

# SUMMARY OF BENEFITS

January 1, 2019 - December 31, 2019

**Cigna-HealthSpring<sup>®</sup> Preferred Rx (HMO)**  
**Williamson County Government**

Our service area includes the following counties in Tennessee:

Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Cheatham, Chester, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Union, Van Buren, Warren, Wayne, White, Williamson, Wilson



# INTRODUCTION TO SUMMARY OF BENEFITS

This Summary of Benefits gives you a summary of what **Cigna-HealthSpring Preferred Rx (HMO)** covers and what you pay. This information is not a complete description of benefits. Call 1-888-281-7867 (TTY 711) for more information. 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)*. Call us to request a copy.

## Tips for comparing your Medicare choices

- 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](http://www.medicare.gov).
- If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy 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.

## Cigna-HealthSpring Preferred Rx (HMO) Phone Numbers and Website

- If you are already a customer of this plan, call toll-free **1-888-281-7867 (TTY 711)**. Customer Service is available October 1 – March 31, 8:00 a.m. – 8:00 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday 8:00 a.m. – 8:00 p.m. local time, Saturday 8:00 a.m. – 5:00 p.m. local time. Messaging service used weekends, after hours, and on federal holidays.
- If you are not a customer of this plan, call toll-free **1-888-281-7867 (TTY 711)**, 7 days a week, 8 a.m. – 8 p.m.
- Our website: [www.mycigna.com](http://www.mycigna.com).

## What's Inside

- ➊ About **Cigna-HealthSpring Preferred Rx (HMO)**
- ➋ Monthly Deductible, and Limits on How Much You Pay for Covered Services
- ➌ Covered Medical & Hospital Benefits
- ➍ Prescription Drug Benefits

# 1 ABOUT CIGNA-HEALTHSPRING PREFERRED RX (HMO)

## Who can join?

To join **Cigna-HealthSpring Preferred Rx (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in **Tennessee**: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Cheatham, Chester, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sumner, Tipton, Trousdale, Union, Van Buren, Warren, Wayne, White, Williamson, Wilson

## Which doctors, hospitals, and pharmacies can I use?

**Cigna-HealthSpring Preferred Rx (HMO)** has a network of doctors, hospitals, pharmacies, 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 and Pharmacy Directory* at our website, [www.cignahealthspring.com](http://www.cignahealthspring.com).
- Or call us and we will send you a copy of the *Provider and Pharmacy Directory*.

## 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.

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 complete plan Drug List (formulary) which lists the Part D prescription drugs along with any restrictions included in this mailing or once you join the plan, at [www.mycigna.com](http://www.mycigna.com).

## How will I determine my drug costs?

Our plan groups each medication into one of three "tiers." To locate the tier of your prescribed drug, please refer to the *Drug List* (formulary). The amount you pay depends on the tier of the drug you're taking and what stage of coverage you have reached. For information about the drug coverage stages that occur after you meet your deductible (if a deductible applies to you), see the prescription drug section within this Summary of Benefits.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

## 2 MONTHLY PREMIUM, DEDUCTIBLE & LIMITS

Benefit	Cigna-HealthSpring Preferred Rx (HMO)
<b>Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services</b>	
<b>How much is the monthly premium?</b>	Please contact your Plan Sponsor. In addition, you must keep paying your Medicare Part B premium.
<b>How much is the deductible?</b>	This plan does not have a deductible
<b>Is there any limit on how much I will pay for my covered services?</b>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <p style="padding-left: 40px;">\$3,000 for services you receive from in-network providers for Medicare-covered benefits.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

### 3 COVERED MEDICAL & HOSPITAL BENEFITS

Benefit	What you Pay	What You Should Know
<b>Covered Medical and Hospital Benefits</b> <b>Note:</b> Services with a 1 may require prior authorization. Services with a 2 may require a referral from your doctor.		
<b>Inpatient Hospital Coverage<sup>1,2</sup></b>		
Our plan covers an unlimited number of days for an inpatient hospital stay.	\$200 per admission	If readmitted within 24 hours for the same diagnosis the benefit will continue from the original admission. You may not owe any additional copayments. In some instances, readmission within 30 days may result in continuation of benefits from the original admission, pending quality medical review by Cigna-HealthSpring.
<b>Outpatient Surgery<sup>1,2</sup></b>		
Ambulatory Surgical Center (ASC)	\$0 copay for surgical procedures (i.e.) polyp removal) during a colorectal screening \$100 copay for all other ASC services	
<b>Outpatient Services &amp; Observation</b>	\$0 copay for surgical procedures (i.e.) polyp removal) during a colorectal screening \$100 copay for all other Outpatient Services including observation and outpatient surgical services not provided in an ASC	
<b>Doctors' Visits<sup>1,2</sup></b>		
Primary Care Physician	\$10 copay	
Specialists	\$20 copay	

Benefit	What you Pay	What You Should Know
<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 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 screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screenings</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>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> <li>• Yearly “Wellness” visit</li> </ul>	<p>\$0 copay</p>	<p>Any additional preventive services approved by Medicare During the contract year will be covered. Please see your <i>Evidence of Coverage</i> (EOC) for frequency of covered services.</p>

Benefit	What you Pay	What You Should Know
<b>Emergency Care</b>		
Emergency Care Services	\$120 copay	If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.
Worldwide Emergency/Urgent Coverage/Emergency Transportation	Not Covered	
<b>Urgently Needed Services</b>		
Urgent Care Services	\$20 copay	If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care.
<b>Diagnostic services, Labs &amp; Imaging</b> <sup>1,2</sup> <i>(Costs for these services may vary based on place of service)</i>		
Diagnostic Procedures and Tests	\$0 copay for EKG and diagnostic colorectal screenings 20% coinsurance for all other diagnostic procedures and tests	
Lab Services	\$0 copay	
Therapeutic Radiological Services	20% coinsurance	
X-ray Services	20% coinsurance	
Diagnostic Radiological Services (such as MRIs, CT Scans)	\$0 copay for mammography and ultrasounds 20% coinsurance for all other diagnostic and nuclear medical radiological services	If multiple test types (such as CT and PET) are performed on the same day, multiple copayments will apply. If multiple tests of the same type (for example, CT scan of the head and CT scan of the chest) are performed on the same day, one copayment will apply.

Benefit	What you Pay	What You Should Know
<b>Hearing Services<sup>2</sup></b>		
Hearing Exams (Medicare-covered)	\$20 copay	
Routine Hearing Exams (one every year)	Not Covered	
Hearing Aid Evaluation/Fitting (one every three years)	Not covered	
Hearing Aids (one every three years)	Not covered	
<b>Dental Services<sup>1</sup></b>		
Dental Services (Medicare-Covered)	\$20 copay	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth).
Preventive Dental Services Oral Exam (one every six months) Cleanings (one every six months) Bitewing X-ray (one every year)	Not covered	
Preventive Plus Dental Services Restorative services Extractions Prosthodontics/Oral Surgery	Not covered	
<b>Vision Services</b>		
Eye Exams (Medicare-covered)	\$0 copay glaucoma screening and diabetic retinal exams \$20 copay for all other Medicare-covered vision services	
Routine Eye Exam	Not Covered	
Eyewear (Medicare-covered)	\$0 copay	
Routine Eyewear Eyeglasses-lenses and frames (one every year) Eyeglass lenses (one every year) Eyeglass frames (one every year) Contact Lenses Upgrades	Not Covered	
<b>Mental Health Services<sup>1</sup></b>		
Inpatient: Our plan covers 190 days for inpatient mental health care in a psychiatric hospital.	\$200 per admission	
Outpatient:	Group therapy: \$10 copay Individual therapy: \$20 copay	
<b>Skilled Nursing Facility (SNF)<sup>1</sup></b>		
Our plan covers up to 100 days in the SNF.	\$0 copay per day for days 1-20 \$50 copay per day for days 21-100	

Benefit	What you Pay	What You Should Know
<b>Rehabilitation Services</b> <sup>1,2</sup>		
Cardiac (heart) Rehab Services	\$10 copay	
Pulmonary Rehab Services	\$20 copay	
Occupational Therapy Services	\$20 copay	You will have one copayment when multiple therapies (such as PT, OT, ST) are provided on the same date and at the same place of service.
Physical Therapy and Speech and Language Therapy Services	\$20 copay	
<b>Ambulance</b> <sup>1</sup>		
Ground Service (one-way trip)	\$50 copay	
Air Service (one-way trip)	\$50 copay	
<b>Transportation</b>		
	Not covered	
<b>Prescription Drugs</b>		
Medicare Part B Drugs	For Part B drugs such as chemotherapy drugs: 20% of the cost	This plan has Part D prescription drug coverage. See Section 4.
<b>Foot Care (Podiatry Services)</b> <sup>2</sup>		
Medicare-covered Podiatry Services	\$20 copay	
<b>Medical Equipment &amp; Supplies</b> <sup>1,2</sup>		
Durable Medical Equipment (wheelchairs, oxygen, etc)	20% of the cost	
Prosthetic Devices (braces, artificial limbs, etc.) and Related Medical Supplies	20% of the cost	
Diabetes Supplies & Services	\$0 copay for Diabetes self-management training 20%. Of the cost for Therapeutic shoes or inserts 0% or 20% of the cost, depending on the supply, for Diabetes monitoring supplies.	Preferred brands diabetic test strips and monitors covered at <b>\$0</b> cost-share. Non-preferred brands not covered. <b>20%</b> of the cost applies to other monitoring supplies (e.g. Lancets). You are eligible for one glucose monitor every two years and 200 glucose test strips per 30-day period.
<b>Fitness &amp; Wellness Programs</b>		
Fitness Program	Not Covered	
<b>24-Hour Health Information Line</b>		
	\$0 copay	Registered nurses provide telephonic access for customers who request health and medical information and guidance.
<b>Chiropractic Care</b> <sup>2</sup>		
Chiropractic Services (Medicare-covered)	\$20 copay	

Benefit	What you Pay	What You Should Know
<b>Home Health Care<sup>1</sup></b>		
	\$0 copay	
<b>Hospice</b>		
Hospice care must be provided by a Medicare-certified hospice program	\$0 copay	Our plan covers hospice consultation services (one-time only) before you select hospice. Hospice is covered outside of our plan. Hospice care must be provided by a Medicare-certified hospice program. You may have to pay part of the cost for drugs and respite care. Please contact the plan for more details.
<b>Outpatient Substance Abuse<sup>1</sup></b>		
Individual or Group Therapy Visit	Group therapy: \$10 copay Individual therapy: \$20 copay	
<b>Over-the-Counter Items (OTC)</b>		
	Not covered	

# 4 PRESCRIPTION DRUG BENEFITS

## Benefit Cigna-HealthSpring Preferred Rx (HMO)

### Prescription Drug Benefits

#### Medicare Part D Drugs Initial Coverage

The following chart shows the cost-sharing amounts for covered drugs under this plan. After you pay your yearly deductible (if applicable), you pay the following until your total yearly drug costs reach \$3,820. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Tier	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Standard Mail Order Cost-Sharing 30 / 90 Days
Tier 1: Generic Drugs	\$10 / \$20 / \$20	\$10 / \$20
Tier 2: Preferred Brand Drugs	\$25 / \$50 / \$50	\$25 / \$50
Tier 3: Non-Preferred and Specialty Generic and Brand Drugs	\$50 / \$100 / \$100 Specialty drugs are limited to a 30-day supply	\$50 / \$100 Specialty drugs are limited to a 30-day supply

You may get your drugs at preferred or standard retail or mail order pharmacies. Your prescription drug costs (like a copay or coinsurance) will typically be less at a preferred network pharmacy because it has a preferred agreement with your plan.

You can get your prescription from an out-of-network pharmacy, but may pay more than you would pay at an in-network pharmacy. If you reside in a long-term care facility, you would pay the standard retail cost-sharing at an in-network pharmacy. Your costs may be different if you qualify for Extra Help. Your copay or coinsurance is based on the drug tier for your medication, which you can find in the Plan Prescription drug List (Formulary) included in this mailing or on our website [www.mycigna.com](http://www.mycigna.com). Or, call us and we will send you a copy of the formulary.

**Benefit****Cigna-HealthSpring Preferred Rx (HMO)****Coverage Gap**

Most Medicare drug plans have a coverage gap (also called the “Donut Hole”). This means that there is a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,820. Not everyone will enter the Coverage Gap.

Tier	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Standard Mail Order Cost-Sharing 30 / 90 Days
Tier 1: Generic Drugs	\$10 / \$20 / \$20	\$10 / \$20
Tier 2: Preferred Brand Drugs	\$25 / \$50 / \$50	\$25 / \$50
Tier 3: Non-Preferred and Specialty Generic and Brand Drugs	\$50 / \$100 / \$100 Specialty drugs are limited to a 30-day supply.	\$50 / \$100 Specialty drugs are limited to a 30-day supply.

**Catastrophic Coverage**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of:

- 5% of the cost or
- \$3.40 copay for generic (including brand drugs treated as generic) and \$8.50 copayment for all other drugs.

**Out of Network**

For drugs purchased at an out of network pharmacy, you will pay: The same cost-share as you pay for in-network plus any amount that the out-of-network pharmacy billed that is higher than our typical standard retail pharmacy billed charges.

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