

SUMMARY OF BENEFITS

January 1, 2019 - December 31, 2019

**Cigna-HealthSpring TotalCare AR (HMO SNP)
H4513-039**

Our service area include the following counties:

Arkansas: Craighead, Crittenden, Greene, Lawrence, Mississippi and Poinsett counties, AR

Together, all the way.®



INTRODUCTION TO SUMMARY OF BENEFITS

This *Summary of Benefits* gives you a summary of what **Cigna-HealthSpring TotalCare AR (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 AR (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 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8 a.m. – 8 p.m. local time, Saturday 8 a.m. – 5 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

- 1 About **Cigna-HealthSpring TotalCare AR (HMO SNP)**
- 2 Monthly Premium, Deductible and Limits on How Much You Pay for Covered Services
- 3 Covered Medical & Hospital Benefits
- 4 Prescription Drug Benefits
- 5 Summary of Medicaid-Covered Benefits

1 ABOUT CIGNA-HEALTHSPRING TOTALCARE AR (HMO SNP)

Who can join?

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

Our service area includes the following counties:

Arkansas: Craighead, Crittenden, Greene, Lawrence, Mississippi and Poinsett counties, AR

Which doctors, hospitals and pharmacies can I use?

Cigna-HealthSpring TotalCare AR (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 *Prescription 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 *Prescription 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 *Prescription 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 TotalCare AR (HMO SNP)
Monthly Premium, Deductible and Limits <i>*Cost-sharing is based on your level of Medicaid eligibility</i>	
Monthly Premium	\$0 or \$20.90 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	Medicare Part D 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>\$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 Medicaid-covered services, refer to the Medicaid Coverage section in this document.</p>

3 COVERED MEDICAL & HOSPITAL BENEFITS

Coverage

Cigna-HealthSpring TotalCare AR (HMO SNP) H4513-039

Benefit	What You Pay	What You Should Know
<p>Covered Medical and Hospital Benefits Note: Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor. <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>2019 Standard Medicare Cost Share</p>	<p>Referral required for elective procedures only.</p>
<p>Outpatient Surgery</p>		
<p>Ambulatory Surgical Center (ASC)^{1,2}</p>	<p>0% for any surgical procedures (i.e. polyp removal) during a colorectal screening. 0% or 10%* for all other Ambulatory Surgical Center (ASC) services.</p>	
<p>Outpatient Services & Observation^{1,2}</p>	<p>0% for any surgical procedures (i.e. polyp removal) during a colorectal screening. 0% or 20%* for all other Outpatient Services including observation and outpatient surgical services not provided in an Ambulatory Surgical Center.</p>	
<p>Doctors' Visits</p>		
<p>Primary Care Physician (PCP)</p>	<p>\$0 copay</p>	
<p>Specialists²</p>	<p>\$0 copay</p>	

Benefit	What You Pay	What You Should Know
Preventive Care		
<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 • 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>
Emergency Care		
<p>Emergency Care Services</p>	<p>\$0 or \$90 copay*</p>	<p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p>

Benefit	What You Pay	What You Should Know
Worldwide Emergency/Urgent Coverage/Emergency Transportation	\$0 or \$90 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	If you are admitted to the hospital within , you do not have to pay your share of the cost for urgent care.
Diagnostic Services, Labs & Imaging (Costs for these services may vary based on place of service)		
Diagnostic Procedures and Tests ^{1,2}	0% for EKG. 0% or 20% coinsurance* for all other diagnostic procedures and tests.	
Lab Services ^{1,2}	\$0 copay	
Therapeutic Radiological Services ^{1,2}	\$0 copay	
X-ray Services	\$0 copay	
Diagnostic Radiological Services (such as MRIs, CT Scans) ^{1,2}	0% coinsurance for mammography and ultrasounds. 0% or 20% coinsurance* for all other diagnostic and nuclear medicine radiological services.	
Hearing Services		
Hearing Exams (Medicare-covered) ²	\$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.

Benefit	What You Pay	What You Should Know
Hearing Aids (one every three years)	\$0 copay up to plan maximum coverage amount of \$700 per ear per device every three years	
Dental Services		
Dental Services (Medicare-covered) ¹	\$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) • Cleaning (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 • Periodontics • Extractions • Prosthodontics/Oral surgery 	\$0 copay up to a maximum coverage amount of \$500 every 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 copay	
Routine Eye Exam (one every year)	\$0 copay	
Eyewear (Medicare-covered)	\$0 copay	
Routine Eyewear <ul style="list-style-type: none"> • Eye Glasses (Lenses and Frames) (one every year) • Eye Glass Lenses (one every year) • Eye Glass Frames (one every year) • Contact Lenses (unlimited) • Upgrades 	\$0 copay up to plan maximum coverage amount of \$250 every year	The plan specified allowance may be applied to one set of choice eyewear for the member, to include the eyeglass frame/lenses/lens options combination or contact lenses (to include related professional fees) in lieu of eyeglasses.

Benefit	What You Pay	What You Should Know
Mental Health Services		
Inpatient ¹ : 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.	2019 Standard Medicare Cost Share	
Outpatient ¹ : 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: Days 1 through 20 \$0 or \$172 copay* per day: Days 21 through 100	
Rehabilitation Services		
Cardiac (heart) Rehab Services ²	\$0 copay	
Pulmonary Rehab Services ²	\$0 copay	
Occupational Therapy Services ^{1,2}	\$0 copay	You will have one copayment when multiple therapies (such as PT, OT, ST) are provided on the same date and at the same place of service.
Physical Therapy and Speech and Language Therapy Services ^{1,2}	\$0 copay	
Ambulance¹		
Ground Service (one-way trip)	0% or 20% coinsurance*	
Air Service (one-way trip)	0% or 20% coinsurance*	
Transportation¹		
	\$0 for 10 one-way trips to plan-approved locations per year.	

Benefit	What You Pay	What You Should Know
Prescription Drugs¹		
Medicare Part B Drugs	For Part B drugs such as chemotherapy drugs: 0% or 20% coinsurance*	This plan has Part D prescription drug coverage. See Section 4.
Foot Care (Podiatry Services)		
Medicare-Covered Podiatry Services ²	\$0 copay	
Medical Equipment & Supplies		
Durable Medical Equipment (wheelchairs, oxygen, etc.) ¹	0% or 20% coinsurance*	
Prosthetic Devices (braces, artificial limbs, etc.) and Related Medical Supplies ¹	0% or 20% coinsurance*	
Diabetes Supplies & Services	\$0 copay for diabetes self-management training 0% or 20% coinsurance* for therapeutic shoes or inserts 0% or 20% coinsurance*, depending on the supply for diabetes monitoring supplies	Preferred brands diabetic test strips and monitors covered at \$0 cost share; Non-preferred brands are not covered. 20% coinsurance 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 Health Information Line		
	\$0 copay	24-Hour Health Information Line to talk one-on-one with a clinician. Available 24/7/365 where you'll get guidance and information.

Benefit	What You Pay	What You Should Know
Chiropractic Care		
Chiropractic Services (Medicare-covered) ²	\$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	
Over-the-Counter Items (OTC)		
	\$30 every three months	Some OTC items require a doctor's recommendation for a specific, diagnosable condition. Limited to one order per member per month. Members are eligible to use the full quarterly allowance anytime throughout the quarter. Unused balance can roll forward each quarter, but must be used by December 31st. Balance does not carry over year to year.
Meal Benefit		
	\$0 copayment for post-hospital meals; limit 14 meals per discharge up to three qualified hospital stays per year	

4 PRESCRIPTION DRUG BENEFITS

Benefit	Cigna-HealthSpring TotalCare AR (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> <ul style="list-style-type: none"> • For generic drugs (including brand drugs treated as generic): <ul style="list-style-type: none"> – 25% cost-share or – \$0 copay / \$1.25 copay / \$3.40 copay / 15% cost-share • For all other drugs: <ul style="list-style-type: none"> – 25% cost-share or – \$0 copay / \$3.80 copay / \$8.50 copay / 15% cost-share <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>Depending on your income and institutional status, you pay the following after your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100:</p> <ul style="list-style-type: none"> • \$0 copay or • \$3.40 (generic) / \$8.50 (brand) or • 5% cost-share

5 SUMMARY OF MEDICAID-COVERED BENEFITS FOR CONTRACT H4513-039-000

This section demonstrates the Medicaid benefit package for full benefit dual-eligible recipients in the state of Arkansas. 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)	Arkansas Medicaid-Covered Services	Cigna-HealthSpring TotalCare AR (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Ambulance Services	Medicaid will pay for ambulance service only in certain cases, and only when you need it to stay alive or to prevent serious damage to your health.	Ground service (one-way trip): 0% or 20% coinsurance* Air service (one-way trip): 0% or 20% coinsurance*
Non-Emergency Transportation (NET)	If you have Medicaid, the NET Program can give you a ride to and from your doctor appointments and other Medicaid-covered services. There is no charge but you must follow the NET guidelines.	\$0 for 10 one-way trips to plan-approved locations per year.

Benefit Category (Excludes Medicare-covered services)	Arkansas Medicaid-Covered Services	Cigna-HealthSpring TotalCare AR (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Dental Services	For recipients over 21 years of age, Medicaid will pay up to \$500 a year for most dental care, from July 1 to June 30 or each year. This includes one office visit, one cleaning, one set of x-rays and one fluoride treatment. If your dentist says you need it, Medicaid will pay for: simple tooth pulling, surgical tooth pulling (if Medicaid approves it first), fillings, one set of dentures (if Medicaid approves it first).	<p>Dental Services (Medicare-covered): \$0 copay</p> <p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)</p> <p>Preventive Dental Services: \$0 copay</p> <ul style="list-style-type: none"> • Oral exam (one every six months) • Cleaning (one every six months) • Bitewing x-ray (one every year) • Full mouth & panoramic x-ray (one every 36 months) <p>Frequency limits vary depending on the type of covered service.</p> <p>Comprehensive Dental Services: \$0 copay up to a maximum coverage amount of \$500 every year</p> <ul style="list-style-type: none"> • Restorative • Periodontics • Extractions • Prosthodontics/Oral surgery
Doctor's Office Visits	If you are 21 or older, there is a limit to the number of doctor visits that Medicaid will pay for each year. If you need to see the doctor more often, your doctor might be able to get an extension. If you need to see a different doctor for specialized care, you will need a referral from your PCP.	<p>Primary Care Physician visit: \$0 copay</p> <p>Specialist visit: \$0 copay</p>

Benefit Category (Excludes Medicare-covered services)	Arkansas Medicaid-Covered Services	Cigna-HealthSpring TotalCare AR (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Eye Care Services	Medicaid will pay for a limited number of eye exams and eyeglasses. Adults age 21 and older will have to pay a copayment. For children under 21, Medicaid will pay for medically necessary replacement or repair of eyeglasses when Medicaid approves ahead of time. No referral is needed for vision care.	<p>Eye Exams (Medicare-covered): \$0 copay</p> <p>Routine Eye Exam (one every year) \$0 copay</p> <p>Eyewear (Medicare-covered): \$0 copay</p> <p>Routine Eyewear: \$0 copay up to plan maximum coverage amount of \$250 every year</p> <ul style="list-style-type: none"> • Eye Glasses (Lenses and Frames) (one every year) • Eye Glass Lenses (one every year) • Eye Glass Frames (one every year) • Contact Lenses (unlimited) • Upgrades
Home Health Services	Medicaid will pay for some services to be provided in your home by a home health care worker or nurse but only if a doctor says the home care services are needed. Medicaid will only pay if home care is needed for medical reasons. Your doctor will decide what level of care you need. In some cases, Medicaid needs to approve the services ahead of time. Medicaid has limits on what it will pay for some home services and supplies.	\$0 copay for Medicare-covered home health care visits.
Hospice Services	Hospice Services are for people who are very sick and will not live much longer. Instead of trying to make a person well, hospice care just makes a person as comfortable as possible. Hospice care is usually provided in the home of the patient, or sometimes in a hospital or nursing home. Medicaid will pay for hospice services.	<p>\$0 copay</p> <p>Hospice care must be provided by a Medicare-certified hospice program.</p>

Benefit Category (Excludes Medicare-covered services)	Arkansas Medicaid-Covered Services	Cigna-HealthSpring TotalCare AR (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Inpatient Hospital Care	Medicaid will pay for hospital care that is needed for your health. The hospital might need to get approval from Medicaid first. For adults age 21 and older, Medicaid will pay for a limited number of days of inpatient hospital care. You will have to pay a copay if you are 18 or older. The amount of the copay depends on the hospital day for the first bill.	Our plan covers 90 days for an inpatient hospital stay. 2019 Standard Medicare Cost Share Referral required for elective procedures only.
Outpatient Hospital Care	Medicaid will pay for most outpatient hospital care, but you may have to pay some charges. Also, there is a limit on the number of visits for adults aged 21 and older.	Outpatient Services and Observation 0% for any surgical procedures (i.e. polyp removal) during a colorectal screening. 0% or 20%* for all other Outpatient Services including observation and outpatient surgical services not provided in an Ambulatory Surgical Center.
Ambulatory Surgical Care (ASC)	Ambulatory Surgical Centers provide surgeries that do not require an overnight hospital stay. Medicaid and ARKids First pays for covered surgeries in these centers. A referral from your PCP is usually required. If you have ARKids First-B (CHIP Title XXI funded), you will have to pay a copayment.	Ambulatory Surgical Center 0% for any surgical procedures (i.e. polyp removal) during a colorectal screening. 0% or 10%* for all other Ambulatory Surgical Center (ASC) services.
Laboratory and X-ray Services	Medicaid pays for lab tests and x-rays if your doctor says you need them. You will need a referral from your PCP if you need to go somewhere else for tests or x-rays. If you are 21 or older, there are yearly limits on the number of some tests and x-rays that Medicaid will cover, and on the amount, Medicaid will pay for others. Your doctor can ask for an extension on the number of x-rays covered if medically necessary.	Lab services: \$0 copay X-ray services: \$0 copay

Benefit Category (Excludes Medicare-covered services)	Arkansas Medicaid-Covered Services	Cigna-HealthSpring TotalCare AR (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Mental Health Services	Medicaid will pay for special care for people with mental health problems. Mental health services that Medicaid will pay for include: licensed mental health practitioner services. These are visits with a mental health worker who is licensed to provide certain types of care. Medicaid will pay with a referral from a doctor. In some cases, Medicaid will need to approve the services in advance. This is called prior authorization.† The doctor or mental health worker should handle getting the services approved.	<p>Inpatient See “Mental Health Services-Inpatient Benefits” section.</p> <p>Outpatient Individual or group therapy visit: \$0 copay</p> <p>Substance Abuse Individual or group therapy visit: \$0 copay</p>
Prescription Drugs	Medicaid covers most prescription drugs. The pharmacist has to give you a generic drug when one is available. If you want a brand name drug, you will have to pay for it. For some drugs, your doctor will need to call Medicaid for approval. If you are 21 or older, there is a limit on the number of prescription drugs Medicaid will pay for each month. Birth control pills and other family planning prescriptions do not count toward the monthly limit. People in nursing homes do not have monthly limits or copayments on their prescription drugs. If you are 18 or older with Medicaid, you will have to pay a copayment.	For Part B drugs such as chemotherapy drugs: 0% or 20% coinsurance** Drugs covered under Medicare Part D: <ul style="list-style-type: none"> • Depending on your income and institutional status, you pay the following: <ul style="list-style-type: none"> – For generic drugs (including brand drugs treated as generic): <ul style="list-style-type: none"> ▪ 25% cost-share or ▪ \$0 copay / \$1.25 copay / \$3.40 copay / 15% cost-share – For all other drugs: <ul style="list-style-type: none"> ▪ 25% cost-share or ▪ \$0 copay / \$3.80 copay / \$8.50 copay / 15% cost-share

Benefit Category (Excludes Medicare-covered services)	Arkansas Medicaid-Covered Services	Cigna-HealthSpring TotalCare AR (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
<p>Medical Equipment and Supplies and Appliances</p>	<p>Equipment such as wheelchairs, oxygen tanks and hospital beds that you use at home is called durable medical equipment. Medicaid pays for some durable medical equipment. You will need a prescription from your PCP. If you are 21 or older, Medicaid will only pay for certain kinds of equipment. You will need a prescription from your PCP.</p> <p>Medicaid pays for some medical supplies. You will need a prescription from your PCP. There is a limit on what Medicaid will pay for supplies each month.</p>	<p>Durable Medical Equipment (wheelchairs, oxygen, etc.) 0% or 20% coinsurance*</p> <p>Prosthetic Devices (braces, artificial limbs, etc.)</p> <ul style="list-style-type: none"> • Prosthetic devices: 0% or 20% coinsurance* • Related medical supplies: 0% or 20% coinsurance* <p>Diabetes Supplies and Services</p> <ul style="list-style-type: none"> • \$0 copay for diabetes self-management training • 0% or 20% coinsurance* for therapeutic shoes or inserts • 0% or 20% coinsurance*, depending on the supply for diabetes monitoring supplies • Preferred brands diabetic test strips and monitors covered at \$0 cost share; Non-preferred brands are not covered. 20% coinsurance 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.
<p>Transportation</p>	<p>If you have Medicaid, the NET Program can give you a ride to and from your doctor appointments and other Medicaid-covered services. There is no charge but you must follow the NET guidelines.</p>	<p>\$0 for 10 one-way trips to plan-approved locations per year.</p> <p>Routine health-related transportation benefit includes specified quantity of one-way trips by taxi, van or medical transport. Authorization is required where the travel distance to provider exceeds the mileage limit of 60 miles. Members are required to contact Cigna-HealthSpring's transportation vendor at least 48 hours in advance to schedule non-emergency transportation.</p>

Benefit Category (Excludes Medicare-covered services)	Arkansas Medicaid-Covered Services	Cigna-HealthSpring TotalCare AR (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Nurse Practitioner	Nurse practitioners are nurses with special training. They are not doctors, but they can do some of the things a doctor can do. They can treat many illnesses and injuries, and can prescribe medicine. They can do check-ups and help catch problems while they are easier to treat. Medicaid will pay for a certain number of visits with a nurse practitioner. Sometimes, a referral from your doctor may be needed.	\$0 copay
Rural Health Clinic	Rural health clinics offer many services in areas where there are not a lot of doctor offices. If you are 21 or older, there is a limit to the number of visits Medicaid will pay for each year. The medical director of a rural health clinic can be named as a PCP (Primary Care Physician).	\$0 copay
Targeted Case Management	Targeted case managers help patients find and get the medical services they need. A doctor must prescribe targeted case management. You might be able to get this service if you: are younger than 21 and were referred as a result of a well-child check-up, have a developmental disability, are age 60 or older or are pregnant.	Not covered
Therapy (Physical, Occupational and Speech)	Medicaid will pay for physical, occupational or speech therapy for patients who are younger than 21. A prescription and referral from your doctor are required.	\$0 copay
Tobacco Cessation Program	The Tobacco Cessation Program helps people stop smoking or using tobacco. It can include counseling from your doctor and products or medicine to help fight the urge to use tobacco, such as patches, gum or pills. To find out more, talk to your doctor or call Arkansas Medicaid at 1-800-482-5431.	Not covered

Benefit Category (Excludes Medicare-covered services)	Arkansas Medicaid-Covered Services	Cigna-HealthSpring TotalCare AR (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Emergency	You should seek emergency care if you have a good reason to believe that your life or health or the life of your child or health of your child is in serious danger. (This includes your unborn baby if you are pregnant.) Medicaid covers emergency care only in a medical emergency. You do not need a referral from your PCP. Remember, if you use the emergency room when you know your problem is not an emergency, you might have to pay the bill.	Emergency Care Services \$0 or \$90 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 \$0 copay
Preventive Services	Immunizations: Medicaid covers immunizations at certain ages. You can get these shots from your PCP or from the Arkansas Department of Health in your area. Health for Women: Medicaid will pay for pelvic exams, pap tests and mammograms for all ages. You can go to your PCP for these services, or you can go to a gynecologist (a health specialist for women). No referral is needed for these services. If you are 21 or older, there are yearly limits on the number of doctor visits Medicaid will pay for each year. These services can include: physical exams, lab work, birth control, information about preventing HIV and other sexually transmitted diseases.	\$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."
Rehabilitation Services	Medicaid will pay for some rehabilitative services - also called rehab - for people with certain illnesses or injuries. Rehabilitation services help a person learn how to take care of themselves. Rehab services that Medicaid will pay for include: Rehabilitative Services for Persons with Mental Illness (RSPMI).	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 Category (Excludes Medicare-covered services)	Arkansas Medicaid-Covered Services	Cigna-HealthSpring TotalCare AR (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Podiatry	A podiatrist is a doctor who specializes in problems of the feet. You will need a referral from your PCP to see a podiatrist. If you are 21 or older, there is a limit to the number of visits Medicaid will pay for. Medicaid will pay for surgery by a podiatrist. If you need to stay in the hospital for the surgery, your podiatrist may have to get approval from Medicaid beforehand.	Medicare-Covered Podiatry Services \$0 copay

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Arizona, Inc., Cigna HealthCare of St. Louis, Inc., HealthSpring Life & Health Insurance Company, Inc., HealthSpring of Florida, Inc., Bravo Health Mid-Atlantic, Inc., and Bravo Health Pennsylvania, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. 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. Contact plan for details and availability of these services. This information is not a complete description of benefits. Call 1-800-668-3813 (TTY 711) for more information. Customer Service is available 7 days a week, 8 a.m. - 8 p.m. Messaging service used weekends, after hours, and on federal holidays. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Individuals may enroll in a plan only during specific times of the year and must have Medicare Parts A and B. Individuals must live in the plan service area. Benefits vary by plan. Prior authorization and / or referrals are required for certain services. Cigna-HealthSpring complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna-HealthSpring cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. English: ATTENTION: If you speak English, language assistance services, free of charge are available to you. Call 1-888-284-0268 (TTY 711). Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-284-0268 (TTY 711). Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-284-0268 (TTY 711). Cigna-HealthSpring is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring depends upon contract renewal. © 2018 Cigna

