



Community College of Baltimore County – Cigna-HealthSpring Rx (PDP)

SUMMARY OF BENEFITS

Start date: 1/1/2020

End date: 12/31/2020

This is a summary of benefits for your Cigna-HealthSpring RX (PDP) Plan. Cigna Standard Medicare Formulary applies. The Cigna Standard Medicare Formulary is different than the Cigna commercial plan formulary.

Plan Type	Cigna-HealthSpring Rx (PDP)
ASO Admin Fee	\$24.78
Number of Medicare Beneficiaries	855
Funding Type	ASO
Situs State	MD
Benefit Option Code	RXPDP
Rx Plan Design	Copay
Rx Formulary	Standard
Pharmacy Accumulation Type	Calendar Year
Benefit Description	What the Member pays
Deductible Phase	
Individual Deductible	\$0
Individual Deductible Applies to	N/A
Initial Coverage Level	
Initial Coverage Level (Total Drug Spend)	\$4,020
Retail (1-30 Day Supply)	
Tier 1 Preferred Generic Drugs	\$20
Tier 2 Preferred Brand Drugs	\$25
Tier 3 Non Preferred Brand and Generic Drugs	\$20 Generic/\$30 Brand
Tier 4 Brand Name and Generic High Cost Specialty Drugs	\$20 Generic/\$30 Brand
Retail (31-60 Day Supply)	
Tier 1 Preferred Generic Drugs	\$40
Tier 2 Preferred Brand Drugs	\$50
Tier 3 Non Preferred Brand and Generic Drugs	\$40 Generic/\$60 Brand
Tier 4 Brand Name and Generic High Cost Specialty Drugs	\$40 Generic/\$60 Brand
Retail (61-90 Day Supply)	
Tier 1 Preferred Generic Drugs	\$60
Tier 2 Preferred Brand Drugs	\$75
Tier 3 Non Preferred Brand and Generic Drugs	\$60 Generic/\$90 Brand
Tier 4 Brand Name and Generic High Cost Specialty Drugs	\$60 Generic/\$90 Brand
Long-Term Care (1-31 Day Supply)	
Tier 1 Preferred Generic Drugs	\$20
Tier 2 Preferred Brand Drugs	\$25
Tier 3 Non Preferred Brand and Generic Drugs	\$20 Generic/\$30 Brand
Tier 4 Brand Name and Generic High Cost Specialty Drugs	\$20 Generic/\$30 Brand
Mail Order (1-30 Day Supply)	
Tier 1 Preferred Generic Drugs	\$20
Tier 2 Preferred Brand Drugs	\$25
Tier 3 Non Preferred Brand and Generic Drugs	\$20 Generic/\$30 Brand
Tier 4 Brand Name and Generic High Cost Specialty Drugs	\$20 Generic/\$30 Brand
Mail Order (31-60 Day Supply)	
Tier 1 Preferred Generic Drugs	\$20
Tier 2 Preferred Brand Drugs	\$25
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Tier 4 Brand Name and Generic High Cost Specialty Drugs	\$20 Generic/\$30 Brand
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Tier 1 Preferred Generic Drugs	\$20
Tier 2 Preferred Brand Drugs	\$40
Tier 3 Non Preferred Brand and Generic Drugs	\$20 Generic/\$40 Brand
Tier 4 Brand Name and Generic High Cost Specialty Drugs	\$20 Generic/\$40 Brand
Out of Network Coverage (Member Liability) (30 Day Supply)	Tier 1 - 40%/Tier 2 - 40%/Tier 3 - 40%/Tier 4 - 40%
Member Out of Pocket Maximum	N/A
Coverage Gap (from \$4020 in Drug Spend up to True Out-of-Pocket of \$6350)	
Retail (1-30 Day Supply)	
Tier 1 Preferred Generic Drugs	\$20
Tier 2 Preferred Brand Drugs	\$25
Tier 3 Non Preferred Brand and Generic Drugs	\$20 Generic/\$30 Brand
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Tier 4 Brand Name and Generic High Cost Specialty Drugs	\$20 Generic/\$40 Brand
Catastrophic Phase (True Out-of-Pocket)	\$6,350
Generic Drugs	Standard Part D (the greater of \$3.60 or 5%)
Brand Drugs	Standard Part D (the greater of \$8.95 or 5%)

Plan Type	Cigna-HealthSpring Rx (PDP)
Clinical Management	
Are the following clinical programs included or waived?	
Step Therapy	Included
Prior Authorizations	Included
Quantity Limits	Included
Opioids	
Opioids (all tiers)	Limited to one month supply
Non-Part D Supplemental Coverage	
Are the following non-formulary drugs covered?	
Fertility Drugs	No
Prescription Vitamins	Yes
Cold & Cough Preps	Yes
Weight Loss/Weight Gain	No
Erectile Dysfunction	Yes
Formulary Enhancements	
Are the following formulary enhancements covered?	
Brand Package	Yes
Expanded Package	No
Adherence Package (Preventives and Diabetic Drugs and Supplies at \$0 Copay)	No
Other Approved Non-Standard Benefits	Diabetic Drugs and Supplies at \$0 Copay, including Tier 3

See next page for Caveats and Exclusions
Quote created by model version 17.3 on Jun 28, 2019

**Community College of Baltimore County – Cigna-HealthSpring Rx (PDP)
CAVEATS, EXCLUSIONS and DEFINITIONS**

The Employer Part D program does not integrate with medical plan deductibles, out-of-pocket maximums, or annual maximums.

Only retirees and their dependents who are entitled to Medicare Part A and/or enrolled in Part B are included in this quote. If a retiree or dependent is not entitled to Medicare Part A and/or not enrolled in Part B, then they are not eligible to join a Medicare Part D plan.

Billing for this product is on a Per Medicare Beneficiary Per Month basis. Each enrollee will be set up on their own eligibility record/ID and charged a single per Medicare beneficiary Per Month premium rate.

Cigna companies reserve the right to adjust the benefits and/or premiums in this proposal if such adjustments are necessary to comply with current Centers for Medicare & Medicaid Services (CMS) rules and regulations.

Drug Exclusions:

A Medicare Prescription Drug Plan can't cover a drug that would be covered under Medicare Part A or Part B. Also, while a Medicare Prescription Drug Plan can cover off label uses (meaning for uses other than those indicated on a drug's label as approved by the Food and Drug Administration) of a prescription drug, we cover the off-label use only in cases where the use is supported by certain reference book citations. Congress specifically listed the reference books that list whether the off-label use would be permitted (these reference books are: (1) American Hospital Formulary Service Drug Information, (2) the DRUGDEX Information System).

By law, certain types of drugs, or categories of drugs, are not covered by Medicare Prescription Drug Plans. These drugs are not considered Part D drugs and may be referred to as "exclusions" or "non-Part D drugs." These drugs include:

Non-prescription drugs (or over-the counter drugs).

Drugs when used for anorexia, weight loss, or weight gain.

Drugs when used to promote fertility.

Drugs when used for cosmetic purposes or hair growth.

Drugs when used for the symptomatic relief of cough or colds.

Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.

Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.

Drugs, such as Viagra, Cialis, Levitra, and Caverject, when used for the treatment of sexual or erectile dysfunction.

In addition, the following exclusions apply to any service that is a Covered Expense under this plan, but is not covered by Medicare:

- Expenses for supplies, care, treatment, or surgery that are not Medically Necessary.
- To the extent that payment is unlawful where the person resides when the expenses are incurred.
- Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan.

Definitions

1-30 Day Supply for Retail and 1-31 Day Supply for Long-Term Care Facilities

Usually, the amount for a covered prescription drug is a one-month supply. However, if the amount is less than a one-month supply for oral solid prescriptions, then the amount paid is prorated based on the actual amount received.

Retail Example: Plan has a \$10 copay for a 30 day supply. Actual day supply filled is 10 day supply. Copay is prorated as follows: \$10 divided by 30 or \$.3333 per day, times the day supply of 10, equals \$3.33 copay owed by member.

Long-Term Care Facility Example: Plan has a \$10 copay for a 31 day supply. Actual day supply filled is 10 day supply. Copay is prorated as follows: \$10 divided by 31 or \$.3226 per day, times the day supply of 10, equals \$3.23 copay owed by member.

Employer Group Waiver Plans (EGWP) facilitate the offering of PDP plans to employer/union group health plan sponsors. Employer/union plan sponsors can contract with an insurer or directly with CMS to provide coverage for medical and/or prescription drug benefits. CMS grants certain program waivers and/or modifications for EGWP plans that do not apply to enrollee plans.

Drug Coverage Included in Standard EGWP PDP Formulary (Not available with the value formulary):

- **Courtesy Drugs:** refers to drugs normally covered under commercial pharmacy plans but are excluded by CMS.
- **DESI (Drug Efficacy Study Implementation) Drugs:** refers to drugs that were introduced between 1938-1962 and approved for safety but not effectiveness. DESI drugs are not "grandfathered" or generally recognized as safe and effective (GRAS/E).

Non Part D Eligible Drug Optional Buy-ups:

- **Fertility Drugs** - drugs used to promote fertility
- **Prescription Vitamins** - drugs used for prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.
- **Cold & Cough Preps** - drugs used for symptomatic relief of cough and colds
- **Weight Loss/Weight Gain** - drugs used for anorexia, weight loss, weight gain
- **Erectile Dysfunction** - drugs used for erectile dysfunction

Optional Formulary Buy-ups:

• **Adherence Package includes:**

- **Diabetic Drugs and Supplies at \$0 copay:** diabetic drugs and supplies covered on the Standard Medicare Part D formulary are covered at \$0 copay instead of the plan copay/coinsurance and deductible (if one applies).
- **Preventive Drugs – Generic and brand at \$0 copay:** preventive generic and brand name drugs related to preventive care are covered on the Standard Medicare Part D formulary are covered at \$0 copay instead of the plan copay/coinsurance.

• **Brand Package includes:**

- **Multi-Source Brand Drugs:** multi-source brand medications with a generic available which are only offered as a generic on the standard Medicare Part D formulary. The additional drugs added to the standard Medicare Part D formulary will pay at a Tier 3 copay level.
- **Single-Source Brand Drugs:** single-source brand medications with no generic available that are not offered on the standard Medicare Part D formulary. The additional drugs added to the standard Medicare Part D formulary will pay at a Tier 3 copay level.
- **Expanded Package** – The top highly utilized drugs used by Seniors on Cigna's commercial plans, this buy-up will:
 - 1) Add drugs that are not on the base Part D formulary at the same tier as commercial formulary; and
 - 2) May reduce copay to tier 2 for certain drugs that are at a higher tier on the base Part D formulary.

Opioid drugs

- Limited to 30 day supply at Retail and Mail Order Pharmacies and 31 day supply at Long Term Care Facilities.

Out-of-Network Coverage:

Generally, we cover drugs filled at an out-of-network pharmacy only when the plan participant is not able to use a network pharmacy. Here are the circumstances when we would cover prescriptions filled at an out-of-network pharmacy:

- If the plan participant is unable to obtain a covered drug in a timely manner within our service area because there is no network pharmacy within a reasonable driving distances that provides 24-hour service.
- If the plan participant is trying to fill a covered prescription drug that is not regularly stocked at an accessible network retail or mail-order pharmacy (these drugs include orphan drugs or other specialty pharmaceuticals).
- If a covered Part D drug is dispensed by an out-of-network, institution-based pharmacy to a patient who is in the emergency department, provider based clinic, outpatient surgery or other outpatient surgery or other outpatient settings.
- When the plan participant is away from our service area for an extended period of time (for example, during travel), they may use a participating mail order pharmacy. This will ensure they have a sufficient supply of medication with them at all times.

Tier Labeling:

Cigna-HealthSpring Rx (PDP) is not always able to keep all generic medications in the Preferred Generic (Tier 1) and Non-Preferred Brand and Generic (Tier 3) drug tiers. Some generic medications may be in the Preferred Brand (Tier 2) and 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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Cigna-HealthSpring is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring depends on contract renewal.