SUMMARY OF BENEFITS

January 1, 2019 - December 31, 2019

Cigna-HealthSpring Advantage (PPO) H7787-002

Our service area include the following counties:

Texas: Collin, Dallas, Denton, Johnson and Tarrant counties, TX

Together, all the way.®

Cigna HealthSpring®

INTRODUCTION TO SUMMARY OF BENEFITS

This *Summary of Benefits* gives you a summary of what **Cigna-HealthSpring Advantage (PPO)** 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.

What's Inside

1. About **Cigna-HealthSpring Advantage (PPO)**
2. Monthly Premium, Deductible and Limits on How Much You Pay for Covered Services
3. Covered Medical & Hospital Benefits

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 Advantage (PPO) 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 **1-855-982-6174 (TTY 711)**, 7 days a week, 8 a.m. – 8 p.m. to speak with a licensed agent.
- Our website: **www.CignaHealthSpring.com**.

1 ABOUT CIGNA-HEALTHSPRING ADVANTAGE (PPO)

Who can join?

To join **Cigna-HealthSpring Advantage (PPO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

Our service area includes the following counties:

Texas: Collin, Dallas, Denton, Johnson and Tarrant counties, TX

Which doctors, hospitals and pharmacies can I use?

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

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

Cigna-HealthSpring Advantage (PPO) covers Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs.

2 MONTHLY PREMIUM, DEDUCTIBLE & LIMITS

Benefit	Cigna-HealthSpring Advantage (PPO)
Monthly Premium, Deductible and Limits	
Monthly Premium	**$0** per month. In addition, you must keep paying your Medicare Part B premium. Cigna-HealthSpring will reduce your Medicare Part B premium by up to **$75.**
Medical Deductible	**$1,000** applies to out-of-network Medicare-covered services except Medicare-covered preventive services.
Is there any limit on how much I will pay for my covered services?	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. Your yearly limit(s) in this plan: **$3,400** for services you receive from in-network providers for Medicare-covered benefits. **$5,100** for services you receive from in-network and out-of-network providers for Medicare-covered benefits combined. This limit is the most you pay for copays, coinsurance and other costs for Medicare services for the year. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums.

3 COVERED MEDICAL & HOSPITAL BENEFITS

Benefit	What You Pay	What You Should Know
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.**		
Inpatient Hospital Coverage[1, 2]		
Our plan covers 90 days for an inpatient hospital stay. 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.	**$195** copay per day: Days 1 through 5 **$0** copay per day: Days 6 through 90	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. Referral required for elective procedures only.
Outpatient Surgery		
Ambulatory Surgical Center (ASC)[1, 2]	**0%** for any surgical procedures (i.e. polyp removal) during a colorectal screening. **20%** for all other Ambulatory Surgical Center (ASC) services.	
Outpatient Services & Observation[1, 2]	**0%** for any surgical procedures (i.e. polyp removal) during a colorectal screening. **20%** for all other Outpatient Services including observation and outpatient surgical services not provided in an Ambulatory Surgical Center.	
Doctors' Visits		
Primary Care Physician (PCP)	**$10** copay	
Specialists[1, 2]	**$35** copay	

Benefit	What You Pay	What You Should Know
Preventive Care		
Our plan covers many Medicare-covered preventive services, including: • 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	**$0** copay	Any additional preventive services approved by Medicare during the contract year will be covered. Please see your *Evidence of Coverage* (EOC) for frequency of covered services.
Emergency Care		
Emergency Care Services	**$120** 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.

Benefit	What You Pay	What You Should Know
Worldwide Emergency/Urgent Coverage/Emergency Transportation	Not covered	
Urgently Needed Services		
Urgent Care Services	**$30** copay	If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care.
Diagnostic Services, Labs & Imaging *(Costs for these services may vary based on place of service)*		
Diagnostic Procedures and Tests[1, 2]	**$0** for EKG. **$150** for all other diagnostic procedures and tests.	
Lab Services[1, 2]	**$0** copay	
Therapeutic Radiological Services[1, 2]	**$35** copay	
X-ray Services	**$0** copay	
Diagnostic Radiological Services (such as MRIs, CT Scans)[1, 2]	**$0** copay for mammography and ultrasounds. **$150** copay for all other diagnostic and nuclear medicine radiological services.	If multiple test types (such as CT and PET) are performed on the same day, multiple copayments will apply. If multiple tests of the same type (for example, CT scan of the head and CT scan of the chest) are performed on the same day, one copayment will apply.
Hearing Services		
Hearing Exams (Medicare-covered)[2]	**$10** copay in a Primary Care Physician office; **$35** copay in a Specialist office	
Routine Hearing Exams (one every year)	**$0** copay	
Hearing Aid Evaluation/Fitting (one every three years)	**$0** copay	Hearing aid evaluations are part of the routine hearing exam once every three years. Multiple fittings are allowed if necessary to ensure hearing aids are accurately fitted.

Benefit	What You Pay	What You Should Know
Hearing Aids (one every three years)	**$0** copay up to plan maximum coverage amount for hearing aids of **$700** per ear per device every three years	
Dental Services		
Dental Services (Medicare-covered)[1]	**$35** copay	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)
Preventive Dental Services: • 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: • Restorative • Periodontics • Extractions • Prosthodontics/Oral surgery	**$10** - **$195** copay up to a maximum coverage amount of **$1,000** every year	Unused amounts of the annual allowance do not carry forward to future benefit years. There are limitations on the number of covered services within a service category. Frequency limits and cost-sharing vary depending on the type of covered service.
Vision Services		
Eye Exams (Medicare-covered)	**$0** copay for diabetic retinal exams. **$35** 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
Routine Eyewear • 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 frames/lenses/lens options combination or contact lenses (to include related professional fees) in lieu of eyeglasses.
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.	**$175** copay per day: Days 1 through 7 **$0** copay per day: Days 8 through 90	
Outpatient[1]: Individual or Group Therapy Visit	**$35** copay	
Skilled Nursing Facility *(SNF)*[1]		
Our plan covers up to 100 days in the SNF.	**$20** copay per day: Days 1 through 20 **$172** copay per day: Days 21 through 100	
Rehabilitation Services		
Cardiac (heart) Rehab Services[1, 2]	**$10** copay	
Pulmonary Rehab Services[1, 2]	**$10** copay	
Occupational Therapy Services[1, 2]	**$35** 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]	**$35** copay	
Ambulance[1]		
Ground Service (one-way trip)	**$200** copay	

Benefit	What You Pay	What You Should Know
Air Service (one-way trip)	**20%** coinsurance	
Transportation		
	Not covered	
Prescription Drugs[1]		
Medicare Part B Drugs	For Part B drugs such as chemotherapy drugs: **20%** coinsurance	
Foot Care *(Podiatry Services)*		
Medicare-Covered Podiatry Services[2]	**$35** copay	
Medical Equipment & Supplies		
Durable Medical Equipment (wheelchairs, oxygen, etc.)[1]	**20%** coinsurance	
Prosthetic Devices (braces, artificial limbs, etc.) and Related Medical Supplies[1]	**20%** coinsurance	
Diabetes Supplies & Services	**$0** copay for diabetes self-management training. May require a referral from your doctor. **20%** coinsurance 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. **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	Not covered	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.

Benefit	What You Pay	What You Should Know
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.
Chiropractic Care		
Chiropractic Services (Medicare-covered)[2]	**$20** copay	
Home Health Care[1]		
	$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 Abuse[1]		
Individual or Group Therapy Visit	**$35** copay	
Over-the-Counter Items *(OTC)*		
	Not covered	
Meal Benefit		
	$0 copayment for post-hospital meals; limit 14 meals per discharge up to three qualified hospital stays per year	

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