

# SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

**Cigna-HealthSpring® TotalCare (HMO SNP)  
H9725 - 003**



# SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

This booklet gives you a summary of what we cover 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, call us and ask for the "Evidence of Coverage."

## You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Cigna-HealthSpring TotalCare (HMO SNP)**).

## Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Cigna-HealthSpring TotalCare (HMO SNP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.

## Sections in this booklet

- Things to Know About **Cigna-HealthSpring TotalCare (HMO SNP)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

- 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 <http://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.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-800-668-3813.

Este documento puede estar disponible en un idioma distinto al inglés. Para obtener información adicional, llámenos al 1-800-668-3813.

# THINGS TO KNOW ABOUT CIGNA-HEALTHSPRING TOTALCARE (HMO SNP)

## Hours of Operation

You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Local time.

## Cigna-HealthSpring TotalCare (HMO SNP) Phone Numbers and Website

- If you are a member of this plan, call toll-free **1-800-668-3813**.
- If you are not a member of this plan, call toll-free **1-866-625-2499**.
- Our website:  
<http://www.cignahealthspring.com>

## 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 North Carolina Medicaid, and live in our service area.

Our service area includes the following counties in North Carolina: Alexander, Cabarrus, Catawba, Cleveland, Davidson, Davie, Forsyth, Gaston, Guilford, Iredell, Lincoln, Polk, Rowan, Stokes, Union, and Yadkin.

## 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.

You can see our plan's provider and pharmacy directory at our website (<http://www.cignahealthspring.com>).

Or, call us and we will send you a copy of the provider and pharmacy directories.

## What do we cover?

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

- **Our plan members get *all* of the benefits covered by Original Medicare.**
- **Our plan members also get *more than what is covered by Original Medicare*.** Some of the extra benefits are outlined in this booklet.

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 complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.cignahealthspring.com>.
- Or, call us and we will send you a copy of the formulary.

### How will I determine my drug costs?

The amount you pay for drugs depends on the drug you are taking and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

## SECTION II - SUMMARY OF BENEFITS

Benefit		Cigna-HealthSpring TotalCare (HMO SNP)
<b>Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services</b>		
<b>How much is the monthly premium?</b>		\$31.10 per month. In addition, you must keep paying your Medicare Part B premium.
<b>How much is the deductible?</b>		\$0 to \$74 per year for Part D prescription drugs.
<b>Is there any limit on how much I will pay for my covered services?</b>		<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>In this plan, you may pay nothing for Medicare-covered services, depending on your level of North Carolina Medicaid eligibility.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>\$6,700 for services you receive from in-network providers.</li> </ul> <p>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.</p> <p>Refer to the <b>“Medicare &amp; You”</b> handbook for Medicare-covered services. For North Carolina Medicaid-covered services, refer to the Medicaid Coverage section in this document.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
<b>Is there a limit on how much the plan will pay?</b>		Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

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 on contract renewal.

**Benefit****Cigna-HealthSpring TotalCare (HMO SNP)****Covered Medical and Hospital Benefits**

**Note:** Services with a <sup>1</sup> may require prior authorization.  
 Services with a <sup>2</sup> may require a referral from your doctor.

**Outpatient Care and Services**

<b>Acupuncture</b>	Not covered
<b>Ambulance<sup>1</sup></b>	\$0 or \$50 copay or 0% or 20% of the cost, depending on the service
<b>Chiropractic Care<sup>2</sup></b>	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): You pay nothing
<b>Dental Services<sup>1</sup></b>	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$0 copay Preventive dental services: • Cleaning (for up to 1 every six months): \$0 copay • Dental x-ray(s) (for up to 1 every year): \$0 copay • Oral exam (for up to 1 every six months): \$0 copay Comprehensive services: • Restorative – Fillings, Crowns: \$10-\$195 copay • Periodontics: \$10-\$75 copay • Extractions: \$10-\$75 copay • Prosthodontics: \$25-\$195 copay • Oral Surgery: \$25-\$195 copay Endodontics is not covered. Please see your EOC for plan coverage details. \$1,000 plan coverage limit for dental benefits every year
<b>Diabetes Supplies and Services<sup>2</sup></b>	Diabetes monitoring supplies: 0-20% of the cost, depending on the supply Diabetes self-management training: You pay nothing Therapeutic shoes or inserts: 0% or 20% of the cost
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b> (Costs for these services may vary based on place of service) <sup>1,2</sup>	Diagnostic radiology services (such as MRIs, CT scans): 0% or 20% of the cost Diagnostic tests and procedures: 0-20% of the cost, depending on the service Lab services: You pay nothing Outpatient x-rays: 0% or 20% of the cost Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the cost
<b>Doctor's Office Visits<sup>1,2</sup></b>	Primary care physician visit: You pay nothing Specialist visit: You pay nothing

Benefit	Cigna-HealthSpring TotalCare (HMO SNP)
<b>Durable Medical Equipment</b> (wheelchairs, oxygen, etc.) <sup>1</sup>	0% or 20% of the cost
<b>Emergency Care</b>	\$0 or \$75 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. See the “Inpatient Hospital Care” section of this booklet for other costs.
<b>Foot Care</b> (podiatry services) <sup>2</sup>	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: You pay nothing
<b>Hearing Services</b> <sup>2</sup>	Exam to diagnose and treat hearing and balance issues: \$0 copay Routine hearing exam (for up to 1 every year): \$0 copay Hearing aid fitting/evaluation (for up to 1 every three years): \$0 copay Hearing aid: \$0 copay Our plan pays up to \$500 every three years for hearing aids. Please see your EOC for plan coverage details.
<b>Home Health Care</b> <sup>1</sup>	You pay nothing
<b>Mental Health Care</b> <sup>1</sup>	Inpatient visit:  Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.  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.  • \$0 or \$50 copay per day for days 1 through 6 • You pay nothing per day for days 7 through 90  Outpatient group therapy visit: You pay nothing Outpatient individual therapy visit: You pay nothing
<b>Outpatient Rehabilitation</b> <sup>1,2</sup>	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): You pay nothing  Occupational therapy visit: You pay nothing  Physical therapy and speech and language therapy visit: You pay nothing
<b>Outpatient Substance Abuse</b> <sup>1</sup>	Group therapy visit: You pay nothing Individual therapy visit: You pay nothing
<b>Outpatient Surgery</b> <sup>1,2</sup>	Ambulatory surgical center: You pay nothing Outpatient hospital: You pay nothing

Benefit	Cigna-HealthSpring TotalCare (HMO SNP)
<b>Over-the-Counter Items</b>	Please visit our website to see our list of covered over-the-counter items. Limited to \$10 per month for specific over-the-counter drugs and other health-related pharmacy products, as listed in the OTC catalog.
<b>Prosthetic Devices</b> (braces, artificial limbs, etc.) <sup>1</sup>	Prosthetic devices: 0% or 20% of the cost Related medical supplies: 0% or 20% of the cost
<b>Renal Dialysis</b> <sup>1,2</sup>	0% or 20% of the cost
<b>Transportation</b> <sup>1</sup>	You pay nothing \$0 copayment for up to 20 one-way trips to plan-approved location ever year. Please see your EOC for plan coverage details.
<b>Urgently Needed Services</b>	You pay nothing
<b>Vision Services</b>	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 copay Routine eye exam (for up to 1 every year): \$0 copay Contact lenses: \$0 copay Eyeglasses (frames and lenses) (for up to 1 every year): \$0 copay Eyeglass frames (for up to 1 every year): \$0 copay Eyeglass lenses (for up to 1 every year): \$0 copay Eyeglasses or contact lenses after cataract surgery: \$0 copay Our plan pays up to \$250 every year for eyewear. \$0 copays for supplemental eyewear (except after cataract surgery) apply up to the plan allowance. Please see your EOC for plan coverage details.

**Benefit****Cigna-HealthSpring TotalCare (HMO SNP)****Preventive Care**

You pay nothing

Our plan covers many 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 screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- “Welcome to Medicare” preventive visit (one-time)
- Yearly “Wellness” visit

Any additional preventive services approved by Medicare during the contract year will be covered.

Annual physical exam: You pay nothing

**Hospice**

You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

**Inpatient Care****Inpatient Hospital Care<sup>1,2</sup>**

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.

- \$0 or \$50 copay per day for days 1 through 6
- You pay nothing per day for days 7 through 90

**Inpatient Mental Health Care**

For inpatient mental health care, see the “Mental Health Care” section of this booklet.

<b>Benefit</b>		<b>Cigna-HealthSpring TotalCare (HMO SNP)</b>
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>	Our plan covers up to 100 days in a SNF. <ul style="list-style-type: none"> <li>You pay nothing per day for days 1 through 20</li> <li>\$0 or \$160 copay per day for days 21 through 100</li> </ul>	
<b>Prescription Drug Benefits</b>		
<b>How much do I pay?</b>	For Part B drugs such as chemotherapy drugs <sup>1</sup> : 0% or 20% of the cost Other Part B drugs <sup>1</sup> : 0% or 20% of the cost	
<b>Initial Coverage</b>	Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> <li>\$0 copay; or</li> <li>\$1.20 copay; or</li> <li>\$2.95 copay</li> </ul> For all other drugs, either: <ul style="list-style-type: none"> <li>\$0 copay; or</li> <li>\$3.60 copay; or</li> <li>\$7.40 copay.</li> </ul> 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.	
<b>Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay nothing for all drugs.	
<b>Additional Plan Benefits</b>		
<b>24-hour Nurse Line</b>	\$0 copay for 24-hour Nurse Line Caring registered nurses are available by phone 24 hours a day, 7 days a week to answer your health questions in a confidential and convenient service.	

This plan is available to anyone who has both Medical Assistance from the State and Medicare. For full dual-eligible members the state will continue to pay your Medicare Part B premium. Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

# SUMMARY OF MEDICAID-COVERED BENEFITS FOR CONTRACT H9725, PLAN 003

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

Medicare Part A and B cost sharing when the state is responsible for paying these amounts. For more information about your Medicaid benefits and copayments, please contact the State Medicaid Office.

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what North Carolina Medicaid Agency covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP)
<p><b>Annual Visit(s)</b></p>	<p>Medicaid covers 22 visits per beneficiary within a fiscal year for professional services. Mandatory services in NC to which this applies are:</p> <ul style="list-style-type: none"> <li>• Physicians (except for physicians enrolled in N.C. Medicaid with a specialty of oncology, radiology, or nuclear medicine)</li> <li>• Nurse practitioners</li> <li>• Nurse midwives</li> <li>• Health departments</li> <li>• Rural health clinics</li> <li>• Federally qualified health centers</li> </ul> <p>The visit limit excludes: in-home care, inpatient hospital, dental, mental health requiring prior approval, services covered by both Medicare and Medicaid, specialized therapies, and Health Check wellness exams.</p>	<p>“Welcome to Medicare” preventive visit (one-time)</p>

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP)
<b>Annual Visit(s)</b> (continued)	<p>The following Medicaid beneficiaries are exempt from the annual visit limitation:</p> <ul style="list-style-type: none"> <li>• Recipients under the age of 21</li> <li>• Recipients enrolled in a Community Alternatives Program (CAP)</li> <li>• Pregnant recipients who are receiving prenatal and pregnancy-related services</li> </ul> <p>Copayments do not apply to Medicaid beneficiaries under the age of 21.</p> <p>Copayments apply to the following services for adult Medicaid beneficiaries:</p> <ul style="list-style-type: none"> <li>• Doctor</li> <li>• Dentist (only one co-pay for services requiring more than one visit)</li> <li>• Generic prescriptions</li> <li>• Brand name prescriptions</li> <li>• Chiropractic care</li> <li>• Podiatrist</li> <li>• Outpatient visits</li> <li>• Clinic and outpatient services, including local health department visits and outpatient behavioral health services</li> </ul>	
<b>Ambulance Services</b>	<p>Medicaid covers medically necessary ambulance services for Medicaid beneficiaries.</p> <p>There is no copayment for ambulance services.</p>	<p>Authorization rules may apply.</p> <p>\$0 to \$50 copay or 0% to 20% of the cost, depending on the service</p>
<b>Transportation</b>	<p>Non-emergency Ambulance transportation is a Medicaid optional service and is covered in the Ambulance Provider Manual.</p> <p>There is no copayment for non-emergency transportation.</p>	<p>Authorization rules may apply.</p> <p>\$0 copay for 20 one-way trip(s) to plan-approved locations every year.</p>

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP)
<p><b>Dental Services for recipients over 21 years of age</b></p>	<p>Medicaid covers the service as an optional benefit. Adult Medicaid beneficiaries needing services requiring more than one visit have a copayment. [\$3]</p>	<p>Authorization rules may apply. Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$0 copay Preventive dental services:  <ul style="list-style-type: none"> <li>• Cleaning (for up to 1 every six months): \$0 copay</li> <li>• Dental X-ray(s) (for up to 1 every year): \$0 copay</li> <li>• Oral exam (for up to 1 every six months): \$0 copay</li> </ul> Comprehensive services:  <ul style="list-style-type: none"> <li>• Restorative – Fillings, Crowns: \$10-\$195 copay</li> <li>• Periodontics: \$10-\$75 copay</li> <li>• Extractions: \$10-\$75 copay</li> <li>• Prosthodontics: \$25-\$195 copay</li> <li>• Oral Surgery: \$25-\$195 copay</li> </ul> Endodontics is not covered. Please see your EOC for plan coverage details. \$1,000 plan coverage limit for dental benefits every year</p>
<p><b>Doctor's Office Visits</b></p>	<p>Medicaid covers Physician Services. Adult Medicaid beneficiaries have a copayment. [\$3]</p>	<p>Authorization rules may apply. Referral from your Primary Care Physician (PCP) may be required. Primary care physician visit: You pay nothing Specialist visit: You pay nothing</p>

<b>Benefit Category</b> (Excludes Medicare-covered services)	<b>North Carolina Medicaid-covered services</b>	<b>Cigna-HealthSpring TotalCare (HMO SNP)</b>
<b>Vision Services</b> (for adults)	Medicaid covers only for beneficiaries under the age of 21, so no copayment applies.	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 copay \$0 copay for: Routine eye exam (for up to 1 every year) Contact lenses Eyeglasses (frames and lenses) (for up to 1 every year) Eyeglass frames (for up to 1 every year) Eyeglass lenses (for up to 1 every year) Eyeglasses or contact lenses after cataract surgery Our plan pays up to \$250 every year for eyewear.
<b>Hearing Services</b>	Medicaid covers Hearing Services for beneficiaries under the age of 21, so no copayment applies.	Referral from your Primary Care Physician, (PCP) is required. Exam to diagnose and treat hearing and balance issues: \$0 copay Routine hearing exam (for up to 1 every year): \$0 copay Hearing aid fitting/evaluation (for up to 1 every three years): \$0 copay Hearing aid: \$0 copay Our plan pays up to \$500 every three years for hearing aids. Please see your EOC for plan coverage details.

<b>Benefit Category</b> (Excludes Medicare-covered services)	<b>North Carolina Medicaid-covered services</b>	<b>Cigna-HealthSpring TotalCare (HMO SNP)</b>
<b>Preventive Services</b>	<ul style="list-style-type: none"> <li>• Bone Mass Measurement</li> <li>• Colorectal Screening</li> <li>• Immunizations</li> <li>• Mammograms</li> <li>• Pap smears and Pelvic Exams</li> <li>• Prostrate Cancer Screening Exams</li> </ul> <p>Medicaid covers the above services. There is no copayment for screening and preventive services.</p>	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colonoscopy</li> <li>• Colorectal cancer screenings</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• Fecal occult blood test</li> <li>• Flexible sigmoidoscopy</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> <li>• Yearly “Wellness” visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>Annual physical exam: You pay nothing</p>

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP)
<b>Targeted Case Management</b>	<p>Medicaid covers Targeted case management.</p> <p>There is no copayment for Targeted case management.</p>	<p>Case management is offered. Call customer service for details.</p>
<b>Personal Care Services</b>	<p>Medicaid covers Personal Care Services.</p> <p>There is no copayment for personal care services.</p>	<p>This benefit is not covered.</p>
<b>Private Duty Nursing</b>	<p>Medicaid covers Private Duty Nursing.</p> <p>There is no copayment for private duty nursing.</p>	<p>This benefit is not covered.</p>
<b>Home Health Services</b>	<p>Medicaid covers Home Health Services.</p> <p>There is no copayment for home health services.</p>	<p>Authorization rules may apply.</p> <p>\$0 copay for Medicare-covered home health visits</p>
<b>Hospice Services</b>	<p>Medicaid covers Hospice Services.</p> <p>There is no copayment for hospice services.</p>	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.</p>
<b>Inpatient Hospital Care</b>	<p>Medicaid covers Inpatient Hospital Care.</p> <p>There is no copayment for inpatient hospital services.</p>	<p>Authorization rules may apply.</p> <p>Referral from your Primary Care Physician, (PCP) may be required.</p> <p>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.</p> <p>\$0 to \$50 copay per day for days 1 through 6</p> <p>You pay nothing per day for days 7 through 90</p>

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP)
<b>Outpatient Hospital Care</b>	<p>Medicaid covers Outpatient Hospital Care.</p> <p>Adult Medicaid beneficiaries have a copayment. [\$3]</p>	<p>Authorization rules may apply.</p> <p>Referral from your Primary Care Physician, (PCP) may be required.</p> <p>You pay nothing.</p>
<b>Outpatient Rehabilitation Services</b>	<p>Medicaid covers Rehabilitation Services.</p> <p>Adult Medicaid beneficiaries have a copayment. [\$3]</p>	<p>Authorization rules may apply.</p> <p>Referral from your Primary Care Physician, (PCP) may be required.</p> <p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): You pay nothing</p> <p>Occupational therapy visit: You pay nothing</p> <p>Physical therapy and speech and language therapy visit: You pay nothing</p>
<b>Diabetic Supplies and Programs</b>	<p>Medicaid covers Diabetic Supplies and Programs.</p> <p>There is no copayment for diabetic supplies and programs.</p>	<p>Authorization rules may apply.</p> <p>Referral from your Primary Care Physician, (PCP) may be required.</p> <p>Diabetes monitoring supplies: 0% to 20% of the cost, depending on the supply</p> <p>Diabetes self-management training: You pay nothing</p> <p>Therapeutic shoes or inserts: 0% to 20% of the cost</p>
<b>End-Stage Renal Disease</b>	<p>Medicaid covers End Stage Renal Disease.</p> <p>There is no copayment for non-hospital dialysis facility services.</p>	<p>Authorization rules may apply.</p> <p>Referral from your Primary Care Physician (PCP) may be required.</p> <p>\$0 copay for Medicare-covered kidney disease education services</p> <p>0% to 20% coinsurance for Medicare-covered renal dialysis</p>

<b>Benefit Category</b> (Excludes Medicare-covered services)	<b>North Carolina Medicaid-covered services</b>	<b>Cigna-HealthSpring TotalCare (HMO SNP)</b>
<b>Diagnostic Tests, X-rays, Lab Services and Radiology Services</b>	<p>Medicaid covers Diagnostic Tests, X-rays, Lab Services and Radiology Services.</p> <p>There is no copayment for Diagnostic Tests, X-rays, and Radiology services.</p> <p>There is a \$3 copayment for Laboratory Services if they are not performed in a hospital. If Laboratory Services are performed in a hospital, they have no copayment.</p>	<p>Authorization rules may apply.</p> <p>Referral from your Primary Care Physician, (PCP) may be required.</p> <p>Diagnostic radiology services (such as MRIs, CT scans): 0% to 20% of the cost, depending on the service</p> <p>Diagnostic tests and procedures: 0% to 20% of the cost, depending on the service</p> <p>Lab services: You pay nothing</p> <p>Outpatient X-rays: 0% to 20% of the cost</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 0% to 20% of the cost</p>
<b>Durable Medical Equipment</b>	<p>Medicaid covers Durable Medical Equipment.</p> <p>There is no copayment for Durable Medical Equipment.</p>	<p>Authorization rules may apply.</p> <p>0% to 20% of the cost</p>
<b>Prosthetic Devices</b>	<p>Medicaid covers Prosthetic Devices.</p> <p>There is no copayment for prosthetic devices.</p>	<p>Authorization rules may apply.</p> <p>Prosthetic devices: 0% to 20% of the cost</p> <p>Related medical supplies: 0% to 20% of the cost</p>

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP)
<b>Inpatient Mental Health Care</b>	<p>Medicaid covers Inpatient Behavioral Health Care.</p> <p>There is no copayment for inpatient psychiatric hospital services.</p>	<p>Authorization rules may apply.</p> <p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>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.</p> <ul style="list-style-type: none"> <li>• \$0 to \$50 copay per day for days 1 through 6</li> <li>• You pay nothing per day for days 7 through 90</li> </ul>
<b>Outpatient Mental Health Care</b>	<p>Medicaid covers Outpatient Behavioral Health Care.</p> <p>Adult Medicaid beneficiaries have a copayment. [\$3]</p>	<p>Authorization rules may apply.</p> <p>Outpatient group therapy visit: You pay nothing</p> <p>Outpatient individual therapy visit: You pay nothing</p>
<b>Skilled Nursing Facility</b>	<p>Medicaid covers Nursing Facility Services.</p> <p>There is no copayment for nursing facility services.</p>	<p>Authorization rules may apply.</p> <p>Our plan covers up to 100 days in a SNF.</p> <ul style="list-style-type: none"> <li>• You pay nothing per day for days 1 through 20</li> <li>• \$0 to \$160 copay per day for days 21 through 100</li> </ul>
<b>Intermediate Care Facilities</b>	<p>Medicaid covers Intermediate Care Facilities.</p> <p>There is no copayment for ICF services.</p>	<p>This benefit is not covered.</p>

**Benefit Category**  
(Excludes Medicare-covered services)

**North Carolina Medicaid-covered services**

**Cigna-HealthSpring TotalCare (HMO SNP)**

**Prescription Drugs**

Medicaid covers Prescription Drugs. Adult Medicaid beneficiaries have a copayment. [\$3]

Drugs covered under Medicare Part B  
For Part B drugs such as chemotherapy drugs: 0% to 20% of the cost  
Other Part B drugs: 0% to 20% of the cost  
Drugs covered under Medicare Part D  
\$0 to \$74 per year deductible for Part D prescription drugs.  
Depending on your income and institutional status, you pay the following:  
For generic drugs (including brand drugs treated as generic), either:  
\$0 copay; or  
\$1.20 copay; or  
\$2.95 copay  
For all other drugs, either:  
\$0 copay; or  
\$3.60 copay; or  
\$7.40 copay  
You may get your drugs at network retail 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.  
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay nothing for all drugs.

**Emergency Care**

Medicaid covers Emergency Care. There is no copayment for emergency care.

\$0 to \$75 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. See the "Inpatient Hospital Care" section of this booklet for other costs.

**Urgent Needed Care**

Medicaid covers Urgently Needed Care. There is no copayment for urgently needed care.

You pay nothing.

<b>Benefit Category</b> (Excludes Medicare-covered services)	<b>North Carolina Medicaid-covered services</b>	<b>Cigna-HealthSpring TotalCare (HMO SNP)</b>
<b>Outpatient Substance Abuse</b>	Medicaid covers Outpatient Substance Abuse. Adult Medicaid beneficiaries have a copayment. [\$3]	Authorization rules may apply. Group therapy visit: You pay nothing Individual therapy visit: You pay nothing
<b>Podiatry</b>	Medicaid covers Podiatry Services. Adult Medicaid beneficiaries have a copayment. [\$3]	Referral from your Primary Care Physician, (PCP) may be required. Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: You pay nothing
<b>Chiropractic Services</b>	Medicaid covers Chiropractic Services. Adult Medicaid beneficiaries have a copayment. [\$2]	Referral from your Primary Care Physician, (PCP) may be required. Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): You pay nothing

This plan is available to anyone who has both Medical Assistance from the State and Medicare. For full dual-eligible members the state will continue to pay your Medicare Part B premium. Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

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