

January 1, 2019 – December 31, 2019

# EVIDENCE OF COVERAGE Snapshot

## For Retirees of Pre 3-90 Base 5

**Please Note:** This document provides additional details for the Medicare prescription drug coverage outlined in your Evidence of Coverage booklet. Both this Snapshot document and your Evidence of Coverage booklet are important legal documents and should be kept together in a safe place.

### Your Medicare Prescription Drug Coverage as a Member of Cigna-HealthSpring Rx (PDP) Medicare Prescription Drug Plan

Please see Chapter 4, Section 2.1 in your Evidence of Coverage booklet for a detailed description of the table shown below.

**What you pay for a drug depends on which “drug payment stage” you are in when you get the drug.**

As shown in the table on the next page, there are “drug payment stages” for your prescription drug coverage under Cigna-HealthSpring Rx (PDP). How much you pay for a drug depends on which of these stages you are in at the time you get a prescription filled or refilled. Keep in mind you are always responsible for the plan’s monthly premium regardless of the drug payment stage.

Please call our customer service number at 1-800-558-9562 (TTY 711), 8 a.m. – 8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – September 30.

# Cigna-HealthSpring® Rx (PDP)

Medicare Part D Prescription Drug Plans



<b>Stage 1</b> <u>Yearly Deductible Stage</u>	<b>Stage 2</b> <u>Initial Coverage Stage</u>	<b>Stage 3</b> <u>Coverage Gap Stage</u>	<b>Stage 4</b> <u>Catastrophic Coverage Stage</u>
<p>Because there is no deductible for the plan, this payment stage does not apply to you.</p>	<p>You begin in this stage when you fill your first prescription of the year.</p> <p>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p>	<p>You pay the same copays/coinsurance as the Initial Coverage Stage.</p>	<p>During this stage, <b>the plan will pay most of the cost of your drugs</b> for the rest of the calendar year (through December 31, 2019).</p> <p>You pay the lesser of the Coverage Gap amount or</p> <p>The greater of:</p> <ul style="list-style-type: none"> <li>• 5% of the cost, or</li> <li>• \$3.40 copay for generic (including brand name drugs treated as generic) and an \$8.50 copayment for all other drugs.</li> </ul>
<p><b>Stage 1</b> <u>Yearly Deductible Stage</u></p> <p>(Details are in Section 4 of Chapter 4 in your Evidence of Coverage Booklet.)</p>	<p><b>Stage 2</b> <u>Initial Coverage Stage</u></p> <p>You stay in this stage until your year-to-date <b>“total drug costs”</b> (your payments plus any Part D plan’s payments, plus any payments made on your behalf) total \$3,820.</p> <p>(Details are in Section 5 of Chapter 4 in your Evidence of Coverage Booklet.)</p>	<p><b>Stage 3</b> <u>Coverage Gap Stage</u></p> <p>You stay in this stage until your year-to-date <b>“out-of-pocket costs”</b> (your payments) reach a total of \$5,100. This amount and rules for counting costs toward this amount have been set by Medicare.</p> <p>(Details are in Section 6 of Chapter 4 in your Evidence of Coverage Booklet.)</p>	<p><b>Stage 4</b> <u>Catastrophic Coverage Stage</u></p> <p>(Details are in Section 7 of Chapter 4 in your Evidence of Coverage Booklet.)</p>

**Your Medicare Prescription Drug Coverage as a Member of Cigna-HealthSpring Rx (PDP) Medicare Prescription Drug Plan**

Please see Chapter 4, Section 5.2 in your Evidence of Coverage booklet for a detailed description of the table shown below.

Your share of the cost when you get a one-month supply of a covered Part D prescription drug:

Cost-Sharing Tiers	Network Pharmacy	The Plan's Mail-Order Service	Network Long-Term Care Pharmacy	Out-of-Network Pharmacy (coverage is limited to certain situations; see Chapter 3 of your Evidence of Coverage Booklet for details)
Cost-Sharing Tier 1: Preferred Generic Drugs	\$5	\$5	\$5	40%
Cost-Sharing Tier 2: Preferred Brand Drugs	\$7	\$7	\$7	40%
Cost-Sharing Tier 3: Non-Preferred Generic and Brand Drugs	\$7	\$7	\$7	40%
Cost-Sharing Tier 4: Specialty Generic and Brand Drugs	\$7	\$7	\$7	40%

Please see Chapter 4, Section 5.3 in your Evidence of Coverage booklet for a detailed description of the table shown below.

Your share of the cost when you get a long-term supply (60-day and 90-day supply) of a covered Part D prescription drug from:

Cost-Sharing Tiers	Network Pharmacy 60 / 90	The Plan's Mail-Order Service 60 / 90
Cost-Sharing Tier 1: Preferred Generic Drugs	\$10 / \$15	\$3 / \$3
Cost-Sharing Tier 2: Preferred Brand Drugs	\$14 / \$21	\$3 / \$3
Cost-Sharing Tier 3: Non-Preferred Generic and Brand Drugs	\$14 / \$21	\$3 / \$3
Cost-Sharing Tier 4: Specialty Generic and Brand Drugs*	N/A	N/A

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

## Deductible Stage Information for Retirees of Pre 3-90 Base 5

### There is no Deductible for Cigna-HealthSpring Rx (PDP)

You do not pay a deductible for your Part D drugs. You begin in the Initial Coverage Stage when you fill your first prescription of the year. See Section 5 for information about your coverage in the Initial Coverage Stage.

## Additional Benefits offered for Retirees of Pre 3-90 Base 5

Your plan covers additional drugs not normally covered in a Medicare Prescription Drug Plan as indicated in the Formulary Drug List by the + symbol. Please see your 2019 Formulary document for details. The cost share you pay on these drugs do not count toward your annual TrOOP.

Cough and Cold Drugs  
Prescription Vitamins  
Weight Loss Weight Gain Drugs

## Additional Coverage Available for Retirees of Pre 3-90 Base 5

### Brand Package

The Brand package includes Single Source and Multi-Source Supplemental drugs.

### Adherence Package

Preventives and Diabetic Drugs and Supplies

The following preventive benefits are covered at a \$0 copay (deductible does not apply):

Your plan waives the following clinical management edits (see definitions, Chapter 3, Section 4.2).

### Prior Authorization

### Quantity Limits

### Step Therapy

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