

SUMMARY OF BENEFITS

January 1, 2018 – December 31, 2018

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

Cigna-HealthSpring TotalCare (HMO SNP) H9725–003

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



INTRODUCTION TO SUMMARY OF BENEFITS

This Summary of Benefits gives you a summary of what **Cigna-HealthSpring TotalCare (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 (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 – February 14, 8 a.m. – 8 p.m. local time, 7 days a week. From February 15 – September 30, Monday – Friday 8 a.m. – 8 p.m. local time, Saturday 8 a.m. – 6 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 **1-888-767-1879 (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

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- 2 Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
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1 ABOUT CIGNA-HEALTHSPRING TOTALCARE (HMO SNP)

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 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 *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 *Drug List* (formulary).

How will I determine my drug costs?

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 (HMO SNP)
Monthly Premium, Deductible, and Limits	
Monthly premium	\$0 or \$30.20 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	\$0 or \$83 per year* for Part D prescription drugs.
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 <i>Medicaid</i>-covered services, refer to the Medicaid Coverage section in this document.</p>

3 COVERED MEDICAL & HOSPITAL BENEFITS

Benefit	What you pay	What you should know
<p>Covered Medical and Hospital Benefits</p> <p>Note: Services with a ¹ may require prior authorization.</p> <p>Services with a ² may require a referral from your doctor.</p> <p><i>*Cost-sharing is based on your level of Medicaid eligibility</i></p>		
<p>Inpatient Hospital Coverage^{1,2}</p>		
<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>	<p>\$0 or \$295 copay* per day for days 1 through 6</p> <p>\$0 copay per day for 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^{1,2}</p>		
<p>Ambulatory Surgical Center (ASC)</p>	<p>\$0 copay for surgical procedures (i.e. polyp removal) during a colorectal screening</p> <p>\$0 or 20% of the cost* for all other ASC services</p>	
<p>Outpatient Services & Observation</p>	<p>\$0 copay for surgical procedures (i.e. polyp removal) during a colorectal screening</p> <p>0% or 20% of the cost* for all other Outpatient Services including observation and outpatient surgical services not provided in an ASC</p>	
<p>Doctors' Visits^{1,2}</p>		
<p>Primary Care Physician (PCP)</p>	<p>\$0 copay</p>	
<p>Specialists</p>	<p>\$0 or \$10 copay*</p>	

Benefit	What you pay	What you should know
Preventive Care		
<p>Our plan includes Medicare-covered preventive services, such as:</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>

Benefit	What you pay	What you should know
Emergency Care		
Emergency care services	\$0 or \$80 copay*	If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.
Worldwide emergency/urgent coverage/emergency transportation	\$80 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 ^{1,2} (Costs for these services may vary based on place of service)		
Diagnostic procedures and tests	\$0 copay for EKG and diagnostic colorectal screenings 0% or 20% of the cost* for all other diagnostic procedures and tests	
Lab services	\$0 copay	
Therapeutic radiological services	0% or 20% of the cost*	
X-ray services	0% or 20% of the cost*	
Diagnostic radiological services (such as MRIs, CT scans)	\$0 copay for mammography and ultrasounds 0% or 20% of the cost* for all other diagnostic and nuclear medicine radiological services	
Hearing Services ²		
Hearing exams (Medicare-covered)	\$0 copay in a Primary Care Physician office \$0 or \$10 copay* in a Specialist office	

Benefit	What you pay	What you should know
Hearing Services² (cont.)		
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.
Hearing aids (one every three years)	\$0 copay up to plan coverage maximum	The plan has a maximum coverage amount for hearing aids of \$700 per ear per device every three years.
Dental Services¹		
Dental Services (Medicare-covered)	\$0 or \$10 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) • Prophylaxis—cleanings (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 services - Periodontics - Extractions - Prosthodontics/Oral surgery 	\$0 copay up to a maximum coverage amount of \$2,000 per 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 glaucoma screening and diabetic retinal exams \$0 or \$10 copay* for all other Medicare-covered vision services	
Routine eye exam (one every year)	\$0 copay	

Benefit	What you pay	What you should know
Vision Services (cont)		
Eyewear (Medicare-covered)	\$0 copay	
Routine eyewear <ul style="list-style-type: none"> • Eyeglasses—lenses and frames (one every year) • Eyeglass lenses (one every year) • Eyeglass frames (one every year) • Contact lenses • Upgrades 	\$0 copay up to plan maximum coverage amount of \$200 every year	The plan specified allowance may be applied to one set of the customer's choice of eyewear, to include the eyeglass frame/lenses/lens options combination or contact lenses (to include related professional fees) in lieu of eyeglasses.
Mental Health Services¹		
Inpatient: 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 \$270 copay* per day for days 1 through 6: \$0 copay per day for days 7 through 90	
Outpatient: Individual or group therapy visit	\$0 or \$10 copay*	
Skilled Nursing Facility (SNF)¹		
Our plan covers up to 100 days in the SNF.	\$0 copay per day for days 1 through 20 \$0 or \$167 copay* per day for days 21 through 100	
Rehabilitation Services^{1,2}		
Cardiac (heart) rehab services	\$0 copay	
Pulmonary rehab services	\$0 copay	
Occupational therapy services	\$0 or \$10 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	\$0 or \$10 copay*	

Benefit	What you pay	What you should know
Ambulance¹		
Ground service (one-way trip)	\$0 or \$125 copay*	
Air service (one-way trip)	0% or 20% of the cost*	
Transportation¹		
	\$0 copay for up to 40 one-way trips to plan-approved locations every year.	Authorization may be required in situations where the travel distance to provider exceeds the mileage limit of 60 miles. Please refer to the plan's <i>Evidence of Coverage</i> for details.
Prescription Drugs¹		
Medicare Part B Drugs	0% or 20% of the cost* for Part B drugs such as chemotherapy drugs	This plan has Part D prescription drug coverage. See Section 4.
Foot Care (Podiatry Services)²		
Medicare-covered podiatry services	\$0 or \$10 copay*	
Medical Equipment & Supplies^{1,2}		
Durable Medical Equipment (wheelchairs, oxygen, etc.)	0% or 20% of the cost*	
Prosthetic Devices (braces, artificial limbs, etc.) and related medical supplies	0% or 20% of the cost*	
Diabetes Supplies & Services	\$0 copay for Diabetes self-management training 0% or 20% of the cost* 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. 0% or 20% of the cost* 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		
	Not covered	

Benefit	What you pay	What you should know
24-hour Nurse Line		
	\$0 copay	Registered nurses provide telephonic access for customers who request health and medical information and guidance.
Chiropractic Care²		
Chiropractic services (Medicare-covered)	\$0 or \$10 copay*	
Home Health Care¹		
	\$0 copay	
Hospice		
	\$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 or \$10 copay*	
Over-the-Counter (OTC) Items		
	\$45 each quarter to use for over-the-counter medicines and health related items that do not require a prescription.	Some OTC items require a doctor's recommendation for a specific, diagnosable condition. Please visit our website to see our list of over-the-counter items. OTC items may be purchased only for the Customer. Customers are required to contact our OTC benefit vendor to access this benefit. Limit one order per Customer per month. Customers are eligible to use the full quarterly allowance anytime throughout the quarter. Unused balances can roll forward each quarter, but must be used by December 31st. Balance does not carry year to year.

4 PRESCRIPTION DRUG BENEFITS

Benefit	Cigna-HealthSpring TotalCare (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> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$1.25 copay; or • \$3.35 copay; or • 15% <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay; or • \$3.70 copay; or • \$8.35 copay; or • 15% <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 \$5,000, you pay nothing for all drugs</p>

5 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 customers 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) * Cost-sharing is based on your level of Medicaid eligibility
Inpatient Hospital Care	For dual beneficiaries, Medicaid covers deductibles, copayments, and coinsurance for inpatient hospital care.	Our plan covers 90 days for an inpatient hospital stay. - Days 1 through 6: \$0 or \$295 copay per day* - Days 7 through 90: \$0 copay per day
Doctor Office Visits	For dual beneficiaries, 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 or \$10 copay*

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Outpatient Surgery	For dual-eligible beneficiaries, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered outpatient surgery services. There is a copayment of \$3.00 for Medicaid-covered services.	<p><u>Ambulatory Surgical Center</u> \$0 copay for surgical procedures (i.e. polyp removal) during a colorectal screening 0% or 20% of the cost* for all other ASC services</p> <p><u>Outpatient Services and Observation</u> \$0 copay for surgical procedures (i.e. polyp removal) during a colorectal screening 0% or 20% of the cost* for all other Outpatient Services including observation and outpatient surgical services not provided in an ASC</p>

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Preventive Care	For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered preventive care screenings, including: <ul style="list-style-type: none"> • 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.	\$0 copay Our plan covers many preventive services, including: <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 • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • 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, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit
Emergency Care	For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered emergency care services.	Emergency care services: \$0 or \$80 copay*

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Urgently Needed Services	For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered urgently needed services.	Urgent care services: \$0 or \$25 copay*
Diagnostic Tests, X-rays, Lab Services and Radiology Services	For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered diagnostic tests, x-rays, lab and radiology services.	Diagnostic procedures and tests: <ul style="list-style-type: none"> - EKG and diagnostic colorectal screenings: 0% of the cost - All other diagnostic tests and procedures: 0% or 20% of the cost* Lab services: \$0 copay Therapeutic radiological services: 0% or 20% of the cost* X-ray services: 0% or 20% of the cost* Diagnostic radiological services (such as MRIs, CT scans): <ul style="list-style-type: none"> - Mammography and ultrasounds: 0% of the cost - All other diagnostic radiological services: 0% or 20% of the cost*
Hearing Services	For dual-eligible beneficiaries, Medicaid covers deductibles, copayments, and coinsurance for Medicare-covered hearing services. Hearing Aids: Under age 21 only.	Hearing exams (Medicare-covered): Primary Care Physician office: \$0 copay Specialist office: \$0 or \$10 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. Hearing aids (one every three years): \$0 copay up to plan coverage maximum The plan has a maximum coverage amount for hearing aids of \$700 per ear per device every three years.

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Dental Services for recipients over 21 years of age	<p>For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered dental services.</p> <p>Medicaid usual limits and copayments for this service: \$3.00 copayment per visit.</p> <p>Prior approval for some services may be required.</p> <p>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>	<p>Dental services (Medicare-covered): \$0 or \$10 copay*</p> <ul style="list-style-type: none"> - Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth) <p>Preventive dental services: \$0 copay</p> <ul style="list-style-type: none"> - Oral exam (one every six months) - Cleanings (one every six months) - Bitewing X-ray (one every year) - Full mouth and 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</p> <ul style="list-style-type: none"> - Restorative services - Periodontics - Extractions - Prosthodontics/Oral surgery <p>Maximum coverage amount of \$2,000 per year</p> <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>

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Vision Services for recipients over 21 years of age	For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered vision services. Optical services are not covered for adults age 21 and older.	Eye exams (Medicare-covered): \$0 copay for glaucoma screening and diabetic retinal exams \$0 or \$10 copay* for all other Medicare-covered vision services Routine eye exam (one every year): \$0 copay Eyewear (Medicare-covered): \$0 copay Routine eyewear: \$0 copay up to plan coverage maximum <ul style="list-style-type: none"> - Contact lenses - Eyeglasses—lenses and frames (one every year) - Eyeglass lenses (one every year) - Eyeglass frames (one every year) - Upgrades The plan has a maximum coverage amount for routine eyewear of \$200 every year.
Inpatient Mental Health Care	For dual-eligible beneficiaries, Medicaid covers deductibles, copayments, and coinsurance for Medicare-covered inpatient mental health care services.	Our plan covers 90 days for an inpatient psychiatric hospital stay. Days 1 through 6: \$0 or \$270 copay* per day Days 7 through 90: \$0 copay per day
Outpatient Mental Health Care	For dual-eligible beneficiaries, Medicaid covers deductibles, copayments, and coinsurance for Medicare-covered outpatient mental health care services. \$3.00 copayment for Medicaid Outpatient Mental Health Care.	Individual or group therapy visit: \$0 or \$10 copay*
Skilled Nursing Facility (SNF)	For dual-eligible beneficiaries, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered skilled nursing facility services. Medicaid covers additional days beyond Medicare 100 day limit.	Our plan covers up to 100 days in the SNF. <ul style="list-style-type: none"> - Days 1 through 20: \$0 copay per day - Days 21 through 100: \$0 or \$167 copay* per day

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Outpatient Rehabilitation Services	For dual-eligible beneficiaries, 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 or \$10 copay* Physical therapy and speech and language therapy services: \$0 or \$10 copay*
Ambulance Services	For dual plan beneficiaries, Medicaid pays deductibles, copayments and coinsurance for Medicare-covered medically necessary ambulance services.	Ground service (one-way trip): \$0 or \$125 copay* Air service (one-way trip) 0% or 20% of the cost*
Transportation	For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered transportation services. Medicaid-covered non-emergency medical transportation services: \$0 copayment Prior scheduling required.	Non-Emergency Transportation: \$0 copay for up to 40 one-way trips to plan-approved locations every year.
Podiatry Services	For dual-eligible beneficiaries, Medicaid pays deductibles, copayments, and coinsurances for Medicare-covered podiatry services. Medicaid beneficiaries have a copayment of \$3.00	Podiatry services (Medicare-covered): \$0 or \$10 copay*
Durable Medical Equipment & Supplies	For dual-eligible beneficiaries, Medicaid covers deductibles, copayments and coinsurance, for Medicare-covered durable medical equipment and supplies.	Durable Medical Equipment (wheelchairs, oxygen, etc.): 0% or 20% of the cost*

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Diabetes Supplies and Services	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.	<u>Diabetes Supplies and Services</u> - Diabetes self-management training: \$0 copay - Therapeutic shoes or inserts: 0% or 20% of the cost* - Diabetes monitoring supplies: 0% or 20% of the cost*, depending on the supply. Preferred brands diabetic test strips and monitors covered at \$0 cost-share. Non-preferred brands not covered. 0% or 20% of the cost* 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.
Prosthetic Devices (Braces, artificial limbs, etc.)	For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered prosthetic devices.	<u>Prosthetic Devices (braces, artificial limbs, etc.)</u> - Prosthetic devices: 0% or 20% of the cost* - Related medical supplies: 0% or 20% of the cost*
Chiropractic Services	For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered chiropractic services. There is a \$2.00 copayment for Medicaid-covered services.	Chiropractic services (Medicare-covered): \$0 or \$10 copay*
Over-the-Counter (OTC) Items	For dual beneficiaries, 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.	\$45 each quarter to use for over-the-counter medicines and health related items that do not require a prescription.
Inpatient Long-term Care Services	Inpatient hospital, nursing facility and intermediate care facility	See the “Inpatient Hospital Care” and “Skilled Nursing Facility (SNF)” section.

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Home Health Care Services	For dual-eligible beneficiaries, Medicaid covers deductibles, copayments, and coinsurance for Medicare-covered home health care services.	\$0 copay
Hospice Services	For dual-eligible beneficiaries, Medicaid covers deductibles, copayments, and coinsurance for Medicare-covered hospice services.	\$0 copay Hospice care must be provided by a Medicare-certified hospice program.
Renal Dialysis	For dual beneficiaries, Medicaid covers deductibles, copayments and coinsurance for Medicare-covered end stage renal disease.	Kidney disease education services (Medicare-covered): \$0 copay Renal Dialysis (Medicare-covered): 0% or 20% of the cost*
Prescription Drugs (Outpatient)	\$0.50 - \$3.00 copayment for Medicaid-covered prescription drugs not covered by a Medicare Prescription Drug Plan.	<u>Drugs covered under Medicare Part B</u> For Part B drugs such as chemotherapy drugs: 0% or 20% of the cost* <u>Drugs covered under Medicare Part D</u> \$0 or \$83 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: <ul style="list-style-type: none"> • \$0 copay; or • \$1.25 copay; or • \$3.35 copay; or • 15% For all other drugs, either: <ul style="list-style-type: none"> • \$0 copay; or • \$3.70 copay; or • \$8.35 copay; or • 15%

Benefit Category (Excludes Medicare-covered services)	North Carolina Medicaid-covered services	Cigna-HealthSpring TotalCare (HMO SNP) * Cost-sharing is based on your level of Medicaid eligibility
Outpatient Substance Abuse	For dual-eligible beneficiaries, 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	Individual or group therapy visit: \$0 or \$10 copay*

This plan is available to anyone who has both Medical Assistance from the State and Medicare. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

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