

**2016 Cigna-HealthSpring-Phoenix Area
Medicare Advantage Employer Group Benefits**

Location	Phoenix	Phoenix	Phoenix
Plan Name	4153 - Cigna Companies (M3)	4178 - City of New York (M3)	4100-Honeywell (M4)
PBP	804	804	804
Account Numbers	4153	4178	4100
Medical Premium	Not Available	Not Available	Not Available
Out of Pocket Max (#)	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits
1 Inpatient Hospital			
General Hospital inpatient admission – In or out-of-area (unlimited days) Note: Unlimited Days for general hospital stays (except-190 lifetime days for admissions into a psychiatric hospital-see below)	\$150/day, days 1-7 \$0/day for days 8 and beyond	\$150/day, days 1-7 \$0/day for days 8 and beyond	\$0/admission
Psychiatric Hospital (190 lifetime days limit) -includes stays in the psych wing of an acute hospital -includes inpatient substance abuse treatment (Lifetime days limit does not apply to mental health/substance abuse stays in a psych wing of an acute hospital.) Mental Health/Substance Abuse stay in Psych wing of acute hospital (Lifetime days limit does not apply to stays in a psych wing of an acute hospital.)	\$155/day: days 1-8 \$0/day: days 9 and beyond 190 Days Lifetime Maximum	\$155/day: days 1-8 \$0/day: days 9 and beyond 190 Days Lifetime Maximum	\$0/admission 190 Days Lifetime Maximum
2 Inpatient Skilled Nursing Facility			
SNF Stay – days 1-20 (3 days prior hospitalization stay waived)	\$0	\$0	\$0
SNF Stay – days 21 - 100	\$0	\$0	\$0
Days covered per benefit period	100	100	100
3 Cardiac and Pulmonary Rehab Includes Intensive Rehab Services	\$30	\$30	\$12
4 Emergency/Urgent Care			
Emergency Room-Copay waived if admitted within 24 hours	\$75	\$75	\$75
Urgent Care – CMG, contracted in-area, non-contracted ooa. Copay waived if admitted within 24 hours	\$25	\$25	\$25
World-wide Emergency and Urgently Needed coverage	Yes - \$75	Yes - \$75	Yes - \$75
5 Partial Hospitalization -copay applies to individual or group sessions -includes intensive outpatient mental health treatment- auth required	\$30	\$30	\$12
6 Home Health Care	\$0	\$0	\$0
6a Hospice Care	Any Medicare Certified Hospice	Any Medicare Certified Hospice	Any Medicare Certified Hospice
7 Health Care Professional Services			
PCP – including nurse and medical technician visits	\$0	\$0	\$0



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Out of Pocket Max (#)	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits
Chiropractor-Medicare	\$20	\$20	\$12
Chiropractor-Routine	\$20	\$20	\$12
Chiropractor-Routine # of visit	12	12	12
Occupational Therapy	\$30	\$30	\$12
Specialty Office Visits – including nurse and medical technician of specialists	\$30	\$30	\$12
Specialty Visits in an Inpatient Setting	\$0	\$0	\$0
Specialty Services Performed in an Outpatient Facility Setting	\$0	\$0	\$0
Mental Health Visits (copay applies to individual or group sessions) (includes intensive outpatient mental health treatment-auth required)	\$30	\$30	\$12
Podiatry (Medicare Covered)	\$30	\$30	\$12
Routine Podiatry	\$30	\$30	\$12
Other Health Care providers (Physician Assistants, Nurse Practitioners, etc..)	In PCP office - \$0 In Specialist office - \$30	In PCP office - \$0 In Specialist office - \$30	In PCP office - \$0 In Specialist office - \$12
Chemotherapy visits	\$30	\$30	\$12
Psychiatrists (copay applies to individual or group sessions)	\$30	\$30	\$12
Psychologists - (copay applies to individual or group sessions) (includes intensive outpatient mental health treatment-auth required)	\$30	\$30	\$12
Physical and Speech Therapy	\$30	\$30	\$12
Allergy Treatment and Injections	\$30	\$30	\$12
8 Outpatient Clinical/Diagnostic/ Therapeutic Radiological Lab Services			
Laboratory Services (separate office visit copay may apply)	\$0	\$0	\$0
Flat plate x-rays (separate office visit copay may apply)	\$0	\$0	\$0
EKG, ECG, Oximetry (separate office visit copay may apply)	\$0	\$0	\$0
Blood Gas (separate office visit copay may apply)	\$0	\$0	\$0
Pulmonary Function (separate office visit copay may apply)	\$0	\$0	\$0
Holter Monitor (separate office visit copay may apply)	\$0	\$0	\$0
Pacemaker Checks and Programming	\$0	\$0	\$0
Threshold Checks	\$0	\$0	\$0



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Ultrasound and other radiological visits (separate office visit copay may apply)	\$0	\$0	\$0
Non-Cardiac Nuclear Studies and Imaging (separate office visit copay may apply)	\$0	\$0	\$0
Cardiac Nuclear Studies and Imaging (separate office visit copay may apply)	\$30	\$30	\$12
Routine Stress Test (separate office visit copay may apply)	\$0	\$0	\$12
Radiation Therapy (separate office visit copay may apply)	\$0	\$0	\$12
MRI, MRA, PET, and CT Scans	CMG - \$100 ASC/HospOP - \$150	CMG-\$100 nonCMG-\$150	CMG - \$100 ASC/HospOP - \$150
9 Outpatient Hospital/ASC Services			
Hospital Outpatient Non-Surgical Visits (including observation stays)	\$30	\$30	\$12
Hospital Outpatient Surgical Visits	\$100	\$100	\$12
Outpatient Surgery at CMG Centers	\$50	\$50	\$12
Free Standing ASC	\$100	\$100	\$12
Outpatient Substance Abuse -copay applies to individual or group sessions -includes intensive outpatient treatment-auth required	\$30	\$30	\$12
Outpatient Blood	\$0	\$0	\$0
10 Ambulance/Transportation Services			
Ambulance-emergency	\$200/trip	\$200/trip	\$0
Ambulance-non-emergency (Medicare covered)	\$200/trip	\$200/trip	\$0
Routine Transportation	not covered	not covered	not covered
Copay for Routine Transportation	NA	NA	NA
11 DME, Prosthetics, Medical and Diabetes Monitoring Supplies			
Durable Medical Equipment	POV, scooters, power wheelchairs, air fluidized beds - \$100 all other DME-\$0	POV, scooters, power wheelchairs, air fluidized beds - \$100 all other DME-\$0	\$0
Prosthetics (including ostomy supplies)	\$0	\$0	\$0
Medical Supplies	\$0	\$0	\$0
Home Glucose Monitor	\$0	\$0	\$0
Diabetic Supplies (Part B Supplies-lancets, test strips, glucose solution)	\$0/30 days/item	\$0/30 days/item	\$0/30 days/item
Insulin supplies (syringes, alcohol swabs, etc.) are covered under the member's Part D benefit	Applicable Part D copayment applies	Applicable Part D copayment applies	Applicable Part D copayment applies



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Medicare-covered Diabetic Therapeutic Shoes/Inserts	\$0	\$0	\$0
12 Renal Dialysis			
Renal Dialysis: In-Area (contracted) or Out of Area	\$30	\$30	\$12
13 Other Supplemental			
14a Preventive Services-Medicare Covered \$0 Cost Share Preventive Services			
Abdominal Aortic Aneurysm screening*	\$0	\$0	\$0
Bone Mass Measurements-Screening Peripheral/Axial DEXASCANS-CMG & Contracted (separate office visit copay may apply)	\$0	\$0	\$0
Cardiovascular Screening*	\$0	\$0	\$0
Cervical and Vaginal Cancer Screenings (Routine Pap and Pelvic Exams)	\$0	\$0	\$0
Colorectal Screenings:			
Fecal Occult Blood Test*	\$0	\$0	\$0
Flexible Sigmoidoscopy*	\$0	\$0	\$0
Colonoscopy *	\$0	\$0	\$0
Barium Enema *	\$0	\$0	\$0
Diabetes Screening*	\$0	\$0	\$0
Glaucoma Screening *	\$0	\$0	\$0
Influenza Vaccine	\$0	\$0	\$0
Hepatitis B Vaccine	\$0	\$0	\$0
HIV Screening*	\$0	\$0	\$0
Mammography-Screening*	\$0	\$0	\$0
Medical Nutritional Therapy (MNT): one-on-one counseling session nutritionist or diabetic educator.	\$0	\$0	\$0
Annual Physical Exam	\$0	\$0	\$0
Pneumococcal Vaccine	\$0	\$0	\$0
Prostate Cancer Screenings *	\$0	\$0	\$0
Smoking Cessation*	\$0	\$0	\$0
Welcome to Medicare Physical Exam (IPPE)	\$0	\$0	\$0
Annual Wellness Visit	\$0	\$0	\$0
Screening and behavioral counseling interventions in primary care to reduce alcohol misuse	\$0	\$0	\$0
Screening for depression in adults	\$0	\$0	\$0



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Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs	\$0	\$0	\$0
Intensive behavioral therapy for cardiovascular disease	\$0	\$0	\$0
Intensive behavioral therapy for obesity	\$0	\$0	\$0
Colorectal Diagnostic:			
Fecal Occult Blood Test (separate office visit copay may apply)	\$0 PCP/\$30 Spec	\$0 PCP/\$30 Spec	\$0 PCP /\$12 Spec
Flexible Sigmoidoscopy	\$50-CMG \$100-nonCMG	\$50-CMG \$100-nonCMG	\$12
Colonoscopy	\$50-CMG \$100-nonCMG	\$50-CMG \$100-nonCMG	\$12
Barium Enema	\$0	\$0	\$0
Bone Mass Measurements Diagnostic:			
Diagnostic Peripheral/Axial Dexascans- (separate office visit copay may apply)	\$0	\$0	\$0
14c Supplemental Education/Wellness Programs			
Health Education (must obtain from CMG)	\$0	\$0	\$0
Nutritional Dietary Benefit (must obtain from CMG)	\$0	\$0	\$0
Additional Medical Nutritional Therapy: one-on-one counseling session nutritionist or diabetic educator (available to all members.) (must obtain from CMG)	\$0	\$0	\$0
Health Club Reimbursement (up to \$200 per year) (Golden Vitality)	\$0	\$0	\$0
24 Hour Health Information Line	\$0	\$0	\$0
14d Kidney Disease Education	\$0	\$0	\$0
14e Diabetes Self Management Training	\$0	\$0	\$0
15 Prescription Drugs – Part B			
Part B Drugs Including Chemotherapy Drugs and Office Injectables (office visit copays may apply for drugs administered in an office setting)	Flu and Pneumonia shots - \$0 Hepatitis B shots - \$0 Oral Part B Drugs - 20% Chemotherapy drugs-\$0 Office Injectables-\$0 SVN Meds-\$0 All Other Part B-\$0	Flu and Pneumonia shots - \$0 Hepatitis B shots - \$0 Oral Part B Drugs - 20% Chemotherapy drugs-\$0 Office Injectables-\$0 SVN Meds-\$0 All Other Part B-\$0	Flu and Pneumonia shots - \$0 Hepatitis B shots - \$0 Oral Part B Drugs - 20% Chemotherapy drugs-\$0 Office Injectables-\$0 SVN Meds-\$0 All Other Part B-\$0
Part C Home Infusion Services	\$0	\$0	\$0
16 Medically Needed (Medicare-Covered) Dental	\$30	\$30	\$12
16a Dental – K1-V9	Not Covered	Not Covered	Included



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Office Copay (includes the following services)	Not Covered	Not Covered	\$5
Oral Exam	Not Covered	Not Covered	\$0
Cleanings	Not Covered	Not Covered	\$0
Dental X-rays	Not Covered	Not Covered	\$0
	NA	NA	See K1-V9 for list of comprehensive dental procedures
17 Eye Exams/Eye Wear			
Routine Eye Exam	\$0	\$0	\$0
Medically Needed (Medicare-Covered) Eye Exam	\$30	\$30	\$12
Frequency of Routine Vision Exam	annual	annual	annual
Copay for Medicare covered Prescription lenses	\$0	\$0	\$0
Routine Eyewear (Eyeglasses and Contact lenses)	Contact Lenses: 1 every year Eye Glasses (Lenses and Frames): 1 every year Upgrades	Contact Lenses: 1 every year Eye Glasses (Lenses and Frames): 1 every year Upgrades	Contact Lenses: 1 every year Eye Glasses (Lenses and Frames): 1 every year Upgrades
Max Coverage Amount for Routine Eye Wear Coverage	\$50 allowance	\$50 allowance	\$50 allowance
18 Hearing/Aids			
Routine Hearing Exams	\$0	\$0	\$0
Medically Needed (Medicare-Covered) Exams	\$30	\$30	\$12
Hearing Aids Allowance per aid per year	\$200	\$200	\$200
Fitting/Evaluation for Hearing Aids	\$0	\$0	\$0
Maximum Coverage for Hearing Aids	\$200 per hearing aid	\$200 per hearing aid	\$200 per hearing aid
19 Prescription Drugs – Part D	Rx Option 1	Rx Option 3	Rx Option 3
Part D Premium	Not Available	Not Available	Not Available
Initial Coverage Limit	3310	3310	3310
True-Out-of-Pocket Threshold	4850	4850	4850
Deductible	0	0	0
Tier 1 - Preferred Generic Retail 30-days/Retail 60-days/Retail 90-days/Mail Order 90-days	\$0/\$0/\$0/\$0	\$0/\$0/\$0/\$0	\$0/\$0/\$0/\$0
Tier 2 - Generic Retail 30-days/Retail 60-days/Retail 90-days/Mail Order 90-days	\$15/\$30/\$45/\$45	\$5/\$10/\$15/\$15	\$5/\$10/\$15/\$15
Tier 3 - Preferred Brand Retail 30-days/Retail 60-days/Retail 90-days/Mail Order 90-days	\$45/\$90/\$135/\$135	\$30/\$60/\$90/\$90	\$30/\$60/\$90/\$90



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Tier 4 - Non-Preferred Brand Retail 30-days/Retail 60-days/Retail 90-days/Mail Order 90-days	\$100/\$200/\$300/\$300	\$30/\$60/\$90/\$90	\$30/\$60/\$90/\$90
Tier 5 - Specialty Retail 30-days/Retail 60-days/Retail 90-days/Mail Order 90-days	33%	\$30/\$60/\$90/\$90	\$30/\$60/\$90/\$90
Out of Network Pharmacy (30-day supply only)			
Coverage in the Gap	Not Covered	Full Coverage Through the Gap for All Tiers	Full Coverage Through the Gap for All Tiers
Prior auth required for certain drugs	Yes	Yes	Yes
Step Therapy required for certain drugs	Yes	Yes	Yes
Quantity Limits on Certain Drugs	Yes	Yes	Yes
Access to some drugs are limited to certain pharmacies	Yes	Yes	Yes

* Preventive services covered under Medicare will have a zero office visit cost share if the only service being performed during the office visit is the preventive service. If the preventive service is performed in conjunction with other services in the same office visit, then the applicable office visit copayment may be charged. Also, the office visit copay may be charged for these services that are diagnostic in nature (if applicable).

(#) Copays/Coinsurance incurred by customers for covered benefits shown on this chart apply to the out-of-pocket maximum. Cost incurred for non-covered services are not covered. For example, if a customer exhausts the SNF days and continues to remain in the facility, costs incurred by the member for non-covered days in the SNF do not apply to the OOP maximum. Also, Part D copays apply to the Part D out-of-pocket limit (TrOOP).

Separate Office Visit will apply if diagnostic services provided in conjunction with an office visit. Office visit copay will not apply if no office visit was incurred.

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Location	Phoenix	Phoenix	Phoenix
Plan Name	4108-Salt River Project (M4)	4185-Viad (M4)	4225-Lockheed
PBP	804	804	804
Account Numbers	4108	4185	4225
Medical Premium	Not Available	Not Available	Not Available
Out of Pocket Max (#)	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits
1 Inpatient Hospital			
General Hospital inpatient admission – In or out-of-area (unlimited days) Note: Unlimited Days for general hospital stays (except-190 lifetime days for admissions into a psychiatric hospital-see below)	\$0/admission	\$0/admission	\$250 Per day up to \$1,000 Max per Confinement
Psychiatric Hospital (190 lifetime days limit) -includes stays in the psych wing of an acute hospital -includes inpatient substance abuse treatment (Lifetime days limit does not apply to mental health/substance abuse stays in a psych wing of an acute hospital.) Mental Health/Substance Abuse stay in Psych wing of acute hospital (Lifetime days limit does not apply to stays in a psych wing of an acute hospital.)	\$0/admission 190 Days Lifetime Maximum	\$0/admission 190 Days Lifetime Maximum	\$250 Per day up to \$1,000 Max per Confinement 190 Days Lifetime Maximum
2 Inpatient Skilled Nursing Facility			
SNF Stay – days 1-20 (3 days prior hospitalization stay waived)	\$0	\$0	\$0
SNF Stay – days 21 - 100	\$0	\$0	\$0
Days covered per benefit period	100	100	100
3 Cardiac and Pulmonary Rehab Includes Intensive Rehab Services	\$12	\$12	\$12
4 Emergency/Urgent Care			
Emergency Room-Copay waived if admitted within 24 hours	\$75	\$75	\$75
Urgent Care – CMG, contracted in-area, non-contracted ooa. Copay waived if admitted within 24 hours	\$25	\$25	\$25
World-wide Emergency and Urgently Needed coverage	Yes - \$75	Yes - \$75	Yes - \$75
5 Partial Hospitalization -copay applies to individual or group sessions -includes intensive outpatient mental health treatment- auth required	\$12	\$12	\$12
6 Home Health Care	\$0	\$0	\$0
6a Hospice Care	Any Medicare Certified Hospice	Any Medicare Certified Hospice	Any Medicare Certified Hospice
7 Health Care Professional Services			
PCP – including nurse and medical technician visits	\$0	\$0	\$0



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Out of Pocket Max (#)	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits
Chiropractor-Medicare	\$12	\$12	\$12
Chiropractor-Routine	\$12	\$12	\$12
Chiropractor-Routine # of visit	12	12	12
Occupational Therapy	\$12	\$12	\$12
Specialty Office Visits – including nurse and medical technician of specialists	\$12	\$12	\$12
Specialty Visits in an Inpatient Setting	\$0	\$0	\$0
Specialty Services Performed in an Outpatient Facility Setting	\$0	\$0	new
Mental Health Visits (copay applies to individual or group sessions) (includes intensive outpatient mental health treatment-auth required)	\$12	\$12	\$12
Podiatry (Medicare Covered)	\$12	\$12	\$12
Routine Podiatry	\$12	\$12	\$12
Other Health Care providers (Physician Assistants, Nurse Practitioners, etc.)	In PCP office - \$0 In Specialist office - \$12	In PCP office - \$0 In Specialist office - \$12	In PCP office - \$0 In Specialist office - \$12
Chemotherapy visits	\$12	\$12	\$12
Psychiatrists (copay applies to individual or group sessions)	\$12	\$12	\$12
Psychologists - (copay applies to individual or group sessions) (includes intensive outpatient mental health treatment-auth required)	\$12	\$12	\$12
Physical and Speech Therapy	\$12	\$12	\$12
Allergy Treatment and Injections	\$12	\$12	\$12
8 Outpatient Clinical/Diagnostic/ Therapeutic Radiological Lab Services			
Laboratory Services (separate office visit copay may apply)	\$0	\$0	\$0
Flat plate x-rays (separate office visit copay may apply)	\$0	\$0	\$0
EKG, ECG, Oximetry (separate office visit copay may apply)	\$0	\$0	\$0
Blood Gas (separate office visit copay may apply)	\$0	\$0	\$0
Pulmonary Function (separate office visit copay may apply)	\$0	\$0	\$0
Holter Monitor (separate office visit copay may apply)	\$0	\$0	\$0
Pacemaker Checks and Programming	\$0	\$0	\$0
Threshold Checks	\$0	\$0	\$0



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Ultrasound and other radiological visits (separate office visit copay may apply)	\$0	\$0	\$0
Non-Cardiac Nuclear Studies and Imaging (separate office visit copay may apply)	\$0	\$0	\$0
Cardiac Nuclear Studies and Imaging (separate office visit copay may apply)	\$12	\$12	\$0
Routine Stress Test (separate office visit copay may apply)	\$12	\$12	\$12
Radiation Therapy (separate office visit copay may apply)	\$12	\$12	\$12
MRI, MRA, PET, and CT Scans	CMG - \$100 ASC/HospOP - \$150	CMG - \$100 ASC/HospOP - \$150	CMG - \$0 ASC/HospOP - \$150
9 Outpatient Hospital/ASC Services			
Hospital Outpatient Non-Surgical Visits (including observation stays)	\$12	\$12	\$12
Hospital Outpatient Surgical Visits	\$12	\$12	\$12
Outpatient Surgery at CMG Centers	\$12	\$12	\$12
Free Standing ASC	\$12	\$12	\$12
Outpatient Substance Abuse -copay applies to individual or group sessions -includes intensive outpatient treatment-auth required	\$12	\$12	\$12
Outpatient Blood	\$0	\$0	\$0
10 Ambulance/Transportation Services			
Ambulance-emergency	\$0	\$0	\$0
Ambulance-non-emergency (Medicare covered)	\$0	\$0	\$0
Routine Transportation	not covered	not covered	not covered
Copay for Routine Transportation	NA	NA	NA
11 DME, Prosthetics, Medical and Diabetes Monitoring Supplies			
Durable Medical Equipment	\$0	\$0	\$0
Prosthetics (including ostomy supplies)	\$0	\$0	\$0
Medical Supplies	\$0	\$0	\$0
Home Glucose Monitor	\$0	\$0	\$0
Diabetic Supplies (Part B Supplies-lancets, test strips, glucose solution)	\$0/30 days/item	\$0/30 days/item	\$0/30 days/item
Insulin supplies (syringes, alcohol swabs, etc.) are covered under the member's Part D benefit	Applicable Part D copayment applies	Applicable Part D copayment applies	Applicable Part D copayment applies



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Medicare-covered Diabetic Therapeutic Shoes/Inserts	\$0	\$0	\$0
12 Renal Dialysis			
Renal Dialysis: In-Area (contracted) or Out of Area	\$12	\$12	\$12
13 Other Supplemental			
14a Preventive Services-Medicare Covered \$0 Cost Share Preventive Services			
Abdominal Aortic Aneurysm screening*	\$0	\$0	\$0
Bone Mass Measurements-Screening Peripheral/Axial DEXASCANS-CMG & Contracted (separate office visit copay may apply)	\$0	\$0	\$0
Cardiovascular Screening*	\$0	\$0	\$0
Cervical and Vaginal Cancer Screenings (Routine Pap and Pelvic Exams)	\$0	\$0	\$0
Colorectal Screenings:			
Fecal Occult Blood Test*	\$0	\$0	\$0
Flexible Sigmoidoscopy*	\$0	\$0	\$0
Colonoscopy *	\$0	\$0	\$0
Barium Enema *	\$0	\$0	\$0
Diabetes Screening*	\$0	\$0	\$0
Glaucoma Screening *	\$0	\$0	\$0
Influenza Vaccine	\$0	\$0	\$0
Hepatitis B Vaccine	\$0	\$0	\$0
HIV Screening*	\$0	\$0	\$0
Mammography-Screening*	\$0	\$0	\$0
Medical Nutritional Therapy (MNT): one-on-one counseling session nutritionist or diabetic educator.	\$0	\$0	\$0
Annual Physical Exam	\$0	\$0	\$0
Pneumococcal Vaccine	\$0	\$0	\$0
Prostate Cancer Screenings *	\$0	\$0	\$0
Smoking Cessation*	\$0	\$0	\$0
Welcome to Medicare Physical Exam (IPPE)	\$0	\$0	\$0
Annual Wellness Visit	\$0	\$0	\$0
Screening and behavioral counseling interventions in primary care to reduce alcohol misuse	\$0	\$0	\$0
Screening for depression in adults	\$0	\$0	\$0



**2016 Cigna-HealthSpring-Phoenix Area
Medicare Advantage Employer Group Benefits**

Location	Phoenix	Phoenix	Phoenix
Plan Name	4108-Salt River Project (M4)	4185-Viad (M4)	4225-Lockheed
PBP	804	804	804
Account Numbers	4108	4185	4225
Medical Premium	Not Available	Not Available	Not Available
Out of Pocket Max (#)	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits
Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs	\$0	\$0	\$0
Intensive behavioral therapy for cardiovascular disease	\$0	\$0	\$0
Intensive behavioral therapy for obesity	\$0	\$0	\$0
Colorectal Diagnostic:			
Fecal Occult Blood Test (separate office visit copay may apply)	\$0 PCP /\$12 Spec	\$0 PCP /\$12 Spec	\$0(PCP)/\$12 Spec
Flexible Sigmoidoscopy	\$12	\$12	\$12
Colonoscopy	\$12	\$12	\$12
Barium Enema	\$0	\$0	\$0
Bone Mass Measurements Diagnostic:			
Diagnostic Peripheral/Axial Dexascans- (separate office visit copay may apply)	\$0	\$0	\$0
14c Supplemental Education/Wellness Programs			
Health Education (must obtain from CMG)	\$0	\$0	\$0
Nutritional Dietary Benefit (must obtain from CMG)	\$0	\$0	\$0
Additional Medical Nutritional Therapy: one-on-one counseling session nutritionist or diabetic educator (available to all members.) (must obtain from CMG)	\$0	\$0	\$0
Health Club Reimbursement (up to \$200 per year) (Golden Vitality)	\$0	\$0	\$0
24 Hour Health Information Line	\$0	\$0	\$0
14d Kidney Disease Education	\$0	\$0	\$0
14e Diabetes Self Management Training	\$0	\$0	\$0
15 Prescription Drugs – Part B			
Part B Drugs Including Chemotherapy Drugs and Office Injectables (office visit copays may apply for drugs administered in an office setting)	Flu and Pneumonia shots - \$0 Hepatitis B shots - \$0 Oral Part B Drugs - 20% Chemotherapy drugs-\$0 Office Injectables-\$0 SVN Meds-\$0 All Other Part B-\$0	Flu and Pneumonia shots - \$0 Hepatitis B shots - \$0 Oral Part B Drugs - 20% Chemotherapy drugs-\$0 Office Injectables-\$0 SVN Meds-\$0 All Other Part B-\$0	Flu and Pneumonia shots - \$0 Hepatitis B shots - \$0 Oral Part B Drugs - 20% Chemotherapy drugs-\$0 Office Injectables-\$0 SVN Meds-\$0 All Other Part B-\$0
Part C Home Infusion Services	\$0	\$0	\$0
16 Medically Needed (Medicare-Covered) Dental	\$12	\$12	\$12
16a Dental – K1-V9	Not Covered	Not Covered	Not Covered



**2016 Cigna-HealthSpring-Phoenix Area
Medicare Advantage Employer Group Benefits**

Location	Phoenix	Phoenix	Phoenix
Plan Name	4108-Salt River Project (M4)	4185-Viad (M4)	4225-Lockheed
PBP	804	804	804
Account Numbers	4108	4185	4225
Medical Premium	Not Available	Not Available	Not Available
Out of Pocket Max (#)	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits
Office Copay (includes the following services)	Not Covered	Not Covered	Not Covered
Oral Exam	Not Covered	Not Covered	Not Covered
Cleanings	Not Covered	Not Covered	Not Covered
Dental X-rays	Not Covered	Not Covered	Not Covered
	NA	NA	NA
17 Eye Exams/Eye Wear			
Routine Eye Exam	\$0	\$0	\$0
Medically Needed (Medicare-Covered) Eye Exam	\$12	\$12	\$12
Frequency of Routine Vision Exam	annual	annual	annual
Copay for Medicare covered Prescription lenses	\$0	\$0	\$0
Routine Eyewear (Eyeglasses and Contact lenses)	Contact Lenses: 1 every year Eye Glasses (Lenses and Frames): 1 every year Upgrades	Contact Lenses: 1 every year Eye Glasses (Lenses and Frames): 1 every year Upgrades	Contact Lenses: 1 every year Eye Glasses (Lenses and Frames): 1 every year Upgrades
Max Coverage Amount for Routine Eye Wear Coverage	\$50 allowance	\$50 allowance	\$50 allowance
18 Hearing/Aids			
Routine Hearing Exams	\$0	\$0	\$0
Medically Needed (Medicare-Covered) Exams	\$12	\$12	\$12
Hearing Aids Allowance per aid per year	\$200	\$200	\$200
Fitting/Evaluation for Hearing Aids	\$0	\$0	\$0
Maximum Coverage for Hearing Aids	\$200 per hearing aid	\$200 per hearing aid	\$200 per hearing aid
19 Prescription Drugs – Part D	Rx Option 2	Rx Option 2	Rx Non-Standard
Part D Premium	Not Available	Not Available	Not Available
Initial Coverage Limit	3310	3310	3310
True-Out-of-Pocket Threshold	4850	4850	4850
Deductible	0	0	0
Tier 1 - Preferred Generic Retail 30-days/Retail 60-days/Retail 90-days/Mail Order 90-days	\$0/\$0/\$0/\$0	\$0/\$0/\$0/\$0	\$3/\$6/\$9/\$9
Tier 2 - Generic Retail 30-days/Retail 60-days/Retail 90-days/Mail Order 90-days	\$10/\$20/\$30/\$30	\$10/\$20/\$30/\$30	\$10/\$20/\$30/\$30
Tier 3 - Preferred Brand Retail 30-days/Retail 60-days/Retail 90-days/Mail Order 90-days	\$45/\$90/\$135/\$135	\$45/\$90/\$135/\$135	\$30/\$60/\$90/\$90



**2016 Cigna-HealthSpring-Phoenix Area
Medicare Advantage Employer Group Benefits**

Location	Phoenix	Phoenix	Phoenix
Plan Name	4108-Salt River Project (M4)	4185-Viad (M4)	4225-Lockheed
PBP	804	804	804
Account Numbers	4108	4185	4225
Medical Premium	Not Available	Not Available	Not Available
Out of Pocket Max (#)	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits
Tier 4 - Non-Preferred Brand Retail 30-days/Retail 60-days/Retail 90-days/Mail Order 90-days	\$95/\$190/\$285/\$285	\$95/\$190/\$285/\$285	\$30/\$60/\$90/\$90
Tier 5 - Specialty Retail 30-days/Retail 60-days/Retail 90-days/Mail Order 90-days	33%	33%	\$30/\$60/\$90/\$90
Out of Network Pharmacy (30-day supply only)			
Coverage in the Gap	Full Coverage Through the Gap for All Tiers	Full Coverage Through the Gap for All Tiers	Full Coverage Through the Gap for All Tiers
Prior auth required for certain drugs	Yes	Yes	Yes
Step Therapy required for certain drugs	Yes	Yes	Yes
Quantity Limits on Certain Drugs	Yes	Yes	Yes
Access to some drugs are limited to certain pharmacies	Yes	Yes	Yes

* Preventive services covered under Medicare will have a zero office visit cost share if the only service being performed during the office visit is the preventive service. If the preventive service is performed in conjunction with other services in the same office visit, then the applicable office visit copayment may be charged. Also, the office visit copay may be charged for these services that are diagnostic in nature (if applicable).

(#) Copays/Coinsurance incurred by customers for covered benefits shown on this chart apply to the out-of-pocket maximum. Cost incurred for non-covered services are not covered. For example, if a customer exhausts the SNF days and continues to remain in the facility, costs incurred by the member for non-covered days in the SNF do not apply to the OOP maximum. Also, Part D copays apply to the Part D out-of-pocket limit (TrOOP).

Separate Office Visit will apply if diagnostic services provided in conjunction with an office visit. Office visit copay will not apply if no office visit was incurred.

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**2016 Cigna-HealthSpring-Phoenix Area
Medicare Advantage Employer Group Benefits**

Location	Phoenix	Phoenix	Phoenix
Plan Name	4173-Citi	4123-Lacera July 2015-June 2016	4123-Lacera July 2016-June 2017
PBP	804	805	805
Account Numbers	4173	4123	4123
Medical Premium	Not Available	Not Available	Not Available
Out of Pocket Max (#)	\$6700 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits
1 Inpatient Hospital			
General Hospital inpatient admission – In or out-of-area (unlimited days) Note: Unlimited Days for general hospital stays (except-190 lifetime days for admissions into a psychiatric hospital-see below)	\$500/admission	\$0/admission	\$0/admission
Psychiatric Hospital (190 lifetime days limit) -includes stays in the psych wing of an acute hospital -includes inpatient substance abuse treatment (Lifetime days limit does not apply to mental health/substance abuse stays in a psych wing of an acute hospital.) Mental Health/Substance Abuse stay in Psych wing of acute hospital (Lifetime days limit does not apply to stays in a psych wing of an acute hospital.)	\$500/admission 190 Days Lifetime Maximum	\$0/admission 190 Days Lifetime Maximum	\$0/admission 190 Days Lifetime Maximum
2 Inpatient Skilled Nursing Facility			
SNF Stay – days 1-20 (3 days prior hospitalization stay waived)	\$0	\$0	\$0
SNF Stay – days 21 - 100	\$125/day	\$0	\$0
Days covered per benefit period	100	100	100
3 Cardiac and Pulmonary Rehab Includes Intensive Rehab Services	\$40	\$12	\$12
4 Emergency/Urgent Care			
Emergency Room-Copay waived if admitted within 24 hours	\$75	\$65	\$75
Urgent Care – CMG, contracted in-area, non-contracted ooa. Copay waived if admitted within 24 hours	\$20	\$25	\$25
World-wide Emergency and Urgently Needed coverage	Yes - \$75	Yes - \$65	Yes - \$75
5 Partial Hospitalization -copay applies to individual or group sessions -includes intensive outpatient mental health treatment- auth required	\$40	\$12	\$12
6 Home Health Care	\$0	\$0	\$0
6a Hospice Care	Any Medicare Certified Hospice	Any Medicare Certified Hospice	Any Medicare Certified Hospice
7 Health Care Professional Services			
PCP – including nurse and medical technician visits	\$0	\$0	\$0



**2016 Cigna-HealthSpring-Phoenix Area
Medicare Advantage Employer Group Benefits**

Location	Phoenix	Phoenix	Phoenix
Plan Name	4173-Citi	4123-Lacera July 2015-June 2016	4123-Lacera July 2016-June 2017
PBP	804	805	805
Account Numbers	4173	4123	4123
Medical Premium	Not Available	Not Available	Not Available
Out of Pocket Max (#)	\$6700 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits
Chiropractor-Medicare	\$20	\$12	\$12
Chiropractor-Routine	\$20	\$12	\$12
Chiropractor-Routine # of visit	12	12	12
Occupational Therapy	\$25	\$12	\$12
Specialty Office Visits – including nurse and medical technician of specialists	\$25	\$12	\$12
Specialty Visits in an Inpatient Setting	\$0	\$0	\$0
Specialty Services Performed in an Outpatient Facility Setting	\$0	\$0	\$0
Mental Health Visits (copay applies to individual or group sessions) (includes intensive outpatient mental health treatment-auth required)	\$25	\$12	\$12
Podiatry (Medicare Covered)	\$25	CMG Nail Tech - \$0 Contracted Nail tech or Podiatrist-\$12	\$12
Routine Podiatry	\$25	CMG Nail Tech - \$0 Contracted Nail tech or Podiatrist-\$12	\$12
Other Health Care providers (Physician Assistants, Nurse Practitioners, etc.)	In PCP office - \$0 In Specialist office - \$25	In PCP office - \$0 In Specialist office - \$12	In PCP office - \$0 In Specialist office - \$12
Chemotherapy visits	\$25	\$12	\$12
Psychiatrists (copay applies to individual or group sessions)	\$25	\$12	\$12
Psychologists - (copay applies to individual or group sessions) (includes intensive outpatient mental health treatment-auth required)	\$25	\$12	\$12
Physical and Speech Therapy	\$25	\$12	\$12
Allergy Treatment and Injections	\$25	\$12	\$12
8 Outpatient Clinical/Diagnostic/ Therapeutic Radiological Lab Services			
Laboratory Services (separate office visit copay may apply)	\$0	\$0	\$0
Flat plate x-rays (separate office visit copay may apply)	\$0	\$0	\$0
EKG, ECG, Oximetry (separate office visit copay may apply)	\$0	\$0	\$0
Blood Gas (separate office visit copay may apply)	\$0	\$0	\$0
Pulmonary Function (separate office visit copay may apply)	\$0	\$0	\$0
Holter Monitor (separate office visit copay may apply)	\$0	\$0	\$0
Pacemaker Checks and Programming	\$0	\$0	\$0
Threshold Checks	\$0	\$0	\$0



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PBP	804	805	805
Account Numbers	4173	4123	4123
Medical Premium	Not Available	Not Available	Not Available
Out of Pocket Max (#)	\$6700 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits
Ultrasound and other radiological visits (separate office visit copay may apply)	\$0	\$0	\$0
Non-Cardiac Nuclear Studies and Imaging (separate office visit copay may apply)	\$0	\$0	\$0
Cardiac Nuclear Studies and Imaging (separate office visit copay may apply)	\$25	\$12	\$12
Routine Stress Test (separate office visit copay may apply)	\$25	\$12	\$12
Radiation Therapy (separate office visit copay may apply)	\$25	\$12	\$12
MRI, MRA, PET, and CT Scans	CMG-\$150 nonCMG-\$200	CMG - \$100 ASC/HospOP - \$150	CMG - \$100 ASC/HospOP - \$150
9 Outpatient Hospital/ASC Services			
Hospital Outpatient Non-Surgical Visits (including observation stays)	\$40	\$12	\$12
Hospital Outpatient Surgical Visits	\$200	\$12	\$12
Outpatient Surgery at CMG Centers	\$150	\$12	\$12
Free Standing ASC	\$200	\$12	\$12
Outpatient Substance Abuse -copay applies to individual or group sessions -includes intensive outpatient treatment-auth required	\$25	\$12	\$12
Outpatient Blood	\$0	\$0	\$0
10 Ambulance/Transportation Services			
Ambulance-emergency	\$150/trip	\$0	\$0
Ambulance-non-emergency (Medicare covered)	\$150/trip	\$0	\$0
Routine Transportation	not covered	not covered	not covered
Copay for Routine Transportation	NA	NA	NA
11 DME, Prosthetics, Medical and Diabetes Monitoring Supplies			
Durable Medical Equipment	POV, scooters, power wheelchairs, air fluidized beds - 20% all other DME-\$0	\$0	\$0
Prosthetics (including ostomy supplies)	\$0	\$0	\$0
Medical Supplies	\$0	\$0	\$0
Home Glucose Monitor	\$0	\$0	\$0
Diabetic Supplies (Part B Supplies-lancets, test strips, glucose solution)	\$0/30 days/item	\$0/30 days/item	\$0/30 days/item
Insulin supplies (syringes, alcohol swabs, etc.) are covered under the member's Part D benefit	Applicable Part D copayment applies	Applicable Part D copayment applies	Applicable Part D copayment applies



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PBP	804	805	805
Account Numbers	4173	4123	4123
Medical Premium	Not Available	Not Available	Not Available
Out of Pocket Max (#)	\$6700 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits
Medicare-covered Diabetic Therapeutic Shoes/Inserts	\$0	\$0	\$0
12 Renal Dialysis			
Renal Dialysis: In-Area (contracted) or Out of Area	\$25	\$12	\$12
13 Other Supplemental			
14a Preventive Services-Medicare Covered \$0 Cost Share Preventive Services			
Abdominal Aortic Aneurysm screening*	\$0	\$0	\$0
Bone Mass Measurements-Screening Peripheral/Axial Dexascans-CMG & Contracted (separate office visit copay may apply)	\$0	\$0	\$0
Cardiovascular Screening*	\$0	\$0	\$0
Cervical and Vaginal Cancer Screenings (Routine Pap and Pelvic Exams)	\$0	\$0	\$0
Colorectal Screenings:			
Fecal Occult Blood Test*	\$0	\$0	\$0
Flexible Sigmoidoscopy*	\$0	\$0	\$0
Colonoscopy *	\$0	\$0	\$0
Barium Enema *	\$0	\$0	\$0
Diabetes Screening*	\$0	\$0	\$0
Glaucoma Screening *	\$0	\$0	\$0
Influenza Vaccine	\$0	\$0	\$0
Hepatitis B Vaccine	\$0	\$0	\$0
HIV Screening*	\$0	\$0	\$0
Mammography-Screening*	\$0	\$0	\$0
Medical Nutritional Therapy (MNT): one-on-one counseling session nutritionist or diabetic educator.	\$0	\$0	\$0
Annual Physical Exam	\$0	\$0	\$0
Pneumococcal Vaccine	\$0	\$0	\$0
Prostate Cancer Screenings *	\$0	\$0	\$0
Smoking Cessation*	\$0	\$0	\$0
Welcome to Medicare Physical Exam (IPPE)	\$0	\$0	\$0
Annual Wellness Visit	\$0	\$0	\$0
Screening and behavioral counseling interventions in primary care to reduce alcohol misuse	\$0	\$0	\$0
Screening for depression in adults	\$0	\$0	\$0



**2016 Cigna-HealthSpring-Phoenix Area
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PBP	804	805	805
Account Numbers	4173	4123	4123
Medical Premium	Not Available	Not Available	Not Available
Out of Pocket Max (#)	\$6700 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits
Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs	\$0	\$0	\$0
Intensive behavioral therapy for cardiovascular disease	\$0	\$0	\$0
Intensive behavioral therapy for obesity	\$0	\$0	\$0
Colorectal Diagnostic:			
Fecal Occult Blood Test (separate office visit copay may apply)	\$0(PCP)/\$25 Spec	\$0 PCP /\$12 Spec	\$0 PCP /\$12 Spec
Flexible Sigmoidoscopy	\$150-CMG \$200-nonCMG	\$12	\$12
Colonoscopy	\$150-CMG \$200-nonCMG	\$12	\$12
Barium Enema	\$0	\$0	\$0
Bone Mass Measurements Diagnostic:			
Diagnostic Peripheral/Axial Dexascans- (separate office visit copay may apply)	\$0	\$0	\$0
14c Supplemental Education/Wellness Programs			
Health Education (must obtain from CMG)	\$0	\$0	\$0
Nutritional Dietary Benefit (must obtain from CMG)	\$0	\$0	\$0
Additional Medical Nutritional Therapy: one-on-one counseling session nutritionist or diabetic educator (available to all members.) (must obtain from CMG)	\$0	\$0	\$0
Health Club Reimbursement (up to \$200 per year) (Golden Vitality)	\$0	\$0	\$0
24 Hour Health Information Line	\$0	\$0	\$0
14d Kidney Disease Education	\$0	\$0	\$0
14e Diabetes Self Management Training	\$0	\$0	\$0
15 Prescription Drugs – Part B			
Part B Drugs Including Chemotherapy Drugs and Office Injectables (office visit copays may apply for drugs administered in an office setting)	Flu and Pneumonia shots - \$0 Hepatitis B shots - \$0 Oral Part B Drugs - 20% Chemotherapy drugs-\$0 Office Injectables-\$0 SVN Meds-\$0 All Other Part B-\$0	Flu and Pneumonia shots - \$0 Hepatitis B shots - \$0 Oral Part B Drugs - 20% Chemotherapy drugs-\$0 Office Injectables-\$0 SVN Meds-\$0 All Other Part B-\$0	Flu and Pneumonia shots - \$0 Hepatitis B shots - \$0 Oral Part B Drugs - 20% Chemotherapy drugs-\$0 Office Injectables-\$0 SVN Meds-\$0 All Other Part B-\$0
Part C Home Infusion Services	\$0	\$0	\$0
16 Medically Needed (Medicare-Covered) Dental	\$25	\$12	\$12
16a Dental – K1-V9	Not Covered	Not Covered	Not Covered



**2016 Cigna-HealthSpring-Phoenix Area
Medicare Advantage Employer Group Benefits**

Location	Phoenix	Phoenix	Phoenix
Plan Name	4173-Citi	4123-Lacera July 2015-June 2016	4123-Lacera July 2016-June 2017
PBP	804	805	805
Account Numbers	4173	4123	4123
Medical Premium	Not Available	Not Available	Not Available
Out of Pocket Max (#)	\$6700 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits
Office Copay (includes the following services)	Not Covered	Not Covered	Not Covered
Oral Exam	Not Covered	Not Covered	Not Covered
Cleanings	Not Covered	Not Covered	Not Covered
Dental X-rays	Not Covered	Not Covered	Not Covered
	NA	NA	NA
17 Eye Exams/Eye Wear			
Routine Eye Exam	\$0	\$0	\$0
Medically Needed (Medicare-Covered) Eye Exam	\$0-optometrist \$25-ophthalmologist	Optometrist - \$0 Ophthalmologist - \$12	\$12
Frequency of Routine Vision Exam	annual	annual	annual
Copay for Medicare covered Prescription lenses	\$0	\$0	\$0
Routine Eyewear (Eyeglasses and Contact lenses)	Contact Lenses: 1 every year Eye Glasses (Lenses and Frames): 1 every year Upgrades	Contact Lenses: 1 every year Eye Glasses (Lenses and Frames): 1 every year Upgrades	Contact Lenses: 1 every year Eye Glasses (Lenses and Frames): 1 every year Upgrades
Max Coverage Amount for Routine Eye Wear Coverage	\$50 allowance	\$50 allowance	\$50 allowance
18 Hearing/Aids			
Routine Hearing Exams	\$0	\$0	\$0
Medically Needed (Medicare-Covered) Exams	\$25	\$12	\$12
Hearing Aids Allowance per aid per year	\$200	\$200	\$200
Fitting/Evaluation for Hearing Aids	\$0	\$0	\$0
Maximum Coverage for Hearing Aids	\$200 per hearing aid	\$200 per hearing aid	\$200 per hearing aid
19 Prescription Drugs – Part D	Rx Option 2	Rx Option 2	Rx Option 2
Part D Premium	Not Available	Not Available	Not Available
Initial Coverage Limit	3310	3310	3310
True-Out-of-Pocket Threshold	4850	4850	4850
Deductible	0	0	0
Tier 1 - Preferred Generic Retail 30-days/Retail 60-days/Retail 90-days/Mail Order 90-days	\$0/\$0/\$0/\$0	\$0/\$0/\$0/\$0	\$0/\$0/\$0/\$0
Tier 2 - Generic Retail 30-days/Retail 60-days/Retail 90-days/Mail Order 90-days	\$10/\$20/\$30/\$30	\$10/\$20/\$30/\$30	\$10/\$20/\$30/\$30
Tier 3 - Preferred Brand Retail 30-days/Retail 60-days/Retail 90-days/Mail Order 90-days	\$45/\$90/\$135/\$135	\$45/\$90/\$135/\$135	\$45/\$90/\$135/\$135



**2016 Cigna-HealthSpring-Phoenix Area
Medicare Advantage Employer Group Benefits**

Location	Phoenix	Phoenix	Phoenix
Plan Name	4173-Citi	4123-Lacera July 2015-June 2016	4123-Lacera July 2016-June 2017
PBP	804	805	805
Account Numbers	4173	4123	4123
Medical Premium	Not Available	Not Available	Not Available
Out of Pocket Max (#)	\$6700 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits	\$5500 which applies to In-Network Medicare-covered and In-Network Non-Medicare-Covered benefits
Tier 4 - Non-Preferred Brand Retail 30-days/Retail 60-days/Retail 90-days/Mail Order 90-days	\$95/\$190/\$285/\$285	\$95/\$190/\$285/\$285	\$95/\$190/\$285/\$285
Tier 5 - Specialty Retail 30-days/Retail 60-days/Retail 90-days/Mail Order 90-days	33%	33%	33%
Out of Network Pharmacy (30-day supply only)			
Coverage in the Gap	Full Coverage Through the Gap for All Tiers	Full Coverage Through the Gap for All Tiers	Full Coverage Through the Gap for All Tiers
Prior auth required for certain drugs	Yes	Yes	Yes
Step Therapy required for certain drugs	Yes	Yes	Yes
Quantity Limits on Certain Drugs	Yes	Yes	Yes
Access to some drugs are limited to certain pharmacies	Yes	Yes	Yes

* Preventive services covered under Medicare will have a zero office visit cost share if the only service being performed during the office visit is the preventive service. If the preventive service is performed in conjunction with other services in the same office visit, then the applicable office visit copayment may be charged. Also, the office visit copay may be charged for these services that are diagnostic in nature (if applicable).

(#) Copays/Coinsurance incurred by customers for covered benefits shown on this chart apply to the out-of-pocket maximum. Cost incurred for non-covered services are not covered. For example, if a customer exhausts the SNF days and continues to remain in the facility, costs incurred by the member for non-covered days in the SNF do not apply to the OOP maximum. Also, Part D copays apply to the Part D out-of-pocket limit (TrOOP).

Separate Office Visit will apply if diagnostic services provided in conjunction with an office visit. Office visit copay will not apply if no office visit was incurred.

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