



# 2024 Summary of Benefits

January 1, 2024 - December 31, 2024

**Cigna TotalCare (HMO D-SNP)  
H2108-043-001**

**Service Area:**

Kent, New Castle, and Sussex counties, **DE**



# 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 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.

## To Join

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Medicaid, and live in our service area.

## 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: 7 days a week, October – March; and Monday – Friday, April – September. 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: 7 days a week, October – March; and Monday – Friday, April – September. 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 partial Medical Assistance from the state (Medicaid). Premiums, copays, coinsurance, and deductibles may vary based on the level of Medicaid 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:

**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.

**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.

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, 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 Original Medicare covers—and more.

- › Our customers get all 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

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

| Benefit   | Cigna TotalCare (HMO D-SNP)   |
|---|---|
| <b>Monthly Plan Premium</b>   | <b>\$34.60</b> per month with SLMB, QI, and QDWI cost-share assistance<br>In addition, you must keep paying your Medicare Part B premium.   |
| <b>Medical Deductible</b>   | This plan does not have a deductible.   |
| <b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b> | Your yearly out-of-pocket limit(s) in this plan:<br><b>\$7,550</b> applies to in-network Medicare-covered benefits<br>This limit is the most you pay for copays, coinsurance, and other costs for Medicare-covered 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 SLMB, QI, and QDWI cost-share assistance   |
| <p><b>Note:</b> Services with a <sup>1</sup> may require prior authorization.<br/>           Services with a <sup>2</sup> may require a referral from your doctor.</p>   |   |
| <b>Inpatient Hospital Coverage<sup>1</sup></b>   |   |
| <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>For each Medicare-covered hospital stay, you are required to pay the applicable cost sharing, starting with Day 1, each time you are admitted.</p> | <b>\$1,500</b> copay per stay   |
| <b>Outpatient Hospital Services</b>  |   |
| Outpatient Hospital <sup>1</sup>   | <p><b>0%</b> coinsurance for any surgical procedures during a colorectal screening</p> <p><b>20%</b> coinsurance for all other outpatient services not provided in an ASC</p> |
| Outpatient Observation <sup>1</sup>  | <b>20%</b> coinsurance  |
| <b>Ambulatory Surgical Center (ASC) Services</b>   |   |
| ASC Services <sup>1</sup>  | <p><b>0%</b> coinsurance for any surgical procedures during a colorectal screening</p> <p><b>20%</b> coinsurance for all other ASC services</p>                               |
| <b>Doctor Visits</b>   |   |
| Primary Care Provider (PCP)  | <b>\$0</b> copay for primary care doctor in-person or telehealth visits   |
| Specialists <sup>1</sup>   | <b>20%</b> coinsurance  |

| Benefit  | What You Pay   |
|--|--|
|  | With SLMB, QI, and QDWI cost-share assistance  |
| <b>Preventive Care</b>   |  |
| <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 screenings and 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> <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 COVID-19, 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>EOC</i> for frequency of covered services.</p> |

| Benefit  | What You Pay  |
|--|---|
|  | With SLMB, QI, and QDWI cost-share assistance   |
| <b>Emergency Care</b>  |   |
| Emergency Care Services  | <b>\$100</b> copay<br>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   | <b>\$100</b> copay<br>Maximum worldwide coverage amount <b>\$50,000</b>   |
| <b>Urgently Needed Services</b>  |   |
| Urgent Care Services   | <b>\$55</b> copay<br>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.     |
| <b>Diagnostic Services, Labs, and Imaging</b><br>Costs for these services may vary based on place of service or type of service  |   |
| Diagnostic Procedures and Tests <sup>1</sup>   | <b>0%</b> coinsurance for EKG<br><b>20%</b> coinsurance for all other diagnostic procedures and tests   |
| Lab Services <sup>1</sup>  | <b>0%</b> coinsurance   |
| Genetic Testing <sup>1</sup>   | <b>20%</b> coinsurance  |
| Diagnostic Radiological Services (MRIs, CT scans, etc.) <sup>1</sup>   | <b>0%–20%</b> coinsurance   |
| Therapeutic Radiological Services <sup>1</sup>   | <b>20%</b> coinsurance  |
| X-ray Services   | <b>20%</b> coinsurance  |
| <b>Hearing Services</b>  |   |
| Hearing Exams (Medicare-covered)<br>Diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider. | <b>20%</b> coinsurance  |
| Routine Hearing Exams  | <b>\$0</b> copay for one routine hearing exam every year  |

| Benefit   | What You Pay   |
|---|--|
|   | With SLMB, QI, and QDWI cost-share assistance  |
| Hearing Aid Fitting/Evaluation  | <b>\$0</b> copay for one fitting/evaluation for hearing aid every year   |
| Hearing Aids  | <b>\$399–\$1,800</b> copay per device, limited to 2 devices every year. Actual cost-share will depend on hearing aid selected.                         |
| <b>Dental Services (Medicare-covered)<sup>1</sup></b>   |  |
| Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)  | <b>20%</b> coinsurance   |
| <b>Preventive and Comprehensive Dental Services (Routine)</b>   |  |
| Dental Allowance<br><br>Routine preventive and comprehensive dental services with a Cigna Dental Allowance network provider. Services obtained from providers outside this network are not covered. Benefit does not cover cosmetic services. Provider submits claim to Cigna Dental Health.<br><br>*Limitations, exclusions, and restrictions may apply. | <b>\$0</b> copay up to allowance amount  |
| Maximum Coverage Amount   | <b>\$4,000</b> combined allowance for routine preventive and comprehensive dental services every year  |
| <b>Vision Services</b>  |  |
| Eye Exams (Medicare-covered)<br><br>A separate physician cost-share may apply if additional services requiring cost-sharing are rendered (e.g., but not limited to, if a medical eye condition is discovered during a preventive routine eye exam). A facility cost-share may apply for procedures performed at an outpatient surgical center.            | <b>0%</b> coinsurance for Medicare-covered diabetic retinopathy screening<br><br><b>20%</b> coinsurance for all other Medicare-covered vision services |
| Routine Eye Exam<br><br>One routine eye exam (including eye refraction) per year. Eye refractions outside of the annual routine eye exam are not covered. Vision services must be obtained from a provider within Cigna Healthcare's <sup>SM</sup> vision vendor network to be covered.   | <b>\$0</b> copay for one routine exam every year   |



| Benefit   | What You Pay   |
|---|--|
|   | With SLMB, QI, and QDWI cost-share assistance  |
| Glaucoma Screening (Medicare-covered)   | <b>\$0</b> copay   |
| Eyewear (Medicare-covered)  | <b>\$0</b> copay   |
| Routine Eyewear <ul style="list-style-type: none"> <li>› Eyeglasses (lenses and frames)</li> <li>› Eyeglass lenses</li> <li>› Eyeglass frames</li> <li>› Contact lenses (including contact lens fitting)</li> <li>› Upgrades</li> </ul>   | <p><b>\$0</b> copay up to plan maximum coverage amount of <b>\$150</b> every year</p> <p>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.</p> |
| <b>Mental Health Services</b>   |  |
| <p>Inpatient<sup>1</sup></p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>For each Medicare-covered hospital stay, you are required to pay the applicable cost sharing, starting with Day 1, each time you are admitted.</p> | <p><b>\$350</b> copay per day for days 1-5</p> <p><b>\$0</b> copay per day for days 6-90</p>   |
| Outpatient Individual or Group Therapy Visit <sup>1</sup>   | <b>\$0</b> copay   |
| <b>Skilled Nursing Facility (SNF)<sup>1</sup></b>   |  |
| Our plan covers up to 100 days per benefit period.  | <p><b>\$0</b> copay per day for days 1-20</p> <p><b>\$203</b> copay per day for days 21-100</p>  |
| <b>Rehabilitation Services</b>  |  |
| Cardiac (Heart) Rehab Services <sup>1</sup>   | <b>20%</b> coinsurance   |
| Intensive Cardiac (Heart) Rehab Services <sup>1</sup>   | <b>20%</b> coinsurance   |
| Pulmonary Rehab Services <sup>1</sup>   | <b>20%</b> coinsurance   |
| Occupational Therapy Services <sup>1</sup>  | <b>20%</b> coinsurance   |
| Physical Therapy and Speech/Language Therapy Services   | <b>20%</b> coinsurance   |
| Physical Therapy and Speech/Language Therapy Telehealth Services  | <b>\$0</b> copay   |

| Benefit  | What You Pay   |
|--|--|
|  | With SLMB, QI, and QDWI cost-share assistance  |
| <b>Ambulance<sup>1</sup></b>   |  |
| Ground Service (one-way trip)  | 20% coinsurance  |
| Air Service (one-way trip)   | 20% coinsurance  |
| <b>Transportation (Routine)<sup>1</sup></b>  |  |
| Routine, non-emergency transportation for up to 70-mile one-way trips to and from approved health-related locations. Prior authorization is required for trips exceeding 70 miles. Customers are required to coordinate with Cigna Healthcare's vendor for routine transportation to plan-approved locations at least 48 hours in advance. Mileage restrictions may apply. See <i>EOC</i> for full details and restrictions related to this benefit. | \$0 copay for 30 one-way trips every year  |
| <b>Medicare Part B Drugs</b>   |  |
| Medicare Part B Insulin Drugs  | 0%–20% coinsurance; up to a \$35 copay   |
| Medicare Part B Chemotherapy/Radiation Drugs <sup>1</sup>  | 0%–20% coinsurance   |
| Other Medicare Part B Drugs <sup>1</sup><br>Medicare-covered Part B Drugs may be subject to step therapy requirements.   | 0%–20% coinsurance<br>This plan has Part D prescription drug coverage. See Section 4 in the <i>Summary of Benefits</i> . |
| <b>Acupuncture Services</b>  |  |
| Acupuncture Services (Medicare-covered) <sup>1</sup><br>Services for chronic lower back pain.  | 20% coinsurance  |
| Acupuncture Services (Routine)   | Not covered  |
| <b>Chiropractic Care</b>   |  |
| Chiropractic Services (Medicare-covered) <sup>1</sup>  | 20% coinsurance  |
| Routine Chiropractic Services  | Not covered  |

| Benefit   | What You Pay  |
|---|---|
|   | With SLMB, QI, and QDWI cost-share assistance   |
| <b>Fitness and Wellness Programs</b>  |   |
| The Silver&Fit® Healthy Aging and Exercise program offers the flexibility of a fitness center membership, digital fitness tools, and one home fitness kit from a variety of kit options, including a wearable fitness tracker. You can also take advantage of digital workout plans available on the program's website, get one-on-one Healthy Aging Coaching by phone, video, or chat, and enjoy many other digital resources through the Well-Being Club.         | \$0 copay   |
| <b>Foot Care (Podiatry Services)</b>  |   |
| Podiatry Services (Medicare-covered)  | 20% coinsurance   |
| Routine Podiatry Services   | \$0 copay per visit for up to 12 visits every year  |
| <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. The Health Information Line is not a substitute for calling 911. If you are experiencing a health care emergency, please call 911 or go to your nearest emergency room.<br><br>*Nurse Advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing any medical advice. | \$0 copay   |
| <b>Home-Delivered Meals</b>   |   |
|   | \$0 copay for home-delivered meals<br><br>Limited to 14 meals per discharge from a qualified hospital stay or skilled nursing facility (up to 3 stays per year). ESRD care management is limited to 56 meals once per year. |
| <b>Home Health Care<sup>1</sup></b>   |   |
| Home Health   | \$0 copay   |

| Benefit  | What You Pay   |
|--|--|
|  | With SLMB, QI, and QDWI cost-share assistance  |
| <b>Hospice</b>   |  |
| Hospice care must be provided by a Medicare-certified hospice program.<br><br>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.  | <b>\$0</b> copay   |
| <b>Medical Equipment and Supplies</b>  |  |
| Durable Medical Equipment (wheelchairs, oxygen, etc.) <sup>1</sup>   | <b>20%</b> coinsurance   |
| Prosthetic Devices (braces, artificial limbs, etc.) <sup>1</sup>   | <b>20%</b> coinsurance   |
| Medical Supplies <sup>1</sup>  | <b>20%</b> coinsurance   |
| Diabetic Services and Supplies<br>Brand limitations apply to certain supplies.<br>Blood sugar monitor/continuous glucose monitor (CGM) preferred brands include:<br><ul style="list-style-type: none"> <li>➤ Abbott Diabetes Care: FreeStyle Lite, FreeStyle Freedom Lite, FreeStyle Precision Neo, FreeStyle Libre 2 (CGM), and FreeStyle Libre 14-Day (CGM)</li> <li>➤ Life Scan Diabetes Care: OneTouch Ultra 2, OneTouch Verio Flex, and OneTouch Verio Reflect</li> <li>➤ Dexcom: Dexcom G6 (CGM), Dexcom G7 (CGM)</li> </ul> | <b>\$0</b> copay for diabetes self-management training<br><b>20%</b> coinsurance for therapeutic shoes or inserts <sup>1</sup><br><b>\$0</b> copay for diabetic monitoring supplies <sup>1</sup> |
| <b>Opioid Treatment Services<sup>1</sup></b>   |  |
| FDA-approved treatment medications in addition to testing, counseling, and therapy.  | <b>20%</b> coinsurance   |
| <b>Outpatient Substance Abuse<sup>1</sup></b>  |  |
| Individual or Group Therapy Visit  | <b>20%</b> coinsurance   |
| <b>Over-the-Counter (OTC) Allowance</b>  |  |
| Allowance for covered OTC drugs and other health-related pharmacy products   | <b>\$150</b> every 3 months  |

| Benefit  | What You Pay  |
|--|---|
|  | With SLMB, QI, and QDWI cost-share assistance   |
| <b>Telehealth Services (Medicare-covered)</b>  |   |
| For non-emergency urgent care, talk with a telehealth doctor via smart phone, computer, or tablet for care, including allergies, cough, headache, sore throat, and other minor illnesses. Benefit also includes telehealth mental health therapy and dermatology services.   | <p><b>\$0</b> copay for non-emergency urgent care virtual visits</p> <p><b>\$0</b> copay for mental health therapy virtual visits<sup>1</sup></p> <p><b>20%</b> coinsurance for dermatology care virtual visits<sup>1</sup></p> |
| <b>Extra Benefits Included in Your Plan</b>  |   |
| With SLMB, QI, and QDWI cost-share assistance  |   |
| <b>Annual Physical Exam</b>  | <b>\$0</b> copay  |
| <p><b>Cigna Healthy Today Card</b></p> <p>Use your pre-loaded Cigna Healthy Today card for easy access to incentives, rewards, and select benefits* that may be part of your plan.</p> <p>*Benefits, coverage, and amounts vary by plan. Limitations, exclusions, and restrictions may apply.</p>  | <p>Based on your plan's allowance and frequency amounts, funds will be loaded on your Cigna Healthy Today card automatically.</p> <p>Allowance amounts do not carry over to the next quarter or the following year.</p>         |
| <p><b>Cigna Medicare Advantage Incentives</b></p> <p>With the Cigna Medicare Advantage incentives program, you can earn money for completing certain healthy activities. 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.</p>                                 | You can earn up to <b>\$100</b> , which is loaded on your Cigna Healthy Today card, for completing certain healthy activities.  |
| <p><b>Healthy Grocery and Utility Services Allowance</b></p> <p>A quarterly allowance that helps pay for healthy groceries and/or utility services. The allowance can be used to purchase healthy groceries such as dairy products, meats, bread/grains, fresh/canned fruits, and vegetables in store, at participating retailers. Or it can be used to help pay utility bills such as, gas, electric, water and more.</p> | <p><b>\$50</b> quarterly allowance</p> <p>The healthy grocery and utility services allowance amount will automatically be applied to your Cigna Healthy Today card each quarter.</p>  |

## Extra Benefits Included in Your Plan

|   | With SLMB, QI, and QDWI cost-share assistance                                       |
|---|---|
| <p><b>Part D Cost-Sharing Reduction</b></p> <p>If you receive the Low Income Subsidy (LIS), regardless of your income and institutional status, you pay a <b>\$0</b> copay for any covered Part D drug throughout all coverage phases. You may get your drugs at network retail pharmacies and mail order pharmacies.</p> | <p><b>\$0</b> copay for all covered Part D drugs throughout all coverage phases</p> |

# 4 | Prescription Drug Benefits

## Medicare Part D Drugs

### Pharmacy (Part D) Deductible

**\$0** deductible for those who qualify for *Extra Help*.

**\$545** is the standard Part D deductible for 2024.

### Initial Coverage

Most of our customers 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 preferred or standard network retail pharmacies and preferred 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:

## **Delaware Health & Social Services**

**1-302-255-9500 or 1-800-372-2022**

[www.dhss.delaware.gov/dhss/dmma/](http://www.dhss.delaware.gov/dhss/dmma/)

If offered in Delaware, 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.

- › Dental Care (up to age 21)
- › Doctor Visits
- › Home Health Care
- › Hospice Care
- › Inpatient and Outpatient Hospital Care
- › Lab Tests
- › Medical Equipment and Supplies
- › Medical Transportation services
- › Prescriptions
- › X-rays

All Medicaid-covered services are subject to change at any time. For the most current Delaware Medicaid coverage information, please visit the Delaware Medicaid website at [www.dhss.delaware.gov/dhss/dmma/](http://www.dhss.delaware.gov/dhss/dmma/), or call the Medicaid Hotline at 1-302-255-9500 or 1-800-372-2022.



Select benefits may not be available in all service areas without a monthly premium. Some plans may include these benefits under the monthly premium. Benefits, features, and/or devices vary by plan/service area. Limitations, exclusions, and restrictions may apply. Contact the plan for more information.

Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. Individuals may enroll in a plan only during specific times of the year and must have Medicare Parts A and B.

Cigna TotalCare plans are available to anyone who has Medicare and partial Medical Assistance from the state (Medicaid). Cigna TotalCare Plus plans are available to anyone who has Medicare and full Medical Assistance from the state (Medicaid). Premiums, copays, coinsurance, and deductibles may vary based on the level of Medicaid and *Extra Help* you receive. Contact the plan for the availability of these services.

Out-of-network/non-contracted providers are under no obligation to treat plan 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.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group. The Cigna names, logos, and marks, including THE CIGNA GROUP and CIGNA HEALTHCARE, are owned by Cigna Intellectual Property, Inc.

To file a marketing complaint, contact Cigna Healthcare at the Customer Service number below or call **I-800-MEDICARE** (24 hours a day/7 days a week). Please include the agent/broker name if possible.

Subsidiaries of The Cigna Group contract with Medicare to offer Medicare Advantage HMO and PPO plans and Part D Prescription Drug Plans (PDPs) in select states and with select state Medicaid programs. Enrollment in a Cigna Healthcare product depends on contract renewal.

You must live in the plan's service area to enroll in a Cigna Healthcare Medicare Advantage plan. Prior authorization and/or referrals are required for certain services. This information is not a complete description of benefits. Benefits vary by plan.

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

