



Addendum to the 2023 Summary of Benefits Inflation Reduction Act Impacts

In August 2022, new legislation known as the Inflation Reduction Act was passed, in part, to lower the cost of insulin products and vaccines for those with Medicare Part D prescription drug coverage.

Important Message About What You Pay for Insulin

- You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.
- If your insulin is on a tier where cost-sharing is lower than \$35, you will pay the lower cost for your insulin.
- If your plan has a Part D deductible, this will apply even if you haven't paid your deductible.

Important Message About What You Pay for Vaccines

- Our plan covers most Part D vaccines at no cost to you.
- If your plan has a Part D deductible, this will apply even if you haven't paid your deductible.

We have free interpreter services to answer any questions you may have about our health plan. To get an interpreter, just call us at 1-888-284-0268 (TTY 711). Someone who speaks Spanish can help you. This is a free service. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Cigna contracts with Medicare to offer Medicare Advantage HMO and PPO plans and Part D Prescription Drug Plans (PDPs) in select states and with select state Medicaid programs. Enrollment in Cigna depends on contract renewal.

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2023

Summary of Benefits

January 1, 2023, to
December 31, 2023

Cigna TotalCare (HMO D-SNP) H2108-001 MD

Additional coverage and extra benefits for people with Medicare and any level of Medicaid assistance

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To Join

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

Service Area

Anne Arundel, Baltimore, Baltimore City, and Harford counties, **MD**

Cigna TotalCare (HMO D-SNP) H2108-001 MD



Introduction

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

Comparing coverage

If you want to compare our plan with other Medicare health plans, ask the other plans for their *Summary of Benefits*. Or, use the *Medicare Plan Finder* on **www.medicare.gov**.

More about Original Medicare

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook.

View the handbook online at:
www.medicare.gov

Get a copy of the handbook by calling:
1-800-MEDICARE (1-800-633-4227),
24 hours a day, 7 days a week. TTY users
should call **1-877-486-2048**.

Need help?

Already a customer

Call toll-free **1-800-668-3813 (TTY 711)**.
Customer Service is available 8 a.m.
to 8 p.m. local time: from October 1 to
March 31, 7 days a week; and from April 1
to September 30, Monday through Friday.
Our automated phone system may answer
your call during weekends, holidays, and
after hours.

Not a customer

Call toll-free **1-800-313-0973 (TTY 711)**.
Licensed agents are available 8 a.m.
to 8 p.m. local time: from October 1 to
March 31, 7 days a week; and from April 1
to September 30, Monday through Friday.
Our automated phone system may answer
your call during weekends, holidays, and
after hours.

You can also visit our website at:
CignaMedicare.com.

1 | About this Plan

Who can enroll?

This plan is available to anyone who has Medicare AND full or partial Medical Assistance from the state (Medicaid). Premiums, copays, coinsurance, and deductibles may vary based on the level of Medical Assistance and *Extra Help* you receive. Contact the plan for further details.

You can enroll in this plan if you are in one of these Medicaid categories:

Qualified Medicare Beneficiary (QMB):

While QMB status provides you with Medicaid coverage of your Medicare cost-share, you are not eligible for full Medicaid benefits. This means that Medicaid pays only your Part A and Part B premiums, deductibles and cost-share amounts. Medicaid does not cover your Part D prescription drug copays nor does it pay for services that Medicare Part A or Part B does not cover.

Qualified Medicare Beneficiary Plus

(QMB+): As a QMB+, not only is your Medicare cost-share covered by Medicaid, but you also are eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles and cost-share amounts. This means you pay your Part D prescription drug copays—and nothing else.

Specified Low-Income Medicare

Beneficiary (SLMB): You do not have full Medicaid benefits as an SLMB. Medicaid pays only your Part B premium—not any cost-share amounts; however, you may find that some services do not require a customer cost-share.

Specified Low-Income Medicare Beneficiary

(SLMB+): As a SLMB+, you are eligible for full Medicaid benefits. In addition, Medicaid pays your Part B premium. Further, additional limited assistance from your state Medicaid agency may be available to help you pay any Medicare cost-share amounts. When both Medicare and Medicaid provide coverage for a service you receive, your cost-share is typically 0%; however, when Medicaid does not provide coverage for such service or other benefit, you may be required to pay a cost-share amount.

Qualifying Individual (QI):

You do not have full Medicaid benefits as a QI, so Medicaid pays only your Part B premium—not any cost-share amounts; however, you may find that some services do not require a customer cost-share.

Qualified Disabled and Working Individual

(QDWI): As a QDWI, you do not have full Medicaid benefits. Medicaid pays only your Part A premium. While Medicaid does not pay any cost-share amounts, you may find that some services do not require a customer cost-share.

Full Benefits Dual Eligible (FBDE):

You are eligible for full Medicaid benefits as an FBDE; further, Medicaid may provide limited assistance with Medicare cost-share amounts. When both Medicare and Medicaid provide coverage for a service you receive, your cost-share is typically 0%; however, when Medicaid does not provide coverage for such service or other benefit, you may be required to pay a cost-share amount.

If your category of Medicaid eligibility changes, your cost-share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

Which doctors, hospitals, and pharmacies can I use?

Cigna TotalCare (HMO D-SNP) has a network of doctors, hospitals, and other providers. If you use 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, **CignaMedicare.com**.

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 *Comprehensive Prescription Drug List* which lists the Part D prescriptions drugs along with any restrictions on our website, **CignaMedicare.com**.
- › Or, call us, and we will send you a copy of the plan's *Comprehensive Prescription Drug List*.

2 | Monthly Premium, Deductible, and Limits

This plan is available to anyone who has Medicare AND full or partial Medical Assistance from the state (Medicaid). Premiums, copays, coinsurance, and deductibles may vary based on the level of Medical Assistance and Extra Help you receive. Contact the plan for further details.

Benefit	Cigna TotalCare (HMO D-SNP)
Monthly Premium	<p>\$0 per month with full Medicaid cost-share assistance</p> <p>\$24.20 per month with SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance.</p> <p>In addition, you must keep paying your Medicare Part B premium.</p>
Medical Deductible	<p>This plan does not have a deductible.</p>
Pharmacy (Part D) Deductible	<p>\$0 deductible for those who receive full state Medicaid assistance.</p> <p>\$0 or \$104 deductible, depending on your level of Extra Help, for those who qualify for low income subsidy (LIS).</p> <p>\$505 is the standard Part D deductible for 2023.</p>
Is there any limit on how much I will pay for my covered services?	<p>Original Medicare does not have annual limits on out-of-pocket costs.</p> <p>Your yearly limit(s) in this plan: \$7,550 applies to in-network 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 may still need to pay your monthly premiums, if any, and cost-sharing for your Part D prescription drugs.</p> <p>In this plan, cost-sharing may vary based on your level of Medicaid eligibility.</p>

3 | Covered Medical and Hospital Benefits

Benefit	What You Pay	
	With full Medicaid cost-share assistance (QMB, QMB+)	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
<p>Note: Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.</p>		
<p>Inpatient Hospital Coverage¹</p>		
<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>For each Medicare-covered hospital stay, you are required to pay the applicable cost sharing, starting with Day 1, each time you are admitted.</p> <p>There is a \$0 copayment per lifetime reserve day.</p>	<p>\$0 copay per stay</p>	<p>\$1,300 copay per stay</p>
<p>Outpatient Hospital Services/ASC</p>		
<p>Ambulatory Surgical Center (ASC)¹</p>	<p>0% coinsurance</p>	<p>0% coinsurance for any surgical procedures during a colorectal screening</p> <p>20% coinsurance for all other ASC services</p>
<p>Outpatient Hospital¹</p>	<p>0% coinsurance</p>	<p>0% coinsurance for any surgical procedures during a colorectal screening</p> <p>20% coinsurance for all other outpatient services not provided in an ASC</p>
<p>Outpatient Observation¹</p>	<p>0% coinsurance</p>	<p>20% coinsurance</p>

Benefit	What You Pay	
	With full Medicaid cost-share assistance (QMB, QMB+)	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
Doctors Visits		
Primary Care Provider (PCP)	0% coinsurance for virtual visits 0% coinsurance for in-office visits	0% coinsurance for virtual visits 20% coinsurance for in-office visits
Specialists ¹	0% coinsurance	20% coinsurance
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 screenings and counseling › Bone mass measurement › Breast cancer screening (mammogram) › Cardiovascular disease (behavioral therapy) › Cardiovascular screenings › Cervical and vaginal cancer screening › Colorectal cancer screening (colonoscopy, fecal occult blood test, multi-target stool DNA tests, screening barium enemas, flexible sigmoidoscopy) › Depression screenings › Diabetes screenings › Diabetes self-management training › Glaucoma tests › Hepatitis B Virus (HBV) infection screening › Hepatitis C screening › 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 COVID-19, 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 EOC for frequency of covered services.</p>	<p>\$0 copay</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. Please see your EOC for frequency of covered services.</p>

Benefit	What You Pay	
	With full Medicaid cost-share assistance (QMB, QMB+)	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
Emergency Care		
Emergency Care Services	\$0 copay	\$95 copay If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care.
Worldwide Emergency/Urgent Coverage/Emergency Transportation	\$95 copay Maximum worldwide coverage amount \$50,000	\$95 copay Maximum worldwide coverage amount \$50,000
Urgently Needed Services		
Urgent Care Services	\$0 copay	20% coinsurance up to \$60 If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for urgent care.
Diagnostic Services, Labs, and Imaging Costs for these services may vary based on place of service or type of service		
Diagnostic Procedures and Tests ¹	0% coinsurance	0% coinsurance for EKG 20% coinsurance for all other diagnostic procedures and tests
Lab Services ¹	\$0 copay	\$0 copay
Therapeutic Radiological Services ¹	0% coinsurance	20% coinsurance
X-ray Services	0% coinsurance	20% coinsurance
Diagnostic Radiological Services (MRIs, CT scans, etc.) ¹	0% coinsurance	0%–20% coinsurance

Benefit	What You Pay	
	With full Medicaid cost-share assistance (QMB, QMB+)	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
Hearing Services		
Hearing Exams (Medicare-covered) A separate physician cost share will apply if additional services requiring cost sharing are rendered.	0% coinsurance	20% coinsurance
Routine Hearing Exams	\$0 copay for one routine exam every year	\$0 copay for one routine exam every year
Hearing Aid Fitting/Evaluation	\$0 copay for one fitting evaluation for hearing aid every three years	\$0 copay for one fitting evaluation for hearing aid every three years
Hearing Aids	\$0 copay up to plan maximum coverage amount of \$1,400 allowance for both ears combined every three years	\$0 copay up to plan maximum coverage amount of \$1,400 allowance for both ears combined every three years
Dental Services (Medicare-covered)¹		
Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)	0% coinsurance	20% coinsurance
Preventive Dental Services		
Oral exams (four every year)	\$0 copay	\$0 copay
Cleanings (two every year)	\$0 copay	\$0 copay
Fluoride treatments (two every year)	\$0 copay	\$0 copay
Dental x-rays	\$0 copay	\$0 copay
Maximum Coverage Amount	\$20,000 combined preventive and comprehensive every year	\$20,000 combined preventive and comprehensive every year
Comprehensive Dental Services¹		
Diagnostic Services (unlimited)	\$0 copay	\$0 copay
Restorative Services (unlimited)	\$0 copay	\$0 copay
Endodontics (unlimited)	\$0 copay	\$0 copay
Periodontics (unlimited)	\$0 copay	\$0 copay
Extractions (unlimited)	\$0 copay	\$0 copay

Benefit	What You Pay	
	With full Medicaid cost-share assistance (QMB, QMB+)	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
Prosthodontics/oral surgery (unlimited)	\$0 copay	\$0 copay
Maximum Coverage Amount	\$20,000 combined preventive and comprehensive every year	\$20,000 combined preventive and comprehensive every year
Vision Services		
<p>Eye Exams (Medicare-covered)¹</p> <p>A separate physician cost share will apply if additional services requiring cost sharing are rendered (e.g., but not limited to, if a medical eye condition is discovered during a preventive routine eye exam). A facility cost-share may apply for procedures performed at an outpatient surgical center.</p>	<p>0% coinsurance for Medicare-covered diabetic retinopathy screening</p> <p>0% coinsurance for all other Medicare-covered vision services</p>	<p>0% coinsurance for Medicare-covered diabetic retinopathy screening</p> <p>20% coinsurance for all other Medicare-covered vision services</p>
<p>Routine Eye Exam</p> <p>Non-Medicare covered routine eye exam (including eye refraction) per year. Eye refractions outside of the annual non-Medicare covered routine eye exam are not covered.</p>	\$0 copay for one routine exam every year	\$0 copay for one routine exam every year
Glaucoma Screening (Medicare-covered) ¹	\$0 copay	\$0 copay
Eyewear (Medicare-covered)	\$0 copay	\$0 copay
<p>Routine Eyewear</p> <ul style="list-style-type: none"> ➤ Eyeglasses (lenses and frames) ➤ Eyeglass lenses ➤ Eyeglass frames ➤ Contact lenses (including contact lens fitting) ➤ Upgrades 	<p>\$0 copay up to plan maximum coverage amount of \$150 every year</p> <p>The plan-specified allowance may be applied to one set of the member's choice of eyewear once per year, to include the eyeglass frame/lenses/lens options combination or contact lenses (to include related professional fees) in lieu of eyeglasses.</p>	<p>\$0 copay up to plan maximum coverage amount of \$150 every year</p> <p>The plan-specified allowance may be applied to one set of the member's choice of eyewear once per year, to include the eyeglass frame/lenses/lens options combination or contact lenses (to include related professional fees) in lieu of eyeglasses.</p>

Benefit	What You Pay	
	With full Medicaid cost-share assistance (QMB, QMB+)	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
Mental Health Services		
<p>Inpatient¹</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>For each Medicare-covered hospital stay, you are required to pay the applicable cost sharing, starting with Day 1 each time you are admitted.</p> <p>There is a \$0 copayment per lifetime reserve day.</p>	<p>\$0 copay per day for days 1-5</p> <p>\$0 copay per day for days 6-90</p>	<p>\$350 copay per day for days 1-5</p> <p>\$0 copay per day for days 6-90</p>
<p>Outpatient¹</p> <p>Individual or Group Therapy Visit</p>	\$0 copay	\$0 copay
Skilled Nursing Facility (SNF)¹		
Our plan covers up to 100 days per benefit period.	<p>\$0 copay per day for days 1-20</p> <p>\$0 copay per day for days 21-100</p>	<p>\$0 copay per day for days 1-20</p> <p>\$196 copay per day for days 21-100</p>
Rehabilitation Services		
Cardiac (Heart) Rehab Services ¹	0% coinsurance	20% coinsurance
Pulmonary Rehab Services ¹	0% coinsurance	20% coinsurance
Occupational Therapy Services ¹	0% coinsurance	10% coinsurance
Physical Therapy and Speech/Language Therapy Services ¹	0% coinsurance	10% coinsurance
Physical Therapy and Speech/Language Therapy Telehealth Services ¹	0% coinsurance	10% coinsurance
Ambulance¹		
Ground Service (one-way trip)	0% coinsurance	20% coinsurance
Air Service (one-way trip)	0% coinsurance	20% coinsurance
Transportation¹		
Members are required to coordinate with Cigna vendor for transportation to plan-approved locations at least 48 hours in advance. Mileage restrictions may apply. See <i>Evidence of Coverage</i> for full details and restrictions related to benefit.	\$0 copay for 50 one-way trips every year	\$0 copay for 50 one-way trips every year

Benefit	What You Pay	
	With full Medicaid cost-share assistance (QMB, QMB+)	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
Medicare Part B Drugs		
Part B Chemotherapy Drugs and Other Part B Drugs ¹ Medicare-covered Part B Drugs may be subject to step therapy requirements.	0% coinsurance This plan has Part D prescription drug coverage. See Section 4 in the <i>Summary of Benefits</i> .	20% coinsurance This plan has Part D prescription drug coverage. See Section 4 in the <i>Summary of Benefits</i> .
Foot Care (Podiatry Services)		
Podiatry Services (Medicare-covered)	0% coinsurance	20% coinsurance
Routine Podiatry Services	\$0 copay per visit for up to 12 visits every year	\$0 per visit for up to 12 visits every year
Medical Equipment and Supplies		
Durable Medical Equipment (wheelchairs, oxygen, etc.) ¹	0% coinsurance	20% coinsurance
Prosthetic Devices (braces, artificial limbs, etc.) and Related Medical Supplies ¹	0% coinsurance	20% coinsurance
Diabetic Services and Supplies Brand limitations apply to certain supplies.	\$0 copay for diabetes self-management training 0% coinsurance for therapeutic shoes or inserts ¹ \$0 copay for diabetic monitoring supplies ¹	\$0 copay for diabetes self-management training 20% coinsurance for therapeutic shoes or inserts ¹ \$0 copay for diabetic monitoring supplies ¹
Fitness and Wellness Programs		
Fitness Program The program offers the flexibility of a fitness center membership, digital fitness tools, and a home fitness kit.	\$0 copay	\$0 copay
Health Information Line		
Talk one-on-one with a Nurse Advocate* to get timely answers to your health-related questions at no additional cost, anytime day or night. *Nurse Advocates hold current nursing licensure in a minimum of one state, but are not practicing nursing or providing medical advice in any capacity as a health advocate.	\$0 copay	\$0 copay

Benefit	What You Pay	
	With full Medicaid cost-share assistance (QMB, QMB+)	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
Chiropractic Care		
Chiropractic Services (Medicare-covered) ¹	0% coinsurance	20% coinsurance
Routine Chiropractic Services	Not covered	Not covered
Home Health Care¹		
Home Health	\$0 copay	\$0 copay
Hospice		
Hospice care must be provided by a Medicare-certified hospice program. Our plan covers hospice consultation services (one-time only) before you select hospice. Hospice is covered outside of our plan. You may have to pay part of the cost for drugs and respite care. Please contact the plan for more details.	\$0 copay	\$0 copay
Outpatient Substance Abuse¹		
Individual or Group Therapy Visit	0% coinsurance	20% coinsurance
Opioid Treatment Services¹		
FDA-approved treatment medications in addition to testing, counseling, and therapy.	0% coinsurance	20% coinsurance
Over-the-Counter (OTC) Items		
Over-the-counter drugs and other health-related pharmacy products, as listed in the <i>OTC Catalog</i> .	\$200 allowance every three months	\$200 allowance every three months
Home-Delivered Meals		
	\$0 copay for home-delivered meals Limited to 14 meals per discharge from a qualified hospital stay or skilled nursing facility (up to three stays per year), ESRD care management is limited to 56 meals once per year.	\$0 copay for home-delivered meals Limited to 14 meals per discharge from a qualified hospital stay or skilled nursing facility (up to three stays per year), ESRD care management is limited to 56 meals once per year.

Benefit	What You Pay	
	With full Medicaid cost-share assistance (QMB, QMB+)	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
Telehealth Services (Medicare-covered)		
For non-emergency care, talk with a telehealth doctor via phone or video for certain telehealth services, including: allergies, cough, headache, sore throat, and other minor illnesses.	\$0 copay	\$0 copay
Acupuncture Services		
Acupuncture Services (Medicare-covered) ¹ Services for chronic lower back pain.	0% coinsurance	20% coinsurance
Supplemental Acupuncture Services	Not covered	Not covered
Additional Benefits Enjoy these extra benefits included in your plan.		
	With full Medicaid cost-share assistance (QMB, QMB+)	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
Annual Physical Exam	\$0 copay	\$0 copay
Cigna Healthy Today Card Use your pre-loaded Cigna Healthy Today benefit card for easy access to incentives, rewards, and select allowance benefits* that may be part of your plan. *Benefits, coverage and amounts vary by plan. Limitations, exclusions, and restrictions may apply.	Based on your plan's allowance and frequency amounts, funds will be loaded on your Cigna Healthy Today card automatically.	Based on your plan's allowance and frequency amounts, funds will be loaded on your Cigna Healthy Today card automatically.
Cigna Medicare Advantage Incentives With the Cigna Medicare Advantage incentives program, you can earn money for completing certain health check-ups. After completing your yearly health check-up, you can qualify for additional incentives as determined by your plan and provider. Reward dollars are intended to be used on health and wellness products only.	You can earn up to \$100 , which is loaded on your Cigna Healthy Today card for completing certain healthy activities.	You can earn up to \$100 , which is loaded on your Cigna Healthy Today card for completing certain healthy activities.

Additional Benefits

Enjoy these extra benefits included in your plan.

	With full Medicaid cost-share assistance (QMB, QMB+)	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
<p>Healthy Grocery Allowance</p> <p>A key ingredient to keeping healthy is eating healthy foods. Your plan includes a monthly allowance to use toward the purchase of healthy and nutritious foods from participating retailers. The amount does not carry over to the next month or the following year. This allowance cannot be used towards the purchase of tobacco, alcohol or other select products.</p>	<p>\$20 every month to use toward the purchase of healthy and nutritious foods. Funds are loaded to your Cigna Healthy Today card each month.</p>	<p>\$20 every month to use toward the purchase of healthy and nutritious foods. Funds are loaded to your Cigna Healthy Today card each month.</p>

4 | Prescription Drug Benefits

Medicare Part D Drugs Initial Coverage

Most of our members qualify for and are already getting *Extra Help* from Medicare to pay for their Part D prescription drug costs.

Medicare provides *Extra Help* to pay Part D prescription drug costs for people who have limited income and resources. Resources include your savings and stocks but not your home or car. Those who qualify get help paying for any Medicare drug plan’s monthly premium, yearly deductible, and prescription copayments. This *Extra Help* also counts toward your out-of-pocket costs.

People with limited income and resources may qualify for *Extra Help*. Some people automatically qualify for *Extra Help* and don’t need to apply. Medicare mails a letter to people who automatically qualify for *Extra Help*.

If you have questions about *Extra Help*, call:

- › Your local Social Security office, or
- › Social Security at 1-800-772-1213.
TTY users should call 1-800-325-0778.

If you get *Extra Help* from Medicare, the following chart shows the cost-sharing amounts for Part D drugs covered under this plan during the deductible stage (if any) and the initial coverage stage. Your cost sharing depends on the level of *Extra Help* you receive. You may get your drugs at network retail pharmacies and mail order pharmacies:

	Mail Order Cost-Sharing	Retail Cost-Sharing
	Preferred or Standard Pharmacy	Preferred or Standard Pharmacy
	30-day, 60-day, or 90-day Supply	30-day, 60-day, or 90-day Supply
Generic drugs, including brand drugs treated as generic	\$0 copay or \$1.45 copay or \$4.15 copay or 15% coinsurance	\$0 copay or \$1.45 copay or \$4.15 copay or 15% coinsurance
All other drugs	\$0 copay or \$4.30 copay or \$10.35 copay or 15% coinsurance	\$0 copay or \$4.30 copay or \$10.35 copay or 15% coinsurance

Coverage Gap

Because most of our members get *Extra Help* with their Part D prescription drug costs, the Coverage Gap Stage does not apply to most members. If you receive *Extra Help*, this payment stage does not apply to you.

Catastrophic Coverage

You qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached the **\$7,400** limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.

During this stage, your share of the cost for a covered drug will be either:

- › **\$0** or
- › A coinsurance or a copayment, whichever is the larger amount:
- › Coinsurance of **5%** of the cost of the drug, or
- › **\$4.15** for a generic drug or a drug that is treated like a generic and **\$10.35** for all other drugs.
- › Our plan pays the rest of the cost.

5 | Medicaid-covered Benefits

This section provides information for people with Original Medicare and full Medicaid coverage.

If you have questions about the assistance you get from Medicaid, contact:

Maryland Department of Health & Mental Hygiene

1-410-767-6500 or 1-800-492-5231
<http://mmcp.dhmh.maryland.gov>

If offered in Maryland, you may be eligible for the Medicaid benefits listed below in addition to the Original Medicare benefits described in this *Summary of Benefits* booklet when the services are not already covered by Original Medicare. Benefit limitations, referrals, and prior authorizations may apply.

- › Ambulance and wheelchair van services and emergency medical transportation
- › Ambulatory surgical center services
- › Clinic services
- › Dental services and dentures (for beneficiaries under 21)
- › Diabetes care services (covered under HealthChoice)
- › Early and periodic Screening, Diagnosis and Treatment (EpSDT) services (for beneficiaries under 21)
- › Eye glasses (for beneficiaries under 21)
- › Family planning services and supplies
- › Hearing aids (for beneficiaries under 21)

- › Home and community-based services waiver services for targeted populations of developmentally disabled individuals, older adults, physically disabled adults, medically fragile children, children with autism spectrum disorder, and adults with traumatic brain injury
- › Home health agency services
- › Hospice care
- › Hospital inpatient and outpatient services (acute, chronic, psychiatric, rehabilitation, specialty)
- › Kidney dialysis services
- › Laboratory and X-ray services
- › Medical day care services
- › Medical equipment and supplies
- › Medicare premiums, copayments and deductibles
- › Mental health treatment, case management, and rehabilitation services
- › Nurse anesthetist, nurse midwife, and nurse practitioner services, nursing facility services (nursing homes)
- › Oxygen services and related respiratory equipment services
- › Personal care services
- › Pharmacy services (for beneficiaries not eligible for Medicare part D)
- › Physical therapy
- › Physician services (some dental surgery may be included)
- › Podiatry services
- › Private duty nursing (for beneficiaries under 21)

- › School-based health-related services (for beneficiaries under 21)
- › Statewide Evaluation and Planning Services (STEPS) through local health departments)
- › Substance use disorder treatment services
- › Targeted case management for HIV-infected individuals and other targeted populations
- › Transportation services to Medicaid covered services (through local health departments)
- › Vision care services (eye examination every two years)

* All Medicaid covered services are subject to change at any time. For the most current Maryland Medicaid coverage information, please visit the Maryland Medicaid website at <http://mmcp.dhmf.maryland.gov>, or call the Medicaid Hotline at 1-410-767-6500 or 1-800-492-5231.

