



# CIGNA Medicare Select<sup>SM</sup>

Medicare Advantage HMO Plans with or without Part D Prescription Drug Benefits

**MARICOPA COUNTY**  
**4113 M1**

WHAT'S COVERED

**Physician Office Visits, Including:**

- Routine medical care
- Consultant and referral physician services
- Periodic physical evaluations for adults
- Allergy tests
- Treatments
- Laboratory and x-ray
- Immunizations
- Mammography

**Inpatient Hospital Services, Including:**

- Semi-private room and board
- Operating and recovery rooms
- Drugs and medication
- Diagnostic and therapeutic laboratory and x-ray
- Anesthesia and respiratory/ inhalation therapy
- Physician and surgeon charges
- Skilled Nursing Care: Inpatient health care facilities such as skilled nursing, extended care, and rehabilitation – days 1-20  
Days 21 - 100

MEMBER COPAYMENT

	\$0 per visit
	\$12 per visit
	\$0/\$12 per visit
	\$12
	\$12
	No charge
	No charge
	No charge

	\$0 per visit
	No charge

	No charge
	No charge



**CIGNA HealthCare  
of Arizona**



**Outpatient Hospital Services, Including:**

- Diagnostic and therapeutic laboratory and x-rays No charge
- Anesthesia and respiratory/ inhalation therapy No charge
- Radiation therapy and chemotherapy \$12 per visit
- Operating and recovery rooms \$12 per visit
- Physician and surgeon charges No charge

**Emergency Care:**

- In participating physician's office \$12 per visit
- CIGNA Urgent Care Centers/non-CIGNA contracted Urgent Care Centers \$0 per visit
- Non-Contracted Urgent Care Centers in/out of area \$25 per visit
- In hospital emergency room \$50 per visit
- Out of area Emergency Care at a physician's office \$12 per visit
- Ambulance \$0

**Outpatient Rehabilitation:**

- Physical Therapy & Speech Pathology (covered subject to Medicare guidelines) \$12 per visit
- Home Health Care: No charge
- Home visits by nurses & other health professionals No charge
- Durable Medical Equipment No charge
- Motorized wheelchairs/scooters/air beds No charge
- External Prosthetic Appliances No charge
- Mental Health \$12 per visit
- Hearing Aid \$200 allow. Per unit  
 (When purchased at a CIGNA facility.)

**Vision Care**

- Routine Eye Exam CMG only \$0 per visit
- Medically Needed Eye Exam CMG Ophthalmologist \$12 per visit
- Medically Needed Eye Exam Contracted Optometrist or Ophthalmologist \$12 per visit
- Frequency of Routine Vision Exam Annual
- Annual allowance for contacts, frames and lenses – CMG vision centers \$50
- Discount on 2<sup>nd</sup> pair at CMG Vision 20%



## Prescription Drugs

	CMG Pharmacy	Tel-Drug (by mail)
	30-Day	90-Day
Tier 1	\$ 0	\$ 0
Tier 2	\$15	\$40
Tier 3	\$30	\$85
Tier 4	\$30	\$85
Tier 5	\$30	\$85

Unlimited Annual Maximum Benefit.

*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. To view the CIGNA formulary, go to <http://www.cigna.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, 2009 – June 30, 2010  
M4P1

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