



Cigna Medicare Select Plus Rx – Employer Plan (HMO) offered by Cigna HealthCare of Arizona, Inc.

Maricopa County

July 1, 2013 – June 30, 2014

4113 M4P1

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WHAT SERVICES ARE COVERED?

OUT-OF-POCKET MAX

\$6,700

The out-of-pocket maximum is the maximum amount that you pay during the calendar year for covered Part A (Hospital Insurance) and Part B (Medical Insurance) services. (The amount you pay for your plan premium does not count toward your out-of-pocket maximum.)

MEDICARE COVERED PREVENTATIVE SERVICES

Our plan covers all Medicare-covered preventive services at zero cost-sharing.

PHYSICIAN OFFICE VISITS:

▪ Primary Care Physicians	\$0 per visit
▪ Specialist Physicians	\$12 per visit
▪ Routine physicals	\$0 per visit
▪ Allergy treatments and injections	\$12 per visit
▪ Laboratory and x-ray	\$0 per visit
▪ Immunizations	\$0 per visit
▪ Mammography	\$0 per visit

INPATIENT HOSPITAL SERVICES: You pay \$0 per day*

▪ Semi-private room and board	Included
▪ Operating and recovery rooms	Included
▪ Drugs and medication	Included
▪ Diagnostic and therapeutic laboratory and x-ray	Included
▪ Anesthesia and respiratory / inhalation therapy	Included
▪ Physician and surgeon charges	Included

INPATIENT SKILLED NURSING FACILITY SERVICES: (for each benefit period)

▪ Skilled Nursing Facility (SNF) days 1 – 20	\$0 per day
▪ Skilled Nursing Facility (SNF) days 21 – 100	\$0 per day

OUTPATIENT HOSPITAL SERVICES, INCLUDING:

▪ Diagnostic and therapeutic laboratory and x-rays	\$0 per visit
▪ Radiation therapy and chemotherapy	\$12 per visit
▪ Operating and recovery rooms	\$12 per visit
▪ MRI, MRA, PET and CT scans	\$0 per visit

EMERGENCY CARE:

▪ Cigna Medical Group (CMG) Urgent Care Centers	\$20 per visit
▪ Non-CMG Contracted Urgent Care	\$20 per visit
▪ Non-Contracted Urgent Care Centers in/out of area	\$20 per visit
▪ In hospital emergency room	\$65 per visit
▪ Ambulance services	No charge
▪ World-Wide Coverage	\$65

OUTPATIENT REHABILITATION:

▪ Physical Therapy/Speech Pathology	\$12 per visit
▪ Home Health Care	\$0 per visit
▪ Home visits by nurses & other health professionals	\$0 per visit
▪ Durable Medical Equipment	\$0
▪ Motorized wheelchairs/scooters/air beds	\$0
▪ Prosthetics	\$0
▪ Mental Health Services	\$12 per visit
▪ Hearing Aid (When purchased at a CMG Hearing Center)	\$200 allowance per unit

VISION CARE

▪ Routine Eye Exam CMG only	\$0 per visit
▪ Routine Vision Exam Frequency	Annual
▪ Medically Needed Eye Exam – CMG Optometrist	\$0 per visit
▪ Medically Needed Eye Exam – CMG Ophthalmologist	\$12 per visit
▪ Medically Needed Eye Exam - Contracted Optometrist	\$0 per visit
▪ Medically Needed Eye Exam – Contracted Ophthalmologist	\$12 per visit
▪ Annual allowance for contacts, frames, & lenses – CMG Vision Centers	\$50
▪ Discount on 2 nd pair at CMG Vision Centers	20%



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PRESCRIPTION DRUG COVERAGE

**NO DEDUCTIBLE
UNLIMITED ANNUAL MAXIMUM BENEFIT**

CMG/Contracted Pharmacy

- Tier 1 \$3 for a thirty day supply
- Tier 2 \$15 for a thirty day supply
- Tier 3 \$40 for a thirty day supply
- Tier 4 \$40 for a thirty day supply
- Tier 5 \$40 for a thirty day supply

Cigna Home Delivery (by mail)

- Tier 1 \$6 for a ninety day supply
- Tier 2 \$30 for a ninety day supply
- Tier 3 \$80 for a ninety day supply
- Tier 4 \$80 for a ninety day supply
- Tier 5 \$80 for a ninety day supply

This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified in writing, before the change occurs. To view the Cigna formulary, go to www.cignamedicare.com on the web.

People who have low incomes, who live in long-term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact Cigna Medicare Select Plus Rx for details.

Effective July 1, 2013 – June 30, 2014

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