

CIGNA Medicare Select Plus Rx® (HMO)

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
and Queen Creek



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Centers for Medicare & Medicaid Services
(CMS) Contract # H0354

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Section I

Introduction to Summary of Benefits

Thank you for your interest in CIGNA Medicare Select Plus Rx (HMO). Our plan is offered by CIGNA HealthCare of Arizona, Inc./CIGNA HealthCare of Arizona, a Medicare Advantage Health Maintenance Organization (HMO).

This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call CIGNA Medicare Select Plus Rx (HMO) 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 (HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

You may join or leave a plan only at certain times. Please call CIGNA Medicare Select Plus Rx (HMO) at the telephone 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 (HMO) 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 (HMO) 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 either 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 (HMO)?

You can join CIGNA Medicare Select Plus Rx (HMO) 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 are generally not eligible to enroll in CIGNA Medicare Select Plus Rx (HMO) unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

CIGNA Medicare Select Plus Rx (HMO) 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 (HMO) 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 (HMO) 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 (HMO) 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 website 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 OR GET EXTRA HELP WITH OTHER MEDICARE 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 (HMO), 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 (HMO), 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 (EOC) 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 (HMO) 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 (HMO) 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 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 on the following page.



Please call CIGNA HealthCare of Arizona for more information about CIGNA Medicare Select Plus Rx (HMO).

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 other formats.

Section II

Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx (HMO)
IMPORTANT INFORMATION		
<p>1 – Premium and Other Important Information</p>	<p>In 2010 the monthly Part B premium was \$96.40 and may change for 2011 and the yearly Part B deductible amount was \$155 and may change for 2011.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General</p> <p>\$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>This plan covers all Medicare-covered preventive services with zero cost sharing.</p> <p>In-Network</p> <p>\$6,700 out-of-pocket limit.</p> <p>There is no limit on cost sharing for the following services:</p> <p>Supplemental Services:</p> <ul style="list-style-type: none"> ■ Preventive Dental ■ Comprehensive Dental
<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 28 for additional information about Doctor and Hospital Choice.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx 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 (HMO)
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:</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.</p> <p>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:</p> <p>Days 1-5: \$230 copay per day</p> <p>Days 6-90: \$0 copay per day.</p> <p>\$0 copay for additional hospital 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 28 for additional information about Inpatient Hospital Care.</p>
<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:</p> <p>Days 1-5: \$230 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>

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Summary of Benefits

Benefit	Original Medicare	CIGNA Medicare Select Plus Rx (HMO)
INPATIENT CARE		
<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. Days 21 – 100: \$137.50 per day.</p> <p>These amounts will change for 2011. 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 Authorization rules may apply.</p> <p>In-Network Plan covers up to 100 days each benefit period. No prior hospital stay is required.</p> <p>For SNF stays: Days 1-20: \$0 copay per day Days 21-100: \$125 copay per day</p>
<p>6 – Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc.)</p>	<p>\$0 copay</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p>
<p>7 – Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>

If you have any questions about this plan’s benefits or costs, please contact CIGNA Medicare Select Plus Rx 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 (HMO)
OUTPATIENT CARE		
8 – Doctor Office Visits	20% coinsurance.	<p>General See “Physical Exams” for more information.</p> <p>In-Network \$10 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$10 to \$25 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$30 to \$45 copay for each specialist visit for Medicare-covered benefits.</p>
9 – Chiropractic Services	<p>Routine care not covered.</p> <p>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 \$30 to \$40 copay for each Medicare-covered visit.</p> <p>\$30 to \$40 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 29 for more information about Chiropractic Services.</p>
10 – Podiatry Services	<p>Routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>In-Network \$10 to \$45 copay for each Medicare-covered visit.</p> <p>\$10 to \$45 copay for each routine visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>See page 29 for more information about Podiatry Services.</p>

If you have any questions about this plan’s benefits or costs, please contact CIGNA Medicare Select Plus Rx 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 (HMO)
OUTPATIENT CARE		
11 – Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	In-Network \$40 copay for each Medicare-covered individual or group therapy visit.
12 – Outpatient Substance Abuse Care	20% coinsurance.	In-Network \$40 copay for Medicare-covered individual or group visits.
13 – Outpatient Services/ Surgery	20% coinsurance for the doctor. Specified copayment for outpatient hospital facility charges. Copay cannot exceed Part A inpatient hospital deductible. 20% copayment for ambulatory surgical center facility charges.	General Authorization rules may apply. In-Network \$0 to \$250 copay for each Medicare-covered ambulatory surgical center visit. \$0 to \$250 copay for each Medicare-covered outpatient hospital facility visit. See page 30 for additional information about Outpatient Services.
14 – Ambulance Services (medically necessary ambulance services).	20% coinsurance.	General Authorization rules may apply. In-Network \$150 copay for Medicare-covered ambulance benefits.

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx 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 (HMO)
OUTPATIENT CARE		
<p>15 – Emergency Care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care).</p>	<p>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</p> <p>\$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</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 29 for additional information about Emergency Care.</p>
<p>16 – Urgently Needed Care</p> <p>(This is NOT emergency care, and in most cases, is out of the service area).</p>	<p>20% coinsurance or a set copay.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General</p> <p>\$25 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the urgently needed care visit.</p> <p>See page 29 for additional information about Urgently Needed Care.</p>
<p>17 – Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services, and more).</p>	<p>20% coinsurance.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$45 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$45 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.</p> <p>\$45 copay for Medicare-covered Cardiac Rehab services.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx 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 (HMO)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc).	20% coinsurance.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items.
19 – Prosthetic Devices (includes braces, artificial limbs and eyes, etc).	20% coinsurance.	General Authorization rules may apply. In-Network 20% of the cost for Medicare-covered items.
20 – Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/ glaucoma test, and foot exam/ therapeutic soft shoes).	20% coinsurance. 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.	In-Network \$0 copay for diabetes self-monitoring training. \$0 copay for Nutrition Therapy for Diabetes. \$0 copay for diabetes supplies. See page 31 for additional information about Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies.

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx 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 (HMO)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
<p>21 – Diagnostic Tests, X-rays, Lab Services, and Radiology Services</p>	<p>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 Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered lab services.</p> <p>\$0 to \$45 copay for Medicare-covered diagnostic procedures and tests.</p> <p>\$0 copay for Medicare-covered X-rays.</p> <p>\$30 to \$250 copay for Medicare-covered diagnostic radiology services (not including X-rays).</p> <p>\$45 copay for Medicare-covered therapeutic radiology services.</p> <p>See page 30 for additional information about Diagnostic Tests, X-rays, Lab Services and Radiology Services.</p>
PREVENTIVE SERVICES		
<p>22 – Bone Mass Measurement (for people with Medicare who are at risk).</p>	<p>No coinsurance, copayment or deductible.</p> <p>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.</p> <p>See page 31 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.</p> <p>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.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx 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 (HMO)
PREVENTIVE SERVICES		
<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.</p> <p>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 the Hepatitis B vaccine. No referral needed for Flu and Pneumonia vaccines.</p>
<p>25 – Mammograms (Annual Screening) (for women with Medicare age 40 and older).</p>	<p>No coinsurance, copayment or deductible. No referral needed.</p> <p>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>
<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 – up to one additional pap smear and pelvic exam every year.</p>
<p>27 – Prostate Cancer Screening Exams (for men with Medicare age 50 and older).</p>	<p>20% coinsurance for the digital rectal exam. \$0 for the PSA test; 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>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx 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 (HMO)
PREVENTIVE SERVICES		
28 – End-Stage Renal Disease	<p>20% coinsurance for renal dialysis.</p> <p>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</p> <p>20% of the cost for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>
29 – Prescription Drugs	<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</p> <p>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</p> <p>\$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</p> <p>This plan uses a formulary.</p> <p>The plan will send you the formulary. You can also see the formulary at www.cignamedicare.com on the web.</p> <p>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). <p>Your in-network prescription coverage may be limited to the plan's service area.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx 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 (HMO)
PREVENTIVE SERVICES		
29 – Prescription Drugs (continued)		<p>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 both you and the plan.</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 (HMO) 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> <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>If you request a formulary exception for a drug and CIGNA Medicare Select Plus Rx (HMO) approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost-sharing for that drug.</p> <p>In-Network \$0 deductible.</p>

If you have any questions about this plan’s benefits or costs, please contact CIGNA Medicare Select Plus Rx 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 (HMO)
PREVENTIVE SERVICES		
29 – Prescription Drugs (continued)		<p>Initial Coverage You pay the following until total yearly drug costs reach \$2,840:</p> <p>Retail Pharmacy</p> <p>Tier 1: Generic and Preferred Brand Drugs</p> <p>\$5 copay for a one-month (30-day) supply of drugs in this tier. \$15 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier 2: Preferred Brand Drugs</p> <p>\$45 copay for a one-month (30-day) supply of drugs in this tier. \$135 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier 3: Non-Preferred Brand Drugs</p> <p>\$75 copay for a one-month (30-day) supply of drugs in this tier. \$225 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier 4: Specialty Tier Drugs</p> <p>25% coinsurance for a one-month (30-day) supply of drugs in this tier. 25% coinsurance for a three-month (90-day) supply of drugs in this tier.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx 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 (HMO)
PREVENTIVE SERVICES		
29 – Prescription Drugs (continued)		<i>Long-Term Care Pharmacy</i>
		Tier 1: Generic and Preferred Brand Drugs \$5 copay for a one-month (31-day) supply of drugs in this tier.
		Tier 2: Preferred Brand Drugs \$45 copay for a one-month (31-day) supply of drugs in this tier.
		Tier 3: Non-Preferred Brand Drugs \$75 copay for a one-month (31-day) supply of drugs in this tier.
		Tier 4: Specialty Tier Drugs 25% coinsurance for a one-month (31-day) supply of drugs in this tier.
		<i>Mail Order</i>
		Tier 1: Generic and Preferred Brand Drugs \$5 copay for a one-month (30-day) supply of drugs in this tier. \$15 copay for a three-month (90-day) supply of drugs in this tier.
		Tier 2: Preferred Brand Drugs \$45 copay for a one-month (30-day) supply of drugs in this tier. \$135 copay for a three-month (90-day) supply of drugs in this tier.

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx 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 (HMO)
PREVENTIVE SERVICES		
29 – Prescription Drugs (continued)		<p>Mail Order (continued)</p> <p>Tier 3: Non-Preferred Brand Drugs</p> <p>\$75 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>\$225 copay for a three-month (90-day) supply of drugs in this tier.</p> <p>Tier 4: Specialty Tier Drugs</p> <p>25% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p>25% coinsurance for a three-month (90-day) supply of drugs in this tier.</p> <p>Additional Coverage Gap</p> <p>You pay the following:</p> <p>Retail Pharmacy</p> <p>Tier 1: Generic and Preferred Brand Drugs</p> <p>\$5 copay for a one-month (30-day) supply of all drugs covered in this tier.</p> <p>\$15 copay for a three-month (90-day) supply of all drugs covered in this tier.</p> <p>Long-Term Care Pharmacy</p> <p>Tier 1: Generic and Preferred Brand Drugs</p> <p>\$5 copay for a one-month (31-day) supply of all drugs covered in this tier.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx 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 (HMO)
PREVENTIVE SERVICES		
29 – Prescription Drugs (continued)		<p>Mail Order</p> <p>Tier 1: Generic and Preferred Brand Drugs</p> <p>\$5 copay for a one-month (30-day) supply of all drugs covered in this tier.</p> <p>\$15 copay for a three-month (90-day) supply of all drugs covered in this tier.</p> <p>After your total yearly drug costs reach \$2,840, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 93% of the plan's costs for all generic drugs, until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> – A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or – 5% coinsurance. <p>Out-of-Network</p> <p>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 (HMO).</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx 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 (HMO)
PREVENTIVE SERVICES		
29 – Prescription Drugs (continued)		<p>Out-of-Network Initial Coverage You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,840:</p> <p>Tier 1: Generic and Preferred Brand Drugs \$5 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Tier 2: Preferred Brand Drugs \$45 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Tier 3: Non-Preferred Brand Drugs \$75 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Tier 4: Specialty Tier Drugs 25% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p>Additional Out-of-Network Coverage Gap You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Tier 1: Generic and Preferred Brand Drugs \$5 copay for a one-month (30-day) supply of all drugs covered in this tier.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx 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 (HMO)
PREVENTIVE SERVICES		
29 – Prescription Drugs (continued)		Coverage Gap (continued)
		Tier 2: Preferred Brand Drugs
		<p>You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550.</p>
		Tier 3: Non-Preferred Brand Drugs
		<p>You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550.</p>
Tier 4: Specialty Tier Drugs		
<p>You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550.</p>		

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx 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 (HMO)
PREVENTIVE SERVICES		
29 – Prescription Drugs (continued)		<p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share which is the greater of:</p> <ul style="list-style-type: none"> – A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs; or – 5% coinsurance. <p>See page 32 for additional information about 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>\$45 copay for Medicare-covered dental benefits.</p>

If you have any questions about this plan’s benefits or costs, please contact CIGNA Medicare Select Plus Rx 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 (HMO)
PREVENTIVE SERVICES		
31 – Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network</p> <p>Hearing aids are not covered.</p> <p>\$10 to \$45 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$10 copay for routine hearing tests.</p> <p>See page 31 for additional information about Hearing Services.</p>
32 – Vision Services	<p>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: <p>\$10 to \$45 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$10 copay for up to 1 routine eye exam every two years.</p> <p>See page 31 for additional information about Vision Services.</p>
33 – Welcome to Medicare; and Annual Wellness Visit	<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 one 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> <p>See page 29 for more information about Physical Exams.</p>

If you have any questions about this plan's benefits or costs, please contact CIGNA Medicare Select Plus Rx 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 (HMO)
PREVENTIVE SERVICES		
34 – Health/Wellness Education	<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 the HIV screening, but you generally pay 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 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; and – 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>See page 33 for more information about Health/Wellness Benefits.</p>
Transportation (Routine)	Not covered.	<p>In-Network This plan does not cover routine transportation.</p>
Acupuncture	Not covered.	<p>In-Network 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 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 (HMO)
OPTIONAL SUPPLEMENTAL PACKAGE #1		
<p>Premium and Other Important Information</p> <p>Dental Services</p>		<p>General Package 1 CIGNA Dental:</p> <p>\$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 33 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 at 1-800-627-7534 (for current members) and 1-800-592-9231 (for prospective members).

Section III

OUT-OF-POCKET MAXIMUM

Out-of-Pocket Maximum – The annual out-of-pocket maximum is \$6,700 for CIGNA Medicare Select Plus Rx. This is the maximum amount that you pay out-of-pocket during the calendar year for covered Part A (Hospital Insurance) and Part B (Medical Insurance) services. Plan premiums and Medicare Part A and Part B premiums do not count toward the out-of-pocket maximum. Amounts paid toward dental care, also do not count towards your out-of-pocket maximum. For more information, call CIGNA.

DOCTOR AND HOSPITAL CHOICE

Customers 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. The CMG network also gives you access to more than 2,000 specialty providers.

If the specialty service you require is not available at a Cigna Medical Group facility, your physician will help you select a contracted specialist in your area.

INPATIENT HOSPITAL CARE

CIGNA Medicare Select Plus Rx covers you for inpatient hospital services authorized by CIGNA HealthCare or your Primary Care Physician.

Benefit	You Pay
Acute Inpatient & Psychiatric Hospital Admissions (includes admissions to the psychiatric wing of an Acute Care Hospital)	Days 1-5: \$230 per day Days 6-90: \$0 per day

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

LONG-TERM CARE FACILITIES –

CIGNA HealthCare of Arizona has contracted with INSPIRIS, Inc. to provide Primary Care Physician services to customers residing in custodial settings in certain Medicare-certified facilities. INSPIRIS will be providing and coordinating care to customers residing in these facilities. Customers 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 Customer Service department at the number on the back cover of this booklet.

EMERGENCY AND URGENT CARE (all cost-sharing amounts are noted on a per visit basis)

Benefit	You Pay
Emergency Room	\$50
Urgent Care – Cigna Medical Group	\$10
Urgent Care – Out-of-Area or Contracted Facility	\$25

Emergency services are covered 24 hours a day regardless of where you are: even outside the U.S. (payment may be required at time of service). If you are admitted to a hospital or Skilled Nursing Facility within 24 hours of your emergency room visit for the same diagnosis, the emergency room and urgent care copayment will be waived, however, you are responsible for the Inpatient Hospital copayment. See Inpatient Hospital Care on page 8 for more information about hospital admission copayments.

OFFICE VISITS

(all cost-sharing amounts are noted on a per visit basis)

	Cigna Medical Group	Contracted Provider
Benefit		
Primary Care Physician	\$10	N/A
Specialist	\$30	\$45
Chiropractic Services – Medicare-covered	\$30	\$40
Chiropractic Services – Routine (12 annual visits)	\$30	\$40
Podiatry Services – Podiatrist	\$30	\$45
Podiatry Services – Nail Technician	\$10	\$45
Annual Routine Physical Exam (includes Well-Woman Exam)	\$0	\$0
Electronic Visits (see page 33 for more details)	\$0	N/A

The copays above also apply to office visits to a nurse or medical technician.

DIAGNOSTIC TESTS X-RAYS AND LAB SERVICES
(all cost-sharing amounts are noted on a per visit basis)

	Cigna Medical Group	Contracted Provider
Benefit		
<ul style="list-style-type: none"> ▪ Routine or Standard X-ray Studies ▪ Lab services ▪ Mammography ▪ Pacemaker checks & programming ▪ Threshold checks 	\$0	\$0
<ul style="list-style-type: none"> ▪ Blood gas ▪ Pulmonary function ▪ Holter monitor ▪ Ultrasound ▪ Non-cardiac nuclear medicine studies & imaging ▪ EKG/ECG ▪ Oximetry ▪ Routine stress test ▪ Radiological visits not otherwise specified 	\$30	\$45
<ul style="list-style-type: none"> ▪ MRI ▪ MRA ▪ CT Scan ▪ PET Scan ▪ Cardiac nuclear medicine studies & imagine 	\$150	\$250

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

OUTPATIENT SERVICES (all cost-sharing amounts are noted on a per visit basis)

Benefit	You Pay
Outpatient Surgery – Cigna Medical Group	\$150
Outpatient Surgery – Contracted Facilities	\$250
Non-surgical Hospital Outpatient Visit	\$150

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

DIABETES SELF-MONITORING TRAINING AND SUPPLIES

Glucose monitors and Part B diabetic supplies are available for a \$0 copay for a 30-day supply. The glucose monitor and diabetic supplies must be obtained at a Cigna Medical Group pharmacy.

BONE MASS MEASUREMENT

(all cost-sharing amounts are noted on a per visit basis)

	Cigna Medical Group	Contracted Provider
Benefit		
Axial/Peripheral Dexascan (screening)	\$0	\$0
Axial/Peripheral Dexascan (diagnostic)	\$10	\$45

HEARING SERVICES

(all cost-sharing amounts are noted on a per visit basis)

	Cigna Medical Group Hearing Center	Contracted Provider
Benefit		
Annual Routine Hearing Exam (Cigna Medical Group Hearing Center only)	\$10	Not Covered
Medically Needed Hearing Exam (Diagnostic)	\$10	\$45
Hearing Aid Fitting	\$0	\$0

VISION SERVICES

(all cost-sharing amounts are noted on a per visit basis)

	Cigna Medical Group Vision Care Center	Contracted Provider
Benefit		
Annual Routine Vision Exam (Cigna Medical Group Vision Care Center only) (including glaucoma test)	\$10	Not covered
Medically Needed Vision Exam	Optometrist \$10	Optometrist \$45
	Ophthalmologist \$30	Ophthalmologist \$45

OUTPATIENT PRESCRIPTION DRUGS

There is no deductible for CIGNA Medicare Select Plus Rx customers. A summary of your costs for prescription drugs follows.

Benefit	Cigna Medical Group Pharmacies	CIGNA Home Delivery Pharmacy
Tier 1: Generic and Preferred Brand Drugs	\$5 copay for a 30-day supply \$15 copay for a 90-day supply	\$15 copay for a 90-day supply
Tier 2: Preferred Brand Drugs	\$45 copay for a 30-day supply \$135 copay for a 90-day supply	\$135 copay for a 90-day supply
Tier 3: Non-Preferred Brand Drugs	\$75 copay for a 30-day supply \$225 copay for a 90-day supply	\$225 copay for a 90-day supply
Tier 4: Specialty Tier Drugs	25% coinsurance for a 30-day supply 25% coinsurance for a 90-day supply	25% coinsurance for a 90-day supply

After the total yearly drug costs (paid by both you and CIGNA) reach \$2,840, you will continue to pay only a copay for generic drugs and 100% of the cost of brand-name drugs through the coverage gap or until your yearly out-of-pocket drug costs reach \$4,550.

Please note: You are covered for all Tier 1 drugs even after you reach the \$2,840 initial coverage limit (subject to the applicable tier copay per prescription).

Once YOUR out-of-pocket costs for prescription drugs reach \$4,550, you pay the following:

	Cigna Medical Group Pharmacies	CIGNA Home Delivery Pharmacy
Generic Prescriptions	The greater of 5% of the cost of the drug or \$2.50 for a 30-day supply	The greater of 5% of the cost of the drug or \$2.50 for a 30-day supply
Brand-name Prescriptions	The greater of 5% of the cost of the drug or \$6.30 for a 30-day supply	The greater of 5% of the cost of the drug or \$6.30 for a 30-day supply

FILLING YOUR PRESCRIPTIONS

Prescriptions can be filled at any of the Cigna Medical Group pharmacies located throughout the Phoenix metropolitan area. 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 1-800-592-9231 (TTY: 1-800-987-8816), 7 days a week 8 am – 8 pm.

CIGNA HOME DELIVERY PHARMACY

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.

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 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 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 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 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 more often as prescribed by your dentist) 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 customer of the CIGNA Medicare Select Plus Rx 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.

For more information about enrolling in the CIGNA Medicare Select Plus Rx (HMO) 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 Plan customers can address plan benefit questions to Customer Service at **1-800-627-7534** or TTY **1-800-987-8816**

Customer Service Hours

Seven days 8 am – 8 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.

