



SUMMARY OF BENEFITS

January 1, 2020 - December 31, 2020

Cigna-HealthSpring[®] Preferred Rx (HMO)

Williamson County Government

✚ No referral required

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, Gibson, Giles, Grainger, Grundy, Hamblen, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lauderdale, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Montgomery, Moore, Morgan, Overton, Perry, Pickett, 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) Snapshot* online at myCigna.com or 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.

- 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 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

Help is always here. If you have any questions, customer service is here to help. We go above and beyond to make sure you have everything you need to understand and get the most from your plan.

1-888-281-7867 (TTY 711)

October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays. Customer service also has free language interpreter services available for non-English speakers.

CignaMedicare.com/group/MAresources

You can also visit us online at to find a provider or pharmacy, view plan information, and more.

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, Gibson, Giles, Grainger, Grundy, Hamblen, Hamilton, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lauderdale, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Montgomery, Moore, Morgan, Overton, Perry, Pickett, 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, CignaMedicare.com/group/MAresources.
- 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 myCigna.com.
- Or, call us and we will send you a copy of the plan's *Prescription Drug List* (formulary).

How will I determine my drug costs?

Our plan groups each medication into one of four "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)
Monthly Premium, Deductible, and Limits		
How much is the monthly premium?	Please contact your Plan Sponsor. In addition, you must keep paying your Medicare Part B premium.	
How much is the medical deductible?	\$0 per year for medical services.	
How much is the Prescription Drugs Deductible?	\$0 per year for Part D prescription drugs.	
Is there any limit on how much I will pay for my covered services?	<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>\$3,000 for services you receive from in-network providers for Medicare-covered benefits.</p> <p>This limit is the most you pay for copays, coinsurance and other costs for Medicare services for the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p> <p>Refer to the "Medicare & You" handbook for Medicare-covered services.</p>	

3 COVERED MEDICAL & HOSPITAL BENEFITS

Benefit	What you Pay
Covered Medical and Hospital Benefits Note: Services with a ¹ may require prior authorization.	
Inpatient Hospital Coverage¹	
Our plan covers an unlimited number of days for an inpatient hospital stay.	\$200 per admission
Outpatient Hospital Coverage	
Ambulatory Surgical Center (ASC) ¹	\$0 or \$100 copayment
Outpatient Services ¹	\$0 - \$100 copayment
Outpatient Observation ¹	\$100 copayment
Doctors' Visits¹	
Primary Care Physician	\$10 copay
Specialists	\$20 copay
Preventive Care	
<p>Our plan covers many Medicare-covered preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Lung cancer screening with low dose computed tomography (LDCT). • Medical nutrition therapy services • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit 	<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
Emergency Care	
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
Urgently Needed Services	
Urgent Care Services	\$20 copay
Diagnostic services, Labs & Imaging <i>(Costs for these services may vary based on place of service)</i>	
Diagnostic Procedures and Tests ¹	0% or 20% coinsurance
Lab Services ¹	\$0 copay
Therapeutic Radiological Services ¹	20% coinsurance
X-ray Services ¹	20% coinsurance
Diagnostic Radiological Services (such as MRIs, CT Scans) ¹	0% or 20% coinsurance
Hearing Services	
Hearing Exams (Medicare-covered)	\$20 copay
Routine Hearing Exams	Not covered
Dental Services	
Dental Services (Medicare-Covered) ¹	\$20 copay Limited dental services (this does not included services in connection with care, treatment, filling, removal, or replacement of teeth).
Vision Services	
Eye Exams (Medicare-covered)	\$20 copay
Routine Eye Exam	Not Covered
Eyewear (Medicare-covered)	\$0 copay
Routine Eyewear	Not Covered
Mental Health Services	
Inpatient ¹ Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. Our plan also covers 60 "lifetime reserve days". These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.	\$200 per admission
Outpatient ¹ Group or Individual Therapy Visit	\$10 or \$20 copay

Benefit	What you Pay
Skilled Nursing Facility (SNF)¹	
Our plan covers up to 100 days in the SNF.	\$0 per day for days 1–20 \$50 per day for days 21-100
Rehabilitation Services	
Cardiac (heart) Rehab Services ¹	\$10 copay
Pulmonary Rehab Services ¹	\$10 copay
Occupational Therapy Services ¹	\$20 copay
Physical Therapy and Speech and Language Therapy Services ¹	\$20 copay
Ambulance¹	
Ground Service (one-way trip)	\$50 copay
Air Service (one-way trip)	\$50 copay
Transportation¹	
Members may be required to use Cigna vendors for transportation to plan-approved locations. Mileage restrictions may apply. See <i>Evidence of Coverage Snapshot</i> for full details and restrictions related to benefit.	Not covered
Prescription Drugs	
Medicare Part B Drugs ¹ Medicare-covered Part B Drugs may be subject to step therapy requirements.	20% coinsurance This plan has Part D prescription drug coverage. See Section 4.
Foot Care (Podiatry Services)	
Medicare-covered Podiatry Services	\$20 copay
Medical Equipment & Supplies	
Durable Medical Equipment (wheelchairs, oxygen, etc.) ¹	20% coinsurance
Prosthetic Devices (braces, artificial limbs, etc.) and Related Medical Supplies ¹	20% coinsurance
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.
Fitness & Wellness Programs	
Fitness Program	Not covered
24-Hour Health Information Line	
Call 24-Hour Health Information Line to talk with a nurse advocate. If you are experiencing a health care emergency, please call 911 or go to your nearest emergency room. Nurse advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice in any capacity as a health advocate.	\$0 copay
Chiropractic Care	
Chiropractic Services (Medicare-covered)	\$20 copay

Benefit	What you Pay
Home Health Care¹	
	\$0 copay
Hospice	
Hospice care must be provided by a Medicare-certified hospice program	<p>\$0 copay</p> <p>Our plan covers hospice consultation services (one-time only) before you select hospice. Hospice is covered outside of our plan. You may have to pay part of the cost for drugs and respite care. Please contact the plan for more details.</p>
Outpatient Substance Abuse¹	
Group or Individual Therapy Visit	\$10 or \$20 copay
Opioid Treatment Services¹	
<p>FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable</p> <p>Substance use counseling</p> <p>Individual and group therapy</p> <p>Toxicology testing</p>	\$20 copay
Meal Benefit	
	<p>\$0 copay</p> <p>Limited to 14 meals per discharge from qualified hospital stay (up to three stays per year)</p>
MD Live Telehealth Services (Medicare-Covered)	
Covered services include certain telehealth services, including for: allergies, cough, headache, nausea and other low-risk illnesses. You must use a network provider that offers this service.	\$10 copay
Supervised Exercise Therapy (SET)	
	<p>\$10 copay</p> <p>SET is covered for members who have symptomatic peripheral artery disease (PAD) and a referral for PAD from the physician responsible for PAD treatment.</p>
Acupuncture	
	Not Covered

4 PRESCRIPTION DRUG BENEFITS

Benefit	Cigna-HealthSpring Preferred Rx (HMO)																
Prescription Drug Benefits																	
<p>Medicare Part D Drugs Initial Coverage</p>	<p>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 \$4,020. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <table border="1" data-bbox="510 556 1491 1218"> <thead> <tr> <th data-bbox="510 556 819 720">Tier</th> <th data-bbox="819 556 1155 720">Standard Retail Cost-Sharing 30 / 60 / 90 Days</th> <th data-bbox="1155 556 1491 720">Standard Mail Order Cost-Sharing 30 / 60 / 90 Days</th> </tr> </thead> <tbody> <tr> <td data-bbox="510 720 819 853">Tier 1: Preferred Generic Drugs</td> <td data-bbox="819 720 1155 853">\$10 / \$20 / \$20</td> <td data-bbox="1155 720 1491 853">\$10 / \$20 / \$20</td> </tr> <tr> <td data-bbox="510 853 819 946">Tier 2: Preferred Brand Drugs</td> <td data-bbox="819 853 1155 946">\$25 / \$50 / \$50</td> <td data-bbox="1155 853 1491 946">\$25 / \$50 / \$50</td> </tr> <tr> <td data-bbox="510 946 819 1080">Tier 3: Non-Preferred Generic and Brand Drugs</td> <td data-bbox="819 946 1155 1080">\$50 / \$100 / \$100</td> <td data-bbox="1155 946 1491 1080">\$50 / \$100 / \$100</td> </tr> <tr> <td data-bbox="510 1080 819 1218">Tier 4: Specialty Generic and Brand Drugs</td> <td data-bbox="819 1080 1155 1218">\$50 / N/A / N/A</td> <td data-bbox="1155 1080 1491 1218">\$50 / N/A / N/A</td> </tr> </tbody> </table> <p data-bbox="510 1237 1051 1274">*Specialty drugs are limited to a 30-day supply</p> <p data-bbox="510 1289 1471 1399">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.</p> <p data-bbox="510 1414 1480 1565">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 myCigna.com. Or, call us and we will send you a copy of the formulary.</p>		Tier	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Standard Mail Order Cost-Sharing 30 / 60 / 90 Days	Tier 1: Preferred Generic Drugs	\$10 / \$20 / \$20	\$10 / \$20 / \$20	Tier 2: Preferred Brand Drugs	\$25 / \$50 / \$50	\$25 / \$50 / \$50	Tier 3: Non-Preferred Generic and Brand Drugs	\$50 / \$100 / \$100	\$50 / \$100 / \$100	Tier 4: Specialty Generic and Brand Drugs	\$50 / N/A / N/A	\$50 / N/A / N/A
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Benefit	Cigna-HealthSpring Preferred Rx (HMO)															
<p>Coverage Gap</p>	<p>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 \$4,020. Not everyone will enter the Coverage Gap.</p> <p>After you enter the Coverage Gap, you pay the amounts in the table below for covered drugs until your costs total \$6,350, which is the end of the Coverage Gap.</p> <table border="1" data-bbox="510 508 1491 1172"> <thead> <tr> <th data-bbox="510 508 819 674">Tier</th> <th data-bbox="819 508 1155 674">Standard Retail Cost-Sharing 30 / 60 / 90 Days</th> <th data-bbox="1155 508 1491 674">Standard Mail Order Cost-Sharing 30 / 60 / 90 Days</th> </tr> </thead> <tbody> <tr> <td data-bbox="510 674 819 806">Tier 1: Preferred Generic Drugs</td> <td data-bbox="819 674 1155 806">\$10 / \$20 / \$20</td> <td data-bbox="1155 674 1491 806">\$10 / \$20 / \$20</td> </tr> <tr> <td data-bbox="510 806 819 903">Tier 2: Preferred Brand Drugs</td> <td data-bbox="819 806 1155 903">\$25 / \$50 / \$50</td> <td data-bbox="1155 806 1491 903">\$25 / \$50 / \$50</td> </tr> <tr> <td data-bbox="510 903 819 1034">Tier 3: Non-Preferred Generic and Brand Drugs</td> <td data-bbox="819 903 1155 1034">\$50 / \$100 / \$100</td> <td data-bbox="1155 903 1491 1034">\$50 / \$100 / \$100</td> </tr> <tr> <td data-bbox="510 1034 819 1172">Tier 4: Specialty Generic and Brand Drugs</td> <td data-bbox="819 1034 1155 1172">\$50 / N/A / N/A</td> <td data-bbox="1155 1034 1491 1172">\$50 / N/A / N/A</td> </tr> </tbody> </table> <p>*Specialty drugs are limited to a 30-day supply</p>	Tier	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Standard Mail Order Cost-Sharing 30 / 60 / 90 Days	Tier 1: Preferred Generic Drugs	\$10 / \$20 / \$20	\$10 / \$20 / \$20	Tier 2: Preferred Brand Drugs	\$25 / \$50 / \$50	\$25 / \$50 / \$50	Tier 3: Non-Preferred Generic and Brand Drugs	\$50 / \$100 / \$100	\$50 / \$100 / \$100	Tier 4: Specialty Generic and Brand Drugs	\$50 / N/A / N/A	\$50 / N/A / N/A
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<p>Catastrophic Coverage</p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) have reached \$6,350, the plan will pay most of the cost for your drugs. Your share of the cost of covered drugs will be the great of:</p> <p>5% of the cost</p> <p>- or -</p> <p>\$3.60 copay for generic (including brand drugs treated as generic) and \$8.95 copayment for all other drugs.</p>															
<p>Out of Network</p>	<p>For drugs purchased at an out of network pharmacy, you will pay:</p> <p>The same cost-share as you pay in-network for a 30-day supply plus any amount that the out-of-network pharmacy billed that is higher than our typical standard retail pharmacy billed charges.</p>															

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