

SUMMARY OF BENEFITS

January 1, 2018 – December 31, 2018

**Cigna-HealthSpring® TotalCare (HMO SNP)
H4454-020**

Our service area includes the following counties in Tennessee:

Bedford, Benton, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson and Wilson



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 **1-866-593-4468 (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
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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 Tennessee Medicaid, and live in our service area.

Our service area includes the following counties in Tennessee: Bedford, Benton, Cannon, Carroll, Cheatham, Chester, Clay, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Gibson, Giles, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Lauderdale, Lawrence, Lewis, Lincoln, Macon, Madison, Marshall, Maury, McNairy, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Van Buren, Warren, Wayne, White, Williamson and Wilson.

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 \$22.40 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 1-60: \$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 <p>†Amounts may change in 2018.</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 10% of the cost* for 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 20% of the cost* for all other Outpatient Services including observation and outpatient surgical services not provided in an ASC</p>	
<p>Doctors’ Visits ²</p>		
<p>Primary Care Physician (PCP)</p>	<p>\$0 copay</p>	
<p>Specialists</p>	<p>\$0 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 copay	
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 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 copay	
X-ray services	\$0 copay	
Diagnostic radiological services (such as MRIs, CT scans)	0% of the cost 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	
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 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.
Vision Services		
Eye exams (Medicare-covered)	\$0 copay glaucoma screening and diabetic retinal exams \$0 copay for all other Medicare-covered vision services	
Routine eye exam (one every year)	\$0 copay	
Eyewear (Medicare-covered)	\$0 copay	

Benefit	What you pay	What you should know
Vision Services (cont.)		
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 Services ¹		
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 1-60: \$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.	
Outpatient: Individual or group therapy visit	\$0 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 \$160 copay* per day for days 21 through 100	
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	

Benefit	What you pay	What you should know
Ambulance¹		
Ground service (one-way trip)	0% or 20% of the cost*	
Air service (one-way trip)	0% or 20% of the cost*	
Transportation¹		
	\$0 copay for 30 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 copay	
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.

Benefit	What you pay	What you should know
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	
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	\$0 copay	

Benefit	What you pay	What you should know
Over-the-Counter (OTC) Items		
	<p>\$105 each quarter to use for over-the-counter medicines and health related items that do not require a prescription.</p>	<p>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.</p>

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 H4454, PLAN 020

This section demonstrates the Medicaid benefit package for full benefit dual-eligible recipients in the state of Tennessee. The services offered in your Medicaid benefit package are based on your Medicaid eligibility level (Categorically Needy or Medically Needy). Medicare coverage must be used first and the Medicaid Program may cover payment of Medicare Part A and B deductible and coinsurance for all Medicare covered services. The services listed below are available only to those SNP members eligible under Medicaid for medical services. If you are eligible for both Medicare and Medicaid, you will not be held liable for Medicare Part A and B cost sharing when the state is responsible for paying these

amounts. For more information about your Medicaid benefits and copayments, please contact the State Medicaid Office.

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what TennCare covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility. For more information about your Medicaid benefits, please contact the State Medicaid Office, or Tennessee Department of Health at **(615) 741-3111**.

Benefit Category (Excludes Medicare-covered services)	Tennessee Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Chiropractic Services	Yes, for persons under age 21. No, for persons 21 and up.	\$0 copay for chiropractic services (Medicare-covered)
Community Health Services	Covered as medically necessary, but Medicare is primary. For persons under 21 years old: Preventive, diagnostic, and treatment services covered as medically necessary. Dental Services under EPSDT are provided in accordance with the state's periodicity schedule as determined after consultation with recognized dental organizations and at other intervals as medically necessary.	You must go to network doctors, specialists, and hospitals.

Benefit Category (Excludes Medicare-covered services)	Tennessee Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Dental Services	Medicaid covers dental services for members under 21 years of age, with Medicare as the primary payor. Medicaid does not cover dental services for members over the age of 21.	\$0 copay for dental services (Medicare-covered): <ul style="list-style-type: none"> - Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth) \$0 copay for 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) Frequency limits vary depending on the type of covered service.
Durable Medical Equipment	Covered as medically necessary, but Medicare is primary.	0% or 20% of the cost* for durable Medical Equipment (wheelchairs, oxygen, etc.)
Emergency Air and Ground Transportation	Covered as medically necessary, but Medicare is primary.	0% or 20% of the cost* for ground service (one-way trip) 0% or 20% of the cost* for air service (one-way trip)
Home Health Care	Covered as medically necessary, with limits. See Note. Medicare is primary. Home Health Services for adults aged 21 and older are limited to 8 hours per day and 27 hours per week of nursing care, with a limit of 30 hours per week for enrollees who qualify for Level 2 Nursing Facility care. Home health aide and home health nursing services combined are limited to 8 hours per day and 35 hours per week, with a limit of 40 hours per week for enrollees who qualify for Level 2 Nursing Facility care.	\$0 copay
Hospice care	Covered as medically necessary, but Medicare is primary. Must be provided by an organization certified pursuant to Medicare Hospice requirements.	\$0 copay Hospice care must be provided by a Medicare-certified hospice program.

Benefit Category (Excludes Medicare-covered services)	Tennessee Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Inpatient and Outpatient Substance Abuse Benefits	Covered as medically necessary, but Medicare is primary	<p><u>Inpatient</u></p> <p>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:</p> <ul style="list-style-type: none"> - 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 <p>†Amounts may change in 2018.</p> <p><u>Outpatient</u></p> <p>\$0 copay for substance Abuse individual or group therapy</p>
Inpatient Hospital Services	Covered as medically necessary, but Medicare is primary.	<p>Our plan covers 90 days for an inpatient hospital stay. For Medicare-covered hospital stays, in 2017, the amounts for each benefit period were:</p> <ul style="list-style-type: none"> - 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 <p>†Amounts may change in 2018.</p>
Lab And X-ray Services	Covered as medically necessary, but Medicare is primary.	<p>\$0 copay for lab services</p> <p>\$0 copay for x-ray services</p>

Benefit Category (Excludes Medicare-covered services)	Tennessee Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Medical Supplies	Covered as medically necessary, but Medicare is primary.	<p>0% or 20% of the cost* for Durable Medical Equipment (wheelchairs, oxygen, etc.), Prosthetic Devices (braces, artificial limbs, etc.) and related medical supplies.</p> <p>\$0 copay for diabetes self-management training</p> <p>0% or 20% of the cost* for therapeutic shoes or inserts</p> <p>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).</p> <p>You are eligible for one glucose monitor every two years and 200 glucose test strips per 30-day period.</p>
Mental Health Case Management Services	Covered as medically necessary. Not covered by Medicare.	<p><u>Inpatient</u></p> <p>Our plan covers 90 days for an inpatient psychiatric hospital stay.</p> <p>For Medicare-covered hospital stays, in 2017, the amounts for each benefit period were:</p> <ul style="list-style-type: none"> - Days 1-60: \$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 <p>†Amounts may change in 2018.</p> <p><u>Outpatient</u></p> <p>\$0 copay for outpatient individual or group therapy</p>
Mental Health Crisis Services	Covered as medically necessary. Not covered by Medicare.	<p><u>Inpatient and Outpatient</u></p> <p>See “Mental Health Case Management Services” section for coverage details.</p>
Non-Emergency Transportation	Covered as medically necessary, but Medicare is primary.	<p>\$0 copay for up to 30 one-way trips to plan-approved locations every year.</p>

Benefit Category (Excludes Medicare-covered services)	Tennessee Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Occupational Therapy	Covered as medically necessary, but Medicare is primary.	\$0 copay for occupational therapy services
Organ And Tissue Transplant Services and Donor Organ/Tissue Procurement Services	Covered as medically necessary, but Medicare is primary.	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/multivisceral.
Outpatient Hospital Services	Covered as medically necessary, but Medicare is primary.	<u>Ambulatory Surgical Center (ASC)</u> \$0 copay for surgical procedures (i.e. polyp removal) during a colorectal screening 0% or 10% of the cost* for all other ASC services <u>Outpatient Services and Observation</u> \$0 copay for surgical procedures (i.e. polyp removal) during a colorectal screening 0% or 20% of the cost* for all other Outpatient Services including observation and outpatient surgical services, not provided in an ASC
Outpatient Mental Health Services	Covered as medically necessary, but Medicare is primary.	\$0 copay for outpatient individual or group therapy 0% or 10% of the cost* for Medicare-covered partial hospitalization program services

Benefit Category (Excludes Medicare-covered services)	Tennessee Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Pharmacy Services	Persons dually eligible for Medicaid and Medicare will receive their pharmacy services through Medicare Part D.	<p><u>Drugs covered under Medicare Part B</u> 0% or 20% of the cost* for Part B drugs such as chemotherapy drugs</p> <p><u>Drugs covered under Medicare Part D</u> Medicare Part D Initial Coverage \$0 or \$83 deductible per year* for Part D prescription drugs Medicare Part D Initial Coverage Depending on your income and institutional status, you pay the following: 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%
Physical Therapy	Covered as medically necessary, but Medicare is primary.	\$0 copay for physical therapy and speech and language therapy services
Physician Services	Covered as medically necessary, but Medicare is primary.	\$0 copay for Primary Care Physician visit \$0 copay for Specialist visit

Benefit Category (Excludes Medicare-covered services)	Tennessee Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Psychiatric Inpatient Facility Services	Covered as medically necessary, but Medicare is primary.	<p><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:</p> <ul style="list-style-type: none"> -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 <p>†Amounts may change in 2018.</p> <p><u>Outpatient</u> \$0 copay for outpatient individual or group therapy</p>
Psychiatric Rehabilitation Services	Covered as medically necessary, but Medicare is primary.	<p><u>Inpatient and Outpatient</u> See “Psychiatric Inpatient Facility Services” section for coverage details.</p>
Psychiatric Residential Treatment Services	Covered as medically necessary, but Medicare is primary.	<p><u>Inpatient and Outpatient</u> See “Mental Health Case Management Services” section for coverage details. \$0 copay for outpatient Mental Health or Substance Abuse individual or group therapy</p>
Renal Dialysis Services	Covered as medically necessary. Generally, limited to the beginning ninety (90) day period prior to the enrollee’s becoming eligible for coverage by the Medicare program.	<p>0% or 20% of the cost* for Medicare-covered renal dialysis \$0 copay for Medicare-covered kidney disease education services</p>
Speech Therapy	Covered as medically necessary, but Medicare is primary.	<p>\$0 copay for Physical therapy and speech and language therapy services</p>

Benefit Category (Excludes Medicare-covered services)	Tennessee Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Vision Services	<p>Covered as medically necessary, with limits. See Note. Medicare is primary.</p> <p>For adults aged 21 and older, vision services are limited to medical evaluation and management of abnormal conditions and disorders of the eye. The first pair of cataract glasses or contact lens/lenses following cataract surgery are covered.</p>	<p>\$0 copay for eye exams (Medicare-covered)</p> <p>\$0 copay for routine eye exam (one every year)</p> <p>\$0 copay for eyewear (Medicare-covered)</p> <p>\$0 copay for routine eyewear up to plan coverage maximum</p> <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 <p>The plan has a maximum coverage amount for routine eyewear of \$100 every year.</p>

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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