



YOUR RETIREE PLAN OPTIONS

Plan Year: 2020

Offered by Cigna Health and Life Insurance Company or its affiliates.

Together, all the way.®

899431c



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People helping people

It's what we are, what we've been for a long time, and what we'll always be.



As a Medicare
Part D carrier



Offering Medicare
Advantage and group
retiree plans



Medical and
prescription drug
plan retiree customers*

* Cigna provides medical and prescription drug coverage to over 2.0 million retirees across our individual and group plans.
January 2019 Medicare book of business reports.



The As, Bs, Cs and Ds of Medicare

Part A 	Part B 	Part C* A+B	Part D* 
HOSPITAL INSURANCE	MEDICAL INSURANCE	MEDICARE ADVANTAGE	PRESCRIPTION DRUGS
<p>Hospital stays</p> <p>Skilled nursing facility stays</p> <p>Home health care</p> <p>Hospice care</p>	<p>Doctors' services</p> <p>Outpatient care</p> <p>Diagnostic tests</p> <p>Preventive services</p> <p>Laboratory services</p> <p>Durable medical equipment</p>	<p>Combines Parts A & B</p> <p>Commonly includes supplemental benefits like hearing, vision and dental</p> <p>May or may not include prescription coverage</p>	<p>Optional coverage</p> <p>Help lower prescription drug costs</p> <p>All plans must offer at least a standard level of coverage set by Medicare</p> <p>Some Medicare Advantage plans offer built-in prescription drug coverage</p>

*Part C and D plans are part of the government's Medicare program, but they're offered and managed through approved private insurers.

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Your Medicare choices

STEP 1

Enroll in original Medicare

Part A Hospital Insurance
Part B Medical Insurance

You Pay:

- Deductibles
- Coinsurance
- Part B premium

You May Pay:

- Prescription drug costs*

STEP 2

Decide if you want

Medicare Advantage Part C
Part D Prescription Drug Coverage

You Pay:

- Part B premium
- No Deductibles
- Low copays/coinsurance
- Part D prescription drug copays/coinsurance

Your Financial Security:

- Includes an out-of-pocket maximum on medical expenses

*Unless your employer provides creditable prescription drug coverage or a Part C plan with Part D.





Cigna Medicare Advantage

Understanding your Medicare Advantage plan



Helping improve your whole health – body and mind



Physician
engagement



Preventive
care



Coordination
of care



Health and
wellness focus



Preventive care

Annual check-up and screenings

Lowering risks

Right tests + right time = early detection

Customers who have:

Colonoscopies

Mammograms

Diabetic cholesterol screenings

Hypertension management

May have better outcomes with:

Colorectal cancer

Breast cancer

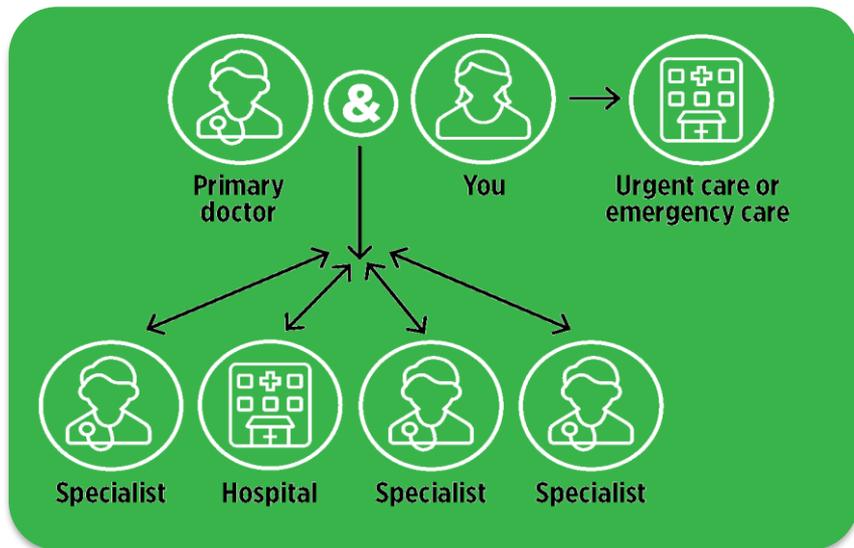
Heart attacks and stroke

High blood pressure



Cigna[®]

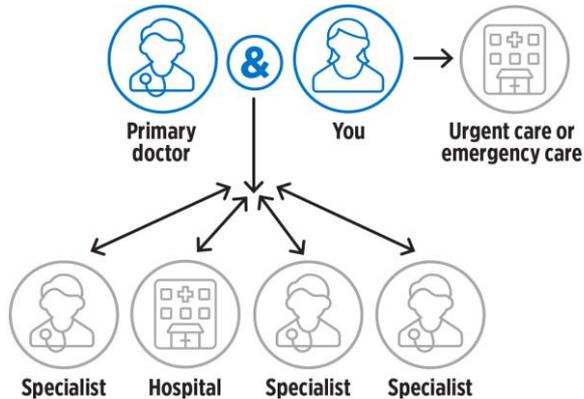
Coordination of care



The primary care doctor:

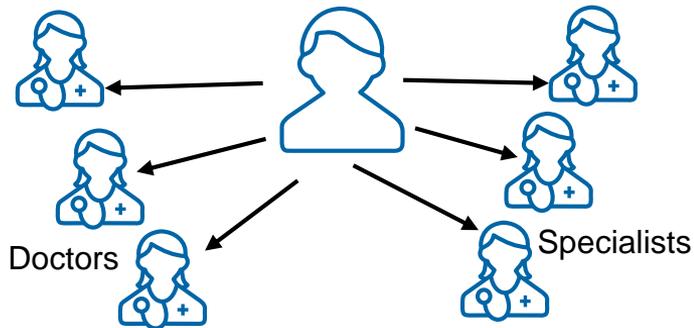
- Leader for your health care
- Works with you to stay healthy
- Introduces you to specialists

Coordination of care: HMO vs. PPO plans



HMO

The primary doctor is the team leader for your health care needs. They work with you to help keep you healthy. The primary doctor will introduce you to the right specialist when needed.



PPO

You do not have to choose a primary care doctor and can use any doctor in the network for their health care needs. If you do choose a primary care doctor, you can still visit any specialist you choose without coordination from a doctor.



Clinical programs and services

Heart Health

Diabetes
Prevention

In-Home Chronic
Condition Services

High Tech &
Radiation Therapy

Palliative Care

Behavioral Health

Case Management

Telehealth with
MD Live

Health Information
Line and After
Hours Support



Cigna's Medicare Advantage heart health program

Improving clinical outcomes and the quality of life for our senior customers with heart failure

In partnership with Medtronic Care Management Services, Cigna's heart health program helps monitor select heart failure symptoms with the goal of enabling customers and their doctors to better manage their condition.



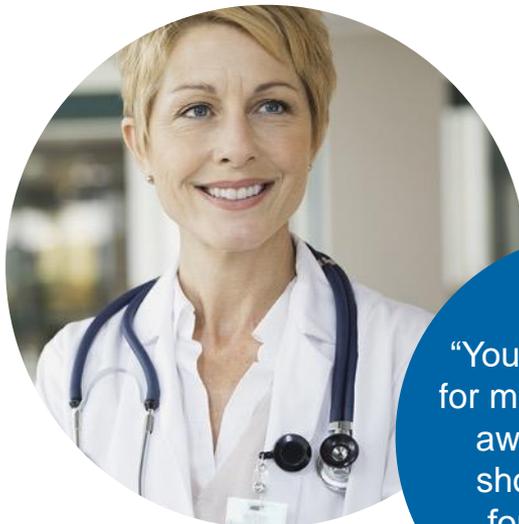
Reduced hospitalizations and improved clinical outcomes and quality of life.



Daily health check data, outreach, and remote monitoring technology for real-time alerts and intervention.



Available at no additional cost.



What our customers say

"You all are angels for making me more aware of what I should be doing for my health."

"I live alone and appreciate that someone checks on me since I don't have anyone else to do so."



We help make life easier by supporting the whole person.

Healthy Rewards discount programs

Home-delivered meals

Medical alert systems

Silver and Fit[®] exercise program for PPO plan

Active and Fit[®] for HMO plan



Healthy Rewards is a discount program. Some Healthy Rewards programs are not available in all states and may be discontinued at any time. **A discount program is NOT insurance, and the customer must pay the entire discounted charge.** All goods, services and discounts offered through Healthy Rewards are provided by third parties who are solely responsible for their products, services and discounts.

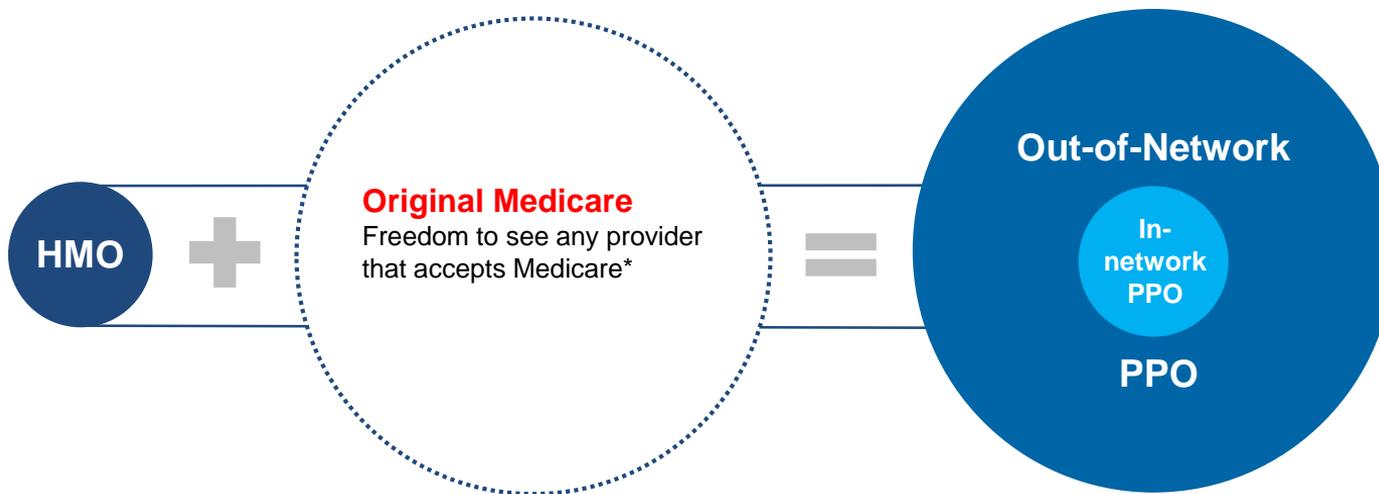
Medicare Advantage HMO vs. PPO.

Medicare Advantage HMO	Medicare Advantage Passive PPO
In-network only	Open access in-and out-of-network
PCP required	PCP optional
Referrals no longer required (New for 2020)	No referrals required
Limited out-of-network (OON) coverage; allowed only for plan-directed care	No OON maximums
	INN and OON benefits are the same: copays or coinsurance
Limited travel benefit	Travel benefit available on all plans

Note: a “passive” PPO is a plan with out-of-network coverage that has the same cost share as in-network.



The advantage of passive PPO



Medicare Advantage HMO

Smaller networks of high-performing providers. Coverage is in-network only; limited OON coverage.

Medicare Advantage passive PPO

Smaller networks of high-performing providers combined with the same freedom to see any provider that accepts Medicare*

*Customers can see any provider who participates in Medicare and accepts the plan. 99% of the providers across the country accept Medicare (source: <https://www.kff.org/medicare/issue-brief/medicare-patients-access-to-physicians-a-synthesis-of-the-evidence/#MainFindings>).

Cigna-HealthSpring True Choice (PPO)

Cigna-HealthSpring True Choice (PPO) benefits:

- The freedom to see any doctor or hospital that accepts Medicare*
- No referrals required
- PCPs recommended but not required
- Predictable out-of-pocket costs
- One plan for medical and Part D coverage with one ID card and one customer service phone number

PPO features-at-a-glance

- One simple plan
- Streamlined administration
- Freedom to see any doctor
- No referrals required
- Care coordination programs
- Integrated medical and Rx

* Provider must accept Medicare.



Cigna-HealthSpring Preferred with Rx (HMO)

Cigna-HealthSpring Preferred (HMO) benefits:

- Collaborative care provides retirees the right care where and when they need it
- Care coordination and disease management programs
- Predictable out-of-pocket costs
- One plan for medical and Part D coverage with one ID card and one customer service phone number

HMO features-at-a-glance

- High-performing provider networks
- No referrals required
- Focus on quality and preventive health
- Team approach to care
- Care coordination programs
- Integrated medical and Rx



Our Medicare Advantage plan

Benefits	HMO	PPO
Annual deductible	\$0	\$0
Plan out-of-pocket maximum	\$3,000	\$1,500
Doctor or specialist office visit	\$10/\$20 copayment	\$15/\$25 copayment
Inpatient medical hospital care	\$200 copayment per admission	\$0 copayment per admission
Emergency/urgent care	\$120/\$20 copayment	\$65/\$25 copayment
Diagnostic tests and lab services	20%/0% co-insurance	0%/0% co-insurance
Preventive care	\$0 copayment for annual wellness exam \$0 copayment for all preventive services covered by original Medicare	\$0 copayment for annual wellness exam \$0 copayment for all preventive services covered by original Medicare

Note: The benefit information provided here is a brief summary, not a comprehensive description of available benefits.

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Our Medicare Advantage plan offers additional benefits

Supplemental benefits	HMO	PPO
Emergency worldwide coverage	Not Covered	\$65 copay \$50,000 annual benefit maximum
Silver and Fit Fitness	(Offers Active and Fit at \$25 copay)	\$0 member cost share program at national network of fitness facilities, including YMCA, 24 Hour Fitness, Curves, etc.

Note: The benefit information provided here is a brief summary, not a comprehensive description of available benefits.

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Understanding Cigna-HealthSpring Preferred with Rx (HMO)/True Choice (PPO)



With our **Health Information Line (HIL)**, clinicians are available 24 hours a day, 7 days a week for health education, general medical questions, and to help you determine where to go for treatment.



Our **health services** team works directly with your doctors to help you get the right medication, therapies, education and community resources.



Customers with chronic conditions such as congestive heart failure, diabetes, and emphysema are supported in **disease management** programs.



Cigna Medicare Advantage HMO 2020 service area

CURRENT COUNTIES

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



Cigna Medicare Advantage 2020 service area

In-network hospital systems



Hospital

Williamson Medical Center

Vanderbilt

St. Thomas

LifePoint

County

Williamson

Davidson

Davidson

Sumner



Cigna-HealthSpring True Choice (PPO) ID Card

One card to access all your medical and prescription drug care

Show your card whenever you go to a doctor, hospital or facility for medical care and when you go to the pharmacy to pick up prescriptions



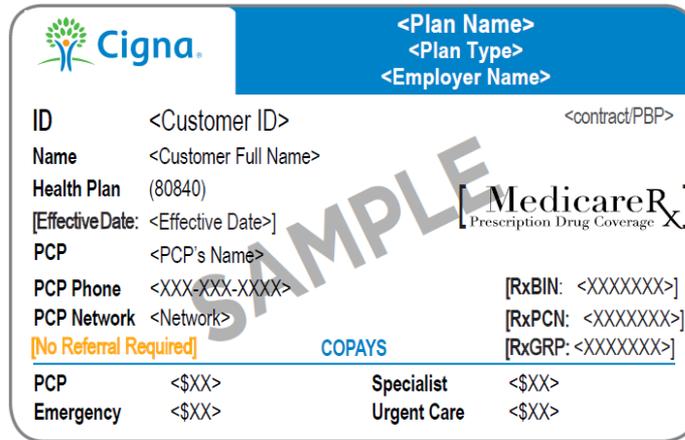
		<Plan Name>	
		<Plan Type>	
		<Employer Name>	
ID	<Customer ID>	<contract/PBP>	
Name	<Customer Full Name>		
Health Plan	(80840)	[MedicareRx] <small>Prescription Drug Coverage X</small>	
[Effective Date: <Effective Date>]			
		[RxBIN <XXXXXXXX>]	
		[RxPCN <XXXXXXXX>]	
		[RxGRP <XXXXXXXX>]	
No PCP Required		COPAYS	
No Referral Required			
PCP	<\$XX>	Specialist	<\$XX>
Emergency	<\$XX>	Urgent Care	<\$XX>



Cigna-HealthSpring Preferred with Rx (HMO) ID Card

One card to access all your medical and prescription drug care

Show your card whenever you go to a doctor, hospital or facility for medical care and when you go to the pharmacy to pick up prescriptions

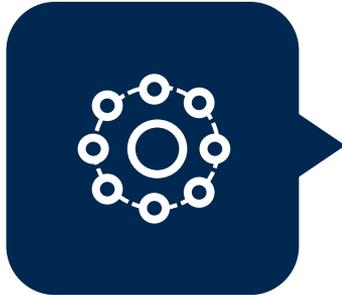


A sample Cigna ID card with a blue header and a white body. The header contains the Cigna logo and the text '<Plan Name>', '<Plan Type>', and '<Employer Name>'. The body contains the following information: ID (<Customer ID>), Name (<Customer Full Name>), Health Plan (80840), [Effective Date: <Effective Date>], PCP (<PCP's Name>), PCP Phone (<XXX-XXX-XXXX>), PCP Network (<Network>), [No Referral Required], COPAYS, [RxBIN: <XXXXXXXX>], [RxPCN: <XXXXXXXX>], [RxGRP: <XXXXXXXX>], PCP (<\$\$>), Specialist (<\$\$>), Emergency (<\$\$>), and Urgent Care (<\$\$>). A large 'SAMPLE' watermark is overlaid on the card.

		<Plan Name>	
		<Plan Type>	
		<Employer Name>	
ID	<Customer ID>	<contract/PBP>	
Name	<Customer Full Name>		
Health Plan	(80840)	[MedicareRx]	
[Effective Date:	<Effective Date>]	[Prescription Drug Coverage X]	
PCP	<PCP's Name>		
PCP Phone	<XXX-XXX-XXXX>	[RxBIN:	<XXXXXXXX>]
PCP Network	<Network>	[RxPCN:	<XXXXXXXX>]
[No Referral Required]	COPAYS	[RxGRP:	<XXXXXXXX>]
PCP	<\$\$>	Specialist	<\$\$>
Emergency	<\$\$>	Urgent Care	<\$\$>



Cigna Medicare Advantage HMO/PPO claim process



Visit an in-network doctor, hospital, or facility



Show your Cigna ID card



Pay your copay or coinsurance as required



Your doctor/hospital will send your claim to Cigna



Cigna will send you an Explanation of Benefits, or “EOB,” for your records



Your Cigna Medicare Advantage Rx drug list (formulary)

Your Medicare Advantage plan uses a drug list with four cost-sharing tiers, or coverage levels.

Tier 1 Preferred Generic Drugs

Tier 2 Preferred Brand Drugs

Tier 3 Non-Preferred Generic & Brand Drugs

Tier 4 Specialty Drugs Generic & Brand Drugs

Your drug list includes coverage for most of the commonly used drugs by people in Medicare plans.



Tier Labeling: The Rx Plan is not always able to keep all generic medications in the Preferred Generic (Tier 1) drug tiers. Some generic medications may be in the Preferred Brand (Tier 2) and Non-Preferred Brand/Generic (Tier 3) or Specialty Drug (Tier 4) tiers. Keep in mind that the name of the tier is just a description of the majority of the drugs in the tier. It does not mean that there are only generic or only brand drugs in that tier. Cost share shown is for all drugs in the Tier unless otherwise noted.



Your Cigna Medicare Advantage prescription benefits

Cigna-HealthSpring helps save you money by providing access to cost-effective generic drug equivalents to brand name drugs. If one is available, the brand drug may not be covered. Others may be subject to specific rules before such as step therapy or prior authorization.

EXCEPTIONS

If a drug is **not covered or has limited coverage** by Cigna, talk to your doctor about alternatives. If none are available, your doctor can request an exception.

TRANSITIONAL BENEFITS

While you are discussing alternatives with your doctor, **Cigna will cover up to a one-month supply** of the drug anytime within the first 90 days you are in the plan.



Enrollment information

Extra help is available for people with limited incomes.



You may be able to get Extra Help to pay for your prescription drug premiums and costs.

To see if you qualify for Extra Help, call:

Medicare

800-MEDICARE (800-633-4227) | TTY users call: 877-486-2048

24 hours a day, 7 days a week

Social Security Administration

800-772-1213 | TTY users call: 800-325-0778

7AM – 7PM, Monday - Friday

Your State Medicaid Office

1-800-342-3145



Enrollment information

What is Income Related Medicare Adjustment Amount (also known as IRMAA)?



Some people may have to pay an extra dollar amount to the Social Security Administration because of their yearly income:

- If your income is \$87,000 or above for an individual or married individuals filing separately, or \$174,000 or above for married couples, you must pay an extra amount for your Medicare Part B and Part D coverage.

What happens if you are impacted?

- The Social Security Administration – and not your Medicare Part C plan - will send you a letter telling you what the amount will be and how to pay it.
- You cannot pay this amount with your monthly Medicare Part C premium.





Important information



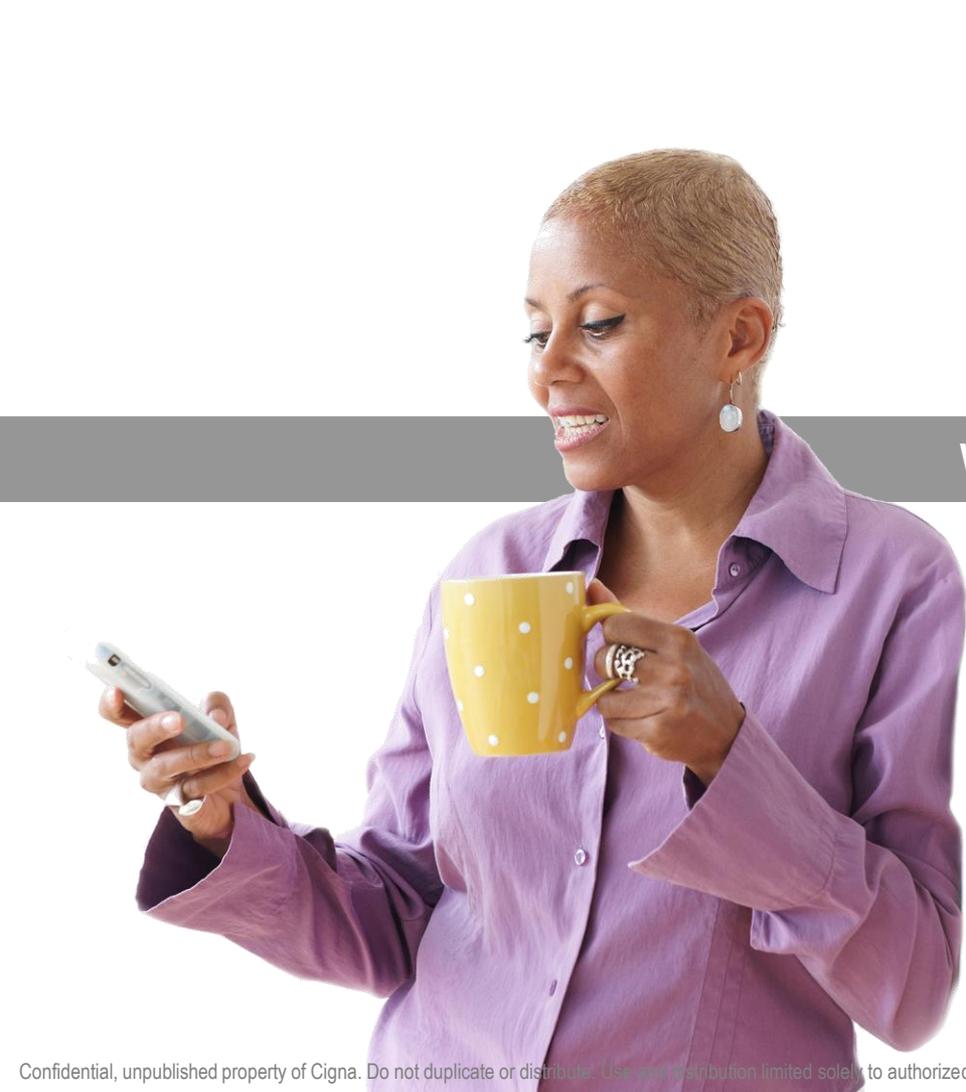
Williamson County Enrollment information

Who is eligible to enroll?



- You must be eligible for and enrolled in Medicare Part A and enrolled in Medicare Part B
- You can only be enrolled in one Medicare Part C plan



A woman with short, light-colored hair, wearing a purple button-down shirt, is smiling and looking at a smartphone in her right hand. She is also holding a yellow mug with white polka dots in her left hand. The background is white, and there is a grey horizontal bar across the middle of the image.

Why Cigna



Why Cigna-HealthSpring Preferred (HMO)



Coverage

- Same or better than Original Medicare (Part A and Part B)
- Integrated Part D prescription drug coverage
- Clinical care coordination



Access

- Large network of highly engaged quality-focused providers
- More than 67,000 network pharmacies*



Support

- One ID card and one customer service team to support all of your medical and prescription drug questions
- Health Information Line available 24 hours a day/7 days a week
- Online access via myCigna.com



* Based on internal analysis of Cigna nationwide Medicare pharmacy network, <July 2019>.

Why Cigna-HealthSpring True Choice (PPO)



Coverage

- Same or better than Original Medicare (Part A and Part B)
- Integrated Part D prescription drug coverage
- Clinical care coordination



Ease of use

- Freedom to see any doctor with no PCPs or referrals required
- More than 67,000 network pharmacies*



Support

- One ID card and one customer service team to support all of your medical and prescription drug questions
- Health Information Line available 24 hours a day/7 days a week
- Online access via myCigna.com



* Based on internal analysis of Cigna nationwide Medicare pharmacy network, <July 2019>.

Why Cigna

Using our Healthy Rewards[®] program is easy. No referrals or claim forms needed!
If you're enrolled in a health plan through Cigna, you're eligible!*

Healthy Rewards discount programs include:

- Hearing aids and exams
- Weight and nutrition
- Fitness memberships
- Vision exams and eyewear
- Alternative medicine such as chiropractic care, acupuncture, and massage therapy
- Yoga and wellness products



*Healthy Rewards is a discount program. If your plan includes coverage for any of these services, this program is in addition to, not instead of your plan benefits. Healthy Rewards programs are separate from your medical benefits. **A discount program is NOT insurance, and the member must pay the entire discounted charge.** Programs may not be available in all areas and may be discontinued at any time. Participating providers are independent third parties and are responsible for any products or services provided.



Why Cigna

Our online tools and resources provides you with information and support to help you manage your health

myCigna.com is your personalized customer website, where you can:

- View your benefits
- View your drug list
- Find a network pharmacy
- Review pharmacy claim history and details
- Manage your prescriptions
- Access your healthy rewards discount programs



You can also visit our public **CignaMedicare.com/group/resources** website, where you can:

- Find a provider or network pharmacy
- View plan information



For costs and details of coverage, see your enrollment materials. The information in this presentation summarizes the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's group insurance certificate, summary plan description or evidence of coverage – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

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Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year.

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