

SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

Cigna-HealthSpring® Advantage (HMO)
H4513 - 009



SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Cigna-HealthSpring Advantage (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Cigna-HealthSpring Advantage (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.

Sections in this booklet

- Things to Know About **Cigna-HealthSpring Advantage (HMO)**
 - Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
 - Covered Medical and Hospital Benefits
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- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-800-668-3813.

Este documento puede estar disponible en un idioma distinto al inglés.

Para obtener información adicional, llámenos al 1-800-668-3813.

THINGS TO KNOW ABOUT CIGNA-HEALTHSPRING ADVANTAGE (HMO)

Hours of Operation

You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Local time.

Cigna-HealthSpring Advantage (HMO) Phone Numbers and Website

- If you are a member of this plan, call toll-free **1-800-668-3813**.
- If you are not a member of this plan, call toll-free **1-800-846-2098**.
- Our website:
<http://www.cignahealthspring.com>

Who can join?

To join **Cigna-HealthSpring Advantage (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in Texas: Angelina, Brazoria, Cameron, Chambers, Fort Bend, Galveston*, Hardin, Harris, Hidalgo, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, San Jacinto, Tyler, Walker, Waller, Webb, and Willacy.

* denotes partial county (77510; 77511; 77517; 77518; 77539; 77546; 77549; 77563; 77565; 77568; 77573; 77574; 77590; 77591; 77592)

Which doctors, hospitals, and pharmacies can I use?

Cigna-HealthSpring Advantage (HMO) has a network of doctors, hospitals, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You can see our plan's provider directory at our website (<http://www.cignahealthspring.com>).

Or, call us and we will send you a copy of the provider directory.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare.**
- **Our plan members also get *more than what is covered by Original Medicare*.** Some of the extra benefits are outlined in this booklet

Cigna-HealthSpring Advantage (HMO) covers Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs.

SECTION II - SUMMARY OF BENEFITS

Benefit	Cigna-HealthSpring Advantage (HMO)
Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services	
How much is the monthly premium?	\$0 per month. In addition, you must keep paying your Medicare Part B premium. Cigna-HealthSpring will reduce your Medicare Part B premium by up to \$90.
How much is the deductible?	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <p style="padding-left: 20px;">\$3,400 for services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums.</p>
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

Cigna-HealthSpring is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring depends on contract renewal.

Benefit**Cigna-HealthSpring Advantage (HMO)****Covered Medical and Hospital Benefits**

Note: Services with a ¹ may require prior authorization.
 Services with a ² may require a referral from your doctor.

Outpatient Care and Services

Acupuncture	Not covered
Ambulance¹	\$50 copay or 20% of the cost, depending on the service
Chiropractic Care²	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay
Dental Services¹	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$35 copay Preventive dental services: <ul style="list-style-type: none"> • Cleaning (for up to 1 every six months): \$0 copay • Dental x-ray(s) (for up to 1 every year): \$0 copay • Oral exam (for up to 1 every six months): \$0 copay Comprehensive dental services: <ul style="list-style-type: none"> • Restorative – Fillings, Crowns: \$0 copay • Periodontics: \$0 copay • Extractions: \$0 copay • Prosthodontics: \$0 copay • Oral Surgery: \$0 copay Endodontics is not covered. Please see your EOC for plan coverage details. \$1,000 plan coverage limit for comprehensive dental benefits every year.
Diabetes Supplies and Services²	Diabetes monitoring supplies: 0-10% of the cost, depending on the supply Diabetes self-management training: You pay nothing Therapeutic shoes or inserts: 10% of the cost
Diagnostic Tests, Lab and Radiology Services, and X-Rays (Costs for these services may vary based on place of service) ^{1,2}	Diagnostic radiology services (such as MRIs, CT scans): \$0-150 copay, depending on the service Diagnostic tests and procedures: \$0-150 copay, depending on the service Lab services: \$0 copay Outpatient x-rays: \$0 copay Therapeutic radiology services (such as radiation treatment for cancer): \$35 copay
Doctor's Office Visits^{1,2}	Primary care physician visit: You pay nothing Specialist visit: \$35 copay
Durable Medical Equipment (wheelchairs, oxygen, etc.) ¹	20% of the cost

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Emergency Care	<p>\$75 copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
Foot Care (podiatry services) ²	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$35 copay</p>
Hearing Services²	<p>Exam to diagnose and treat hearing and balance issues: \$0-35 copay, depending on the service</p> <p>Routine hearing exam (for up to 1 every year): \$0 copay</p> <p>Hearing aid fitting/evaluation (for up to 1 every three years): \$0 copay</p> <p>Hearing aid: \$0 copay</p> <p>Our plan pays up to \$500 every three years for hearing aids.</p> <p>Please see your EOC for plan coverage details.</p>
Home Health Care¹	<p>You pay nothing</p>
Mental Health Care¹	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> • \$150 copay per day for days 1 through 7 • You pay nothing per day for days 8 through 90 <p>Outpatient group therapy visit: \$35 copay</p> <p>Outpatient individual therapy visit: \$35 copay</p>
Outpatient Rehabilitation^{1,2}	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$35 copay</p> <p>Occupational therapy visit: \$35 copay</p> <p>Physical therapy and speech and language therapy visit: \$35 copay</p>
Outpatient Substance Abuse¹	<p>Group therapy visit: \$35 copay</p> <p>Individual therapy visit: \$35 copay</p>
Outpatient Surgery^{1,2}	<p>Ambulatory surgical center: 20% of the cost</p> <p>Outpatient hospital: 20% of the cost</p>
Over-the-Counter Items	<p>Not Covered</p>

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Prosthetic Devices (braces, artificial limbs, etc.) ¹	Prosthetic devices: 10% of the cost Related medical supplies: 10% of the cost
Renal Dialysis ^{1,2}	\$30 copay
Transportation ¹	You pay nothing \$0 copayment for up to 30 one-way trips to plan-approved location ever year. Please see your EOC for plan coverage details.
Urgently Needed Services	\$25 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services. See the "Inpatient Hospital Care" section of this booklet for other costs.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0-35 copay, depending on the service Routine eye exam (for up to 1 every year): \$0 copay Contact lenses: \$0 copay Eyeglasses (frames and lenses) (for up to 1 every year): \$0 copay Eyeglass frames (for up to 1 every year): \$0 copay Eyeglass lenses (for up to 1 every year): \$0 copay Eyeglasses or contact lenses after cataract surgery: \$0 copay Our plan pays up to \$250 every year for eyewear. \$0 copays for supplemental eyewear (except after cataract surgery) apply up to the plan allowance. Please see your EOC for plan coverage details.

Benefit**Cigna-HealthSpring Advantage (HMO)****Preventive Care**

You pay nothing

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- “Welcome to Medicare” preventive visit (one-time)
- Yearly “Wellness” visit

Any additional preventive services approved by Medicare during the contract year will be covered.

Hospice

You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

Inpatient Care**Inpatient Hospital Care^{1,2}**

Our plan covers an unlimited number of days for an inpatient hospital stay.

- \$500 copay per stay
- You pay nothing per day for days 91 and beyond

Inpatient Mental Health Care

For inpatient mental health care, see the “Mental Health Care” section of this booklet.

Skilled Nursing Facility (SNF)¹

Our plan covers up to 100 days in a SNF.

- You pay nothing per day for days 1 through 10
- \$25 copay per day for days 11 through 100

Prescription Drug Benefits**How much do I pay?**

For Part B drugs such as chemotherapy drugs¹: 20% of the cost
Other Part B drugs¹: 20% of the cost
Our plan does not cover Part D prescription drugs.

Benefit**Cigna-HealthSpring Advantage (HMO)****Additional Plan Benefits****24-hour Nurse Line**

\$0 copay for 24-hour Nurse Line

Caring registered nurses are available by phone 24 hours a day, 7 days a week to answer your health questions in a confidential and convenient service.

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