies.

- 1) When you are traveling outside the CIGNA Medicare Select Plus Rx service area (within the United States) and you run out of or lose your prescription drug(s), or become ill and need a covered drug;
- 2) When you cannot obtain an emergent or urgently-needed covered prescription drug in a timely manner;
- 3) When you reside in a long-term care facility and the contracted long-term care pharmacy does not participate in the CIGNA Medicare Select Plus Rx pharmacy network; or
- 4) When you must fill a prescription for a covered drug and that particular covered drug is not regularly stocked at accessible network retail or mail-order pharmacies.

Note: Drugs covered under Medicare Part B may not be obtained from an out-of-network pharmacy.

24-HOURS-A-DAY, 7-DAYS-A-WEEK HEALTH INFORMATION

The CIGNA HealthCare 24-Hour Health Information LineSM is always open. Call any hour of the day or night, any day of the year, for helpful answers and reliable information on a wide range of health-related topics. Or call to listen to hundreds of recorded audio tapes from our Health Information Library. The toll-free number is 1-800-356-0665.

HEALTH & WELLNESS

CIGNA Medicare Select Plus Rx offers a variety of free wellness services and health education classes. These include:

- Anticoagulation clinics – a medication management program for those who are being treated with anticoagulation medications.
- Care Coordination and Case Management programs for high-risk patients.

- A home-based care program for select home-bound patients which delivers care by a provider in the home for patients with serious illnesses.
- Health education classes which can improve balance, stress and health even in the face of chronic illness.
- A comprehensive Diabetes Self-Management Program that teaches customers diagnosed with diabetes how to effectively manage their care, learn new habits and enjoy a healthier life.

GOLDEN VITALITY

As a CIGNA Medicare Select member, you have access to *Golden Vitality*, a health and wellness program designed to promote preventive health care and encourage a healthy lifestyle. The program is FREE and includes a gym membership reimbursement of up to \$200 per plan year, or an at-home fitness kit. For more information or to enroll in the *Golden Vitality* program, call 1-800-592-9231 (TTY: 1-800-987-8816), Monday – Friday, 8 am – 5 pm or email us at goldenvitality@cigna.com.

DENTAL SERVICES

If you're interested in dental coverage, you can add dental benefits for just \$17 per month. Office visits are \$5 and include oral exams, up to 2 cleanings every year and dental X-rays. Oral exams are free, and there is no charge for cleanings (every 6 months or more often as prescribed by your dentist) or X-rays. Comprehensive dental benefits are also covered. See your Dental Patient Charge Schedule for more information.

For more information about enrolling in the CIGNA Medicare Select Plus Rx (HMO) plan, call us toll-free at **1-800-592-9231** or TTY **1-800-987-8816** Seven days, 8 am – 8 pm or email us at seniors@cigna.com

CIGNA Medicare Select Plus Rx Plan customers can address plan benefit questions to Customer Service at **1-800-627-7534** or TTY **1-800-987-8816**

Customer Service Hours

Seven days a week from 8 am – 8 pm MST. Hours apply February 15 – October 14, Monday – Friday and a voicemail system is available on weekends and holidays.

Or visit us on the Web
www.cignamedicare.com

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This contract, along with the benefits, premiums, copayments and service areas covered, is valid for one calendar year and is subject to change on an annual basis. By law, CIGNA HealthCare of Arizona, Inc. or the Centers for Medicare and Medicaid Services may terminate the current contract. This may result in termination of your enrollment in the plan.

