MEDICARE ADVANTAGE / PDP

Plan Details

Cigna

$0.00

Plan: **Cigna Alliance Medicare (HMO)**

Max Out of Pocket: **$6,900**

Annual Drug Deductible: **$0.00**

ID: **H3949-31-0**

Star Rating: **4.0**

Plan Type: **Local HMO**

Part B Reduction: **No**

Effective Year: **2021**

City: **PHILADELPHIA**

State: **PA**

Zip: **19120**

Monthly premium deductible and limits on how much you pay for covered services

$6900 in-network out of pocket maximum.

Acupuncture

Not covered

Ambulance

$240 copay

Chiropractic care

Not covered. $20 copay for Medicare-covered visits.

Dental services

$25 copay for Medicare-covered services. Prophylaxis max of 1 every six months. Oral exam max of 1 (see carrier information for details). Xray max of 1 (see carrier information for details). Max of $3000 comprehensive dental benefits for this plan every year.

Diabetes supplies and services

You pay nothing for diabetes self-management training.

0-20% coinsurance for Medicare-covered diabetes supplies and services. 20% coinsurance for therapeutic shoes or inserts.

Diagnostic tests lab and radiology services and x-rays (Costs for these services may be different if received in an outpatient surgery setting)

$0-50 copay for Medicare-covered diagnostic procedures/tests. $0-225 copay for Medicare-covered diagnostic radiological services (e.g., CT, MRI, etc). $60 copay for other Medicare-covered therapeutic radiological services. $40 copay for Medicare-covered x-rays.

Renal dialysis

20% per visit

Durable medical equipment (wheelchairs oxygen etc.)

20% per item

Doctor's office visits

Primary Physician: $0 copay Specialist Physician: $25 copay

Emergency care

$90 per visit, waived if admitted within 24 hours. Maximum $90 per visit.

Foot care (podiatry services)

$25 copay for Medicare-covered visits.

Hearing services

Fitting max of 1 every three years.Both inner ear hearing aids max of 1 every three years.Both over-the-ear hearing aids max of 1 every three years. Routing hearing exam max of 1 every year. Max of 700 benefit for this plan for hearing aids every three years.

Home health care

You pay nothing

Hospice

You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.

Inpatient hospital care

$285 copay for days 1-7 $0 copay for days 8-90

Mental health care

$324 copay for days 1-5 $0 copay for days 6-90

Over-the-counter items

Max of $30 benefit for this plan every three months. All medications of the OTC list in Chapter 4 of Medicare Managed Care Manual are included.

Outpatient prescription drugs

20% coinsurance for chemo drugs.20% coinsurance for prescriptions.

Tier 1 (Preferred Generic)

Pharmacy Type	30 day supply	60 day supply	90 day supply
Preferred Retail:	$0	$0	$0
Standard Retail:	$9	$18	$18
Preferred Mail Order:	$0	$0	$0
Standard Mail Order:	$9	$18	$18

Tier 2 (Generic)

Pharmacy Type	30 day supply	60 day supply	90 day supply
Preferred Retail:	$5	$10	$10
Standard Retail:	$15	$30	$30
Preferred Mail Order:	$5	$10	$0
Standard Mail Order:	$15	$30	$30

Tier 3 (Preferred Brand)

Pharmacy Type	30 day supply	60 day supply	90 day supply
Preferred Retail:	$42	$84	$126
Standard Retail:	$47	$94	$141
Preferred Mail Order:	$42	$84	$126
Standard Mail Order:	$47	$94	$141

Tier 4 (Non-Preferred Drug)

Pharmacy Type	30 day supply	60 day supply	90 day supply
Preferred Retail:	$95	$190	$285
Standard Retail:	$100	$200	$300
Preferred Mail Order:	$95	$190	$285
Standard Mail Order:	$100	$200	$300

Tier 5 (Specialty Tier)

Pharmacy Type	30 day supply	60 day supply	90 day supply
Preferred Retail:	33%	Not Offered	Not Offered
Standard Retail:	33%	Not Offered	Not Offered
Preferred Mail Order:	33%	Not Offered	Not Offered
Standard Mail Order:	33%	Not Offered	Not Offered

Outpatient rehabilitation

You pay nothing

$25 copay for physical therapy and speech therapy. $25 copay for occupational therapy.

Outpatient substance abuse

$25 copay for group visits. $25 copay for individual visits

Outpatient surgery

$0-295 per visit

Preventive care

Annual physical exam not covered.

Prosthetic devices (braces artificial limbs etc.)

20% coinsurance for Medicare-covered medical supplies. 20% coinsurance for Medicare-covered prosthetic devices.

Skilled Nursing Facility (SNF)

$0 copay for days 1-20 $184 copay for days 21-100

Transportation

Covered modes of transportation include medical transport, van, taxi to plan approved locations.

Urgently needed services

$55 copay, waived if admitted within 24 hours.. Maximum $65 per visit.

Vision services

Frame max of 1 every year. Glasses max of 1 every year. Lenses max of 1 every year. Routine eye exam max of 1 every year. $0-25 copay for Medicare-covered eye exams. Max of $400 combined benefit for this plan every year.

Disclaimer: CSG Actuarial, LLC does not guarantee or warrant the accuracy of the above premium rates. For agent use only. Carriers may have made rate adjustments that have not yet been reflected in our database.