

CIGNA Medicare Select Plus Rx® (HMO)

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

Summary of Benefits

January 1, 2010 – December 31, 2010

Maricopa County & City of Apache Junction



Section 1:

Introduction to the Summary of Benefits Report for CIGNA Medicare Select Plus Rx® (HMO)

January 1, 2010 – December 31, 2010

Thank you for your interest in CIGNA Medicare Select Plus Rx (HMO). Our plan is offered by CIGNA HealthCare of Arizona, Inc./CIGNA Medicare Select®, a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. 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.

If you have special needs, this document may be available in other formats.

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 plan covers 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 our plan includes Maricopa County and the cities of Apache Junction and Queen Creek in Pinal County. For Apache Junction, the following zip codes only: 85117, 85118, 85119, 85120, 85178. For Queen Creek, the following zip codes only: 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 or for an up-to-date 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. Neither CIGNA Medicare Select Plus Rx (HMO) nor the Original Medicare Plan will pay for these services.

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.

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.

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, 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 website 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 PRESCRIPTION DRUG PLAN COSTS?

You may be able to get extra help to pay for your prescription drug premiums and 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;
- 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 year at a time. Each year, the plans decide whether to continue for another year.

Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 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 for your state, Health Services Advisory Group, 602-264-6382 or 1-800-359-9909.

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, Health Services Advisory Group, 602-264-6382 or 1-800-359-9909.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may 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 alpha 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 for 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** provided through DME.

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 "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medicare Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-800-592-9231 to obtain a copy of the plan ratings for this plan. TTY users call 1-800-987-8816.

Please call CIGNA Medicare Select 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).

Section 2:
 2010 Summary of Benefits
 CIGNA Medicare Select Plus Rx® (HMO)



| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|------------------|-------------------|-------------------------------------|
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Important Information

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|---|--|--|
| <p>1 – Premium and Other Important Information</p> | <p>In 2009 the monthly Part B premium was \$96.40 and will change for 2010 and the yearly Part B deductible amount was \$135 and will change for 2010.</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, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles and \$170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, 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> |
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If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx (HMO) at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

2010 Summary of Benefits
 CIGNA Medicare Select Plus Rx® (HMO)

| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|--|--|---|
| Important Information | | |
| <p>2 – Doctor and Hospital Choice</p> <p>(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</p> <p>You must go to network doctors, specialists and hospitals.</p> <p>Referral required for network specialists (for certain benefits).</p> <p>See page 30 for additional information about Doctor and Hospital Choice.</p> |
| Inpatient Care | | |
| <p>3 – Inpatient Hospital Care</p> <p>(includes Substance Abuse and Rehabilitation Services)</p> | <p>In 2009 the amounts for each benefit period were:</p> <p>Days 1 – 60: \$1,068 deductible.</p> <p>Days 61 – 90: \$267 per day.</p> <p>Days 91 – 150: \$534 per lifetime reserve day.</p> <p>These amounts will change for 2010.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>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. 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>In-Network</p> <p>\$500 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>See page 30 for additional information about Inpatient Care.</p> |

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

2010 Summary of Benefits
 CIGNA Medicare Select Plus Rx® (HMO)

| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|---|--|---|
| Inpatient Care | | |
| 4 – Inpatient Mental Health Care | Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above). 190-day lifetime limit in a Psychiatric Hospital. | In-Network \$876 copay for each Medicare-covered hospital stay. You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. |
| 5 – Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility) | In 2009 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 – 20: \$0 per day. Days 21 – 100: \$133.50 per day. These amounts will change for 2010. 100 days for each benefit period. 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. | General Authorization rules may apply. In-Network For SNF stays: Days 1 – 20: \$0 copay per day Days 21 – 100: \$125 copay per day Plan covers up to 100 days each benefit period. No prior hospital stay is required. See page 30 for additional information about Skilled Nursing Facilities. |
| 6 – Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc.) | \$0 copay | General Authorization rules may apply. In-Network \$0 copay for Medicare-covered home health visits. |

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2010 Summary of Benefits
 CIGNA Medicare Select Plus Rx® (HMO)

| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|----------------------------------|--|---|
| Inpatient Care | | |
| 7 – Hospice | <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</p> <p>You must get care from a Medicare-certified hospice.</p> |
| Outpatient Care | | |
| 8 – Doctor Office Visits | 20% coinsurance. | <p>General</p> <p>See “Physical Exams” for more information.</p> <p>In-Network</p> <p>\$5 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$5 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$25 to \$40 copay for each specialist visit for Medicare-covered benefits.</p> |
| 9 – Chiropractic Services | <p>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>In-Network</p> <p>\$25 to \$40 copay for each Medicare-covered visit.</p> <p>\$25 to \$40 copay for up to 12 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 31 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 (HMO) at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

2010 Summary of Benefits
 CIGNA Medicare Select Plus Rx® (HMO)

| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|--|--|---|
| Outpatient Care | | |
| 10 – Podiatry Services | Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. | In-Network \$5 to \$40 copay for each Medicare-covered visit. \$5 to \$40 copay for each routine visit. Medicare-covered podiatry benefits are for medically-necessary foot care. See page 31 for more information about Podiatry Services. |
| 11 – Outpatient Mental Health Care | 45% coinsurance for most outpatient mental health services. | In-Network \$40 copay for each Medicare-covered individual or group therapy visit. |
| 12 – Outpatient Substance Abuse Care | 20% coinsurance. | In-Network \$40 copay for Medicare-covered individual or group visits. |
| 13 – Outpatient Services/ Surgery | 20% coinsurance for the doctor. 20% of outpatient facility charges. | General Authorization rules may apply. In-Network \$150 to \$200 copay for each Medicare-covered ambulatory surgical center visit. \$40 to \$200 copay for each Medicare-covered outpatient hospital facility visit. See page 32 for additional information about Outpatient Services. |
| 14 – Ambulance Services (medically necessary ambulance services) | 20% coinsurance. | General Authorization rules may apply. In-Network \$150 copay for Medicare-covered ambulance benefits. |

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2010 Summary of Benefits
 CIGNA Medicare Select Plus Rx® (HMO)

| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|---|---|---|
| Outpatient Care | | |
| <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. 20% of facility charge or a set copay per emergency room visit. You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.</p> | <p>General \$50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit. See page 31 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. NOT covered outside the U.S. except under limited circumstances.</p> | <p>General \$25 copay for Medicare-covered urgently needed care visits. If you are admitted to the hospital within 24 hours for the same condition, \$0 for the urgent care visit. See page 31 for additional information about Urgently Needed Care.</p> |
| <p>17 – Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy.)</p> | <p>20% coinsurance.</p> | <p>In-Network \$40 copay for Medicare-covered Occupational Therapy visits. \$40 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> |

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

2010 Summary of Benefits
 CIGNA Medicare Select Plus Rx® (HMO)

| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|--|---|--|
| Outpatient Medical Services and Supplies | | |
| 18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc.) | 20% coinsurance. | General Authorization rules may apply. In-Network \$0 to 20% of the cost for Medicare-covered items. See page 32 for additional information about Durable Medical Equipment. |
| 19 – Prosthetic Devices (includes braces, artificial limbs and eyes, etc.) | 20% coinsurance. | General Authorization rules may apply. In-Network \$0 copay for Medicare-covered items. |
| 20 – Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests and self-management training) | 20% coinsurance. 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 or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. | In-Network \$0 copay for Diabetes Self-Monitoring Training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for diabetes supplies. See page 32 for additional information about Diabetes Self-Monitoring Training and Supplies. |

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

2010 Summary of Benefits CIGNA Medicare Select Plus Rx® (HMO)

| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|---|---|---|
| Outpatient Medical Services and Supplies | | |
| <p>21 – Diagnostic Tests, X-rays, Lab Services, and Radiology Services</p> | <p>20% coinsurance for diagnostic tests and X-rays.</p> <p>\$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 Amendment (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 routine screening tests, like checking your cholesterol.</p> | <p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered lab services.</p> <p>\$0 to \$40 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 copay for Medicare-covered X-rays.</p> <p>\$0 to \$200 copay for Medicare-covered diagnostic radiology services.</p> <p>\$40 copay for Medicare-covered therapeutic radiology services.</p> <p>See page 31 for additional information about Diagnostic Tests, X-rays and Lab Services.</p> |
| Preventive Services | | |
| <p>22 – Bone Mass Measurement (for people with Medicare who are at risk)</p> | <p>20% coinsurance.</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p> | <p>In-Network \$5 to \$40 copay for Medicare-covered bone mass measurement.</p> <p>See page 32 for additional information about Bone Mass Measurement.</p> |
| <p>23 – Colorectal Screening Exams (for people with Medicare age 50 and older)</p> | <p>20% coinsurance.</p> <p>Covered when you are high risk or when you are age 50 and older.</p> | <p>In-Network \$5 to \$200 copay for Medicare-covered colorectal screenings.</p> <p>See page 32 for additional information about Colorectal Screenings.</p> |

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

2010 Summary of Benefits CIGNA Medicare Select Plus Rx® (HMO)

| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|--|---|--|
| Preventive Services | | |
| <p>24 – Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk – Pneumonia vaccine)</p> | <p>\$0 copay for the Flu and Pneumonia vaccines. 20% coinsurance for Hepatitis B vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p> | <p>\$0 copay for Flu and Pneumonia vaccines. \$0 copay for the Hepatitis B vaccine. No referral needed for the Flu and Pneumonia vaccines. See page 33 for additional information about Immunizations.</p> |
| <p>25 – Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p> | <p>20% coinsurance. No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p> | <p>In-Network \$0 copay for Medicare-covered screening mammograms. Separate office visit cost sharing of \$5 to \$40 may apply.</p> |
| <p>26 – Pap Smears and Pelvic Exams (for women with Medicare)</p> | <p>\$0 copay for Pap Smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for Pelvic Exams.</p> | <p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams. \$0 copay for up to one additional pap smear and pelvic exam every year. Separate office visit cost sharing of \$5 to \$40 may apply.</p> |
| <p>27 – Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p> | <p>20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare age 50 and over.</p> | <p>In-Network \$0 copay for Medicare-covered prostate cancer screening. Separate office visit cost sharing of \$5 to \$40 may apply.</p> |

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

2010 Summary of Benefits
 CIGNA Medicare Select Plus Rx® (HMO)

| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|--|---|--|
| Preventive Services | | |
| <p>28 – End-Stage Renal Disease</p> | <p>20% coinsurance for renal dialysis.</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease.</p> <p>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 or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p> | <p>In-Network</p> <p>\$25 copay for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p> |

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

2010 Summary of Benefits
 CIGNA Medicare Select Plus Rx® (HMO)

| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|--------------------------------|--|--|
| Preventive Services | | |
| 29 – Prescription Drugs | <p>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.</p> | <p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs). 0% of the cost for Part B-covered chemotherapy drugs.</p> <p>Drugs covered under Medicare Part C</p> <p>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</p> <p>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. 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). |

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

2010 Summary of Benefits
 CIGNA Medicare Select Plus Rx® (HMO)

| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|--|-------------------|---|
| Preventive Services | | |
| 29 – Prescription Drugs (continued) | | <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 the 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 (HMO) for certain 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 for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> |

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

2010 Summary of Benefits
 CIGNA Medicare Select Plus Rx® (HMO)

| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|--|-------------------|--|
| Preventive Services | | |
| 29 – Prescription Drugs (continued) | | <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 (HMO) approves the exception, you will pay Tier 3 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 \$2,830:</p> <p>Retail Pharmacy</p> <p>Tier 1</p> <p>\$5 copay for a 1-month (30-day) supply of drugs in this tier. \$15 copay for a 3-month (90-day) supply of drugs in this tier.</p> <p>Tier 2</p> <p>\$40 copay for a 1-month (30-day) supply of drugs in this tier. \$120 copay for a 3-month (90-day) supply of drugs in this tier.</p> <p>Tier 3</p> <p>\$65 copay for a 1-month (30-day) supply of drugs in this tier. \$195 copay for a 3-month (90-day) supply of drugs in this tier.</p> |

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

2010 Summary of Benefits
 CIGNA Medicare Select Plus Rx® (HMO)

| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|--|-------------------|---|
| Preventive Services | | |
| 29 – Prescription Drugs (continued) | | <p>Retail Pharmacy (continued)</p> <p>Tier 4</p> <p>\$65 copay for a 1-month (30-day) supply of drugs in this tier.</p> <p>\$195 copay for a 3-month (90-day) supply of drugs in this tier.</p> <p>Long-Term Care Pharmacy</p> <p>Tier 1</p> <p>\$5 copay for a 1-month (31-day) supply of drugs in this tier.</p> <p>Tier 2</p> <p>\$40 copay for a 1-month (31-day) supply of drugs in this tier.</p> <p>Tier 3</p> <p>\$65 copay for a 1-month (31-day) supply of drugs in this tier.</p> <p>Tier 4</p> <p>\$65 copay for a 1-month (31-day) supply of drugs in this tier.</p> <p>Mail Order</p> <p>Tier 1</p> <p>\$5 copay for a 1-month (30-day) supply of drugs in this tier.</p> <p>\$15 copay for a 3-month (90-day) supply of drugs in this tier.</p> |

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

2010 Summary of Benefits
 CIGNA Medicare Select Plus Rx® (HMO)

| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|--|-------------------|---|
| Preventive Services | | |
| 29 – Prescription Drugs (continued) | | <p><i>Mail Order (continued)</i></p> <p>Tier 2</p> <p>\$40 copay for a 1-month (30-day) supply of drugs in this tier.</p> <p>\$120 copay for a 3-month (90-day) supply of drugs in this tier.</p> <p>Tier 3</p> <p>\$65 copay for a 1-month (30-day) supply of drugs in this tier.</p> <p>\$195 copay for a 3-month (90-day) supply of drugs in this tier.</p> <p>Tier 4</p> <p>\$65 copay for a 1-month (30-day) supply of drugs in this tier.</p> <p>\$195 copay for a 3-month (90-day) supply of drugs in this tier.</p> <p>Coverage Gap</p> <p>The plan covers many generics (65% to 99% of formulary generic drugs) AND few brands (less than 10% of formulary brand drugs) through the coverage gap.</p> <p>You pay the following:</p> <p>Retail Pharmacy</p> <p>Tier 1</p> <p>\$5 copay for a 1-month (30-day) supply of all drugs covered in this tier.</p> <p>\$15 copay for a 3-month (90-day) supply of all drugs covered in this tier.</p> |

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

2010 Summary of Benefits
 CIGNA Medicare Select Plus Rx® (HMO)

| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|--|-------------------|--|
| Preventive Services | | |
| 29 – Prescription Drugs (continued) | | <p>Long-Term Care Pharmacy</p> <p>Tier 1</p> <p>\$5 copay for a 1-month (31-day) supply of all drugs covered in this tier.</p> <p>Mail Order</p> <p>Tier 1</p> <p>\$5 copay for a 1-month (30-day) supply of all drugs covered in this tier.</p> <p>\$15 copay for a 3-month (90-day) supply of all drugs covered in this tier.</p> <p>For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550 you pay the greater of:</p> <ul style="list-style-type: none"> – A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or – 5% coinsurance. |

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

2010 Summary of Benefits
 CIGNA Medicare Select Plus Rx® (HMO)

| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|--|-------------------|---|
| Preventive Services | | |
| 29 – Prescription Drugs (continued) | | <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 (HMO).</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p>Tier 1 \$5 copay for a 1-month (30-day) supply of drugs in this tier.</p> <p>Tier 2 \$40 copay for a 1-month (30-day) supply of drugs in this tier.</p> <p>Tier 3 \$65 copay for a 1-month (30-day) supply of drugs in this tier.</p> <p>Tier 4 \$65 copay for a 1-month (30-day) supply of drugs in this tier.</p> |

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

2010 Summary of Benefits
 CIGNA Medicare Select Plus Rx® (HMO)

| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|--|-------------------|--|
| Preventive Services | | |
| 29 – Prescription Drugs (continued) | | <p>Out-of-Network</p> <p>Coverage Gap You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Tier 1 \$5 copay for a 1-month (30-day) supply of all drugs covered in this tier.</p> <p>Tier 2 After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for the drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by CIGNA Medicare Select Plus Rx (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to CIGNA Medicare Select Plus Rx (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> |

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

2010 Summary of Benefits
 CIGNA Medicare Select Plus Rx® (HMO)

| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|--|-------------------|---|
| Preventive Services | | |
| 29 – Prescription Drugs (continued) | | <p>Out-of-Network Coverage Gap (continued)</p> <p>Tier 3</p> <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for the drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by CIGNA Medicare Select Plus Rx (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to CIGNA Medicare Select Plus Rx (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Tier 4</p> <p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for the drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by CIGNA Medicare Select Plus Rx (HMO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to CIGNA Medicare Select Plus Rx (HMO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> |

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

2010 Summary of Benefits
 CIGNA Medicare Select Plus Rx® (HMO)

| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|--|--|---|
| Preventive Services | | |
| 29 – Prescription Drugs (continued) | | <p>Out-of-Network</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> – A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs; or – 5% coinsurance. <p>See page 34 for additional information about Outpatient Prescription Drugs.</p> |
| 30 – Dental Services | Preventive dental services (such as cleaning) not covered. | <p>In-Network</p> <p>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>\$40 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 (HMO) at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

2010 Summary of Benefits
 CIGNA Medicare Select Plus Rx® (HMO)

| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|------------------------------|---|---|
| Preventive Services | | |
| 31 – Hearing Services | <p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p> | <p>In-Network</p> <p>\$0 copay for hearing aids.</p> <p>\$5 to \$40 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$5 copay for routine hearing tests.</p> <p>\$0 copay for each fitting evaluation for a hearing aid.</p> <p>\$200 limit for hearing aids every two years.</p> <p>See page 33 for additional information about Hearing Services.</p> |
| 32 – Vision Services | <p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses are 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</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> – One pair of eyeglasses or contact lenses after cataract surgery; – Up to one pair of glasses every two years; – Up to one pair of lenses every two years; – Up to one frame every two years. <p>\$5 to \$40 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$5 copay for up to one routine eye exam every year.</p> <p>\$50 limit for eyewear every two years.</p> <p>See page 33 for additional information about Vision Services.</p> |

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

2010 Summary of Benefits
 CIGNA Medicare Select Plus Rx® (HMO)

| Benefit Category | Original Medicare | CIGNA Medicare Select Plus Rx (HMO) |
|----------------------------------|--|--|
| Preventive Services | | |
| 33 – Physical Exams | 20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage. When you get Medicare Part B, you can get a one-time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests. | In-Network \$40 copay for routine exams. Limited to one exam every year. \$40 copay for Medicare-covered benefits. See page 31 for more information about Routine Physical Exams. |
| Health/Wellness Education | Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies. | In-Network The plan covers the following health/wellness education benefits: <ul style="list-style-type: none"> – Written health education materials including newsletters; – Health Club Membership/ Fitness Classes; – Nursing Hotline; and – Other Wellness Benefits. – \$0 copay for each Medicare-covered smoking cessation counseling session. See page 35 for more information about Health/Wellness Benefits. |
| Transportation (Routine) | Not covered. | In-Network This plan does not cover routine transportation. |
| Acupuncture | Not covered. | In-Network This plan does not cover Acupuncture. |

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

Section 3:

PREMIUM AND OTHER IMPORTANT INFORMATION

There's **no monthly plan premium** for CIGNA Medicare Select Plus Rx (HMO) plan customers.

DOCTOR AND HOSPITAL CHOICE

CIGNA Medicare Select Plus Rx (HMO) customers must use doctors, hospitals and specialty providers within the CIGNA Medicare Select Plus Rx (HMO) network. The hospitals and specialists you use will depend upon the Cigna Medical Group facility where your Primary Care Physician (PCP) is located. If the specialty service you require is not available at a CIGNA facility,

your physician will help you select a contracted specialist in your area.

CHOOSING A PRIMARY CARE PHYSICIAN

Customers choose their Primary Care Physician from the Cigna Medical Group (CMG) physicians located at our Cigna Medical Group facilities in the Phoenix metropolitan area. Wickenburg customers may choose a CMG Primary Care Physician or a contracted doctor in the Wickenburg area. If you obtain routine care from out-of-plan doctors, neither Medicare nor CIGNA Medicare Select Plus Rx (HMO) will be responsible for the cost.

INPATIENT HOSPITAL CARE

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

| Benefit | You Pay |
|---|-----------------|
| Acute Inpatient Hospital admissions | \$500/admission |
| Psychiatric Hospital admissions or admissions to the psychiatric wing of an Acute Care Hospital | \$876/admission |

The Inpatient Hospital copay applies to each hospital admission, regardless of frequency or diagnosis. CIGNA HealthCare does not use benefit periods for inpatient hospital services.

SKILLED NURSING FACILITIES (SNF)

| Benefit | You Pay |
|------------------------|---------------|
| SNF Stay Days 1 – 20 | \$0 per day |
| SNF Stay Days 21 – 100 | \$125 per day |

SUN CITY NETWORK

Specialty Care/Inpatient Care/Skilled Nursing Facilities

– If your Primary Care Physician is located at the Cigna Medical Group Sun City or Sun City West Health Care Centers, you must use specialists, Hospital Services and Skilled Nursing Facilities in the Sun City area network in order for your care to be covered by CIGNA Medicare Select Plus Rx (HMO). Your Primary Care Physician will refer you to a specialist at the Sun City or Sun City West Health Care Centers, or to a contracted doctor within the Sun City area specialist network. Refer to your Evidence of Coverage for more details about the Hospital and Specialty network.

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 be providing and coordinating care to customers residing in these facilities. Customers who are under the care of INSPIRIS will be able to 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

| Benefit | You Pay |
|--|----------------|
| Emergency Room | \$50 per visit |
| Urgent Care – Cigna Medical Group or Contracted Facility | \$5 per visit |
| Urgent Care – Out-of-Area | \$25 per visit |

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, the emergency room and urgent care copayment will be waived, however, you are responsible for the Inpatient Hospital copayment. See Inpatient Hospital Care for more information about hospital admission copayments.

OFFICE VISITS

| Benefit | Cigna Medical Group | Contracted Provider |
|---|---------------------|---------------------|
| Primary Care Physician* | \$5 per visit | NA* |
| Specialist | \$25 per visit | \$40 per visit |
| Chiropractic Services – Medicare-Covered | \$25 per visit | \$40 per visit |
| Chiropractic Services – Routine (12 annual visits) | \$25 per visit | \$40 per visit |
| Podiatry Services – Podiatrist | \$25 per visit | \$40 per visit |
| Podiatry Services – Nail Technician | \$5 per visit | \$40 per visit |
| Annual Routine Physical Exam (includes Well-Woman visits) | \$5 | \$40 |
| Electronic Visits (see page 34 for more details) | \$0 | Not Covered |

*Customers in the Wickenburg area may select a network PCP.

The copays above also apply to office visits to a nurse or medical technician.

DIAGNOSTIC TESTS, X-RAYS AND LAB SERVICES

| Benefit | | Cigna Medical Group | Contracted Provider |
|---|--|---------------------|---------------------|
| <ul style="list-style-type: none"> ■ Routine or standard X-ray studies ■ Lab services ■ Mammography (referrals not required if in-network) | <ul style="list-style-type: none"> ■ EKG/ECG ■ Oximetry ■ Pacemaker checks & programming ■ Threshold checks | \$0 per visit | \$0 per visit |
| <ul style="list-style-type: none"> ■ Blood gas ■ Pulmonary function ■ Holter monitor ■ Ultrasound ■ Non-cardiac nuclear medicine studies & imaging | <ul style="list-style-type: none"> ■ Routine stress test ■ Radiological visits not otherwise specified ■ Radiation Therapy (not available at CMG offices) | \$25 per visit | \$40 per visit |
| <ul style="list-style-type: none"> ■ MRI ■ MRA ■ CT Scan | <ul style="list-style-type: none"> ■ PET Scan ■ Cardiac nuclear medicine studies & imaging | \$150 per visit | \$200 per visit |

OUTPATIENT SERVICES

| Benefit | You Pay |
|--|-----------------|
| Outpatient Surgery – Cigna Medical Group | \$150 per visit |
| Outpatient Surgery – Contracted Facilities | \$200 per visit |
| Non-surgical hospital outpatient visit | \$40 per visit |
| Renal Dialysis – Contracted and Out-of-Area Facilities | \$25 per visit |

DURABLE MEDICAL EQUIPMENT (DME)

| Benefit | You Pay |
|--|---|
| DME | 0% to 20% |
| Scooters, Motorized Wheelchairs, Power Operated Vehicles, and Air Fluidized Beds | 20% coinsurance (coinsurance also applies to non-warranty repair and maintenance) |
| Prosthetic Devices and Ostomy Supplies | \$0 |

DIABETES SELF-MONITORING TRAINING AND SUPPLIES

| Benefit | You Pay |
|---|---------|
| One-on-One Counseling Session with a Diabetic Educator or Nutritional Therapist | \$0 |
| Nutritional Training Classes | \$0 |
| Glucose Monitors and Part B Diabetic Supplies* | \$0 |

* The glucose monitor and diabetic supplies must be obtained at a Cigna Medical Group pharmacy.

BONE MASS MEASUREMENT

| Benefit | Cigna Medical Group | Contracted Provider |
|----------------------------|---------------------|---------------------|
| Axial/Peripheral DEXA Scan | \$5 | \$40 |

COLORECTAL SCREENING EXAMS

| Benefit | Cigna Medical Group | Contracted Provider |
|-----------------------------------|-------------------------|---------------------|
| Fecal Occult Blood Test | \$5 PCP/\$25 Specialist | \$40 |
| Barium Enema | \$25 Specialist | \$40 |
| Sigmoidoscopy | \$150 Specialist | \$200 |
| Colonoscopy (includes diagnostic) | \$150 | \$200 |

IMMUNIZATIONS AND INJECTIONS

| Benefit | Cigna Medical Group | Contracted Provider |
|---|---------------------|---------------------|
| Flu Shots | \$0 | \$0 |
| Pneumococcal Vaccine | \$0 | \$0 |
| Medically Needed Hepatitis B Shots | \$0 | \$0 |
| Medically Needed Injections – PCP | \$5 | NA |
| Medically Needed Injections – Specialist Office | \$25 | \$40 |

Referrals are not required for Flu and Pneumococcal (pneumonia) vaccines if you receive them in-network. Immunizations for travel are not covered. If the pneumococcal vaccine is administered during an office visit when other medical services are also rendered, the applicable office visit copayment will apply for that visit.

VISION SERVICES

| Benefit | CIGNA Vision Center | Contracted Provider |
|------------------------------|---|--------------------------------------|
| Annual Routine Vision Exam | \$5 | Not Covered |
| Medically Needed Vision Exam | \$5 Optometrist \$25 Ophthalmologist | \$40 Optometrist/ Ophthalmologist |

You receive a \$50 allowance every two years for glasses or contact lenses purchased from any CIGNA Vision Center. Refer to your Evidence of Coverage for more information on medically necessary eyewear.

HEARING SERVICES

| Benefit | CIGNA Hearing Center | Contracted Provider |
|---|----------------------|---------------------|
| Annual Routine Hearing Exam | \$5 | Not Covered |
| Medically Needed Hearing Exam (diagnostic) | \$5 | \$40 |
| Hearing Aid Allowance per Hearing Aid Every Two Years | \$200 | Not Covered |
| Hearing Aid Fitting | \$0 | Not Covered |

Hearing aids may only be obtained from a CIGNA Hearing Center. You receive a \$200 credit towards the purchase of hearing aids every two years. Please refer to your Evidence of Coverage for exclusions and limitations.

OUTPATIENT PRESCRIPTION DRUGS

There is NO deductible for CIGNA Medicare Select Plus Rx (HMO) customers. A summary of your costs for prescription drugs follows:

| | CMG Pharmacies* | Tel-Drug® (Mail Order) |
|---------------------------|--------------------------------|---------------------------------|
| Tier 1 Prescription Drugs | \$5 copay for a 30-day supply | \$15 copay for a 90-day supply |
| Tier 2 Prescription Drugs | \$40 copay for a 30-day supply | \$120 copay for a 90-day supply |
| Tier 3 Prescription Drugs | \$65 copay for a 30-day supply | \$195 copay for a 90-day supply |
| Tier 4 Prescription Drugs | \$65 copay for a 30-day supply | \$195 copay for a 90-day supply |

****\$2,830 Initial Coverage Limit****

After the total yearly drug costs (paid by both you and CIGNA) reach \$2,830, you will continue to pay only a copay (if any) for generic drugs and 100% of the cost of brand-name drugs through the coverage gap or until your yearly out-of-pocket drug costs reach \$4,550.

Please note: You are covered for all Tier 1 drugs even after you reach the \$2,830 initial coverage limit (subject to the applicable tier copay per prescription).

Once YOUR out-of-pocket costs for prescription drugs reach \$4,550, you pay the following:

| | CMG Pharmacies* | Tel-Drug® (Mail Order) |
|--------------------------|--|--|
| Generic Prescriptions | The greater of 5% of the cost of the drug, or \$2.50 for a 30-day supply | The greater of 5% of the cost of the drug, or \$2.50 for a 30-day supply |
| Brand-name Prescriptions | The greater of 5% of the cost of the drug, or \$6.30 for a 30-day supply | The greater of 5% of the cost of the drug, or \$6.30 for a 30-day supply |

* Prescriptions can be filled at any of the Cigna Medical Group pharmacies conveniently located throughout the Valley. 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, contact Customer Service at 1-800-627-7534 (TTY 1-800-987-8816), 7 days, 8 am – 8 pm.

Prescriptions for maintenance medications can be filled through our mail order drug service, CIGNA Tel-Drug Home Delivery Pharmacy. For information regarding obtaining drugs through CIGNA Tel-Drug Home Delivery Pharmacy, please call 1-800-285-4812, 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 (HMO) 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 (HMO) 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 (HMO) 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 select 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, oral exams are free, and there is no charge for cleanings (every 6 months) or X-rays. Comprehensive dental benefits are also covered. See your Dental Patient Charge Schedule for more information.

ONLINE ACCESS TO YOUR DOCTOR'S OFFICE

As a customer of the CIGNA Medicare Select Plus Rx (HMO) plan, you have access to a secure website that allows you to communicate with your Cigna Medical Group doctor's office via the Web. The service allows you to schedule or cancel an appointment, request a prescription refill, view lab results, or send an email to your provider. The site also provides a library of health education topics for you to view. For more information, or to register, log in to www.cignamedicalgroup.com.

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

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday
8:00 am – 8:00 pm MST

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.