2023

Summary of Benefits

January 1, 2023, to
December 31, 2023

Cigna TotalCare AL (HMO D-SNP) H4513-056-002

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

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To Join

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

Service Area

Blount, Cherokee, Colbert, DeKalb, Etowah, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marshall, Morgan, Russell, St. Clair, and Tuscaloosa counties, **AL**

COVERAGE

Cigna TotalCare AL (HMO D-SNP) H4513-056-002

H4513_23_791910_M

23_SB_H4513_056_002

Introduction

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

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 8 a.m. to 8 p.m. local time: from October 1 to March 31, 7 days a week; and from April 1 to September 30, Monday through Friday. Our automated phone system may answer your call during weekends, holidays, and after hours.

Not a customer

Call toll-free **1-800-313-0973 (TTY 711)**. Licensed agents are available 8 a.m. to 8 p.m. local time: from October 1 to March 31, 7 days a week; and from April 1 to September 30, Monday through Friday. Our automated phone system may answer your call during weekends, holidays, and after hours.

You can also visit our website at:
CignaMedicare.com.

1 | About this Plan

Who can enroll?

This plan is available to anyone who has Medicare AND full or partial Medical Assistance from the state (Medicaid). Premiums, copays, coinsurance, and deductibles may vary based on the level of Medical Assistance and *Extra Help* you receive. Contact the plan for further details.

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

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

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

- You can see our plan's *Provider and Pharmacy Directory* 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 prescriptions drugs along with any restrictions on our website, **CignaMedicare.com**.
- Or, call us, and we will send you a copy of the plan's *Comprehensive Prescription Drug List*.

2 | Monthly Premium, Deductible, and Limits

This plan is available to anyone who has Medicare AND full or partial Medical Assistance from the state (Medicaid). Premiums, copays, coinsurance, and deductibles may vary based on the level of Medical Assistance and Extra Help you receive. Contact the plan for further details.

Benefit	Cigna TotalCare AL (HMO D-SNP)
Monthly Premium	**$0 per month with full Medicaid cost-share assistance** $18.70 per month with SLMB, QI, and QDWI 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 **$104** deductible, depending on your level of Extra Help, for those who qualify for low income subsidy (LIS). **$505** is the standard Part D deductible for 2023.
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: **$7,550** applies to in-network 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 may still need to pay your monthly premiums, if any, and cost-sharing for your Part D prescription drugs. In this plan, cost-sharing may vary based on your level of Medicaid eligibility.

3 | Covered Medical and Hospital Benefits

Benefit	What You Pay	
	With full Medicaid cost-share assistance (QMB, QMB+, SLMB+, FBDE)	With SLMB, QI, and QDWI 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]		
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** copay per day for days 1-6 **$0** copay per day for days 7-90	**$225** copay per day for days 1-6 **$0** copay per day for days 7-90
Outpatient Hospital Services/ASC		
Ambulatory Surgical Center (ASC)[1]	**$0** copay	**$0** copay for any surgical procedures during a colorectal screening **$195** copay for all other ASC services
Outpatient Hospital[1]	**$0** copay	**$0** copay for any surgical procedures during a colorectal screening **$225** copay for all other outpatient services not provided in an ASC
Outpatient Observation[1]	**$0** copay per stay	**$225** copay per stay
Doctors Visits		
Primary Care Provider (PCP)	**$0** copay	**$0** copay
Specialists[1]	**$0** copay	**$0** copay

Benefit	What You Pay	
	With full Medicaid cost-share assistance (QMB, QMB+, SLMB+, FBDE)	With SLMB, QI, and QDWI 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 EOC for frequency of covered services.	**$0** copay Any additional preventive services approved by Medicare during the contract year will be covered. Please see your EOC for frequency of covered services.

Benefit	What You Pay	
	With full Medicaid cost-share assistance (QMB, QMB+, SLMB+, FBDE)	With SLMB, QI, and QDWI cost-share assistance
Emergency Care		
Emergency Care Services	**$0** copay	**$95** 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	**$95** copay Maximum worldwide coverage amount **$50,000**	**$95** copay Maximum worldwide coverage amount **$50,000**
Urgently Needed Services		
Urgent Care Services	**$0** copay	**$55** copay If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for urgent care.
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]	**0%** coinsurance	**0%** coinsurance for EKG **20%** coinsurance for all other diagnostic procedures and tests
Lab Services[1]	**$0** copay	**$0** copay
Therapeutic Radiological Services[1]	**0%** coinsurance	**20%** coinsurance
X-ray Services	**0%** coinsurance	**0%** coinsurance in a PCP or specialist office **20%** coinsurance at all other facilities
Diagnostic Radiological Services (MRIs, CT scans, etc.)[1]	**0%** coinsurance	**0%–20%** coinsurance

Benefit	What You Pay	
	With full Medicaid cost-share assistance (QMB, QMB+, SLMB+, FBDE)	With SLMB, QI, and QDWI cost-share assistance
Hearing Services		
Hearing Exams (Medicare-covered)	**$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 Fitting/Evaluation	**$0** copay for one fitting evaluation for hearing aid every three years	**$0** copay for one fitting evaluation for hearing aid every three years
Hearing Aids	**$0** copay up to plan maximum coverage amount of **$1,000** allowance for both ears combined every three years	**$0** copay up to plan maximum coverage amount of **$1,000** allowance for both ears combined every three years
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 and Comprehensive Dental Services		
Dental Allowance Supplemental dental services with licensed dentist.* Provider submits claim to Cigna Dental Health. Includes Preventive and Comprehensive Services. Benefit does not cover cosmetic services. *Dentist is not on the exclusion/preclusion list and/or has not opted out of Medicare.	**$0** copay up to allowance amount	**$0** copay up to allowance amount
Maximum Coverage Amount	**$750** combined preventive and comprehensive allowance every year	**$750** combined preventive and comprehensive allowance every year
Vision Services		
Eye Exams (Medicare-covered) A facility cost-share may apply for procedures performed at an outpatient surgical center.	**$0** copay	**$0** copay
Routine Eye Exam Non-Medicare covered routine eye exam (including eye refraction) per year. Eye refractions outside of the annual non-Medicare covered routine eye exam are not covered.	**$0** copay for one routine exam every year	**$0** copay for one routine exam every year

Benefit	What You Pay	
	With full Medicaid cost-share assistance (QMB, QMB+, SLMB+, FBDE)	With SLMB, QI, and QDWI cost-share assistance
Glaucoma Screening (Medicare-covered)	**$0** copay	**$0** copay
Eyewear (Medicare-covered)	**$0** copay	**$0** copay
Routine Eyewear › Eyeglasses (lenses and frames) › Eyeglass lenses › Eyeglass frames › Contact lenses (including contact lens fitting) › Upgrades	**$0** copay up to plan maximum coverage amount of **$100** 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 **$100** 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** copay per stay	**$1,850** copay per stay
Outpatient[1] Individual or Group Therapy Visit	**$0** copay	**$0** copay
Skilled Nursing Facility (SNF)[1]		
Our plan covers up to 100 days per benefit period.	**$0** copay per day for days 1-20 **$0** copay per day for days 21-100	**$0** copay per day for days 1-20 **$196** copay per day for days 21-100
Rehabilitation Services		
Cardiac (Heart) Rehab Services[1]	**$0** copay	**$0** copay
Pulmonary Rehab Services[1]	**$0** copay	**$0** copay
Occupational Therapy Services[1]	**$0** copay	**$0** copay

Benefit	What You Pay	
	With full Medicaid cost-share assistance (QMB, QMB+, SLMB+, FBDE)	With SLMB, QI, and QDWI cost-share assistance
Physical Therapy and Speech/Language Therapy Services[1]	**$0** copay	**$0** copay
Physical Therapy and Speech/Language Therapy Telehealth Services[1]	**$0** copay	**$0** copay
Ambulance[1]		
Ground Service (one-way trip)	**$0** copay	**$245** 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 24 one-way trips every year	**$0** copay for 24 one-way trips every year
Medicare Part B Drugs		
Part B Chemotherapy Drugs and Other Part B Drugs[1] 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)	**$0** copay	**$0** copay
Routine Podiatry Services	Not covered	Not covered
Medical Equipment and Supplies		
Durable Medical Equipment (wheelchairs, oxygen, etc.)[1]	**0%** coinsurance	**20%** coinsurance
Prosthetic Devices (braces, artificial limbs, etc.) and Related Medical Supplies[1]	**0%** coinsurance	**20%** coinsurance
Diabetic Services and Supplies Brand limitations apply to certain supplies.	**$0** copay for diabetes self-management training **0%** coinsurance for therapeutic shoes or inserts[1] **$0** copay for diabetic monitoring supplies[1]	**$0** copay for diabetes self-management training **20%** coinsurance for therapeutic shoes or inserts[1] **$0** copay for diabetic monitoring supplies[1]

Benefit	What You Pay	
	With full Medicaid cost-share assistance (QMB, QMB+, SLMB+, FBDE)	With SLMB, QI, and QDWI 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		
Chiropractic Services (Medicare-covered)[1]	**$0** copay	**$0** copay
Routine Chiropractic Services	Not covered	Not covered
Home Health Care[1]		
Home Health	**$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 (OTC) Items		
Over-the-counter drugs and other health-related pharmacy products, as listed in the *OTC Catalog*.	**$30** allowance every three months	**$30** allowance every three months

Benefit	What You Pay	
	With full Medicaid cost-share assistance (QMB, QMB+, SLMB+, FBDE)	With SLMB, QI, and QDWI cost-share assistance
Home-Delivered Meals		
	$0 copay 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 once per year.	**$0** copay 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 once per year.
Telehealth Services (Medicare-covered)		
For non-emergency 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] 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.

	With full Medicaid cost-share assistance (QMB, QMB+, SLMB+, FBDE)	With SLMB, QI, and QDWI cost-share assistance
Annual Physical Exam	**$0** copay	**$0** copay
Cigna Healthy Today Card Use your pre-loaded Cigna Healthy Today benefit card for easy access to incentives, rewards, and select allowance benefits* that may be part of your plan. *Benefits, coverage and amounts vary by plan. Limitations, exclusions, and restrictions may apply.	Based on your plan's allowance and frequency amounts, funds will be loaded on your Cigna Healthy Today card automatically.	Based on your plan's allowance and frequency amounts, funds will be loaded on your Cigna Healthy Today card automatically.

Additional Benefits

Enjoy these extra benefits included in your plan.

	With full Medicaid cost-share assistance (QMB, QMB+, SLMB+, FBDE)	With SLMB, QI, and QDWI cost-share assistance
Cigna Medicare Advantage Incentives With the Cigna Medicare Advantage incentives program, you can earn money for completing certain health check-ups. After completing your yearly health check-up, you can qualify for additional incentives as determined by your plan and provider. Reward dollars are intended to be used on health and wellness products only.	You can earn up to **$100,** which is loaded on your Cigna Healthy Today card for completing certain healthy activities.	You can earn up to **$100,** which is loaded on your Cigna Healthy Today card for completing certain healthy activities.
Part D Cost-Sharing Reduction If you receive the Low Income Subsidy (LIS), regardless of your income and institutional status, you pay a **$0** copay for any covered Part D drug throughout all coverage phases. You may get your drugs at network retail pharmacies and mail order pharmacies.	**$0** copay for all covered Part D drugs throughout all coverage phases.	**$0** copay for all covered Part D drugs throughout all coverage phases.

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 Part D prescription drug costs.

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

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

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

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

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

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

5 | Medicaid-covered Benefits

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

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

Alabama Medicaid Agency

1-334-242-5000 or **1-800-362-1504**
www.medicaid.alabama.gov

If offered in Alabama, 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.

- Doctor Services
- Eye Care Services
- Home Health Service
- Hospice Servies
- Inpatient Hospital Care
- Outpatient Hospital Care
- Psychiatric Hospital Services
- Labs and X-Ray Services
- Mental Health Services
- Nursing Home Care Services
- Out-of-State Services
- Prescription Drugs
- Renal Dialysis Services
- Transplant Services
- Ambulance Services
- Non-Emergency Transportation Services

* All Medicaid covered services are subject to change at any time. For the most current Alabama Medicaid coverage information, please visit the Alabama Medicaid website at www.medicaid.alabama.gov, or call the Medicaid Hotline at 1-334-242-5000 or 1-800-362-1504.