

**Cigna-HealthSpring® Rx (PDP)**  
Medicare Part D Prescription Drug Plans

**2020 SUMMARY OF BENEFITS**  
**Cigna-HealthSpring Rx (PDP)**

**Fairfax County Government**

All 50 States, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.



This benefit information is a summary of what we cover and what you pay. It does not list every service, limitation or exclusion. To get a complete description of benefits, request the "Evidence of Coverage" booklet.

# Our Plan and Helpful Resources

## **Cigna-HealthSpring Rx (PDP)**

This plan is designed to provide Medicare-eligible individuals the drug coverage they need at a price they can afford. It covers over 6,000 medications, including most of the commonly used drugs by Medicare participants today.



### **Customer Service**

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.



### **Phone Numbers and Website**

**1-800-558-9562 (TTY711)**

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.



### **Drug List**

Find out if our plans cover your drugs or if we have any restrictions by looking at the enclosed plan formulary (drug list of Part D prescription drugs).



### **Pharmacy Directory**

You can also visit us online at [CignaMedicare.com/group/PDPresources](https://www.CignaMedicare.com/group/PDPresources) to find a pharmacy, view plan information, and more.

# SECTION 1. Introduction

This booklet gives you a summary of what we cover and what you pay for prescription drug coverage from January 1, 2020 – December 31, 2020. It does not list every service that we cover, every limitation, or exclusion. To get a complete list of services we cover, call us and ask for the “Evidence of Coverage”.

## You have choices about how to get your Medicare prescription drug benefits

One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like **Cigna-HealthSpring Rx (PDP)**.

Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (like an HMO or PPO) or another Medicare health plan that offers Medicare prescription drug coverage. You get all of your Part A and Part B Coverage, as well as prescription drug coverage (Part D), through these plans.

## Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Cigna-HealthSpring Rx (PDP)** covers and what you pay.

If you want to compare our plan with other Medicare health plans, ask the other plans for a copy of their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <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 <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.

This document is available in other formats such as Braille and large print.

<b>Sections in this booklet</b>	
1. Introduction .....	page 3
2. Things to Know About Our Medicare Part D Plans.....	page 4
3. Your Plan Costs - Monthly Premium, Deductible, Copays and Coinsurance .....	page 5
4. Your Plan Additional Details – Additional Covered Drugs and Limitations .....	page 10

## SECTION 2. Things to Know About Our Medicare Part D Plan

### Who can join a Medicare Part D plan?

To join **Cigna-HealthSpring Rx (PDP)**, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area which includes all 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands.

### Are my drugs covered?

See “Drug List” section on inside cover.

### How will I determine my drug costs?

The amount you pay for a medication depends on what tier the drug is grouped under and what stage of the plan benefit you have reached.

### Drug Tiers

Our plan groups each medication into one of four “tiers” –

Tier 1. Preferred Generic

Tier 2. Preferred Brand

Tier 3. Non-Preferred Generic and Brand

Tier 4. Specialty Generic and Brand

Use the plan formulary (drug list) to determine your medication’s drug tier.

### Benefit Stages

Medicare Part D coverage has four benefit stages - *Deductible* (if applicable), *Initial Coverage*, *Coverage Gap*, and *Catastrophic Coverage*.

#### **Stage One:** Deductible

- If this applies to you, you pay the full cost for your drugs until you reach your deductible.
- This may not apply to you, review Section 3 for more information.

#### **Stage Two:** Initial Coverage

- Begins after you meet your deductible (if applicable).
- You pay a copay or coinsurance for covered drugs.

#### **Stage Three:** Coverage Gap (also known as the “Donut Hole”)

- Begins after your total yearly drug costs – *what the plan has paid and what you have paid* – reaches \$4,020.
- You continue to pay the same amount as you paid in the initial coverage phase.

#### **Stage Four:** Catastrophic Coverage

- Takes effect when your yearly out-of-pocket drug costs – *what you paid at your retail pharmacy or mail order* – reach \$6,350.
- The plan pays most of the cost of a covered drug.
- You pay a small amount or up to 5% of the cost.

### **Which pharmacies can I use?**

You can see our plan’s pharmacy directory at our website [CignaMedicare.com/group/PDPresources](http://CignaMedicare.com/group/PDPresources), or you can call us and we will send you a copy of the pharmacy directory.

We have a pharmacy network that includes over 67,000 pharmacies. You must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

You may also get drugs at an out-of-network pharmacy. You will pay 30%, plus any amount that the out-of-network pharmacy billed that is higher than our typical standard retail pharmacy billed charges.

For up-to-date information about our network pharmacies, please call 1-800-558-9562 (TTY 711) or consult the online pharmacy directory at [CignaMedicare.com/group/PDPresources](http://CignaMedicare.com/group/PDPresources).

## SECTION 3. Your Plan Costs

### Monthly Premium and Deductible

**What You Should Know:**

- You must continue to pay your Medicare Part B premium in addition to your monthly Medicare Part D premium. Please contact your Plan Sponsor for questions on your premium.
- A deductible (if applicable) is the amount you need to pay for your prescriptions before Initial Coverage begins with your Medicare Part D plan.
- Until you meet your deductible (if applicable), your cost at our network pharmacies will reflect the Cigna special negotiated rates.
- You will typically get the best pricing from network pharmacies. See our pharmacy directory for a list of network pharmacies in your area.

<b>Your Costs</b>	<b>Cigna-HealthSpring Rx (PDP)</b>
<b>Monthly Premium</b>	Contact your plan sponsor.
<b>Annual Deductible</b>	\$75 / year You need to pay this amount before your Initial Coverage begins.
<b>Out of Pocket Maximum</b>	\$2000 After you pay \$2000 for covered prescriptions, you will pay \$0 for covered prescriptions.

This information is not a complete description of benefits. Call 1-800-558-9562/ TTY 711 for more information.

## SECTION 3. Your Plan Costs

### Benefit Stage 2: Initial Coverage – Retail and Mail Order Pharmacies

#### What You Should Know:

- Your copay or coinsurance is based on the drug tier for your medication which you can find in the plan formulary (drug list) that was included in this mailing. Or, call us and we will send you a copy of the drug list.
- You may also get drugs at an out-of-network pharmacy. You will pay 30%, plus any amount that the out-of-network pharmacy billed that is higher than our typical standard retail pharmacy billed charges.
- **Important:** If you receive Extra Help, these benefit stages do not apply. You typically pay only a low copay.

#### What You Will Pay

Initial Coverage begins after you meet your deductible (if your plan has a deductible). The table below lists your cost share.

#### Retail and Mail Order Pharmacies

We group each medication into one of four tiers. Please see drug tier definitions below.	<i>Retail</i>		<i>Mail Order</i>	
	<b>30-day Supply</b>	<b>60-day and 90-day Supply</b>	<b>30-day Supply</b>	<b>60-day and 90-day Supply</b>
<b>Tier 1:</b> Preferred Generic Drugs	\$7	\$14 / \$21	\$7	\$14 / \$14
<b>Tier 2:</b> Preferred Brand Drugs	20% (\$50 max)	20% (\$100 max) / 20% (\$150 max)	20% (\$50 max)	20% (\$100 max) / 20% (\$100 max)
<b>Tier 3:</b> Non-Preferred Generic and Brand Drugs	30% (\$100 max)	30% (\$200 max) / 30% (\$300 max)	30% (\$100 max)	30% (\$200 max) / 30% (\$200 max)
<b>Tier 4:</b> Specialty Generic and Brand Drugs*	30% (\$100 max)	N/A / N/A	30% (\$100 max)	N/A / N/A

\*Specialty drugs are limited to a 30-day supply.

## SECTION 3. Your Plan Costs

### Benefit Stage 2: **Initial Coverage** – Long-Term Care

**What You Should Know:**

- Your copay or coinsurance is based on the drug tier for your medication which you can find in the plan formulary (drug list) that was included in this mailing. Or, call us and we will send you a copy of the formulary. Please see drug tier definitions in the table below.
- You may also get drugs at an out-of-network pharmacy. You will pay 30%, plus any amount that the out-of-network pharmacy billed that is higher than our typical standard retail pharmacy billed charges.
- **Important:** If you receive Extra Help, these benefit stages do not apply. You typically pay only a low copay.

<b>What You Will Pay</b>	
Initial Coverage begins after you meet your deductible. The table below lists your cost share.	
We group each medication into one of four tiers. Please see drug tier definitions below.	<b>Long-Term Care Facility</b>
<b>Tier 1:</b> Preferred Generic Drugs	31-day Supply
<b>Tier 2:</b> Preferred Brand Drugs <b>Tier 3:</b> Non-Preferred Generic and Brand Drugs <b>Tier 4:</b> Specialty Generic and Brand Drugs*	<b>Tiers 1- 4:</b> If you reside in a long-term care facility, you pay the same as the 31-supply copay at a standard retail pharmacy based on specific drug tier.

\*Specialty drugs are limited to a 31-day supply.

## SECTION 3. Your Plan Costs

### Benefit Stage 3: Coverage Gap (also known as the “Donut Hole”)

#### What You Should Know:

- Most Medicare drug plans have a coverage gap.
- Not everyone will enter the coverage gap.
- You may also get drugs at an out-of-network pharmacy. You will pay 30%, plus any amount that the out-of-network pharmacy billed that is higher than our typical standard retail pharmacy billed charges.
- **Important:** If you receive Extra Help, these benefit stages do not apply. You typically pay only a low copay.

### What You Will Pay

The Coverage Gap follows the Initial Coverage stage, after your total yearly drug costs (what the plan has paid and what you have paid) reaches \$4,020. Ends when your costs total \$6,350.

#### Retail and Mail Order Pharmacies

We group each medication into one of four tiers. Please see drug tier definitions below.	<i>Retail</i>		<i>Mail Order</i>	
	30-day Supply	60-day and 90-day Supply	30-day Supply	60-day and 90-day Supply
<b>Tier 1:</b> Preferred Generic Drugs	\$7	\$14 / \$21	\$7	\$14 / \$14
<b>Tier 2:</b> Preferred Brand Drugs	20% (\$50 max)	20% (\$100 max) / 20% (\$150 max)	20% (\$50 max)	20% (\$100 max) / 20% (\$100 max)
<b>Tier 3:</b> Non-Preferred Generic and Brand Drugs	30% (\$100 max)	30% (\$200 max) / 30% (\$300 max)	30% (\$100 max)	30% (\$200 max) / 30% (\$200 max)
<b>Tier 4:</b> Specialty Generic and Brand Drugs*	30% (\$100 max)	N/A / N/A	30% (\$100 max)	N/A / N/A

\*Specialty drugs are limited to a 30-day supply.

## SECTION 3. Your Plan Costs

### Benefit Stage 4: Catastrophic Coverage

**What You Should Know:**

- The plan pays most of the cost of a covered drug in this stage. You pay a small amount, typically no more than 5% of the cost.
- Not everyone will reach the catastrophic coverage phase.
- You may also get drugs at an out-of-network pharmacy. You will pay 30%, plus any amount that the out-of-network pharmacy billed that is higher than our typical standard retail pharmacy billed charges.
- **Important:** If you receive Extra Help, these benefit stages do not apply. You typically pay only a low copay.

What You Will Pay	
<p>Catastrophic Coverage takes effect <b>after the Coverage Gap</b> “Donut Hole” stage when your yearly out-of-pocket drug costs reach \$6,350. Your coverage will remain in this drug payment stage until the end of the calendar year.</p>	
<p>We group each medication into one of four tiers. Please see drug tier definitions below.</p>	<p><i><b>In-Network Pharmacy</b></i></p>
<p><b>Tier 1:</b> Preferred Generic Drugs</p> <p><b>Tier 2:</b> Preferred Brand Drugs</p> <p><b>Tier 3:</b> Non-Preferred Generic and Brand Drugs</p> <p><b>Tier 4:</b> Specialty Generic and Brand Drugs*</p>	<p><b>Tiers 1- 4:</b> You pay the lesser of the Coverage Gap amount; or the standard Catastrophic Coverage amount which is the greater of:</p> <ul style="list-style-type: none"> <li>• 5% of the cost, or</li> <li>• \$3.60 copay for generic (including brand drugs treated as generic) and an \$8.95 copayment for all other drugs.</li> </ul>

\*Specialty drugs are limited to a 30-day supply.

## SECTION 4. Your Plan Additional Details

<b>Additional Drugs Covered by Cigna-HealthSpring Rx (PDP)</b>	
<i><b>Additional Drug Types Covered</b></i>	<i><b>What you pay</b></i>
	<p><b>Tiers 1- 4:</b> Your plan covers additional drugs not normally covered in a Medicare Prescription Drug Plan, as indicated in the Formulary Drug List by the + symbol. You pay the same amount as you would for other covered drugs on your plan in the same tier. Please see your 2020 Formulary document for details.</p>
<p>Cough and Cold Drugs* Erectile Dysfunction Drugs*^ Prescription Vitamins*</p>	<p>*The cost-share you pay on these drugs does not count toward your annual TrOOP.</p> <p>^ Sexual dysfunction medications are subject to prior authorization and quantity limitations even though these limitations may be waived in other treatment categories.</p>
<p>Preventive Generics Part D Diabetic Drugs and Supplies</p>	<p>\$0 copay</p> <p>If your plan has a deductible, the deductible does not apply to these drugs.</p>
<p>Expanded Coverage</p> <p>This is a list of drugs prescribed most often to seniors that has been added to this plan.</p>	<p><b>Tier 2:</b> Your plan covers additional drugs not normally covered in a Medicare Prescription Drug Plan, as indicated in the Base Plus Drug List by the <b>EC</b> symbol. You pay the <b>Tier 2</b> cost-share for these drugs. Please see your 2020 Formulary document for details.</p>
<b>Clinical Management Edits</b>	
<p>Step Therapy Prior Authorization Quantity Limits</p>	<p>Your plan includes these clinical management edits. For more information on these edits, refer to the drug list or the Evidence of Coverage (Chapter 3, Section 4.2).</p>



If you have any questions about this plan please call Customer Service Monday through Friday at **1-800-558-9562 (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.

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