SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

Cigna-HealthSpring® Advantage (PPO)
H7787 - 002

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H7787_16_32748 Accepted
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 (PPO)).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Cigna-HealthSpring Advantage (PPO) 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 (PPO)

• Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

• Covered Medical and Hospital Benefits

• 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 (PPO)

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 (PPO) 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 (PPO), 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: Cherokee, Collin, Dallas, Denton, Henderson, Johnson, Lubbock, Rusk, Tarrant, Upshur, Van Zandt, and Wood.

Which doctors and hospitals can I use?
Cigna-HealthSpring Advantage (PPO) has a network of doctors, hospitals, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

You can see our plan’s provider directory at our website (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 (PPO) covers Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs.
### Benefit Cigna-HealthSpring Advantage (PPO)

<table>
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<tr>
<th>Benefit</th>
<th>Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How much is the monthly premium?</strong></td>
<td>$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 $25.</td>
</tr>
<tr>
<td><strong>How much is the deductible?</strong></td>
<td>This plan has deductibles for some hospital and medical services. $1,000 per year for out-of-network services.</td>
</tr>
<tr>
<td><strong>Is there any limit on how much I will pay for my covered services?</strong></td>
<td>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. Your yearly limit(s) in this plan: $3,400 for services you receive from in-network providers. $5,100 for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit. 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. Please note that you will still need to pay your monthly premiums.</td>
</tr>
<tr>
<td><strong>Is there a limit on how much the plan will pay?</strong></td>
<td>Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.</td>
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</tbody>
</table>
### 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

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<tr>
<th>Benefit</th>
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</thead>
<tbody>
<tr>
<td><strong>Acupuncture</strong></td>
<td>Not covered</td>
</tr>
</tbody>
</table>
| **Ambulance**                  | In-network: $50 copay or 20% of the cost, depending on the service  
Out-of-network: $50 copay or 20% of the cost, depending on the service |
| **Chiropractic Care**          | Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):  
In-network: $20 copay  
Out-of-network: $60 copay |
| **Dental Services**            | Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):  
In-network: $35 copay  
Out-of-network: 30% of the cost  
Preventive dental services:  
Cleaning (for up to 1 every six months):  
In-network: $0 copay  
Out-of-network: 50% of the cost  
Dental x-ray(s) (for up to 1 every year):  
In-network: $0 copay  
Out-of-network: 50% of the cost  
Oral exam (for up to 1 every six months):  
In-network: $0 copay  
Out-of-network: 50% of the cost |
| **Diabetes Supplies and Services** | Diabetes monitoring supplies:  
In-network: 0-20% of the cost, depending on the supply  
Out-of-network: 30% of the cost  
Diabetes self-management training:  
In-network: You pay nothing  
Out-of-network: $40-60 copay, depending on the service  
Therapeutic shoes or inserts:  
In-network: 20% of the cost  
Out-of-network: 30% of the cost |
<table>
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<tr>
<th>Benefit</th>
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</table>
| **Diagnostic Tests, Lab and Radiology Services, and X-Rays** *(Costs for these services may vary based on place of service)*<sup>1,2</sup> | Diagnostic radiology services (such as MRIs, CT scans):  
In-network: $0-150 copay, depending on the service  
Out-of-network: 30% of the cost  
Diagnostic tests and procedures:  
In-network: $0-150 copay, depending on the service  
Out-of-network: 30% of the cost  
Lab services:  
In-network: You pay nothing  
Out-of-network: 30% of the cost  
Outpatient x-rays:  
In-network: You pay nothing  
Out-of-network: 30% of the cost  
Therapeutic radiology services (such as radiation treatment for cancer):  
In-network: $35 copay  
Out-of-network: 30% of the cost |
| **Doctor's Office Visits**<sup>1,2</sup> | Primary care physician visit:  
In-network: $10 copay  
Out-of-network: $40 copay  
Specialist visit:  
In-network: $35 copay  
Out-of-network: $60 copay |
| **Durable Medical Equipment** *(wheelchairs, oxygen, etc.)*<sup>1</sup> | In-network: 20% of the cost  
Out-of-network: 30% of the cost |
| **Emergency Care** | $75 copay  
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. |
| **Foot Care** *(podiatry services)*<sup>2</sup> | Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:  
In-network: $35 copay  
Out-of-network: $60 copay |
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<tr>
<th>Benefit</th>
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<tbody>
<tr>
<td>Hearing Services²</td>
<td><strong>Exam to diagnose and treat hearing and balance issues:</strong>&lt;br&gt;     In-network: $10-35 copay, depending on the service&lt;br&gt;     Out-of-network: $40-60 copay, depending on the service&lt;br&gt;<strong>Routine hearing exam (for up to 1 every year):</strong>&lt;br&gt;     In-network: $0 copay&lt;br&gt;     Out-of-network: 50% of the cost&lt;br&gt;<strong>Hearing aid fitting/evaluation (for up to 1 every three years):</strong>&lt;br&gt;     In-network: $0 copay&lt;br&gt;     Out-of-network: 50% of the cost&lt;br&gt;<strong>Hearing aid:</strong>&lt;br&gt;     In-network: $0 copay&lt;br&gt;     Out-of-network: 50% of the cost&lt;br&gt;Our plan pays up to $500 every three years for hearing aids from any provider.&lt;br&gt;Please see your EOC for plan coverage details.</td>
</tr>
<tr>
<td>Home Health Care¹</td>
<td><strong>In-network:</strong> You pay nothing&lt;br&gt;<strong>Out-of-network:</strong> $40 copay</td>
</tr>
<tr>
<td>Mental Health Care¹</td>
<td><strong>Inpatient visit:</strong>&lt;br&gt;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.&lt;br&gt;Our plan covers 90 days for an inpatient hospital stay.&lt;br&gt;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.&lt;br&gt;<strong>In-network:</strong>&lt;br&gt;• $150 copay per day for days 1 through 7&lt;br&gt;• You pay nothing per day for days 8 through 90&lt;br&gt;<strong>Out-of-network:</strong>&lt;br&gt;• 30% of the cost per stay&lt;br&gt;<strong>Outpatient group therapy visit:</strong>&lt;br&gt;<strong>In-network:</strong> $35 copay&lt;br&gt;<strong>Out-of-network:</strong> 30% of the cost&lt;br&gt;<strong>Outpatient individual therapy visit:</strong>&lt;br&gt;<strong>In-network:</strong> $35 copay&lt;br&gt;<strong>Out-of-network:</strong> 30% of the cost</td>
</tr>
<tr>
<td>Benefit</td>
<td>Cigna-HealthSpring Advantage (PPO)</td>
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| **Outpatient Rehabilitation\(^1\,\,^2\)** | Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):  
  - In-network: $35 copay  
  - Out-of-network: 30% of the cost  
  Occupational therapy visit:  
    - In-network: $35 copay  
    - Out-of-network: $60 copay  
  Physical therapy and speech and language therapy visit:  
    - In-network: $35 copay  
    - Out-of-network: $60 copay |
| **Outpatient Substance Abuse\(^1\)**      | Group therapy visit:  
  - In-network: $35 copay  
  - Out-of-network: 30% of the cost  
  Individual therapy visit:  
    - In-network: $35 copay  
    - Out-of-network: 30% of the cost |
| **Outpatient Surgery\(^1\,\,^2\)**        | Ambulatory surgical center:  
  - In-network: 20% of the cost  
  - Out-of-network: 30% of the cost  
  Outpatient hospital:  
    - In-network: 20% of the cost  
    - Out-of-network: 30% of the cost |
| **Over-the-Counter Items**                 | Not Covered                                                                                       |
| **Prosthetic Devices** (braces, artificial limbs, etc.)\(^1\) | Prosthetic devices:  
  - In-network: 20% of the cost  
  - Out-of-network: 30% of the cost  
  Related medical supplies:  
    - In-network: 20% of the cost  
    - Out-of-network: 30% of the cost |
| **Renal Dialysis\(^1\,\,^2\)**            | In-network: 20% of the cost  
  Out-of-network: 30% of the cost |
| **Transportation**                         | Not covered                                                                                       |
| **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. |
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| **Vision Services** | Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):  
  In-network: $0-35 copay, depending on the service  
  Out-of-network: $0-60 copay, depending on the service  
  Eyeglasses or contact lenses after cataract surgery:  
  In-network: $0 copay  
  Out-of-network: 0-30% of the cost, depending on the service |
| **Preventive Care** | In-network: You pay nothing  
  Out-of-network: $40-60 copay, depending on the service  
  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. |
<p>| <strong>Hospice</strong>      | 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. |</p>
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<td></td>
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<tr>
<td><strong>Inpatient Hospital Care</strong>&lt;sup&gt;1,2&lt;/sup&gt;</td>
<td>Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</td>
</tr>
<tr>
<td>In-network:</td>
<td></td>
</tr>
<tr>
<td>• $175 copay per day for days 1 through 5</td>
<td></td>
</tr>
<tr>
<td>• You pay nothing per day for days 6 through 90</td>
<td></td>
</tr>
<tr>
<td>Out-of-network:</td>
<td></td>
</tr>
<tr>
<td>• 30% of the cost per stay</td>
<td></td>
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<tr>
<td><strong>Inpatient Mental Health Care</strong></td>
<td>For inpatient mental health care, see the “Mental Health Care” section of this booklet.</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility (SNF)</strong>&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Our plan covers up to 100 days in a SNF.</td>
</tr>
<tr>
<td>In-network:</td>
<td></td>
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<tr>
<td>• $25 copay per day for days 1 through 20</td>
<td></td>
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<tr>
<td>• $150 copay per day for days 21 through 100</td>
<td></td>
</tr>
<tr>
<td>Out-of-network:</td>
<td></td>
</tr>
<tr>
<td>• 30% of the cost per stay</td>
<td></td>
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<tr>
<td><strong>Prescription Drug Benefits</strong></td>
<td></td>
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<tr>
<td><strong>How much do I pay?</strong></td>
<td>For Part B drugs such as chemotherapy drugs&lt;sup&gt;1&lt;/sup&gt;:</td>
</tr>
<tr>
<td>In-network:</td>
<td>20% of the cost</td>
</tr>
<tr>
<td>Out-of-network:</td>
<td>25% of the cost</td>
</tr>
<tr>
<td>Other Part B drugs&lt;sup&gt;1&lt;/sup&gt;:</td>
<td></td>
</tr>
<tr>
<td>In-network:</td>
<td>20% of the cost</td>
</tr>
<tr>
<td>Out-of-network:</td>
<td>25% of the cost</td>
</tr>
<tr>
<td>Our plan does not cover Part D prescription drugs.</td>
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<tr>
<td><strong>Additional Plan Benefits</strong></td>
<td></td>
</tr>
<tr>
<td><strong>24-hour Nurse Line</strong></td>
<td>$0 copay for 24-hour Nurse Line</td>
</tr>
<tr>
<td>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.</td>
<td></td>
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</tbody>
</table>