

SUMMARY OF BENEFITS

January 1, 2018 – December 31, 2018

**Cigna-HealthSpring® TotalCare (HMO SNP)
H5410–013**

Our service area includes the following counties in Florida:

Bay, Escambia, Okaloosa, Santa Rosa and Walton



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
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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 Florida Medicaid Department, and live in our service area.

Our service area includes the following counties in Florida: Bay, Escambia, Okaloosa, Santa Rosa and Walton.

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 \$20.70 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 \$175 copay* 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 \$250 copay* for 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 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 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} (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	
Hearing Services ²		
Hearing exams (Medicare-covered)	\$0 copay	
Routine hearing exams (one every year)	\$0 copay	

Benefit	What you pay	What you should know
Hearing Services² (cont.)		
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.
<ul style="list-style-type: none"> • Comprehensive dental services: <ul style="list-style-type: none"> - Restorative services - Periodontics - Extractions - Prosthodontics/Oral surgery 	\$10 to \$195 copay, depending on the service, up to a maximum coverage amount of \$1,000 per year	<p>Unused amounts of the annual allowance do not carry forward to future benefit years.</p> <p>There are limitations on the number of covered services within a service category.</p> <p>Frequency limits and cost-sharing vary depending on the type of covered service.</p>
Vision Services		
Eye exams (Medicare-covered)	\$0 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 \$200 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 1-60: \$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 \$167 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	

Benefit	What you pay	What you should know
Physical therapy and speech and language therapy services	\$0 copay	
Ambulance¹		
Ground service (one-way trip)	\$0 or \$220 copay*	
Air service (one-way trip)	0% or 20% of the cost*	
Transportation		
	Not covered	
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		
	Not covered	
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% or 20% of the cost*	
Home Health Care¹		
	\$0 copay	
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 copay	
Over-the-Counter (OTC) Items		
	\$30 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

Benefit	What you pay	What you should know
Over-the-Counter (OTC) Items (cont.)		
		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, you pay nothing for all drugs.</p>

5 SUMMARY OF MEDICAID-COVERED BENEFITS FOR CONTRACT H5410, PLAN 013

This section demonstrates the Medicaid benefit package for full benefit dual-eligible recipients in the state of Florida. 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 customers 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 Florida Medicaid covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility. The Florida Department of Children and Families (DCF) ACCESS Program phone number:

1-866-762-2237 and the Florida Agency for Health Care Administration: 1-888-419-3456.

Benefit Category (Excludes Medicare-covered services)	Florida Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Assistive Care Services	Assistive care services (ACS) provides care to eligible recipients living in congregate living facilities and requiring integrated services on a 24-hour per day basis. This includes residents of licensed assisted living facilities (ALFs), adult family care homes (AFCHs) and residential treatment facilities (RTFs). \$0 copay	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

Benefit Category (Excludes Medicare-covered services)	Florida Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Ambulatory Surgical Center	Medicaid reimburses Ambulatory Surgical Centers for scheduled, elective, medically necessary surgical care to patients who do not require hospitalization when the surgery meets the following: <ul style="list-style-type: none"> • Requires a dedicated operating room. • Normally not emergency or life threatening in nature. • Listed in the Medicaid Ambulatory Surgery Center fee schedule. • Ninety minutes or less in operating time. • Four hours or less recovery or convalescent time. • Does not require major invasion of body cavities or directly involve major blood vessels. • Does not usually result in heavy loss of blood. 	<u>Ambulatory Surgical Center</u> <ul style="list-style-type: none"> - Surgical procedures (i.e. polyp removal) during a colorectal screening: \$0 copay - All other Ambulatory Surgical Center (ASC) services: \$0 or \$175 copay*
Chiropractic Services	There is a \$1 recipient copayment for chiropractic services, per provider, per day, unless the recipient is exempt.	Chiropractic services (Medicare-covered): 0% or 20% of the cost*
Community Behavioral Health Services	Community behavioral health services include mental health and substance abuse services and are provided for the maximum reduction of the recipient's mental health or substance abuse disability and restoration to the best possible functional level. Services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed.	<u>Inpatient Mental Health</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: <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. <u>Outpatient Mental Health</u> Outpatient individual or group therapy visit: \$0 copay

Benefit Category (Excludes Medicare-covered services)	Florida Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Community Behavioral Health Services <i>(Continued)</i>	Community behavioral health services include assessments, treatment planning, medical and psychiatric services, individual, group and family therapies, community support and rehabilitative services, therapeutic behavioral onsite services for children and adolescents, as well as therapeutic foster care and group care services. Access to these services for recipients in managed care does not require a referral from a PCP. There is a \$2 recipient copayment for community behavioral health services, per provider, per day, unless the recipient is exempt.	
County Health Department (CHD) Clinic Services	County health departments (CHDs) are administered by the Department of Health for the purpose of providing public health services. CHD clinics may also provide medically necessary primary and preventative outpatient health care depending on the location of the CHD. Services are performed by physicians, dentists, dental hygienists, registered nurses, advanced registered nurse practitioners, and physician assistants.	Primary Care Physician visit: \$0 copay Specialist visit: \$0 copay
Dental Services	Medicaid reimburses for limited adult dental services when rendered by a dentist enrolled in Medicaid. Acute emergency dental procedures to alleviate pain or infection, dentures and denture-related procedures are provided to recipients 21 years of age and older.	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)

Benefit Category (Excludes Medicare-covered services)	Florida Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Dental Services <i>(Continued)</i>	<p>Adult dental services include:</p> <ul style="list-style-type: none"> • Comprehensive oral evaluation • Denture-related procedures • Full dentures and removable partial dentures • Incision and drainage of an abscess • Necessary radiographs to make a diagnosis • Problem-focused oral evaluation <p>Adult Medicaid recipients are responsible for a five percent coinsurance charge for all procedures related to denture services, unless exempt.</p>	<p>Preventive dental services: \$0 copay</p> <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 <p>Comprehensive dental services: \$10 to \$195 copay, depending on service:</p> <ul style="list-style-type: none"> - Restorative services - Periodontics - Extractions - Prosthodontics/Oral surgery <p>The plan has a maximum coverage amount of \$1,000 per year for comprehensive dental services. Unused amounts of the annual allowance do not carry forward to future benefit years.</p>
Dialysis Services	<p>Dialysis services include in-center hemodialysis, in-center administration of the injectable medication Erythropoietin (Epogen or EPO), other Agency approved drugs, and home peritoneal dialysis. These services must be provided under the supervision of a physician licensed to practice allopathic or osteopathic medicine in Florida.</p> <p>The dialysis treatment includes routine laboratory tests, dialysis-related supplies, and ancillary and parenteral items.</p> <p>\$0 copay</p>	<p>Renal Dialysis (Medicare-covered): 0% to 20% of the cost*</p> <p>Kidney Disease Education Services (Medicare-covered): \$0 copay</p>

Benefit Category (Excludes Medicare-covered services)	Florida Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Durable Medical Equipment (DME) and Medical Supplies	Durable Medical Equipment (DME) is equipment that can be used repeatedly, serves a medical purpose, and is appropriate for use in the patient’s home. Medical supplies are medical or surgical items that are consumable, expendable, disposable or non-durable, and are appropriate for use in the patient’s home.	Durable Medical Equipment: 0% or 20% of the cost* Prosthetic Devices and related medical supplies: 0% or 20% of the cost* <u>Diabetes Supplies and Services</u> \$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.
Federally Qualified Health Center (FQHC)	A federally qualified health center (FQHC) is a clinic that is receiving a grant from the Public Health Service to provide medical care in a medically underserved population. The clinic may be located in either a rural or urban area. FQHCs provide primary and preventive outpatient health care. FQHC services are performed by advanced registered nurse practitioners, chiropractors, clinical psychologists, clinical social workers, dentists, optometrists, physicians, physician assistants, and podiatrists. There is a \$3 recipient copayment for FQHC services, per clinic, per day, unless the recipient is exempt.	Primary Care Physician visit: \$0 copay Specialist visit: \$0 copay

Benefit Category (Excludes Medicare-covered services)	Florida Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Hearing Services	<p>Medicaid reimburses for hearing services rendered by licensed, Medicaid-participating otolaryngologists, otologists, audiologists, and hearing aid specialists. Medicaid reimbursable hearing services include:</p> <ul style="list-style-type: none"> • Cochlear implant services. • Diagnostic audiological testing. • Hearing aid fitting and dispensing. • Hearing aid repairs and accessories. • Hearing aids. • Hearing evaluations to determine hearing aid candidacy. • Mandatory newborn hearing screening. <p>\$0 copay</p>	<p>Hearing exams (Medicare-covered): \$0 copay</p> <p>Routine hearing exams (one every year): \$0 copay</p> <p>Hearing aid evaluation/fitting (one every three years): \$0 copay</p> <p>Hearing aid evaluations are part of the routine hearing exam once every three years.</p> <p>Multiple fittings are allowed if necessary to ensure hearing aids are accurately fitted.</p> <p>Hearing aids (one every three years): \$0 copay up to plan coverage maximum</p> <p>The plan has a maximum coverage amount for hearing aids of \$700 per ear per device every three years.</p>
Home Health Services	<p>Home Health Services are provided in a recipient's home or other authorized setting to promote, maintain or restore health, or to minimize the effects of illness and disability. Medicaid reimburses for home health services rendered by licensed, Medicaid-participating home health agencies.</p> <p>There is a \$2 recipient copayment for home health services, per provider, per day, unless the recipient is exempt.</p>	<p>Home Health Care (Medicare-covered): \$0 copay</p>

Benefit Category (Excludes Medicare-covered services)	Florida Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Hospice Services	Medicaid reimburses Medicaid-participating hospice providers who are licensed by the Agency and meet the requirements to participate in Medicare. Medicaid-covered services include: <ul style="list-style-type: none"> • Hospice care provided by the designated hospice. • Direct care services of a hospice physician. • Nursing facility room and board. Patient responsibility depends on the amount of income and spouse/dependent(s).	\$0 copay Hospice care must be provided by a Medicare-certified hospice program.
Hospital Services – Inpatient	Medicaid reimburses licensed, Medicaid-participating hospitals for inpatient services. The services must be provided under the direction of a licensed physician or dentist. Medicaid reimbursement for inpatient hospital services include room and board, medical supplies, diagnostic and therapeutic services, use of hospital facilities, drugs and biological, nursing care, and all supplies and equipment necessary to provide the appropriate care and treatment of patients. \$0 copay	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 1-60: \$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.

Benefit Category (Excludes Medicare-covered services)	Florida Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Hospital Services – Outpatient	<p>Outpatient hospital services are preventive, diagnostic, therapeutic or palliative care, and service items provided in an outpatient setting. The services must be provided under the direction of a licensed physician or dentist.</p> <p>There is a five percent coinsurance on the first \$300 of a Medicaid payment for an emergency room visit to receive non-emergency services not to exceed \$15, unless the recipient is exempt.</p> <p>\$3 per day for outpatient services provided in an outpatient setting other than the emergency department.</p>	<p><u>Outpatient Services and Observation</u></p> <ul style="list-style-type: none"> - Surgical procedures (i.e. polyp removal) during a colorectal screening: \$0 copay - All other outpatient services including observation and outpatient surgical services, not provided in an Ambulatory Surgical Center: \$0 or \$250 copay*
Independent Laboratory Services	<p>Independent laboratory services are clinical laboratory procedures performed in freestanding laboratory facilities.</p> <p>There is a \$1 recipient copayment for independent laboratory services, per provider, per day, unless the recipient is exempt.</p>	<p>Lab services: \$0 copay</p>
Nursing Facility Services	<p>Nursing facility services are 24-hour-a-day nursing and rehabilitation services provided in a facility that is licensed and certified by the Agency to participate in the Medicaid program. Based upon the recipient's income, each recipient may have a patient responsibility amount determined by DCF.</p>	<p>Our plan covers up to 100 days in the SNF.</p> <ul style="list-style-type: none"> - Days 1 through 20: \$0 copay per day - Days 21 through 100: \$0 or \$167 copay* per day

Benefit Category (Excludes Medicare-covered services)	Florida Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Optometric Services (Visual Care)	Medicaid reimburses for optometric services rendered by licensed, Medicaid-participating optometrists and ophthalmologists. There is a \$2 recipient copayment for optometric services, per provider, per day, unless the recipient is exempt.	Eye exams (Medicare-covered): \$0 copay Routine eye exam (one every year): \$0 copay Eyewear (Medicare-covered): \$0 copay Routine eyewear: \$0 copay up to plan coverage maximum <ul style="list-style-type: none"> - Contact lenses - Eyeglasses—lenses and frames (one every year) - Eyeglass lenses (one every year) - Eyeglass frames (one every year) - Upgrades The plan has a maximum coverage amount for routine eyewear of \$200 every year.
Practitioner Services	Medicaid reimburses for services rendered by licensed, Medicaid-participating doctors of allopathic or osteopathic medicine. There is a \$2 recipient copayment for physician services, per provider, per day, unless the recipient is exempt.	Primary Care Physician visit: \$0 copay Specialist visit: \$0 copay
Physician Assistant Services	Medicaid reimburses for services provided by licensed, Medicaid-participating physician assistants. There is a \$2 recipient copayment for physician assistant services, per provider, per day, unless the recipient is exempt.	Primary Care Physician office: \$0 copay Specialist office: \$0 copay
Podiatric Services	Medicaid reimburses for podiatry services rendered by licensed podiatrists, as defined in Chapter 461, Florida Statutes, who are participating in Medicaid. There is a \$2 recipient copayment for podiatry services, per provider, per day, unless the recipient is exempt.	Podiatry services (Medicare-covered): \$0 copay

Benefit Category (Excludes Medicare-covered services)	Florida Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Prescribed Drug Services	<p>\$0 copay</p> <p>Medicaid reimburses licensed, Medicaid enrolled pharmacy providers for most prescription drugs used in outpatient settings. Prescribed Drug Services also reimburses for some injectable drugs and specific over-the-counter medications. Most drugs included on the Medicaid Preferred Drug List (PDL) are available without prior authorization (PA). However, some drugs listed on the PDL require a clinical PA. Drugs not listed on the PDL require prior authorization and may involve step therapy trials of PDL products.</p> <p>Over-the-counter drugs include:</p> <ul style="list-style-type: none"> • Aluminum and calcium products used as phosphate binders and multivitamin supplements for dialysis patients. • Aspirin when prescribed as an anti-inflammatory agent. • Guaifenesin as a single entity expectorant, in either liquid or solid dosage form. • Insulin. • Sodium chloride solution for inhalation. • Specified iron supplements. • Specified smoking cessation products. • Vaginal antifungal creams. <p>For institutionalized recipients, all over-the-counter drugs, supplies, food supplements, and vitamins are considered nursing home floor stock and are not reimbursable under Medicaid prescribed drug services.</p>	<p><u>Drugs covered under Medicare Part B</u></p> <p>\$0 yearly deductible for Medicare Part B drugs.</p> <p>0% to 20% of the cost* for Medicare Part B chemotherapy drugs and other Part B drugs.</p> <p><u>Drugs covered under Medicare Part D</u></p> <p>In-Network</p> <p>Deductible: \$0 to \$83 per year* for Part D prescription drugs.</p> <p>Initial Coverage</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%
Therapy Services – Occupational	<p>Medicaid reimburses for occupational therapy services provided by licensed, Medicaid-participating occupational therapists and by supervised, occupational therapy assistants.</p> <p>\$0 copay</p>	<p>Occupational therapy services: \$0 copay</p>

Benefit Category (Excludes Medicare-covered services)	Florida Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Therapy Services – Physical	Medicaid reimburses for physical therapy services provided by licensed, Medicaid-participating physical therapists, and by supervised physical therapy assistants. \$0 copay	Physical therapy services: \$0 copay
Therapy Services – Respiratory	These services are available in the home or other appropriate setting. \$0 copay	Pulmonary rehab services: \$0 copay
Therapy Services – Speech-Language Pathology	Medicaid reimburses for speech-language pathology services provided by licensed, Medicaid-participating speech-language pathologists, and by supervised speech-language pathologist assistants. \$0 copay.	Speech and language therapy services: \$0 copay
Transplant Services – Organ and Bone Marrow	Medicaid reimburses for organ and bone marrow transplantation provided by transplant physicians in designated transplant centers. Medicaid coverage of transplant procedures is established in consultation with the Organ Transplant Advisory Council, the Bone Marrow Transplant Advisory Panel, and Medicaid medical consultants. Acceptance as a candidate for covered transplant services is determined by the designated transplant hospital, not by Medicaid. Pre-transplant and post-transplant care, including immunosuppressive medications, is reimbursed even if the transplant is not a Medicaid-covered transplant. \$0 copay	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.

Benefit Category (Excludes Medicare-covered services)	Florida Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Transportation Services (Emergency & Non-Emergency)	<p>Non-emergency medical transportation (NEMT) services are defined as medically necessary transportation for a recipient and a personal care attendant or escort, if required, who have no other means of transportation available to any Medicaid compensable service location to receive treatment, medical evaluation, or therapy.</p> <p>Medicaid emergency transportation services provide medically necessary emergency ground or air ambulance transportation to Medicaid eligible recipients. There is a \$1 recipient copayment for transportation services for each one-way trip, unless the recipient is exempt. Round trips require two copayments.</p> <p>There is no copay for Medicaid emergency transportation services.</p>	<p><u>Non-Emergency Transportation</u> This benefit is not covered.</p> <p><u>Medical Emergency Transportation</u> Authorization rules may apply. Ground service (one-way trip): \$0 or \$220 copay* Air service (one-way trip): 0% or 20% of the cost*</p>
Visual Services	<p>Medicaid reimburses for medically necessary visual services rendered by licensed, Medicaid-participating ophthalmologists, optometrists, and opticians enrolled as visual services providers.</p> <p>Medicaid reimbursable services include eyeglasses, eyeglass repairs as required, prosthetic eyes, and medically necessary contact lenses. Providers may use the Central Optical Laboratory, managed by Prison Rehabilitative Industries and Diversified Enterprises (PRIDE), for services to Medicaid recipients.</p> <p>For visual services rendered by an optometrist or ophthalmologist, a copayment of \$2 per day, per provider, per recipient is required, unless otherwise exempt.</p>	<p>Eye exams (Medicare-covered): \$0 copay Routine eye exam (one every year): \$0 copay Eyewear (Medicare-covered): \$0 copay Routine eyewear: \$0 copay up to plan coverage maximum</p> <ul style="list-style-type: none"> - Contact lenses - Eyeglasses–lenses and frames (one every year) - Eyeglass lenses (one every year) - Eyeglass frames (one every year) - Upgrades <p>The plan has a maximum coverage amount for routine eyewear of \$200 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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