

SUMMARY OF BENEFITS

January 1, 2018 – December 31, 2018

**Cigna-HealthSpring® TotalCare (HMO SNP)
H0150–007**

Our service area includes the following counties in Alabama:

Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Shelby, St. Clair, Talladega, Tuscaloosa and Walker



INTRODUCTION TO SUMMARY OF BENEFITS

This Summary of Benefits gives you a summary of what **Cigna-HealthSpring TotalCare (HMO SNP)** covers 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, refer to the plan's *Evidence of Coverage* (EOC) online at www.cignahealthspring.com, or call us to request a copy.

Tips for comparing your Medicare choices

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

Cigna-HealthSpring TotalCare (HMO SNP) Phone Numbers and Website

- If you are already a customer of this plan, call toll-free **1-800-668-3813 (TTY 711)**. Customer Service is available October 1 – February 14, 8 a.m. – 8 p.m. local time, 7 days a week. From February 15 – September 30, Monday – Friday 8 a.m. – 8 p.m. local time, Saturday 8 a.m. – 6 p.m. local time. Messaging service used weekends, after hours, and on federal holidays.
- If you are not a customer of this plan, call toll-free **1-888-767-1879 (TTY 711)**, 7 days a week, 8 a.m. – 8 p.m. to speak with a licensed agent.
- Our website: www.cignahealthspring.com

What's Inside

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- 2 Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- 3 Covered Medical & Hospital Benefits
- 4 Prescription Drug Benefits
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1 ABOUT CIGNA-HEALTHSPRING TOTALCARE (HMO SNP)

Who can join?

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

Our service area includes the following counties in Alabama: Autauga, Baldwin, Bibb, Blount, Cherokee, Chilton, Colbert, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Lauderdale, Lawrence, Limestone, Lowndes, Madison, Marshall, Mobile, Montgomery, Morgan, Shelby, St. Clair, Talladega, Tuscaloosa and Walker.

Which doctors, hospitals, and pharmacies can I use?

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

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

- You can see our plan's *Provider and Pharmacy Directory* at our website, www.cignahealthspring.com.
- Or, call us and we will send you a copy of the *Provider and Pharmacy Directory*.

What do we cover?

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

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

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the plan's complete *Drug List* (formulary) which lists the Part D prescription drugs along with any restrictions on our website, www.cignahealthspring.com.
- Or, call us and we will send you a copy of the plan's *Drug List* (formulary).

How will I determine my drug costs?

The amount you pay depends on the tier of the drug you're taking and what stage of coverage you have reached. For information about the drug coverage stages that occur after you meet your deductible, see the prescription drug section within this Summary of Benefits.

2 MONTHLY PREMIUM, DEDUCTIBLE & LIMITS

Benefit	Cigna-HealthSpring TotalCare (HMO SNP)
Monthly Premium, Deductible, and Limits <i>*Cost-sharing is based on your level of Medicaid eligibility</i>	
Monthly premium	\$0 or \$16.60 per month*. In addition, you must keep paying your Medicare Part B premium.
Medical deductible	This plan has deductibles for some hospital and medical services.
Pharmacy (Part D) deductible	\$0 or \$83 per year* for Part D prescription drugs.
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>\$6,700 for services you receive from in-network providers for Medicare-covered benefits.</p> <p>This limit is the most you pay for copays, coinsurance and other costs for Medicare services for the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p> <p>In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medicaid eligibility.</p> <p>Refer to the “Medicare & You” handbook for Medicare-covered services. For <i>Medicaid</i>-covered services, refer to the Medicaid Coverage section in this document.</p>

3 COVERED MEDICAL & HOSPITAL BENEFITS

Benefit	What you pay	What you should know
<p>Covered Medical and Hospital Benefits</p> <p>Note: Services with a ¹ may require prior authorization.</p> <p>Services with a ² may require a referral from your doctor.</p> <p><i>*Cost-sharing is based on your level of Medicaid eligibility</i></p>		
<p>Inpatient Hospital Coverage^{1,2}</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>	<p>For Medicare-covered hospital stays, in 2017, the amounts for each benefit period were:</p> <ul style="list-style-type: none"> - Days 1 through 60: \$0 or \$1,316 deductible**† and \$0 per day - Days 61 through 90: \$0 or \$329 copay*† per day - Days 91 through 150: \$0 or \$658 copay*† per lifetime reserve day <p>†Amounts may change in 2018</p>	<p>If readmitted within 24 hours for the same diagnosis the benefit will continue from original admission. You may not owe any additional copayments. In some instances, readmission within 30 days may result in continuation of benefits from the original admission, pending quality medical review by Cigna-HealthSpring.</p>
<p>Outpatient Surgery^{1,2}</p>		
<p>Ambulatory Surgical Center (ASC)</p>	<p>\$0 copay for surgical procedures (i.e. polyp removal) during a colorectal screening</p> <p>\$0 or \$150 copay* All other ASC services</p>	
<p>Outpatient Services & Observation</p>	<p>\$0 copay for surgical procedures (i.e. polyp removal) during a colorectal screening</p> <p>\$0 or \$200 copay* All other Outpatient Services including observation and outpatient surgical services not provided in an ASC</p>	
<p>Doctors’ Visits^{1,2}</p>		
<p>Primary Care Physician (PCP)</p>	<p>\$0 copay</p>	
<p>Specialists</p>	<p>\$0 or \$20 copay*</p>	

Benefit	What you pay	What you should know
Preventive Care		
<p>Our plan includes Medicare-covered preventive services, such as:</p> <ul style="list-style-type: none"> • 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 screening (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Lung Cancer screening with low dose computed tomography (LDCT) • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, and Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit 	<p>\$0 copay</p>	<p>Any additional preventive services approved by Medicare during the contract year will be covered. Please see your <i>Evidence of Coverage</i> (EOC) for frequency of covered services.</p>

Benefit	What you pay	What you should know
Emergency Care		
Emergency care services	\$0 or \$80 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.
Worldwide emergency/urgent coverage/emergency transportation	\$80 copay	\$50,000 (U.S. currency) combined limit per year for emergency and urgent care services provided outside the U.S. and its territories.
Urgently Needed Services		
Urgent care services	\$0 or \$65 copay*	If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care.
Diagnostic Services, Labs & Imaging ^{1,2} (Costs for these services may vary based on place of service)		
Diagnostic procedures and tests	\$0 copay for EKG and diagnostic colorectal screenings 0% or 20% of the cost* for all other diagnostic procedures and tests	
Lab services	\$0 copay	
Therapeutic radiological services	0% or 20% of the cost*	
X-ray services	0% or 20% of the cost*	
Diagnostic radiological services (such as MRIs, CT scans)	\$0 copay for mammography and ultrasounds 0% or 20% of the cost* for all other diagnostic and nuclear medicine radiological services	

Benefit	What you pay	What you should know
Hearing Services²		
Hearing exams (Medicare-covered)	\$0 copay in a Primary Care Physician office \$0 or \$20 copay* in a Specialist office	
Routine hearing exams (one every year)	\$0 copay	
Hearing aid evaluation/fitting (one every three years)	\$0 copay	Hearing aid evaluations are part of the routine hearing exam once every three years. Multiple fittings are allowed if necessary to ensure hearing aids are accurately fitted.
Hearing aids (one every three years)	\$0 copay up to plan coverage maximum	The plan has a maximum coverage amount for hearing aids of \$700 per ear per device every three years.
Dental Services¹		
Dental Services (Medicare-covered)	\$0 or \$20 copay*	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)
Preventive dental services: <ul style="list-style-type: none"> • Oral exam (one every six months) • Cleanings (one every six months) • Bitewing X-ray (one every year) • Full mouth & panoramic X-ray (one every 36 months) 	\$0 copay	Frequency limits vary depending on the type of covered service.
Comprehensive dental services: <ul style="list-style-type: none"> - Restorative services - Periodontics - Extractions - Prosthodontics/Oral surgery 	\$10 to \$195 copay up to a maximum coverage amount of \$1,000 per year	Unused amounts of the annual allowance do not carry forward to future benefit years. There are limitations on the number of covered services within a service category. Frequency limits and cost-sharing vary depending on the type of covered service.

Benefit	What you pay	What you should know
Vision Services		
Eye exams (Medicare-covered)	\$0 copay glaucoma screening and diabetic retinal exams \$0 or \$20 copay* for all other Medicare-covered vision services	
Routine eye exam (one every year)	\$0 copay	
Eyewear (Medicare-covered)	\$0 copay	
Routine eyewear <ul style="list-style-type: none"> • Eyeglasses—lenses and frames (one every year) • Eyeglass lenses (one every year) • Eyeglass frames (one every year) • Contact lenses • Upgrades 	\$0 copay up to plan maximum coverage amount of \$100 every year	The plan specified allowance may be applied to one set of the customer's choice of eyewear, to include the eyeglass frame/lenses/lens options combination or contact lenses (to include related professional fees) in lieu of eyeglasses.
Mental Health Services¹		
Inpatient: Our plan covers 90 days for an inpatient psychiatric hospital stay. Our plan also covers 60 lifetime reserve days. The plan covers 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.	For Medicare-covered hospital stays, in 2017, the amounts for each benefit period were: <ul style="list-style-type: none"> - Days 1 through 60: \$0 or \$1,316 deductible*† and \$0 per day - Days 61 through 90: \$0 or \$329 copay*† per day - Days 91 through 150: \$0 or \$658 copay*† per lifetime reserve day †Amounts may change in 2018.	
Outpatient: Individual or group therapy visit	\$0 or \$20 copay*	
Skilled Nursing Facility (SNF)¹		
Our plan covers up to 100 days in the SNF.	\$0 copay per day for days 1 through 20 \$0 or \$167 copay* per day for days 21 through 100	

Benefit	What you pay	What you should know
Rehabilitation Services^{1,2}		
Cardiac (heart) rehab services	\$0 copay	
Pulmonary rehab services	\$0 copay	
Occupational therapy services	\$0 copay	
Physical therapy and speech and language therapy services	\$0 copay	
Ambulance¹		
Ground service (one-way trip)	\$0 or \$230 copay*	
Air service (one-way trip)	0% or 20% of the cost*	
Transportation¹		
	\$0 copay for up to 20 one-way trips to plan-approved locations every year.	Authorization may be required in situations where the travel distance to provider exceeds the mileage limit of 60 miles. Please refer to the plan's <i>Evidence of Coverage</i> for details.
Prescription Drugs¹		
Medicare Part B Drugs	For Part B drugs such as chemotherapy drugs: 0% or 20% of the cost*	This plan has Part D prescription drug coverage. See Section 4.
Foot Care (Podiatry Services)²		
Medicare-covered podiatry services	\$0 or \$20 copay*	

Benefit	What you pay	What you should know
Medical Equipment & Supplies^{1,2}		
Durable Medical Equipment (wheelchairs, oxygen, etc.)	0% or 20% of the cost*	
Prosthetic Devices (braces, artificial limbs, etc.) and related medical supplies	0% or 20% of the cost*	
Diabetes Supplies & Services	\$0 copay for Diabetes self-management training 0% or 20% of the cost* for Therapeutic shoes or inserts 0% or 20% of the cost* , depending on the supply for Diabetes monitoring supplies	Preferred brands diabetic test strips and monitors covered at \$0 cost-share. Non- preferred brands not covered. 0% or 20% of the cost* applies to other monitoring supplies (e.g. Lancets). You are eligible for one glucose monitor every two years and 200 glucose test strips per 30-day period.
Fitness & Wellness Programs		
Fitness Program	\$0 copay	Basic gym membership at a participating fitness location including fitness classes. Provides home fitness kits as an alternative program option in lieu of facility membership.
24-hour Nurse Line		
	\$0 copay	Registered nurses provide telephonic access for customers who request health and medical information and guidance.
Chiropractic Care²		
Chiropractic services (Medicare-covered)	\$0 copay	
Home Health Care¹		
	\$0 copay	

Benefit	What you pay	What you should know
Hospice		
	\$0 copay	Our plan covers hospice consultation services (one-time only) before you select hospice. Hospice is covered outside of our plan. Hospice care must be provided by a Medicare-certified hospice program. You may have to pay part of the cost for drugs and respite care. Please contact the plan for more details.
Outpatient Substance Abuse¹		
Individual or group therapy visit	\$0 or \$20 copay*	
Over-the-Counter (OTC) Items		
	\$75 each quarter to use for over-the-counter medicines and health related items that do not require a prescription.	Some OTC items require a doctor's recommendation for a specific, diagnosable condition. Please visit our website to see our list of over-the-counter items. OTC items may be purchased only for the Customer. Customers are required to contact our OTC benefit vendor to access this benefit. Limit one order per Customer per month. Customers are eligible to use the full quarterly allowance anytime throughout the quarter. Unused balances can roll forward each quarter, but must be used by December 31st. Balance does not carry year to year.

4 PRESCRIPTION DRUG BENEFITS

Benefit	Cigna-HealthSpring TotalCare (HMO SNP)
Prescription Drug Benefits	
<p>Medicare Part D Drugs Initial Coverage (after you pay your deductible, if applicable)</p>	<p>Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$1.25 copay; or • \$3.35 copay; or • 15% <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$3.70 copay; or • \$8.35 copay; or • 15% <p>You may get your drugs at network retail pharmacies and mail order pharmacies. If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p>
<p>Catastrophic Coverage</p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay nothing for all drugs.</p>

5 SUMMARY OF MEDICAID-COVERED BENEFITS FOR CONTRACT H0150, PLAN 007

This section demonstrates the Medicaid benefit package for full benefit dual-eligible recipients in the state of Alabama. The services offered in your Medicaid benefit package are based on your Medicaid eligibility. The services listed below are available only to those SNP customers eligible under Medicaid for medical services. For more information about your Medicaid benefits and copayments, please contact the State Medicaid Office.

The benefits described below are covered by Medicaid for individuals who qualify for full Medicaid, QMB + full Medicaid, full Medicaid + SLMB. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. If you join Cigna-HealthSpring, you do not have to pay for deductibles, copayments or coinsurance for services that are covered by Medicare. Certain Medicare recipients qualify for Medicaid to pay their Medicare Part A (hospital insurance) OR Part B (supplemental medical insurance) premiums. These recipients do not qualify for any of the covered services listed below.

These programs include:

QI-1: Medicaid pays the Medicare Part B premium only.

SLMB: Medicaid pays Medicare Part B premiums only

QMB: Medicaid pays Medicare Part B premiums, Medicare deductibles and co-insurance. In some cases, Medicaid may also pay their Part A premium.

Benefit Category (Excludes Medicare-covered services)	Alabama Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Ambulance Services	Medicaid pays for ambulance services only when medically necessary. (Medical necessity is determined by a set of guidelines and is related to the condition of the patient at the time of transport.) Medicaid will not pay for an ambulance service if another means of transportation can be used without harming the health of the patient.	Ground service (one-way trip): \$0 or \$230 copay* Air service (one-way trip): 0% or 20% of the cost*
Non-Emergency Transportation (NET)	NET helps cover the costs of rides to and from medically necessary appointments if Medicaid recipients have no other way to get to their appointments. You must call and get prior approval for this service.	\$0 copay for up to 20 one-way trips to plan-approved locations every year.

Benefit Category (Excludes Medicare-covered services)	Alabama Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Dental Services	Dental Services for recipients under 21 years of age: Medicaid pays for a checkup and teeth cleaning once every 6 months.	Dental services (Medicare-covered): \$0 or \$20 copay* Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth) Preventive dental services: \$0 copay - Oral exam (one every six months) - Cleanings (one every six months) - Bitewing X-ray (one every year) - Full mouth or panoramic X-ray (one every 36 months) Frequency limits vary depending on the type of covered service. Comprehensive dental services: \$10 - \$195 copay, depending on service - Restorative services - Periodontics - Extractions - Prosthodontics/Oral surgery The plan has a maximum coverage amount of \$1,000 per year for comprehensive dental services.
Doctor's Office Visits	\$1.30 to \$3.90 copay per visit. Medicaid pays for 14 doctor visits per calendar year.	Primary Care Physician visit: \$0 copay Specialist visit: \$0 or \$20 copay*
Eye Care Services	\$1.30 to \$3.90 for eye exams. Medicaid pays for eye exams and eyeglasses once every three calendar years. Contact lenses may be provided only under certain conditions and when approved ahead of time. NOTE: You must buy your glasses from a Medicaid-approved contract provider.	Eye exams (Medicare-covered): - Glaucoma screening: \$0 copay - Diabetic retinal exams: \$0 copay - All other Medicare-covered vision services: \$0 or \$20 copay* Routine eye exam (one every year): \$0 copay Eyewear (Medicare-covered): \$0 copay

Benefit Category (Excludes Medicare-covered services)	Alabama Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Eye Care Services (Continued)		Routine eyewear: \$0 copay up to plan coverage maximum <ul style="list-style-type: none"> - Eyeglasses—lenses and frames (one every year) - Eyeglass lenses (one every year) - Eyeglass frames (one every year) - Contact lenses - Upgrades The plan has a maximum coverage amount for routine eyewear of \$100 every year.
Home Health Services	Medicaid provides for certain medical services in your home if you have an illness, disability, or injury that keeps you from leaving home without special equipment or the help of another person. Services can be part-time or off and on during a certain span of time.	\$0 copay for Medicare-covered home health care visits
Hospice Services	Medicaid pays for hospice care for terminally ill persons. There is no limit on hospice days.	\$0 copay Hospice care must be provided by a Medicare-certified hospice program.
Inpatient Hospital Care	\$50 each time you are admitted Medicaid pays for 16 inpatient hospital days per calendar year. Coverage is for a semiprivate room (2 or more beds in a room). If you ask for a private room, you must pay the difference in the cost. \$50 each time you are admitted Medicaid pays for 16 inpatient hospital days per calendar year. Coverage is for a semiprivate room (2 or more beds in a room). If you ask for a private room, you must pay the difference in the cost. In certain hospitals, nursing home care services are provided to Medicaid patients who are waiting to go into a nursing home. This is called Post Hospital Extended Care (PEC).	Our plan covers 90 days for an inpatient hospital stay. For Medicare-covered hospital stays, in 2017, the amounts for each benefit period were: <ul style="list-style-type: none"> - Days 1 through 60: \$0 or \$1,316 deductible*† and \$0 per day - Days 61 through 90: \$0 or \$329 copay*† per day - Days 91 through 150: \$0 or \$658 copay*† per lifetime reserve day †Amounts may change in 2018

Benefit Category (Excludes Medicare-covered services)	Alabama Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Outpatient Hospital Care	\$3.90 copay per visit Medicaid pays for 3 non-emergency outpatient hospital visits per calendar year.	<u>Outpatient Services and Observation</u> - Surgical procedures (i.e. polyp removal) during colorectal screenings: \$0 copay - All other outpatient services including observation and outpatient surgical services, not provided in an Ambulatory Surgical Center: \$0 or \$200 copay*
Ambulatory Surgical Care	\$3.90 copay per visit Medicaid pays for 3 outpatient surgical procedures per calendar year if the surgeries are done in a place called an Ambulatory surgical center.	<u>Ambulatory Surgical Center (ASC)</u> - Surgical procedures (i.e. polyp removal) during colorectal screenings: \$0 copay - All other ASC services: \$0 or \$150 copay*
Psychiatric Hospital Services	Medicaid pays for medically necessary services in a psychiatric hospital for recipients under 21 years of age if approved by Medicaid ahead of time.	<u>Inpatient</u> Our plan covers 90 days for an inpatient psychiatric hospital stay. For Medicare-covered hospital stays, in 2017, the amounts for each benefit period were: - Days 1-60: \$0 or \$1,316 deductible*† and \$0 per day - Days 61-90: \$0 or \$329 copay*† per day - Days 91-150: \$0 or \$658 copay*† per lifetime reserve day †Amounts may change in 2018. <u>Outpatient</u> Outpatient individual or group therapy visit: \$0 or \$20 copay*
Laboratory and X-ray Services	Medicaid pays for laboratory and X-ray services when they are medically necessary.	Lab services: \$0 copay X-ray services: 0% or 20% of the cost*

Benefit Category (Excludes Medicare-covered services)	Alabama Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Mental Health Services	Medicaid pays for treatment of people diagnosed with mental illness or substance abuse.	<u>Inpatient</u> See “Psychiatric Hospital Services” section. <u>Outpatient</u> Individual or group therapy visit: \$0 or \$20 copay* Substance Abuse: Individual or group therapy visit: \$0 or \$20 copay*
Nursing Home Care Services	Medicaid pays for nursing home room and board, medicines prescribed by your doctor, and 14 visits from your doctor per calendar year while you are in a nursing home.	Our plan covers up to 100 days in the SNF. - Days 1 through 20: \$0 copay per day - Days 21 through 100: \$0 or \$167 copay* per day
Prescription Drugs	.65 to \$3.90 per prescription for Part D excluded drugs covered by Alabama Medicaid. Medicaid does not cover Part D covered drugs (defined by CMS) for dual eligibles.	For Part B drugs such as chemotherapy drugs: 0% or 20% of the cost* Drugs covered under Medicare Part D: Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> • \$0 copay; or • \$1.25 copay; or • \$3.35 copay; or • 15% For all other drugs, either: <ul style="list-style-type: none"> • \$0 copay; or • \$3.70 copay; or • \$8.35 copay; or • 15%
Renal Dialysis Services	Medicaid pays for 156 outpatient dialysis treatments each year for recipients with kidney failure. Medicaid also pays for certain drugs and supplies.	- 0% or 20% of the cost* for Medicare-covered renal dialysis. - \$0 copay for Medicare-covered kidney disease education services.

Benefit Category (Excludes Medicare-covered services)	Alabama Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Transplant Services	Medicaid pays for some organ transplants. If a transplant is needed, the recipient's doctor will work directly with Medicaid to arrange for the transplant.	Under certain conditions, the following types of transplants are covered: Corneal, kidney, kidney-pancreatic, heart, liver, lung, heart/lung, bone marrow, stem cell, and intestinal/multi-visceral.
Medical Equipment and Supplies and Appliances	Medical Equipment \$1.30 to \$3.90 for each item. Supplies and Appliances .65 cents to \$3.90 for each item.	<p><u>Durable Medical Equipment (wheelchairs, oxygen, etc.)</u> 0% or 20% of the cost*</p> <p><u>Prosthetic Devices (braces, artificial limbs, etc.)</u></p> <ul style="list-style-type: none"> - Prosthetic devices: 0% or 20% of the cost* - Related medical supplies: 0% or 20% of the cost* <p><u>Diabetes Supplies and Services</u></p> <ul style="list-style-type: none"> - Diabetes self-management training: \$0 copay - Therapeutic shoes or inserts: 0% or 20% of the cost* - Diabetes monitoring supplies: 0% or 20% of the cost*, depending on the supply. Preferred brands diabetic test strips and monitors covered at \$0 cost share. Non-preferred brands not covered. 0% or 20% of the cost* applies to other monitoring supplies (e.g. Lancets). <p>You are eligible for one glucose monitor every two years and 200 glucose test strips per 30-day period.</p>

Benefit Category
(Excludes Medicare-covered services)

Alabama Medicaid-covered services

**Cigna-HealthSpring
TotalCare (HMO SNP)**

*Cost-sharing is based on your level of Medicaid eligibility

Medicaid Appeals and Grievances

You may request a fair hearing from the Alabama Medicaid Agency if the Agency reduces or denies services based on medical criteria or when eligibility benefits are denied, terminated, or reduced.

Your written request must be received by Medicaid within 60 days following the notice of action that a covered service or eligibility benefit has been reduced, denied, or terminated.

Mail requests to: Alabama Medicaid Agency
Attention: Hearings Coordinator
501 Dexter Avenue
P.O. Box 5624
Montgomery, AL 36104

If you have questions, call the Alabama Medicaid Recipient Inquiry Hotline at 1-800-362-1504. The call is free. (For the hearing impaired, the TTY number is 1-800-253-0799. The call is free.)

All Medicaid services are made available in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990. Complaints concerning these matters should be directed to the Civil Rights Coordinator, Alabama Medicaid Agency.

This plan is available to anyone who has both Medical Assistance from the State and Medicare. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

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