Summary of Benefits

2022

January 1, 2022 to
December 31, 2022

Cigna Fundamental Medicare (PPO) H7787-002

$0 monthly plan premium; medical coverage only plan; no referrals required

What's Inside

To Join

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

Service Area

Texas: Collin, Dallas, Denton, Johnson and Tarrant counties, TX

Introduction

This *Summary of Benefits* gives you a summary of what **Cigna Fundamental Medicare (PPO)** 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

Which doctors and hospitals can I use?

Cigna Fundamental Medicare (PPO) has a network of doctors, hospitals 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 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*.

Cigna Fundamental Medicare (PPO) covers Part B drugs including chemotherapy and some drugs administered by your provider; however, this plan does not cover Part D prescription drugs.

2 | Monthly Premium, Deductible and Limits

Benefit	Cigna Fundamental Medicare (PPO)
Monthly Premium	**$0** per month. In addition, you must keep paying your Medicare Part B premium. Cigna will reduce your Medicare Part B premium by **$75.**
Medical Deductible	This plan does not have a 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: **$5,700** for services you receive from in-network providers for Medicare-covered benefits. **$8,700** which applies to in-network and out-of-network Medicare-covered benefits combined. If you reach the in-network limit on out-of-pocket costs, you will keep getting in-network covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums.

3 | Covered Medical and Hospital Benefits

Benefit	What You Pay	
	In-Network	Out-of-Network
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.	**$255** per day for days 1–5 **$0** per day for days 6–90	**20%** coinsurance
Outpatient Surgery		
Ambulatory Surgical Center (ASC)[1]	**$0–$175** copay	**50%** coinsurance
Outpatient Services[1]	**$0–$195** copay	**50%** coinsurance
Outpatient Observation[1]	**$195** per stay	**50%** coinsurance
Doctors Visits		
Primary Care Physician (PCP)	**$0** copay for virtual visits **$10** copay for in-office visits	**50%** coinsurance
Specialists[1]	**$30** copay	**50%** coinsurance

Benefit	What You Pay	
	In-Network	Out-of-Network
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	
	In-Network	Out-of-Network
Emergency Care		
Emergency Care Services	**$90** 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.	Same as in-network
Worldwide Emergency/Urgent Coverage/Emergency Transportation	Not Covered	Not Covered
Urgently Needed Services		
Urgent Care Services	**$30** 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.	Same as in-network
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–$150** copay	**50%** coinsurance
Lab Services[1] For COVID-19 testing a prior authorization is not required.	**$0** copay	**50%** coinsurance **0%** coinsurance for COVID-19 testing
Therapeutic Radiological Services[1]	**$60** copay	**50%** coinsurance
X-ray Services	**$0** copay	**50%** coinsurance
Diagnostic Radiological Services (MRIs, CT scans, etc.)[1]	**$0–$150** copay	**50%** coinsurance
Hearing Services		
Hearing Exams (Medicare-covered) A separate physician cost-share will apply if additional services requiring cost-sharing are rendered.	**$30** copay	**50%** coinsurance
Routine Hearing Exams	**$0** copay for one routine exam every year	**50%** coinsurance for one routine exam every year

Benefit	What You Pay	
	In-Network	Out-of-Network
Hearing Aid Evaluation/Fitting	**$0** copay for one hearing aid fitting evaluation every three years	**50%** coinsurance for one hearing aid fitting evaluation 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	Combined with in-network
Dental Services (Medicare-covered)[1]		
Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth)	**$30** copay	**50%** coinsurance
Preventive Dental Services		
Oral exams (four every year)	**$0–$55** copay	Combined with in-network
Cleanings (two every year)	**$0–$45** copay	Combined with in-network
Fluoride treatments	**$0–$15** copay	Combined with in-network
Dental x-rays	**$0–$81** copay	Combined with in-network
Comprehensive Dental Services		
Diagnostic Services (unlimited)	**$0** copay	Combined with in-network
Restorative Services (unlimited)	**$0–$815** copay	Combined with in-network
Endodontics (unlimited)	**$38–$675** copay	Combined with in-network
Periodontics (unlimited)	**$0–$115** copay	Combined with in-network
Extractions (unlimited)	**$0** copay	Combined with in-network
Prosthodontics/oral surgery (unlimited)	**$0–$970** copay	Combined with in-network
Vision Services		
Eye Exams (Medicare-covered) A separate physician cost-share will apply if additional services requiring cost-sharing are rendered. A facility cost-share may apply for procedures performed at an outpatient surgical center.	**$0** copay for Medicare-covered diabetic retinopathy screening **$30** copay for all other Medicare-covered vision services	**0%** coinsurance for Medicare-covered diabetic retinopathy screening **50%** coinsurance for all other Medicare-covered vision services
Routine Eye Exam	**$0** copay for one routine exam every year	**50%** coinsurance for one routine exam every year
Glaucoma Screening (Medicare-covered)	**$0** copay	**$0** copay

Benefit	What You Pay	
	In-Network	Out-of-Network
Eyewear (Medicare-covered)	**$0** copay	**50%** coinsurance
Routine Eyewear › Contact lenses › Eyeglasses-lenses and frames › Eyeglass lenses › Eyeglass frames › Upgrades	**$0** copay up to plan maximum coverage amount of **$250** 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.	Combined with in-network
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.	**$255** per day for days 1–5 **$0** per day for days 6–90	**20%** coinsurance
Outpatient[1] Individual or Group Therapy Visit	**$0** copay	**50%** coinsurance
Skilled Nursing Facility (SNF)[1]		
Our plan covers up to 100 days in the SNF.	**$0** per day for days 1–20 **$188** per day for days 21–100	**45%** coinsurance
Rehabilitation Services		
Cardiac (Heart) Rehab Services[1]	**$10** copay	**50%** coinsurance
Pulmonary Rehab Services[1]	**$10** copay	**50%** coinsurance
Occupational Therapy Services[1]	**$30** copay	**50%** coinsurance
Physical Therapy, Speech and Language Therapy Services[1]	**$30** copay	**50%** coinsurance
Physical Therapy, Speech and Language Therapy Telehealth Services[1]	**$0** copay	Not Covered

Benefit	What You Pay	
	In-Network	Out-of-Network
Ambulance[1]		
Ground Service (one-way trip)	**$200** copay	**$200** copay
Air Service (one-way trip)	**20%** coinsurance	**20%** coinsurance
Transportation		
	Not Covered	Not Covered
Prescription Drugs[1]		
Medicare Part B Drugs Medicare-covered Part B Drugs may be subject to step therapy requirements.	**20%** coinsurance	**20%** coinsurance
Foot Care (Podiatry Services)		
Podiatry Services (Medicare-covered)	**$30** copay	**50%** coinsurance
Routine Podiatry Services	Not Covered	Not Covered
Medical Equipment and Supplies		
Durable Medical Equipment (wheelchairs, oxygen, etc.)[1]	**20%** coinsurance	**50%** coinsurance
Prosthetic Devices (braces, artificial limbs, etc.) and Related Medical Supplies[1]	**20%** coinsurance	**50%** coinsurance
Diabetes Supplies and Services[1] Brand limitations apply to certain supplies.	**$0** copay for diabetes self-management training **20%** coinsurance for therapeutic shoes or inserts **0%** or **20%** coinsurance for diabetic monitoring supplies	**$0** copay for diabetes self-management training **50%** coinsurance for therapeutic shoes or inserts **50%** coinsurance for diabetic monitoring supplies
Fitness and Wellness Programs		
Fitness Program	Not Covered	Not Covered
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	Combined with in-network

Benefit	What You Pay	
	In-Network	Out-of-Network
Chiropractic Care[1]		
Chiropractic Services (Medicare-covered)	**$15** copay	**50%** coinsurance
Routine Chiropractic Services	Not Covered	Not Covered
Home Health[1]		
	$0 copay	**50%** coinsurance
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	Same as in-network
Outpatient Substance Abuse[1]		
Individual or Group Therapy Visit	**$30** copay	**50%** coinsurance
Opioid Treatment Services[1]		
FDA-approved treatment medications in addition to testing, counseling and therapy.	**$30** copay	**50%** coinsurance
Over-the-Counter Items (OTC)		
Over-the-counter drugs and other health-related pharmacy products, as listed in the *OTC Catalog*.	**$40** quarterly allowance	Combined with in-network
Home Delivered Meals[1]		
	$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.	Combined with in-network

Benefit	What You Pay	
	In-Network	Out-of-Network
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	**50%** coinsurance
Acupuncture Services		
Acupuncture Services (Medicare-covered)[1] Services for chronic lower back pain.	**$20** copay	**50%** coinsurance
Supplemental Acupuncture Services	Not Covered	Not Covered
Additional Benefits Enjoy these extra benefits included in your plan.		
Annual Physical Exam	**$0** copay	**50%** coinsurance