LEON MEDICAL CENTERS HEALTH PLANS
Cigna

Summary of Benefits

2021

January 1, 2021 to
December 31, 2021

Leon Medicare (HMO)
H5410-001

TO JOIN
You must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

Our service area include the following counties:

South Florida: Miami-Dade county, FL (select zip codes - 33010; 33012; 33013; 33014; 33015; 33016; 33018; 33054; 33055; 33056; 33125; 33126; 33127; 33128; 33129; 33130; 33131; 33132; 33133; 33134; 33135; 33136; 33137; 33138; 33139; 33140; 33141; 33142; 33143; 33144; 33145; 33146; 33147; 33150; 33155; 33156; 33157; 33158; 33161; 33165; 33166; 33167; 33168; 33169; 33170; 33172; 33173; 33174; 33175; 33176; 33177; 33178; 33182; 33183; 33184; 33185; 33186; 33187; 33189; 33190; 33192; 33193; 33194; 33196)

Introduction

What's Inside

This *Summary of Benefits* gives you a summary of what **Leon Medicare (HMO)** covers and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, refer to the plan's *Evidence of Coverage* (EOC) online at **LMChealthplans.com**, or call us to request a copy.

Comparing coverage

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**.

More about Original Medicare

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**.

Need help?

Already a member

Call toll-free **1-866-393-5366** or **305-559-5366 (TTY 711)**. Member Services is available October 1–March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1–September 30, Monday to Friday 8 a.m. to 8 p.m. local time.

Not a member

Call toll-free **1-866-393-5366** or **305-559-5366 (TTY 711)**, licensed agents are available October 1–March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1–September 30, Monday to Friday 8 a.m. to 8 p.m. local time.

You can also visit our website at **LMChealthplans.com**.

1 About this Plan

Which doctors, hospitals and pharmacies can I use?

Leon Medicare (HMO) has a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

› You can see our plan's *Provider and Pharmacy Directory* at our website, **LMChealthplans.com**.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers—and more.

› Our members get all of the benefits covered by Original Medicare.

› Our members 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 *Comprehensive Prescription Drug List* which lists the Part D prescription drugs along with any restrictions on our website, **LMChealthplans.com**.

› Or, call us and we will send you a copy of the plan's *Comprehensive Prescription Drug List*.

2 Monthly Premium, Deductible and Limits

Benefit	Leon Medicare (HMO)
Monthly Premium	**$0** per month. In addition, you must keep paying your Medicare Part B premium (unless your Part B premium is paid for you by Medicaid or another third party)
Medical Deductible	This plan does not have a medical deductible.
Pharmacy (Part D) Deductible	This plan does not have a prescription drug deductible.
Is there any limit on how much I will pay for my covered services?	Original Medicare does not have annual limits on out-of-pocket costs. Your maximum out-of-pocket limit in this plan is: **$1,000** for covered services you receive from in-network providers. This amount is the most you pay for copays, coinsurance and other costs for covered Medicare Part A (hospital) and Part B (medical) services for the year. Once you reach this limit, we will pay the full cost of your covered services in our plan for the rest of the year. You will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

3 Covered Medical and Hospital Benefits

Benefit	What You Pay
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]	
Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services.	**$0** copay
Outpatient Surgery	
Ambulatory Surgical Center (ASC)[1,2]	**$0** copay
Outpatient Services[1,2]	**$0** copay
Outpatient Observation[1,2]	**$0** copay
Doctors Visits	
Primary Care Physician (PCP)	**$0** copay
Specialists[1,2]	**$0** copay
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, multi-target stool DNA tests, screening barium enemas, flexible sigmoidoscopy) › Depression screenings › Diabetes screenings › Diabetes self-management training › Glaucoma tests › Hepatitis B Virus (HBV) infection screening › Hepatitis C screening	**$0** copay

Benefit	What You Pay
Preventive Care *(continued)*	
› 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
Emergency Care	
Emergency Care Services *	**$50** copay
Worldwide Emergency/Urgent Coverage/ Emergency Transportation **	**$50** copay There is no maximum plan coverage amount
Urgently Needed Services	
Urgent Care Services	**$0** copay
Diagnostic Services, Labs and Imaging *(Costs for these services may vary based on place of service or type of service)*	
Diagnostic Procedures and Tests[1,2]	**$0** copay
Lab Services[1,2] For COVID-19 testing a prior authorization is not required.	**$0** copay
Therapeutic Radiological Services[1,2]	**$0** copay
X-ray Services[1,2]	**$0** copay
Diagnostic Radiological Services (MRIs, CT scans, etc.)[1,2]	**$0** copay
Hearing Services	
Hearing Exams (Medicare-covered)[2]	**$0** copay
Routine Hearing Exams[2]	**$0** copay for one routine exam every year

* If you're admitted to the hospital for inpatient care immediately after your emergency room visit, you do not have to pay the copays.
** You are responsible to pay for the services upfront. If you're admitted to the hospital for inpatient care immediately after your emergency room visit, you do not have to pay the copays.

Benefit	What You Pay
Hearing Aid Evaluation/Fitting[2]	**$0** copay for two fitting evaluations for hearing aid every three years
Hearing Aids	**$0** copay up to plan maximum coverage amount for hearing aids of **$2,100** (**$1,050** per ear per device) every three years.
Dental Services	
Dental Services (Medicare-covered)[1,2] Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth)	**$0** copay
Preventive Dental Services › Cleanings › Oral exams › Dental x-rays › Fluoride treatment	**$0** copay up to a maximum coverage amount of **$2,300** every year For a complete list of covered dental services and limitations, refer to the 2021 Dental Schedule of Benefits.
Comprehensive Dental Services[2] › Dental implants › Prosthodontics (Dentures and Crowns) › Restorative services (Fillings) › Endodontics (Root canals) › Periodontics (Gum and bone treatment) › Oral & Maxillofacial surgery (Extractions)	
Vision Services	
Eye Exams (Medicare-covered)[1,2]	**$0** copay
Routine Eye Exam[1,2]	**$0** copay for one routine exam every year
Glaucoma Screening (Medicare-covered)	**$0** copay
Eyewear (Medicare-covered)[2]	**$0** copay
Routine Eyewear[2] › Up to two (2) pairs of select eyeglasses (frames and lenses); or › Up to four (4) boxes of select soft contact lenses Select eyeglasses not to exceed $175 per pair including upgrades. Select soft contact lenses not to exceed $35 per box ($140 maximum benefit).	**$0** copay up to plan maximum coverage amounts

Benefit	What You Pay
Mental Health Services	
Inpatient[1,2] Our plan covers 90 days for an inpatient mental health 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.	**$0** copay per day for days 1–90 **$0** copay for each lifetime reserve day (up to 60 days per lifetime)
Outpatient[1,2] Individual or Group Therapy Visit	**$0** copay
Skilled Nursing Facility *(SNF)*[1,2]	
Our plan covers up to 100 days in the SNF.	**$0** copay per day for days 1–100
Rehabilitation Services	
Cardiac (Heart) Rehab Services[1,2]	**$0** copay
Pulmonary Rehab Services[1,2]	**$0** copay
Occupational Therapy Services[1,2]	**$0** copay
Physical Therapy, Speech and Language Therapy Services[1,2]	**$0** copay
Physical Therapy Telehealth Services[1,2]	**$0** copay
Ambulance[1]	
Ground Service (one-way trip)	**$0** copay
Air Service (one-way trip)	**$0** copay
Transportation[1]	
Transportation coverage includes rides to and from doctor appointments and other approved locations. Trips must be scheduled at least 48 hours in advance.	**$0** copay for unlimited trips every year
Prescription Drugs[1]	
Medicare Part B Drugs Medicare-covered Part B Drugs may be subject to step therapy requirements.	**0%** coinsurance for Hyaluronate Sodium injections, inhalation drugs via Nebulizer and Intravitreal Bevacizumab (Avastin) injection **20%** coinsurance for all other Part B drugs and injectables
Foot Care *(Podiatry Services)*[1]	
Podiatry Services (Medicare-covered)	**$0** copay

Benefit	What You Pay
Medical Equipment and Supplies	
Durable Medical Equipment (wheelchairs, oxygen, etc.)[1]	**$0** copay
Prosthetic Devices (braces, artificial limbs, etc.) and Related Medical Supplies[1]	**$0** copay
Diabetes Supplies and Services Brand limitations apply to certain supplies.	**$0** copay for diabetes self-management training **$0** copay for therapeutic shoes or inserts **$0** copay for diabetic monitoring supplies
Fitness and Wellness Programs	
Fitness Program Get healthier with our fitness benefit provided through Leon's Healthy Living Centers. The benefit includes use of exercise equipment and access to group exercise classes where available.	**$0** copay
Health Education You get health education and wellness seminars on a variety of topics including diabetes, diet and nutrition, fall prevention and preventive medicine.	**$0** copay
Health Information Line	
Talk one-on-one with a nurse or clinician to get timely answers to your health-related questions at no additional cost, anytime day or night.	**$0** copay
Chiropractic Care[1]	
Chiropractic Services (Medicare-covered)	**$0** copay
Routine Chiropractic Services	**$0** copay
Home Health[1,2]	
	$0 copay
Hospice	
Hospice care must be provided by a Medicare-certified hospice program. Our plan covers hospice consultation services (one-time only) before you select hospice. Hospice is covered outside of our plan. You may have to pay part of the cost for drugs and respite care. Please contact the plan for more details.	Hospice services are paid for by Original Medicare, not our plan
Outpatient Substance Abuse[1,2]	
Individual or Group Therapy Visit	**$0** copay

Benefit	What You Pay
Opioid Treatment Services[1,2]	
FDA-approved treatment medications in addition to testing, counseling and therapy.	**$0** copay
Over-the-Counter Items *(OTC)*	
Over-the-counter drugs and other health-related pharmacy products, as listed in the *OTC Catalog*.	**$150** quarterly allowance
Home Delivered Meals	
	$0 copayment for home delivered meals Limited to 14 meals per discharge from an inpatient hospital or skilled nursing facility stay (up to three stays per year)
Telehealth Services *(Medicare-covered)*	
Telehealth services are available for nonemergency care. See a doctor anytime, anywhere, using your phone, computer or tablet.	**$0** copay
Acupuncture Services	
Acupuncture Services (Medicare-covered)[1, 2] Services for chronic lower back pain.	**$0** copay
Routine Acupuncture Services[2]	**$0** copay for up to 6 visits per year

Understanding the Prescription Drug Stages

Prescription drug coverage is based on a calendar year. You may not enter all stages.*

Stage 1: Deductible Stage

During this stage, if your plan has a deductible, you usually pay the full cost of your prescription drugs up to the deductible amount. If your plan does not have a deductible you will start in the *Initial Coverage Stage*.

Once you reach the deductible amount, you enter the *Initial Coverage Stage* and pay a copay.

Stage 2: Initial Coverage Stage

Up to $7,000

During this stage, the plan pays its share of the cost and you pay a copay or coinsurance for each prescription you fill until your total prescription drug costs reach $7,000.

Once you reach $7,000, you enter the *Coverage Gap Stage* or *Donut Hole*.

Stage 3: Coverage Gap Stage

Up to $6,550

During this stage, you receive limited coverage on certain prescription drugs. You will also get a discount on brand name drugs and generic drugs. This stage continues until your yearly out-of-pocket prescription drug costs reach $6,550.

Once your out-of-pocket costs reach $6,550, you enter the *Catastrophic Coverage Stage*.

Stage 4: Catastrophic Coverage Stage

Through the end of the year

In this stage, you pay only a small copay or coinsurance amount for each prescription you fill.

* Amounts may change on January 1 of each year.

4 Prescription Drug Benefits

Benefit	Leon Medicare (HMO)
Medicare Part D Drugs Initial Coverage (after you pay your deductible, if applicable) **Tier 1:** Generic Drugs **Tier 2:** Preferred Brand **Tier 3:** Non-Preferred Drugs **Tier 4:** Speciality	The following charts show the cost-sharing amounts for covered drugs under this plan. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date "total drug costs" (your payments plus any Part D plan's payments) total **$7,000**. If you reach this amount, you will leave the Initial Coverage Stage and move on to the Coverage Gap Stage.

	Preferred Retail Cost-Sharing		
Tier	30 Days	60 Days	90 Days
1	$0	$0	$0
2	$0	$0	$0
3	$40	$80	$105
4	33%	Not available	Not available

	Standard Retail Cost-Sharing		
Tier	30 Days	60 Days	90 Days
1	$5	$10	$15
2	$20	$40	$60
3	$50	$100	$150
4	33%	Not available	Not available

You may get your drugs at preferred or standard network retail pharmacies, or preferred mail order pharmacies. Your prescription drug copay will typically be less at a preferred network pharmacy because it has a preferred agreement with your plan.

<table>
<tr><th>Benefit</th><th>Leon Medicare (HMO)</th></tr>
<tr><td>Coverage Gap</td><td>Most Medicare prescription drug plans have a Coverage Gap (also called the Donut Hole). This means that there is a temporary change in what you will pay for your drugs. You receive coverage for generic and some brand drugs while in the Coverage Gap. Only the amount you pay counts and moves you through the Coverage Gap. Many people do not reach the $7,000 limit for the Initial Coverage Stage and therefore not everyone will enter the Coverage Gap.

You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach a total of $6,550. If you reach this amount, you will leave the Coverage Gap Stage and move on to the Catastrophic Coverage Stage. This plan offers some additional prescription drug coverage for Tier 1 drugs in the Coverage Gap. See the table that follows to find out how much you will pay.

<table>
<tr><th></th><th colspan="3">Preferred Retail Cost-Sharing</th></tr>
<tr><td>Tier</td><td>30 Days</td><td>60 Days</td><td>90 Days</td></tr>
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</table>

For all other drug tiers, after you enter the Coverage Gap, you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs total $6,550, which is the end of the Coverage Gap.</td></tr>
<tr><td>Catastrophic Coverage</td><td>After your yearly out-of-pocket drug costs have reached $6,550, the plan will pay most of the cost for your drugs. Your share of the cost of covered drugs will be the greater of:

5% of the cost of the drug

— or —

$3.70 copay for generic drugs (including brand drugs treated as generic) and $9.20 copay for all other drugs.</td></tr>
</table>

Required Information

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. HealthSpring of Florida, Inc. operates under the assumed name of "Leon Medical Centers Health Plans" in the Miami-Dade service area. "Leon Medical Centers" is a registered trademark of Leon Medical Centers. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

The disclaimers on this page apply to the benefits outlined throughout this document. This information is not a complete description of benefits, which vary by individual plan. You must live in the plan's service area. Prior authorization and/or referrals are required for certain services. A licensed benefit advisor can assist you with any questions about our plans by calling the number throughout this document. Individuals may enroll in a plan only during specific times of the year and must have Medicare Parts A and B.

Cigna is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna depends on contract renewal. Leon Medical Centers Health Plans is an HMO plan with a Medicare contract. Enrollment in Leon Medical Centers Health Plans depends on contract renewal.

Call Member Services at 1-866-393-5366 (TTY 711),
8 a.m. to 8 p.m. local time, 7 days a week October–March,
Monday to Friday April–September.