



# Summary of Benefits

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**2021**

January 1, 2021 to  
December 31, 2021

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

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**TO JOIN**

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

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Our service area include the following counties:

**Pennsylvania:** Bucks, Chester, Delaware, Montgomery and Philadelphia counties, PA

Cigna TotalCare (HMO D-SNP) H3949-009



# Introduction

## What's Inside

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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 it online at **www.medicare.gov** or get a copy 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–March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1–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 **1-800-856-7657 (TTY 711)**, licensed agents are available October 1–March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1–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



## 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)
* Cost-sharing is based on your level of Medicaid eligibility.	
<b>Monthly Premium</b> * Your premium may be higher or lower than this amount based on your level of Medicaid eligibility.	<b>\$0 or \$25.50</b> per month.* In addition, you must keep paying your Medicare Part B premium.
<b>Medical Deductible</b>	This plan does not have a deductible.
<b>Pharmacy (Part D) Deductible</b>	The standard plan deductible is <b>\$445</b> . If you qualify for a low income subsidy, it could be <b>\$92</b> or <b>\$0</b> depending on your subsidy level.
<b>Is there any limit on how much I will pay for my covered services?</b>	<p>Original Medicare does not have annual limits on out-of-pocket costs.</p> <p>Your yearly limit(s) in this plan:  <b>\$3,450</b> for services you receive from in-network providers for Medicare-covered benefits.</p> <p>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.</p> <p>In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medicaid eligibility.</p> <p>Refer to the <i>Medicare &amp; You</i> handbook for Medicare-covered services. For Medicaid-covered services, refer to the Medicaid Coverage section in this document.</p>

# 3 Covered Medical and Hospital Benefits

Benefit	What You Pay
<p><b>Note: Services with a <sup>1</sup> may require prior authorization.</b>  <b>Services with a <sup>2</sup> may require a referral from your doctor.</b>  <b>* Cost-sharing is based on your level of Medicaid eligibility.</b></p>	
<p><b>Inpatient Hospital Coverage<sup>1</sup></b></p>	
<p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>	<p><b>\$0 or \$310 copay*</b> per day for days 1–5  <b>\$0 copay</b> per day for days 6–90</p>
<p><b>Outpatient Surgery</b></p>	
<p>Ambulatory Surgical Center (ASC)<sup>1</sup></p>	<p><b>0% or 20% coinsurance*</b></p>
<p>Outpatient Services<sup>1</sup></p>	<p><b>0% or 20% coinsurance*</b></p>
<p>Outpatient Observation<sup>1</sup></p>	<p><b>0% or 20% coinsurance*</b></p>
<p><b>Doctors Visits</b></p>	
<p>Primary Care Physician (PCP)</p>	<p><b>0% or 20% coinsurance*</b></p>
<p>Specialists<sup>1</sup></p>	<p><b>0% or 20% coinsurance*</b></p>
<p><b>Preventive Care</b></p>	
<p>Our plan covers many Medicare-covered preventive services, including:</p> <ul style="list-style-type: none"> <li>➤ Abdominal aortic aneurysm screening</li> <li>➤ Alcohol misuse counseling</li> <li>➤ Bone mass measurement</li> <li>➤ Breast cancer screening (mammogram)</li> <li>➤ Cardiovascular disease (behavioral therapy)</li> <li>➤ Cardiovascular screenings</li> <li>➤ Cervical and vaginal cancer screening</li> <li>➤ Colorectal cancer screening (colonoscopy, fecal occult blood test, multi-target stool DNA tests, screening barium enemas, flexible sigmoidoscopy)</li> <li>➤ Depression screenings</li> <li>➤ Diabetes screenings</li> <li>➤ Diabetes self-management training</li> </ul>	<p><b>\$0 copay</b></p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. Please see your <i>Evidence of Coverage</i> (EOC) for frequency of covered services.</p>

Benefit	What You Pay
<b>Preventive Care</b> <i>(continued)</i>	
<ul style="list-style-type: none"> <li>➤ Glaucoma tests</li> <li>➤ Hepatitis B Virus (HBV) infection screening</li> <li>➤ Hepatitis C screening</li> <li>➤ HIV screening</li> <li>➤ Lung cancer screening with low dose computed tomography (LDCT)</li> <li>➤ Medical nutrition therapy services</li> <li>➤ Obesity screening and counseling</li> <li>➤ Prostate cancer screenings (PSA)</li> <li>➤ Sexually transmitted infections screening and counseling</li> <li>➤ Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>➤ Vaccines, including Flu shots, Hepatitis B shots and Pneumococcal shots</li> <li>➤ Welcome to Medicare preventive visit (one-time)</li> <li>➤ Yearly Wellness visit</li> </ul>	<p><b>\$0</b> copay</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. Please see your <i>Evidence of Coverage</i> (EOC) for frequency of covered services.</p>
<b>Emergency Care</b>	
Emergency Care Services	<p><b>\$0</b> or <b>\$90</b> copay*</p> <p>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.</p>
Worldwide Emergency/Urgent Coverage/Emergency Transportation	<p><b>\$90</b> copay</p> <p>Maximum worldwide coverage amount <b>\$50,000</b></p>
<b>Urgently Needed Services</b>	
Urgent Care Services	<p><b>0%</b> or <b>20%</b> coinsurance*; up to the cost of <b>\$65</b></p> <p>If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for urgent care.</p>
<b>Diagnostic Services, Labs and Imaging</b> <i>(Costs for these services may vary based on place of service or type of service)</i>	
Diagnostic Procedures and Tests <sup>1</sup>	<b>0%</b> or <b>20%</b> coinsurance*
Lab Services <sup>1</sup> For COVID-19 testing a prior authorization is not required.	<b>\$0</b> copay
Therapeutic Radiological Services <sup>1</sup>	<b>0%</b> or <b>20%</b> coinsurance*

Benefit	What You Pay
X-ray Services	0% or 20% coinsurance*
Diagnostic Radiological Services (MRIs, CT scans, etc.) <sup>1</sup>	0% or 20% coinsurance*
<b>Hearing Services</b>	
Hearing Exams (Medicare-covered)	0% or 20% coinsurance*
Routine Hearing Exams	\$0 copay for one routine exam every year
Hearing Aid Evaluation/Fitting	\$0 copay for one fitting evaluation per hearing aid every three years
Hearing Aids	\$0 copay up to plan maximum coverage amount for hearing aids of \$700 per ear per device every three years
<b>Dental Services</b>	
Dental Services (Medicare-covered) <sup>1</sup> Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth)	0% or 20% coinsurance*
Preventive Dental Services <sup>1</sup> <ul style="list-style-type: none"> <li>➤ Prophylaxis/cleaning (one every six months)</li> <li>➤ Oral exams</li> <li>➤ Dental x-rays</li> </ul>	\$0 copay
Comprehensive Dental Services <sup>1</sup> <ul style="list-style-type: none"> <li>➤ Restorative</li> <li>➤ Endodontics (root canal only)</li> <li>➤ Periodontics</li> <li>➤ Extractions</li> <li>➤ Prosthodontics/oral surgery</li> </ul>	\$0 copay up to a maximum coverage amount of \$3,000 every year
<b>Vision Services</b>	
Eye Exams (Medicare-covered) <sup>1</sup>	\$0 copay for diabetic retinal exams; 0% or 20% coinsurance* for all other Medicare-covered vision services
Routine Eye Exam	\$0 copay for one routine exam every year
Glaucoma Screening (Medicare-covered) <sup>1</sup>	\$0 copay

Benefit	What You Pay
Eyewear (Medicare-covered)	\$0 copay
Routine Eyewear <ul style="list-style-type: none"> <li>➤ Contact lenses (unlimited)</li> <li>➤ Eyeglasses-lenses and frames (one every year)</li> <li>➤ Eyeglass lenses (one every year)</li> <li>➤ Eyeglass frames (one every year)</li> <li>➤ Upgrades</li> </ul>	\$0 copay up to plan maximum coverage amount of \$500 every year
<b>Mental Health Services</b>	
Inpatient <sup>1</sup> Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.	\$0 or \$310 copay* per day for days 1–5 \$0 copay per day for days 6–90
Outpatient <sup>1</sup> Individual or Group Therapy Visit	\$0 copay
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>	
Our plan covers up to 100 days in the SNF.	\$0 copay per day for days 1–20 \$0 or \$184 copay* per day for days 21–100
<b>Rehabilitation Services</b>	
Cardiac (Heart) Rehab Services <sup>1</sup>	0% or 20% coinsurance*
Pulmonary Rehab Services <sup>1</sup>	0% or 20% coinsurance*
Occupational Therapy Services <sup>1</sup>	0% or 20% coinsurance*
Physical Therapy, Speech and Language Therapy Services <sup>1</sup>	0% or 20% coinsurance*
Physical Therapy Telehealth Services <sup>1</sup>	0% or 20% coinsurance*
<b>Ambulance<sup>1</sup></b>	
Ground Service (one-way trip)	0% or 20% coinsurance*
Air Service (one-way trip)	0% or 20% coinsurance*
<b>Transportation<sup>1</sup></b>	
Members are required to coordinate with Cigna vendor for transportation to plan-approved locations at least 48 hours in advance. Mileage restrictions may apply. See <i>Evidence of Coverage</i> for full details and restrictions related to benefit.	\$0 for unlimited trips every year



Benefit	What You Pay
<b>Prescription Drugs<sup>1</sup></b>	
Medicare Part B Drugs Medicare-covered Part B Drugs may be subject to step therapy requirements.	<b>0% or 20% coinsurance*</b>  This plan has Part D prescription drug coverage. See Section 4 in the <i>Summary of Benefits</i> .
<b>Foot Care (Podiatry Services)</b>	
Podiatry Services (Medicare-covered)	<b>0% or 20% coinsurance*</b>
Routine Podiatry Services	Not Covered
<b>Medical Equipment and Supplies</b>	
Durable Medical Equipment (wheelchairs, oxygen, etc.) <sup>1</sup>	<b>0% or 20% coinsurance*</b>
Prosthetic Devices (braces, artificial limbs, etc.) and Related Medical Supplies <sup>1</sup>	<b>0% or 20% coinsurance*</b>
Diabetes Supplies and Services <sup>1</sup> Brand limitations apply to certain supplies.	<b>\$0</b> copay for diabetes self-management training  <b>0% or 20% coinsurance*</b> for therapeutic shoes or inserts  <b>0% or 20% coinsurance*</b> for diabetic monitoring supplies
<b>Fitness and Wellness Programs</b>	
Fitness Program Program offers a fitness center membership and home fitness program in addition to enhanced technology options and senior lifestyle coaching.	<b>\$0</b> copay
<b>Health Information Line</b>	
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.	<b>\$0</b> copay
<b>Chiropractic Care<sup>1</sup></b>	
Chiropractic Services (Medicare-covered)	<b>0% or 20% coinsurance*</b>
Routine Chiropractic Services	Not Covered
<b>Home Health<sup>1</sup></b>	
	<b>\$0</b> copay

Benefit	What You Pay
<b>Hospice</b>	
<p>Hospice care must be provided by a Medicare-certified hospice program.</p> <p>Our plan covers hospice consultation services (one-time only) before you select hospice. Hospice is covered outside of our plan. You may have to pay part of the cost for drugs and respite care. Please contact the plan for more details.</p>	<b>\$0</b> copay
<b>Outpatient Substance Abuse<sup>1</sup></b>	
Individual or Group Therapy Visit	<b>0%</b> or <b>20%</b> coinsurance*
<b>Opioid Treatment Services<sup>1</sup></b>	
FDA-approved treatment medications in addition to testing, counseling and therapy.	<b>0%</b> or <b>20%</b> coinsurance*
<b>Over-the-Counter Items (OTC)</b>	
Over-the-counter drugs and other health-related pharmacy products, as listed in the <i>OTC Catalog</i> .	<b>\$200</b> quarterly allowance
<b>Home Delivered Meals</b>	
	<p><b>\$0</b> copayment for home delivered meals</p> <p>Limited to 14 meals per discharge from qualified hospital stay or skilled nursing facility (up to four stays per year)</p>
<b>Telehealth Services (Medicare-covered)</b>	
For nonemergency care, you can talk with an MDLIVE doctor via phone or video for certain telehealth services, including: allergies, cough, headache, sore throat and other low-risk illnesses.	<b>0%</b> or <b>20%</b> coinsurance*
<b>Acupuncture Services</b>	
Acupuncture Services (Medicare-covered) <sup>1</sup> Services for chronic lower back pain.	<b>0%</b> or <b>20%</b> coinsurance*
Supplemental Acupuncture Services	Not Covered

# 4 Prescription Drug Benefits

Benefit	Cigna TotalCare (HMO D-SNP)
<p><b>Medicare Part D Drugs Initial Coverage</b> (after you pay your deductible, if applicable)</p>	<p>Depending on your income and institutional status, you pay the following:</p> <ul style="list-style-type: none"> <li>➤ For generic drugs (including brand drugs treated as generic):               <ul style="list-style-type: none"> <li>– <b>25%</b> cost-share or</li> <li>– <b>\$0 copay / \$1.30 copay / \$3.70 copay / 15%</b> cost-share</li> </ul> </li> <li>➤ For all other drugs:               <ul style="list-style-type: none"> <li>– <b>25%</b> cost-share or</li> <li>– <b>\$0 copay / \$4.00 copay / \$9.20 copay / 15%</b> cost-share</li> </ul> </li> </ul> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> <p>If you reside in a long term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p>
<p><b>Coverage Gap</b></p>	<p>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 <b>\$4,130</b>. Not everyone will enter the Coverage Gap.</p> <p>After you enter the Coverage Gap, you pay <b>25%</b> of the plan's cost for covered brand name drugs and <b>25%</b> of the plan's cost for covered generic drugs until your costs total <b>\$6,550</b>, which is the end of the Coverage Gap.</p>
<p><b>Catastrophic Coverage</b></p>	<p>Depending on your income and institutional status, you pay the following after the total yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach <b>\$6,550</b>:</p> <ul style="list-style-type: none"> <li>➤ <b>\$0</b> copay or</li> <li>➤ <b>\$3.70</b> (generic) / <b>\$9.20</b> (brand) or</li> <li>➤ <b>5%</b> cost-share</li> </ul>

# 5 Summary of Medicaid-covered Benefits for Contract H3949-009

This section demonstrates the Medicaid benefit package for full benefit dual-eligible recipients in the state of Pennsylvania. The services offered in your Medicaid benefit package are based on your Medicaid eligibility. The services listed below are available only to those SNP customers eligible under Medicaid for medical services. For more information about your Medicaid benefits and copayments, please contact the State Medicaid Office.

The benefits described below are covered by Medicaid for individuals who qualify for full Medicaid, QMB + full Medicaid, full Medicaid + SLMB. The benefits described in the Covered Medical and Hospital Benefits section of the *Summary of Benefits* are covered by Medicare. If you join Cigna, you do not have to pay for deductibles, copayments or coinsurance for services that are covered by Medicare. Certain Medicare recipients qualify for Medicaid to pay their Medicare Part A (hospital insurance) OR Part B (supplemental medical insurance) premiums. These recipients do not qualify for any of the covered services listed below.

These programs include:

- › **QI-1:** Medicaid pays the Medicare Part B premium only.
- › **SLMB:** Medicaid pays Medicare Part B premiums only.
- › **QMB:** Medicaid pays Medicare Part B premiums, Medicare deductibles and coinsurance. In some cases, Medicaid may also pay their Part A premium.

Benefit Category (Excludes Medicare-covered services)	Pennsylvania Medicaid-covered Services	Cigna TotalCare (HMO D-SNP) * Cost-sharing is based on your level of Medicaid eligibility
Ambulance Services	Covered	Covered
Non-Emergency Transportation (NET)	Covered	Covered
Dental Services	Covered	Covered
Doctor's Office Visits	Covered	Covered
Eye Care Services	Covered	Covered
Home Health Services	Covered	Covered
Hospice Services	Covered	Covered
Inpatient Hospital Care	Covered	Covered
Outpatient Hospital Care	Covered	Covered

<b>Benefit Category</b> (Excludes Medicare-covered services)	<b>Pennsylvania Medicaid-covered Services</b>	<b>Cigna TotalCare (HMO D-SNP)</b> * Cost-sharing is based on your level of Medicaid eligibility
<b>Ambulatory Surgical Care (ASC)</b>	Covered	Covered
<b>Inpatient Psychiatric Hospital</b>	Covered	Covered
<b>Laboratory and X-ray Services</b>	Covered	Covered
<b>Mental Health Rehabilitation</b>	Not Covered	Covered
<b>Skilled Nursing Facility</b>	Covered	Covered
<b>Prescription Drugs</b>	Covered	Covered
<b>Medical Equipment, Supplies and Appliances</b>	Covered	Covered
<b>Transportation</b>	See “Non-Emergency Transportation (NET)” benefit listing	Covered
<b>Nurse Practitioner</b>	Covered	Covered
<b>Rural Health Clinic</b>	Covered	Covered
<b>Therapy</b> (Physical, Occupational and Speech)	Not Covered	Covered
<b>Hearing Aids and Other Hearing Devices</b>	Not Covered	Covered
<b>Chiropractor</b>	Covered	Covered
<b>Emergency Care Services</b>	Covered	Covered
<b>Preventive Services</b>	Covered	Covered
<b>Over-the-Counter (OTC)</b>	Not Covered	Covered
<b>Podiatry</b>	Covered	Covered
<b>Substance Abuse Treatment</b>	Not Covered	Covered
<b>Telehealth Services</b>	Covered	Covered

## Required Information

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Arizona, Inc., Cigna HealthCare of St. Louis, Inc., HealthSpring Life & Health Insurance Company, Inc., HealthSpring of Florida, Inc., Bravo Health Mid-Atlantic, Inc., and Bravo Health Pennsylvania, Inc. HealthSpring of Florida, Inc. operates under the assumed name of "Leon Medical Centers Health Plans" in the Miami-Dade service area. "Leon Medical Centers" is a registered trademark of Leon Medical Centers. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

The disclaimers on this page apply to the benefits outlined throughout this document. This information is not a complete description of benefits, which vary by individual plan. You must live in the plan's service area. Prior authorization and/or referrals are required for certain services. A licensed benefit advisor can assist you with any questions about our plans by calling the number throughout this document. Individuals may enroll in a plan only during specific times of the year and must have Medicare Parts A and B.

Cigna is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna depends on contract renewal. Leon Medical Centers Health Plans is an HMO plan with a Medicare contract. Enrollment in Leon Medical Centers Health Plans depends on contract renewal. © 2020 Cigna

### For Arizona Residents

Call Customer Service at 1-800-627-7534 (TTY 711), 8 a.m. to 8 p.m. local time, 7 days a week October–March, Monday to Friday April–September. Our automated phone system may answer your call during weekends, holidays and after hours.

### For Leon Residents

Call Customer Service at 1-866-393-5366 (TTY 711), 8 a.m. to 8 p.m. local time, 7 days a week October–March, Monday to Friday April–September. Our automated phone system may answer your call during weekends, holidays and after hours.

### For Non-Arizona and Non-Leon Residents

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

### For Enrollment in Cigna Achieve and Achieve Plus Medicare Plans

Enrollment in the Cigna Achieve Medicare plans are for those who have been diagnosed with Diabetes. To join this plan, you must be enrolled in Medicare Parts A and Part B.

### For Enrollment in Cigna TotalCare and TotalCare Plus Plans

Cigna TotalCare plans are available to anyone who has both full or partial Medical Assistance (Medicaid) from the State and Medicare. ORLANDO, TAMPA and DAYTONA, FLORIDA RESIDENTS must have full Medicaid benefits from the State and Medicare. Premiums, copays, coinsurance and deductibles may vary based on the level of Extra Help you receive.

### For Enrollment in PPO and POS Plans

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

### For Enrollment in ISNP Plans

Cigna Traditions Medicare plans are available to anyone with Medicare who meets the Skilled Nursing Facility (SNF) level of care and resides in a nursing home.

### Silver&Fit

The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Silver&Fit and the Silver&Fit logo are trademarks of ASH and used with permission herein. Other names or logos may be trademarks of their respective owners. Participating facilities and fitness chains may vary by location and are subject to change.

### Express Scripts

Express Scripts Pharmacy is a trademark of Express Scripts Strategic Development, Inc. Other pharmacies are available in our network.

### Cigna Medical Group

Cigna Medical Group (CMG) is the medical group practice division of Cigna HealthCare of Arizona, Inc. All CMG services are provided exclusively by or through Cigna HealthCare of Arizona Inc., and not by Cigna Corporation. The Cigna Medical Group name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Other providers are available in our network.