

SUMMARY OF BENEFITS

January 1, 2018 – December 31, 2018

**Cigna-HealthSpring® Preferred (HMO)
H0354-001**

Cigna-HealthSpring Preferred (HMO) H0354-001

Our service area includes the following counties in Arizona:

Maricopa and Pinal*

* denotes partial county: (85117; 85118; 85119; 85120; 85140; 85143;
85178; 85220)



INTRODUCTION TO SUMMARY OF BENEFITS

This Summary of Benefits gives you a summary of what **Cigna-HealthSpring Preferred (HMO)** 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 Preferred (HMO) Phone Numbers and Website

- If you are already a customer of this plan, call toll-free **1-800-627-7534 (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. Messaging service used weekends, after hours, and on federal holidays.
- If you are not a customer of this plan, call toll-free **1-855-561-3811 (TTY 711)**, 7 days a week, 8 a.m. – 8 p.m. to speak with a licensed agent. Hours apply Monday – Friday February 15 – September 30.
- Our website: www.cignahealthspring.com

What's Inside

- 1 About **Cigna-HealthSpring Preferred (HMO)**
- 2 Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- 3 Covered Medical & Hospital Benefits
- 4 Prescription Drug Benefits
- 5 Optional Supplemental Benefits (you must pay an additional premium for these benefits)

1 ABOUT CIGNA-HEALTHSPRING PREFERRED (HMO)

Who can join?

To join **Cigna-HealthSpring Preferred (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 Arizona: Maricopa and Pinal*

* denotes partial county: (85117; 85118; 85119; 85120; 85140; 85143; 85178; 85220)

Which doctors, hospitals, and pharmacies can I use?

Cigna-HealthSpring Preferred (HMO) 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?

Our plan groups each medication into one of five "tiers." To locate the tier of your prescribed drug, please refer to the *Drug List* (formulary). 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 Preferred (HMO)
Monthly Premium, Deductible, and Limits	
Monthly premium	\$0 per month. In addition, you must keep paying your Medicare Part B premium.
Medical deductible	This plan does not have a deductible.
Pharmacy (Part D) deductible	\$200 per year for Part D prescription drugs except for drugs listed on Tier 1, Tier 2, Tier 3 and Tier 4 which are excluded from the 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>\$3,950 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. 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 and cost-sharing for your Part D prescription drugs.</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>Inpatient Hospital Coverage¹</p>		
<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>	<p>\$200 copay per day for days 1 through 7</p> <p>\$0 copay per day for days 8 through 90</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. Customer pays the inpatient copay that was effective at the time of admission even if the hospital stay spans into the subsequent year.</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>\$150 copay for all other ASC services</p>	
<p>Outpatient Services & Observation</p>	<p>\$0 copay surgical procedures (i.e. polyp removal) during a colorectal screening</p> <p>\$325 copay for all other Outpatient Services including observation and outpatient surgical services not provided in an ASC</p> <p>\$150 copay for nonsurgical visit to a hospital outpatient department</p>	<p>When customer is admitted to observation status via the ER, the emergency room copay is waived, but the customer will be assessed the applicable hospital non-surgical copay or the hospital surgical copay as applicable.</p>

Benefit	What you pay	What you should know
Doctors' Visits^{1,2}		
Primary Care Physician (PCP)	\$0 copay	
Specialists	\$30 copay	
Preventive Care²		
<p>Our plan covers many Medicare-covered preventive services, including:</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 	\$0 copay	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.

Benefit	What you pay	What you should know
Preventive Care² cont.		
<ul style="list-style-type: none"> 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 		
Emergency Care		
Emergency care services	\$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	\$25 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} <i>(Costs for these services may vary based on place of service)</i>		
Diagnostic procedures and tests	\$0 copay	
Lab services	\$0 copay for lab services rendered in the physician's office \$20 copay for lab services rendered in the hospital outpatient or freestanding Ambulatory Surgical Center (ASC) facility	
Therapeutic radiological services	20% of the cost	

Benefit	What you pay	What you should know
Diagnostic Services, Labs & Imaging^{1,2} cont. (Costs for these services may vary based on place of service)		
X-ray services	\$0 copay	
Diagnostic radiological services (such as MRIs, CT scans)	\$0 copay for mammography and ultrasounds \$150 copay per visit for high tech radiology (e.g. CT, MRI, PET) at a contracted facility 20% of the cost of each procedure for nuclear medicine studies conducted in the physician's office or facility setting	
Hearing Services²		
Hearing exams (Medicare-covered)	\$30 copay	
Routine hearing exams	\$30 copay	
Dental Services^{1,2}		
Dental Services (Medicare-covered) <i>This plan offers additional dental benefits as an Optional Supplemental Benefit. See section 5 – “Optional Supplemental Benefits” for details</i>	\$30 copay	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)
Vision Services^{1,2}		
Eye exams (Medicare-covered)	\$0 copay glaucoma screening and diabetic retinal exams \$30 copay for all other Medicare-covered vision services	
Routine eye exam (one every two years)	\$30 copay	Routine eye exams obtained from other than a Cigna Medical Group Vision Center are not covered. Contact lens fitting is excluded.
Eyewear (Medicare-covered)	\$0 copay	

Benefit	What you pay	What you should know
Mental Health Services¹		
<p>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.</p>	<p>\$185 copay per day for days 1 through 8 \$0 copay per day for days 9 through 90</p>	
<p>Outpatient: Individual or group therapy visit</p>	<p>\$40 copay</p>	
Skilled Nursing Facility (SNF)¹		
<p>Our plan covers up to 100 days in the SNF.</p>	<p>\$0 copay per day for days 1 through 20 \$167 copay per day for days 21 through 100</p>	
Rehabilitation Services^{1,2}		
<p>Cardiac (heart) rehab services</p>	<p>\$30 copay</p>	<p>You will have one copayment when multiple therapies are provided by the same provider on the same date and at the same place of service.</p>
<p>Pulmonary rehab services</p>	<p>\$30 copay</p>	
<p>Occupational therapy services</p>	<p>\$30 copay</p>	<p>You will have one copayment when multiple therapies (such as PT, OT, ST) are provided by the same provider on the same date and at the same place of service.</p>
<p>Physical therapy and speech and language therapy services</p>	<p>\$30 copay</p>	
Ambulance		
<p>Ground service (one-way trip)</p>	<p>\$250 copay</p>	
<p>Air service (one-way trip)</p>	<p>\$250 copay</p>	
Transportation		
	<p>Not covered</p>	

Benefit	What you pay	What you should know
Prescription Drugs¹		
Medicare Part B Drugs	For Part B drugs such as chemotherapy drugs: 20% of the cost	This plan has Part D prescription drug coverage. See Section 4.
Foot Care (Podiatry Services)^{1,2}		
	\$30 copay for Medicare-covered podiatry services \$30 copay for routine podiatry	
Medical Equipment & Supplies^{1,2}		
Durable Medical Equipment (wheelchairs, oxygen, etc.)	20% of the cost	
Prosthetic Devices (braces, artificial limbs, etc.) and related medical supplies	20% of the cost	
Diabetes Supplies & Services	\$0 copay for Diabetes self-management training \$0 copay for Therapeutic shoes or inserts \$0 copay for Diabetes monitoring supplies	Non- preferred brands not covered. 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.

Benefit	What you pay	What you should know
Chiropractic Care¹		
Chiropractic services	\$20 copay for Medicare-covered chiropractic services \$20 copay for routine chiropractic services (up to 12 routine visits per year)	All Medicare-covered chiropractic services as well as routine chiropractic services are provided by Arizona licensed chiropractor providers.
Home Health Care^{1,2}		
	\$0 copay	
Hospice		
Hospice care must be provided by a Medicare-certified hospice program.	\$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	\$40 copay	
Over-the-Counter (OTC) Items		
	Not covered	

4 PRESCRIPTION DRUG BENEFITS

Benefit	Cigna-HealthSpring Preferred (HMO)																										
Prescription Drug Benefits																											
<p>Medicare Part D Drugs Initial Coverage (after you pay your deductible, if applicable)</p>	<p>The following chart shows the cost-sharing amounts for covered drugs under this plan. After you pay your yearly Part D deductible, you pay the following until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and our plan.</p>																										
	<table border="1"> <thead> <tr> <th data-bbox="714 592 954 751">Tier</th> <th data-bbox="714 592 954 751">Preferred Retail Cost-Sharing 30 / 60 / 90 Days</th> <th data-bbox="714 592 954 751">Standard Retail Cost-Sharing 30 / 60 / 90 Days</th> <th data-bbox="714 592 954 751">Standard Mail Order Cost-Sharing 30 / 60 / 90 Days</th> </tr> </thead> <tbody> <tr> <td data-bbox="714 751 954 848">Tier 1: Preferred Generic Drugs</td> <td data-bbox="714 751 954 848">\$2 / \$4 / \$5</td> <td data-bbox="714 751 954 848">\$7 / \$14 / \$21</td> <td data-bbox="714 751 954 848">\$7 / \$14 / \$21</td> </tr> <tr> <td data-bbox="714 848 954 945">Tier 2: Generic Drugs</td> <td data-bbox="714 848 954 945">\$10 / \$20 / \$25</td> <td data-bbox="714 848 954 945">\$15 / \$30 / \$45</td> <td data-bbox="714 848 954 945">\$15 / \$30 / \$45</td> </tr> <tr> <td data-bbox="714 945 954 1041">Tier 3: Preferred Brand Drugs</td> <td data-bbox="714 945 954 1041">\$42 / \$84 / \$126</td> <td data-bbox="714 945 954 1041">\$47 / \$94 / \$141</td> <td data-bbox="714 945 954 1041">\$47 / \$94 / \$141</td> </tr> <tr> <td data-bbox="714 1041 954 1138">Tier 4: Non-Preferred Drugs</td> <td data-bbox="714 1041 954 1138">\$95 / \$190 / \$285</td> <td data-bbox="714 1041 954 1138">\$100 / \$200 / \$300</td> <td data-bbox="714 1041 954 1138">\$100 / \$200 / \$300</td> </tr> <tr> <td data-bbox="714 1138 954 1226">Tier 5: Specialty Tier</td> <td data-bbox="714 1138 954 1226">29% for 30 day supply only</td> <td data-bbox="714 1138 954 1226">29% for 30 day supply only</td> <td data-bbox="714 1138 954 1226">29% for 30 day supply only</td> </tr> </tbody> </table>	Tier	Preferred Retail Cost-Sharing 30 / 60 / 90 Days	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Standard Mail Order Cost-Sharing 30 / 60 / 90 Days	Tier 1: Preferred Generic Drugs	\$2 / \$4 / \$5	\$7 / \$14 / \$21	\$7 / \$14 / \$21	Tier 2: Generic Drugs	\$10 / \$20 / \$25	\$15 / \$30 / \$45	\$15 / \$30 / \$45	Tier 3: Preferred Brand Drugs	\$42 / \$84 / \$126	\$47 / \$94 / \$141	\$47 / \$94 / \$141	Tier 4: Non-Preferred Drugs	\$95 / \$190 / \$285	\$100 / \$200 / \$300	\$100 / \$200 / \$300	Tier 5: Specialty Tier	29% for 30 day supply only	29% for 30 day supply only	29% for 30 day supply only		
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	<p>You may get your drugs at preferred or standard network retail pharmacies, or standard network mail order pharmacies. Your prescription drug copay will typically be less at a preferred network pharmacy because it has a preferred agreement with your plan.</p> <p>You can get your prescription from an out-of-network pharmacy, but may pay more than you would pay at an in-network pharmacy. If you reside in a long-term care facility, you would pay the standard retail cost-sharing at an in-network pharmacy.</p> <p>Your costs may be different if you qualify for Extra Help. Your copay or coinsurance is based on the drug tier for your medication, which you can find in the plan formulary (drug list) on our website www.cignahealthspring.com. Or, call us and we will send you a copy of the formulary.</p>																										

Benefit	Cigna-HealthSpring Preferred (HMO)
Prescription Drug Benefits	
Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there is a temporary change in what you will pay for your drugs. The coverage gap begins after your total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,750. Not everyone will enter the coverage gap.</p> <p>After you enter the coverage gap, you pay 35% of the plan’s cost for covered brand name drugs and 44% of the plan’s cost for covered generic drugs until your costs total \$5,000, which is the end of the coverage gap.</p>
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) have reached \$5,000, the plan will pay most of the cost for your drugs. Your share of the cost of covered drugs will be the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost of the drug or • \$3.35 copay for generic drugs (including brand drugs treated as generic) and \$8.35 copay for all other drugs.

5 OPTIONAL SUPPLEMENTAL BENEFITS

Benefit	Cigna-HealthSpring Preferred (HMO)
Optional Supplemental Benefits (you must pay an additional premium each month for these benefits)	
<p>Package 1: Cigna Dental Care Plan – Preventive and Comprehensive^{1,2}</p>	<ul style="list-style-type: none"> • Preventive dental services: \$5 copay per office visit* <ul style="list-style-type: none"> - Oral exam (four every year) - Prophylaxis–cleanings (two every year) - Bitewing X-ray (one every year) - Full mouth and panoramic X-ray (one every three years) *Customers are responsible for the \$5 office copay at each visit in addition to any other applicable patient charge as outlined in the patient charge schedule. • Comprehensive dental services - \$0 - \$2,376, depending on service <ul style="list-style-type: none"> - Diagnostic services - Restorative services - Endodontics - Periodontics - Extractions - Prosthodontics/Oral Surgery <p>The customer’s cost share for the optional supplemental dental plan for each dental procedure is based on the dental fee schedule. Please see your Cigna Dental Care Plan Guide for plan coverage details.</p>
<p>How much is the monthly premium?</p>	<p>Additional \$20 per month. You must keep paying your Medicare Part B premium.</p>
<p>How much is the deductible?</p>	<p>This package does not have a deductible.</p>

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