

CIGNA Medicare Select Plus Rx® – Dual (HMO SNP)

A Medicare Advantage HMO Medical Plan with Part D Prescription Drug Coverage

Summary of Benefits

January 1, 2011 – December 31, 2011

Maricopa County, Apache Junction
& Queen Creek



Section 1: Introduction to Summary of Benefits

Thank you for your interest in CIGNA Medicare Select Plus Rx – Dual (HMO SNP). Our plan is offered by CIGNA HealthCare of Arizona, Inc./CIGNA HealthCare of Arizona, a Medicare Advantage Health Maintenance Organization (HMO SNP) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this Summary of Benefits is based on your level of Medicaid eligibility.

Please call CIGNA Medicare Select Plus Rx – Dual (HMO SNP) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call CIGNA Medicare Select Plus Rx – Dual (HMO SNP) and ask for the "Evidence of Coverage."



For more information about
Medicare, please call
Medicare at 1-800-MEDICARE
(1-800-633-4227). TTY users
should call 1-877-486-2048.
You can call 24 hours a day,
7 days a week. Or, visit
www.medicare.gov on the Web.

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like CIGNA Medicare Select Plus Rx – Dual (HMO SNP). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time.

Please call CIGNA Medicare Select Plus Rx – Dual (HMO SNP) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare CIGNA Medicare Select Plus Rx – Dual (HMO SNP) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS CIGNA MEDICARE SELECT PLUS RX – DUAL (HMO SNP) AVAILABLE?

The service area for this plan includes the following counties: Maricopa and Pinal* Counties, AZ. You must live in one of these areas to join the plan.

* Denotes a partial county which includes the following zip codes only: 85117, 85118, 85119, 85120, 85178, 85140 and 85143.

WHO IS ELIGIBLE TO JOIN CIGNA MEDICARE SELECT PLUS RX – DUAL (HMO SNP)?

You can join CIGNA Medicare Select Plus Rx – Dual (HMO SNP) if you are entitled to Medicare Part A

and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease generally are not eligible to enroll in CIGNA Medicare Select Plus Rx – Dual (HMO SNP) unless they are members of our organization and have been since their dialysis began.

You must also receive assistance from the state to join this plan.

Please call plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

CIGNA Medicare Select Plus Rx – Dual (HMO SNP) has formed a network of doctors, specialists and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at www.cignamedicare.com.

Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

CIGNA Medicare Select Plus Rx – Dual (HMO SNP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at www.cignamedicare.com. Our customer service number is listed at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

CIGNA Medicare Select Plus Rx – Dual (HMO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

CIGNA Medicare Select Plus Rx – Dual (HMO SNP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.cignamedicare.com.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs.

To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov 'Programs for People with Limited Income and Resources' in the publication *Medicare & You*;

- The Social Security Administration at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of CIGNA Medicare Select Plus Rx – Dual (HMO SNP), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of CIGNA Medicare Select Plus Rx – Dual (HMO SNP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. Contact CIGNA Medicare Select Plus Rx – Dual (HMO SNP) for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact CIGNA Medicare Select Plus Rx – Dual (HMO SNP) for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable drugs for osteoporosis for certain women with Medicare.
- **Erythropoietin (Epoetin alpha or Epogen®):** By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid for by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen.
- **Inhalation and Infusion Drugs** provided through DME.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on

www.medicare.gov, and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call CIGNA Medicare Select for more information about CIGNA Medicare Select Plus Rx – Dual (HMO SNP).

Visit us at www.cignamedicare.com or call us:

Customer Service Hours:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday,
8 am – 8 pm Mountain

For questions related to the Medicare Advantage or Medicare Advantage Prescription Drug Programs, CURRENT members should call our local toll-free number, 1-800-627-7534 (TTY/TDD: 1-800-987-8816).

For questions related to the Medicare Advantage or Medicare Advantage Prescription Drug Programs, PROSPECTIVE members should call our local toll-free number, 1-800-592-9231 (TTY/TDD: 1-800-987-8816).

This document may be available in a different format or language. For additional information, call Customer Service at the phone number listed above.

Esta información podría estar disponible en formatos e idiomas diferentes. Si necesita información adicional, llame al Servicio de Atención al Cliente al número antes mencionado.

If you have special needs, this document may be available in alternate formats.

Section II: Summary of Benefits



Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Dual (HMO SNP)
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IMPORTANT INFORMATION

1 – Premium and Other Important Information

The Medicare cost sharing amount may vary based on your level of Medicaid eligibility.

In 2010 the monthly Part B premium was \$0 or \$96.40 and will change for 2011 and the yearly Part B deductible amount was \$0 or \$155 and will change for 2011.*

If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.

General

* All cost-sharing in this summary of benefits is based on your level of Medicaid eligibility.

** Please consult with your plan about cost sharing when receiving services from out-of-network providers.

\$20.10 monthly plan premium in addition to your monthly Medicare Part B premium.*

This plan covers all Medicare-covered preventive services with zero cost sharing.*

In-Network

\$6,700 out-of-pocket limit.

There is no limit on cost sharing for the following services:

Supplemental Services:

- Preventive Dental
- Comprehensive Dental

See page 25 for additional information about Premium and Other Important Information

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx (HMO SNP) at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Dual (HMO SNP)
IMPORTANT INFORMATION		
<p>2 – Doctor and Hospital Choice</p> <p>(For more information, see Emergency Care – #15 and Urgently Needed Care – #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network</p> <p>You must go to network doctors, specialists and hospitals.</p> <p>Referral required for network specialists (for certain benefits).</p> <p>See page 25 for additional information about Doctor and Hospital Choice.</p>
SUMMARY OF BENEFITS		
INPATIENT CARE		
<p>3 – Inpatient Hospital Care</p> <p>(includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2010 the amounts for each benefit period were \$0 or:</p> <p>Days 1 – 60: \$1,100 deductible.*</p> <p>Days 61 – 90: \$275 per day.*</p> <p>Days 91 – 150: \$550 per lifetime reserve day.*</p> <p>These amounts will change for 2011. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>For Medicare-covered hospital stays: \$0 or:</p> <p>Days 1–5: \$125 copay per day*</p> <p>Days 6–90: \$0 copay per day*</p> <p>\$0 copay for additional days</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>See page 25 for additional information about Inpatient Hospital Care.</p>

If you have any questions about this plan’s benefits or costs, please contact CIGNA Medicare Select Plus Rx (HMO SNP) at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Dual (HMO SNP)
INPATIENT CARE		
<p>4 – Inpatient Mental Health Care</p>	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).</p> <p>190-day lifetime limit in a Psychiatric Hospital.</p>	<p>In-Network</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>For Medicare-covered hospital stays \$0 or:</p> <p>Days 1–5: \$125 copay per day*</p> <p>Days 6–90: \$0 copay per day*</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>5 – Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1 – 20: \$0 per day.*</p> <p>Days 21 – 100: \$0 or \$137.50 per day.*</p> <p>These amounts will change for 2011.</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For Medicare-covered SNF stays \$0 or:</p> <p>Days 1–20: \$0 copay per day*</p> <p>Days 21–100: \$50 copay per day*</p> <p>For SNF stays:</p> <p>Days 1–20: \$0 copay per day</p> <p>Days 21–100: \$50 copay per day</p>

If you have any questions about this plan’s benefits or costs, please contact CIGNA Medicare Select Plus Rx (HMO SNP) at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Dual (HMO SNP)
INPATIENT CARE		
6 – Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay	General Authorization rules may apply. In-Network \$0 copay for Medicare-covered home health visits.*
7 – Hospice	You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care. You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.
OUTPATIENT CARE		
8 – Doctor Office Visits	0% or 20% coinsurance.	General See “Physical Exams” for more information. In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits.* \$0 or \$0 to \$25 copay for each in-area, network urgent care Medicare-covered visit.* \$0 or \$0 to \$25 copay for each specialist visit for Medicare-covered benefits.*

If you have any questions about this plan’s benefits or costs, please contact CIGNA Medicare Select Plus Rx (HMO SNP) at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Dual (HMO SNP)
OUTPATIENT CARE		
9 – Chiropractic Services	<p>Routine care not covered.</p> <p>0% or 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>In-Network</p> <p>\$0 or \$0 to \$25 copay for each Medicare-covered visit*</p> <p>\$0 to \$25 copay for up to 12 routine visits every year</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p>See page 26 for more information about Chiropractic Services.</p>
10 – Podiatry Services	<p>Routine care not covered.</p> <p>0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>In-Network</p> <p>\$0 or \$0 to \$25 copay for each Medicare-covered visit.*</p> <p>\$0 to \$25 copay for each routine visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>See page 26 for more information about Podiatry Services.</p>
11 – Outpatient Mental Health Care	<p>0% or 45% coinsurance for most outpatient mental health services.</p>	<p>In-Network</p> <p>\$0 or \$25 copay for each Medicare-covered individual or group therapy visit.*</p>
12 – Outpatient Substance Abuse Care	<p>0% or 20% coinsurance.</p>	<p>In-Network</p> <p>\$0 or \$25 copay for Medicare-covered individual or group visits.*</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx (HMO SNP) at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Dual (HMO SNP)
OUTPATIENT CARE		
<p>13 – Outpatient Services/ Surgery</p>	<p>0% or 20% coinsurance for the doctor.</p> <p>Specified copayment for outpatient hospital facility charges. Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>0% or 20% copayment for ambulatory surgical center facility charges.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 or \$0 to \$50 copay for each Medicare-covered ambulatory surgical center visit.*</p> <p>\$0 or \$25 to \$50 copay for each Medicare-covered outpatient hospital facility visit.*</p> <p>See page 27 for additional information about Outpatient Services.</p>
<p>14 – Ambulance Services (medically necessary ambulance services)</p>	<p>0% or 20% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 or \$100 copay for Medicare-covered ambulance benefits.*</p>
<p>15 – Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>0% or 20% coinsurance for the doctor.</p> <p>Specified copayment for outpatient hospital emergency room (ER) facility charge.</p> <p>ER Copay cannot exceed Part A inpatient hospital deductible.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$0 or \$50 copay for Medicare-covered emergency room visits.*</p> <p>Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.</p> <p>See page 26 for additional information about Emergency Care.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx (HMO SNP) at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Dual (HMO SNP)
OUTPATIENT CARE		
<p>16 – Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>0% or 20% coinsurance. NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$0 or \$25 copay for Medicare-covered urgently needed care visits.* If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the urgently needed care visit. See page 26 for additional information about Urgently Needed Care.</p>
<p>17 – Outpatient Rehabilitation Services (Occupational Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services and more)</p>	<p>0% or 20% coinsurance.</p>	<p>General Authorization rules may apply. In-Network \$0 or \$25 copay for Medicare-covered Occupational Therapy visits.* \$0 or \$25 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.* \$0 or \$25 copay for Medicare-covered Cardiac Rehab services.*</p>
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
<p>18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>0% or 20% coinsurance.</p>	<p>General Authorization rules may apply. In-Network 0% or 20% of the cost for Medicare-covered items.* See page 27 for additional information about Durable Medical Equipment.</p>
<p>19 – Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	<p>0% or 20% coinsurance.</p>	<p>General Authorization rules may apply. In-Network 0% or 20% of the cost for Medicare-covered items.*</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx (HMO SNP) at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Dual (HMO SNP)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
<p>20 – Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies</p> <p>(includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/glaucoma test, and foot exam/therapeutic soft shoes)</p>	<p>0% or 20% coinsurance.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>In-Network</p> <p>\$0 copay for Diabetes self-monitoring training.*</p> <p>\$0 copay for Nutrition Therapy for Diabetes.*</p> <p>\$0 copay for diabetes supplies.*</p> <p>See page 28 for additional information about Diabetes Self-Monitoring Training and Supplies.</p>
<p>21 – Diagnostic Tests, X-rays, Lab Services, and Radiology Services</p>	<p>0% or 20% coinsurance for diagnostic tests and X-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvements Amendment (CLIA)-certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for Medicare-covered lab services.*</p> <p>\$0 or \$0 to \$25 copay for Medicare-covered diagnostic procedures and tests.*</p> <p>\$0 copay for Medicare-covered X-rays.*</p> <p>\$0 or \$0 to \$75 copay for Medicare-covered diagnostic radiology services (not including X-rays).*</p> <p>\$0 or \$25 copay for Medicare-covered therapeutic radiology services.*</p> <p>See page 27 for additional information about Diagnostic Tests, X-rays, Lab Services and Radiology Services.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx (HMO SNP) at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Dual (HMO SNP)
PREVENTIVE SERVICES		
<p>22 – Bone Mass Measurement (for people with Medicare who are at risk)</p>	<p>No coinsurance, copayment or deductible. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>In-Network \$0 copay for Medicare-covered Bone Mass Measurement.* See page 28 for additional information about Bone Mass Measurement.</p>
<p>23 – Colorectal Screening Exams (for people with Medicare age 50 and older)</p>	<p>No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy. Covered when you are high risk or when you are age 50 and older.</p>	<p>In-Network \$0 copay for Medicare-covered Colorectal Screenings.* See page 28 for additional information about Colorectal Screening Exams.</p>
<p>24 – Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu and Pneumonia and Hepatitis B vaccines. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>In-Network \$0 copay for Flu and Pneumonia vaccines. \$0 copay for Hepatitis B vaccine.* No referral needed for Flu and Pneumonia vaccines. See page 28 for additional information about Immunizations.</p>
<p>25 – Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>No coinsurance, copayment or deductible. No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p>In-Network \$0 copay for Medicare-covered screening mammograms.*</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx (HMO SNP) at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

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Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Dual (HMO SNP)
PREVENTIVE SERVICES		
<p>26 – Pap Smears and Pelvic Exams (for women with Medicare)</p>	<p>No coinsurance, copayment or deductible for Pap smears.</p> <p>No coinsurance, copayment or deductible for Pelvic and clinical breast exams.</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p>	<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams:*</p> <ul style="list-style-type: none"> – Up to one additional pap smear and pelvic exam every year.
<p>27 – Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<p>0% or 20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 0% or 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.*</p>
<p>28 – End-Stage Renal Disease</p>	<p>0% or 20% coinsurance for renal dialysis.</p> <p>0% or 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>In-Network \$0 copay for renal dialysis.*</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.*</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx (HMO SNP) at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Dual (HMO SNP)
PREVENTIVE SERVICES		
<p>29 – Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General \$0 yearly deductible for Part B covered drugs.* 0% or 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.*</p> <p>Home Infusion Drugs, Supplies and Services</p> <p>General \$0 copay for home infusion drugs that would normally be covered under Part D. This cost-sharing amount will also cover the supplies and services associated with home infusion of these drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.cignamedicare.com on the web. Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> – have limited incomes; – live in long-term care facilities; or – have access to Indian/Tribal/Urban (Indian Health Service).

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx (HMO SNP) at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Dual (HMO SNP)
PREVENTIVE SERVICES		
<p>29 – Prescription Drugs (continued)</p>		<p>Your in-network prescription coverage may be limited to the Plan’s service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network pharmacy, although you may have to pay additional charges. Contact the plan for details.</p> <p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from CIGNA Medicare Select Plus Rx – Dual (HMO SNP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p>

If you have any questions about this plan’s benefits or costs, please contact CIGNA Medicare Select Plus Rx (HMO SNP) at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Dual (HMO SNP)
PREVENTIVE SERVICES		
29 – Prescription Drugs (continued)		<p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>In-Network You pay a \$0 yearly deductible.</p> <p>Initial Coverage 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"> – A \$0 copay; or – A \$1.10 copay; or – A \$2.50 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> – A \$0 copay; or – A \$3.30 copay; or – A \$6.30 copay. <p>Retail Pharmacy You can get drugs the following ways:</p> <ul style="list-style-type: none"> – one-month (30-day) supply; – three-month (90-day) supply. <p>Long-Term Care Pharmacy You can get drugs the following way:</p> <ul style="list-style-type: none"> – one-month (31-day) supply. <p>Mail Order You can get drugs the following ways:</p> <ul style="list-style-type: none"> – one-month (30-day) supply; – three-month (90-day) supply. <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550 you pay a \$0 copay.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx (HMO SNP) at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Dual (HMO SNP)
PREVENTIVE SERVICES		
29 – Prescription Drugs (continued)		<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from CIGNA Medicare Select Plus Rx – Dual (HMO SNP).</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> – one-month (30-day) supply. <p>Out-of-Network Initial Coverage Depending on your income and institutional status, you will be reimbursed by CIGNA Medicare Select Plus Rx – Dual (HMO SNP) up to the full cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> – A \$0 copay; or – A \$1.10 copay; or – A \$2.50 copay. <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> – A \$0 copay; or – A \$3.30 copay; or – A \$6.30 copay.

If you have any questions about this plan’s benefits or costs, please contact CIGNA Medicare Select Plus Rx (HMO SNP) at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Dual (HMO SNP)
PREVENTIVE SERVICES		
29 – Prescription Drugs (continued)		<p>Out-of-Network</p> <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed in full for drugs purchased out-of-network.</p> <p>See page 29 for additional information about Outpatient Prescription Drugs.</p>
30 – Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>However, this plan covers preventive dental benefits for an extra cost (see “Optional Benefits”).</p> <p>\$0 or \$25 copay for Medicare-covered dental benefits:*</p>
31 – Hearing Services	Routine hearing exams and hearing aids not covered. 0% to 20% coinsurance for diagnostic hearing exams.	<p>In-Network</p> <p>\$0 copay for up to 1 hearing aid every year.</p> <p>\$0 or \$0 to \$25 copay for Medicare-covered diagnostic hearing exams.*</p> <p>\$0 copay for routine hearing tests</p> <p>\$900 plan coverage limit for hearing aids every year.</p> <p>See page 29 for additional information about Hearing Services.</p>

If you have any questions about this plan’s benefits or costs, please contact CIGNA Medicare Select Plus Rx (HMO SNP) at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Dual (HMO SNP)
PREVENTIVE SERVICES		
<p>32 – Vision Services</p>	<p>0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> – one pair of eyeglasses or contact lenses after cataract surgery – up to 1 pair of glasses every year – up to 1 pair of contacts every year <p>\$0 or \$0 to \$25 copay for exams to diagnose and treat diseases and conditions of the eye.*</p> <p>\$0 copay for up to 1 routine eye exam every year.</p> <p>\$150 plan coverage limit for eye wear every year.</p> <p>See page 29 for additional information about Vision Services.</p>
<p>33 – Welcome to Medicare; and Annual Wellness Visit</p>	<p>When you join Medicare Part B, then you are eligible as follows.</p> <p>During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare exam or an Annual Wellness visit.</p> <p>After your first 12 months, you can get an Annual Wellness visit every 12 months.</p> <p>There is no coinsurance, copayment or deductible for either the Welcome to Medicare exam or the Annual Wellness visit.</p> <p>The Welcome to Medicare exam does not include lab tests.</p>	<p>In-Network</p> <p>\$0 copay for routine exams.</p> <p>\$0 copay for the required Medicare-covered initial preventive physical exam and annual wellness visits.*</p> <p>Limited to 1 exam every year.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx (HMO SNP) at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Dual (HMO SNP)
<p>Health/Wellness Education</p>	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p> <p>\$0 copay for the HIV screening, but you generally pay 0% or 20% of the Medicare-approved amount for the doctor’s visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>	<p>In-Network</p> <p>The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> – Written health education materials including Newsletters – Nutritional Training – Health Club Membership/ Fitness Classes – Nursing Hotline – Other Wellness Benefits. – \$0 copay for each Medicare-covered smoking cessation counseling session.* <p>\$0 copay for each Medicare-covered HIV Screening*</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>
<p>Transportation (Routine)</p>	<p>Not covered.</p>	<p>In-Network</p> <p>\$0 copay for up to 24 one-way trips to plan-approved locations every year.</p> <p>See page 30 for additional information about Transportation.</p>
<p>Acupuncture</p>	<p>Not covered.</p>	<p>In-Network</p> <p>This plan does not cover Acupuncture.</p>

If you have any questions about this plan’s benefits or costs, please contact CIGNA Medicare Select Plus Rx (HMO SNP) at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx – Dual (HMO SNP)
OPTIONAL SUPPLEMENTAL PACKAGE #1		
<p>Premium and Other Important Information</p> <p>Dental Services</p>		<p>General Package: 1 CIGNA Dental: \$17 monthly premium in addition to your \$0 monthly plan premium and the monthly Medicare Part B premium for the following optional benefits:</p> <ul style="list-style-type: none"> – Preventive Dental – Comprehensive Dental <p>General Plan offers additional comprehensive dental benefits.</p> <p>In-Network \$5 copay for an office visit that includes:</p> <ul style="list-style-type: none"> – up to 4 oral exams every year – up to 1 cleaning every six months – up to 1 dental X-ray <p>See page 30 for additional information about Dental Services.</p>

If you have any questions about this plan’s benefits or costs, please contact CIGNA Medicare Select Plus Rx (HMO SNP) at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Section III

PREMIUM AND OTHER IMPORTANT INFORMATION

For most CIGNA Medicare Select Plus Rx – Dual (HMO SNP) members, there's **no monthly plan premium**. For a small section of eligible members (those eligible for Qualified Disabled Working Individual assistance), a monthly premium may apply. For details, contact CIGNA Medicare Select Plus Rx – Dual.

The service area for the CIGNA Medicare Select Plus Rx – Dual (HMO SNP) Plan is Maricopa County and the cities of Apache Junction and Queen Creek in Pinal County. For Apache Junction, the following zip codes only: 85117, 85118, 85119, 85120 and 85178. For Queen Creek the following zip codes only: 85140 and 85143. You must live in one of these areas and be eligible for Medicaid through AHCCCS to join this plan.

DOCTOR AND HOSPITAL CHOICE

CIGNA Medicare Select Plus Rx – Dual (HMO SNP) members must use doctors, hospitals and specialty providers within the CIGNA Medicare Select Plus Rx – Dual (HMO SNP) network. The hospitals and specialists you use will depend upon the Cigna Medical Group facility where your Primary Care Physician (PCP) is located. If the specialty service you require is not available at a CIGNA facility, your physician will help you select a contracted specialist in your area. A referral from your PCP is required to access specialty services.

CHOOSING A PRIMARY CARE PHYSICIAN

Members choose their Primary Care Physician from the Cigna Medical Group (CMG) physicians located at our Cigna Medical Group facilities in the Phoenix metropolitan area. Wickenburg customers may choose a CMG Primary Care Physician or a contracted doctor in the Wickenburg area. If you obtain routine care from out-of-plan doctors, neither Medicare nor CIGNA Medicare Select Plus Rx – Dual (HMO SNP) will be responsible for the cost.

INPATIENT HOSPITAL CARE

CIGNA Medicare Select Plus Rx – Dual(HMO SNP) covers you for inpatient hospital services authorized by CIGNA HealthCare or your Primary Care Physician.

Benefit	You Pay
Acute Inpatient Hospital admissions	Days 1–5: \$0 or \$125 copay per day* Days 6–90: \$0 copay per day*
Psychiatric Hospital admissions or admissions to the psychiatric wing of an Acute Care Hospital	Days 1–5: \$0 or \$125 copay per day* Days 6–90: \$0 copay per day*

The Inpatient Hospital copay applies to each hospital admission, regardless of frequency or diagnosis. CIGNA HealthCare does not use benefit periods for inpatient hospital services.

PREVENTIVE SERVICES –

For 2011, there will be no charge for the following screenings and services. For questions regarding these procedures, consult your PCP.

- Abdominal Aortic Aneurysm screening
- Bone mass measurement
- Cardiovascular screening
- Cervical and vaginal cancer screening (Pap test and pelvic exam)
- Colon cancer screening (colorectal)
- Diabetes screening
- EKG screening
- Flu shots
- Glaucoma tests
- HIV screening
- Hepatitis B shots
- Breast cancer screening (mammograms)
- Medical nutrition therapy services
- Pneumococcal (pneumonia) shot
- Prostate cancer screenings
- Smoking cessation counseling
- Welcome to Medicare physical exam

*All cost-sharing is based on your level of Medicaid eligibility.

Long-Term Care Facilities

CIGNA HealthCare of Arizona has contracted with INSPIRIS, Inc. to provide Primary Care Physician services to members residing in custodial settings in certain Medicare-certified facilities. INSPIRIS will be providing and coordinating care to customers residing in these facilities. Members who are under the care of INSPIRIS will be able to receive care in an institutional setting without having to travel to the doctor's office. If you reside in one of these long-term care facilities, you will be assigned to the INSPIRIS network. If you have questions about INSPIRIS Inc., please call our Member Services department at the number on the back cover of this booklet.

EMERGENCY AND URGENT CARE

Benefit	You Pay
Emergency Room	\$0 or \$50 per visit*
Urgent Care – Cigna Medical Group	\$0 per visit
Urgent Care – Out-of-Area or Contract Facility	\$0 or \$25 per visit*

Emergency services are covered 24 hours a day. If you are admitted to a hospital or Skilled Nursing Facility within 24 hours of your emergency room visit, the emergency room and urgent care copayment will be waived, however, you are responsible for the Inpatient Hospital copayment. See Inpatient Hospital Care for more information about hospital admission copayments.

OFFICE VISITS

Benefit	Cigna Medical Group	Contracted Provider
Primary Care Physician ♦	\$0 per visit	NA
Specialist	\$0 per visit	\$0 or \$25 per visit*
Chiropractic Services – Medicare-Covered	\$0 per visit	\$0 or \$25 per visit*
Chiropractic Services – Routine (12 annual visits)	\$0 per visit	\$0 or \$25 per visit*
Podiatry Services – Podiatrist	\$0 per visit	\$0 or \$25 per visit*
Podiatry Services – Nail Technician	\$0 per visit	\$0 or \$25 per visit*
Annual Routine Physical Exam (includes Well-Woman visits)	\$0	\$0
Electronic Visits (see page 30 for more details)	\$0	not covered

♦ Members in the Wickenburg area may select a network PCP.
The copays above also apply to office visits to a nurse or medical technician.

*All cost-sharing is based on your level of Medicaid eligibility.

DIAGNOSTIC TESTS, X-RAYS AND LAB SERVICES

Benefit		Cigna Medical Group	Contracted Provider
<ul style="list-style-type: none"> Routine or standard X-ray studies Lab services Mammography (referrals not required if in-network) 		\$0 per visit	\$0 per visit
<ul style="list-style-type: none"> Blood gas EKG/ECG Fluoroscopic exams & intravenous pyelogram Holter monitor Oximetry Pacemaker checks & programming Pulmonary function Threshold checks Ultrasound 	<ul style="list-style-type: none"> Non-cardiac nuclear medicine studies & imaging Routine stress test Radiological visits not otherwise specified Radiation Therapy (not available at CMG offices) 	\$0 per visit	\$0 or \$25 per visit*
<ul style="list-style-type: none"> MRI MRA CT Scan 	<ul style="list-style-type: none"> PET Scan Cardiac nuclear medicine studies & imaging 	\$0 per visit	\$0 or \$75 per visit*

For any of the above procedures performed as part of a screening exam, you will be charged a \$0 copay.

OUTPATIENT SERVICES

Benefit	You Pay
Outpatient Surgery – Cigna Medical Group	\$0 per visit
Outpatient Surgery – Contracted Facilities	\$0 or \$50 per visit*
Non-surgical hospital outpatient visit	\$0 or \$25 per visit*
Renal Dialysis – Contracted and Out-of-Area Facilities	\$0 per visit

For any screening procedures performed at the above locations, you will be charged a \$0 copay.

DURABLE MEDICAL EQUIPMENT (DME)

Benefit	You Pay
DME	0% or 20% of the cost for Medicare-covered items*
Scooters, Motorized Wheelchairs, Power Operated Vehicles, and Air Fluidized Beds	0% or 20% coinsurance (coinsurance also applies to non-warranty repair and maintenance)*
Prosthetic Devices and Ostomy Supplies	0% or 20% of the cost for Medicare-covered items*

*All cost-sharing is based on your level of Medicaid eligibility.

DIABETES SELF-MONITORING TRAINING AND SUPPLIES

Benefit	You Pay
One-on-One Counseling Session with a Diabetic Educator or Nutritional Therapist	\$0
Nutritional Training Classes	\$0
Glucose Monitors and Part B Diabetic Supplies ♦	\$0

♦ The glucose monitor and diabetic supplies must be obtained at a Cigna Medical Group pharmacy.

BONE MASS MEASUREMENT

Benefit	Cigna Medical Group	Contracted Provider
Peripheral/Axial DEXA Scan (screening)	\$0	\$0
Peripheral/Axial DEXA Scan (diagnostic)	\$0	\$0 or \$25*

COLORECTAL SCREENING EXAMS

Benefit	Cigna Medical Group	Contracted Provider
Fecal Occult Blood Test	\$0	\$0
Barium Enema	\$0	\$0
Sigmoidoscopy	\$0	\$0
Colonoscopy (includes diagnostic)	\$0	\$0

IMMUNIZATIONS AND INJECTIONS

Benefit	Cigna Medical Group	Contracted Provider
Flu Shots	\$0	\$0
Pneumococcal Vaccine	\$0	\$0
Medically Needed Hepatitis B Shots	\$0	\$0
Medically Needed Injections – PCP	\$0	NA
Medically Needed Injections – Specialist Office	\$0	\$0 or \$25*

Referrals are not required for Flu and Pneumococcal (pneumonia) vaccines if you receive them in-network. Immunizations for travel are not covered. Separate office visit copay may apply.

*All cost-sharing is based on your level of Medicaid eligibility.

OUTPATIENT PRESCRIPTION DRUGS

A summary of your costs for prescription drugs follows:

	CIGNA Home Delivery Pharmacy
Generic and Preferred Multi-Source Drugs	\$0 – \$2.50 (depending on your income)
All other drugs on the formulary	\$0 – \$6.30 (depending on your income)

Prescriptions can be filled at any of the Cigna Medical Group pharmacies conveniently located throughout the Valley. Customers in the Wickenburg area who have selected a Primary Care Physician contracted with CIGNA HealthCare can have their prescriptions filled at a Cigna Medical Group pharmacy or a contracted retail pharmacy in Wickenburg. For information regarding the CIGNA HealthCare formulary, contact Customer Service at 1-800-627-7534 (TTY 1-800-987-8816), 7 days, 8 am – 8 pm.

Prescriptions for maintenance medications can be filled through our mail order drug service, CIGNA Home Delivery Pharmacy. For information regarding obtaining drugs through CIGNA Home Delivery Pharmacy, please call 1-800-285-4812 (TTY: 1-800-987-8816), Monday – Friday, 7 am – 10 pm, Saturday, 8 am – 5 pm CST.

VISION SERVICES

Benefit	Cigna Medical Group Vision Center	Contracted Provider
Annual Routine Vision Exam (includes glaucoma test)	\$0	Not Covered
Medically Needed Vision Exam	\$0	\$0 or \$25*

For routine vision correction, you are entitled to a free pair of standard eyewear from a Cigna Medical Group Vision Center each calendar year. Refer to your Evidence of Coverage for more information on medically necessary eyewear.

HEARING SERVICES

Benefit	Cigna Medical Group Hearing Center	Contracted Provider
Annual Routine Hearing Exam	\$0	Not Covered
Medically Needed Hearing Exam (diagnostic)	\$0	\$0 or \$25*
Hearing Aid Allowance per Hearing Aid	Free+	Not Covered
Hearing Aid Fitting	\$0	Not Covered

Hearing aids may only be obtained from a Cigna Medical Group Hearing Center. Please refer to your Evidence of Coverage for exclusions and limitations.

+Free standard hearing aid or \$900 credit per unit towards the purchase of a deluxe hearing aid when purchased at a CIGNA Hearing Center.

*All cost-sharing is based on your level of Medicaid eligibility.

OUT-OF-NETWORK PHARMACIES

Under limited circumstances you may obtain up to a 30-day supply of your prescription drugs from out-of-network pharmacies. The following situations are the only times you will be able to obtain drugs from out-of-network pharmacies.

- 1) When you are traveling outside the CIGNA Medicare Select Plus Rx – Dual (HMO SNP) service area (within the United States) and you run out of or lose your prescription drug(s), or become ill and need a covered drug;
- 2) When you cannot obtain an emergent or urgently needed covered prescription drug in a timely manner;
- 3) When you reside in a long-term care facility and the contracted long-term care pharmacy does not participate in the CIGNA Medicare Select Plus Rx – Dual (HMO SNP) pharmacy network; or
- 4) When you must fill a prescription for a covered drug and that particular covered drug is not regularly stocked at accessible network retail or mail-order pharmacies.

Note: Drugs covered under Medicare Part B may not be obtained from an out-of-network pharmacy.

24-HOURS-A-DAY, 7-DAYS-A-WEEK HEALTH INFORMATION

The CIGNA HealthCare 24-Hour Health Information LineSM is always open. Call any hour of the day or night, any day of the year, for helpful answers and reliable information on a wide range of health-related topics. Or call to listen to hundreds of recorded audio tapes from our Health Information Library. The toll-free number is 1-800-356-0665.

HEALTH & WELLNESS

CIGNA Medicare Select Plus Rx – Dual (HMO SNP) offers a variety of free wellness services and health education classes. These include:

- Anticoagulation clinics – a medication management program for those who are being treated with anticoagulation medications.
- Care Coordination and Case Management programs for high-risk patients.
- A home-based care program for select home-bound patients which delivers care by a provider

in the home for select patients with serious illnesses.

- Health education classes which can improve balance, stress and health even in the face of chronic illness.
- A comprehensive Diabetes Self-Management Program that teaches customers diagnosed with diabetes how to effectively manage their care, learn new habits and enjoy a healthier life.

GOLDEN VITALITY

As a CIGNA Medicare Select Plus Rx – Dual (HMO SNP) member, you have access to *Golden Vitality*, a health and wellness program designed to promote preventive health care and encourage a healthy lifestyle. The program is FREE and includes a gym membership reimbursement of up to \$200 per plan year, or an at-home fitness kit. For more information or to enroll in the *Golden Vitality* program, call 1-800-592-9231 (TTY: 1-800-987-8816), Monday – Friday, 8 am – 5 pm or email us at goldenvitality@cigna.com.

DENTAL SERVICES

If you're interested in dental coverage, you can add dental benefits for just \$17 per month. Office visits are \$5, oral exams are FREE, and there is no charge for cleanings (every 6 months) or X-rays. Comprehensive dental benefits are also covered. See your Dental Patient Charge Schedule for more information.

ONLINE ACCESS TO YOUR DOCTOR'S OFFICE

As a member of the CIGNA Medicare Select Plus Rx – Dual (HMO SNP) plan, you have access to a secure website that allows you to communicate with your Cigna Medical Group doctor's office via the Web. The service allows you to schedule or cancel an appointment, request a prescription refill, view lab results, or send an email to your provider. The site also provides a library of health education topics for you to view. For more information, or to register, log in to www.cignamedicalgroup.com.

TRANSPORTATION

You pay \$0 for 24 one-way trips for non-emergency transportation to CIGNA-approved providers. Customers must use the designated transportation vendor for routine transportation. Please call Member Services for more information.

*All cost-sharing is based on your level of Medicaid eligibility.

Section IV

CIGNA MEDICARE SELECT PLUS RX – DUAL (HMO SNP) / ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM 2011 BENEFITS

In order for you to better understand your health care options, the following chart notes your charge for certain services under the Arizona Health Care Cost Containment System (Medicaid) and as a CIGNA Medicare Select Plus Rx – Dual (HMO SNP) member.

Benefit	Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible	Arizona Health Care Cost Containment System (AHCCCS) – Non QMB Dual Eligible	CIGNA Medicare Select Plus RX – Dual (HMO SNP)
Inpatient Hospital Visit	\$0	\$0	\$0 or \$125/day*, days 1– 5
Inpatient Mental Health Care	\$0	\$0	\$0 or \$125/day*, days 1– 5
Skilled Nursing Facility Services	\$0	\$0	\$0 or Days 1–20: \$0 copay per day Days 21–100: \$50 copay per day
Medicare-Covered Home Health Care Visits	\$0	\$0	\$0
Primary Care Physician Visit for Medicare-Covered Benefits, Including Routine Exams and Medicare-Covered Benefits	\$0	\$ 0 – \$5 depending on eligibility for age 19 and over.** \$0 for age 18 and under. Well Exams not covered for 21 years of age and older.	\$0
Specialist Visit for Medicare-Covered Benefits	\$0	\$0	\$0 or \$0 to \$25*
Medicare-Covered Chiropractic Care Visit	\$0	Not covered for people 21 years of age and older. \$0 for under the age of 21.	\$0 or \$0 to \$25 for each Medicare-covered visit
Medicare-Covered Podiatry Services Visit	\$0	If furnished by a Podiatrist – Not covered for people 21 years of age and older. \$0 for under the age of 21 and if furnished by a provider other than a Podiatrist.	\$0 or \$0 to \$25 for each Medicare-covered visit
Medicare-Covered Outpatient Mental Health Care Visit	\$0	\$0	\$0 or \$25 per visit*
Medicare-Covered Outpatient Substance Abuse Care Visit	\$0	\$0	\$0 or \$25 copay per visit*

*All cost-sharing is based on your level of Medicaid eligibility.

**Refer to the AHCCCS website for additional copay-related information.

Benefit	Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible	Arizona Health Care Cost Containment System (AHCCCS) – Non QMB Dual Eligible	CIGNA Medicare Select Plus RX – Dual (HMO SNP)
Medicare-Covered Ambulatory Surgical Center or Outpatient Hospital Facility Visit	\$0	\$0 – \$3 depending on eligibility for age 19 and over.** \$0 for age 18 and under.	\$0 or \$50*
Medicare-Covered Ambulance Services	\$0	\$0	\$0 or \$100*
Medicare-Covered Emergency Room Visit	\$0	\$30 for non-emergency use of the ER depending on eligibility for age 19 and over.** \$0 for all others.	\$0 or \$50*
Medicare-Covered Urgently Needed Care Visit	\$0	\$0	\$0 or \$25*
Medicare-Covered Outpatient Occupational/Physical/Speech Therapy Visit	\$0	\$0 – \$3 depending on eligibility for age 19 and over.** \$0 for age 18 and under.	\$0 or \$25*
Medicare-Covered Durable Medical Equipment	\$0	\$0	0% or 20% of the cost*
Medicare-covered Prosthetic Devices	\$0	\$0 Lower limb microprocessor controlled limb or joint not covered for 21 years of age and older.	0% or 20%*
Diabetes Self-Monitoring Training & Supplies	\$0	\$0	\$0
Medicare-Covered Diagnostic Tests, X-rays and Lab Services	\$0	\$0	\$0
Medicare-Covered Bone Mass Measurement	\$0	\$0	\$0 or \$25
Medicare-Covered Colorectal Screening	\$0	\$0	\$0
Flu & Pneumonia Vaccines	\$0	\$0	\$0
Medicare-Covered Screening Mammogram	\$0	\$0	\$0

*All cost-sharing is based on your level of Medicaid eligibility.

**Refer to the AHCCCS website for additional copay-related information.

Benefit	Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible	Arizona Health Care Cost Containment System (AHCCCS) – Non QMB Dual Eligible	CIGNA Medicare Select Plus RX – Dual (HMO SNP)
Medicare-Covered Pap Smear & Pelvic Exam	\$0	\$0	\$0
Medicare-Covered Prostate Cancer Screening	\$0	\$0	\$0
Renal Dialysis or Nutritional Therapy for End-Stage Renal Disease	\$0	\$0	\$0
Part D Prescription Drugs – Generic (Including Brand Drugs Treated as Generic)	\$0	\$0 – \$4 depending on eligibility for age 19 and over.** \$0 for age 18 and under.	\$0 – \$2.50 (depending on your income and institutional status)
Part D Prescription Drugs – All Other Drugs	\$0	\$0 – \$10 depending on eligibility for age 19 and over.** \$0 for age 18 and under.	\$0 – \$6.30 (depending on your income and institutional status)
Dental Services	Not covered	Not covered	\$0 or \$25 copay for Medicare-covered dental benefits*
Medicare-Covered Hearing Exams, Routine Hearing Tests, Fitting Evaluations for a Hearing Aid & Hearing Aid	Not covered for people 21 years of age and older. \$0 for under the age of 21.	Not covered for people 21 years of age and older. \$0 for under the age of 21.	\$0 or \$25*
Yearly Routine Eye Exam, Eyeglasses, Contact Lenses, Lenses & Frames	Not covered for people 21 years of age and older unless following cataract surgery. \$0 for under the age of 21.	Not covered for people 21 years of age and older. \$0 for under the age of 21.	\$0
Transportation (up to 24 one-way trips)	\$0	\$0	\$0
Acupuncture	Not covered	Not covered	Not covered

*All cost-sharing is based on your level of Medicaid eligibility.

**Refer to the AHCCCS website for additional copay-related information.

For more information about enrolling in the
CIGNA Medicare Select Plus Rx – Dual (HMO SNP) Plan,
call us toll-free at **1-800-592-9231** or TTY **1-800-987-8816**
Seven days, 8 am – 8 pm or email us at seniors@cigna.com

CIGNA Medicare Select Plus Rx – Dual (HMO SNP) Plan customers
can address plan benefit questions to Customer Service
at **1-800-627-7534** or TTY **1-800-987-8816**

Customer Service Hours

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday
8:00 am – 8:00 pm MST

Or visit us on the Web
www.cignamedicare.com

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This contract, along with the benefits, premiums, copayments and service areas covered, is valid for one calendar year and is subject to change on an annual basis. By law, CIGNA HealthCare of Arizona, Inc. or the Centers for Medicare and Medicaid Services may terminate the current contract. This may result in termination of your enrollment in the plan.