Summary of Benefits

2022

January 1, 2022 to
December 31, 2022

Cigna TotalCare (HMO D-SNP)
H4513-060-003

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

What's Inside

To Join

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

Service Area

Texas: El Paso county, TX

Introduction

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

Comparing coverage

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

More about Original Medicare

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

View the handbook online at:
www.medicare.gov

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

Need help?

Already a customer

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

Not a customer

Call toll-free **1-855-982-6150 (TTY 711)**, licensed agents are available October 1 to March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 to September 30, Monday to Friday 8 a.m. to 8 p.m. local time. Our automated phone system may answer your call during weekends, holidays and after hours.

You can also visit our website at:
CignaMedicare.com

1 | About this Plan

Who can enroll?

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

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

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

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

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

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

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

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

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

Which doctors, hospitals and pharmacies can I use?

Cigna TotalCare (HMO D-SNP) has a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

- You can see our plan's *Provider and Pharmacy Directory* at our website, **CignaMedicare.com**.

What do we cover?

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

- Our customers get all of the benefits covered by Original Medicare.
- Our customers also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this *Summary of Benefits*.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

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

2 | Monthly Premium, Deductible and Limits

Benefit	Cigna TotalCare (HMO D-SNP)
Monthly Premium	**$0 per month with full Medicaid cost-share assistance** $5.10 per month with SLMB, QI, QDWI and FBDE cost-share assistance In addition, you must keep paying your Medicare Part B premium.
Medical Deductible	This plan does not have a deductible
Pharmacy (Part D) Deductible	**$0** deductible for those who receive full state Medicaid assistance **$0** or **$99** deductible for those who qualify for a low income subsidy (cost-share varies by eligibility and income) **$480** is the standard deductible
Is there any limit on how much I will pay for my covered services?	Original Medicare does not have annual limits on out-of-pocket costs. Your yearly limit(s) in this plan: **$3,400** for services you receive from in-network providers for Medicare-covered benefits. This limit is the most you pay for copays, coinsurance and other costs for Medicare services for the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs. In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medicaid eligibility.

3 | Covered Medical and Hospital Benefits

Benefit	What You Pay	
	With full Medicaid cost-share assistance	With SLMB, QI, QDWI and FBDE cost-share assistance
Note: Services with a [1] may require prior authorization. Services with a [2] may require a referral from your doctor.		
Inpatient Hospital Coverage[1,2]		
Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	**$0** per stay	**$0** per stay
Outpatient Surgery		
Ambulatory Surgical Center (ASC)[1,2]	**$0** copay	**$0** copay
Outpatient Services[1,2]	**$0** copay	**$0** copay
Outpatient Observation[1,2]	**$0** copay	**$0** copay
Doctors Visits		
Primary Care Physician (PCP)	**$0** copay	**$0** copay
Specialists[1,2]	**$0** copay	**$0** copay

Benefit	What You Pay	
	With full Medicaid cost-share assistance	With SLMB, QI, QDWI and FBDE cost-share assistance
Preventive Care		
Our plan covers many Medicare-covered preventive services, including: › Abdominal aortic aneurysm screening › Alcohol misuse screenings and counseling › Bone mass measurement › Breast cancer screening (mammogram) › Cardiovascular disease (behavioral therapy) › Cardiovascular screenings › Cervical and vaginal cancer screening › Colorectal cancer screening (colonoscopy, fecal occult blood test, multi-target stool DNA tests, screening barium enemas, flexible sigmoidoscopy) › Depression screenings › Diabetes screenings › Diabetes self-management training › Glaucoma tests › Hepatitis B Virus (HBV) infection screening › Hepatitis C screening › HIV screening › Lung cancer screening with low dose computed tomography (LDCT) › Medical nutrition therapy services › Obesity screening and counseling › Prostate cancer screenings (PSA) › Sexually transmitted infections screening and counseling › Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) › Vaccines; including COVID-19, Flu shots, Hepatitis B shots and Pneumococcal shots › Welcome to Medicare preventive visit (one-time) › Yearly Wellness visit	**$0** copay Any additional preventive services approved by Medicare during the contract year will be covered. Please see your *Evidence of Coverage* (EOC) for frequency of covered services.	**$0** copay

Benefit	What You Pay	
	With full Medicaid cost-share assistance	With SLMB, QI, QDWI and FBDE cost-share assistance
Emergency Care		
Emergency Care Services	**$0** copay	**$65** copay If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care.
Worldwide Emergency/Urgent Coverage/Emergency Transportation	**$65** copay Maximum worldwide coverage amount **$50,000**	**$65** copay Maximum worldwide coverage amount **$50,000**
Urgently Needed Services		
Urgent Care Services	**$0** copay	**$0** copay
Diagnostic Services, Labs and Imaging Costs for these services may vary based on place of service or type of service		
Diagnostic Procedures and Tests[1,2]	**$0** copay	**$0** copay
Lab Services[1,2] For COVID-19 testing a prior authorization is not required.	**$0** copay	**$0** copay
Therapeutic Radiological Services[1,2]	**$0** copay	**$0** copay
X-ray Services[2]	**$0** copay	**$0** copay
Diagnostic Radiological Services (MRIs, CT scans, etc.)[1,2]	**$0** copay	**$0** copay
Hearing Services		
Hearing Exams (Medicare-covered)[2]	**$0** copay	**$0** copay
Routine Hearing Exams	**$0** copay for one routine exam every year	**$0** copay for one routine exam every year
Hearing Aid Evaluation/Fitting	**$0** copay for one hearing aid fitting evaluation every three years	**$0** copay for one hearing aid fitting evaluation every three years
Hearing Aids	**$0** copay up to plan maximum coverage amount for hearing aids of **$1,000** per ear per device every three years	**$0** copay up to plan maximum coverage amount for hearing aids of **$1,000** per ear per device every three years

Benefit	What You Pay	
	With full Medicaid cost-share assistance	With SLMB, QI, QDWI and FBDE cost-share assistance
Dental Services (Medicare-covered)[1]		
Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth)	**$0** copay	**$0** copay
Preventive Dental Services		
Oral exams (four every year)	**$0** copay	**$0–$55** copay
Cleanings (two every year)	**$0–$45** copay	**$0–$45** copay
Fluoride treatments	**$0–$15** copay	**$0–$15** copay
Dental x-rays	**$0–$81** copay	**$0–$81** copay
Comprehensive Dental Services		
Diagnostic Services (unlimited)	**$0** copay	**$0** copay
Restorative Services (unlimited)	**$0–$815** copay	**$0–$815** copay
Endodontics (unlimited)	**$38–$675** copay	**$38–$675** copay
Periodontics (unlimited)	**$0–$115** copay	**$0–$115** copay
Extractions (unlimited)	**$0** copay	**$0** copay
Prosthodontics/oral surgery (unlimited)	**$0–$970** copay	**$0–$970** copay
Vision Services		
Eye Exams (Medicare-covered)	**$0** copay	**$0** copay
Routine Eye Exam	**$0** copay for one routine exam every year	**$0** copay for one routine exam every year
Glaucoma Screening (Medicare-covered)	**$0** copay	**$0** copay

Benefit	What You Pay	
	With full Medicaid cost-share assistance	With SLMB, QI, QDWI and FBDE cost-share assistance
Eyewear (Medicare-covered)	**$0** copay	**$0** copay
Routine Eyewear › Contact lenses › Eyeglasses-lenses and frames › Eyeglass lenses › Eyeglass frames › Upgrades	**$0** copay up to plan maximum coverage amount of **$300** every year The plan specified allowance may be applied to one set of the member's choice of eyewear once per year, to include the eyeglass frame/lenses/lens options combination or contact lenses (to include related professional fees) in lieu of eyeglasses.	**$0** copay up to plan maximum coverage amount of **$300** every year The plan specified allowance may be applied to one set of the member's choice of eyewear once per year, to include the eyeglass frame/lenses/lens options combination or contact lenses (to include related professional fees) in lieu of eyeglasses.
Mental Health Services		
Inpatient[1] Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. For each Medicare-covered hospital stay, you are required to pay the applicable cost-sharing, starting with Day 1 each time you are admitted. There is a **$0** copayment per lifetime reserve day.	**$0** per day for days 1–6 **$0** per day for days 7–90	**$100** per day for days 1–6 **$0** per day for days 7–90
Outpatient[1] Individual or Group Therapy Visit	**$0** copay	**$0** copay
Skilled Nursing Facility (SNF)[1]		
Our plan covers up to 100 days in the SNF.	**$0** per day for days 1–20 **$0** per day for days 21–87 **$0** per day for days 88–100	**$0** per day for days 1–20 **$50** per day for days 21–87 **$0** per day for days 88–100
Rehabilitation Services		
Cardiac (Heart) Rehab Services[1,2]	**$0** copay	**$0** copay
Pulmonary Rehab Services[1,2]	**$0** copay	**$0** copay
Occupational Therapy Services[1,2]	**$0** copay	**$0** copay

Benefit	What You Pay	
	With full Medicaid cost-share assistance	With SLMB, QI, QDWI and FBDE cost-share assistance
Physical Therapy, Speech and Language Therapy Services[1,2]	**$0** copay	**$0** copay
Physical Therapy, Speech and Language Therapy Telehealth Services[1,2]	**$0** copay	**$0** copay
Ambulance[1]		
Ground Service (one-way trip)	**$0** copay	**$100** copay
Air Service (one-way trip)	**0%** coinsurance	**20%** coinsurance
Transportation[1]		
Members are required to coordinate with Cigna vendor for transportation to plan-approved locations at least 48 hours in advance. Mileage restrictions may apply. See *Evidence of Coverage* for full details and restrictions related to benefit.	**$0** copay for 50 one-way trips every year	**$0** copay for 50 one-way trips every year
Prescription Drugs[1]		
Medicare Part B Drugs Medicare-covered Part B Drugs may be subject to step therapy requirements.	**0%** coinsurance This plan has Part D prescription drug coverage. See Section 4 in the *Summary of Benefits*.	**20%** coinsurance This plan has Part D prescription drug coverage. See Section 4 in the *Summary of Benefits*.
Foot Care (Podiatry Services)		
Podiatry Services (Medicare-covered)[2]	**$0** copay	**$0** copay
Routine Podiatry Services	Not Covered	Not Covered
Medical Equipment and Supplies		
Durable Medical Equipment (wheelchairs, oxygen, etc.)[1]	**$0** copay	**$0** copay
Prosthetic Devices (braces, artificial limbs, etc.) and Related Medical Supplies[1]	**0%** coinsurance	**10%** coinsurance
Diabetes Supplies and Services[1,2] Brand limitations apply to certain supplies.	**$0** copay for diabetes self-management training **$0** copay for therapeutic shoes or inserts **$0** copay for diabetic monitoring supplies	**$0** copay for diabetes self-management training **$0** copay for therapeutic shoes or inserts **$0** copay for diabetic monitoring supplies

Benefit	What You Pay	
	With full Medicaid cost-share assistance	With SLMB, QI, QDWI and FBDE cost-share assistance
Fitness and Wellness Programs		
Fitness Program The program offers the flexibility of a fitness center membership, digital fitness tools, and a home fitness kit.	**$0** copay	**$0** copay
Health Information Line		
Talk one-on-one with a Nurse Advocate* to get timely answers to your health-related questions at no additional cost, anytime day or night. *Nurse Advocates hold current nursing licensure in a minimum of one state, but are not practicing nursing or providing medical advice in any capacity as a health advocate.	**$0** copay	**$0** copay
Chiropractic Care[1,2]		
Chiropractic Services (Medicare-covered)	**$0** copay	**$0** copay
Routine Chiropractic Services	Not Covered	Not Covered
Home Health[1]		
	$0 copay	**$0** copay
Hospice		
Hospice care must be provided by a Medicare-certified hospice program. Our plan covers hospice consultation services (one-time only) before you select hospice. Hospice is covered outside of our plan. You may have to pay part of the cost for drugs and respite care. Please contact the plan for more details.	**$0** copay	**$0** copay
Outpatient Substance Abuse[1]		
Individual or Group Therapy Visit	**$0** copay	**$0** copay
Opioid Treatment Services[1]		
FDA-approved treatment medications in addition to testing, counseling and therapy.	**$0** copay	**$0** copay
Over-the-Counter Items (OTC)		
Over-the-counter drugs and other health-related pharmacy products, as listed in the *OTC Catalog*.	**$250** quarterly allowance	**$250** quarterly allowance

Benefit	What You Pay	
	With full Medicaid cost-share assistance	With SLMB, QI, QDWI and FBDE cost-share assistance
Home Delivered Meals[1,2]		
	$0 copayment for home delivered meals Limited to 14 meals per discharge from a qualified hospital stay or skilled nursing facility (up to three stays per year), ESRD care management is limited to 56 meals per benefit period.* *Authorization and/or referral applies to ESRD meals.	**$0** copayment for home delivered meals Limited to 14 meals per discharge from a qualified hospital stay or skilled nursing facility (up to three stays per year), ESRD care management is limited to 56 meals per benefit period.* *Authorization and/or referral applies to ESRD meals.
Telehealth Services (Medicare-covered)		
For nonemergency care, talk with a telehealth doctor via phone or video for certain telehealth services, including: allergies, cough, headache, sore throat, and other minor illnesses.	**$0** copay	**$0** copay
Acupuncture Services		
Acupuncture Services (Medicare-covered)[1,2] Services for chronic lower back pain.	**$0** copay	**$0** copay
Supplemental Acupuncture Services	Not Covered	Not Covered
Additional Benefits Enjoy these extra benefits included in your plan.		
Annual Physical Exam	**$0** copay	**$0** copay
Cigna Healthy Foods Card Cigna Healthy Foods card includes a monthly allowance to use toward the purchase of healthy and nutritious foods from participating retailers in your area.* *Special Supplemental Benefit for Chronically Ill (SSBCI) customers only. You must be diagnosed with a chronic condition, such as, but not limited to, diabetes, heart disease and hypertension to be eligible to receive this benefit.	**$50** monthly allowance	**$50** monthly allowance

4 | Prescription Drug Benefits

Medicare Part D Drugs Initial Coverage

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

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

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

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

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

For generic drugs (including brand drugs treated as generic):

- **25%** cost-share if you do not receive *Extra Help*, or
- **$0** copay / **$1.35** copay / **$3.95** copay / **15%** cost-share depending on your level of *Extra Help*

For all other drugs:

- **25%** cost-share if you do not receive *Extra Help*, or
- **$0** copay / **$4.00** copay / **$9.85** copay / **15%** cost-share depending on your level of *Extra Help*

Coverage Gap

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

Most Medicare prescription drug plans have a Coverage Gap (also called the Donut Hole). This means that there is a temporary change in what you will pay for your drugs. The Coverage Gap begins after your total yearly prescription drug cost (including what our plan has paid and what you have paid) reaches **$4,430.**

After you enter the Coverage Gap, you pay **25%** of the plan's cost for covered brand name drugs and **25%** of the plan's cost for covered generic drugs until your costs total **$7,050,** which is the end of the Coverage Gap.

Catastrophic Coverage

You qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached the **$7,050** limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.

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

- **$0**; or
- A coinsurance or a copayment, whichever is the larger amount:
  - Coinsurance of **5%** of the cost of the drug, or
  - **$3.95** for a generic drug or a drug that is treated like a generic and **$9.85** for all other drugs.
  - Our plan pays the rest of the cost.

5 | Medicaid-covered Benefits

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

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

Texas Health and Human Services Commission

1-512-424-6500 or **1-800-252-8263** (TTY **1-800-735-2989**)
https://yourtexasbenefits.hhsc.texas.gov/

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

- Ambulance Services
- Non-Emergency Transportation (NET)
- Dental Services
- Doctor's Office Visits
- Eye Care Services
- Home Health Services
- Hospice Services
- Inpatient Hospital Care
- Outpatient Hospital Care
- Ambulatory Surgical Care (ASC)
- Inpatient Psychiatric Hospital
- Laboratory and X-ray Services
- Skilled Nursing Facility (SNF)
- Prescription Drugs
- Durable Medical Equipment, Supplies and Appliances
- Transportation
- Nurse Practitioner Services
- Rural Health Clinic Services
- Physical Therapy Services
- Occupational Therapy Services
- Speech, Hearing and Language Disorder Services
- Hearing Aids and Other Hearing Devices
- Chiropractor
- Emergency Care Services
- Diagnostic, Screening and Preventive Services
- Over-the-Counter (OTC)
- Podiatry
- Substance Abuse Treatment
- Behavioral Health Services
- Mental Health Rehabilitation
- Mental Health Targeted Case Management
- Psychosocial Rehabilitation
- Home and Community Based Services
- Telehealth Services

* All Medicaid covered services are subject to change at any time. For the most current Texas Medicaid coverage information, please visit the Texas Medicaid website at https://yourtexasbenefits.hhsc.texas.gov/ or call the Medicaid Hotline at 1-512-424-6500 or 1-800-252-8263 (TTY 1-800-735-2989).