

# CIGNA Medicare Access Plus Rx® (PFFS)

A Medicare Advantage Private Fee-For-Service Medical Plan  
with Part D Prescription Drug Coverage

## Summary of Benefits

Premium Plan

Offered to you through the  
State Health Benefit Plan



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*it's time to feel better®*



## Offered to You Through State Health Benefit Plan – Premium Plan

Please review the details below to find out what your CIGNA Medicare Access Plus Rx (PFFS) Plan pays.

<b>MEDICAL SERVICES</b>	
<b>Benefit Category</b>	<b>CIGNA Medicare Access Plus Rx (PFFS) Plan</b>
<b>Lifetime Maximum</b>	Unlimited
<b>Annual Deductible</b>	<b>\$0</b>
<b>Annual Out-of-Pocket Limit</b>	The most you pay for copays and coinsurance amounts each year is \$500. If you reach this amount, your plan pays 100% of your covered costs for the rest of the year. The following benefits are excluded from the OOP maximum, you will continue to pay copays and/or coinsurance for these services and they will <b>NOT</b> accumulate towards the OOP maximum: Office visit copays, Part B drugs and DME obtained at a pharmacy do not apply to OOP.

<b>INPATIENT CARE</b>		
<b>Benefit Category</b>	<b>What your CIGNA Medicare Access Plus Rx (PFFS) Plan Pays</b>	<b>What You Pay</b>
<p><b>Inpatient Hospital Facility Services</b> Semi-private room and board, general nursing and miscellaneous services and supplies.</p> <p>There is no limit on the number of days covered in a benefit period.</p>	<p>100% after \$100 copay per day for days 1-3 days per admission 100% for days 4 and beyond</p>	<p>\$100 copay per day for days 1- 3 per admission \$0 copay for days 4 and beyond</p>
<p><b>Inpatient Hospital Facility - Mental Health Services</b> Semi-private room and board, general nursing and miscellaneous services and supplies.</p> <p>There is no limit on the number of days when services are received in a psychiatric unit of a general hospital.</p> <p>There is a limit of 190 days per lifetime when services are received in a psychiatric hospital.</p>	<p>100% after \$100 copay per day for days 1-3 days per admission 100% for days 4 and beyond</p>	<p>\$100 copay per day for days 1- 3 per admission \$0 copay for days 4 and beyond</p>
<p><b>Inpatient Hospital Facility - Substance Abuse and Rehabilitation Services</b> Semi-private room and board, general nursing and miscellaneous services and supplies.</p> <p>There is no limit on the number of days covered in a benefit period.</p>	<p>100% after \$100 copay per day for days 1-3 days per admission 100% for days 4 and beyond</p>	<p>\$100 copay per day for days 1- 3 per admission \$0 copay for days 4 and beyond</p>
<p><b>Skilled Nursing Facility</b> Your care must be from a skilled nursing</p>	<p>100% after \$0 copay for days 1-10, 100% after \$25</p>	<p>\$0 copay per day for days 1-10, \$25 copay per day</p>

**INPATIENT CARE**

<b>Benefit Category</b>	<b>What your CIGNA Medicare Access Plus Rx (PFFS) Plan Pays</b>	<b>What You Pay</b>
facility that is certified by Medicare.  Semi-private room and board, general nursing and miscellaneous services and supplies.  No prior hospitalization is required.  Maximum: 100 days per benefit period	copay per day for days 11-100 per benefit period  \$0 after 100 days per benefit period	for days 11-100 per benefit period  100% after 100 days per benefit period.
<b>Home Health Care</b> Includes but not limited to medically-necessary intermittent skilled nursing care, home health aide services, and rehabilitation services.  Maximum: Unlimited home health visits	100% coinsurance	0% coinsurance
<b>Hospice Care</b> Care must be received by a Hospice center that is certified by Medicare.	100% Paid in full by Original Medicare for services related to the terminal illness of the beneficiary.	You may need to pay part of the cost for outpatient drugs for pain and symptom relief and inpatient respite care.
<b>Inpatient Doctor's Visits</b> Visits by a doctor while staying in a hospital or skilled nursing facility.	100% coinsurance	0% coinsurance
<b>Inpatient Professional Services</b> Treatment you receive from a surgeon, anesthesiologist, radiologist, or pathologist during a hospital stay.	100% coinsurance	0% coinsurance

<b>OUTPATIENT CARE</b>		
<b>Benefit category</b>	<b>What your CIGNA Medicare Access Plus Rx (PFFS) Plan Pays</b>	<b>What You Pay</b>
<b>Doctor's Office Visits</b> Includes visits to a primary care doctor or specialist for an exam, consultation, treatment, office surgery, x-ray or lab services.	100% after \$10 copay per office visit to a primary care doctor. 100% after \$20 copay per office visit to a specialist.	\$10 copay for an office visit to a primary care doctor and \$20 copay for an office visit to a specialist.
<b>Outpatient Mental Health and Substance Abuse</b> Treatment provided in a doctor's office or outpatient facility.  Maximum: Unlimited  Individual Therapy  Group Therapy  Intensive Out patient Therapy or Partial Hospitalization	100% after \$10 copay per outpatient visit  100% after \$10 copay per outpatient visit  100% after \$50 copay per outpatient visit	\$10 copay per outpatient visit  \$10 copay per outpatient visit  \$50 copay per outpatient visit or day
<b>Outpatient Facility - Surgical Services</b> Services provided in an ambulatory surgical center or outpatient hospital facility.	100% after \$50 copay per visit	\$50 copay per visit
<b>Outpatient Facility - Non Surgical Services</b> Includes services such as radiation therapy, chemotherapy, x-ray, MRI, CT Scan, Pet Scan or lab services when done in an outpatient hospital facility.	100% after \$20 copay per visit	\$20 copay per visit
<b>Renal dialysis</b>	90% Coinsurance	10% Coinsurance
<b>Outpatient Professional Services</b> Includes surgeon, anesthesiologist, radiologist or pathologist services done in an ambulatory surgical center or the outpatient department of a hospital.	100% coinsurance	0% coinsurance
<b>Diagnostic X-rays</b> Includes diagnostic tests such as flat plate x-rays from a free-standing center, generally not part of a hospital.	100% coinsurance	0% coinsurance

## OUTPATIENT CARE

Benefit category	What your CIGNA Medicare Access Plus Rx (PFFS) Plan Pays	What You Pay
<p><b>Complex Radiology, Advanced Imaging and Radiation Therapy</b>                      Complex radiology includes CT scans, SPECT scans, MRI, Magnetic Resonance Angiography, Nuclear Radiology, Invasive radiological procedures such as myelogram, cystogram, arthrogram, barium studies, Intravascular coronary ultrasound, Ultra Fast or Multislice CT, Proton Emission Tomography, Percutaneous image-guided breast biopsy, Xenon scan, Transluminal coronary interventions, Proton beam therapy, Intensity Modulated Radioation Therapy (IMRT), Conventional, Conformal and 3D Conformal External Beam Radiation, Stereotactic Radiosurgery (SRS), Gamma knife, Cyber knife, Stereotactic Body Radiation Therapy (SBRT).</p>	100% after \$25 copay per visit	\$25 copay per visit
<p><b>Diagnostic Lab Services</b>                      Includes clinical lab services and other medical tests taken at an independent testing facility.</p>	100% coinsurance	0% coinsurance
<p><b>Ambulance Services</b>                      Includes medically necessary ambulance services.</p>	100% coinsurance	0% coinsurance
<p><b>Emergency Care, including worldwide coverage.</b> You may go to any emergency room if you reasonably believe you need emergency care.</p>	100% after \$50 copay per emergency room visit. The emergency room copay is waived if you are admitted to the hospital within 24 hours.	\$50 copay per emergency room visit. If you are admitted to the hospital within 24 hours you don't have to pay the \$50 copay.
<p><b>Urgent Care, including worldwide coverage</b>                      When you need quick treatment, not necessarily an emergency. (See the definitions at the end of this document.) In most cases, it is out of the service area.</p>	100% after \$20 copay per urgent care visit	\$20 copay for an urgent care visit if seen by a primary care doctor or a specialist.
<p><b>Outpatient Rehabilitation Services</b>                      Includes occupational therapy, physical therapy, and speech therapy. Follows Medicare standard guidelines.</p> <p>Maximum: Unlimited</p>	100% after \$10 copay per visit	\$10 copay per visit
<p><b>Cardiac Rehabilitation Services</b>                      Follows Medicare standard guidelines.</p>	100% after \$10 copay per visit	\$10 copay per visit

<b>OUTPATIENT CARE</b>		
<b>Benefit category</b>	<b>What your CIGNA Medicare Access Plus Rx (PFFS) Plan Pays</b>	<b>What You Pay</b>
<p><b>Chiropractic Services</b> For manual manipulation of the spine to correct subluxation when you see a chiropractor or other qualified provider. Follows Medicare standard guidelines.</p>	100% after \$20 copay per visit	\$20 copay per visit
<p><b>Non Medicare Covered Chiropractic</b> 20 day limit for Non Medicare Covered Chiropractic visit</p>	100% after \$20 copay per visits 1-20	\$20 copay per visit for visits 1-20, You pay 100% for visits 21 and beyond
<p><b>Podiatry Services</b> For medically necessary care of your feet, including care for medical conditions affecting the lower limbs. Follows Medicare standard guidelines.</p>	100% after \$20 copay per visit	\$20 copay per visit
<p><b>Routine Podiatry (non Medicare covered foot care)</b> 6 visit per calendar year Maximum</p>	100% after \$20 copay per visits 1-6	\$20 copay per visit for visits 1-6, You pay 100% for visits 7 and beyond

<b>MEDICAL SERVICES AND SUPPLIES</b>		
<b>Benefit category</b>	<b>What your CIGNA Medicare Access Plus Rx (PFFS) Plan Pays</b>	<b>What You Pay</b>
<p><b>Durable Medical Equipment and related supplies</b> Includes nebulizers, infusion pumps, oxygen and oxygen equipment, wheelchairs, crutches, hospital beds, and other equipment that can last under repeated use, usually in your home. Follows Medicare standard guidelines.</p>	90% of the cost of Medicare covered items	10% coinsurance
<p><b>External Prosthetic Appliances</b> Includes ostomy supplies, cardiac pacemakers, braces, artificial limbs, orthotics, or other things that replace damaged, missing or non-working parts of your body. Follow Medicare standard guidelines.</p>	90% of the cost of Medicare covered items	10% coinsurance
<p><b>Diabetic Supplies</b> Includes coverage for glucose monitors, test strips, lancets, screening tests that help you manage your diabetes or kidney disease. Follows Medicare standard guidelines.</p>	90% of the cost of Medicare covered items	10% coinsurance

<b>MEDICAL SERVICES AND SUPPLIES</b>		
<b>Benefit category</b>	<b>What your CIGNA Medicare Access Plus Rx (PFFS) Plan Pays</b>	<b>What You Pay</b>
<p><b>Diabetes Self-Monitoring Training and Nutrition Therapy</b> Includes coverage diabetes self-management training. Nutrition therapy includes a nutritional assessment and counseling to help you manage your diabetes or kidney disease. Follows Medicare standard guidelines.</p>	100% coinsurance	0% coinsurance
<p><b>Part B Drugs</b> Includes but not limited to: inhaled nebulizer medications, injectable drugs/IV drugs, antigens, osteoporosis drugs, erythropoiesis, blood clotting factors, immunosuppressive drugs, oral cancer drugs, oral anti-nausea drugs. Follows Medicare standard guidelines.</p>	90% of the cost of Medicare covered items	10% coinsurance

<b>PREVENTIVE SERVICES</b>		
<b>Benefit Category</b>	<b>What your CIGNA Medicare Access Plus Rx (PFFS) Plan Pays</b>	<b>What You Pay</b>
<p><b>Annual Routine Physical</b> Maximum: One routine physical per year</p>	100% after \$10 copay per office visit to a primary care doctor. 100% after \$20 copay per office visit to a specialist.	\$10 copay for an office visit to a primary care doctor and \$20 copay for an office visit to a specialist.
<p><b>Well Woman Exam</b> Maximum: One well woman exam per year</p>	100% after \$10 copay per office visit to a primary care doctor. 100% after \$20 copay per office visit to a specialist.	\$10 copay for an office visit to a primary care doctor and \$20 copay for an office visit to a specialist.
<p><b>Routine Pap Test</b> Maximum: One routine pap smear per year  A copay applies if the doctor charges an office visit.</p>	100% coinsurance	0% coinsurance
<p><b>Routine Mammography</b> Follows Medicare standard guidelines.  A copay applies if the doctor charges an office</p>	100% coinsurance	0% coinsurance

<b>PREVENTIVE SERVICES</b>		
<b>Benefit Category</b>	<b>What your CIGNA Medicare Access Plus Rx (PFFS) Plan Pays</b>	<b>What You Pay</b>
visit.		
<b>Immunizations</b> Includes flu, hepatitis B and pneumonia. Follows Medicare standard guidelines.  A copay applies if the doctor charges an office visit in addition to an immunization charge.	100% coinsurance	0% coinsurance
<b>Colorectal Screening Exams</b> Includes: prostate cancer screening; colonoscopy; fecal occult blood test; flexible sigmoidoscopy; and barium enema. Follows Medicare standard guidelines.  A copay applies if the doctor charges an office visit.	100% coinsurance	0% coinsurance
<b>Bone Mass Measurement (Bone Density)</b> Follows Medicare standard guidelines.  A copay applies if the doctor charges an office visit.	100% coinsurance	0% coinsurance
<b>Routine Eye Exam</b> Maximum: One routine eye exam per year	100% after \$20 copay per office visit	\$20 copay per office visit
<b>Medicare Covered Eyeglasses or Contact Lenses after Cataract Surgery</b> Includes one pair of eyeglasses or contact lenses after each cataract surgery. Follows Medicare standard guidelines.	100% coinsurance up to \$75 maximum for one pair of Medicare Covered eyeglasses or contact lenses after each cataract surgery.	0% coinsurance up to \$75 maximum for one pair of Medicare Covered eyeglasses or contact lenses after each cataract surgery.
<b>Routine Eyeglasses, Contact Lenses and Frames</b>	100% up to \$125 maximum every 2 years	100% over \$125
<b>Routine Hearing Exam</b>  Maximum: One routine hearing exam per year	100% after \$20 copay per office visit	\$20 copay per office visit
<b>Hearing Aid Fitting</b>	100% after \$20 copay per office visit	\$20 copay per office visit
<b>Hearing Aids</b>  <b>Maximum:</b> \$1000 allowance per 4 years	100% coinsurance	0% coinsurance

<b>PHARMACY BENEFITS</b>		
<b>Benefit Category</b>	<b>What your CIGNA Medicare Access Plus Rx (PFFS) Plan Pays</b>	<b>What You Pay</b>
<b>Annual Deductible</b>	\$0	\$0
<p><b>Initial Coverage</b> Up to \$2,830 in yearly total drug costs</p> <p><b>In-network Retail</b></p> <p><b>Tier 1</b> (generics) 100% after \$10 copay</p> <p><b>Tier 2</b> (preferred brands) 75% or cost if over \$25 maximum</p> <p><b>Tier 3</b> (non preferred brands) 75% or cost if over \$50 maximum</p> <p><b>Tier 4</b> (brand and generic high cost drugs over \$600) 75% or cost if over \$50 maximum</p> <p>For drugs you take regularly, you can purchase 3 months of your medication at a Retail Pharmacy. You will have to pay 3 copays.</p> <p><b>In-network Mail Order</b></p> <p><b>Tier 1</b> (generics) 100% after \$20 copay</p> <p><b>Tier 2</b> (preferred brands) 75% or cost if over \$50 maximum</p> <p><b>Tier 3</b> (non preferred brands) 75% or cost if over \$100 maximum</p> <p><b>Tier 4</b> (brand and generic high cost drugs over \$600) 75% or cost if over \$100 maximum</p> <p><b>Out-of-Network Pharmacy Coverage</b> Same copays and day supply as in network up to contracted amount</p>		
<p><b>Coverage Gap "Donut Hole"</b> Begins after Initial Coverage reaches \$2,830 and up to \$4,550 in out-of-pocket costs that you pay</p>	The plan pays the same as the initial coverage level.	You pay the same copays as you do in the initial coverage level.
<p><b>Catastrophic Coverage</b> Begins after you have paid \$4,550 in True</p>		

<b>PHARMACY BENEFITS</b>		
<b>Benefit Category</b>	<b>What your CIGNA Medicare Access Plus Rx (PFFS) Plan Pays</b>	<b>What You Pay</b>
Out-of-pocket costs	The plan pays the lesser of:	You pay the greater of:
Generic Drugs and Brands treated as Generics	95% of the cost of the drug or 100% after \$2.50 copay	5% of the cost of the drug or \$2.50 copay
All other Brand Drugs	95% of the cost of the drug or 100% after \$6.30 copay	5% of the cost of the drug or \$6.30 copay
<b>Drug List Enhancements through your CIGNA Medicare Access Plus Rx (PFFS) Plan</b>	Your plan pays for the following drugs at the same copays as other covered drugs on your plan: Erectile Dysfunction Drugs Barbiturates & Benzodiazepines	
	The copays you pay on these drugs do not count toward your annual TrOOP.	

<b>KEY WORDS TO KNOW</b>	
<b>Term</b>	<b>Definition</b>
<b>Benefit Period</b>	A “benefit period” starts the day you go into a Medicare-approved skilled nursing facility. It ends when you haven't been inpatient in a skilled nursing facility for 60 days in a row. If you go into the skilled nursing facility after one benefit period has ended, a new benefit period begins.
<b>Catastrophic Coverage (Pharmacy Benefit)</b>	If you pay more than \$4,550 including your deductible and copays in one year, you pay the greater of: \$2.50 or 5% on generics drugs or brand drugs treated as generics, and \$6.30 or 5% on brand drugs.
<b>Coinsurance</b>	After you have met your deductible for the year, you and your benefit plan will share the cost of covered expenses. The part you are responsible to pay is called coinsurance.
<b>Copay</b>	A fixed charge for specific services like doctor visits. You are responsible to pay this charge.
<b>Coverage Gap (a.k.a., Donut Hole) (Pharmacy Benefits)</b>	Medicare drug plans may have a “coverage gap,” which is sometimes called the “donut hole.” The coverage gap begins after you and your plan have spent \$2,830.  <b>NOTE:</b> Your pharmacy benefit is set up like a standard Medicare Part D pharmacy plan. So just like the Part D plans that your friends may have, your pharmacy benefit is organized into three “Sections”.  As you can see in the table below, you pay a copay for your network prescriptions up until your annual costs reach \$4,550. After you have paid

**KEY WORDS TO KNOW**

<b>Term</b>	<b>Definition</b>												
	<p>\$4,550 in copays, the amount you will pay for each prescription is the greater of: \$2.50 or 5% for generic drugs and brands treated as generics, or \$6.30 or 5% for brand drugs.</p> <table border="1" data-bbox="490 352 1464 909"> <thead> <tr> <th data-bbox="490 352 740 499"><b>Section</b></th> <th data-bbox="740 352 1135 499"><b>Medicare Part D definition</b></th> <th data-bbox="1135 352 1464 499"><b>What You Pay under the CIGNA Medicare Access Plus Rx (PFFS) Plan</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="490 499 740 611">Initial Coverage</td> <td data-bbox="740 499 1135 611">Up to \$2,830 in yearly total drug costs</td> <td data-bbox="1135 499 1464 611">Copay for network prescriptions</td> </tr> <tr> <td data-bbox="490 611 740 722">Coverage Gap</td> <td data-bbox="740 611 1135 722">After Initial Coverage and up to \$4,550 in out-of-pocket costs that you pay</td> <td data-bbox="1135 611 1464 722">Copay for network prescriptions</td> </tr> <tr> <td data-bbox="490 722 740 909">Catastrophic Coverage</td> <td data-bbox="740 722 1135 909">Above \$4,550 in out-of-pocket costs that you pay</td> <td data-bbox="1135 722 1464 909">Greater of: \$2.50 or 5% for generic drugs and brands treated as generics, or \$6.30 or 5% for brand drugs.</td> </tr> </tbody> </table> <p>Although some Medicare prescription drug plans do not provide coverage during the Coverage Gap section, the CIGNA Medicare Access Plus Rx (PFFS) Plan does so there actually is <u>no gap in coverage</u> for you during this time.</p>	<b>Section</b>	<b>Medicare Part D definition</b>	<b>What You Pay under the CIGNA Medicare Access Plus Rx (PFFS) Plan</b>	Initial Coverage	Up to \$2,830 in yearly total drug costs	Copay for network prescriptions	Coverage Gap	After Initial Coverage and up to \$4,550 in out-of-pocket costs that you pay	Copay for network prescriptions	Catastrophic Coverage	Above \$4,550 in out-of-pocket costs that you pay	Greater of: \$2.50 or 5% for generic drugs and brands treated as generics, or \$6.30 or 5% for brand drugs.
<b>Section</b>	<b>Medicare Part D definition</b>	<b>What You Pay under the CIGNA Medicare Access Plus Rx (PFFS) Plan</b>											
Initial Coverage	Up to \$2,830 in yearly total drug costs	Copay for network prescriptions											
Coverage Gap	After Initial Coverage and up to \$4,550 in out-of-pocket costs that you pay	Copay for network prescriptions											
Catastrophic Coverage	Above \$4,550 in out-of-pocket costs that you pay	Greater of: \$2.50 or 5% for generic drugs and brands treated as generics, or \$6.30 or 5% for brand drugs.											
<b>Deductible</b>	The amount you must pay before the plan begins to reimburse for covered expenses.												
<b>Emergency Care</b>	An emergency includes an accident or sudden illness that a person with an average knowledge of medical science believes needs to be treated right away or it could result in loss of life, serious medical complications or permanent disability. Emergencies are covered by your CIGNA Medicare Access Plus Rx (PFFS) Plan 24 hours a day, seven days a week, no matter where you are. Whenever there's a serious accident or sudden illness, and symptoms are severe and they occur unexpectedly, seek medical help immediately. Examples of emergency situations include: uncontrolled bleeding, seizure or loss of consciousness, shortness of breath, chest pain or squeezing sensations in the chest, suspected overdose of medication or poisoning, sudden paralysis or slurred speech, severe burns, broken bones or severe pain.												
<b>Medically Necessary</b>	Services or supplies that are needed for the diagnosis or treatment of your medical condition and meet accepted standards of medical practice.												
<b>Out-of-Pocket</b>	Out-of-pocket limits protect you from unexpected cost. After you reach the plan out-of-pocket limit, covered services will be reimbursed for the remainder of the year at 100%, or no cost to you.												
<b>Part B Drugs</b>	Some medicines are covered under your medical plan rather than your												

**KEY WORDS TO KNOW**

<b>Term</b>	<b>Definition</b>
	prescription drug plan such as injectable/IV drugs given by a doctor or drugs that must be administered by Medicare-covered durable medical equipment such as a nebulizer or infusion pump in a home setting. These drugs covered by Part B include but are not limited to: antigens, osteoporosis drugs, erythropoiesis, blood clotting factors, injectable drugs, immunosuppressive drugs, oral cancer drugs, oral anti-nausea drugs.
<b>Preventive Services</b>	Health care to prevent illness or detect illness at an early stage, when treatment is likely to work best. CIGNA Medicare Access Plus Rx (PFFS) covers an annual routine physical, bone mass measurement test, colorectal screening exam, immunizations, mammograms, pap smears and pelvic exams, and early cancer screenings (prostate cancer screening; colonoscopy; fecal occult blood test; flexible sigmoidoscopy; barium enema), following Medicare guidelines.
<b>Prior Authorization</b> (Pharmacy Benefits)	We require you to get prior authorization (prior approval) for certain drugs. This means that your provider will need to contact us before you fill your prescription. If we don't get the necessary information to satisfy the prior authorization, we may not cover the drug.
<b>Quantity Limits</b> (Pharmacy Benefits)	For certain drugs, we limit the amount of the drug that we will cover per prescription or for a defined period of time. For example, we will provide up to nine tablets per 25 days per prescription for IMITREX 100 mg.
<b>Semi-Private Room</b>	A hospital room shared by you and one other person.
<b>Step Therapy</b> (Pharmacy Benefits)	In some cases, we require you to first try one drug to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may require your doctor to prescribe Drug A first. If Drug A does not work for you, then we will cover Drug B.
<b>True Out-of-Pocket (TrOOP)</b> (Pharmacy Benefits)	<p>True out-of-pocket (TrOOP) costs help you qualify for catastrophic coverage so long as the drug is normally covered by a Medicare Prescription Drug Plan, and included on your plan formulary. TrOOP includes:</p> <ul style="list-style-type: none"> <li>• Your annual deductible</li> <li>• Your coinsurance or copays made on covered drugs (excluding drugs purchased outside the U.S. and its territories, drugs not covered by the plan or drugs covered by your plan under the additional drug benefit category).</li> </ul> <p>When you have spent a total of \$4,550 out-of-pocket for these items, you will reach the catastrophic level.</p>
<b>Urgent Care</b>	When prompt medical attention is needed in a non-emergency situation, that's called "urgent" care. Examples of urgent care needs include ear infections, sprains, high fevers, vomiting and urinary tract infections. Urgent situations are not considered to be emergencies.

**Benefit Exclusions (by way of example but not limited to):**

1. Services that are not covered under the Original Medicare Plan
2. Services that aren't reasonable and necessary according to the standards of the Original Medicare Plan unless these services are otherwise listed by our Plan as a covered service.
3. Experimental or investigational medical and surgical procedures, equipment and medications, unless covered by the Original Medicare Plan or unless, for certain services, the procedures are covered under an approved clinical trial. Experimental procedures and items are those items and procedures determined by our Plan and the Original Medicare Plan to not be generally accepted by the medical community.
4. Surgical treatment of morbid obesity *unless* medically necessary and covered under the Original Medicare plan.
5. Private room in a hospital, *unless* medically necessary.
6. Private duty nurses.
7. Personal convenience items, such as a telephone or television in your room at a hospital or skilled nursing facility.
8. Nursing care on a full-time basis in your home.
9. Custodial care is not covered by our Plan unless it is provided in conjunction with skilled nursing care and/or skilled rehabilitation services. "Custodial care" includes care that helps people with activities of daily living, like walking, getting in and out of bed, bathing, dressing, eating and using the bathroom, preparation of special diets, and supervision of medication that is usually self-administered.
10. Homemaker services.
11. Charges imposed by immediate relatives or members of your household.
12. Meals delivered to your home.
13. Elective or voluntary enhancement procedures, services, supplies and medications including but not limited to: Weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance unless medically necessary.
14. Cosmetic surgery or procedures, unless it is needed because of accidental injury or to improve the function of a malformed part of the body. Breast surgery is covered all stages of reconstruction for the breast on which a mastectomy was performed and, to produce a symmetrical appearance, surgery, and reconstruction of the unaffected breast.
15. Routine dental care (such as cleanings, fillings, or dentures) or other dental services. However, certain dental services received at a hospital may be covered.
16. Orthopedic shoes, unless they are part of a leg brace and are included in the cost of the leg brace. There is an exception: Orthopedic or therapeutic shoes are covered for people with diabetic foot disease.
17. Supportive devices for the feet. There is an exception: Orthopedic or therapeutic shoes are covered for people with diabetic foot disease.
18. Radial keratotomy, LASIK surgery, vision therapy and other low vision aids and services.

19. Reversal of sterilization procedures, sex change operations, and non-prescription contraceptive supplies and devices.
20. Acupuncture.
21. Naturopath services.
22. Services provided to veterans in Veteran's Affairs (VA) facilities. However, in the case of emergency services received at a VA hospital, if the VA cost sharing is more than the cost sharing required under our Plan, we will reimburse veterans for the difference. Members are still responsible for our Plan cost-sharing amount.
23. Any of the services listed above, that aren't covered, if received at an emergency facility, remain not covered. For example, non-authorized, routine conditions that do not appear to a reasonable person to be based on a medical emergency are not covered if received at an emergency facility.
24. Coverage for Fertility Drugs; Cough & Cold Preps; Weight Loss/Gain Products; Prescription Vitamins

This summary is only intended to be a brief benefit description. Please refer to your Certificate of Coverage for a complete explanation of the benefits, limitations, exclusions and provisions of the plan. In case of conflict, the Certificate of Coverage will prevail.

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at [www.cignamedicare.com](http://www.cignamedicare.com).



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