



2023

Summary of Benefits

January 1, 2023, to
December 31, 2023

Cigna TotalCare Plus (HMO D-SNP) H3949-009

Additional coverage and extra benefits for people with Medicare and full 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

Adams, Allegheny, Armstrong, Beaver, Berks, Bucks, Butler, Chester, Clarion, Crawford, Cumberland, Dauphin, Delaware, Franklin, Lancaster, Lawrence, Lebanon, Lehigh, Mercer, Montgomery, Northampton, Philadelphia, Venango, Washington, Westmoreland, and York counties, **PA**



Introduction

This *Summary of Benefits* gives you a summary of what **Cigna TotalCare Plus (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 Medical Assistance from the state (Medicaid). Premiums, copays, coinsurance, and deductibles may vary based on the level of Medicaid 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+): 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.

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 Plus (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 Medical Assistance from the state (Medicaid). Premiums, copays, coinsurance, and deductibles may vary based on the level of Medicaid and Extra Help you receive. Contact the plan for further details.

Benefit	Cigna TotalCare Plus (HMO D-SNP)
Monthly Premium	<p>\$0 per month with full Medicaid cost-share assistance \$24.70 per month without full Medicaid cost-share assistance. In addition, you must keep paying your Medicare Part B premium.</p>
Medical Deductible	<p>\$0 deductible for those who receive full state Medicaid assistance.</p>
Pharmacy (Part D) Deductible	<p>\$0 deductible for those who receive full state Medicaid assistance.</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. Your yearly limit(s) in this plan: \$3,450 applies to in-network Medicare-covered benefits 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. In this plan, you pay nothing for Medicare-covered services if you receive full state Medicaid assistance.</p>

3 | Covered Medical and Hospital Benefits

Benefit	What You Pay
With full Medicaid cost-share assistance (QMB, QMB+, SLMB+, FBDE)	
<p>Note: Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.</p>	
Inpatient Hospital Coverage¹	
Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	\$0 copay per day for days 1-90
Outpatient Hospital Services/ASC	
Ambulatory Surgical Center (ASC) ¹	\$0 copay
Outpatient Hospital ¹	\$0 copay
Outpatient Observation ¹	\$0 copay
Doctors Visits	
Primary Care Provider (PCP)	\$0 copay
Specialists ¹	\$0 copay

Benefit	What You Pay
	With full Medicaid cost-share assistance (QMB, QMB+, SLMB+, FBDE)
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>
Emergency Care	
Emergency Care Services	\$0 copay
Worldwide Emergency/Urgent Coverage/Emergency Transportation	<p>\$125 copay</p> <p>Maximum worldwide coverage amount \$50,000</p>

Benefit	What You Pay
	With full Medicaid cost-share assistance (QMB, QMB+, SLMB+, FBDE)
Urgently Needed Services	
Urgent Care Services	\$0 copay
Diagnostic Services, Labs, and Imaging Costs for these services may vary based on place of service or type of service	
Diagnostic Procedures and Tests ¹	\$0 copay
Lab Services ¹	\$0 copay
Therapeutic Radiological Services ¹	\$0 copay
X-ray Services	\$0 copay
Diagnostic Radiological Services (MRIs, CT scans, etc.) ¹	\$0 copay
Hearing Services	
Hearing Exams (Medicare-covered)	\$0 copay
Routine Hearing Exams	\$0 copay for one routine exam every year
Hearing Aid Fitting/Evaluation	\$0 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
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 copay
Preventive Dental Services	
Oral exams (four every year)	\$0 copay
Cleanings (two every year)	\$0 copay
Fluoride treatments (two every year)	\$0 copay
Dental x-rays	\$0 copay
Maximum Coverage Amount	\$20,000 combined preventive and comprehensive every year
Comprehensive Dental Services¹	
Diagnostic Services (unlimited)	\$0 copay
Restorative Services (unlimited)	\$0 copay

Benefit	What You Pay
	With full Medicaid cost-share assistance (QMB, QMB+, SLMB+, FBDE)
Endodontics (unlimited)	\$0 copay
Periodontics (unlimited)	\$0 copay
Extractions (unlimited)	\$0 copay
Prosthodontics/oral surgery (unlimited)	\$0 copay
Maximum Coverage Amount	\$20,000 combined preventive and comprehensive every year
Vision Services	
Eye Exams (Medicare-covered) ¹	\$0 copay
Routine Eye Exam 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.	\$0 copay for one routine exam every year
Glaucoma Screening (Medicare-covered) ¹	\$0 copay
Eyewear (Medicare-covered)	\$0 copay for Medicare-covered diabetic retinopathy screening \$0 copay for all other Medicare-covered vision services
Routine Eyewear <ul style="list-style-type: none"> ➤ Eyeglasses (lenses and frames) ➤ Eyeglass lenses ➤ Eyeglass frames ➤ Contact lenses (including contact lens fitting) ➤ Upgrades 	\$0 copay up to plan maximum coverage amount of \$500 every year 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.
Mental Health Services	
Inpatient ¹ Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	\$0 copay per day for days 1-90
Outpatient ¹ Individual or Group Therapy Visit	\$0 copay
Skilled Nursing Facility (SNF)¹	
Our plan covers up to 100 days per benefit period.	\$0 copay per day for days 1-100

Benefit	What You Pay
	With full Medicaid cost-share assistance (QMB, QMB+, SLMB+, FBDE)
Rehabilitation Services	
Cardiac (Heart) Rehab Services ¹	\$0 copay
Pulmonary Rehab Services ¹	\$0 copay
Occupational Therapy Services ¹	\$0 copay
Physical Therapy and Speech/Language Therapy Services ¹	\$0 copay
Physical Therapy and Speech/Language Therapy Telehealth Services ¹	\$0 copay
Ambulance¹	
Ground Service (one-way trip)	\$0 copay
Air Service (one-way trip)	\$0 copay
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 unlimited one-way trips every year
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 copay 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 copay
Routine Podiatry Services	Not covered
Medical Equipment and Supplies	
Durable Medical Equipment (wheelchairs, oxygen, etc.) ¹	\$0 copay
Prosthetic Devices (braces, artificial limbs, etc.) and Related Medical Supplies ¹	\$0 copay
Diabetic Services and Supplies Brand limitations apply to certain supplies.	\$0 copay for diabetes self-management training \$0 copay for therapeutic shoes or inserts ¹ \$0 copay for diabetic monitoring supplies ¹

Benefit	What You Pay
	With full Medicaid cost-share assistance (QMB, QMB+, SLMB+, FBDE)
Fitness and Wellness Programs	
<p>Fitness Program</p> <p>The program offers the flexibility of a fitness center membership, digital fitness tools, and a home fitness kit.</p>	\$0 copay
Health Information Line	
<p>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.</p> <p>*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.</p>	\$0 copay
Chiropractic Care	
Chiropractic Services (Medicare-covered) ¹	\$0 copay
Routine Chiropractic Services	Not covered
Home Health Care¹	
Home Health	\$0 copay
Hospice	
<p>Hospice care must be provided by a Medicare-certified hospice program.</p> <p>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.</p>	\$0 copay
Outpatient Substance Abuse¹	
Individual or Group Therapy Visit	\$0 copay
Opioid Treatment Services¹	
FDA-approved treatment medications in addition to testing, counseling, and therapy.	\$0 copay
Over-the-Counter (OTC) Items	
Over-the-counter drugs and other health-related pharmacy products, as listed in the <i>OTC Catalog</i> .	\$300 allowance every three months

Benefit	What You Pay
With full Medicaid cost-share assistance (QMB, QMB+, SLMB+, FBDE)	
Home-Delivered Meals	
	<p>\$0 copay for home-delivered meals</p> <p>Limited to 14 meals per discharge from a qualified hospital stay or skilled nursing facility (up to four stays per year), ESRD care management is limited to 56 meals once per year.</p>
Telehealth Services (Medicare-covered)	
<p>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.</p>	<p>\$0 copay</p>
Acupuncture Services	
<p>Acupuncture Services (Medicare-covered)¹ Services for chronic lower back pain.</p>	<p>\$0 copay</p>
<p>Supplemental Acupuncture Services</p>	<p>Not covered</p>
Additional Benefits Enjoy these extra benefits included in your plan.	
With full Medicaid cost-share assistance (QMB, QMB+, SLMB+, FBDE)	
<p>Annual Physical Exam</p>	<p>\$0 copay</p>
<p>Bathroom Safety Program</p> <p>This program makes it safer to live in the comfort of your own home. Included is a home bathroom safety assessment and reimbursements for bathroom safety devices such as railings, grab bars, and raised toilet seats.</p>	<p>\$0 copay for \$1,500 per lifetime combined limit for bathroom safety assessment and devices</p>
<p>Cigna Healthy Today Card</p> <p>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.</p> <p>*Benefits, coverage and amounts vary by plan. Limitations, exclusions, and restrictions may apply.</p>	<p>Based on your plan's allowance and frequency amounts, funds will be loaded on your Cigna Healthy Today card automatically.</p>

Additional Benefits

Enjoy these extra benefits included in your plan.

		With full Medicaid cost-share assistance (QMB, QMB+, SLMB+, FBDE)
Cigna Medicare Advantage Incentives	<p>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.</p>	<p>You can earn up to \$100, which is loaded on your Cigna Healthy Today card for completing certain healthy activities.</p>
Healthy Grocery Allowance	<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>\$45 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:

Pennsylvania Department of Human Services

1-800-692-7462 (TTY 711)

<http://www.dhs.pa.gov/>

If offered in Pennsylvania, 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.

- › Doctor and hospital visits - including lab and x-ray services, emergency services and visits to specialists
- › Medicine - prescription drugs and over-the-counter drugs if prescribed by a doctor
- › OB/GYN care for women - pregnancy care, family planning and birth control
- › Dental care - routine dental care for children to age 21; benefits vary for adults
- › Vision care - medically necessary services including eye exams, glasses and lenses
- › Medical equipment - such as wheel chairs and diabetic supplies
- › Chiropractic care, physical therapy, foot care and home health care

* All Medicaid covered services are subject to change at any time. For the most current Pennsylvania Medicaid coverage information, please visit the Pennsylvania Medicaid website at <http://www.dhs.pa.gov/>, or call the Medicaid Hotline at 1-800-692-7462 (TTY 711).