



# 2025 Summary of Benefits

January 1, 2025 - December 31, 2025

**Cigna TotalCare (HMO D-SNP)  
H2108-043-002**

**Service Area:**

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

## To Join

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Medicaid, and live in our service area.

## 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/medicare-and-you**.

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: 7 days a week, October – March; and Monday – Friday, April – September. 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: 7 days a week, October – March; and Monday – Friday, April – September. 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 partial 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:

**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* on our website **CignaMedicare.com**.

## What do we cover?

Like all Medicare health plans, we cover everything Original Medicare covers—and more.

- › Our customers get all 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 prescription 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 partial 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 (HMO D-SNP)
<b>Monthly Plan Premium</b>	<p><b>\$0</b> 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>
<b>Medical Deductible</b>	<p>This plan does not have a deductible.</p>
<b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b>	<p>Your yearly out-of-pocket limit(s) in this plan:  <b>\$9,350</b> applies to in-network Medicare-covered benefits</p> <p>This limit is the most you pay for copays, coinsurance, and other costs for Medicare-covered 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, cost-sharing may vary based on your level of Medicaid eligibility.</p>

# 3 | Covered Medical and Hospital Benefits

Benefit	What You Pay
	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
<p><b>Note:</b> Services with a <sup>1</sup> may require prior authorization.            Services with a <sup>2</sup> may require a referral from your doctor.</p>	
<b>Inpatient Hospital Coverage<sup>1</sup></b>	
<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><b>\$360</b> copay per day for days 1-6  <b>\$0</b> copay per day for days 7-90</p>
<b>Outpatient Hospital Services</b>	
Outpatient Hospital <sup>1</sup>	<p><b>0%</b> coinsurance for surgical procedures during a colorectal screening  <b>20%</b> coinsurance for all other outpatient services</p>
Outpatient Observation <sup>1</sup>	<b>20%</b> coinsurance
<b>Ambulatory Surgical Center (ASC) Services</b>	
ASC Services <sup>1</sup>	<p><b>0%</b> coinsurance for surgical procedures during a colorectal screening  <b>20%</b> coinsurance for all other outpatient services</p>
<b>Doctor Visits</b>	
Primary Care Provider (PCP)	<b>\$0</b> copay for in-person or telehealth visits
Specialists <sup>1</sup>	<b>20%</b> coinsurance for in-person or telehealth visits

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Benefit	What You Pay
	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
<b>Preventive Care</b>	
<p>Our plan covers many Medicare-covered preventive services, including:</p> <ul style="list-style-type: none"> <li>› Abdominal aortic aneurysm screening</li> <li>› Alcohol misuse screenings and counseling</li> <li>› Bone mass measurement</li> <li>› Breast cancer screening (mammogram)</li> <li>› Cardiovascular disease (behavioral therapy)</li> <li>› Cardiovascular screenings</li> <li>› Cervical and vaginal cancer screening</li> <li>› Colorectal cancer screening (colonoscopy, fecal occult blood test, multi-target stool DNA tests, screening barium enemas, flexible sigmoidoscopy)</li> <li>› Depression screenings</li> <li>› Diabetes screenings</li> <li>› Diabetes self-management training</li> <li>› Glaucoma tests</li> <li>› Hepatitis B Virus (HBV) infection screening</li> <li>› Hepatitis C screening</li> <li>› HIV screening</li> <li>› Lung cancer screening with low-dose computed tomography (LDCT)</li> <li>› Medical nutrition therapy services</li> <li>› Obesity screening and counseling</li> <li>› Prostate cancer screenings (PSA)</li> <li>› Sexually transmitted infections screening and counseling</li> <li>› Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>› Vaccines, including COVID-19, flu/ influenza shots, hepatitis B shots, and pneumococcal shots</li> <li>› Welcome to Medicare preventive visit (one time)</li> <li>› Yearly Wellness visit</li> </ul>	<p><b>\$0</b> copay</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. Please see your <i>EOC</i> for frequency of covered services.</p>

Benefit	What You Pay
	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
<b>Emergency Care</b>	
Emergency Care Services	<b>\$110</b> 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	<b>\$110</b> copay Maximum worldwide coverage amount <b>\$50,000</b>
<b>Urgently Needed Services</b>	
Urgent Care Services	<b>\$45</b> 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 urgent care.
<b>Diagnostic Services, Labs &amp; Imaging</b> Costs for these services may vary based on place of service or type of service.	
Diagnostic Procedures & Tests <sup>1</sup>	<b>0%</b> coinsurance for EKG <b>20%</b> coinsurance for all other diagnostic procedures and tests
Lab Services <sup>1</sup>	<b>\$0</b> copay
Genetic Testing <sup>1</sup>	<b>\$50</b> copay
Diagnostic Radiological Services (MRIs, CT scans, etc.) <sup>1</sup>	<b>0%–20%</b> coinsurance
Therapeutic Radiological Services <sup>1</sup>	<b>20%</b> coinsurance
X-ray Services	<b>20%</b> coinsurance
<b>Hearing Services</b>	
Hearing Exams (Medicare-covered) Diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider.	<b>20%</b> coinsurance
Routine Hearing Exams	<b>\$0</b> copay for 1 routine hearing exam every year



Benefit	What You Pay
	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
Hearing Aid Fitting/Evaluation	<b>\$0</b> copay for 1 hearing aid fitting/evaluation every year
Hearing Aids	<b>\$399–\$1,800</b> copay per device, limited to 2 devices every year. Actual cost-share will depend on hearing aid selected.  Customers are required to contact the Cigna Healthcare <sup>SM</sup> hearing vendor to access hearing aid benefits.
<b>Dental Services (Medicare-covered)<sup>1</sup></b>	
Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)	<b>20%</b> coinsurance
<b>Preventive Dental Services</b>	
Oral exams	<b>\$0</b> copay
Cleanings	<b>\$0</b> copay
Fluoride treatments	<b>\$0</b> copay
Dental x-rays	<b>\$0</b> copay
Maximum Coverage Amount	<b>\$20,000</b> combined maximum for preventive and comprehensive dental services every year. You must choose a general dentist from the Cigna Dental Care (DHMO) network to be your primary dentist. Frequency limits vary depending on the type of covered service. Implants are not covered.  For more information about this benefit, see your Cigna Dental Guide online at <a href="https://www.cignamedicare.com/dental-comp-2025">cignamedicare.com/dental-comp-2025</a> , or call Dental Customer Service.
<b>Comprehensive Dental Services</b>	
Restorative Services (such as fillings and crowns)	<b>\$0</b> copay
Endodontics (such as root canals)	<b>\$0</b> copay
Periodontics (such as scaling and root planing)	<b>\$0</b> copay
Prosthodontics (such as dentures)	<b>\$0</b> copay

Benefit	What You Pay
	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
Oral surgery (such as extractions)	<b>\$0</b> copay
Maximum Coverage Amount	<p><b>\$20,000</b> combined maximum for preventive and comprehensive dental services every year. You must choose a general dentist from the Cigna Dental Care (DHMO) network to be your primary dentist. Frequency limits vary depending on the type of covered service. Implants are not covered.</p> <p>For more information about this benefit, see your Cigna Dental Guide online at <b>cignamedicare.com/dental-comp-2025</b>, or call Dental Customer Service.</p>
<b>Vision Services</b>	
<p>Eye Exams (Medicare-covered)</p> <p>A separate physician cost-share may 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><b>0%</b> coinsurance for Medicare-covered diabetic retinopathy screening</p> <p><b>20%</b> coinsurance for all other Medicare-covered vision services</p>
<p>Routine Eye Exam</p> <p>One routine eye exam (including eye refraction) per year. Eye refractions outside of the annual routine eye exam are not covered. Routine eye exams and eyewear services must be obtained from a provider in the Cigna Healthcare vision vendor's network to be covered.</p>	<b>\$0</b> copay for 1 routine eye exam every year
Glaucoma Screening (Medicare-covered)	<b>\$0</b> copay
Eyewear (Medicare-covered)	<b>\$0</b> copay
<p>Routine Eyewear</p> <ul style="list-style-type: none"> <li>➤ Eyeglasses (lenses and frames)</li> <li>➤ Eyeglass lenses</li> <li>➤ Eyeglass frames</li> <li>➤ Contact lenses (including contact lens fitting)</li> <li>➤ Upgrades</li> </ul>	<p><b>\$0</b> copay up to the plan's maximum coverage amount of <b>\$150</b> every year</p> <p>The plan-specified allowance may only be applied to 1 set of eyewear per year. Customers may choose an eyeglass frame/lenses/lens combination or contact lenses (to include related professional fees) but not both.</p>

Benefit	What You Pay
	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
<b>Mental Health Services</b>	
Inpatient <sup>1</sup> Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. For each Medicare-covered hospital stay, you are required to pay the applicable cost sharing, starting with Day 1, each time you are admitted.	<b>\$350</b> copay per day for days 1-5 <b>\$0</b> copay per day for days 6-90
Outpatient Individual or Group Therapy Visit <sup>1</sup>	<b>\$0</b> copay
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>	
Our plan covers up to 100 days per benefit period.	<b>\$0</b> copay per day for days 1-20 <b>\$214</b> copay per day for days 21-100
<b>Rehabilitation Services</b>	
Cardiac (Heart) Rehab Services	<b>20%</b> coinsurance
Intensive Cardiac (Heart) Rehab Services <sup>1</sup>	<b>20%</b> coinsurance
Pulmonary Rehab Services	<b>20%</b> coinsurance
Occupational Therapy Services	<b>20%</b> coinsurance
Physical Therapy & Speech/Language Therapy Services	<b>20%</b> coinsurance
Physical Therapy & Speech/Language Therapy Telehealth Services	<b>\$0</b> copay
<b>Ambulance<sup>1</sup></b>	
Ground Service (one-way trip)	<b>20%</b> coinsurance
Air Service (one-way trip)	<b>20%</b> coinsurance

Benefit	What You Pay
	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
<b>Transportation<sup>1</sup></b>	
Routine, non-emergency transportation to and from approved health-related locations such as doctor and dentist appointments. Annual coverage is for one-way trips up to 70 miles. Prior authorization is required for trips exceeding the 70 miles, and mileage restrictions may apply. You must request a ride from the Cigna Healthcare transportation vendor at least 48 hours in advance. See your <i>EOC</i> for full details and restrictions related to this benefit.	<b>\$0</b> copay for 24 one-way trips every year to plan-approved locations
<b>Medicare Part B Drugs</b>	
Medicare Part B Insulin Drugs	<b>0%–20%</b> coinsurance; up to a <b>\$35</b> copay
Medicare Part B Chemotherapy/Radiation Drugs <sup>1</sup>	<b>0%–20%</b> coinsurance
Other Medicare Part B Drugs <sup>1</sup> Medicare-covered Part B Drugs may be subject to step therapy requirements.	<b>0%–20%</b> coinsurance This plan has Part D prescription drug coverage. See Section 4 in the <i>Summary of Benefits</i> .
<b>Acupuncture Services</b>	
Acupuncture Services (Medicare-covered) <sup>1</sup> Services for chronic lower back pain.	<b>20%</b> coinsurance
<b>Chiropractic Care</b>	
Chiropractic Services (Medicare-covered) <sup>1</sup>	<b>20%</b> coinsurance
<b>Foot Care (Podiatry Services)</b>	
Podiatry Services (Medicare-covered)	<b>20%</b> coinsurance
Routine Podiatry Services The plan includes routine visits to a licensed podiatrist. See your <i>EOC</i> for details related to this benefit.	<b>\$0</b> copay per visit for 12 visits every year

Benefit	What You Pay
	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
<b>Home Health Care<sup>1</sup></b>	
<p>If you're eligible for home health care, covered services include:</p> <ul style="list-style-type: none"> <li>➤ Part-time or intermittent skilled nursing and home health aide services</li> <li>➤ Physical therapy, occupational therapy, and speech therapy</li> <li>➤ Medical and social services</li> <li>➤ Medical equipment and supplies</li> </ul>	\$0 copay
<b>Hospice</b>	
<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
<b>Medical Equipment and Supplies</b>	
Durable Medical Equipment (wheelchairs, oxygen, etc.) <sup>1</sup>	20% coinsurance
Prosthetic & Orthotic Devices (braces, artificial limbs, etc.) <sup>1</sup>	20% coinsurance
Medical Supplies <sup>1</sup>	20% coinsurance
<p>Diabetic Services &amp; Supplies</p> <p>Brand limitations apply to certain supplies.</p> <p>Blood sugar monitor/continuous glucose monitor (CGM) preferred brands include:</p> <ul style="list-style-type: none"> <li>➤ Abbott Diabetes Care: FreeStyle Lite, FreeStyle Freedom Lite, FreeStyle Precision Neo, FreeStyle Libre 2 (CGM), and FreeStyle Libre 14-Day (CGM)</li> <li>➤ Life Scan Diabetes Care: OneTouch Ultra 2, OneTouch Verio Flex, and OneTouch Verio Reflect</li> <li>➤ Dexcom: Dexcom G6 (CGM), Dexcom G7 (CGM)</li> </ul>	<p>\$0 copay for diabetes self-management training</p> <p>20% coinsurance for therapeutic shoes or inserts<sup>1</sup></p> <p>\$0 copay for diabetic monitoring supplies<sup>1</sup></p>

Benefit	What You Pay
	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
<b>Opioid Treatment Services<sup>1</sup></b>	
FDA-approved treatment medications in addition to testing, counseling, and therapy.	20% coinsurance
<b>Outpatient Substance Use Disorder Services<sup>1</sup></b>	
Individual or Group Therapy Visit	20% coinsurance
<b>MDLIVE Telehealth Services</b>	
For non-emergency urgent care, including allergies, cough, headache, sore throat, and other minor illnesses, talk with an MDLIVE <sup>®</sup> telehealth provider via smart phone, computer, or tablet. This benefit also includes virtual mental health therapy and dermatology services.	<p>\$0 copay for virtual non-emergency urgent care visits</p> <p>\$0 copay for virtual mental health therapy visits</p> <p>20% coinsurance for virtual dermatology care visits</p>
<b>Extra Benefits Included in Your Plan</b>	
	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
<b>Annual Physical Exam</b>	\$0 copay
<b>Cigna Healthy Today Card</b> Use your preloaded Cigna Healthy Today <sup>®</sup> card for easy access to incentive rewards and select allowance benefits that may be part of your plan. Total incentive reward amounts depend on your plan and activities completed. Rewards cannot be used toward the purchase of tobacco, firearms, explosives, or other excluded products.	Based on your plan's allowance and frequency amounts, funds will be automatically added to your Cigna Healthy Today card. Any unused allowance balances do not carry over to the next quarter or the following plan year.
<b>Home-Delivered Meals</b> Limited to 14 meals per discharge from a qualifying inpatient hospital or skilled nursing facility stay (up to 3 stays per year). End-stage renal disease (ESRD) care management is limited to 56 meals once per year.	\$0 copay for home-delivered meals

## Extra Benefits Included in Your Plan

	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
<p><b>Fitness &amp; Wellness Programs</b></p> <p>The Silver&amp;Fit® Healthy Aging and Exercise program offers the flexibility of a fitness center membership, digital fitness tools, and I Home Fitness Kit from a variety of kit options, including a wearable fitness tracker. You can also take advantage of digital workout plans on the program's website, one-on-one Healthy Aging Coaching by phone, video, or chat, and many other digital resources through the Well-Being Club.</p> <p>The Silver&amp;Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Silver&amp;Fit is a trademark of ASH and used with permission herein. Kits are subject to change. Fitness center participation may vary by location and is subject to change. Non-standard services that call for an added fee are not part of the fitness program and will not be reimbursed. This information is not a complete description of benefits. Contact your health plan for more information.</p>	<p><b>\$0</b> copay for membership in a health club and/or I Home Fitness Kit</p>

## Extra Benefits Included in Your Plan

### With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance

#### Living Needs Allowance

The plan includes a Living Needs Allowance, which will be applied to your Cigna Healthy Today® card each quarter. You can use this allowance to pay for a variety of eligible items and services, including:

- › Healthy groceries, such as dairy products, meats, bread/grains, fresh/canned fruits and vegetables, and more at participating retail stores or online through the Cigna Healthy Today website.
- › Utilities for your home such as gas, electric, water, internet, phone services, and more.
- › Cleaning supplies such as disinfectant cleaners and detergents, brooms and dustpans, reusable gloves, and more at participating retail stores. You can also place online, phone, and mail orders through the Cigna Healthy Today website, Service Center, and catalog.
- › Gas at the pump and general transportation such as qualifying taxis, rideshares, railways, and bus lines.

It's your choice how you divide up and spend this allowance. The Living Needs Allowance cannot be used to buy tobacco, alcohol, firearms, or other excluded products. Any unused allowance balance does not carry over to the next quarter or the following plan year.

**\$125** allowance every 3 months for eligible items and services. You are responsible for all costs over and above the allowance amount.

#### Over-the-Counter Allowance

The plan includes an allowance for OTC drugs and other health-related pharmacy products such as bandages, aspirin, cold and sinus medicine, vitamins, and more. This OTC Allowance will be applied to your Cigna Healthy Today® card each quarter to pay for eligible items at participating retail stores. Online, phone, and mail orders are also accepted through the Cigna Healthy Today website, Service Center, and catalog. Any unused allowance balance does not carry over to the next quarter or the following plan year.

**\$50** allowance every 3 months for eligible OTC items. You are responsible for all costs over and above the allowance amount.



## Extra Benefits Included in Your Plan

	With SLMB, SLMB+, QI, QDWI, and FBDE cost-share assistance
<b>Part D Cost-Sharing Reduction</b> If you qualify for <i>Extra Help</i> , regardless of your income and institutional status, you pay a <b>\$0</b> copay for any covered Part D drug from network retail and mail-order pharmacies.	<b>\$0</b> copay for all covered Part D drugs in all coverage phases

# 4 | Prescription Drug Benefits

## Medicare Part D Drugs

### Pharmacy (Part D) Deductible

**\$0** deductible for those who qualify for *Extra Help*.

Most of our customers 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.

The following chart shows the cost-sharing amounts for Part D drugs covered under this plan for all Part D coverage stages if you get *Extra Help* from Medicare. You may get your drugs at preferred or standard network retail pharmacies and preferred mail order pharmacies:

		Mail Order Cost-Sharing		Retail Cost-Sharing	
Supply		Preferred	Standard	Preferred	Standard
All Covered Part D Drugs	30-day	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	60-day	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	90-day	\$0 copay	\$0 copay	\$0 copay	\$0 copay

# 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, HealthChoice**  
**1-855-642-8572 (TTY 711)**  
**<https://health.maryland.gov/mmcp/Pages/home.aspx>**

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
- › Biomarker testing (cancer)
- › Certified peer recovery support services for substance use disorders
- › Clinic services
- › Collaborative care model services
- › Community violence prevention services
- › Dental services (all ages) and dentures (children only)
- › Diabetes care services (covered under HealthChoice)
- › Early and periodic Screening, Diagnosis and Treatment (EpSDT) services (for beneficiaries under 21)
- › Eyeglasses (for beneficiaries under 21)
- › Family planning services and supplies
- › Gender-affirming treatment
- › 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
- › Mobile integrated health

- › 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)

**Your managed care organization covers:**

- › Visits to the doctor, including regular checkups and specialists
- › Pregnancy care
- › Family planning and birth control
- › Prescription drugs
- › Hospital and emergency services
- › Primary mental health services through your doctor

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 <https://health.maryland.gov/mmcp/Pages/home.aspx>, or call the Medicaid Hotline at 1-855-642-8572 (TTY 711).

Benefits, features, and/or devices vary by plan/service area. Limitations, copayments, exclusions, and restrictions may apply. Contact the plan for more information.

Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Individuals may enroll in a plan only during specific times of the year and must have Medicare Parts A and B.

Cigna TotalCare plans are available to anyone who has Medicare and partial Medical Assistance from the state (Medicaid). Cigna TotalCare Plus plans are 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 the availability of these services.

Out-of-network/non-contracted providers are under no obligation to treat plan members except in emergency situations. Please call our Customer Service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

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To file a marketing complaint, contact Cigna Healthcare at the Customer Service number below, or call **I-800-MEDICARE** (24 hours a day/7 days a week). Please include the agent/broker name if possible.

Subsidiaries of The Cigna Group contract 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 a Cigna Healthcare product depends on contract renewal.

You must live in the plan's service area to enroll in a Cigna Healthcare Medicare Advantage plan. Prior authorization and/or referrals are required for certain services. This information is not a complete description of benefits.

Call Customer Service at **I-800-668-3813 (TTY 711)**, 8 a.m. to 8 p.m. local time: 7 days a week, October – March; and Monday – Friday, April – September. Our automated phone system may answer your call during weekends, holidays, and after hours.

