

SUMMARY OF BENEFITS

January 1, 2019 - December 31, 2019

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

Our service area include the following counties:

North Carolina: Alexander, Cabarrus, Catawba, Cleveland, Davidson, Davie, Forsyth, Gaston, Guilford, Iredell, Lincoln, Polk, Rowan, Stokes, Union and Yadkin counties, NC

Together, all the way.®



INTRODUCTION TO SUMMARY OF BENEFITS

This *Summary of Benefits* gives you a summary of what **Cigna-HealthSpring TotalCare Direct (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 Direct (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 **1-855-980-3049 (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 Direct (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 DIRECT (HMO SNP)

Who can join?

To join **Cigna-HealthSpring TotalCare Direct (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:

North Carolina: Alexander, Cabarrus, Catawba, Cleveland, Davidson, Davie, Forsyth, Gaston, Guilford, Iredell, Lincoln, Polk, Rowan, Stokes, Union and Yadkin counties, NC

Which doctors, hospitals and pharmacies can I use?

Cigna-HealthSpring TotalCare Direct (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 Direct (HMO SNP)
Monthly Premium, Deductible and Limits <i>*Cost-sharing is based on your level of Medicaid eligibility</i>	
Monthly Premium	\$0 or \$28.90 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.
Referrals	This plan does not require referrals to see in-network specialist.
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 Direct (HMO SNP) H9725-003

Benefit	What You Pay	What You Should Know
<p>Covered Medical and Hospital Benefits Note: Services with a ¹ may require prior authorization. <i>*Cost-sharing is based on your level of Medicaid eligibility</i></p>		
<p>Inpatient Hospital Coverage¹</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>\$0 or \$295 copay* per day: Days 1 through 6</p> <p>\$0 copay per day: Days 7 through 90</p>	<p>If readmitted within 24 hours for the same diagnosis the benefit will continue from original admission. You may not owe any additional copayments. In some instances, readmission within 30-days may result in continuation of benefits from the original admission, pending quality medical review by Cigna-HealthSpring.</p>
<p>Outpatient Surgery</p>		
<p>Ambulatory Surgical Center (ASC)¹</p>	<p>0% for any surgical procedures (i.e. polyp removal) during a colorectal screening. 0% or 20%* for all other Ambulatory Surgical Center (ASC) services.</p>	
<p>Outpatient Services & Observation¹</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>Specialists¹</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	\$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 or \$25 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	0% for EKG. 0% or 20% coinsurance* for all other diagnostic procedures and tests.	
Lab Services ¹	\$0 copay	
Therapeutic Radiological Services ¹	0% or 20% coinsurance*	
X-ray Services	\$0 copay	
Diagnostic Radiological Services (such as MRIs, CT Scans) ¹	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)	\$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 \$2,000 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 \$150 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.	\$0 or \$275 copay* per day: Days 1 through 6 \$0 copay per day: Days 7 through 90	
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	\$0 copay	
Pulmonary Rehab Services	\$0 copay	
Occupational Therapy Services ¹	\$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	\$0 copay	
Ambulance¹		
Ground Service (one-way trip)	\$0 or \$225 copay*	
Air Service (one-way trip)	0% or 20% coinsurance*	
Transportation¹		
	\$0 for 40 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	\$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 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)	\$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)		
	\$90 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 Direct (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), either: <ul style="list-style-type: none"> – \$0 copay; or – \$1.25 copay; or – \$3.40 copay; or – 5% • For all other drugs, either: <ul style="list-style-type: none"> – \$0 copay; or – \$3.80 copay; or – \$8.50 copay; or – 5% <p>You may get your drugs at network retail pharmacies and mail order pharmacies. If you reside in a long term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p>
<p>Catastrophic Coverage</p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay nothing for all drugs.</p>

5 SUMMARY OF MEDICAID-COVERED BENEFITS FOR CONTRACT H9725-003-000

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. 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)	North Carolina Medicaid-Covered Services	Cigna-HealthSpring TotalCare Direct (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Ambulance Services	For Dual-eligible members, Medicaid pays deductibles, copayments and coinsurance for Medicare-covered medically necessary ambulance services.	Ground service (one-way trip): \$0 or \$225 copay* Air service (one-way trip): 0% or 20% coinsurance*
Non-Emergency Transportation (NET)	For Dual-eligible members, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered transportation services. Medicaid-covered non-emergency medical transportation services: \$0 copayment. Prior scheduling required.	\$0 for 40 one-way trips to plan-approved locations per year.

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-Covered Services	Cigna-HealthSpring TotalCare Direct (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Dental Services	For Dual-eligible members and recipients over 21 years of age, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered dental services. Medicaid usual limits and copayments for this service: \$3.00 copayment per visit. Prior approval for some services may be required. Please refer to the North Carolina Health Care Coverage Programs for Families and Children handbook for restrictions and specific services that are not covered.	<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 \$2,000 every year</p> <ul style="list-style-type: none"> • Restorative • Periodontics • Extractions • Prosthodontics/Oral surgery
Doctor's Office Visits	For Dual-eligible members, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered doctor visits. A \$3.00 copayment per visit for Medicaid-covered services.	Primary Care Physician visit: \$0 copay Specialist visit: \$0 copay

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-Covered Services	Cigna-HealthSpring TotalCare Direct (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Eye Care Services	For Dual-eligible members and recipients over 21 years of age, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered vision services. Optical services are not covered for adults age 21 and older.	<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 \$150 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	For Dual-eligible members, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered home health care services.	\$0 copay for Medicare-covered home health care visits.
Hospice Services	For Dual-eligible members, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered hospice services.	\$0 copay Hospice care must be provided by a Medicare-certified hospice program.
Inpatient Hospital Care	For Dual-eligible members, Medicaid covers deductibles, copayments and coinsurance for inpatient hospital care.	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>\$0 or \$295 copay* per day: Days 1 through 6</p> <p>\$0 copay per day: Days 7 through 90</p> <p>If readmitted within 24 hours for the same diagnosis the benefit will continue from original admission. You may not owe any additional copayments. In some instances, readmission within 30-days may result in continuation of benefits from the original admission, pending quality medical review by Cigna-HealthSpring.</p>

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-Covered Services	Cigna-HealthSpring TotalCare Direct (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Outpatient Hospital Care	For Dual-eligible members, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered outpatient surgery services. There is a copayment of \$3.00 for Medicaid-covered services.	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.
Psychiatric Hospital Services	For Dual-eligible members, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered inpatient mental health care services.	Inpatient Our plan covers 90 days for an inpatient psychiatric hospital stay. \$0 or \$275 copay* per day: Days 1 through 6 \$0 copay per day: Days 7 through 90 Outpatient Outpatient individual or group therapy visit: \$0 copay
Laboratory and X-ray Services	For Dual-eligible members, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered diagnostic tests, x-rays, lab and radiology services.	Lab services: \$0 copay X-ray services: \$0 copay
Mental Health Services	For Dual-eligible members, Medicaid covers deductibles, copayments, and coinsurance for Medicare-covered outpatient mental health care services. \$3.00 copayment for Medicaid Outpatient Mental Health Care. For Dual-eligible members, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered outpatient substance abuse services. There is a copayment of \$3.00 for outpatient substance abuse services.	Inpatient See "Psychiatric Hospital Services" section. Outpatient Individual or group therapy visit: \$0 copay Substance Abuse Individual or group therapy visit: \$0 copay

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-Covered Services	Cigna-HealthSpring TotalCare Direct (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Skilled Nursing Facility	For Dual-eligible members, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered skilled nursing facility services. Medicaid covers additional days beyond the Medicare 100 day limit.	Our plan covers up to 100 days in the SNF. <ul style="list-style-type: none"> • \$0 copay per day: Days 1 through 20 • \$0 or \$172 copay* per day: Days 21 through 100
Prescription Drugs	\$0.50 - \$3.00 copayment for Medicaid covered prescription drugs not covered by a Medicare Prescription Drug Plan.	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), either: <ul style="list-style-type: none"> ▪ \$0 copay; or ▪ \$1.25 copay; or ▪ \$3.40 copay; or 5% – For all other drugs, either: <ul style="list-style-type: none"> ▪ \$0 copay; or ▪ \$3.80 copay; or ▪ \$8.50 copay; or 5%
Renal Dialysis Services	For Dual-eligible members, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered End Stage Renal Disease.	<ul style="list-style-type: none"> • 0% - 20% of the cost* for Medicare-covered renal dialysis • \$0 copay for Medicare-covered kidney disease education services.

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-Covered Services	Cigna-HealthSpring TotalCare Direct (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Medical Equipment and Supplies and Appliances	<p>For Dual-eligible members, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered durable medical equipment and supplies.</p> <p>For Dual-eligible members, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered durable medical equipment and supplies.</p> <p>For Dual-eligible beneficiaries, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered diabetes supplies and services. Medicaid covers Medicare deductibles, copayments and coinsurances for diabetic programs and supplies.</p> <p>For Dual-eligible members, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered prosthetic devices.</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 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.
Transportation	<p>For Dual-eligible members, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered transportation services. Medicaid-covered non-emergency medical transportation services: \$0 copayment. Prior scheduling required.</p>	<p>\$0 for 40 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)	North Carolina Medicaid-Covered Services	Cigna-HealthSpring TotalCare Direct (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Hearing Services	For Dual-eligible members, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered hearing services. Hearing Aids: Under age 21 only.	<p>Hearing Exams (Medicare-covered) \$0 copay</p> <p>Routine Hearing Exams (one every year) \$0 copay</p> <p>Hearing Aid Evaluation/Fitting (one every three years) \$0 copay</p> <p>Hearing aid evaluations are part of the routine hearing exam once every three years. Multiple fittings are allowed if necessary to ensure hearing aids are accurately fitted.</p> <p>Hearing Aids (one every three years) \$0 copay up to plan maximum coverage amount of \$700 per ear per device every three years</p>
Emergency	For Dual-eligible members, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered emergency care services.	<p>Emergency Care Services \$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>
Preventive Services	For Dual-eligible members, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered preventive care screenings, including: bone mass measurement, colorectal screening, immunizations, mammograms, pap smears and pelvic exams, prostate cancer screening exams. There is no copayment for bone mass measurement, colorectal screening and immunizations. There is a \$3.00 copayment for mammograms, pap smears and pelvic exams.	<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>

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-Covered Services	Cigna-HealthSpring TotalCare Direct (HMO SNP) *Cost-sharing is based on your level of Medicaid eligibility
Rehabilitation Services	For Dual-eligible members, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered durable medical equipment and supplies.	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
Long Term Care	Inpatient hospital, nursing facility and intermediate care facility.	Skilled Nursing Facility \$0 copay per day: Days 1 through 20 \$0 or \$172 copay* per day: Days 21 through 100
Over-the-Counter (OTC)	For Dual-eligible members, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered over-the-counter items. Please refer to the North Carolina Health Care Coverage Programs for Families and Children handbook for a list of covered OTC drugs/items.	\$90 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.
Podiatry	For Dual-eligible members, Medicaid pays deductibles, copayments and coinsurances for Medicare-covered podiatry services. Medicaid beneficiaries have a copayment of \$3.00 .	Medicare-Covered Podiatry Services \$0 copay
Urgent Care	For Dual-eligible members, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered urgently needed services.	\$0 or \$25 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.

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