

# 2020 MEDICARE ADVANTAGE GUIDE

**Kansas City**

For plan service areas, please see inside cover.

**Cigna-HealthSpring Preferred (HMO) H9460-001**

**Cigna-HealthSpring Advantage (HMO) H9460-002**

**Together, all the way.®**



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# SERVICE AREAS

| Plan   | Service Area   |
|--|--|
| <b>Cigna-HealthSpring Preferred (HMO)</b><br>H9460-001 | <b>You must live in these service areas:</b><br>Cass, Clay, Jackson, Platte, and Ray counties, MO; Johnson, Miami and Wyandotte counties, KS |
| <b>Cigna-HealthSpring Advantage (HMO)</b><br>H9460-002 | <b>You must live in these service areas:</b><br>Cass, Clay, Jackson, Platte, and Ray counties, MO; Johnson, Miami and Wyandotte counties, KS |

# TABLE OF CONTENTS

---

5 Introduction

---

## **7 WELCOME**

---

9 Have Confidence in Your Health Partner

---

10 Explore Your Options

---

11 When You Can Join

---

12 Which Plan Type is Right for You?

---

13 Words We Use

---

## **17 COVERAGE**

---

18 Health Benefits for a Better You

---

19 Summary of Benefits

---

## **43 PRESCRIPTIONS**

---

44 Understanding the Prescription Drug Stages

---

45 Announcing Our New Home Delivery Service

---

46 How to Read Your Partial Prescription Drug List

---

47 Partial Prescription Drug List

---

## **67 ENROLLMENT**

---

69 Pre-Enrollment Checklist

---

71 Scope of Sales Appointment Confirmation Form

---

73 2020 Medicare Advantage Plan Individual Enrollment Request Form

---

89 Temporary Proof of Enrollment

---

91 Medicare Star Ratings

---





## Be at your best, body & mind with Cigna Medicare Advantage.

We would like to thank you for considering a Medicare Advantage plan with Cigna.

Our goal is to keep you healthy by offering preventive health programs supported and coordinated by your doctors. We work closely with you to make sure you get the time, attention and quality care you deserve.

We want to make sure you are ready for whatever lies ahead in life by offering a Medicare Advantage plan that keeps your body & mind at their best. You can trust that we are here to help you at every step of the way—before, during and long after your enrollment. This booklet is designed to help you:

- › Think about what is important to you
- › Learn how Cigna can meet your needs
- › Choose a plan that gives you more

Thank you for giving us this opportunity to show you how Cigna Medicare Advantage plans can help you be at your best.

Best of Health,

A handwritten signature in black ink that reads "Brian Evanko".

Brian Evanko  
President  
Cigna Medicare

**Together, all the way.®**





# Welcome

We know you have accomplished a lot, but you still have so much more to see and do. You have to be ready for it all—physically and emotionally. This booklet is designed to help you learn which Cigna Medicare Advantage plan will keep your body & mind at their best for whatever lies ahead in life.

## Need help?

### PHONE

**1-866-612-0287 (TTY 711)**

8 a.m. to 8 p.m. local time

**October to March:** 7 days a week

**April to September:** Monday to Friday

Our automated phone system may answer your call weekends, holidays and after hours.

### VISIT

**CignaMedicare.com**

**Together, all the way.®**



# Let's Get Started!

This Medicare Advantage booklet is divided into easy-to-understand sections with helpful tabs to guide you through every step of the process.



## **To join a Medicare Advantage plan, you must:**

- › Have both Medicare Part A and Part B
- › Have permanent residence in our service area
- › Not have end-stage renal disease (ESRD), (kidney dialysis)

## **If you join a Cigna Medicare Advantage plan, you will:**

- › Keep all the coverage you have with Original Medicare
- › Get more benefits and services with Cigna than Original Medicare
- › Continue to pay your Medicare Part B premium



# HAVE CONFIDENCE IN YOUR HEALTH PARTNER

## More Confidence

You can feel confident when you put your trust in Cigna. We are one of the largest companies focused on Medicare.

- › Benefit Advisors are licensed insurance agents and certified with Cigna.
- › A commission may be paid to each Benefit Advisor who enrolls individuals into a Cigna Medicare Advantage plan.
- › Benefit Advisors do not work for Medicare.
- › You give your Benefit Advisor permission to discuss Cigna Medicare Advantage plans with you.
- › You are under no obligation to join a plan with this Benefit Advisor.
- › If you live out of the service area for longer than six consecutive months, you will not be able to enroll in a Cigna plan.

## Company Strength

Cigna is a leading global health care company serving millions of people and communities around the world since 1792.<sup>1</sup>

## Commitment to You

Cigna Medicare Advantage is dedicated to keeping you healthy. We work with your team of doctors to make sure you get the time, attention and quality of care you deserve.

## Customer Satisfaction

Cigna Medicare Advantage proudly serves over 1.2 million<sup>2</sup> customers, 4 out of 5<sup>3</sup> of whom recommend Cigna Medicare Advantage to their friends and family.



<sup>1</sup> As of May 21, 2019. This is for informational purposes only and may not relate to a particular insurance company subsidiary of Cigna Corporation.

<sup>2</sup> Based on CMS monthly plan membership report which includes Cigna Medicare Part C and D customers as of May 2018.

<sup>3</sup> Based on the CMS monthly plan membership report and the Cigna Annual Member Augment Survey as of August 2018.

# EXPLORE YOUR OPTIONS

## More Coverage

Along with Original Medicare, you have coverage options that offer additional benefits and better value.

|  |   |   |
|--|---|---|
| <p><b>ORIGINAL MEDICARE ONLY</b><br/>(Part A and B)</p>  | <p><b>ORIGINAL MEDICARE</b><br/>with a purchased supplemental plan</p>  | <p><b>CIGNA MEDICARE ADVANTAGE PLANS</b><br/>(supplemental plan is not needed)</p>  |
| <p><b>YOU PAY</b></p> <ol style="list-style-type: none"> <li>1. The 20% gap plus deductibles and coinsurance</li> </ol> <p>————— + —————</p> <ol style="list-style-type: none"> <li>2. Premiums and copays for Part D prescription drug plans</li> </ol> <p>Original Medicare covers 80% of approved charges</p> | <p><b>YOU PAY</b></p> <ol style="list-style-type: none"> <li>1. Monthly premium (supplemental covers the 20% gap)</li> </ol> <p>————— + —————</p> <ol style="list-style-type: none"> <li>2. Premiums and copays for Part D prescription drug plans</li> </ol> <p>Original Medicare covers 80% of approved charges</p> | <p><b>YOU PAY</b></p> <p><b>No monthly plan premiums and no or low copays</b></p> <p>Plan covers <b>100%</b> of Original Medicare benefits</p> <p><b>+</b></p>  |
| <p><b>Not Covered</b></p> <ul style="list-style-type: none"> <li>› No Prescription Drugs</li> <li>› No Dental</li> </ul>   | <p><b>Not Covered</b></p> <ul style="list-style-type: none"> <li>› No Prescription Drugs</li> <li>› No Dental</li> </ul>  | <p><b>Plan may include coverage for:</b></p> <ul style="list-style-type: none"> <li>› Prescription Drugs*</li> <li>› Dental*</li> <li>› Hearing*</li> <li>› Vision*</li> <li>› Fitness Program*</li> <li>› Health Information Line</li> </ul> <p><b>+</b></p> |
| <p><b>No maximum out-of-pocket limit</b></p>   |   | <p><b>Out-of-pocket protection</b></p> <p><b>+</b></p>  |
|  |   | <p><b>Our plans include an approach to health care that puts YOU first.</b></p>   |

\* Not all plans offer this coverage. See *Summary of Benefits*.

# WHEN YOU CAN JOIN

## Enrolling is Easy

1. Choose your plan and review the *Summary of Benefits* in the “Coverage” section.
2. Review the *Partial Prescription Drug List* in the “Prescriptions” section.
3. Review the *Pre-Enrollment Checklist* in the “Enrollment” section.
4. Talk to your Benefit Advisor if you need advice.
5. Join during the enrollment period that is right for you.

**Important:** There is a Late Enrollment Penalty (LEP) if you go without Part D or creditable prescription drug coverage for any continuous period of 63 days or more after your Initial Enrollment Period is over. For a complete description, refer to the “Words We Use” section.

There are four types of enrollment periods. You can talk to your Benefit Advisor about the enrollment period that applies to you.

## Initial

### Enrollment Period

Three months before, the month of, and three months after you turn 65, or when Part A and Part B become effective

## Special

### Enrollment Period

Year-round, depending on your situation\*, such as retiring or moving

## Annual

### Enrollment Period

From October 15 – December 7

## Open

### Enrollment Period

From January 1 – March 31, if you are enrolled in a Medicare Advantage plan, you can return to Original Medicare or switch to another Medicare Advantage plan



\* On the last page of the *Enrollment Form*, you can select an “SEP Code” for “Special Enrollment Period” if you qualify. Please review the disclaimers at the end of the “Coverage” section.

# WHICH PLAN TYPE IS RIGHT FOR YOU?

Cigna's Medicare Advantage plans go beyond the benefits of Original Medicare to provide you with extra benefit options. It is important to compare the plan types and understand which fits your needs the best.\*

## Health Maintenance Organization (HMO)

A Health Maintenance Organization contracts with Medicare providing you with access to a network of doctors and hospitals that coordinate your care, with an emphasis on prevention. With an HMO, your care may not be covered if you go outside the HMO network without obtaining prior approval.

## Preferred Provider Organization (PPO)\*\*

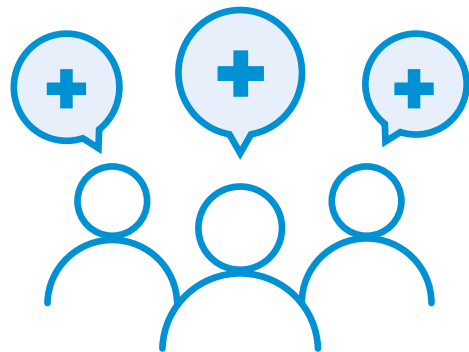
A Preferred Provider Organization provides access to a network of doctors and hospitals that coordinate your care. PPOs have a network of doctors and facilities, but also allow you to use any doctor or hospital outside of the network for a higher copay or coinsurance.

## Chronic Special Needs Plan (C-SNP)

A Chronic Special Needs plan is a Medicare Advantage plan with coverage designed especially for Medicare beneficiaries with certain chronic conditions (such as diabetes), or have some other specific need.

## Dual Special Needs Plan (D-SNP)

A Dual Special Needs plan is a Medicare Advantage plan with coverage designed for Medicare beneficiaries who receive additional medical assistance from the state. You must have both Medicaid and Medicare to join a Cigna D-SNP plan.



\* Contact a Benefit Advisor for more information on plans available in your area.

\*\* For PPO and POS plans, out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations.

## WORDS WE USE

This section provides easy-to-understand definitions of common words that are used throughout this booklet.

### Care Management

Program that helps you get the care you need at the right time and place. A dedicated case manager works with you and your doctors to access services that can help you; prevent complications, improve health outcomes and create a better health care experience.

### Coinsurance

An amount you may be required to pay as your share of the cost for services or prescription drugs. Coinsurance is usually a percentage (for example, 20%).

### Copay

An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient department visit or a prescription drug. A copay is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription drug.

### Cost-Share

Any attribute of a benefit that describes the financial responsibility between a customer and the plan administrator as it relates to the payment for a service. See coinsurance, copay and deductible.

### Customer

The person who is enrolled in a Cigna plan. You are a customer of Cigna.

### Deductible

The amount you pay for covered services before your plan begins to pay. You may not need to pay a deductible before you can get coverage under the plan. Please refer to your *Evidence of Coverage* for deductible information.

### Disease Management

Focuses on helping customers manage long-term or chronic health conditions. This program is a part of Care Management

### Evidence of Coverage (EOC)

The document that explains your coverage, rights and protections under the plan. Please read this document carefully.

### Explanation of Benefits (EOB)

A written explanation that reports the final decision of a claim. The EOB goes to the customer (subscriber or patient) and shows what was paid by the insurance company, as well as the customer's responsibility.

### Identification Card (ID Card)

The card from Cigna that verifies you are a customer of Cigna and eligible for coverage. This card has your primary care provider name and phone number on it. If you lose this card, please call Customer Service.

## Independent Physician Association (IPA)

An IPA is designed to provide a team of primary care and specialty physicians who can manage your health care needs. If your medical condition should ever require you to seek care outside the IPA, your primary care provider will continue to assist you in the coordination of any needed services outside of the IPA. Not available in all markets.

## Late Enrollment Penalty (LEP)

The LEP is added to your monthly Part D premium (even if your premium is \$0) for as long as you have Medicare prescription drug coverage. Your LEP amount may change every year as CMS recalculates rates on an annual basis. You will have to pay it each month as long as you have Medicare prescription drug coverage, even if you change your Medicare drug plan. The cost of the LEP depends on how long you went without Part D or creditable prescription drug coverage.

## Low Income Subsidy (LIS)

Also known as Extra Help. A Medicare program designed to help people with limited income and resources pay Medicare prescription drug premium costs.

## Maximum Coverage Amount

The total amount Cigna will pay for a benefit or service within a specific time period. Once the maximum coverage amount is reached, the customer is responsible for the remaining cost.

## Medicare Advantage Plan

Also known as Medicare Part C. A Medicare Advantage plan provides coverage to people with Medicare Part A (hospital coverage) and Part B (medical coverage). Cigna is a Medicare Advantage plan.

## Medicare Part D

The Medicare prescription drug coverage benefit is Medicare Part D. To get the Medicare Part D benefit, you must join a plan through an insurance company approved by Medicare.

Cigna offers Part D coverage with many of our plans. Each plan can vary in cost and drugs covered.

## Network Provider

A provider is a health care professional or health care facility contracted to be a part of Cigna's network. This type of provider can be referred to as an "in-network provider" or "participating provider."

## Non-Network Provider

A health care professional or health care facility who is not contracted with Cigna's network. This type of provider can be referred to as an "out-of-network provider" or "non-participating provider." Depending on your plan, you may have the option to see non-network providers. Please refer to your *Evidence of Coverage* for more information.

## Original Medicare

The Medicare plan that allows you to go to any Medicare-approved doctor, health care professional or health care facility. Many people have this plan, and it is the one most people are familiar with. You have to pay a yearly deductible, a coinsurance and certain copayments.

There are two parts to Original Medicare, Part A (hospital coverage) and Part B (medical coverage).

## Pharmacy Exception

A type of plan decision that, if approved, allows you to get a drug that is not on the plan's formulary or get a non-preferred drug for a lower cost-sharing amount. You may also request an exception if the plan requires you to try a certain drug before receiving one you are requesting or the plan limits the quantity or dosage of a drug you are requesting.

## Physician Organized Delivery (POD) Systems

A POD represents a network of physicians with similar referral patterns, organized to administer health care services to the plan's membership. If you select a primary care provider (PCP) who belongs to a POD, your PCP will refer you to specialists affiliated with the same POD with whom they work closely to coordinate your care. Not available in all markets.

## Point of Service (POS)

Depending on your plan, you may have the option to select a provider, clinic or outpatient facility which is not in your plan's service area and/or network of providers. Your out-of-pocket expense for this benefit must go through our Customer Service department for prior approval.

## Preferred Pharmacy

You will typically save money by using preferred pharmacies. Your prescription drug costs (like a copay or coinsurance) will typically be less at a preferred network pharmacy because it has a preferred agreement with your plan. Visit [CignaMedicare.com](http://CignaMedicare.com) for the most current *Pharmacy Directory*.

## Prescription Drug List

Also known as a formulary. A list of prescription drugs, both generic and brand name, used by health care providers to identify drugs that provide the best overall value. For a complete list of prescription drugs covered by Cigna, please visit [CignaMedicare.com](http://CignaMedicare.com).

## Primary Care Provider (PCP)

Also known as primary care physician. Your PCP is the team leader for all of your health care needs, so he or she knows your entire health picture. Your PCP will refer you to the right specialists and hospitals, and work with them to keep you healthy.

## Prior Authorization

Select services or medications may need up front approval before you are able to receive them. Please talk to your doctor or call Customer Service for more information.

## Referral

An approval from your primary care provider that allows you to visit a specialist or receive certain services. Referrals are very important because they help your PCP keep track of your health. The PCP may be able to conduct tests or treatments in his or her office, allowing you to avoid the additional copayment or coinsurance for a specialist. Some plans may not require referrals. See plan details for specifics.

## Service Area

The geographic area that Cigna covers and has plans available.

## Summary of Benefits

The document providing a brief listing of your plan's coverage and the cost-sharing you will be responsible for when you get services.

\* Please refer to your *Evidence of Coverage (EOC)* for a full list of words to know.







# Coverage

The *Summary of Benefits* helps you see the benefits offered by a plan. In this section, you can:

- › Find an easy-to-understand summary of plan benefits and coverage
- › Look for your county listed in the service area
- › Compare coverage based on what benefits are important to you

## Need help?

### PHONE

**1-866-612-0287 (TTY 711)**

8 a.m. to 8 p.m. local time

**October to March:** 7 days a week

**April to September:** Monday to Friday

Our automated phone system may answer your call weekends, holidays and after hours.

### VISIT

**CignaMedicare.com**

Together, all the way.®



# Health Benefits for a Better You

Cigna Medicare Advantage plans give you additional plan benefits not offered by Original Medicare and allow you to focus on your health.\*

## Dental

A better smile, a healthier you. Depending on your plan, you may receive basic preventive services, such as oral exams and cleanings; additional comprehensive coverage, such as fillings and dentures; or an allowance toward your dental care. Limitations may apply.

## Vision

Vision services include routine well eye exams, diabetic retinal and glaucoma exams for customers who are at risk, as well as an allowance toward the cost of frames or contact lenses.

## Hearing

Hearing benefit includes a hearing test, an allowance toward purchase of hearing aid(s), 4 years of batteries included, fitting and follow-up visits.

## 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.

## Fitness Program

Get healthier with Cigna's fitness benefit provided through the Silver&Fit™ Exercise and Healthy Aging fitness program. The program offers a fitness center membership or home fitness program in addition to enhanced technology options and senior lifestyle coaching.

## Over-the-Counter (OTC) Allowance

The OTC benefit provides you with a quarterly allowance to order your OTC medications and products up to 12 times per calendar year for shipment directly to your home.

## Transportation

Non-emergent transportation based on specific customer's needs for trips to and from approved locations. Mileage restrictions may apply.

## Post-Hospital Meal Benefit

This benefit helps make your transition back home more comfortable. Meals may be delivered to your home after a qualified inpatient hospital stay, certain limitations apply.

\* Please see the plans *Summary of Benefits* for more information. Some benefits may vary by plan. Restrictions may apply. Please review the disclaimers at the end of the "Coverage" section.

# SUMMARY OF BENEFITS

January 1, 2020 – December 31, 2020  
**Cigna-HealthSpring Preferred (HMO)  
H9460-001**

**+** No referral required

Our service area include the following counties:

**Kansas City:** Cass, Clay, Jackson, Platte, and Ray counties, MO; Johnson, Miami and Wyandotte counties, KS

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# INTRODUCTION TO SUMMARY OF BENEFITS

## What's Inside

- 1 About **Cigna-HealthSpring Preferred (HMO)**
- 2 Monthly Premium, Deductible and Limits
- 3 Covered Medical and Hospital Benefits
- 4 Prescription Drug Benefits

This *Summary of Benefits* gives you a summary of what **Cigna-HealthSpring Preferred (HMO)** covers and what you pay. 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) online at [www.CignaMedicare.com](http://www.CignaMedicare.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](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 [www.medicare.gov](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**.

### Cigna-HealthSpring Preferred (HMO) Phone Numbers and Website

- › If you are already a customer of this plan, call toll-free **1-800-668-3813 (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 weekends, holidays and after hours.
- › If you are not a customer of this plan, call toll-free **1-866-612-1391 (TTY 711)**, Licensed agents are 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 weekends, holidays and after hours.
- › Our website: [www.CignaMedicare.com](http://www.CignaMedicare.com).

# 1 ABOUT CIGNA-HEALTHSPRING PREFERRED (HMO)

## Who can join?

To join **Cigna-HealthSpring Preferred (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:

**Kansas City:** Cass, Clay, Jackson, Platte, and Ray counties, MO; Johnson, Miami and Wyandotte counties, KS

## Which doctors, hospitals and pharmacies can I use?

**Cigna-HealthSpring Preferred (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, [www.CignaMedicare.com](http://www.CignaMedicare.com).
- › 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 plan's complete *Comprehensive Prescription Drug List* (formulary) which lists the Part D prescription drugs along with any restrictions on our website, [www.CignaMedicare.com](http://www.CignaMedicare.com).
- › Or, call us and we will send you a copy of the plan's *Comprehensive Prescription Drug List* (formulary).

## How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." To locate the tier of your prescribed drug, please refer to the *Comprehensive Prescription Drug List* (formulary). The amount you pay depends on the tier of the drug you're taking and what prescription drug coverage stage you have reached. For information about the prescription drug coverage stages that occur after you meet your deductible, see the "Prescription Drug Benefits" section within this *Summary of Benefits*.

## 2 MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS

| Benefit   | Cigna-HealthSpring Preferred (HMO)   |
|---|--|
| <b>Monthly Premium, Deductible and Limits</b>                             |  |
| <b>Monthly Premium</b>  | \$0 per month. In addition, you must keep paying your Medicare Part B premium.   |
| <b>Medical Deductible</b>   | This plan does not have a deductible.  |
| <b>Pharmacy (Part D) Deductible</b>                                       | This plan does not have a deductible.  |
| <b>Is there any limit on how much I will pay for my covered services?</b> | <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:<br/> <b>\$4,000</b> 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. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p> |

### 3 COVERED MEDICAL AND HOSPITAL BENEFITS

| Benefit   | What You Pay   |
|---|--|
| <b>Covered Medical and Hospital Benefits</b><br><b>Note: Services with a <sup>1</sup> may require prior authorization.</b><br><b>Services with a <sup>2</sup> may require a referral from your doctor.</b>  |  |
| <b>Inpatient Hospital Coverage<sup>1</sup></b>  |  |
| 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.  | <b>\$275</b> per day for days 1–7<br><b>\$0</b> per day for days 8–90  |
| <b>Outpatient Surgery</b>   |  |
| Ambulatory Surgical Center (ASC) <sup>1</sup>   | <b>\$0–\$240</b> copay   |
| Outpatient Services <sup>1</sup>  | <b>\$0–\$275</b> copay   |
| Outpatient Observation <sup>1</sup>   | <b>\$275</b> copay   |
| <b>Doctors' Visits</b>  |  |
| Primary Care Physician (PCP)  | <b>\$0</b> copay   |
| Specialists   | <b>\$0</b> copay   |
| <b>Preventive Care</b>  |  |
| Our plan covers many Medicare-covered preventive services, including: <ul style="list-style-type: none"> <li>➤ Abdominal aortic aneurysm screening</li> <li>➤ Alcohol misuse counseling</li> <li>➤ Bone mass measurement</li> <li>➤ Breast cancer screening (mammogram)</li> <li>➤ Cardiovascular disease (behavioral therapy)</li> <li>➤ Cardiovascular screenings</li> <li>➤ Cervical and vaginal cancer screening</li> <li>➤ Colorectal cancer screening (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>➤ Depression screening</li> <li>➤ Diabetes screenings</li> <li>➤ HIV screening</li> <li>➤ Lung cancer screening with low dose computed tomography (LDCT)</li> <li>➤ Medical nutrition therapy services</li> <li>➤ Medicare Diabetes Prevention Program (MDPP)</li> <li>➤ Obesity screening and counseling</li> <li>➤ Prostate cancer screenings (PSA) and counseling</li> </ul> | <b>\$0</b> copay<br><br>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. |

| Benefit  | What You Pay  |
|--|---|
| <b>Preventive Care</b> <i>(Continued)</i>  |   |
| <ul style="list-style-type: none"> <li>› Sexually transmitted infections screening</li> <li>› Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>› Vaccines, including Flu shots, Hepatitis B shots and Pneumococcal shots</li> <li>› “Welcome to Medicare” preventive visit (one-time)</li> <li>› Yearly “Wellness” visit</li> </ul> | <p><b>\$0</b> 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> |
| <b>Emergency Care</b>  |   |
| Emergency Care Services  | <p><b>\$90</b> copay</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care.</p>   |
| Worldwide Emergency/Urgent Coverage/Emergency Transportation   | <p><b>\$90</b> copay</p> <p>Maximum worldwide coverage amount <b>\$50,000</b></p>   |
| <b>Urgently Needed Services</b>  |   |
| Urgent Care Services   | <p><b>\$45</b> copay</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for urgent care.</p>  |
| <b>Diagnostic Services, Labs and Imaging</b><br><i>(Costs for these services may vary based on place of service)</i>   |   |
| Diagnostic Procedures and Tests <sup>1</sup>   | <b>\$0–\$200</b> copay  |
| Lab Services <sup>1</sup>  | <b>\$0</b> copay  |
| Therapeutic Radiological Services <sup>1</sup>   | <b>20%</b> coinsurance  |
| X-ray Services   | <b>\$10</b> copay   |
| Diagnostic Radiological Services (such as MRIs, CT Scans) <sup>1</sup>   | <b>\$0–\$200</b> copay  |
| <b>Hearing Services</b>  |   |
| Hearing Exams (Medicare-covered)   | <b>\$0</b> copay  |
| Routine Hearing Exams  | <b>\$0</b> copay for one routine exam every year  |
| Hearing Aid Evaluation/Fitting   | <b>\$0</b> copay for one fitting evaluation per hearing aid every three years   |
| Hearing Aids   | <b>\$0</b> copay up to plan maximum coverage amount for hearing aids of <b>\$700</b> per ear per device every three years   |



| Benefit   | What You Pay   |
|---|--|
| <b>Dental Services</b>  |  |
| Dental Services (Medicare-covered) <sup>1</sup><br>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)   | \$0 copay  |
| Preventive Dental Services <sup>1</sup><br>– Prophylaxis/cleaning (one every six months)<br>– Oral exams<br>– Dental x-rays   | \$0 copay  |
| Comprehensive Dental Services <sup>1</sup><br>– Restorative<br>– Periodontics<br>– Extractions<br>– Prosthodontics/oral surgery   | \$10–\$195 copay up to a maximum coverage amount of \$1,000 every year |
| <b>Vision Services</b>  |  |
| Eye Exams (Medicare-covered)  | \$0 copay  |
| Routine Eye Exam  | \$0 copay for one routine exam every year                              |
| Glaucoma Screening (Medicare-covered)   | \$0 copay  |
| Eyewear (Medicare-covered)  | \$0 copay  |
| Routine Eyewear<br>– Contact lenses (unlimited)<br>– Eyeglasses–lenses and frames (one every year)<br>– Eyeglass lenses (one every year)<br>– Eyeglass frames (one every year)<br>– Upgrades  | \$0 copay up to plan maximum coverage amount of \$200 every year       |
| <b>Mental Health Services</b>   |  |
| Inpatient <sup>1</sup><br>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. | \$275 per day for days 1–5<br>\$0 per day for days 6–90                |
| Outpatient <sup>1</sup><br>Individual or Group Therapy Visit  | \$40 copay   |
| <b>Skilled Nursing Facility (SNF)<sup>1</sup></b>   |  |
| Our plan covers up to 100 days in the SNF.  | \$0 per day for days 1–20<br>\$178 per day for days 21–100             |

| Benefit  | What You Pay  |
|--|---|
| <b>Rehabilitation Services</b>   |   |
| Cardiac (Heart) Rehab Services <sup>1</sup>  | <b>\$10</b> copay   |
| Pulmonary Rehab Services <sup>1</sup>  | <b>\$10</b> copay   |
| Occupational Therapy Services <sup>1</sup>   | <b>\$40</b> copay   |
| Physical Therapy and Speech and Language Therapy Services <sup>1</sup>   | <b>\$40</b> copay   |
| <b>Ambulance<sup>1</sup></b>   |   |
| Ground Service (one-way trip)  | <b>\$220</b> copay  |
| Air Service (one-way trip)   | <b>20%</b> coinsurance  |
| <b>Transportation<sup>1</sup></b>  |   |
| Members are required to coordinate with Cigna vendor for transportation to plan-approved locations at least 48 hours in advance. Mileage restrictions may apply. See <i>Evidence of Coverage</i> for full details and restrictions related to benefit. | <b>\$0</b> for 10 one-way trips every year  |
| <b>Prescription Drugs</b>  |   |
| Medicare Part B Drugs <sup>1</sup><br>Medicare-covered Part B Drugs may be subject to step therapy requirements.   | <b>20%</b> coinsurance<br>This plan has Part D prescription drug coverage. See Section 4 in the <i>Summary of Benefits</i> .  |
| <b>Foot Care (Podiatry Services)</b>   |   |
| Podiatry Services (Medicare-covered)   | <b>\$0</b> copay  |
| Routine Podiatry Services  | Not Covered   |
| <b>Medical Equipment and Supplies</b>  |   |
| Durable Medical Equipment (wheelchairs, oxygen, etc.) <sup>1</sup>   | <b>20%</b> coinsurance  |
| Prosthetic Devices (braces, artificial limbs, etc.) and Related Medical Supplies <sup>1</sup>  | <b>20%</b> coinsurance  |
| Diabetes Supplies and Services   | <b>\$0</b> copay for diabetes self-management training<br><b>20%</b> coinsurance for therapeutic shoes or inserts<br><b>0% or 20%</b> coinsurance; depending on the brand of diabetic monitoring supplies |
| <b>Fitness and Wellness Programs</b>   |   |
| Fitness Program<br>Program offers a fitness center membership or home fitness program in addition to enhanced technology options and senior lifestyle coaching.  | <b>\$0</b> copay  |

| Benefit  | What You Pay  |
|--|---|
| <b>Health Information Line</b>   |   |
| 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   |
| <b>Chiropractic Care</b>   |   |
| Chiropractic Services (Medicare-covered)   | \$15 copay  |
| Routine Chiropractic Services  | Not Covered   |
| <b>Home Health Care<sup>1</sup></b>  |   |
|  | \$0 copay   |
| <b>Hospice</b>   |   |
| <p>Hospice care must be provided by a Medicare-certified hospice program.</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> | \$0 copay   |
| <b>Outpatient Substance Abuse<sup>1</sup></b>  |   |
| Individual or Group Therapy Visit  | \$40 copay  |
| <b>Opioid Treatment Services<sup>1</sup></b>   |   |
| FDA-approved treatment medications in addition to testing, counseling and therapy.   | \$40 copay  |
| <b>Over-the-Counter Items (OTC)</b>  |   |
| Over-the-counter drugs and other health-related pharmacy products, as listed in the OTC catalog.   | \$25 per quarter  |
| <b>Meal Benefit</b>  |   |
|  | <p>\$0 copayment for post-hospital meals</p> <p>Limited to 14 meals per discharge from qualified hospital stay (up to three stays per year)</p> |
| <b>MD Live Telehealth Services (Medicare-covered)</b>  |   |
| Covered services include certain telehealth services such as: allergies, cough, headache, nausea and other low-risk illnesses. You must use a network provider that offers this service.   | \$0 copay   |
| <b>Acupuncture</b>   |   |
|  | Not Covered   |

# 4 PRESCRIPTION DRUG BENEFITS

**Benefit** Cigna-HealthSpring Preferred (HMO)

**Prescription Drug Benefits**

**Medicare Part D Drugs Initial Coverage** (after you pay your deductible, if applicable)

**Tier 1:** Preferred Generic Drugs

**Tier 2:** Generic Drugs

**Tier 3:** Preferred Brand Drugs

**Tier 4:** Non-Preferred Drugs

**Tier 5:** Specialty Drugs

The following charts shows the cost-sharing amounts for covered drugs under this plan. After you pay your yearly Part D deductible, 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 plan.

**Preferred Mail Order Cost-Sharing**

| Tier   | 30 Days | 60 Days       | 90 Days       |
|--------|---------|---------------|---------------|
| Tier 1 | \$2     | \$4           | \$0           |
| Tier 2 | \$5     | \$10          | \$0           |
| Tier 3 | \$42    | \$84          | \$126         |
| Tier 4 | 46%     | 46%           | 46%           |
| Tier 5 | 33%     | Not available | Not available |

**Preferred Retail Cost-Sharing**

| Tier   | 30 Days | 60 Days       | 90 Days       |
|--------|---------|---------------|---------------|
| Tier 1 | \$2     | \$4           | \$0           |
| Tier 2 | \$5     | \$10          | \$10          |
| Tier 3 | \$42    | \$84          | \$126         |
| Tier 4 | 46%     | 46%           | 46%           |
| Tier 5 | 33%     | Not available | Not available |

**Standard Mail Order Cost-Sharing**

| Tier   | 30 Days | 60 Days       | 90 Days       |
|--------|---------|---------------|---------------|
| Tier 1 | \$7     | \$14          | \$14          |
| Tier 2 | \$10    | \$20          | \$20          |
| Tier 3 | \$47    | \$94          | \$141         |
| Tier 4 | 46%     | 46%           | 46%           |
| Tier 5 | 33%     | Not available | Not available |

**Standard Retail Cost-Sharing**

| Tier   | 30 Days | 60 Days       | 90 Days       |
|--------|---------|---------------|---------------|
| Tier 1 | \$7     | \$14          | \$14          |
| Tier 2 | \$10    | \$20          | \$20          |
| Tier 3 | \$47    | \$94          | \$141         |
| Tier 4 | 46%     | 46%           | 46%           |
| Tier 5 | 33%     | Not available | Not available |

| Benefit   | Cigna-HealthSpring Preferred (HMO)   |
|---|--|
| <b>Prescription Drug Benefits</b>                         |  |
| <b>Medicare Part D Drugs Initial Coverage</b> (Continued) | <p>You may get your drugs at preferred or standard network retail pharmacies, or preferred mail order pharmacies. Your prescription drug copay will typically be less at a preferred network pharmacy because it has a preferred agreement with your plan.</p> <p>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>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 <i>Comprehensive Prescription Drug List</i> (formulary) on our website <a href="http://www.CignaMedicare.com">www.CignaMedicare.com</a>. Or, call us and we will send you a copy of the <i>Comprehensive Prescription Drug List</i> (formulary).</p> |
| <b>Coverage Gap</b>                                       | <p>Most Medicare prescription 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 your total yearly prescription drug cost (including what our plan has paid and what you have paid) reaches <b>\$4,020</b>. Not everyone will enter the Coverage Gap.</p> <p>After you enter the Coverage Gap, you pay <b>25%</b> of the plan’s cost for covered brand name drugs and <b>25%</b> of the plan’s cost for covered generic drugs until your costs total <b>\$6,350</b>, which is the end of the Coverage Gap.</p>  |
| <b>Catastrophic Coverage</b>                              | <p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) have reached <b>\$6,350</b>, the plan will pay most of the cost for your drugs. Your share of the cost of covered drugs will be the greater of:</p> <p><b>5%</b> of the cost of the drug</p> <p>— or —</p> <p><b>\$3.60</b> copay for generic drugs (including brand drugs treated as generic) and <b>\$8.95</b> copay for all other drugs.</p>  |



# SUMMARY OF BENEFITS

January 1, 2020 – December 31, 2020

**Cigna-HealthSpring Advantage (HMO)  
H9460-002**

**+ No referral required**

Our service area include the following counties:

**Kansas City:** Cass, Clay, Jackson, Platte, and Ray counties, MO; Johnson, Miami and Wyandotte counties, KS

**Together, all the way.®**



# INTRODUCTION TO SUMMARY OF BENEFITS

## What's Inside

- 1 About **Cigna-HealthSpring Advantage (HMO)**
- 2 Monthly Premium, Deductible and Limits
- 3 Covered Medical and Hospital Benefits

This *Summary of Benefits* gives you a summary of what **Cigna-HealthSpring Advantage (HMO)** covers and what you pay. 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) online at [www.CignaMedicare.com](http://www.CignaMedicare.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](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 [www.medicare.gov](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**.

### Cigna-HealthSpring Advantage (HMO) Phone Numbers and Website

- › If you are already a customer of this plan, call toll-free **1-800-668-3813 (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 weekends, holidays and after hours.
- › If you are not a customer of this plan, call toll-free **1-866-612-1391 (TTY 711)**, Licensed agents are 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 weekends, holidays and after hours.
- › Our website: [www.CignaMedicare.com](http://www.CignaMedicare.com).



# 1 ABOUT CIGNA-HEALTHSPRING ADVANTAGE (HMO)

## Who can join?

To join **Cigna-HealthSpring Advantage (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:

**Kansas City:** Cass, Clay, Jackson, Platte, and Ray counties, MO; Johnson, Miami and Wyandotte counties, KS

## Which doctors and hospitals can I use?

**Cigna-HealthSpring Advantage (HMO)** has a network of doctors, hospitals and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

- › You can see our plan's *Provider Directory* at our website, [www.CignaMedicare.com](http://www.CignaMedicare.com).
- › Or, call us and we will send you a copy of the *Provider 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*.

**Cigna-HealthSpring Advantage (HMO)** covers Part B drugs including chemotherapy and some drugs administered by your provider; however, this plan does not cover Part D prescription drugs.

## 2 MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS

| Benefit   | Cigna-HealthSpring Advantage (HMO)   |
|---|--|
| <b>Monthly Premium, Deductible and Limits</b>                             |  |
| <b>Monthly Premium</b>  | \$0 per month. In addition, you must keep paying your Medicare Part B premium.   |
| <b>Medical Deductible</b>   | This plan does not have a deductible.  |
| <b>Is there any limit on how much I will pay for my covered services?</b> | <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:<br/> <b>\$3,900</b> 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. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums.</p> |

### 3 COVERED MEDICAL AND HOSPITAL BENEFITS

| Benefit  | What You Pay   |
|--|--|
| <b>Covered Medical and Hospital Benefits</b><br><b>Note: Services with a <sup>1</sup> may require prior authorization.</b><br><b>Services with a <sup>2</sup> may require a referral from your doctor.</b>   |  |
| <b>Inpatient Hospital Coverage<sup>1</sup></b>   |  |
| 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.   | <b>\$345</b> per day for days 1–5<br><b>\$0</b> per day for days 6–90  |
| <b>Outpatient Surgery</b>  |  |
| Ambulatory Surgical Center (ASC) <sup>1</sup>  | <b>\$0–\$275</b> copay   |
| Outpatient Services <sup>1</sup>   | <b>\$0–\$350</b> copay   |
| Outpatient Observation <sup>1</sup>  | <b>\$350</b> copay   |
| <b>Doctors' Visits</b>   |  |
| Primary Care Physician (PCP)   | <b>\$0</b> copay   |
| Specialists  | <b>\$40</b> copay  |
| <b>Preventive Care</b>   |  |
| Our plan covers many Medicare-covered preventive services, including: <ul style="list-style-type: none"> <li>› Abdominal aortic aneurysm screening</li> <li>› Alcohol misuse counseling</li> <li>› Bone mass measurement</li> <li>› Breast cancer screening (mammogram)</li> <li>› Cardiovascular disease (behavioral therapy)</li> <li>› Cardiovascular screenings</li> <li>› Cervical and vaginal cancer screening</li> <li>› Colorectal cancer screening (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>› Depression screening</li> <li>› Diabetes screenings</li> <li>› HIV screening</li> <li>› Lung cancer screening with low dose computed tomography (LDCT)</li> <li>› Medical nutrition therapy services</li> <li>› Medicare Diabetes Prevention Program (MDPP)</li> <li>› Obesity screening and counseling</li> <li>› Prostate cancer screenings (PSA)</li> </ul> | <b>\$0</b> copay<br><br>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. |

| Benefit   | What You Pay  |
|---|---|
| <b>Preventive Care</b> <i>(Continued)</i>   |   |
| <ul style="list-style-type: none"> <li>› Sexually transmitted infections screening and counseling</li> <li>› Smoking and tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>› Vaccines, including Flu shots, Hepatitis B shots and Pneumococcal shots</li> <li>› “Welcome to Medicare” preventive visit (one-time)</li> <li>› Yearly “Wellness” visit</li> </ul> | <p><b>\$0</b> 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> |
| <b>Emergency Care</b>   |   |
| Emergency Care Services   | <p><b>\$90</b> copay</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care.</p>   |
| Worldwide Emergency/Urgent Coverage/Emergency Transportation  | <p><b>\$90</b> copay</p> <p>Maximum worldwide coverage amount <b>\$50,000</b></p>   |
| <b>Urgently Needed Services</b>   |   |
| Urgent Care Services  | <p><b>\$45</b> copay</p> <p>If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for urgent care.</p>  |
| <b>Diagnostic Services, Labs and Imaging</b><br><i>(Costs for these services may vary based on place of service)</i>  |   |
| Diagnostic Procedures and Tests <sup>1</sup>  | <b>\$0–\$200</b> copay  |
| Lab Services <sup>1</sup>   | <b>\$0</b> copay  |
| Therapeutic Radiological Services <sup>1</sup>  | <b>20%</b> coinsurance  |
| X-ray Services  | <b>\$10</b> copay   |
| Diagnostic Radiological Services (such as MRIs, CT Scans) <sup>1</sup>  | <b>\$0–\$200</b> copay  |
| <b>Hearing Services</b>   |   |
| Hearing Exams (Medicare-covered)  | <b>\$0</b> copay in a Primary Care Physician office; <b>\$20</b> copay in a Specialist office   |
| Routine Hearing Exams   | <b>\$0</b> copay for one routine exam every year  |
| Hearing Aid Evaluation/Fitting  | <b>\$0</b> copay for one fitting evaluation per hearing aid every three years   |

| Benefit   | What You Pay  |
|---|---|
| Hearing Aids  | <b>\$0</b> copay up to plan maximum coverage amount for hearing aids of <b>\$700</b> per ear per device every three years |
| <b>Dental Services</b>  |   |
| Dental Services (Medicare-covered) <sup>1</sup><br>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)   | <b>\$40</b> copay   |
| Preventive Dental Services <sup>1</sup><br>– Prophylaxis/cleaning (one every six months)<br>– Oral exams<br>– Dental x-rays   | <b>\$0</b> copay  |
| Comprehensive Dental Services <sup>1</sup><br>– Restorative<br>– Periodontics<br>– Extractions<br>– Prosthodontics/oral surgery   | <b>\$10–\$195</b> copay up to a maximum coverage amount of <b>\$1,000</b> every year                                      |
| <b>Vision Services</b>  |   |
| Eye Exams (Medicare-covered)  | <b>\$0</b> copay for diabetic retinal exams; <b>\$40</b> copay for all other Medicare-covered vision services             |
| Routine Eye Exam  | <b>\$0</b> copay for one routine exam every year  |
| Glaucoma Screening (Medicare-covered)   | <b>\$0</b> copay  |
| Eyewear (Medicare-covered)  | <b>\$0</b> copay  |
| Routine Eyewear<br>– Contact lenses (unlimited)<br>– Eyeglasses–lenses and frames (one every year)<br>– Eyeglass lenses (one every year)<br>– Eyeglass frames (one every year)<br>– Upgrades  | <b>\$0</b> copay up to plan maximum coverage amount of <b>\$250</b> every year  |
| <b>Mental Health Services</b>   |   |
| Inpatient <sup>1</sup><br>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. | <b>\$345</b> per day for days 1–4<br><b>\$0</b> per day for days 5–90   |
| Outpatient <sup>1</sup><br>Individual or Group Therapy Visit  | <b>\$40</b> copay   |

| Benefit  | What You Pay   |
|--|--|
| <b>Skilled Nursing Facility (SNF)<sup>1</sup></b>  |  |
| Our plan covers up to 100 days in the SNF.   | <p><b>\$0</b> per day for days 1–20</p> <p><b>\$178</b> per day for days 21–100</p>  |
| <b>Rehabilitation Services</b>   |  |
| Cardiac (heart) Rehab Services <sup>1</sup>  | <b>\$10</b> copay  |
| Pulmonary Rehab Services <sup>1</sup>  | <b>\$10</b> copay  |
| Occupational Therapy Services <sup>1</sup>   | <b>\$40</b> copay  |
| Physical Therapy and Speech and Language Therapy Services <sup>1</sup>   | <b>\$40</b> copay  |
| <b>Ambulance<sup>1</sup></b>   |  |
| Ground Service (one-way trip)  | <b>\$220</b> copay   |
| Air Service (one-way trip)   | <b>20%</b> coinsurance   |
| <b>Transportation<sup>1</sup></b>  |  |
| Members are required to coordinate with Cigna vendor for transportation to plan-approved locations at least 48 hours in advance. Mileage restrictions may apply. See <i>Evidence of Coverage</i> for full details and restrictions related to benefit. | <b>\$0</b> for 10 one-way trips every year   |
| <b>Prescription Drugs</b>  |  |
| Medicare Part B Drugs <sup>1</sup><br>Medicare-covered Part B Drugs may be subject to step therapy requirements.   | <b>20%</b> coinsurance   |
| <b>Foot Care (Podiatry Services)</b>   |  |
| Podiatry Services (Medicare-covered)   | <b>\$35</b> copay  |
| Routine Podiatry Services  | Not Covered  |
| <b>Medical Equipment and Supplies</b>  |  |
| Durable Medical Equipment (wheelchairs, oxygen, etc.) <sup>1</sup>   | <b>20%</b> coinsurance   |
| Prosthetic Devices (braces, artificial limbs, etc.) and Related Medical Supplies <sup>1</sup>  | <b>20%</b> coinsurance   |
| Diabetes Supplies and Services   | <p><b>\$0</b> copay for diabetes self-management training</p> <p><b>20%</b> coinsurance for therapeutic shoes or inserts</p> <p><b>0% or 20%</b> coinsurance; depending on the brand of diabetic monitoring supplies</p> |

| Benefit   | What You Pay   |
|---|--|
| <b>Fitness and Wellness Programs</b>  |  |
| Fitness Program<br>Program offers a fitness center membership or home fitness program in addition to enhanced technology options and senior lifestyle coaching.   | \$0 copay  |
| <b>Health Information Line</b>  |  |
| 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  |
| <b>Chiropractic Care</b>  |  |
| Chiropractic Services (Medicare-covered)  | \$15 copay   |
| Routine Chiropractic Services   | Not Covered  |
| <b>Home Health Care<sup>1</sup></b>   |  |
|   | \$0 copay  |
| <b>Hospice</b>  |  |
| Hospice care must be provided by a Medicare-certified hospice program.<br><br>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. | \$0 copay  |
| <b>Outpatient Substance Abuse<sup>1</sup></b>   |  |
| Individual or Group Therapy Visit   | \$40 copay   |
| <b>Opioid Treatment Services<sup>1</sup></b>  |  |
| FDA-approved treatment medications in addition to testing, counseling and therapy.  | \$40 copay   |
| <b>Over-the-Counter Items (OTC)</b>   |  |
| Over-the-counter drugs and other health-related pharmacy products, as listed in the OTC catalog.  | \$25 per quarter   |
| <b>Meal Benefit</b>   |  |
|   | \$0 copayment for post-hospital meals<br><br>Limited to 14 meals per discharge from qualified hospital stay (up to three stays per year) |

| Benefit  | What You Pay     |
|--|------------------|
| <b>MD Live Telehealth Services</b> <i>(Medicare-covered)</i>   |                  |
| Covered services include certain telehealth services such as: allergies, cough, headache, nausea and other low-risk illnesses. You must use a network provider that offers this service. | <b>\$0</b> copay |
| <b>Acupuncture</b>   |                  |
|  | Not Covered      |



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Cigna is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna depends on contract renewal. ©2019 Cigna

### **FOR ARIZONA RESIDENTS ONLY**

Call Customer Service at 1-800-627-7534 (TTY 711), 8 a.m.–8 p.m. local time: October–March: 7 days a week, April–September: Monday to Friday. Our automated phone system may answer your call weekends, holidays and after hours.

### **FOR NON-ARIZONA RESIDENTS**

Call Customer Service at 1-800-668-3813 (TTY 711), 8 a.m.–8 p.m. local time: October–March: 7 days a week, April–September: Monday to Friday. Our automated phone system may answer your call weekends, holidays and after hours.

### **FOR ENROLLMENT IN CIGNA-HEALTHSPRING ACHIEVE AND ACHIEVE PLUS PLANS**

Enrollment in the Cigna-HealthSpring Achieve plans are for those who have been diagnosed with diabetes.

### **FOR ENROLLMENT IN CIGNA-HEALTHSPRING TOTALCARE AND TOTALCARE PLUS PLANS**

Cigna-HealthSpring TotalCare plans are available to anyone who has both Medical Assistance (Medicaid) from the State and Medicare. ORLANDO, TAMPA and DAYTONA, FLORIDA RESIDENTS must have full Medicaid benefits from the State and Medicare. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive.

### **FOR ENROLLMENT IN PPO AND POS PLANS**

For PPO and POS plans, out-of-network/non-contracted providers are under no obligation to treat Cigna members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

### **FOR ENROLLMENT IN ISNP PLANS**

Cigna-HealthSpring Traditions plans are available to anyone with Medicare who meets the Skilled Nursing Facility (SNF) level of care and resides in a nursing home. Please contact the plan for further details.

### **Silver&Fit**

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### **EXPRESS SCRIPTS**

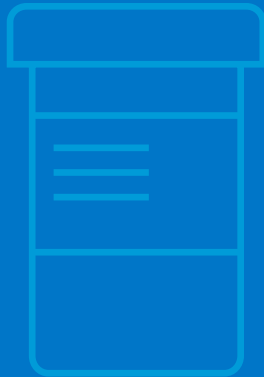
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# Prescriptions

If your plan offers prescription drug coverage, you can review the enclosed *Partial Prescription Drug List* to see if your drugs are covered.

## Need help?

### PHONE

**1-866-612-0287 (TTY 711)**

8 a.m. to 8 p.m. local time

**October to March:** 7 days a week

**April to September:** Monday to Friday

Our automated phone system may answer your call weekends, holidays and after hours.

### VISIT

**CignaMedicare.com**

Together, all the way.®



# UNDERSTANDING THE PRESCRIPTION DRUG STAGES

Prescription drug coverage is based on a calendar year. You may not enter all phases. Amounts may change January 1 of each year.



## Deductible Stage

During this stage, if your plan has a deductible, you usually pay the full cost of your prescription drugs up to the deductible amount.

Once you reach the deductible amount, you pay a copay in the Initial Coverage Stage.



## Initial Coverage Stage

During this stage, the plan pays its share of the cost and you pay a copay or coinsurance for each prescription you fill until your total prescription drug costs reach \$4,020.

Once you reach \$4,020, you enter the Coverage Gap Stage or “Donut Hole”.



## Coverage Gap Stage

During this stage, you receive limited coverage on certain prescription drugs. You will also get a discount on brand name drugs and generic drugs. This stage continues until your yearly out-of-pocket prescription drug costs reach \$6,350.

Once your out-of-pocket costs reach \$6,350, you enter the Catastrophic Coverage Stage.



## Catastrophic Coverage Stage

In this stage, you pay only a small copay or coinsurance amount for each prescription you fill.

# ANNOUNCING OUR NEW HOME DELIVERY SERVICE

## The Express Scripts Pharmacy<sup>SM</sup> for Home Delivery

### Available Now

In 2018 Cigna combined with Express Scripts. Our combined strength will further enhance our ability to serve our customers. The Express Scripts Pharmacy is a leading home delivery pharmacy which now provides home delivery services for Cigna Medicare customers.

- › Express Scripts Pharmacy is the third largest pharmacy in the country
- › Serving over 10.5 million Americans

### Not familiar with home delivery?

Home delivery provides the convenience of having your medications delivered to you. So you have one less thing to think about. And it can often provide you with the lowest cost for your medications. The savings will vary based on which plan you have, the medication you are taking, and if you receive Extra Help.



\* Please see the plans *Summary of Benefits* for more information. Some benefits may vary by plan. Please review the disclaimers at the end of the “Coverage” section.

# HOW TO READ YOUR PARTIAL PRESCRIPTION DRUG LIST

The *Partial Prescription Drug List* gives you a list of the most used drugs and is organized alphabetically. This is not a comprehensive list.

| DRUG NAME   | DRUG TIER | REQS./LIMITS      | DRUG NAME  | DRUG TIER | REQS./LIMITS     |
|---|-----------|-------------------|--|-----------|------------------|
| <b>A</b>  |           |                   | amlodipine besylate tabs 2.5mg   | 1         | QL(120/30)       |
| ABILIFY MAINTENA                                  | 5         | NDS QL(1/28)      | amlodipine besylate/benazepril hydrochloride caps 10mg 20mg, 10mg 40mg   | 1         | QL(30/30)        |
| acetaminophen/codeine tabs 300mg 60mg             | 2         | NDS QL(180/30)    | amlodipine besylate/benazepril hydrochloride caps 2.5mg 10mg, 5mg 10mg, 5mg 20mg, 5mg 40mg   | 1         | QL(60/30)        |
| acetaminophen/codeine tabs 300mg 15mg, 300mg 30mg | 2         | NDS QL(360/30)    | amlodipine besylate/valsartan  | 1         | QL(30/30)        |
| ACTEMRA INJ 162MG/0.9ML                           | 5         | PA NDS QL(3.6/28) | amlodipine/valsartan/hctz  | 1         | QL(30/30)        |
| ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML      | 5         | PA NDS QL(40/28)  | ammonium lactate   | 2         |                  |
| acyclovir tabs                                    | 2         |                   | amoxicillin caps   | 1         |                  |
| ADEMPAS   | 5         | PA NDS QL(90/30)  | amoxicillin tabs   | 2         |                  |
| ADVAIR DISKUS                                     | 3         | QL(60/30)         | amoxicillin/clavulanate potassium tabs   | 2         |                  |
| ADVAIR HFA  | 3         | QL(12/30)         | amphetamine/ dextroamphetamine tabs 1.25mg, 1.25mg, 1.25mg 1.25mg, 1.875mg, 1.875mg 1.875mg, 2.5mg, 2.5mg 2.5mg, 3.125mg 3.125mg, 3.125mg 3.125mg, 3.75mg 3.75mg, 3.75mg 3.75mg, 7.5mg 7.5mg 7.5mg | 3         | QL(60/30)        |
| albuterol sulfate nebu 0.083%, 1.25mg/3ml         | 2         | B/D PA QL(360/30) | ampicillin   | 2         |                  |
| ALCOHOL PREP PADS                                 | 3         |                   | AMPYRA   | 5         | PA NDS QL(60/30) |
| alendronate sodium tabs 35mg, 70mg                | 1         | QL(4/28)          | anastrozole  | 2         | QL(30/30)        |
| alendronate sodium tabs 10mg, 40mg, 5mg           | 1         | QL(30/30)         | ANORO ELLIPTA  | 3         | QL(60/30)        |
| alfuzosin hcl er                                  | 2         | QL(30/30)         | APRISO   | 3         | QL(120/30)       |
| allopurinol                                       | 1         |                   | ARANESP ALBUMIN FREE INJ 500MCG/ML   | 5         | PA NDS QL(1/21)  |
| alprazolam tabs 0.25mg, 0.5mg, 1mg                | 2         | QL(90/30)         |  |           |                  |
| alprazolam tabs 2mg                               | 2         | QL(150/30)        |  |           |                  |
| amiodarone hcl tabs                               | 2         |                   |  |           |                  |
| AMITIZA   | 3         | QL(60/30)         |  |           |                  |
| amitriptyline hcl                                 | 3         | PA                |  |           |                  |
| amlodipine besylate tabs 10mg                     | 1         | QL(30/30)         |  |           |                  |
| amlodipine besylate tabs 5mg                      | 1         | QL(60/30)         |  |           |                  |

Reqs/Limits Key: QL = Quantity Limits listed as (quantity/days)  
PA = Prior Authorization may be required  
NDS = Non-extended day supply medication  
ST = Step Therapy rules apply  
B/D = Drugs covered under Medicare Part B or Part D

Above image is for example use only.

## 1 Drug Name

- > ALL CAPS = brand name drug
- > lowercase = generic drug

## 2 Drug Tier

Prescription drugs are grouped into drug tiers based on how much they cost. Drugs in Tier 1 will be your cheapest options. Drugs in Tier 5 or Tier 6 will be the most expensive.

**Note for customers receiving Extra Help:** Your LIS copay level will be based on how the FDA classifies certain drugs. Due to this, a generic drug may receive a preferred brand copay, or a preferred brand drug may receive a generic drug copay. Please see your LIS Rider for additional information on these copay levels. Or call Customer Service for further clarification regarding a specific drug.

## 3 Requirements (Reqs.)/Limits

**Quantity Limits (QL):** Some drugs have a set amount dispensed per the days supplied.

**Prior Authorization (PA):** Select services or medications may require approval before you are able to receive them. Please talk to your doctor or call Customer Service for more information.

**Step Therapy (ST):** Before moving to a more costly medication, a health plan may require you to try a lower-cost drug before the plan will pay for a more expensive medication.

**Part B or Part D Coverage (B/D):** This drug may be covered under Medicare Part B or D depending on circumstances and requires prior authorization.

**Non-Extended Days Supply (NDS):** Non-extended day supply medication. This drug is only available as a 30-day supply or less.

Please review the disclaimers at the end of the "Coverage" section.



# PARTIAL PRESCRIPTION DRUG LIST

This is a *Partial Prescription Drug List* that provides the most commonly used drugs. A *Comprehensive Prescription Drug List* is available online at [CignaMedicare.com](https://www.cignamedicare.com).

## **Plan(s) covered:**

**Cigna-HealthSpring Preferred (HMO) H9460-001**

| DRUG NAME  | DRUG TIER | REQS./LIMITS     |
|--|-----------|------------------|
| <b>A</b>   |           |                  |
| ABILIFY MAINTENA   | 5         | NDS QL(1/28)     |
| acetaminophen/codeine tabs 300mg 60mg                        | 2         | NDS QL(180/30)   |
| acetaminophen/codeine tabs 300mg 15mg, 300mg 30mg            | 2         | NDS QL(360/30)   |
| acyclovir tabs   | 2         |                  |
| ADEMPAS  | 5         | PA NDS QL(90/30) |
| ADVAIR DISKUS  | 3         | QL(60/30)        |
| ADVAIR HFA   | 3         | QL(12/30)        |
| albuterol sulfate nebu 0.083%, 1.25mg/3ml                    | 2         | B/D PA           |
| albuterol sulfate tabs 4mg                                   | 3         |                  |
| albuterol sulfate hfa aers 108mcg/act (generic for ProAir)   | 4         | QL(17/30)        |
| albuterol sulfate hfa aers 108mcg/act (generic for Ventolin) | 4         | QL(36/30)        |
| ALCOHOL PREP PADS  | 2         |                  |
| alendronate sodium tabs 40mg                                 | 1         | QL(30/30)        |
| alendronate sodium tabs 35mg, 70mg                           | 1         | QL(4/28)         |
| alendronate sodium tabs 10mg, 5mg                            | 1         | QL(30/30)        |
| alfuzosin hcl er   | 2         | QL(30/30)        |
| allopurinol  | 1         |                  |
| ALPHAGAN P OPHTHALMIC SOLN 0.1%                              | 4         |                  |
| alprazolam tabs 0.25mg, 0.5mg, 1mg                           | 2         | QL(120/30)       |
| alprazolam tabs 2mg  | 2         | QL(150/30)       |
| amiodarone hcl tabs 200mg, 400mg                             | 2         |                  |

| DRUG NAME  | DRUG TIER | REQS./LIMITS |
|--|-----------|--------------|
| amiodarone hydrochloride tabs 100mg  | 2         |              |
| AMITIZA  | 3         | QL(60/30)    |
| amitriptyline hcl  | 3         | PA           |
| amitriptyline hydrochloride tabs 10mg, 50mg  | 3         | PA           |
| amlodipine besylate  | 1         |              |
| amlodipine besylate/benazepril hcl caps 5mg 40mg   | 1         |              |
| amlodipine besylate/benazepril hydrochloride   | 1         |              |
| amlodipine besylate/valsartan  | 1         |              |
| amlodipine/valsartan/hctz  | 1         |              |
| amlodipine/valsartan/hydrochlorothiazide tabs 5mg 12.5mg 160mg   | 1         |              |
| ammonium lactate   | 2         |              |
| amoxicillin caps   | 1         |              |
| amoxicillin tabs   | 2         |              |
| amoxicillin/clavulanate potassium tabs   | 2         |              |
| amphetamine/dextroamphetamine tabs 1.875mg 1.875mg 1.875mg 1.875mg, 3.125mg 3.125mg 3.125mg 3.125mg, 7.5mg 7.5mg 7.5mg | 3         | QL(60/30)    |
| amphetamine/dextroamphetamine tabs 5mg 5mg 5mg   | 3         | QL(90/30)    |
| amphetamine/dextroamphetamine tabs 3.75mg 3.75mg 3.75mg 3.75mg   | 3         | QL(120/30)   |

**Requirements (Reqs.)/Limits Key:**

QL = Quantity Limits listed as (quantity/days)

PA = Prior Authorization may be required

ST = Step Therapy rules apply

NDS = Non-extended day supply medication

B/D = Drugs covered under Medicare Part B or Part D



| DRUG NAME   | DRUG TIER | REQS./ LIMITS        |
|---|-----------|----------------------|
| amphetamine/<br>dextroamphetamine tabs<br>2.5mg 2.5mg 2.5mg 2.5mg         | 3         | QL(180/30)           |
| amphetamine/<br>dextroamphetamine tabs<br>1.25mg 1.25mg 1.25mg<br>1.25mg  | 3         | QL(360/30)           |
| ampicillin  | 2         |                      |
| anastrozole   | 2         |                      |
| ANORO ELLIPTA   | 3         | QL(60/30)            |
| APRISO  | 3         | QL(120/30)           |
| ARANESP ALBUMIN FREE<br>INJ 500MCG/ML                                     | 5         | PA NDS<br>QL(1/21)   |
| ARANESP ALBUMIN FREE<br>INJ 150MCG/0.3ML                                  | 5         | PA NDS<br>QL(1.2/28) |
| ARANESP ALBUMIN FREE<br>INJ 200MCG/0.4ML                                  | 5         | PA NDS<br>QL(1.6/28) |
| ARANESP ALBUMIN FREE<br>INJ 100MCG/0.5ML                                  | 5         | PA NDS<br>QL(2/28)   |
| ARANESP ALBUMIN FREE<br>INJ 300MCG/0.6ML                                  | 5         | PA NDS<br>QL(2.4/28) |
| ARANESP ALBUMIN FREE<br>INJ 100MCG/ML, 200MCG/<br>ML, 300MCG/ML, 60MCG/ML | 5         | PA NDS<br>QL(4/28)   |
| ARANESP ALBUMIN FREE<br>INJ 60MCG/0.3ML                                   | 4         | PA QL(1.2/28)        |
| ARANESP ALBUMIN FREE<br>INJ 10MCG/0.4ML,<br>40MCG/0.4ML                   | 4         | PA QL(1.6/28)        |
| ARANESP ALBUMIN FREE<br>INJ 25MCG/0.42ML                                  | 4         | PA QL(1.68/28)       |
| ARANESP ALBUMIN FREE<br>INJ 25MCG/ML, 40MCG/ML                            | 4         | PA QL(4/28)          |
| aripiprazole tabs   | 3         | QL(30/30)            |
| ARISTADA INJ 441MG/1.6ML  | 5         | NDS QL(1.6/28)       |
| ARISTADA INJ 662MG/2.4ML  | 5         | NDS QL(2.4/28)       |

| DRUG NAME                                     | DRUG TIER | REQS./ LIMITS        |
|---|-----------|----------------------|
| ARISTADA INJ 882MG/3.2ML                      | 5         | NDS QL(3.2/28)       |
| ARISTADA INJ 1064MG/3.9ML                     | 5         | QL(3.9/56)           |
| ARISTADA INITIO                               | 5         | NDS QL(4.8/365)      |
| ARNUITY ELLIPTA                               | 3         | QL(30/30)            |
| atenolol                                      | 1         |                      |
| atenolol/chlorthalidone                       | 1         |                      |
| atorvastatin calcium tabs<br>10mg, 20mg, 80mg | 1         | QL(30/30)            |
| atorvastatin calcium tabs 40mg                | 1         | QL(60/30)            |
| atropine sulfate ophthalmic<br>soln           | 3         |                      |
| ATROVENT HFA                                  | 4         | QL(25.8/30)          |
| augmented betamethasone<br>dipropionate crea  | 2         |                      |
| AURYXIA                                       | 4         | PA QL(360/30)        |
| AUSTEDO TABS 6MG                              | 5         | PA NDS<br>QL(60/30)  |
| AUSTEDO TABS 12MG, 9MG                        | 5         | PA NDS<br>QL(120/30) |
| AVONEX INJ 30MCG/0.5ML                        | 5         | PA NDS<br>QL(1/28)   |
| AVONEX INJ 30MCG/VIAL                         | 5         | PA NDS<br>QL(4/28)   |
| AVONEX PEN                                    | 5         | PA NDS<br>QL(1/28)   |
| AZASITE                                       | 3         |                      |
| azathioprine tabs                             | 2         | PA                   |
| azelastine hcl nasal soln                     | 3         | QL(30/25)            |
| azelastine hcl ophthalmic soln                | 2         |                      |
| azelastine hydrochloride nasal<br>soln        | 3         | QL(30/25)            |
| azithromycin tabs 250mg,<br>500mg             | 2         |                      |

**Requirements (Reqs.)/Limits Key:**

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NDS = Non-extended day supply medication

B/D = Drugs covered under Medicare Part B or Part D

| DRUG NAME                                     | DRUG TIER | REQS./LIMITS        |
|---|-----------|---------------------|
| AZOPT   | 3         |                     |
| <b>B</b>                                      |           |                     |
| baclofen tabs 10mg, 5mg                       | 1         |                     |
| baclofen tabs 20mg                            | 2         |                     |
| BAXDELA                                       | 4         | QL(28/14)           |
| BELSOMRA TABS 10MG, 15MG, 20MG                | 3         | QL(30/30)           |
| BELSOMRA TABS 5MG                             | 3         | QL(60/30)           |
| benazepril hcl                                | 1         |                     |
| benazepril hcl/<br>hydrochlorothiazide        | 1         |                     |
| benazepril hydrochloride                      | 1         |                     |
| benztropine mesylate tabs                     | 2         | PA                  |
| BESIVANCE                                     | 4         |                     |
| betamethasone dipropionate<br>crea            | 3         |                     |
| BETASERON                                     | 5         | PA NDS<br>QL(14/28) |
| bicalutamide                                  | 2         |                     |
| BIDIL   | 3         | QL(180/30)          |
| BINOSTO                                       | 4         |                     |
| bisoprolol fumarate                           | 2         |                     |
| bisoprolol fumarate/<br>hydrochlorothiazide   | 1         |                     |
| BOOSTRIX                                      | 3         | QL(0.5/365)         |
| BREO ELLIPTA                                  | 3         | QL(60/30)           |
| BRILINTA                                      | 3         | QL(60/30)           |
| brimonidine tartrate ophthalmic<br>soln 0.2%  | 2         |                     |
| brimonidine tartrate ophthalmic<br>soln 0.15% | 3         |                     |
| BRIVIACT ORAL SOLN                            | 4         | QL(600/30)          |

| DRUG NAME   | DRUG TIER | REQS./LIMITS  |
|---|-----------|---------------|
| BRIVIACT TABS   | 4         | QL(60/30)     |
| budesonide susp   | 4         | B/D PA        |
| bumetanide tabs   | 2         |               |
| bupropion hcl tabs 100mg                                      | 3         | QL(120/30)    |
| bupropion hydrochloride tabs<br>75mg                          | 3         | QL(180/30)    |
| bupropion hydrochloride er (sr)<br>tb12 100mg, 200mg          | 3         | QL(60/30)     |
| bupropion hydrochloride er (sr)<br>tb12 150mg                 | 3         | QL(90/30)     |
| bupropion hydrochloride er (sr)<br>tb12 150mg                 | 3         | QL(60/30)     |
| bupropion hydrochloride er (xl)<br>tb24 300mg                 | 3         | QL(30/30)     |
| bupropion hydrochloride er (xl)<br>tb24 150mg                 | 3         | QL(90/30)     |
| buspirone hcl   | 2         |               |
| buspirone hydrochloride tabs<br>10mg, 5mg, 7.5mg              | 2         |               |
| butalbital/acetaminophen/<br>caffeine tabs 325mg 50mg<br>40mg | 3         | PA QL(180/30) |
| BYDUREON BCISE  | 4         | QL(4/28)      |
| BYDUREON PEN  | 4         | QL(4/28)      |
| BYSTOLIC  | 3         |               |
| <b>C</b>  |           |               |
| calcipotriene oint  | 4         | QL(120/30)    |
| calcitrene  | 4         | QL(120/30)    |
| calcitriol caps   | 2         |               |
| calcium acetate caps  | 2         |               |
| CARAFATE SUSP   | 4         |               |
| carbamazepine tabs  | 2         |               |
| carbidopa/levodopa  | 2         |               |

**Requirements (Reqs.)/Limits Key:**

QL = Quantity Limits listed as (quantity/days)

PA = Prior Authorization may be required

ST = Step Therapy rules apply

NDS = Non-extended day supply medication

B/D = Drugs covered under Medicare Part B or Part D

| DRUG NAME                                  | DRUG TIER | REQS./ LIMITS |
|--|-----------|---------------|
| carbidopa/levodopa odt                     | 2         |               |
| cartia xt                                  | 2         |               |
| carvedilol                                 | 1         |               |
| cefadroxil caps                            | 3         |               |
| cefdinir caps                              | 2         |               |
| cefuroxime axetil                          | 2         |               |
| celecoxib caps 400mg                       | 2         | QL(30/30)     |
| celecoxib caps 100mg, 200mg, 50mg          | 2         | QL(60/30)     |
| cephalexin caps 250mg, 500mg               | 1         |               |
| CHANTIX                                    | 3         |               |
| CHANTIX CONTINUING MONTH PAK               | 3         |               |
| CHANTIX STARTING MONTH PAK                 | 3         |               |
| chlorhexidine gluconate mouth/ throat soln | 1         |               |
| chlorthalidone                             | 2         |               |
| cholestyramine                             | 2         |               |
| ciclopirox nail lacquer                    | 3         |               |
| ciclopirox olamine                         | 3         | QL(90/28)     |
| cilostazol                                 | 2         |               |
| CIMDUO                                     | 5         | NDS QL(30/30) |
| CIPRODEX                                   | 3         |               |
| ciprofloxacin hcl tabs 100mg               | 3         |               |
| ciprofloxacin hcl tabs 750mg               | 2         |               |
| ciprofloxacin hydrochloride                | 2         |               |
| ciprofloxacin hydrochloride                | 2         |               |
| citalopram hydrobromide tabs 20mg          | 1         | QL(60/30)     |

| DRUG NAME                                    | DRUG TIER | REQS./ LIMITS |
|--|-----------|---------------|
| citalopram hydrobromide tabs 40mg            | 1         | QL(90/30)     |
| citalopram hydrobromide tabs 10mg            | 1         | QL(120/30)    |
| clarithromycin tabs                          | 2         |               |
| clindamycin hcl caps 300mg, 75mg             | 2         |               |
| clindamycin hydrochloride caps 150mg         | 2         |               |
| clobetasol propionate crea                   | 2         | QL(120/28)    |
| clobetasol propionate external soln          | 2         | QL(100/28)    |
| clobetasol propionate foam                   | 4         | QL(100/28)    |
| clobetasol propionate oint                   | 2         | QL(120/28)    |
| clobetasol propionate sham                   | 4         | QL(236/28)    |
| clobetasol propionate emollient foam         | 4         |               |
| clodan                                       | 4         | QL(236/28)    |
| clonazepam tabs 0.5mg, 1mg                   | 2         | QL(120/30)    |
| clonazepam tabs 2mg                          | 2         | QL(300/30)    |
| clonidine hcl tabs 0.3mg                     | 2         |               |
| clonidine hcl tabs 0.1mg                     | 1         |               |
| clonidine hydrochloride tabs                 | 1         |               |
| clopidogrel tabs 75mg                        | 2         |               |
| clotrimazole external crea                   | 2         |               |
| clotrimazole/betamethasone dipropionate crea | 2         | QL(45/28)     |
| colchicine caps                              | 3         | QL(60/30)     |
| colchicine tabs                              | 4         | QL(120/30)    |
| colestipol hcl tabs                          | 3         |               |
| COMBIGAN                                     | 3         |               |
| COMBIVENT RESPIMAT                           | 3         | QL(8/30)      |

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| DRUG NAME                                    | DRUG TIER | REQS./LIMITS     |
|--|-----------|------------------|
| COPAXONE INJ 40MG/ML                         | 5         | PA NDS QL(12/28) |
| COPAXONE INJ 20MG/ML                         | 5         | PA NDS QL(30/30) |
| CORLANOR TABS                                | 4         | PA QL(60/30)     |
| CREON  | 3         |                  |
| cyclobenzaprine hydrochloride tabs 10mg, 5mg | 3         | PA               |
| <b>D</b>                                     |           |                  |
| DARAPRIM                                     | 5         | NDS QL(90/30)    |
| desloratadine                                | 2         |                  |
| dexamethasone tabs 1.5mg, 1mg, 2mg, 6mg      | 2         |                  |
| dexamethasone tabs 0.5mg, 0.75mg, 4mg        | 1         |                  |
| diazepam tabs                                | 2         | QL(120/30)       |
| diclofenac potassium                         | 2         |                  |
| diclofenac sodium gel 1%                     | 3         | QL(1000/30)      |
| diclofenac sodium transdermal soln           | 4         | QL(450/28)       |
| diclofenac sodium dr                         | 2         |                  |
| diclofenac sodium er                         | 2         |                  |
| dicyclomine hydrochloride caps               | 1         |                  |
| dicyclomine hydrochloride tabs               | 1         |                  |
| DIFICID                                      | 5         | PA NDS QL(20/10) |
| digox  | 2         |                  |
| digoxin tabs                                 | 2         |                  |
| diltiazem cd cp24 180mg                      | 2         |                  |
| diltiazem hcl tabs                           | 2         |                  |
| diltiazem hcl er cp12                        | 2         |                  |

| DRUG NAME  | DRUG TIER | REQS./LIMITS |
|--|-----------|--------------|
| diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg           | 2         |              |
| diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg | 2         |              |
| dilt-xr  | 2         |              |
| diphenoxylate/atropine tabs                                | 2         |              |
| divalproex sodium  | 2         |              |
| divalproex sodium dr                                       | 2         |              |
| divalproex sodium er                                       | 2         |              |
| donepezil hcl tabs 10mg                                    | 2         | QL(60/30)    |
| donepezil hcl tabs 23mg                                    | 4         | QL(30/30)    |
| donepezil hydrochloride tabs 5mg                           | 2         | QL(30/30)    |
| donepezil hydrochloride tabs 10mg                          | 2         | QL(60/30)    |
| dorzolamide hcl  | 2         |              |
| dorzolamide hcl/timolol maleate                            | 2         |              |
| doxazosin mesylate   | 2         |              |
| doxycycline hyclate caps                                   | 1         |              |
| doxycycline hyclate tabs 100mg                             | 1         |              |
| doxycycline hyclate tabs 20mg                              | 2         |              |
| doxycycline monohydrate caps 100mg, 50mg                   | 2         |              |
| doxycycline monohydrate tabs 100mg, 150mg, 50mg            | 3         |              |
| DUAVEE   | 4         | PA QL(30/30) |
| duloxetine hcl cpep 20mg                                   | 2         | QL(180/30)   |
| duloxetine hydrochloride cpep 60mg                         | 2         | QL(60/30)    |
| duloxetine hydrochloride cpep 30mg                         | 2         | QL(90/30)    |

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| DRUG NAME   | DRUG TIER | REQS./ LIMITS         |
|---|-----------|-----------------------|
| dutasteride   | 2         | QL(30/30)             |
| <b>E</b>  |           |                       |
| EDARBI  | 4         | QL(30/30) ST          |
| EDARBYCLOR  | 4         | ST                    |
| ELIQUIS   | 3         |                       |
| ELIQUIS STARTER PACK  | 3         |                       |
| EMSAM   | 5         | NDS QL(30/30)         |
| enalapril maleate   | 1         |                       |
| ENBREL INJ 25MG/0.5ML                                       | 5         | PA NDS<br>QL(4.08/28) |
| ENBREL INJ 25MG, 50MG/ML                                    | 5         | PA NDS<br>QL(8/28)    |
| ENBREL MINI   | 5         | PA NDS<br>QL(8/28)    |
| ENBREL SURECLICK  | 5         | PA NDS<br>QL(8/28)    |
| ENTRESTO  | 3         | QL(60/30)             |
| ENVARUSUS XR TB24 0.75MG,<br>1MG                            | 4         | PA                    |
| ENVARUSUS XR TB24 4MG                                       | 5         | PA NDS                |
| EPCLUSA   | 5         | PA NDS<br>QL(28/28)   |
| epinephrine inj 0.15mg/0.15ml,<br>0.15mg/0.3ml, 0.3mg/0.3ml | 2         | QL(2/30)              |
| EPIPEN 2-PAK  | 3         | QL(2/30)              |
| EPIPEN-JR 2-PAK   | 3         | QL(2/30)              |
| ERLEADA   | 5         | PA NDS                |
| erythromycin oint   | 2         |                       |
| escitalopram oxalate tabs                                   | 2         |                       |
| esomeprazole magnesium                                      | 3         | QL(60/30)             |
| estradiol tabs 10mcg  | 4         | QL(18/28)             |

| DRUG NAME  | DRUG TIER | REQS./ LIMITS |
|--|-----------|---------------|
| estradiol tabs 0.5mg, 1mg,<br>2mg                    | 2         | PA            |
| etodolac tabs  | 4         |               |
| EVOTAZ   | 5         | NDS QL(30/30) |
| ezetimibe  | 2         | QL(30/30)     |
| <b>F</b>   |           |               |
| famotidine tabs 20mg, 40mg                           | 2         |               |
| FARXIGA TABS 10MG                                    | 3         | QL(30/30)     |
| FARXIGA TABS 5MG                                     | 3         | QL(60/30)     |
| felodipine er  | 2         |               |
| fenofibrate caps 130mg,<br>150mg, 43mg, 50mg         | 4         |               |
| fenofibrate caps 134mg,<br>200mg, 67mg               | 3         |               |
| fenofibrate tabs 160mg, 54mg                         | 2         |               |
| fenofibrate tabs 145mg, 48mg                         | 3         |               |
| fenofibrate micronized                               | 3         |               |
| fenofibric acid dr cpdr 135mg                        | 4         | QL(30/30)     |
| fenofibric acid dr cpdr 45mg                         | 4         | QL(60/30)     |
| FETZIMA CP24 120MG,<br>40MG, 80MG                    | 4         | QL(30/30) ST  |
| FETZIMA TITRATION PACK                               | 4         | QL(56/365) ST |
| finasteride tabs 5mg                                 | 2         | QL(30/30)     |
| flecainide acetate                                   | 2         |               |
| FLOVENT DISKUS AEPB<br>100MCG/BLIST, 50MCG/<br>BLIST | 3         | QL(60/30)     |
| FLOVENT DISKUS AEPB<br>250MCG/BLIST                  | 3         | QL(240/30)    |
| FLOVENT HFA AERO 44MCG/<br>ACT                       | 3         | QL(10.6/30)   |
| FLOVENT HFA AERO<br>110MCG/ACT                       | 3         | QL(12/30)     |

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| DRUG NAME                                | DRUG TIER | REQS./ LIMITS        |
|--|-----------|----------------------|
| FLOVENT HFA AERO 220MCG/ACT              | 3         | QL(24/30)            |
| fluconazole tabs                         | 2         |                      |
| fluocinonide crea 0.1%                   | 4         |                      |
| fluocinonide crea 0.05%                  | 2         |                      |
| fluocinonide external soln               | 3         | QL(120/30)           |
| fluorouracil crea 5%                     | 3         |                      |
| fluoxetine caps 20mg                     | 2         |                      |
| fluoxetine hcl caps                      | 2         |                      |
| fluoxetine hydrochloride caps 10mg       | 2         |                      |
| fluoxetine hydrochloride tabs 10mg, 20mg | 2         |                      |
| fluticasone propionate susp              | 2         | QL(16/30)            |
| FORTEO                                   | 5         | PA NDS<br>QL(2.4/28) |
| furosemide tabs                          | 1         |                      |
| FYCOMPA SUSP                             | 4         | QL(720/30)           |
| FYCOMPA TABS 10MG, 12MG, 8MG             | 4         | QL(30/30)            |
| FYCOMPA TABS 2MG, 4MG, 6MG               | 4         | QL(60/30)            |
| <b>G</b>                                 |           |                      |
| gabapentin caps 100mg, 400mg             | 2         | QL(270/30)           |
| gabapentin caps 300mg                    | 2         | QL(360/30)           |
| gabapentin tabs 800mg                    | 2         |                      |
| gabapentin tabs 600mg                    | 2         | QL(180/30)           |
| gavilyte-c                               | 2         |                      |
| gavilyte-g                               | 2         |                      |
| gavilyte-n/flavor pack                   | 2         |                      |
| gemfibrozil                              | 2         |                      |

| DRUG NAME  | DRUG TIER | REQS./ LIMITS       |
|--|-----------|---------------------|
| GENOTROPIN   | 5         | PA NDS              |
| GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG | 5         | PA NDS              |
| GENOTROPIN MINIQUICK INJ 0.2MG   | 4         | PA                  |
| gentamicin sulfate ophthalmic soln   | 2         |                     |
| GILENYA CAPS 0.5MG   | 5         | PA NDS<br>QL(30/30) |
| glimepiride tabs 4mg   | 1         | QL(60/30)           |
| glimepiride tabs 2mg   | 1         | QL(120/30)          |
| glimepiride tabs 1mg   | 1         | QL(240/30)          |
| glipizide tabs 10mg  | 1         | QL(120/30)          |
| glipizide tabs 5mg   | 1         | QL(240/30)          |
| glipizide er tb24 10mg   | 1         | QL(60/30)           |
| glipizide er tb24 5mg  | 1         | QL(120/30)          |
| glipizide er tb24 2.5mg  | 1         | QL(240/30)          |
| glipizide xl tb24 10mg   | 1         | QL(60/30)           |
| glipizide xl tb24 5mg  | 1         | QL(120/30)          |
| glipizide xl tb24 2.5mg  | 1         | QL(240/30)          |
| glipizide/metformin hydrochloride tabs 2.5mg 500mg, 5mg 500mg                      | 1         | QL(120/30)          |
| glipizide/metformin hydrochloride tabs 2.5mg 250mg                                 | 1         | QL(240/30)          |
| GLUCAGEN HYPOKIT   | 3         |                     |
| GLUCAGON EMERGENCY KIT   | 3         |                     |
| GLYXAMBI   | 3         | QL(30/30)           |
| <b>H</b>   |           |                     |

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| DRUG NAME   | DRUG TIER | REQS./LIMITS         | DRUG NAME  | DRUG TIER | REQS./LIMITS   |
|---|-----------|----------------------|--|-----------|----------------|
| HARVONI   | 5         | PA NDS<br>QL(28/28)  | HUMULIN 70/30 KWIKPEN                                  | 3         |                |
| HUMALOG   | 3         |                      | HUMULIN N  | 3         |                |
| HUMALOG JUNIOR KWIKPEN  | 3         |                      | HUMULIN N KWIKPEN                                      | 3         |                |
| HUMALOG KWIKPEN   | 3         |                      | HUMULIN R  | 3         |                |
| HUMALOG MIX 50/50   | 3         |                      | HUMULIN R U-500 (CONCENTRATED)                         | 3         | B/D PA         |
| HUMALOG MIX 50/50 KWIKPEN   | 3         |                      | HUMULIN R U-500 KWIKPEN                                | 3         |                |
| HUMALOG MIX 75/25   | 3         |                      | hydralazine hcl tabs                                   | 2         |                |
| HUMALOG MIX 75/25 KWIKPEN   | 3         |                      | hydralazine hydrochloride                              | 2         |                |
| HUMIRA INJ 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML                                       | 5         | PA NDS<br>QL(2/28)   | hydrochlorothiazide                                    | 1         |                |
| HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML   | 5         | PA NDS<br>QL(4/28)   | hydrocodone/acetaminophen tabs 325mg 10mg, 325mg 7.5mg | 3         | NDS QL(180/30) |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML and 80MG/0.8ML (1 pen of each)      | 5         | PA NDS<br>QL(4/365)  | hydrocodone/acetaminophen tabs 325mg 5mg               | 3         | NDS QL(360/30) |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML (3 and 6 pack), 80MG/0.8ML (3 pack) | 5         | PA NDS<br>QL(6/365)  | hydrocortisone external crea                           | 1         |                |
| HUMIRA PEN  | 5         | PA NDS<br>QL(4/28)   | hydrocortisone rectal crea 2.5%                        | 2         |                |
| HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML  | 5         | PA NDS<br>QL(6/365)  | hydroxychloroquine sulfate                             | 2         |                |
| HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML  | 5         | PA NDS<br>QL(12/365) | hydroxyurea  | 2         |                |
| HUMIRA PEN-PS/UV STARTER INJ  | 5         | PA NDS<br>QL(6/365)  | hyoscyamine sulfate subl                               | 2         |                |
| HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML   | 5         | PA NDS<br>QL(8/365)  | hyoscyamine sulfate tabs                               | 2         |                |
| HUMULIN 70/30   | 3         |                      | hyoscyamine sulfate tbdp                               | 2         |                |
|   |           |                      | ibandronate sodium tabs                                | 1         | QL(1/28)       |
|   |           |                      | ibu tabs 600mg, 800mg                                  | 1         |                |
|   |           |                      | ibuprofen tabs 400mg, 600mg, 800mg                     | 1         |                |
|   |           |                      | INCRUSE ELLIPTA  | 3         | QL(30/30)      |
|   |           |                      | indapamide   | 1         |                |
|   |           |                      | INVEGA SUSTENNA INJ 39MG/0.25ML                        | 4         | QL(0.25/28)    |

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|---------------------------------------|-----------|-----------------|
| INVEGA SUSTENNA INJ 78MG/0.5ML        | 5         | NDS QL(0.5/28)  |
| INVEGA SUSTENNA INJ 117MG/0.75ML      | 5         | NDS QL(0.75/28) |
| INVEGA SUSTENNA INJ 156MG/ML          | 5         | NDS QL(1/28)    |
| INVEGA SUSTENNA INJ 234MG/1.5ML       | 5         | NDS QL(1.5/28)  |
| INVEGA TRINZA INJ 273MG/0.875ML       | 5         | QL(0.88/90)     |
| INVEGA TRINZA INJ 410MG/1.315ML       | 5         | QL(1.32/90)     |
| INVEGA TRINZA INJ 546MG/1.75ML        | 5         | QL(1.75/90)     |
| INVEGA TRINZA INJ 819MG/2.625ML       | 5         | QL(2.63/90)     |
| INVELTYS                              | 4         |                 |
| INVOKAMET                             | 4         | QL(60/30)       |
| INVOKAMET XR                          | 4         | QL(60/30)       |
| INVOKANA                              | 4         | QL(30/30)       |
| ipratropium bromide nasal soln 0.03%  | 2         | QL(30/30)       |
| ipratropium bromide nasal soln 0.06%  | 2         | QL(45/30)       |
| ipratropium bromide inhalation soln   | 2         | B/D PA          |
| ipratropium bromide/albuterol sulfate | 2         | B/D PA          |
| irbesartan tabs 300mg, 75mg           | 1         | QL(30/30)       |
| irbesartan tabs 150mg                 | 1         | QL(60/30)       |
| irbesartan/hydrochlorothiazide        | 1         | QL(30/30)       |
| isosorbide dinitrate tabs             | 3         |                 |
| isosorbide mononitrate                | 2         |                 |
| isosorbide mononitrate er             | 2         |                 |

| DRUG NAME                               | DRUG TIER | REQS./ LIMITS |
|---|-----------|---------------|
| <b>J</b>                                |           |               |
| JANUMET                                 | 3         | QL(60/30)     |
| JANUMET XR TB24 1000MG 100MG            | 3         | QL(30/30)     |
| JANUMET XR TB24 1000MG 50MG, 500MG 50MG | 3         | QL(60/30)     |
| JANUVIA                                 | 3         | QL(30/30)     |
| JARDIANCE                               | 3         | QL(30/30)     |
| JENTADUETO                              | 3         | QL(60/30)     |
| JENTADUETO XR TB24 5MG 1000MG           | 3         | QL(30/30)     |
| JENTADUETO XR TB24 2.5MG 1000MG         | 3         | QL(60/30)     |
| <b>K</b>                                |           |               |
| ketoconazole crea                       | 2         | QL(60/28)     |
| ketoconazole sham                       | 2         | QL(120/28)    |
| ketorolac tromethamine ophthalmic soln  | 2         |               |
| klor-con                                | 2         |               |
| KLOR-CON 10                             | 3         |               |
| KLOR-CON 8                              | 3         |               |
| klor-con m10                            | 1         |               |
| klor-con m20                            | 1         |               |
| klor-con sprinkle                       | 3         |               |
| <b>L</b>                                |           |               |
| labetalol hydrochloride tabs            | 2         |               |
| lactulose oral soln                     | 2         |               |
| lamotrigine tabs                        | 2         |               |
| lamotrigine odt tbdp 200mg              | 2         |               |
| LANTUS                                  | 3         |               |
| LANTUS SOLOSTAR                         | 3         |               |

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| DRUG NAME  | DRUG TIER | REQS./ LIMITS |
|--|-----------|---------------|
| latanoprost  | 2         |               |
| LATUDA TABS 120MG, 20MG, 40MG, 60MG                                  | 5         | NDS QL(30/30) |
| LATUDA TABS 80MG   | 5         | NDS QL(60/30) |
| leflunomide  | 2         |               |
| letrozole  | 2         |               |
| LEVEMIR  | 3         |               |
| LEVEMIR FLEXTOUCH  | 3         |               |
| levetiracetam tabs   | 2         |               |
| levocetirizine dihydrochloride tabs                                  | 2         | QL(120/30)    |
| levofloxacin tabs  | 2         |               |
| levothyroxine sodium tabs  | 1         |               |
| lidocaine oint   | 4         | QL(50/30)     |
| lidocaine/prilocaine crea  | 4         | QL(30/30)     |
| LINZESS  | 3         | QL(30/30)     |
| lisinopril   | 1         |               |
| lisinopril/hydrochlorothiazide                                       | 1         |               |
| LIVALO   | 3         | QL(30/30)     |
| loperamide hcl caps  | 2         |               |
| lorazepam tabs 0.5mg, 1mg  | 2         | QL(120/30)    |
| lorazepam tabs 2mg   | 2         | QL(150/30)    |
| losartan potassium   | 1         | QL(60/30)     |
| losartan potassium/hydrochlorothiazide tabs 12.5mg 100mg, 25mg 100mg | 1         | QL(30/30)     |
| losartan potassium/hydrochlorothiazide tabs 12.5mg 50mg              | 1         | QL(60/30)     |
| LOTEMAX  | 4         |               |
| LOTEMAX SM   | 4         |               |
| lovastatin   | 1         | QL(60/30)     |

| DRUG NAME                                   | DRUG TIER | REQS./ LIMITS |
|---|-----------|---------------|
| ludent chew 1mg                             | 1         |               |
| LYRICA CAPS 225MG, 300MG                    | 4         | QL(60/30)     |
| LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG | 4         | QL(90/30)     |
| LYRICA CAPS 75MG                            | 4         | QL(120/30)    |
| LYRICA ORAL SOLN                            | 4         | QL(900/30)    |

## M

|  |   |                  |
|--|---|------------------|
| MAVYRET  | 5 | PA NDS QL(84/28) |
| meclizine hcl tabs   | 2 |                  |
| megestrol acetate susp 40mg/ml                             | 3 | PA               |
| meloxicam  | 1 |                  |
| memantine hcl tabs 10mg                                    | 2 | PA QL(60/30)     |
| memantine hcl tabs 5mg                                     | 2 | PA QL(90/30)     |
| memantine hcl titration pak                                | 3 | PA QL(98/365)    |
| memantine hydrochloride oral soln                          | 2 | PA QL(300/30)    |
| memantine hydrochloride er                                 | 4 | PA QL(30/30)     |
| metformin hydrochloride tabs 1000mg                        | 1 | QL(75/30)        |
| metformin hydrochloride tabs 850mg                         | 1 | QL(90/30)        |
| metformin hydrochloride tabs 500mg                         | 1 | QL(150/30)       |
| metformin hcl er tb24 1000mg, 500mg (generic for Fortamet) | 1 | QL(60/30)        |
| metformin hcl er tb24 750mg (generic for Glucophage XR)    | 1 | QL(60/30)        |
| metformin hcl er tb24 500mg (generic for Glucophage XR)    | 1 | QL(120/30)       |
| methimazole  | 2 |                  |

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| DRUG NAME                                  | DRUG TIER | REQS./LIMITS  |
|--|-----------|---------------|
| methocarbamol tabs                         | 2         | PA            |
| methotrexate tabs                          | 2         |               |
| methylprednisolone                         | 2         |               |
| methylprednisolone acetate inj 80mg/ml     | 4         |               |
| methylprednisolone dose pack               | 2         |               |
| metoclopramide hcl tabs                    | 2         |               |
| metoclopramide hydrochloride               | 2         |               |
| metolazone                                 | 2         |               |
| metoprolol succinate er                    | 1         |               |
| metoprolol tartrate tabs                   | 1         |               |
| metronidazole tabs                         | 1         |               |
| metronidazole gel 1%                       | 3         |               |
| midodrine hcl                              | 2         |               |
| minocycline hcl caps                       | 2         |               |
| minocycline hydrochloride caps 100mg, 50mg | 2         |               |
| mirtazapine                                | 2         |               |
| MITIGARE                                   | 3         | QL(60/30)     |
| mometasone furoate crea                    | 2         |               |
| mometasone furoate susp                    | 3         | QL(34/30)     |
| montelukast sodium tabs                    | 2         | QL(30/30)     |
| morphine sulfate er tbc                    | 3         | NDS QL(90/30) |
| moxifloxacin hydrochloride ophthalmic soln | 3         |               |
| MULTAQ                                     | 3         | QL(60/30)     |
| mupirocin oint                             | 2         |               |
| MYRBETRIQ TB24 50MG                        | 3         | QL(30/30)     |
| MYRBETRIQ TB24 25MG                        | 3         | QL(60/30)     |

| DRUG NAME                                   | DRUG TIER | REQS./LIMITS  |
|---|-----------|---------------|
| <b>N</b>                                    |           |               |
| nabumetone                                  | 2         |               |
| NAFTIN GEL                                  | 3         |               |
| NAMZARIC C4PK                               | 3         | PA QL(56/365) |
| NAMZARIC CP24                               | 3         | PA            |
| naproxen tabs                               | 1         |               |
| NARCAN                                      | 3         | QL(4/30)      |
| neomycin/polymyxin/dexamethasone            | 2         |               |
| neomycin/polymyxin/hc                       | 3         |               |
| neomycin/polymyxin/hydrocortisone otic soln | 3         |               |
| neomycin/polymyxin/hydrocortisone otic susp | 3         |               |
| NEUPRO                                      | 4         |               |
| niacin er tbc                               | 2         |               |
| nifedipine er                               | 2         | QL(60/30)     |
| nitrofurantoin macrocrystals                | 2         |               |
| nitrofurantoin monohydrate                  | 2         |               |
| nitrofurantoin monohydrate/macrocrystals    | 2         |               |
| nitroglycerin subl                          | 2         |               |
| nortriptyline hcl caps                      | 2         |               |
| nortriptyline hydrochloride                 | 2         |               |
| NOVOFINE 32GX6MM                            | 2         | QL(200/30)    |
| NOVOFINE AUTOCOVER 30GX8MM                  | 2         | QL(200/30)    |
| NOVOTWIST 32GX5MM                           | 2         | QL(200/30)    |
| NUEDEXTA                                    | 4         | PA QL(60/30)  |
| nyamyc                                      | 2         |               |
| nystatin susp                               | 2         |               |

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| DRUG NAME  | DRUG TIER | REQS./ LIMITS |
|--|-----------|---------------|
| nystatin crea                                    | 2         | QL(30/28)     |
| nystatin oint                                    | 2         | QL(30/28)     |
| nystatin powd                                    | 2         |               |
| nystatin/triamcinolone crea                      | 4         | QL(60/28)     |
| nystop   | 2         |               |
| Needles And Syringes                             |           |               |
| BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2     | 2         | QL(200/30)    |
| BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM    | 2         | QL(200/30)    |
| BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM | 2         | QL(200/30)    |
| BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM      | 2         | QL(200/30)    |
| BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM          | 2         | QL(200/30)    |
| BD PEN NEEDLE/NANO/ULTRA -FINE/32G X 4MM         | 2         | QL(200/30)    |
| BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM   | 2         | QL(200/30)    |
| TECHLITE PEN NEEDLES/31G X 6 MM                  | 2         | QL(200/30)    |
| TECHLITE PEN NEEDLES/31G X 8MM                   | 2         | QL(200/30)    |
| TECHLITE PEN NEEDLES/32G X 4MM                   | 2         | QL(200/30)    |
| TECHLITE PEN NEEDLES/32G X 6MM                   | 2         | QL(200/30)    |
| TECHLITE PEN NEEDLES/32G X 8MM                   | 2         | QL(200/30)    |

| DRUG NAME                                      | DRUG TIER | REQS./ LIMITS    |
|--|-----------|------------------|
| <b>O</b>                                       |           |                  |
| OFEV   | 5         | PA NDS QL(60/30) |
| ofloxacin ophthalmic soln                      | 2         |                  |
| ofloxacin otic soln                            | 2         |                  |
| olanzapine tabs 7.5mg                          | 2         | QL(30/30)        |
| olanzapine tabs 15mg, 20mg                     | 2         | QL(60/30)        |
| olanzapine tabs 10mg, 2.5mg, 5mg               | 2         | QL(120/30)       |
| olmesartan medoxomil                           | 1         |                  |
| olmesartan medoxomil/hydrochlorothiazide       | 1         |                  |
| olopatadine hcl ophthalmic soln                | 3         |                  |
| olopatadine hydrochloride ophthalmic soln 0.2% | 3         |                  |
| omega-3-acid ethyl esters                      | 4         | QL(120/30)       |
| omeprazole cpdr                                | 2         | QL(60/30)        |
| OMNIPOD 5 PACK                                 | 3         | QL(30/30)        |
| OMNIPOD DASH 5 PACK                            | 3         | QL(30/30)        |
| OMNIPOD STARTER KIT                            | 3         | QL(1/365)        |
| ondansetron hydrochloride tabs                 | 1         | B/D PA           |
| ondansetron odt                                | 1         | B/D PA           |
| OPSUMIT  | 5         | PA NDS QL(30/30) |
| ORENCIA INJ 125MG/ML, 50MG/0.4ML, 87.5MG/0.7ML | 5         | PA NDS QL(4/28)  |
| ORENCIA CLICKJECT                              | 5         | PA NDS QL(4/28)  |
| oscimin  | 2         |                  |
| oseltamivir phosphate caps                     | 3         |                  |
| OSMOPREP                                       | 4         |                  |

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| DRUG NAME   | DRUG TIER | REQS./LIMITS   |
|---|-----------|----------------|
| oxcarbazepine tabs                                  | 2         |                |
| oxybutynin chloride tabs                            | 1         |                |
| oxybutynin chloride er                              | 2         | QL(60/30)      |
| oxycodone hcl tabs                                  | 3         | NDS QL(180/30) |
| oxycodone hydrochloride tabs                        | 3         | NDS QL(180/30) |
| oxycodone/acetaminophen tabs 325mg 10mg             | 3         | NDS QL(180/30) |
| oxycodone/acetaminophen tabs 325mg 7.5mg            | 3         | NDS QL(240/30) |
| oxycodone/acetaminophen tabs 325mg 2.5mg, 325mg 5mg | 3         | NDS QL(360/30) |
| OZEMPIC   | 3         | QL(3/28)       |
| <b>P</b>  |           |                |
| pantoprazole sodium tbec                            | 1         | QL(60/30)      |
| paroxetine hcl tabs 30mg, 40mg                      | 2         | QL(60/30)      |
| paroxetine hcl tabs 10mg                            | 1         | QL(60/30)      |
| paroxetine hydrochloride tabs 20mg                  | 1         | QL(90/30)      |
| PAZEO   | 3         |                |
| peg 3350/electrolytes                               | 2         |                |
| peg-3350/electrolytes                               | 2         |                |
| peg-3350/nacl/na bicarbonate/ kcl                   | 2         |                |
| penicillamine                                       | 5         | NDS            |
| penicillin v potassium tabs 500mg                   | 2         |                |
| penicillin v potassium tabs 250mg                   | 1         |                |
| PENTASA CPCR 500MG                                  | 4         |                |
| pentoxifylline er                                   | 2         |                |

| DRUG NAME                                 | DRUG TIER | REQS./LIMITS      |
|---|-----------|-------------------|
| PERFOROMIST                               | 3         | B/D PA QL(120/30) |
| permethrin                                | 2         |                   |
| phenazopyridine hcl                       | 2         |                   |
| phenazopyridine hydrochloride             | 2         |                   |
| phenazopyridine hydrochloride             | 2         |                   |
| phenytoin chew                            | 2         |                   |
| phenytoin infatabs                        | 2         |                   |
| phenytoin sodium extended                 | 2         |                   |
| PHOSLYRA                                  | 4         |                   |
| PICATO GEL 0.05%                          | 4         | QL(2/56)          |
| PICATO GEL 0.015%                         | 4         | QL(3/56)          |
| pioglitazone hcl                          | 1         | QL(30/30)         |
| pioglitazone hydrochloride tabs 30mg      | 1         | QL(30/30)         |
| pioglitazone hydrochloride tabs 15mg      | 1         | QL(90/30)         |
| PLENVU                                    | 4         |                   |
| polymyxin b sulfate/ trimethoprim sulfate | 2         |                   |
| potassium chloride pack                   | 2         |                   |
| potassium chloride cr                     | 1         |                   |
| potassium chloride er cpcr                | 2         |                   |
| potassium chloride er tbcr                | 1         |                   |
| potassium chloride sr                     | 1         |                   |
| PRADAXA                                   | 4         | QL(60/30)         |
| pramipexole dihydrochloride               | 2         |                   |
| pravastatin sodium tabs 10mg, 20mg, 80mg  | 1         | QL(30/30)         |
| pravastatin sodium tabs 40mg              | 1         | QL(60/30)         |
| prednisolone acetate                      | 3         |                   |

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| DRUG NAME   | DRUG TIER | REQS./LIMITS |
|---|-----------|--------------|
| prednisone tabs 50mg                              | 2         | B/D PA       |
| prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 5mg       | 1         | B/D PA       |
| prednisone tbpk                                   | 1         |              |
| pregabalin oral soln                              | 4         | QL(900/30)   |
| PREMARIN CREA                                     | 3         |              |
| PREMARIN INJ                                      | 4         |              |
| PREMARIN TABS                                     | 3         | PA           |
| primidone   | 2         |              |
| PROAIR HFA  | 3         | QL(17/30)    |
| PROAIR RESPICLICK                                 | 3         | QL(2/30)     |
| prochlorperazine maleate                          | 2         |              |
| procto-med hc                                     | 2         |              |
| proctosol hc                                      | 2         |              |
| proctozone-hc                                     | 2         |              |
| PROLASTIN-C                                       | 5         | B/D PA NDS   |
| PROLASTIN-C                                       | 5         | B/D PA NDS   |
| PROLENSA  | 3         |              |
| PROLIA  | 4         | QL(1/180)    |
| promethazine hcl tabs 12.5mg                      | 2         | PA           |
| promethazine hydrochloride tabs 25mg, 50mg        | 2         | PA           |
| propranolol hcl tabs 40mg, 80mg                   | 1         |              |
| propranolol hydrochloride tabs 10mg, 20mg, 60mg   | 1         |              |
| <b>Q</b>  |           |              |
| quetiapine fumarate tabs 300mg, 400mg             | 2         | QL(60/30)    |
| quetiapine fumarate tabs 100mg, 200mg, 25mg, 50mg | 2         | QL(90/30)    |
| quinapril hcl                                     | 1         |              |

| DRUG NAME  | DRUG TIER | REQS./LIMITS          |
|--|-----------|-----------------------|
| quinapril hydrochloride tabs 10mg                                | 1         |                       |
| <b>R</b>   |           |                       |
| raloxifene hydrochloride   | 2         | QL(30/30)             |
| ramipril   | 1         |                       |
| ranitidine hcl tabs 150mg, 300mg                                 | 2         |                       |
| REBIF  | 5         | PA NDS<br>QL(6/28)    |
| REBIF REBIDOSE   | 5         | PA NDS<br>QL(6/28)    |
| REBIF TITRATION PACK   | 5         | PA NDS<br>QL(8.4/365) |
| RECTIV   | 4         | QL(30/30)             |
| REGRANEX   | 5         | PA NDS                |
| RELISTOR INJ   | 5         | PA NDS                |
| REVELA PACK  | 3         | QL(180/30)            |
| REVELA TABS  | 3         | QL(540/30)            |
| REPATHA  | 3         | PA QL(3/28)           |
| REPATHA PUSHTRONEX SYSTEM  | 3         | PA QL(3.5/28)         |
| REPATHA SURECLICK  | 3         | PA QL(3/28)           |
| RETACRIT INJ 40000UNIT/ML  | 5         | PA NDS<br>QL(6/28)    |
| RETACRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML | 4         | PA QL(12/28)          |
| REXULTI  | 5         | NDS QL(30/30)         |
| risedronate sodium tabs 150mg                                    | 3         | QL(1/30)              |
| risedronate sodium tabs 35mg                                     | 3         | QL(4/28)              |
| risedronate sodium tabs 30mg, 5mg                                | 3         | QL(30/30)             |

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| DRUG NAME                                 | DRUG TIER | REQS./ LIMITS   |
|---|-----------|-----------------|
| RISPERDAL CONSTA INJ 50MG                 | 5         | NDS QL(2/28)    |
| RISPERDAL CONSTA INJ 12.5MG, 25MG, 37.5MG | 4         | QL(2/28)        |
| risperidone oral soln                     | 2         | QL(240/30)      |
| risperidone tabs                          | 2         |                 |
| ropinirole hcl                            | 2         |                 |
| ropinirole hydrochloride tabs 0.25mg, 3mg | 2         |                 |
| rosuvastatin calcium                      | 1         | QL(30/30)       |
| RUCONEST                                  | 5         | PA NDS QL(8/30) |
| RYTARY                                    | 4         | ST              |
| <b>S</b>                                  |           |                 |
| SANCUSO                                   | 5         | NDS QL(4/28)    |
| SANTYL                                    | 3         |                 |
| SAPHRIS                                   | 4         | QL(60/30)       |
| SENSIPAR TABS 30MG, 60MG                  | 4         | QL(60/30)       |
| SENSIPAR TABS 90MG                        | 4         | QL(120/30)      |
| SEREVENT DISKUS                           | 3         | QL(60/30)       |
| sertraline hcl tabs 25mg                  | 2         | QL(60/30)       |
| sertraline hcl tabs 50mg                  | 2         | QL(120/30)      |
| sertraline hydrochloride tabs 100mg       | 2         | QL(60/30)       |
| SEVELAMER CARBONATE PACK                  | 4         | QL(180/30)      |
| SEVELAMER CARBONATE TABS                  | 4         | QL(540/30)      |
| SHINGRIX                                  | 3         | QL(2/999)       |
| SILENOR                                   | 3         | QL(30/30)       |
| silver sulfadiazine                       | 3         |                 |

| DRUG NAME                                 | DRUG TIER | REQS./ LIMITS     |
|---|-----------|-------------------|
| SIMBRINZA                                 | 4         |                   |
| simvastatin                               | 1         | QL(30/30)         |
| SIVEXTRO TABS                             | 5         | NDS QL(6/28)      |
| SOLIQUA 100/33                            | 3         | QL(18/30) ST      |
| SOMATULINE DEPOT INJ 60MG/0.2ML           | 5         | PA NDS QL(0.2/28) |
| SOMATULINE DEPOT INJ 90MG/0.3ML           | 5         | PA NDS QL(0.3/28) |
| SOMATULINE DEPOT INJ 120MG/0.5ML          | 5         | PA NDS QL(0.5/28) |
| sotalol hcl                               | 2         |                   |
| sotalol hcl (af)                          | 2         |                   |
| sotalol hcl af                            | 2         |                   |
| sotalol hydrochloride tabs 120mg          | 2         |                   |
| sotalol hydrochloride (af) tabs 80mg      | 2         |                   |
| sotalol hydrochloride af                  | 2         |                   |
| spironolactone                            | 1         |                   |
| spironolactone/ hydrochlorothiazide       | 2         |                   |
| SPRYCEL                                   | 5         | PA NDS QL(30/30)  |
| ssd                                       | 3         |                   |
| STELARA INJ 45MG/0.5ML                    | 5         | PA NDS QL(0.5/28) |
| STELARA INJ 90MG/ML                       | 5         | PA NDS QL(1/28)   |
| SUBOXONE FILM 12MG 3MG                    | 3         | QL(60/30)         |
| SUBOXONE FILM 2MG 0.5MG, 4MG 1MG, 8MG 2MG | 3         | QL(90/30)         |
| sucralfate                                | 2         |                   |

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|---|-----------|--------------------|
| sulfamethoxazole/trimethoprim tabs                      | 1         |                    |
| sulfamethoxazole/trimethoprim ds                        | 1         |                    |
| sulfasalazine   | 2         |                    |
| sumatriptan succinate tabs                              | 2         | QL(18/28)          |
| SUPREP BOWEL PREP KIT                                   | 3         |                    |
| SYMFI   | 5         | NDS QL(30/30)      |
| SYMFI LO  | 5         | NDS QL(30/30)      |
| SYMLINPEN 120   | 5         | PA NDS QL(10.8/28) |
| SYMLINPEN 60  | 5         | PA NDS QL(6/30)    |
| SYNJARDY  | 3         | QL(60/30)          |
| SYNJARDY XR TB24 25MG 1000MG                            | 3         | QL(30/30)          |
| SYNJARDY XR TB24 10MG 1000MG, 12.5MG 1000MG, 5MG 1000MG | 3         | QL(60/30)          |
| SYNTHROID   | 3         |                    |
| <b>T</b>  |           |                    |
| tacrolimus caps   | 2         | PA                 |
| tamoxifen citrate                                       | 2         |                    |
| tamsulosin hydrochloride                                | 2         | QL(60/30)          |
| TECFIDERA CPDR 120MG                                    | 5         | PA NDS QL(14/30)   |
| TECFIDERA CPDR 240MG                                    | 5         | PA NDS QL(60/30)   |
| TECFIDERA STARTER PACK                                  | 5         | PA NDS QL(120/365) |
| TEKURNA HCT   | 4         | QL(30/30)          |
| telmisartan tabs 20mg, 40mg                             | 1         | QL(30/30)          |
| telmisartan tabs 80mg                                   | 1         | QL(60/30)          |

| DRUG NAME   | DRUG TIER | REQS./ LIMITS    |
|---|-----------|------------------|
| telmisartan/hydrochlorothiazide tabs 12.5mg 40mg, 25mg 80mg | 1         | QL(30/30)        |
| telmisartan/hydrochlorothiazide tabs 12.5mg 80mg            | 1         | QL(60/30)        |
| temazepam caps 22.5mg, 7.5mg                                | 3         | QL(60/365)       |
| temazepam caps 15mg, 30mg                                   | 2         | QL(60/365)       |
| terazosin hcl   | 1         |                  |
| terazosin hydrochloride                                     | 1         |                  |
| terbinafine hcl tabs  | 2         |                  |
| testosterone cypionate inj 100mg/ml, 200mg/ml               | 3         |                  |
| timolol maleate ophthalmic soln                             | 1         |                  |
| tizanidine hcl caps   | 4         |                  |
| tizanidine hcl tabs   | 2         |                  |
| tizanidine hydrochloride tabs 4mg                           | 2         |                  |
| TOBI PODHALER   | 5         | NDS QL(1568/365) |
| TOBRADEX OINT   | 3         |                  |
| tobramycin ophthalmic soln                                  | 2         |                  |
| tobramycin sulfate ophthalmic soln                          | 2         |                  |
| tobramycin/dexamethasone                                    | 3         |                  |
| TOLAK   | 4         |                  |
| tolterodine tartrate  | 3         |                  |
| tolterodine tartrate er                                     | 3         | QL(30/30)        |
| topiramate tabs   | 2         |                  |
| torseamide  | 2         |                  |
| TOUJEO MAX SOLOSTAR   | 3         |                  |
| TOUJEO SOLOSTAR   | 3         |                  |

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|--|-----------|-----------------------|
| TOVIAZ                                       | 3         | QL(30/30)             |
| TRACLEER TBSO                                | 5         | PA NDS                |
| TRADJENTA                                    | 3         | QL(30/30)             |
| tramadol hcl                                 | 2         | NDS QL(240/30)        |
| tramadol hydrochloride/<br>acetaminophen     | 3         | NDS QL(240/30)        |
| TRAVATAN Z                                   | 3         |                       |
| trazodone hydrochloride                      | 2         |                       |
| TRELEGY ELLIPTA                              | 3         | QL(60/30)             |
| TRESIBA                                      | 3         |                       |
| TRESIBA FLEXTOUCH                            | 3         |                       |
| triamcinolone acetonide crea<br>0.025%, 0.5% | 2         |                       |
| triamcinolone acetonide crea<br>0.1%         | 1         |                       |
| triamcinolone acetonide oint                 | 2         |                       |
| triamcinolone acetonide dental<br>paste      | 3         |                       |
| triamterene/<br>hydrochlorothiazide          | 1         |                       |
| trimethoprim sulfate/polymyxin<br>b sulfate  | 2         |                       |
| TRINTELLIX                                   | 4         | QL(30/30) ST          |
| TRULANCE                                     | 4         |                       |
| TRULICITY                                    | 3         | QL(2/28)              |
| TYMLOS                                       | 5         | PA NDS<br>QL(1.56/30) |
| <b>U</b>                                     |           |                       |
| <b>V</b>                                     |           |                       |
| valacyclovir hcl 1gm                         | 2         | QL(120/30)            |
| valacyclovir hydrochloride<br>500mg          | 2         | QL(60/30)             |

| DRUG NAME                                    | DRUG TIER | REQS./LIMITS        |
|--|-----------|---------------------|
| valsartan tabs 320mg                         | 1         | QL(30/30)           |
| valsartan tabs 160mg, 40mg,<br>80mg          | 1         | QL(60/30)           |
| valsartan/hydrochlorothiazide                | 1         | QL(30/30)           |
| VASCEPA CAPS 1GM                             | 3         | QL(120/30)          |
| VASCEPA CAPS 0.5GM                           | 3         | QL(240/30)          |
| VELPHORO                                     | 4         | QL(180/30)          |
| VELTASSA                                     | 3         |                     |
| venlafaxine hcl                              | 2         |                     |
| venlafaxine hcl er cp24 150mg,<br>37.5mg     | 2         | QL(60/30)           |
| venlafaxine hcl er cp24 75mg                 | 2         | QL(90/30)           |
| VENTOLIN HFA                                 | 4         | QL(36/30)           |
| verapamil hcl er                             | 2         |                     |
| verapamil hcl sr cp24 120mg,<br>180mg, 240mg | 2         |                     |
| VERAPAMIL HCL SR CP24<br>360MG               | 3         |                     |
| V-GO 20                                      | 3         |                     |
| V-GO 30                                      | 3         |                     |
| V-GO 40                                      | 3         |                     |
| VIBERZI                                      | 4         | PA QL(60/30)        |
| VICTOZA                                      | 3         | QL(9/30)            |
| VIIBRYD                                      | 4         | QL(30/30) ST        |
| VIIBRYD STARTER PACK                         | 4         | QL(60/365) ST       |
| VIMPAT INJ                                   | 4         | QL(1200/30)         |
| VIMPAT ORAL SOLN                             | 4         | QL(1200/30)         |
| VIMPAT TABS 100MG,<br>150MG, 200MG           | 4         | QL(60/30)           |
| VIMPAT TABS 50MG                             | 4         | QL(120/30)          |
| VOSEVI                                       | 5         | PA NDS<br>QL(30/30) |

**Requirements (Reqs.)/Limits Key:**

QL = Quantity Limits listed as (quantity/days)  
PA = Prior Authorization may be required

ST = Step Therapy rules apply  
NDS = Non-extended day supply medication  
B/D = Drugs covered under Medicare Part B or Part D



| DRUG NAME  | DRUG TIER | REQS./ LIMITS     |
|--|-----------|-------------------|
| VRAYLAR CAPS                                       | 5         | NDS QL(30/30) ST  |
| VRAYLAR CPPK                                       | 4         | QL(14/365) ST     |
| <b>W</b>   |           |                   |
| warfarin sodium                                    | 1         |                   |
| <b>X</b>   |           |                   |
| XARELTO TABS 10MG, 20MG                            | 3         | QL(30/30)         |
| XARELTO TABS 15MG, 2.5MG                           | 3         | QL(60/30)         |
| XARELTO STARTER PACK                               | 3         | QL(102/365)       |
| XELJANZ  | 5         | PA NDS QL(60/30)  |
| XELJANZ XR   | 5         | PA NDS QL(30/30)  |
| XHANCE   | 4         | QL(16/30) ST      |
| XIFAXAN TABS 550MG                                 | 5         | PA NDS QL(90/30)  |
| XIGDUO XR TB24 10MG 1000MG, 10MG 500MG             | 3         | QL(30/30)         |
| XIGDUO XR TB24 2.5MG 1000MG, 5MG 1000MG, 5MG 500MG | 3         | QL(60/30)         |
| XOFLUZA  | 4         |                   |
| XTAMPZA ER   | 3         | NDS QL(60/30)     |
| XTANDI   | 5         | PA NDS QL(120/30) |
| XULTOPHY 100/3.6                                   | 3         | QL(15/30) ST      |
| <b>Y</b>   |           |                   |
| <b>Z</b>   |           |                   |
| ZARXIO   | 5         | PA NDS            |
| ZENPEP   | 3         |                   |
| ZIOPTAN  | 4         | QL(30/30)         |

| DRUG NAME   | DRUG TIER | REQS./ LIMITS    |
|---|-----------|------------------|
| ZIRGAN  | 3         |                  |
| zolpidem tartrate tabs  | 3         | QL(30/30)        |
| ZUBSOLV SUBL 0.7MG 0.18MG, 11.4MG 2.9MG                           | 3         | QL(30/30)        |
| ZUBSOLV SUBL 1.4MG 0.36MG, 2.9MG 0.71MG, 5.7MG 1.4MG, 8.6MG 2.1MG | 3         | QL(90/30)        |
| ZYLET   | 3         |                  |
| ZYTIGA TABS 500MG   | 5         | PA NDS QL(60/30) |

**Requirements (Reqs.)/Limits Key:**

QL = Quantity Limits listed as (quantity/days)

PA = Prior Authorization may be required

ST = Step Therapy rules apply

NDS = Non-extended day supply medication

B/D = Drugs covered under Medicare Part B or Part D





# Enrollment

Ways to enroll in a Cigna Medicare Advantage plan:

- › **By Mail:** Complete the enclosed *Enrollment Form* and mail back to Cigna in the provided post-paid envelope located at the end of this book.
- › **Online:** Visit our website at [CignaMedicare.com](http://CignaMedicare.com) or visit the Centers for Medicare & Medicaid Services website at [Medicare.gov](http://Medicare.gov) to enroll.
- › **By Phone:** Call one of our Benefit Advisors to enroll over the phone or set up a personal meeting. You can reach us at the number listed below.

## Need help?

### PHONE

**1-866-612-0287 (TTY 711)**

8 a.m. to 8 p.m. local time

**October to March:** 7 days a week

**April to September:** Monday to Friday

Our automated phone system may answer your call weekends, holidays and after hours.

### VISIT

**[CignaMedicare.com](http://CignaMedicare.com)**

Together, all the way.®



# SERVICE AREAS

| Plan   | Service Area   |
|--|--|
| <b>Cigna-HealthSpring Preferred (HMO)</b><br>H9460-001 | <b>You must live in these service areas:</b><br>Cass, Clay, Jackson, Platte, and Ray counties, MO; Johnson, Miami and Wyandotte counties, KS |
| <b>Cigna-HealthSpring Advantage (HMO)</b><br>H9460-002 | <b>You must live in these service areas:</b><br>Cass, Clay, Jackson, Platte, and Ray counties, MO; Johnson, Miami and Wyandotte counties, KS |

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at **1-800-668-3813 (TTY 711)**.

## Understanding the Benefits

- Review the full list of benefits found in the *Evidence of Coverage (EOC)*, especially for those services for which you routinely see a doctor. Visit [CignaMedicare.com](http://CignaMedicare.com) or call 1-800-668-3813 (TTY 711) to view a copy of the *EOC*.
- Review the *Provider Directory* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the *Pharmacy Directory* to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2021.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the *Provider Directory*).
- PPO, PFFS and other plans that offer out-of-network coverage: Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.
- C-SNP plans: This plan is a Chronic Condition Special Needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific, severe or disabling chronic condition.
- D-SNP plans: This plan is a Dual Eligible Special Needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a State plan under Medicaid.

Please review the disclaimers at the end of the “Coverage” section.





# SCOPE OF SALES APPOINTMENT CONFIRMATION FORM



## FORM TO BE COMPLETED BY AGENT

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any meeting in person to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by your agent. A Scope of Appointment form is required for each individual and a new form is required if there is a change in the original appointment.

### Beneficiary or Authorized Representative:

Name: \_\_\_\_\_ Relationship (POA): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signing this form does **NOT** obligate you to enroll in a plan, affect your current or future enrollment, or automatically enroll you in a Medicare plan. Select below which plans you would like to learn more about. By selecting a plan you are confirming this form has been completed prior to the discussion of these benefits.

- |  |  |
|--|--|
| <input type="checkbox"/> Medicare Advantage plans (Part C)                     | <input type="checkbox"/> Dental/Vision/Hearing plans*      |
| <input type="checkbox"/> Medicare Supplement (Medigap) plans*                  | <input type="checkbox"/> Cancer/Heart Attack/Stroke plans* |
| <input type="checkbox"/> Stand-Alone Medicare Prescription Drug plans (Part D) | <input type="checkbox"/> Hospital Indemnity plans*         |

### REQUIRED: ALL SECTIONS TO BE COMPLETED BY AGENT AND FAXED BACK WITH ENROLLMENT FORM

\* Agent must be contracted for the plans selected above. A separate contract and appointment for each plan may be required.

|                                   |                                  |
|-----------------------------------|----------------------------------|
| <b>Agent Name / Writing ID</b>    | <b>Beneficiary Name</b>          |
| <b>Agent Phone</b>                | <b>Beneficiary Phone</b>         |
| <b>Agent's Signature</b>          | <b>Beneficiary Address</b>       |
| <b>Date Appointment Completed</b> | <b>Initial Method of Contact</b> |

Scope of Appointment documentation is subject to CMS record retention requirements.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Call Customer Service at 1-800-668-3813 (TTY 711) Monday – Friday 7 a.m.–6 p.m. CT. Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. English: ATTENTION: If you speak English, language assistance services, free of charge are available to you. Call 1-888-284-0268 (TTY 711). Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-284-0268 (TTY 711). Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-284-0268 (TTY 711). Cigna is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna depends upon contract renewal. © 2019 Cigna





# 2020 MEDICARE ADVANTAGE PLAN INDIVIDUAL ENROLLMENT REQUEST FORM



|   |   |
|---|---|
| <p><b>▶ TO ENROLL SELECT ONE PLAN</b></p> <p>Choose one plan based on the county where you live.</p> <p>You must have Medicare Part A and Part B to join a Medicare Advantage plan.</p> | <p><b>Medicare Advantage plan (HMO) with a Part D drug benefit:</b></p> <p><input type="checkbox"/> Cigna-HealthSpring Preferred (HMO) H9460-001 \$0.00 per month</p> <p><b>Medicare Advantage plan (HMO) with medical benefits only:</b></p> <p><input type="checkbox"/> Cigna-HealthSpring Advantage (HMO) H9460-002 \$0.00 per month</p> |
|---|---|

|  |  |   |
|--|--|---|
| <p><b>▶ YOUR MEDICARE INSURANCE CARD</b></p> <p>Please use your red, white and blue Medicare card to complete this section.</p> <p>You must have Medicare Part A and Part B to join a Medicare Advantage plan.</p> | <p>Please provide this information as it appears on your Medicare card, or attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.</p> | <p><b>Name</b></p> <hr/> <p><b>Medicare Number</b></p> <hr/> <p><b>Entitled To:</b>      <b>Coverage Starts:</b></p> <p><b>Hospital (Part A)</b>    _____ / _____ / _____</p> <p><b>Medical (Part B)</b>    _____ / _____ / _____</p> |
|--|--|---|

|  |  |   |   |
|--|--|---|---|
| <p><b>▶ ABOUT YOU</b></p> <p>Please provide the following information.</p> | <p><b>Last Name</b></p> <hr/>  | <p><b>First Name</b></p> <hr/>                          | <p><b>Middle Initial</b></p> <hr/>  |
|  | <p><b>Title</b></p> <p><input type="checkbox"/> Mr.   <input type="checkbox"/> Mrs.   <input type="checkbox"/> Ms.</p> | <p><b>Date of Birth</b></p> <p>      /      /      </p> | <p><b>Gender</b></p> <p><input type="checkbox"/> Male   <input type="checkbox"/> Female</p> |
|  | <p><b>Phone Number</b></p> <hr/>   |   | <p><b>Alternate Phone Number</b></p> <hr/>  |

|   |  |                           |                              |
|---|--|---------------------------|------------------------------|
| <p><b>▶ PERMANENT ADDRESS</b></p> <p>P.O. Box is not allowed.</p> | <p><b>Permanent Residence Street Address</b></p> <hr/> |                           |                              |
|   | <p><b>City</b></p> <hr/>                               | <p><b>State</b></p> <hr/> | <p><b>Zip Code</b></p> <hr/> |
|   | <p><b>County</b></p> <hr/>                             |                           |                              |

|  |                                    |                           |                              |
|--|------------------------------------|---------------------------|------------------------------|
| <p><b>▶ MAILING ADDRESS</b></p> <p>Leave blank if same as permanent address.</p> | <p><b>Street Address</b></p> <hr/> |                           |                              |
|  | <p><b>City</b></p> <hr/>           | <p><b>State</b></p> <hr/> | <p><b>Zip Code</b></p> <hr/> |





|   |  |
|---|--|
| <p><b>▶ EMAIL</b></p> <p>To receive information via email, please choose one or both email options.</p> | <p><input type="checkbox"/> Yes, email my important plan information.</p> <p><input type="checkbox"/> Yes, email me helpful tips and articles on healthy living, the “More From Life” newsletter, surveys and general information.</p> <hr/> <p><b>Email Address</b></p>   |
| <p><b>▶ PRIMARY CARE PROVIDER (PCP), CLINIC OR HEALTH CENTER SELECTION</b></p>                          | <p>Please refer to the online <i>Provider Directory</i> located at <a href="http://www.CignaMedicare.com">www.CignaMedicare.com</a>.</p> <hr/> <p><b>PCP Full Name</b></p> <p>Enter PCP ID exactly as it appears in the <i>Provider Directory</i>. Include zeros, but not dashes.</p> <hr/> <p><b>Provider/PCP ID</b></p> <p>Are you an existing patient now seeing or have you recently seen this doctor?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>   |
| <p><b>▶ PAYING YOUR PLAN PREMIUM</b></p>  | <p><b>Late Enrollment Penalty</b></p> <p>If you have a monthly plan premium (or if you currently have a late enrollment penalty), we need to know how you want to pay. You can pay by mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) monthly benefit check.</p> <p><b>Part D-IRMAA</b></p> <p>If you are assessed a Part D-Income Related Monthly Adjustable Amount (IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either 1) have the amount withheld from your Social Security benefit check or 2) be billed directly by Medicare or RRB. <b>DO NOT PAY the Part D-IRMAA to Cigna.</b></p> <p><b>Extra Help</b></p> <p>If you have a limited income, you may be able to get Extra Help to pay for prescription drugs. If eligible, Medicare could pay for 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles and coinsurance.</p> <p>Additionally, if you qualify, you will not be subject to the Coverage Gap or a Medicare late enrollment penalty. Many people are able to get these savings and do not know it. For more information about this Extra Help:</p> <ul style="list-style-type: none"> <li>▶ Call your local Social Security office, or</li> <li>▶ Call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</li> </ul> <p>You can also apply for Extra Help online at <a href="http://www.socialsecurity.gov/prescriptionhelp">www.socialsecurity.gov/prescriptionhelp</a>.</p> <p>If you are able to get Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of your premium, you will be billed for the amount Medicare does not cover.</p> |



|  |   |                |                |
|--|---|----------------|----------------|
| <p><b>▶ PLEASE SELECT A PREMIUM PAYMENT OPTION:</b></p> <p>If you do not select a payment option, you will receive a bill each month for the amount Medicare does not cover.</p>   | <p><input type="checkbox"/> <b>Automatic deduction from your Social Security or Railroad Retirement Board benefit check.</b><br/>                 I get monthly benefits from: <input type="checkbox"/> Social Security <input type="checkbox"/> RRB<br/>                 The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.</p> |                |                |
| <p><input type="checkbox"/> <b>Get a monthly bill.</b><br/>                 If you don't select a payment option you will get a bill/payment/book/coupon each month.</p> <p><input type="checkbox"/> <b>Automatic deduction from your checking account each month (EFT – Electronic Funds Transfer).</b><br/>                 Provide the following:</p> | <p>Bank Name</p>  |                |                |
|  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Routing Number</td> <td style="width: 50%; padding: 5px;">Account Number</td> </tr> </table>  | Routing Number | Account Number |
|  | Routing Number  | Account Number |                |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table>   |   |                |                |
|  |   |                |                |

|  |   |                                 |        |        |              |                       |  |  |  |
|--|---|---------------------------------|--------|--------|--------------|-----------------------|--|--|--|
| <p><b>▶ PLEASE READ AND ANSWER THESE IMPORTANT QUESTIONS</b></p>   | <p><b>1 Do you have end-stage renal disease (ESRD)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>                 Please attach a note or record from your doctor if you:<br/>                 ▶ Have had a successful kidney transplant<br/>                 ▶ Do not need regular dialysis<br/>                 We may need to call you if you do not attach this information.</p> <p><b>2</b> Some people may have other drug coverage, including private insurance, TRICARE, federal employee health benefits coverage, VA benefits or State pharmaceutical assistance programs.<br/> <b>Will you have other prescription drug coverage in addition to this plan for which you are applying?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," Name of Other Coverage (located on your ID card)</p> |                                 |        |        |              |                       |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">ID Number of Other Coverage</td> <td style="width: 50%; padding: 5px;">Group Number for Other Coverage</td> </tr> <tr> <td style="padding: 5px;">Rx BIN</td> <td style="padding: 5px;">Rx PCN</td> </tr> <tr> <td style="padding: 5px;">Phone Number</td> <td style="padding: 5px;">Effective Date<br/>/ /</td> </tr> </table> | ID Number of Other Coverage   | Group Number for Other Coverage | Rx BIN | Rx PCN | Phone Number | Effective Date<br>/ / | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table> |  |  |
| ID Number of Other Coverage  | Group Number for Other Coverage   |                                 |        |        |              |                       |  |  |  |
| Rx BIN   | Rx PCN  |                                 |        |        |              |                       |  |  |  |
| Phone Number   | Effective Date<br>/ /   |                                 |        |        |              |                       |  |  |  |
|  |   |                                 |        |        |              |                       |  |  |  |



|  |          |  |  |          |
|--|----------|--|--|----------|
|  | <b>3</b> | <b>Do you live in a Long Term Care Facility, such as a nursing home?</b>   |  |          |
|  |          | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |          |
|  |          | If "Yes," Name of Facility   |  |          |
|  |          | Address  |  |          |
|  |          | City   | State                                  | Zip Code |
|  |          | Phone Number   | Date of Admission to Facility<br>/   / |          |
|  | <b>4</b> | <b>Are you enrolled in your State Medicaid program? (Required for TotalCare Plan)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |          |
|  |          | If "Yes," Medicaid Number  | Medicaid Case Number (Texas Only)      |          |
|  |          | Pennsylvania Only: Provide Access Number (including 2 digit card issue number)   |  |          |
|  | <b>5</b> | <b>Do you or your spouse work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |          |

|   |   |
|---|---|
| <p><b>▶ OTHER LANGUAGES AND FORMATS</b></p> | <p>Please check one of the boxes below if you need information in:</p> <p><input type="checkbox"/> <b>Braille</b>      If you need information in another language or format, please call Cigna at 1-888-284-0268 (TTY 711), 8 a.m. to 8 p.m. local time, 7 days a week October to March, Monday to Friday April to September. Our automated phone system may answer your call weekends, holidays and after hours.</p> <p><input type="checkbox"/> <b>Large Print</b></p> <p><input type="checkbox"/> <b>Spanish</b></p> <p><input type="checkbox"/> <b>Chinese</b></p> |
|---|---|





**STOP**

▶ **PLEASE READ  
THIS IMPORTANT  
INFORMATION AND  
SIGN BELOW**

**Current Health Coverage**

If you currently have health coverage from an employer or union, joining Cigna could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Cigna. Read the communications your employer or union sends you. If you have questions, visit their website or contact the office listed in their communications. If there is not any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help. To be enrolled in a Dual Special Needs Plan you must be eligible for your State's Medicaid program. In order to enroll in a Chronic Conditions Special Needs Plan, Medicare requires that your chronic condition be verified. We will contact your provider's office to verify your chronic condition.

**By completing this Enrollment Form, I agree to the following:** Cigna offers Medicare Advantage plans and has a contract with the Federal Government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time. I understand that my enrollment in this plan will end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform Cigna about any prescription drug coverage that I have or may get in the future.

**Medicare Advantage plans only:** I understand that if I do not have Medicare prescription drug coverage, or creditable prescription drug coverage (coverage as good as Medicare's), I may have to pay a late enrollment penalty if I get Medicare prescription drug coverage in the future.

Enrollment in this plan is generally for the entire year. Once I join, I may leave this plan or make changes only at certain times of the year when an Enrollment Period is available (Example: October 15 - December 7 of every year), or under special circumstances.

**Cigna serves a specific service area:** If I move out of the area that the plan serves, I need to notify the plan so I can disenroll and find a new plan in my service area. Once I am a customer of Cigna, I have the right to appeal plan decisions about payment or services if I disagree. I will read the *Evidence of Coverage* document from Cigna when I get it. I will read what rules I need to follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare are not usually covered under Medicare while traveling outside the U.S. except for limited coverage near the U.S. border.

**Non PPO Plans:** I understand that beginning on the date Cigna coverage begins, I must get all of my health care through my Cigna plan, except for emergency services, urgently needed services or out-of-area dialysis services.

Services approved by Cigna and other services contained in my Cigna *Evidence of Coverage* document (also known as a customer contract or subscriber agreement) will be covered. Without approval, **NEITHER MEDICARE NOR CIGNA WILL PAY FOR THE SERVICES.** I understand that if I get help from a sales agent, broker or other people employed by or contracted with Cigna, they may be paid based on my joining Cigna.



**Release of Information:** By joining this Medicare health plan, I acknowledge that Cigna will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Cigna will release my information, including my prescription drug event data (if applicable), to Medicare, who may release it for research and other purposes that follow all applicable Federal statutes and regulations.

The information on this *Enrollment Form* is correct to the best of my knowledge. I understand that if I intentionally give false information, I will be disenrolled from the plan. I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

|  |                                |
|--|--------------------------------|
| <b>Signature of Customer/Enrollee or Authorized Representative</b> | <b>Today's Date</b><br><br>/ / |
|--|--------------------------------|

|   |                       |                                 |                       |  |
|---|-----------------------|---------------------------------|-----------------------|--|
| <p><b>▶ AUTHORIZED REPRESENTATIVE</b></p> <p>If you are the Authorized Representative (who signed above), you must provide the following information.</p> | <b>Last Name</b>      | <b>First Name</b>               | <b>Middle Initial</b> |  |
|   | <b>Phone Number</b>   | <b>Relationship to Enrollee</b> |                       |  |
|   | <b>Street Address</b> |                                 |                       |  |
|   | <b>City</b>           | <b>State</b>                    | <b>Zip Code</b>       |  |

|  |   |   |
|--|---|---|
| <p><b>▶ AGENT USE ONLY</b></p> <p>Note to Agents: This area must be completed in its entirety to prevent the delay or denial of application.</p> | <p><b>Proposed Coverage Start Date</b></p> <p>____ / 0 1 / 2 0 2 0</p> <p>(Must be after the enrollee sign date on previous page)</p> | <p><b>Select Enrollment Period</b></p> <p><input type="checkbox"/> ICEP MA or MAPD    <input type="checkbox"/> SEP</p> <p><input type="checkbox"/> IEP PDP or MAPD    <input type="checkbox"/> AEP</p> <p><input type="checkbox"/> OEP    <input type="checkbox"/> OEPI</p> |
|  | <b>SEP Code</b> (Required if SEP selected)  | <b>SEP Date</b><br><br>/ /  |
|  | <b>Licensed Sales Agent Name</b>  | <b>Licensed Sales Agent ID</b>  |
|  | <b>Licensed Sales Agent Phone Number</b>  | <b>Scope of Appointment ID Number</b>   |
|  | <b>Appointment Type</b>   | <b>Agent Signature Date</b><br><br>/ /  |



**Please read the following:** Usually, you may join a Medicare Advantage plan only during the Annual Enrollment Period (October 15 – December 7 of each year). There are conditions that may allow you to join a Medicare Advantage plan during a Special Enrollment Period outside of the Annual Enrollment Period.

**Check the box if the statement applies to you.** If you check any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for a Special Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

|                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> <b>NEW</b> | I am new to Medicare.   |
| <input type="checkbox"/> <b>OEP</b> | I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).   |
| <input type="checkbox"/> <b>MOV</b> | I recently moved outside of the service area for my current plan; or, I recently moved and this is a new option for me. I moved on (insert date)<br>____ / ____ / _____.                          |
| <input type="checkbox"/> <b>LEC</b> | I am leaving employer or union coverage on (insert date)<br>____ / ____ / _____.  |
| <input type="checkbox"/> <b>SNP</b> | I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date)<br>____ / ____ / _____. |
| <input type="checkbox"/> <b>LCC</b> | I recently involuntarily lost my creditable prescription drug coverage (as good as Medicare's) on (insert date)<br>____ / ____ / _____.   |
| <input type="checkbox"/> <b>PAP</b> | I belong to a pharmacy assistance program provided by my State.   |
| <input type="checkbox"/> <b>RUS</b> | I recently returned to the U.S. after living permanently outside of the U.S. I returned to the U.S. on (insert date)<br>____ / ____ / _____.  |
| <input type="checkbox"/> <b>PAC</b> | I recently left a PACE program on (insert date)<br>____ / ____ / _____.   |
| <input type="checkbox"/> <b>EOC</b> | My plan is ending its contract with Medicare; or, Medicare is ending its contract with my plan.   |
| <input type="checkbox"/> <b>INC</b> | I recently was released from incarceration. I was released on (insert date)<br>____ / ____ / _____.   |

|                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> <b>LAW</b> | I recently obtained lawful presence status in the U.S. I got this status on (insert date)<br>____ / ____ / _____.  |
| <input type="checkbox"/> <b>5ST</b> | I am enrolling in a 5-star Medicare plan.  |
| <input type="checkbox"/> <b>MCD</b> | I recently had a change in my Medicaid (newly got Medicaid, had a change in the level of Medicaid assistance, or lost Medicaid) on (insert date)<br>____ / ____ / _____.   |
| <input type="checkbox"/> <b>NLS</b> | I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) (insert date)<br>____ / ____ / _____.  |
| <input type="checkbox"/> <b>OTH</b> | I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date)<br>____ / ____ / _____.  |
| <input type="checkbox"/> <b>DST</b> | I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster. |
| <input type="checkbox"/> <b>MDE</b> | I have both Medicare and Medicaid (or my state helps pay for Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.   |
| <input type="checkbox"/> <b>LTC</b> | I am moving into, live in, or recently moved out of a Long Term Care Facility (example: a nursing home). My moving date is (insert date)<br>____ / ____ / _____.   |



If none of these statements apply to you or you're not sure, please contact Cigna at 1-800-668-3813 (TTY 711) to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m. local time, 7 days a week October to March, Monday to Friday April to September.

Medicare beneficiaries may enroll in Cigna through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at [www.medicare.gov](http://www.medicare.gov). For more information, call Cigna at 1-800-668-3813 (TTY 711), 8 a.m. to 8 p.m. local time, 7 days a week October to March, Monday to Friday April to September. Our automated phone system may answer your call weekends, holidays and after hours.

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# TEMPORARY PROOF OF ENROLLMENT



This is temporary proof of enrollment in a Cigna plan.\* If you visit your doctor, after your effective date and before your Cigna enrollment materials are received, present this document and ask your doctor to call Cigna to verify customer coverage. Allow five business days for application processing.

| Applicant Information   |  |                       |
|---|--|-----------------------|
| <b>Last Name</b>  | <b>First Name</b>  | <b>Middle Initial</b> |
| <b>Date of Birth</b><br>/ /   | <b>Gender</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female | <b>Phone Number</b>   |
| <b>Permanent Residence Street Address</b> (P.O. Box is not allowed) |  |                       |
| <b>City</b>   | <b>State</b>   | <b>Zip Code</b>       |

| Plan Information               |                    | RxBIN: 017010 | RxPCN: CIHSCARE |
|--------------------------------|--------------------|---------------|-----------------|
| <b>Application Date</b><br>/ / | <b>Plan Name</b>   |               |                 |
| <b>Effective Date</b><br>/ /   | <b>Plan Number</b> |               |                 |

If you have any questions, call Cigna at 1-800-668-3813 (TTY 711), 7 days a week, 8 a.m. - 8 p.m.

**Agent Attestation** (if applicable) \_\_\_\_\_

\* Enrollment in a Cigna plan is subject to verification.

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## MEDICARE STAR RATINGS

Accompanying this Cigna Sales Kit Booklet, you will receive a copy of the latest *Medicare Star Ratings*\* for each plan listed in the Sales Kit Booklet.

If you did not receive a copy of the *Medicare Star Ratings* from your Benefit Advisor or enclosed within the Sales Kit Booklet mailing envelope, please reach out to Cigna at **1-800-668-3813 (TTY 711)** to obtain a copy.



\* Every year, Medicare evaluates plans based on a 5-star rating system.



# MULTI-LANGUAGE INTERPRETER SERVICES

**English** – ATTENTION: If you speak English, language assistance services, free of charge are available to you. Call **1-888-284-0268** (TTY 711).

**Spanish** – ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-284-0268** (TTY 711).

**Chinese** – 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電**1-888-284-0268** (TTY 711)。

**Vietnamese** – CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-284-0268** (TTY 711).

**French Creole** – ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-888-284-0268** (TTY 711).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-284-0268** (TTY 711)번으로 전화해 주십시오.

**Polish** – UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-888-284-0268** (TTY 711).

**French** – ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-888-284-0268** (ATS 711).

**Arabic** – ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-284-0268** (TTY 711)

**Russian** – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-284-0268** (телетайп 711).

**Tagalog** – PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-284-0268** (TTY 711).

**Farsi/Persian** – توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره **1-888-284-0268** (TTY 711) تماس بگیرید.

**German** – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-888-284-0268** (TTY 711).

**Portuguese** – ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-888-284-0268** (TTY 711).

**Italian** – ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-888-284-0268** (TTY 711).

**Japanese** – 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1-888-284-0268** (TTY 711)まで、お電話にてご連絡ください。

**Navajo** – Díí baa akó nínízin: Díí saad bee yánífti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jik'éh, éí ná hóló, kojí' hódíílnih **1-888-284-0268** (TTY 711).

**Gujarati** – ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-888-284-0268** (TTY 711).

**Urdu** – توجه دیں: اگر آپ اردو زبان بولتے ہیں تو آپ کے لئے زبان معاون خدمات مفت میں دستیاب ہیں۔ کال کریں **1-888-284-0268** (TTY 711)



## Discrimination is Against the Law

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

### Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service at 1-800-668-3813 (TTY 711), 8 a.m. – 8 p.m. local time: 7 days a week October–March; Monday to Friday April–September. Our automated phone system may answer your call weekends, holidays and after hours.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

### Cigna

Attn: Customer Grievances

PO Box 2888

Houston, TX 77252-2888

Phone: 1-800-668-3813 (TTY 711)

Fax: 1-888-586-9946

You can file a grievance in writing by mail or fax. If you need help filing a grievance, Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

### U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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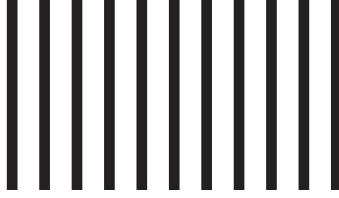




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# YOUR PLAN

PLAN NAME \_\_\_\_\_

Effective Date \_\_\_\_\_

Premium \_\_\_\_\_

Deductible \_\_\_\_\_



**1-800-668-3813 (TTY 711)**

8 a.m. to 8 p.m. local time

**October to March:**

7 days a week

**April to September:**

Monday to Friday

Our automated phone system may answer your call weekends, holidays and after hours.

20\_I\_06\_CI\_06

Primary Care Provider

Primary Care Provider Phone Number

Pharmacy Name

Pharmacy Phone Number

Benefit Advisor Name

Benefit Advisor Phone Number

**Together, all the way.®**



# What happens next?

- **Confirmation of Enrollment Letter**  
Mailed separately within 2-3 weeks of application signing  
This confirms your enrollment; use as your temporary ID card.
- **Identification Card**  
Mailed separately within 2-3 weeks of signing application  
Bring this card with you when visiting a provider, a specialist, pharmacy or the hospital.
- **Welcome Kit**  
Mailed separately within 3-4 weeks of application signing  
This kit will include important details specific to your new Cigna plan benefits.
- **Welcome Call**  
You will receive a phone call from Cigna to explain your benefits and confirm that you are happy with the plan you joined.

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## Need help?

### PHONE

**1-866-612-0287 (TTY 711)**

8 a.m. to 8 p.m. local time

**October to March:** 7 days a week

**April to September:** Monday to Friday

Our automated phone system may answer your call weekends, holidays and after hours.

### MAIL

**Cigna**

P.O. Box 20001

Nashville, TN 37202

### VISIT

**[CignaMedicare.com](http://CignaMedicare.com)**

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