SUMMARY OF BENEFITS

2021
January 1, 2021 to
December 31, 2021

Cigna Preferred Medicare (HMO)
Williamson County Government
H4513 – 815

No referrals required

TO JOIN
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:
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

What's Inside

This Summary of Benefits gives you a summary of what **Cigna Preferred Medicare (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.

Comparing coverage

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.

More about Original Medicare

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.

Need help?

Call toll-free **1-888-281-7867 (TTY 711).** Customer Service is available 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. Our automated phone system may answer your call during weekends, after hours, and on federal holidays.

CignaMedicare.com/group/MAresources

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

1 About this plan

Which doctors, hospitals and pharmacies can I use?
Cigna Preferred Medicare (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.

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 plan's complete *Comprehensive Prescription Drug List* which lists the Part D prescription drugs along with any restrictions on our website, myCigna.com.
- Or, call us and we will send you a copy of the plan's *Comprehensive Prescription Drug List*.

❷ Monthly Premium, Deductible & Limits

Benefit	Cigna Preferred Medicare (HMO)
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?	Original Medicare does not have annual limits on out-of-pocket costs. Your yearly limit(s) in this plan: **$3,000** for services you receive from in-network providers for Medicare-covered benefits. This limit is the most you pay for copays, coinsurance and other costs for Medicare services for the year. If you reach the limit on out-of-pocket costs, you keep getting in-network covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

❸ Covered Medical & Hospital Benefits

Benefit	What you Pay
Note: Services with a [1] may require prior authorization.	
Inpatient Hospital Coverage[1]	
Our plan covers an unlimited number of days for an inpatient hospital stay.	**$200** per admission
Outpatient Hospital Coverage	
Ambulatory Surgical Center (ASC)[1]	**$100** copay
Outpatient Services[1]	**$100** copay
Outpatient Observation[1]	**$20** coinsurance
Doctors' Visits[1]	
Primary Care Physician	**$10** copay
Specialists	**$20** copay
Preventive Care	
Our plan covers many Medicare-covered preventive services, including: • 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	**$0** copay Any additional preventive services approved by Medicare During the contract year will be covered. Please see your *Evidence of Coverage* (EOC) for frequency of covered services.
Emergency Care	
Emergency Care Services	**$120** copay

Benefit	What you Pay
	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	**$120** copay Maximum worldwide coverage amount **$50,000**
Urgently Needed Services	
Urgent Care Services	**$20** copay
Diagnostic services, Labs & Imaging *(Costs for these services may vary based on place of service or type of service)*	
Diagnostic Procedures and Tests[1]	**0% – 20%** coinsurance
Lab Services[1] For COVID-19 testing a prior authorization is not required.	**$0** copay
Therapeutic Radiological Services[1]	**20%** coinsurance
X-ray Services[1]	**20%** coinsurance
Diagnostic Radiological Services (such as MRIs, CT Scans)[1]	**0% – 20%** coinsurance
Hearing Services	
Hearing Exams (Medicare-covered)	**$20** copay
Routine Hearing Exams	Not covered
Hearing Aid Evaluation/Fitting	Not Covered
Hearing Aids	Not covered
Dental Services	
Dental Services (Medicare-Covered)[1]	**$20** copay Limited dental services (this does not include 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
Glaucoma Screening (Medicare-covered)	**$0** copay
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] Individual or Group Therapy Visit	**$0** 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
Physical Therapy Telehealth Services[1]	**$20** copay
Ambulance[1]	
Ground Service (one-way trip)	**$50** copay
Air Service (one-way trip)	**$50** copay
Transportation[1]	
	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 in this *Summary of Benefits*.
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 Brand limitations apply to certain supplies.	**$0** copay for Diabetes self-management training **0%** of the cost for therapeutic shoes or inserts **$0** coinsurance for diabetic monitoring supplies
Fitness & Wellness Programs	
Fitness Program	Not covered
Health Information Line	
Talk one-on-one with a Nurse Advocate to get timely answers to your health-related questions at no additional cost, anytime day or night.	**$0** copay
Chiropractic Care	
Chiropractic Services (Medicare-covered)	**$20** copay
Home Health Care[1]	
	$0 copay
Hospice	
Hospice care must be provided by a Medicare-certified hospice program	**$0** copay

Benefit	What you Pay
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.	
Outpatient Substance Abuse[1]	
Individual or Group Therapy Visit	**$10 - $20** copay
Opioid Treatment Services[1]	
FDA-approved treatment medications in addition to testing, counseling and therapy.	**$20** copay
Home Delivered Meals	
	$0 copay for home delivered meals Limited to 14 meals per discharge from qualified hospital stay or skilled nursing facility (up to three stays per year)
Telehealth Services *(Medicare-Covered)*	
For nonemergency care, you can talk with an MDLIVE doctor via phone or video for certain telehealth services, including: allergies, cough, headache, sore throat and other low-risk illnesses.	**$10** copay
Acupuncture	
Acupuncture Services (Medicare-covered)[1] Services for chronic lower back pain.	**$20** copay
Supplemental Acupuncture Services	Not Covered

❹ Prescription Drug Benefits

Benefit	Cigna Preferred Medicare (HMO)
Prescription Drug Benefits	
Medicare Part D Drugs Initial Coverage (after you pay your deductible, if applicable)	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 **$4,130**. Total yearly drug costs are the total drug costs paid by both you and our plan.

Tier	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Standard Mail Order Cost-Sharing 30 / 60 / 90 Days
1	$10 / $20 / $20	$10 / $20 / $20
2	$25 / $50 / $50	$25 / $50 / $50
3	$50 / $100 / $100	$50 / $100 / $100
4*	$50 / N/A / N/A	$50 / N/A / N/A

Tier 1: Preferred Generic Drugs

Tier 2: Generic Drugs

Tier 3: Preferred Generic and Brand Drugs

Tier 4: Specialty Generic and Brand Drugs

*Specialty drugs are limited to a 30-day supply

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.

<table>
<tr><th>Benefit</th><th>Cigna Preferred Medicare (HMO)</th></tr>
<tr><td>Coverage Gap

Tier 1: Preferred Generic Drugs
Tier 2: Generic Drugs
Tier 3: Preferred Generic and Brand Drugs
Tier 4: Specialty Generic and Brand Drugs</td><td>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 $4,130. Not everyone will enter the Coverage Gap.

After you enter the Coverage Gap, you pay the amounts in the table below for covered drugs until your costs total $6,550, which is the end of the Coverage Gap.
<table>
<tr><th>Tier</th><th>Standard Retail Cost-Sharing 30 / 60 / 90 Days</th><th>Standard Mail Order Cost-Sharing 30 / 60 / 90 Days</th></tr>
<tr><td>1</td><td>$10 / $20 / $20</td><td>$10 / $20 / $20</td></tr>
<tr><td>2</td><td>$25 / $50 / $50</td><td>$25 / $50 / $50</td></tr>
<tr><td>3</td><td>$50 / $100 / $100</td><td>$50 / $100/ $100</td></tr>
<tr><td>4*</td><td>$50 / N/A / N/A</td><td>$50 / N/A / N/A</td></tr>
</table>
*Specialty drugs are limited to a 30-day supply</td></tr>
<tr><td>Catastrophic Coverage</td><td>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) have reached $6,550, the plan will pay most of the cost for your drugs. Your share of the cost of covered drugs will be the greater of:

5% of the cost

- or -

$3.70 copay for generic (including brand drugs treated as generic) and
$9.20 copayment for all other drugs.</td></tr>
<tr><td>Out of Network</td><td>If you get your drug at an out-of-network pharmacy, you will pay the same cost share you would pay for a 30-day supply at an in-network retail pharmacy. If you reside in a long-term care facility, you would pay the standard retail cost-sharing at an in-network pharmacy.</td></tr>
</table>

Your plan includes the following clinical management edits. Refer to your 2021 Formulary for more information.

- Prior Authorization
- Quantity Limits
- Step Therapy

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