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BENEFITS FIRST GLANCE

2020 Medicare Advantage Benefits Preview

June 2019

Offered by Cigna Health and Life Insurance Company or its affiliates

Together, all the way.®



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Moving from Cigna-HealthSpring to Cigna

- Transitioning all Cigna-HealthSpring businesses and markets to the Cigna brand
- NOTE: Our **plan names will not change**, nor will our legal entity designations
- Customers won't need to change their ID cards unless they switch to another Cigna Medicare Advantage plan as part of our upcoming Annual Election Period (AEP), or their card is reissued for another reason.

How to Refer Cigna Medicare

- Cigna-HealthSpring" will be replaced by the word "Cigna." Here's how this may look:
 - Cigna's Medicare business
 - Cigna's Medicare Advantage business
 - Cigna's seniors business
 - Cigna Medicaid
 - Cigna's Part D plans
- Cigna-HealthSpring Part D plans will also transition, refer to them as "Cigna's Part D business" or "Cigna Part D."
- If it's important to make a distinction between Medicare Advantage and Medicare Supplemental, then using the specific product type is advised (e.g., Cigna Medicare Advantage)

Why Cigna Medicare?

- ✓ Proudly servicing over 1 million** customers
- ✓ 4 out of 5*** customers recommend Cigna to family and friends
- ✓ Dedicated to keeping your customers healthy
- ✓ Work with your customers' doctors to make sure they get the attention and quality care they deserve
- ✓ Local Broker Representatives who partner with and support your agents



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Why Cigna Medicare?

- ✓ Comprehensive training program and customizable marketing tools to help you build your business
- ✓ Local service and support combined with a dedicated Cigna Agent Assistance Line
- ✓ Weekly commission payments with lifetime renewals for as long as the customer is enrolled and you are licensed, certified, and appointed
- ✓ Local physician recruitment and service, with a focus on collaborative, mutually beneficial partnerships

Agent Benefits



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Why Cigna Medicare?



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NEW FOR 2020



2020 Expansion

4 **New** HMO Markets

- Southern NJ
- Little Rock, AR
- Denver, Boulder, CO
- Tampa, Daytona, FL

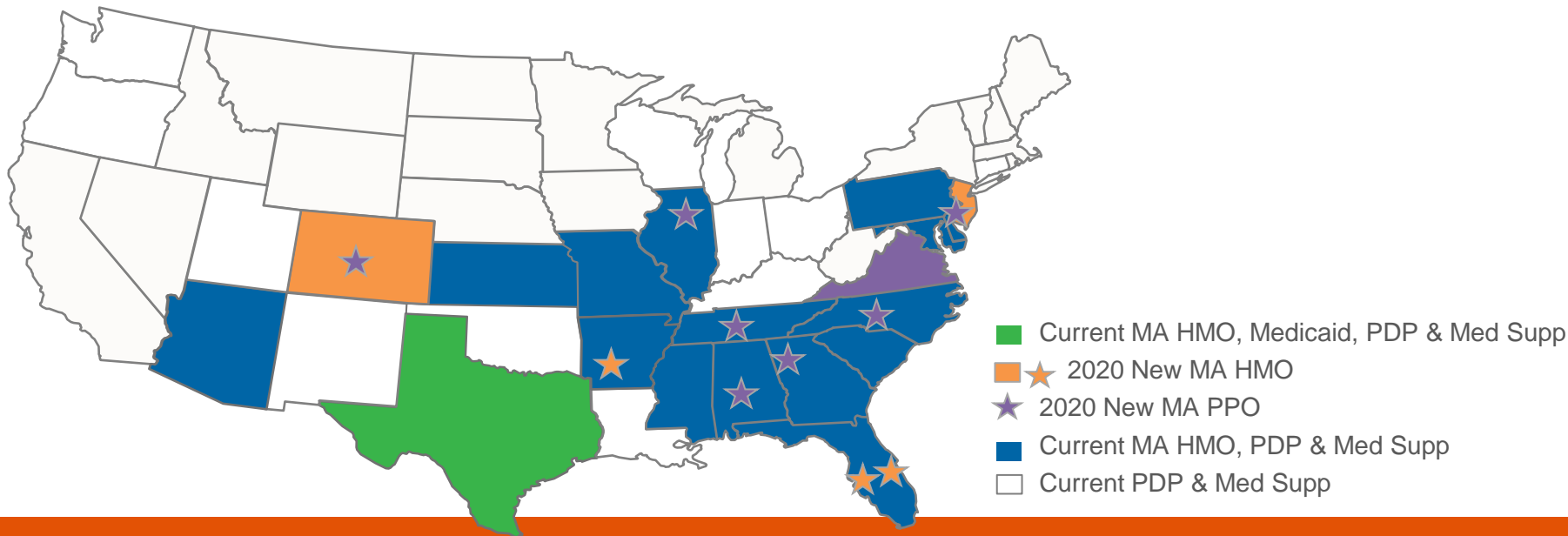
HMO Expansion

- Mecklenburg, NC
- Anderson, Pickens, SC
- Miami, KS
- Cass, MO
- Kankakee, Lake, IL

8 PPO Markets

- Chicago, IL
- Pennsylvania
- Northern Delaware
- Central Alabama
- Atlanta, GA
- Winton-Salem, NC
- Nashville, TN
- Denver, Boulder, CO

Cigna Medicare Advantage 2020



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Introducing Cigna HealthSpring True Choice

- New **Open Access PPO Product** available in eight* Cigna Medicare markets
 - \$0 **MAPD** Plans with \$0 Deductibles (Part A & D)
 - Easy and seamless enrollment
 - No PCP requirements, but encouraged
 - No referrals required to see specialist or to hospitals in/out of the network (freedom of choice)
 - Competitive Supplemental Benefits: Dental allowance, acupuncture, complimentary fitness and much more...
 - A network that travels with the member; access to quality doctors or pharmacy providers in the Cigna Medicare PPO network (Care anywhere)
 - Access to out-of-network benefits (Care your way)
 - Personalized care management, care coordination and member-centric programs
- Cigna Medicare is known for

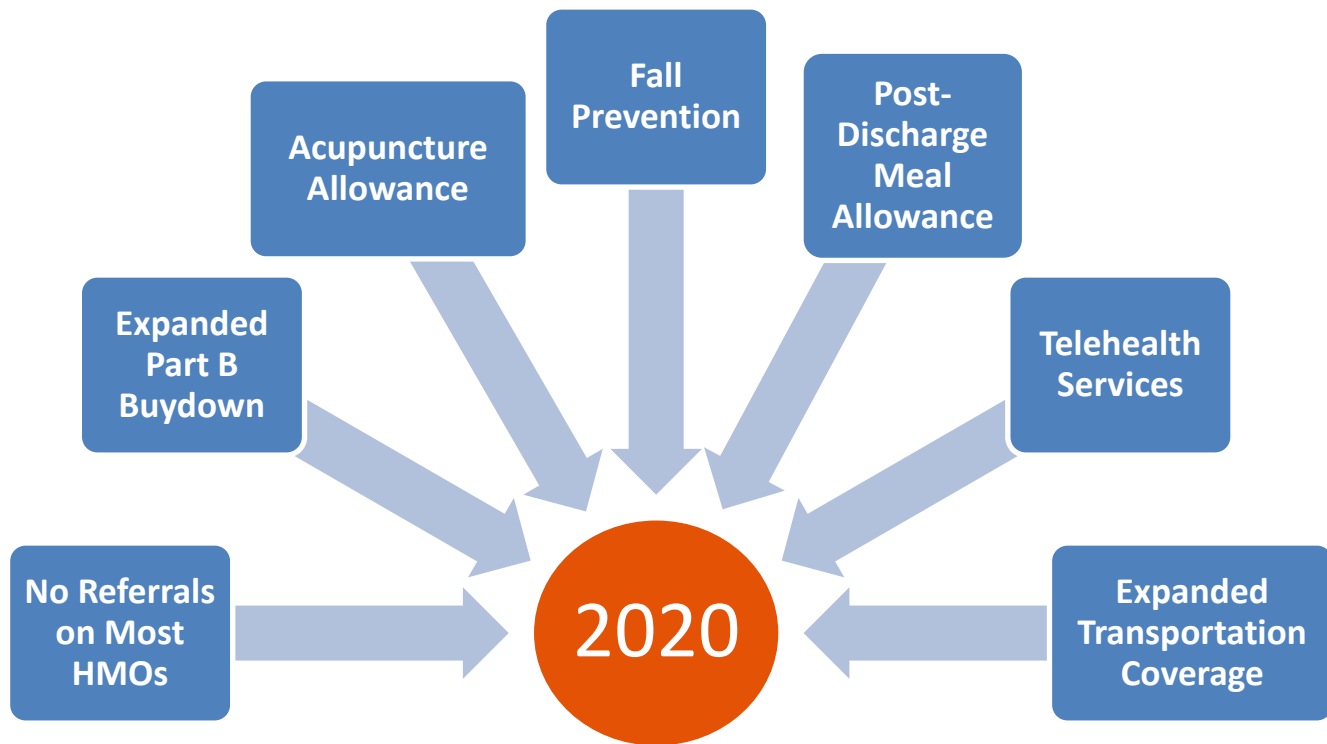
PPO

** See slide 7 for markets. Additional PPO medical network coverage available in select States. Pharmacy network available nationally.*

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Benefit Enhancements



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Pharmacy Benefit 2020

Express Scripts will be Cigna Medicare's sole mail preferred provider

- Includes **35,000** preferred pharmacies
- Is the **third largest pharmacy** in the country
- Serves over **10.5 million Americans**

Key **MAPD Part D** drug coverage changes:

- AL and NC adding a **new COPD formulary**
- Several plans **removing deductibles**
- AZ 5 tier plans switching to standard MAPD **5 tier formulary**
- AZ **implementing a \$0 tier 2**

Major 2020 Formulary Changes

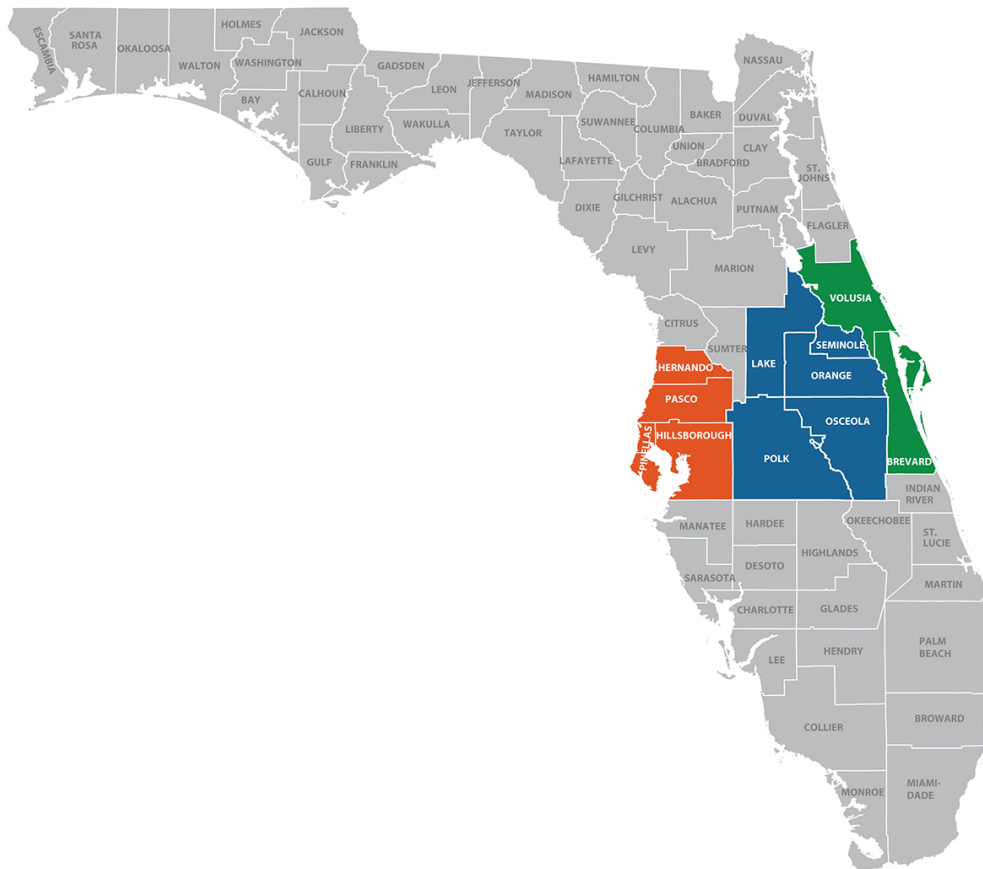
Drug Name	Indication	Description of Change	Formulary Alternative Drugs
Colchicine tabs	Gout	Move up to tier 4	Colchicine caps
Eliquis	Anticoagulant	Move down to tier 3	N/A
Ilvero	Cataract Surgery	Remove	Prolensa
Lansoprazole	GERD	Add to tier 3	N/A
Mavyret	Hepatitis C	Add to tier 5 (PA)	N/A
Most Vaccines (including Shingles)	N/A	Move down to tier 3	N/A
Ranitidine	GERD	Move up to tier 2	pantoprazole
Restasis	Dry Eyes	Remove	Xiidra
Syringes and Needles	Diabetes	Move down to tier 2	N/A
Toviaz	Overactive Bladder	Add to tier 3	N/A
Trazodone	Antidepressant	Move up to tier 2	Citalopram, paroxetine
Tymlos	Osteoporosis	Add to Tier 5 (PA)	N/A
Vesicare	Overactive Bladder	Remove	Toviaz, Myrbetriq, oxybutynin
Zolpidem	Insomnia	PA remove	N/A

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Central Florida

Cigna 2020 Medicare Advantage Counties



DAYTONA BEACH

The following counties offer these plans:

- H5410-027 Cigna-HealthSpring Preferred (HMO)
- H5410-028 Cigna-HealthSpring Preferred Part B Savings (HMO)
- H5410-034 Cigna-HealthSpring Primary (HMO)
- H5410-031 Cigna-HealthSpring TotalCare (HMO SNP)

Brevard and Volusia

ORLANDO

The following counties offer these plans:

- H5410-024 Cigna-HealthSpring Preferred (HMO)
- H5410-026 Cigna-HealthSpring Preferred Part B Savings (HMO)
- H5410-033 Cigna-HealthSpring Primary (HMO)
- H5410-025 Cigna-HealthSpring TotalCare (HMO SNP)

Lake, Orange, Osceola, Polk and Seminole

TAMPA

The following counties offer these plans:

- H5410-029 Cigna-HealthSpring Preferred (HMO)
- H5410-030 Cigna-HealthSpring Preferred Part B Savings (HMO)
- H5410-035 Cigna-HealthSpring Primary (HMO)
- H5410-032 Cigna-HealthSpring TotalCare (HMO SNP)

Hernando, Hillsborough, Pasco and Pinellas

Orlando

2020 Plans	H5410-024-000	H5410-025-000
Plan Name	Cigna-HealthSpring Preferred (HMO)	Cigna-HealthSpring TotalCare (HMO D-SNP)
Premium	\$0	\$12
PCP Cost Share	\$0	\$0
Specialist Cost Share	\$0	\$0
Inpatient Copay	\$195 per day for days 1-6; \$0 per day for days 7-90	\$0 per stay
Maximum Out-of-Pocket Cost (MOOP)	\$3,400 which applies to in-network Medicare-covered benefits	\$3,400 which applies to in-network Medicare-covered benefits
Preferred Retail Pharmacy Cost Share – One Month Supply	Tier 1: \$0 Tier 2: \$0 Tier 3: \$35 Tier 4: \$95 Tier 5: 33%	N/A
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	Tier 1: \$0 Tier 2: \$0 Tier 3: \$105 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/A

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Orlando

2020 Plans	H5410-026-000	H5410-033-000
Plan Name	Cigna-HealthSpring Preferred Part B Savings (HMO)	Cigna-HealthSpring Primary (HMO)
Premium	\$0	\$11
PCP Cost Share	\$0	\$0
Specialist Cost Share	\$20	\$0
Inpatient Copay	\$250 per day for days 1-6; \$0 per day for days 7-90	\$500 per stay
Maximum Out-of-Pocket Cost (MOOP)	\$4,900 which applies to in-network Medicare-covered benefits	\$3,400 which applies to in-network Medicare-covered benefits
Preferred Retail Pharmacy Cost Share – One Month Supply	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/A
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/A

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Orlando-Daytona

New Counties:
Brevard & Volusia

New Counties:
Brevard & Volusia

New Counties:
Brevard & Volusia

2020 Plans	H5410-027-000 Daytona	H5410-028-000 Daytona	H5410-031-000 Daytona
Plan Name	Cigna-HealthSpring Preferred (HMO)	Cigna-HealthSpring Preferred Part B Savings (HMO)	Cigna-HealthSpring TotalCare (HMO D-SNP)
Premium	\$0	\$0	\$12
PCP Cost Share	\$0	\$0	\$0
Specialist Cost Share	\$0	\$20	\$0
Inpatient Copay	\$195 per day for days 1-6; \$0 per day for days 7-90	\$250 per day for days 1-6; \$0 per day for days 7-90	\$0 per stay
Maximum Out-of-Pocket Cost (MOOP)	\$3,400 which applies to in-network Medicare-covered benefits	\$4,900 which applies to in-network Medicare-covered benefits	\$3,400 which applies to in-network Medicare-covered benefits
Preferred Retail Pharmacy Cost Share – One Month Supply	Tier 1: \$0 Tier 2: \$0 Tier 3: \$35 Tier 4: \$95 Tier 5: 33%	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/A
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	Tier 1: \$0 Tier 2: \$0 Tier 3: \$105 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/A

Orlando - Tampa

New Counties:
Brevard & Volusia

New Counties:
Hernando, Hillsborough,
Pasco Pinellas

New Counties:
Hernando, Hillsborough,
Pasco Pinellas

2020 Plans	H5410-034-000 Daytona	H5410-029-000 Tampa	H5410-030-000 Tampa
Plan Name	Cigna-HealthSpring Primary (HMO)	Cigna-HealthSpring Preferred (HMO)	Cigna-HealthSpring Preferred Part B Savings (HMO)
Premium	\$10	\$0	\$0
PCP Cost Share	\$0	\$0	\$0
Specialist Cost Share	\$0	\$0	\$20
Inpatient Copay	\$500 per stay	\$195 per day for days 1-6; \$0 per day for days 7-90	\$250 per day for days 1-6; \$0 per day for days 7-90
Maximum Out-of-Pocket Cost (MOOP)	\$3,400 which applies to in-network Medicare-covered benefits	\$3,400 which applies to in-network Medicare-covered benefits	\$4,900 which applies to in-network Medicare-covered benefits
Preferred Retail Pharmacy Cost Share – One Month Supply	N/A	Tier 1: \$0 Tier 2: \$0 Tier 3: \$35 Tier 4: \$95 Tier 5: 33%	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	N/A	Tier 1: \$0 Tier 2: \$0 Tier 3: \$105 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

Florida – South Florida

New Counties:
Hernando, Hillsborough,
Pasco, Pinellas

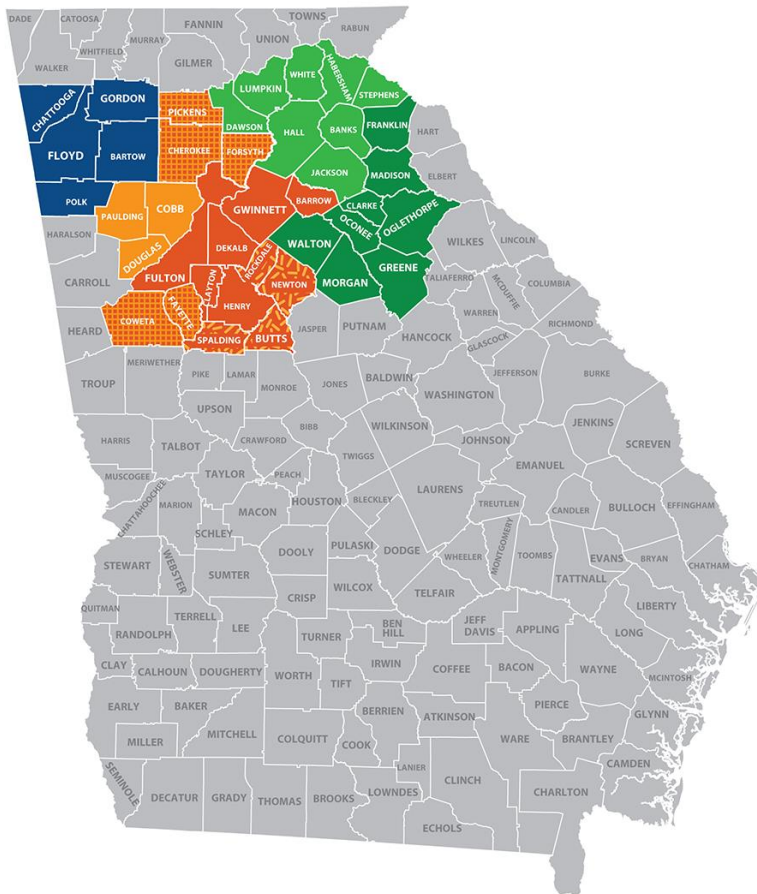
Contract and ID #	H5410-032-000 Tampa	H5410-035-000 Tampa	H5410-001-000
Plan Name	Cigna-HealthSpring TotalCare (HMO D-SNP)	Cigna-HealthSpring Primary (HMO)	Leon Medical Centers Health Plans - Leon Cares (HMO)
Premium	\$11	\$10	\$0
PCP Cost Share	\$0	\$0	\$0
Specialist Cost Share	\$0	\$0	\$0
Inpatient Copay	\$0 per stay	\$500 per stay	\$0
Maximum Out-of-Pocket Cost (MOOP)	\$3,400 which applies to in-network Medicare-covered benefits	\$3,400 which applies to in-network Medicare-covered benefits	\$3,400 which applies to in-network Medicare-covered benefits
Preferred Retail Pharmacy Cost Share – One Month Supply	N/A	N/A	Tier 1: \$0 Tier 2: \$0 Tier 3: \$40 Tier 4: 33%
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	N/A	N/A	Not covered

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Georgia

Cigna 2020 Medicare Advantage Counties



GEORGIA: METRO

The following counties offer these plans:

- H0439-007 Cigna-HealthSpring Preferred (HMO)
- H0439-006 Cigna-HealthSpring Premier (HMO POS)
- H0439-002 Cigna-HealthSpring TotalCare (HMO SNP)

Barrow, Clayton, DeKalb, Fulton, Gwinnett and Henry

The following counties offer this plan in addition to the plans above:

- H7849-003 Cigna-HealthSpring True Choice (PPO)

Butts, Newton, Rockdale and Spalding

The following counties offer these plans:

- H0439-007 Cigna-HealthSpring Preferred (HMO)
 H0439-002 Cigna-HealthSpring TotalCare (HMO SNP)

Cherokee, Coweta, Fayette, Forsyth and Pickens

GEORGIA: ATHENS

The following counties offer these plans:

- H0439-009 Cigna-HealthSpring Preferred (HMO)
- H0439-006 Cigna-HealthSpring Premier (HMO POS)
- H0439-002 Cigna-HealthSpring TotalCare (HMO SNP)

Clarke, Franklin, Greene, Madison, Morgan, Oconee,
Oglethorpe and Walton

GEORGIA: COBB, DOUGLAS AND PAULDING

The following counties offer these plans:

- H0439-008 Cigna-HealthSpring Preferred (HMO)
- H0439-002 Cigna-HealthSpring TotalCare (HMO SNP)

Cobb, Douglas and Paulding

Douglas County also offers:
H0439-006 Cigna-HealthSpring Premier (HMO POS)

GEORGIA: NORTHEAST

The following counties offer these plans:

- H0439-010 Cigna-HealthSpring Preferred (HMO)
- H0439-002 Cigna-HealthSpring TotalCare (HMO SNP)

Banks, Dawson, Habersham, Hall, Jackson, Lumpkin,
Stephens and White

GEORGIA: NORTHWEST

The following counties offer these plans:

- H0439-011 Cigna-HealthSpring Preferred (HMO)
- H0439-002 Cigna-HealthSpring TotalCare (HMO SNP)

Bartow, Chattooga, Floyd, Gordon and Polk

Georgia

2020 Plans	H0439-002-000	H0439-003-001
Plan Name	Cigna-HealthSpring TotalCare (HMO D-SNP)	Cigna-HealthSpring Preferred GA (HMO)
Premium	\$24	\$0
PCP Cost Share	\$0	\$5
Specialist Cost Share	\$0	\$40
Inpatient Copay	\$295 per day for days 1-6; \$0 per day for days 7-90	\$360 per day for days 1-5; \$0 per day for days 6-90
Maximum Out-of-Pocket Cost (MOOP)	\$6,700 which applies to in-network Medicare-covered benefits	\$6,700 which applies to in-network Medicare-covered benefits
Preferred Retail Pharmacy Cost Share – One Month Supply	N/A	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 50% Tier 5: 27%
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	N/A	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: 50% Tier 5: Not available

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Georgia

2020 Plans	H0439-003-002
Plan Name	Cigna-HealthSpring Preferred GA (HMO)
Premium	\$20
PCP Cost Share	\$5
Specialist Cost Share	\$40
Inpatient Copay	\$360 per day for days 1-5; \$0 per day for days 6-90
Maximum Out-of-Pocket Cost (MOOP)	\$6,700 which applies to in-network Medicare-covered benefits
Preferred Retail Pharmacy Cost Share – One Month Supply	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 50% Tier 5: 27%
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: 50% Tier 5: Not available

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Georgia

2020 Plans	H0439-006-000	
Plan Name	Cigna-HealthSpring Premier (HMO-POS)	
	In Network	Out of Network
Premium	\$25	
PCP Cost Share	\$0	30%
Specialist Cost Share	\$20	30%
Inpatient Copay	\$225 per day for days 1-6; \$0 per day for days 7-90	30%
Maximum Out-of-Pocket Cost (MOOP)	\$4,900 which applies to in-network Medicare-covered benefits	There is no maximum out of pocket cost for out-of-network benefits
Preferred Retail Pharmacy Cost Share – One Month Supply	Tier 1: \$0 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	N/A
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/A

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Georgia

NEW!

NEW!

2020 Plans	H0439-007-000	H0439-008-000
Plan Name	Cigna-HealthSpring Preferred (HMO)	Cigna-HealthSpring Preferred (HMO)
Premium	\$0	\$0
PCP Cost Share	\$0	\$0
Specialist Cost Share	\$30	\$40
Inpatient Copay	\$275 per day for days 1-6; \$0 per day for days 7-90	\$325 per day for days 1-6; \$0 per day for days 7-90
Maximum Out-of-Pocket Cost (MOOP)	\$5,900 which applies to in-network Medicare-covered benefits	\$6,700 which applies to in-network Medicare-covered benefits
Preferred Retail Pharmacy Cost Share – One Month Supply	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: \$95 Tier 5: 31%
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

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Georgia

NEW!

NEW!

2020 Plans	H0439-009-000	H0439-010-000
Plan Name	Cigna-HealthSpring Preferred (HMO)	Cigna-HealthSpring Preferred (HMO)
Premium	\$0	\$0
PCP Cost Share	\$0	\$0
Specialist Cost Share	\$30	\$30
Inpatient Copay	\$275 per day for days 1-6; \$0 per day for days 7-90	\$295 per day for days 1-6; \$0 per day for days 7-90
Maximum Out-of-Pocket Cost (MOOP)	\$5,900 which applies to in-network Medicare-covered benefits	\$5,900 which applies to in-network Medicare-covered benefits
Preferred Retail Pharmacy Cost Share – One Month Supply	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%	Tier 1: \$2 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 31%
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

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Georgia

NEW!

2020 Plans	H0439-011-000
Plan Name	Cigna-HealthSpring Preferred (HMO)
Premium	\$0
PCP Cost Share	\$0
Specialist Cost Share	\$30
Inpatient Copay	\$275 per day for days 1-6; \$0 per day for days 7-90
Maximum Out-of-Pocket Cost (MOOP)	\$5,900 which applies to in-network Medicare-covered benefits
Preferred Retail Pharmacy Cost Share – One Month Supply	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

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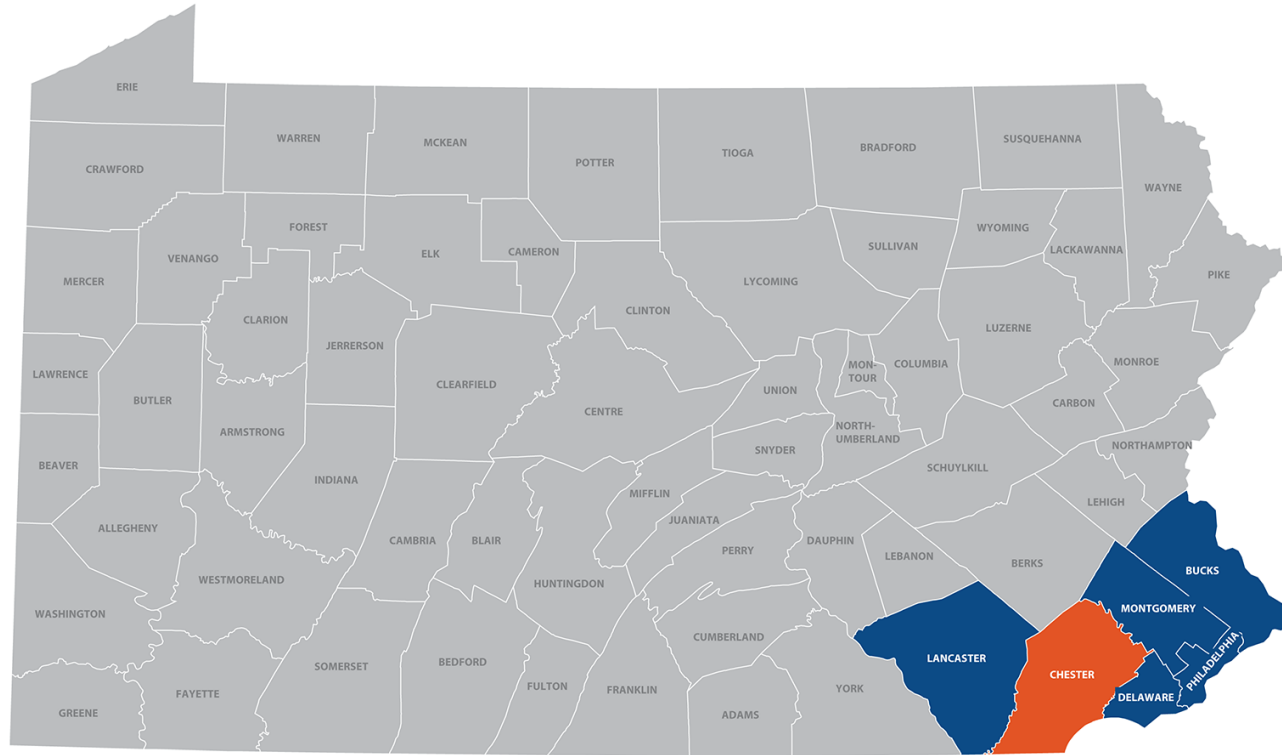
Georgia

PPO!

2020 Plans	H7849-003-000	
Plan Name	Cigna-HealthSpring True Choice (PPO) LPPO	
	In Network	Out of Network
Premium	\$0	
PCP Cost Share	\$5	\$40
Specialist Cost Share	\$35	\$55
Inpatient Copay	\$290 per day for days 1-6; \$0 per day for days 7-90	30%
Maximum Out-of-Pocket Cost (MOOP)	\$6,700 which applies to in-network Medicare-covered benefits; \$10,000 which applies to in-network and out-of-network Medicare-covered benefits combined	
Preferred Retail Pharmacy Cost Share – One Month Supply	Tier 1: \$2 Tier 2: \$4 Tier 3: \$42 Tier 4: \$95 Tier 5: 31%	N/A
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available	N/A

Pennsylvania

Cigna 2020 Medicare Advantage Counties



PENNSYLVANIA

The following counties offer these plans:

- H3949-031 Alliance (HMO)
- H7849-006 True Choice (PPO)
- H3949-024 Achieve (HMO SNP)
- H3949-030 Preferred (HMO)
- H7849-007 True Choice Plus (PPO)
- H3949-013 PreferredPlus (HMO)
- H3949-026 Advantage (HMO)
- H3949-009 TotalCare (HMO SNP)

Bucks, Chester, Delaware, Lancaster, Montgomery and Philadelphia

The following county offers these plans:

- H7849-006 True Choice (PPO)
- H3949-024 Achieve (HMO SNP)
- H3949-030 Preferred (HMO)
- H7849-007 True Choice Plus (PPO)
- H3949-013 PreferredPlus (HMO)
- H3949-026 Advantage (HMO)
- H3949-009 TotalCare (HMO SNP)

Chester

Pennsylvania

2020 Plans	H3949-009-000	H3949-013-000
Plan Name	Cigna-HealthSpring TotalCare (HMO D-SNP)	Cigna-HealthSpring PreferredPlus (HMO)
Premium	\$34	\$135
PCP Cost Share	20%	\$0
Specialist Cost Share	\$40	\$25
Inpatient Copay	\$310 per day for days 1-5; \$0 per day for days 6-90	\$225 per day for days 1-7; \$0 per day for days 8-90
Maximum Out-of-Pocket Cost (MOOP)	\$3,400 which applies to in-network Medicare-covered benefits	\$4,900 which applies to in-network Medicare-covered benefits
Preferred Retail Pharmacy Cost Share – One Month Supply	N/A	Tier 1: \$1 Tier 2: \$2 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	N/A	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

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Pennsylvania

2020 Plans	H3949-016-000	H3949-030-000
Plan Name	Cigna-HealthSpring Traditions (HMO I-SNP)	Cigna-HealthSpring Preferred (HMO)
Premium	\$36	\$20
PCP Cost Share	\$0	\$0
Specialist Cost Share	15%	\$35
Inpatient Copay	\$320 per day for days 1-6; \$0 per day for days 7-90	Tier 1: \$275 per day for days 1-6; \$0 per day for days 7-90 Tier 2: \$325 per day for days 1-6; \$0 per day for days 7-90
Maximum Out-of-Pocket Cost (MOOP)	\$5,900 which applies to in-network Medicare-covered benefits	\$5,900 which applies to in-network Medicare-covered benefits
Preferred Retail Pharmacy Cost Share – One Month Supply	N/A	Tier 1: \$1 Tier 2: \$10 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	N/A	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

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Pennsylvania

2020 Plans	H3949-024-000	H3949-026-000
Plan Name	Cigna-HealthSpring Achieve (HMO C-SNP)	Cigna-HealthSpring Advantage (HMO) (MA ONLY)
Premium	\$0	\$0
PCP Cost Share	\$0	\$0
Specialist Cost Share	\$30	\$40
Inpatient Copay	Tier 1: \$295 per day for days 1-6; \$0 per day for days 7-90 Tier 2: \$325 per day for days 1-6; \$0 per day for days 7-90	\$325 per day for days 1-6; \$0 per day for days 7-90
Maximum Out-of-Pocket Cost (MOOP)	\$6,700 which applies to in-network Medicare-covered benefits	\$6,700 which applies to in-network Medicare-covered benefits
Preferred Retail Pharmacy Cost Share – One Month Supply	Tier 1: \$1 Tier 2: \$5 Tier 3: \$42 Tier 4: \$95 Tier 5: 33% Tier 6: \$5	N/A
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available Tier 6: \$10 (2x one month)	N/A

Pennsylvania

2020 Plans	H3949-031-000
Plan Name	Cigna-HealthSpring Alliance (HMO)
Premium	\$0
PCP Cost Share	\$0
Specialist Cost Share	\$30
Inpatient Copay	Tier 1: \$275 per day for days 1-6; \$0 per day for days 7-90 Tier 2: \$295 per day for days 1-6; \$0 per day for days 7-90
Maximum Out-of-Pocket Cost (MOOP)	\$6,700 which applies to in-network Medicare-covered benefits
Preferred Retail Pharmacy Cost Share – One Month Supply	Tier 1: \$1 Tier 2: \$10 Tier 3: \$42 Tier 4: \$95 Tier 5: 33%
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: \$285 (3x one month) Tier 5: Not available

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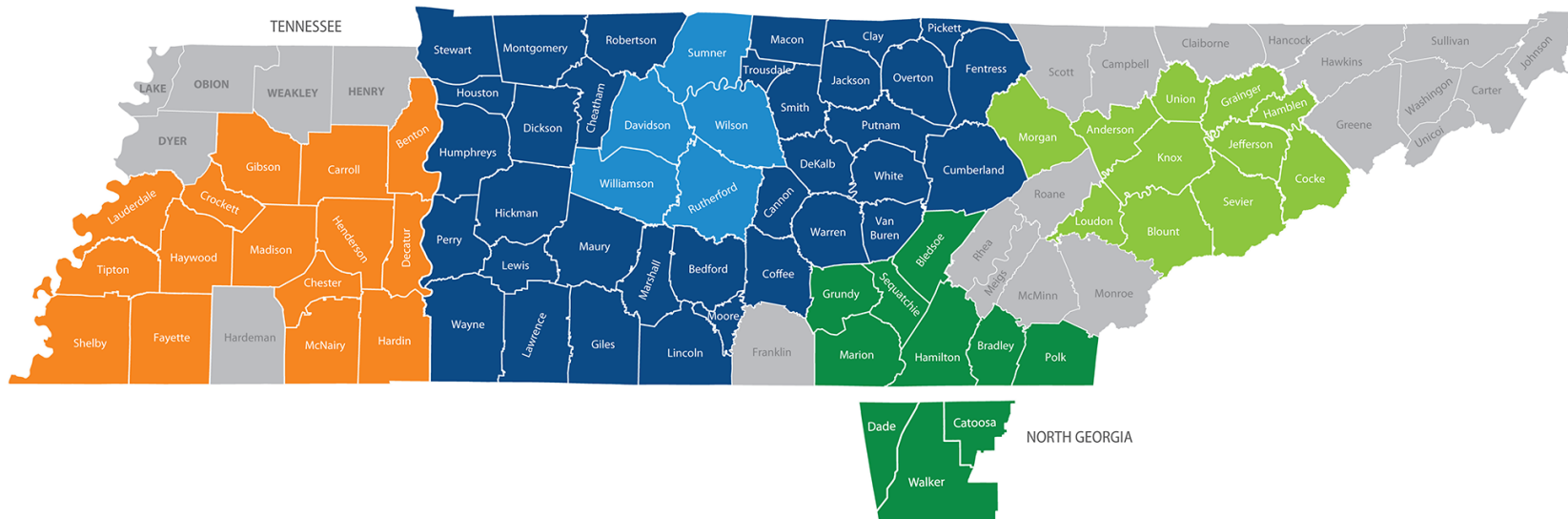


Pennsylvania

2020 Plans	H7849-006-000 PPO!		H7849-007-000 PPO!	
Plan Name	Cigna-HealthSpring True Choice (PPO) LPPO		Cigna-HealthSpring True Choice Plus (PPO) LPPO	
	In Network	Out of Network	In Network	Out of Network
Premium	\$0		\$59	
PCP Cost Share	\$0	\$40	\$0	\$40
Specialist Cost Share	\$40	\$55	\$30	\$55
Inpatient Copay	\$295 per day for days 1-6; \$0 per day for days 7-90	30%	\$250 per day for days 1-6; \$0 per day for days 7-90	30%
Maximum Out-of-Pocket Cost (MOOP)	\$6,700 which applies to in-network Medicare-covered benefits; \$10,000 which applies to in-network and out-of-network Medicare-covered benefits combined		\$5,500 which applies to in-network Medicare-covered benefits; \$10,000 which applies to in-network and out-of-network Medicare-covered benefits combined	
Preferred Retail Pharmacy Cost Share – One Month Supply	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%	N/A	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%	N/A
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	Tier 1: \$0 Tier 2: \$0 Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available	N/A	Tier 1: \$0 Tier 2: \$0 Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available	N/A

Tennessee and North Georgia

Cigna 2020 Medicare Advantage Counties



WEST TENNESSEE

The following counties offer these plans:

- H4513-049
- H4513-053

Benton, Carroll, Chester, Crockett, Decatur, Fayette, Gibson, Hardin, Haywood, Henderson, Lauderdale, Madison, McNairy, Shelby and Tipton

METRO NASHVILLE

The following counties offer these plans:

- H4513-049 (HMO)
- H7849-010 (PPO)

Davidson, Rutherford, Sumner, Williamson and Wilson

MIDDLE TENNESSEE

The following counties offer this plan:

- H4513-049

Bedford, Cannon, Cheatham, Clay, Coffee, Cumberland, DeKalb, Dickson, Fentress, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Smith, Stewart, Trousdale, Van Buren, Warren, Wayne and White

CHATTANOOGA with NORTH GEORGIA

The following TN counties offer these plans:

- H4513-049
- H4513-035

Bledsoe, Bradley, Grundy, Hamilton, Marion, Polk and Sequatchie

The following NGA counties offer this plan:

- H4513-030

Catoosa, Dade and Walker

KNOXVILLE

The following counties offer these plans:

- H4513-037
- H4513-035

Anderson, Blount, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Morgan, Sevier and Union

Tennessee – North Georgia

2020 Plans	H4513-030-000
Plan Name	Cigna-HealthSpring Preferred (HMO)
Premium	\$0
PCP Cost Share	\$0
Specialist Cost Share	\$40
Inpatient Copay	\$325 per day for days 1-5; \$0 per day for days 6-90
Maximum Out-of-Pocket Cost (MOOP)	\$6,700 which applies to in-network Medicare-covered benefits
Preferred Retail Pharmacy Cost Share – One Month Supply	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 46% Tier 5: 29%
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: 46% Tier 5: Not available

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Tennessee

2020 Plans	H4513-033-000	H4513-034-000	H4513-035-000
Plan Name	Cigna-HealthSpring Advantage (HMO) (MA ONLY)	Cigna-HealthSpring TotalCare (HMO D-SNP)	Cigna-HealthSpring Primary (HMO)
Premium	\$0	\$27	\$24
PCP Cost Share	\$0	\$0	\$0
Specialist Cost Share	\$30	\$0	\$0
Inpatient Copay	\$270 per day for days 1-5; \$0 per day for days 6-90	\$195 per day for days 1-10; \$0 per day for days 11-90	\$500 per stay
Maximum Out-of-Pocket Cost (MOOP)	\$6,700 which applies to in-network Medicare-covered benefits	\$6,700 which applies to in-network Medicare-covered benefits	\$6,700 which applies to in-network Medicare-covered benefits
Preferred Retail Pharmacy Cost Share – One Month Supply	N/A	N/A	N/A
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	N/A	N/A	N/A

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Tennessee

2020 Plans	H4513-036-000	
Plan Name	Cigna-HealthSpring Premier (HMO-POS)	
	In Network	Out of Network
Premium	\$55	
PCP Cost Share	\$0	30%
Specialist Cost Share	\$30	30%
Inpatient Copay	\$300 per day for days 1-5; \$0 per day for days 6-90	30%
Maximum Out-of-Pocket Cost (MOOP)	\$6,700 which applies to in-network Medicare-covered benefits	There is no maximum out of pocket cost for out-of-network benefits
Preferred Retail Pharmacy Cost Share – One Month Supply	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 49% Tier 5: 29%	N/A
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: 49% Tier 5: Not available	N/A

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Tennessee

2020 Plans	H4513-037-000	H4513-040-000	H4513-042-000
Plan Name	Cigna-HealthSpring Preferred (HMO)	Cigna-HealthSpring TotalCare (HMO D-SNP)	Cigna-HealthSpring Alliance (HMO)
Premium	\$0	\$30	\$0
PCP Cost Share	\$0	\$0	\$0
Specialist Cost Share	\$5	\$0	\$30
Inpatient Copay	\$325 per day for days 1-5; \$0 per day for days 6-90	\$300 per day for days 1-5; \$0 per day for days 6-90	\$300 per day for days 1-5; \$0 per day for days 6-90
Maximum Out-of-Pocket Cost (MOOP)	\$6,700 which applies to in-network Medicare-covered benefits	\$6,700 which applies to in-network Medicare-covered benefits	\$6,700 which applies to in-network Medicare-covered benefits
Preferred Retail Pharmacy Cost Share – One Month Supply	Tier 1: \$0 Tier 2: \$10 Tier 3: \$42 Tier 4: 40% Tier 5: 33%	N/A	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 43% Tier 5: 33%
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: 40% Tier 5: Not available	N/A	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: 43% Tier 5: Not available

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Tennessee

2020 Plans	H4513-043-000	H4513-049-001	H4513-049-002
Plan Name	Cigna-HealthSpring PreferredPlus (HMO)	Cigna-HealthSpring Preferred (HMO)	Cigna-HealthSpring Preferred (HMO)
Premium	\$79	\$0	\$25
PCP Cost Share	\$0	\$0	\$0
Specialist Cost Share	\$25	\$5	\$5
Inpatient Copay	\$400 per stay	\$325 per day for days 1-5; \$0 per day for days 6-90	\$325 per day for days 1-5; \$0 per day for days 6-90
Maximum Out-of-Pocket Cost (MOOP)	\$4,800 which applies to in-network Medicare-covered benefits	\$6,700 which applies to in-network Medicare-covered benefits	\$6,700 which applies to in-network Medicare-covered benefits
Preferred Retail Pharmacy Cost Share – One Month Supply	Tier 1: \$3 Tier 2: \$12 Tier 3: \$42 Tier 4: 42% Tier 5: 33%	Tier 1: \$0 Tier 2: \$12 Tier 3: \$42 Tier 4: 42% Tier 5: 33%	Tier 1: \$0 Tier 2: \$12 Tier 3: \$42 Tier 4: 42% Tier 5: 33%
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: 42% Tier 5: Not available	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: 42% Tier 5: Not available	Tier 1: \$0 Tier 2: \$0 Tier 3: \$126 (3x one month) Tier 4: 42% Tier 5: Not available

Tennessee

2020 Plans	H4513-053-000 NEW!	H7849-010-000 PPO!	
Plan Name	Cigna-HealthSpring Primary (HMO)	Cigna-HealthSpring True Choice (PPO) LPPO	
		In Network	Out of Network
Premium	\$24	\$0	
PCP Cost Share	\$0	\$5	\$40
Specialist Cost Share	\$0	\$30	\$55
Inpatient Copay	\$500 per stay	\$310 per day for days 1-5; \$0 per day for days 6-90	40%
Maximum Out-of-Pocket Cost (MOOP)	\$6,700 which applies to in-network Medicare-covered benefits	\$5,900 which applies to in-network Medicare-covered benefits; \$10,000 which applies to in-network and out-of-network Medicare-covered benefits combined	
Preferred Retail Pharmacy Cost Share – One Month Supply	N/A	Tier 1: \$0 Tier 2: \$4 Tier 3: \$40 Tier 4: \$80 Tier 5: 33%	N/A
Preferred Mail Order Pharmacy Cost Share – Three Month Supply	N/A	Tier 1: \$0 Tier 2: \$0 Tier 3: \$120 (3x one month) Tier 4: \$240 (3x one month) Tier 5: Not available	N/A