



Orange County Board of County Commissioners – Cigna-HealthSpring Rx (PDP)

SUMMARY OF BENEFITS

Start date: 1/1/2019

End date: 12/31/2019

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

Plan Type	Cigna-HealthSpring Rx (PDP)	
Premium Rate		\$264.80
Number of Medicare Beneficiaries		89
Funding Type		Fully Insured
Situs State		FL
Benefit Option Code		PDPRH
Rx Plan Design		Copay
Rx Formulary		Standard
Pharmacy Accumulation Type		Calendar Year
Benefit Description	What the Member pays	
Deductible Phase		
Individual Deductible		\$0
Individual Deductible Applies to		N/A
Initial Coverage Level		
Initial Coverage Level (Total Drug Spend)		\$3,820
Retail (30 Day Supply)	Tier 1 Preferred Generic Drugs	\$10
	Tier 2 Preferred Brand Drugs	\$30
	Tier 3 Non Preferred Brand and Generic Drugs	\$50
	Tier 4 Brand Name and Generic High Cost Specialty Drugs	\$50
Retail (60 Day Supply)	Tier 1 Preferred Generic Drugs	\$20
	Tier 2 Preferred Brand Drugs	\$60
	Tier 3 Non Preferred Brand and Generic Drugs	\$100
	Tier 4 Brand Name and Generic High Cost Specialty Drugs	Not Available - Specialty drugs only available up to 30-day
Retail (90 Day Supply)	Tier 1 Preferred Generic Drugs	\$30
	Tier 2 Preferred Brand Drugs	\$90
	Tier 3 Non Preferred Brand and Generic Drugs	\$150
	Tier 4 Brand Name and Generic High Cost Specialty Drugs	Not Available - Specialty drugs only available up to 30-day
Mail Order (30 Day Supply)	Tier 1 Preferred Generic Drugs	\$10
	Tier 2 Preferred Brand Drugs	\$30
	Tier 3 Non Preferred Brand and Generic Drugs	\$50
	Tier 4 Brand Name and Generic High Cost Specialty Drugs	\$50
Mail Order (60 Day Supply)	Tier 1 Preferred Generic Drugs	\$20
	Tier 2 Preferred Brand Drugs	\$60
	Tier 3 Non Preferred Brand and Generic Drugs	\$100
	Tier 4 Brand Name and Generic High Cost Specialty Drugs	Not Available - Specialty drugs only available up to 30-day
Mail Order (90 Day Supply)	Tier 1 Preferred Generic Drugs	\$25
	Tier 2 Preferred Brand Drugs	\$75
	Tier 3 Non Preferred Brand and Generic Drugs	\$125
	Tier 4 Brand Name and Generic High Cost Specialty Drugs	Not Available - Specialty drugs only available up to 30-day
Out of Network Coverage (Member Liability) (30 Day Supply)		Tier 1 - 40%/Tier 2 - 40%/Tier 3 - 40%/Tier 4 - 40%
Member Out of Pocket Maximum		\$3,000
Coverage Gap (from \$3820 in Drug Spend up to True Out-of-Pocket of \$5100)		
Retail (30 Day Supply)	Tier 1 Preferred Generic Drugs	\$10
	Tier 2 Preferred Brand Drugs	\$30
	Tier 3 Non Preferred Brand and Generic Drugs	\$50
	Tier 4 Brand Name and Generic High Cost Specialty Drugs	\$50
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Mail Order (90 Day Supply)	Tier 1 Preferred Generic Drugs	\$25
	Tier 2 Preferred Brand Drugs	\$75
	Tier 3 Non Preferred Brand and Generic Drugs	\$125
	Tier 4 Brand Name and Generic High Cost Specialty Drugs	Not Available - Specialty drugs only available up to 30-day
Catastrophic Phase (True Out-of-Pocket)		
		\$5,100
Generic Drugs		Lesser of Standard Part D or Gap Coverage
Brand Drugs		Lesser of Standard Part D or Gap Coverage

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

See next page for Caveats and Exclusions
Quote created by model version 17.3 on Aug 2, 2018

**Orange County Board of County Commissioners – Cigna-HealthSpring Rx (PDP)
CAVEATS, EXCLUSIONS and DEFINITIONS**

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

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

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

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

Drug Exclusions:

A Medicare Prescription Drug Plan can't cover a drug that would be covered under Medicare Part A or Part B. Also, while a Medicare Prescription Drug Plan can cover off label uses (meaning for uses other than those indicated on a drug's label as approved by the Food and Drug Administration) of a prescription drug, we cover the off-label use only in cases where the use is supported by certain reference book citations. Congress specifically listed the reference books that list whether the off-label use would be permitted (these reference books are: (1) American Hospital Formulary Service Drug Information, (2) the DRUGDEX Information System, and (3) USPDI (or its successor)). If the use is not supported by one of these reference books (known as compendia), then the drug would be considered a non-Part D drug and could not be covered by our Plan.

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

- Non-prescription drugs (or over-the counter drugs).
- Drugs when used for anorexia, weight loss, or weight gain.
- Drugs when used to promote fertility.
- Drugs when used for cosmetic purposes or hair growth.
- Drugs when used for the symptomatic relief of cough or colds.
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.
- Drugs, such as Viagra, Cialis, Levitra, and Caverject, when used for the treatment of sexual or erectile dysfunction.

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

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

Definitions

Employer Group Waiver Plans (EGWP) facilitate the offering of PDP plans to employer/union group health plan sponsors. Employer/union plan

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

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

Non Part D Eligible Drug Optional Buy-ups:

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

Optional Formulary Buy-ups:

- **Adherence Package includes:**
 - **Diabetic Drugs and Supplies at \$0 copay:** diabetic drugs and supplies covered on the Standard Medicare Part D formulary are covered at \$0 copay instead of the plan copay/coinsurance and deductible (if one applies).
 - **Preventive Drugs – Generic and brand at \$0 copay:** preventive generic and brand name drugs related to preventive care are covered on the Standard Medicare Part D formulary are covered at \$0 copay instead of the plan copay/coinsurance.
- **Brand Package includes:**
 - **Multi-Source Brand Drugs:** multi-source brand medications with a generic available which are only offered as a generic on the standard Medicare Part D formulary. The additional drugs added to the standard Medicare Part D formulary will pay at a Tier 3 copay level.
 - **Single-Source Brand Drugs:** single-source brand medications with no generic available that are not offered on the standard Medicare Part D formulary. The additional drugs added to the standard Medicare Part D formulary will pay at a Tier 3 copay level.
- **Expanded Package** – The top highly utilized drugs used by Seniors on Cigna's commercial plans, this buy-up will:
 - 1) Add drugs that are not on the base Part D formulary at the same tier as commercial formulary; and
 - 2) May reduce copay to tier 2 for certain drugs that are at a higher tier on the base Part D formulary.

Opioid drugs

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

Out-of-Network Coverage:

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

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

Tier Labeling:

Cigna-HealthSpring Rx (PDP) is not always able to keep all generic medications in the Preferred Generic (Tier 1) and Non-Preferred Brand and Generic (Tier 3) drug tiers. Some generic medications may be in the Preferred Brand (Tier 2) and Specialty Drug (Tier 4) tiers. Keep in mind that the name of the tier is just a description of the majority of the drugs in the tier. It does not mean that there are only generic or only brand drugs in that tier. Cost share shown is for all drugs in the Tier unless otherwise noted.

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



Exhibit B
Orange County Board of County Commissioners – Cigna-HealthSpring Rx (PDP)
Terms and Conditions

A. General Terms of this Proposal

Cigna is pleased to present this Proposal for a Fully Insured Non-Participating group Cigna-HealthSpring Rx (PDP) benefit plan. This proposal is valid for 90 days from its original date of release of 08/02/2018. If the term of the plan is other than 01/01/2019-12/31/2019, the rates are subject to change. Any revisions or updates made to this proposal will not start over or extend this valid timeframe unless expressly communicated by Cigna. The information contained in this Proposal by Cigna is proprietary and highly confidential. It is being provided with the understanding that it will not be used by the employer, its representatives or consultants for any purpose other than the evaluation of the Proposal. Under no circumstances is any of the information contained herein (including excerpts, summaries, extracts, and evaluations thereof) to be used, disseminated, disclosed or otherwise communicated to any person or entity other than the employer, its representatives and consultants, and their respective employees who are directly involved in the evaluation process.

Proposal Caveats

Cigna may revise or withdraw this Proposal if:

- the Plan benefits are different than shown in the RFP or benefit modifications are requested.
- the policy will not be situated in FL.
- there is a change in law, regulation, tax rates, or the application of any of these that affects Cigna's costs.
- there are less than 50 retirees or less than 70% of total eligible individuals enroll in the Plan.
- the employer allows any retiree who retired prior to age 65 to re-enroll for coverage under the Cigna Plan after having previously disenrolled, or to enroll more than 60 days after (i) the date of retirement, or (ii) if already retired, becoming age 65.
- enrollment in the Plan at any time varies by 10% or more from the enrollment assumed by Cigna in establishing the rates and/or fees set forth herein.
- the employer changes its level of contribution toward the cost of the coverage.
- the employer contributions are less than 25%.
- the employer contributes toward the cost of purchasing individual coverage for an eligible individual.
- Cigna is not the exclusive provider of benefits and the employer does not contribute the same percentage to the cost of each employer-sponsored plan.
- the census data or experience data provided is deemed inaccurate.
- there is a request to modify Commissions and/or benefit advisor fees.
- Cigna is requested to interface with a third party vendor.
- Cigna is requested to provide optional services.
- administration of the Plan will require more than the following:
 - o Billing and Claim Branch Benefit Options: 60

B. Scope and Application of this Proposal

- Although this proposal may include multiple plans/options for the employer sponsored plan, Cigna reserves the right to limit the number of plans/options based on the offering environment and the total number of Medicare eligible individuals. Final plan selection requires approval by underwriting prior to implementation.
- The information and materials provided for evaluation of this quote were assumed to be correct. If material errors or omissions are found after the quote is issued, Cigna reserves the right to revise or rescind the quote.
- Unless otherwise stated, performance guarantees are not applicable to Medicare products at this time.
- This quote is on an incurred basis. Cigna will be responsible for all eligible claims incurred on or after the effective date through the end of the contract period.
- Group agrees to restrict enrollment in the Plan to those individuals eligible for Group's employment-based retiree group coverage who are eligible for Medicare.
- This proposal assumes all eligible individuals are enrolled in Medicare Part A and/or Part B and the group provides the beneficiary Medicare plan number to complete enrollment.

Cigna-HealthSpring Rx (PDP)

- The rates are contingent upon the eligible individual residing in the service area of the quoted Medicare Part D plan. The enrollment will be based on the eligible individual's primary residence as defined by CMS.
- The benefits presented in the Proposal are a high-level summary. Please consult the summary of benefits for a more detailed list of benefits proposed in this Cigna-HealthSpring plan.
- Due to regulatory requirements for the Medicare Part D products, services and timing may differ from those applicable to other parts of the Group's employer benefit plans. Some areas of difference include, but are not limited to: communication pieces for pre-enrollment and post enrollment deliverables, billing, reporting, web services, provider directories, eligibility timing, pharmacy access to care, customer service, claims and appeals.
- All pharmacy benefits above the standard Medicare Part D plan design must follow applicable pharmacy state mandates in the markets being offered. Benefits may differ should state mandates change.

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