

January 1 – December 31, 2019

EVIDENCE OF COVERAGE

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

This booklet gives you the details about your Medicare prescription drug coverage from January 1 – December 31, 2019. It explains how to get coverage for the prescription drugs you need. **This is an important legal document. Please keep it in a safe place.**

This plan, Cigna-HealthSpring Rx Secure (PDP), is offered by Cigna-HealthSpring. (When this *Evidence of Coverage* says “we,” “us,” or “our,” it means Cigna-HealthSpring. When it says “plan” or “our plan,” it means Cigna-HealthSpring Rx Secure (PDP).)

Cigna-HealthSpring Rx (PDP) is a Medicare Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Cigna-HealthSpring depends on contract renewal.

This document is available for free in Spanish.

Please contact our Customer Service number at 1-800-222-6700 for additional information. (TTY users should call 711.) Hours are 8 a.m.–8 p.m., local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1–September 30.

This document is available in an alternate format such as Braille or large print. Please contact Customer Service at 1-800-222-6700 for additional information.

Benefits, premium, deductible, and/or copayments/coinsurance may change on January 1, 2020.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.



Notice of Nondiscrimination: Discrimination is Against the Law

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

Cigna-HealthSpring Rx:

- 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 1-800-222-6700 (TTY 711), 8 a.m.–8 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 - Sept 30.

If you believe that Cigna-HealthSpring Rx 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-HealthSpring Rx - Grievance
PO Box 269005
Weston, FL 33326-9927
Phone: 1-800-222-6700 (TTY 711), Fax: 1-800-735-1469

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)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. Call 1-800-222-6700 (TTY 711), 8 a.m.–8 p.m., 7 days a week. ATENCIÓN: si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-222-6700 (TTY 711), 8 a.m.–8 p.m., 7 días de la semana.

Cigna-HealthSpring Rx (PDP) is a Medicare Prescription Drug plan (PDP) with a Medicare contract. Enrollment in Cigna-HealthSpring depends on contract renewal.

Multi-language Interpreter Services

English – ATTENTION: If you speak English, language assistance services, free of charge are available to you. Call **1-800-222-6700** (TTY 711).

Spanish – ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-222-6700** (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 **1-800-222-6700** (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 **1-800-222-6700** (TTY 711).

French Creole – ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-222-6700** (TTY 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-222-6700** (TTY 711)번으로 전화해 주십시오.

Polish – UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-222-6700** (TTY 711).

French – ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-222-6700** (ATS 711).

Arabic – ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-222-6700** (TTY 711).

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-222-6700** (телетайп 711).

Tagalog – PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-222-6700** (TTY 711).

Farsi/Persian – توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-222-6700** (TTY: 711) تماس بگیرید.

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-222-6700** (TTY 711).

Portuguese – ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-222-6700** (TTY 711).

Italian – ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-222-6700** (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。 **1-800-222-6700** (TTY 711)まで、お電話にてご連絡ください。

Navajo – Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hólq, kojł' hódíłnih **1-800-222-6700** (TTY 711).

Gujarati – ધ્યાન આપો: જો તમેગુજરાતી બોલતા હો તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-222-6700** (TTY 711).

Urdu – توجه دین: اگر آپ اردو زبان بولتے ہیں تو آپ کے لئے زبان معاون خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-222-6700** (TTY 711)

2019 Evidence of Coverage
Table of Contents

This list of chapters and page numbers is your starting point. For more help in finding information you need, go to the first page of a chapter. **You will find a detailed list of topics at the beginning of each chapter.**

Chapter 1.	Getting started as a member	4
	Explains what it means to be in a Medicare prescription drug plan and how to use this booklet. Tells about materials we will send you, your plan premium, the Part D late enrollment penalty, your plan membership card, and keeping your membership record up to date.	
Chapter 2.	Important phone numbers and resources	16
	Tells you how to get in touch with our plan (Cigna-HealthSpring Rx Secure (PDP)) and with other organizations including Medicare, the State Health Insurance Assistance Program (SHIP), the Quality Improvement Organization, Social Security, Medicaid (the state health insurance program for people with low incomes), programs that help people pay for their prescription drugs, and the Railroad Retirement Board.	
Chapter 3.	Using the plan’s coverage for your Part D prescription drugs	26
	Explains rules you need to follow when you get your Part D drugs. Tells how to use the plan’s <i>List of Covered Drugs (Formulary)</i> to find out which drugs are covered. Tells which kinds of drugs are <i>not</i> covered. Explains several kinds of restrictions that apply to coverage for certain drugs. Explains where to get your prescriptions filled. Tells about the plan’s programs for drug safety and managing medications.	
Chapter 4.	What you pay for your Part D prescription drugs	41
	Tells about the four stages of drug coverage (Deductible Stage, Initial Coverage Period, Coverage Gap Stage, Catastrophic Coverage Stage) and how these stages affect what you pay for your drugs. Explains the five cost-sharing tiers for your Part D drugs and tells what you must pay for a drug in each cost-sharing tier.	
Chapter 5.	Asking us to pay our share of the costs for covered drugs	68
	Explains when and how to send a bill to us when you want to ask us to pay you back for our share of the cost for your covered drugs.	
Chapter 6.	Your rights and responsibilities	73
	Explains the rights and responsibilities you have as a member of our plan. Tells what you can do if you think your rights are not being respected.	
Chapter 7.	What to do if you have a problem or complaint (coverage decisions, appeals, complaints)	80
	Tells you step-by-step what to do if you are having problems or concerns as a member of our plan.	
	<ul style="list-style-type: none"> • Explains how to ask for coverage decisions and make appeals if you are having trouble getting the prescription drugs you think are covered by our plan. This includes asking us to make exceptions to the rules and/or extra restrictions on your coverage. • Explains how to make complaints about quality of care, waiting times, customer service, and other concerns. 	

Chapter 8.	Ending your membership in the plan.....	95
	Explains when and how you can end your membership in the plan. Explains situations in which our plan is required to end your membership.	
Chapter 9.	Legal notices	102
	Includes notices about governing law and about non-discrimination.	
Chapter 10.	Definitions of important words.....	106
	Explains key terms used in this booklet.	

CHAPTER 1

Getting started as a member

Chapter 1. Getting started as a member

SECTION 1	Introduction.....	5
Section 1.1	You are enrolled in Cigna-HealthSpring Rx Secure (PDP), which is a Medicare Prescription Drug Plan.....	5
Section 1.2	What is the <i>Evidence of Coverage</i> booklet about?.....	5
Section 1.3	Legal information about the <i>Evidence of Coverage</i>	5
SECTION 2	What makes you eligible to be a plan member?.....	5
Section 2.1	Your eligibility requirements.....	5
Section 2.2	What are Medicare Part A and Medicare Part B?	5
Section 2.3	Here is the plan service area for Cigna-HealthSpring Rx Secure (PDP).....	6
Section 2.4	U.S. Citizen or Lawful Presence.....	6
SECTION 3	What other materials will you get from us?.....	6
Section 3.1	Your plan membership card – Use it to get all covered prescription drugs	6
Section 3.2	The <i>Pharmacy Directory</i> : Your guide to pharmacies in our network	7
Section 3.3	The plan’s <i>List of Covered Drugs (Formulary)</i>	7
Section 3.4	The <i>Part D Explanation of Benefits</i> (the “Part D EOB”): Reports with a summary of payments made for your Part D prescription drugs	7
SECTION 4	Your monthly premium for Cigna-HealthSpring Rx Secure (PDP).....	8
Section 4.1	How much is your plan premium?	8
SECTION 5	Do you have to pay the Part D “late enrollment penalty”?.....	9
Section 5.1	What is the Part D “late enrollment penalty”?.....	9
Section 5.2	How much is the Part D late enrollment penalty?.....	9
Section 5.3	In some situations, you can enroll late and not have to pay the penalty.....	9
Section 5.4	What can you do if you disagree about your Part D late enrollment penalty?	10
SECTION 6	Do you have to pay an extra Part D amount because of your income?.....	10
Section 6.1	Who pays an extra Part D amount because of income?	10
Section 6.2	How much is the extra Part D amount?	10
Section 6.3	What can you do if you disagree about paying an extra Part D amount?.....	10
Section 6.4	What happens if you do not pay the extra Part D amount?.....	10
SECTION 7	More information about your monthly premium.....	11
Section 7.1	There are several ways you can pay your plan premium	11
Section 7.2	Can we change your monthly plan premium during the year?	12
SECTION 8	Please keep your plan membership record up to date	13
Section 8.1	How to help make sure that we have accurate information about you.....	13
SECTION 9	We protect the privacy of your personal health information.....	13
Section 9.1	We make sure that your health information is protected.....	13
SECTION 10	How other insurance works with our plan.....	13
Section 10.1	Which plan pays first when you have other insurance?.....	13

SECTION 1 Introduction

Section 1.1 You are enrolled in Cigna-HealthSpring Rx Secure (PDP), which is a Medicare Prescription Drug Plan

You are covered by Original Medicare for your health care coverage, and you have chosen to get your Medicare prescription drug coverage through our plan, Cigna-HealthSpring Rx Secure (PDP).

There are different types of Medicare plans. Cigna-HealthSpring Rx Secure (PDP) is a Medicare prescription drug plan (PDP). Like all Medicare plans, this Medicare prescription drug plan is approved by Medicare and run by a private company.

Section 1.2 What is the *Evidence of Coverage* booklet about?

This *Evidence of Coverage* booklet tells you how to get your Medicare prescription drug coverage through our plan. This booklet explains your rights and responsibilities, what is covered, and what you pay as a member of the plan.

The word “coverage” and “covered drugs” refers to the prescription drug coverage available to you as a member of Cigna-HealthSpring Rx Secure (PDP).

It’s important for you to learn what the plan’s rules are and what coverage is available to you. We encourage you to set aside some time to look through this *Evidence of Coverage* booklet.

If you are confused or concerned or just have a question, please contact our plan’s Customer Service (phone numbers are printed on the back cover of this booklet).

Section 1.3 Legal information about the *Evidence of Coverage***It’s part of our contract with you**

This *Evidence of Coverage* is part of our contract with you about how Cigna-HealthSpring Rx Secure (PDP) covers your care. Other parts of this contract include your enrollment form, the *List of Covered Drugs (Formulary)*, and any notices you receive from us about changes to your coverage or conditions that affect your coverage. These notices are sometimes called “riders” or “amendments.”

The contract is in effect for months in which you are enrolled in Cigna-HealthSpring Rx Secure (PDP) between January 1, 2019 and December 31, 2019.

Each calendar year, Medicare allows us to make changes to the plans that we offer. This means we can change the costs and benefits of Cigna-HealthSpring Rx Secure (PDP) after December 31, 2019. We can also choose to stop offering the plan, or to offer it in a different service area, after December 31, 2019.

Medicare must approve our plan each year

Medicare (the Centers for Medicare & Medicaid Services) must approve Cigna-HealthSpring Rx Secure (PDP) each year. You can continue to get Medicare coverage as a member of our plan as long as we choose to continue to offer the plan and Medicare renews its approval of the plan.

SECTION 2 What makes you eligible to be a plan member?

Section 2.1 Your eligibility requirements

You are eligible for membership in our plan as long as:

- You have Medicare Part A or Medicare Part B (or you have both Part A and Part B) (Section 2.2 tells you about Medicare Part A and Medicare Part B)
- — and — you are a United States citizen or are lawfully present in the United States
- — and — you live in our geographic service area (Section 2.3 below describes our service area)

Section 2.2 What are Medicare Part A and Medicare Part B?

As discussed in Section 1.1 above, you have chosen to get your prescription drug coverage (sometimes called Medicare Part D) through our plan. Our plan has contracted with Medicare to provide you with most of these Medicare benefits. We describe the drug coverage you receive under your Medicare Part D coverage in Chapter 3.

When you first signed up for Medicare, you received information about what services are covered under Medicare Part A and Medicare Part B. Remember:

- Medicare Part A generally helps cover services provided by hospitals for inpatient services, skilled nursing facilities, or home health agencies.
- Medicare Part B is for most other medical services (such as physician's services and other outpatient services) and certain items (such as durable medical equipment (DME) and supplies).

Section 2.3 Here is the plan service area for Cigna-HealthSpring Rx Secure (PDP)

Although Medicare is a Federal program, Cigna-HealthSpring Rx Secure (PDP) is available only to individuals who live in our plan service area. To remain a member of our plan, you must continue to reside in the plan service area. The service area is described below.

Our service area includes all 50 states and the District of Columbia.

We offer coverage in all states. However, there may be cost or other differences between the plans we offer in each state. If you move out of state and into a state that is still within our service area, you must call Customer Service in order to update your information.

If you plan to move out of the service area, please contact Customer Service (phone numbers are printed on the back cover of this booklet). When you move, you will have a Special Enrollment Period that will allow you to enroll in a Medicare health or drug plan that is available in your new location.

It is also important that you call Social Security if you move or change your mailing address. You can find phone numbers and contact information for Social Security in Chapter 2, Section 5.

Section 2.4 U.S. Citizen or Lawful Presence

A member of a Medicare health plan must be a U.S. citizen or lawfully present in the United States. Medicare (the Centers for Medicare & Medicaid Services) will notify Cigna-HealthSpring Rx Secure (PDP) if you are not eligible to remain a member on this basis. Cigna-HealthSpring Rx Secure (PDP) must disenroll you if you do not meet this requirement.

SECTION 3 What other materials will you get from us?

Section 3.1 Your plan membership card – Use it to get all covered prescription drugs

While you are a member of our plan, you must use your membership card for our plan for prescription drugs you get at network pharmacies. You should also show the provider your Medicaid card, if applicable. Here's a sample membership card to show you what yours will look like:

Cigna-HealthSpring Rx (PDP)	
	
Name: <first name> <middle> <last name>	
Customer ID: <MemberID>	
Health Plan (80840) 9151014609	
RxBIN: <RxBIN>	
RxPCN: <RxPCN>	
	
S5617_<PBP>	

	
Customer Service 1-800-222-6700 TTY: 711 Cigna-HealthSpring PO Box 269005 Weston, FL 33326-9927	Claims Cigna-HealthSpring Pharmacy DMR PO Box 20002 Nashville, TN 37202
Pharmacy Providers Help Desk: 1-888-625-5686	Coverage Determination 1-800-222-6700
Website: <website>	

Please carry your card with you at all times and remember to show your card when you get covered drugs. If your plan membership card is damaged, lost, or stolen, call Customer Service right away and we will send you a new card. (Phone numbers for Customer Service are printed on the back cover of this booklet.)

You may need to use your new red, white, and blue Medicare card to get covered medical care and services under Original Medicare.

Section 3.2 The *Pharmacy Directory*: Your guide to pharmacies in our network**What are “network pharmacies”?**

Network pharmacies are all of the pharmacies that have agreed to fill covered prescriptions for our plan members.

Why do you need to know about network pharmacies?

You can use the *Pharmacy Directory* to find the network pharmacy you want to use. There are changes to our network of pharmacies for next year. An updated *Pharmacy Directory* is located on our website at www.cigna.com/part-d. You may also call Customer Service for updated provider information or to ask us to mail you a *Pharmacy Directory*. **Please review the 2019 *Pharmacy Directory* to see which pharmacies are in our network.**

The *Pharmacy Directory* will also tell you which of the pharmacies in our network have preferred cost-sharing, which may be lower than the standard cost-sharing offered by other network pharmacies for some drugs.

If you don't have the *Pharmacy Directory*, you can get a copy from Customer Service (phone numbers are printed on the back cover of this booklet). At any time, you can call Customer Service to get up-to-date information about changes in the pharmacy network. You can also find this information on our website at www.cigna.com/part-d. Both Customer Service and the website can give you the most up-to-date information about changes in our network pharmacies.

Section 3.3 The plan's *List of Covered Drugs (Formulary)*

The plan has a *List of Covered Drugs (Formulary)*. We call it the “Drug List” for short. It tells which Part D prescription drugs are covered by Cigna-HealthSpring Rx Secure (PDP). The drugs on this list are selected by the plan with the help of a team of doctors and pharmacists. The list must meet requirements set by Medicare. Medicare has approved the Cigna-HealthSpring Rx Secure (PDP) Drug List.

The Drug List also tells you if there are any rules that restrict coverage for your drugs.

We will provide you a copy of the Drug List. The Drug List we provide you includes information for the covered drugs that are most commonly used by our members. However, we cover additional drugs that are not included in the provided Drug List. If one of your drugs is not listed in the Drug List, you should visit our website or contact Customer Service to find out if we cover it. To get the most complete and current information about which drugs are covered, you can visit the plan's website (www.cigna.com/part-d) or call Customer Service (phone numbers are printed on the back cover of this booklet).

Section 3.4 The *Part D Explanation of Benefits* (the “Part D EOB”): Reports with a summary of payments made for your Part D prescription drugs

When you use your Part D prescription drug benefits, we will send you a summary report to help you understand and keep track of payments for your Part D prescription drugs. This summary report is called the *Part D Explanation of Benefits* (or the “Part D EOB”).

The *Part D Explanation of Benefits* tells you the total amount you, or others on your behalf, have spent on your Part D prescription drugs and the total amount we have paid for each of your Part D prescription drugs during the month. Chapter 4 (*What you pay for your Part D prescription drugs*) gives more information about the *Part D Explanation of Benefits* and how it can help you keep track of your drug coverage.

A *Part D Explanation of Benefits* summary is also available upon request. To get a copy, please contact Customer Service (phone numbers are printed on the back cover of this booklet).

SECTION 4 Your monthly premium for Cigna-HealthSpring Rx Secure (PDP)**Section 4.1 How much is your plan premium?**

As a member of our plan, you pay a monthly plan premium. The table below shows the monthly plan premium amount for each region we serve.

State	2019 Monthly Premium	State	2019 Monthly Premium
Alabama	\$53.50	Nebraska	\$58.50
Alaska	\$30.70	Nevada	\$51.00
Arizona	\$29.90	New Hampshire	\$30.60
Arkansas	\$42.80	New Jersey	\$71.20
California	\$83.40	New Mexico	\$22.90
Colorado	\$30.90	New York	\$36.30
Connecticut	\$54.70	North Carolina	\$55.70
Delaware	\$28.70	North Dakota	\$58.50
Florida	\$72.60	Ohio	\$31.30
Georgia	\$63.10	Oklahoma	\$28.60
Hawaii	\$43.10	Oregon	\$27.80
Idaho	\$38.40	Pennsylvania	\$34.40
Illinois	\$25.50	Rhode Island	\$54.70
Indiana	\$29.90	South Carolina	\$51.30
Iowa	\$58.50	South Dakota	\$58.50
Kansas	\$52.30	Tennessee	\$53.50
Kentucky	\$29.90	Texas	\$22.70
Louisiana	\$29.70	Utah	\$38.40
Maine	\$30.60	Vermont	\$54.70
Maryland	\$28.70	Virginia	\$53.60
Massachusetts	\$54.70	Washington	\$27.80
Michigan	\$32.20	Washington, D.C.	\$28.70
Minnesota	\$58.50	West Virginia	\$34.40
Mississippi	\$39.60	Wisconsin	\$38.20
Missouri	\$61.80	Wyoming	\$58.50
Montana	\$58.50		

In addition, you must continue to pay your Medicare Part B premium (unless your Part B premium is paid for you by Medicaid or another third party).

In some situations, your plan premium could be less

There are programs to help people with limited resources pay for their drugs. These include “Extra Help” and State Pharmaceutical Assistance Programs. Chapter 2, Section 7 tells more about these programs. If you qualify, enrolling in the program might lower your monthly plan premium.

If you are *already enrolled* and getting help from one of these programs, the **information about premiums in this Evidence of Coverage may not apply to you**. We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also known as the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug coverage. If you don’t have this insert, please call Customer Service and ask for the “LIS Rider.” (Phone numbers for Customer Service are printed on the back cover of this booklet.)

In some situations, your plan premium could be more

In some situations, your plan premium could be more than the amount listed above in Section 4.1. Some members are required to pay a Part D **late enrollment penalty** because they did not join a Medicare drug plan when they first became eligible or because they had a continuous period of 63 days or more when they didn't have "creditable" prescription drug coverage. ("Creditable" means the drug coverage is expected to pay, on average, at least as much as Medicare's standard prescription drug coverage.) For these members, the Part D late enrollment penalty is added to the plan's monthly premium. Their premium amount will be the monthly plan premium plus the amount of their Part D late enrollment penalty.

- If you are required to pay the Part D late enrollment penalty, the cost of the late enrollment penalty depends on how long you went without Part D or creditable prescription drug coverage. Chapter 1, Section 5 explains the Part D late enrollment penalty.
- If you have a Part D late enrollment penalty and do not pay it, you could be disenrolled from the plan.

SECTION 5 Do you have to pay the Part D "late enrollment penalty"?**Section 5.1 What is the Part D "late enrollment penalty"?**

Note: If you receive "Extra Help" from Medicare to pay for your prescription drugs, you will not pay a late enrollment penalty.

The late enrollment penalty is an amount that is added to your Part D premium. You may owe a Part D late enrollment penalty if at any time after your initial enrollment period is over, there is a period of 63 days or more in a row when you did not have Part D or other creditable prescription drug coverage. "Creditable prescription drug coverage" is coverage that meets Medicare's minimum standards since it is expected to pay, on average, at least as much as Medicare's standard prescription drug coverage. The cost of the late enrollment penalty depends on how long you went without Part D or creditable prescription drug coverage. You will have to pay this penalty for as long as you have Part D coverage.

The Part D late enrollment penalty is added to your monthly premium. When you first enroll in Cigna-HealthSpring Rx Secure (PDP), we let you know the amount of the penalty.

Your Part D late enrollment penalty is considered part of your plan premium. If you do not pay your Part D late enrollment penalty, you could be disenrolled for failure to pay your plan premium.

Section 5.2 How much is the Part D late enrollment penalty?

Medicare determines the amount of the penalty. Here is how it works:

- First count the number of full months that you delayed enrolling in a Medicare drug plan after you were eligible to enroll. Or count the number of full months in which you did not have creditable prescription drug coverage, if the break in coverage was 63 days or more. The penalty is 1% for every month that you didn't have creditable coverage. For example, if you go 14 months without coverage, the penalty will be 14%.
- Then Medicare determines the amount of the average monthly premium for Medicare drug plans in the nation from the previous year. For 2019, this average premium amount is \$33.19.
- To calculate your monthly penalty, you multiply the penalty percentage and the average monthly premium and then round it to the nearest 10 cents. In the example here it would be 14% times \$33.19, which equals \$4.64. This rounds to \$4.60. This amount would be added **to the monthly premium for someone with a Part D late enrollment penalty.**

There are three important things to note about this monthly Part D late enrollment penalty:

- First, **the penalty may change each year**, because the average monthly premium can change each year. If the national average premium (as determined by Medicare) increases, your penalty will increase.
- Second, **you will continue to pay a penalty** every month for as long as you are enrolled in a plan that has Medicare Part D drug benefits, even if you change plans.
- Third, if you are under 65 and currently receiving Medicare benefits, the Part D late enrollment penalty will reset when you turn 65. After age 65, your Part D late enrollment penalty will be based only on the months that you don't have coverage after your initial enrollment period for aging into Medicare.

Section 5.3 In some situations, you can enroll late and not have to pay the penalty

Even if you have delayed enrolling in a plan offering Medicare Part D coverage when you were first eligible, sometimes you do not have to pay the Part D late enrollment penalty.

You will not have to pay a penalty for late enrollment if you are in any of these situations:

- If you already have prescription drug coverage that is expected to pay, on average, at least as much as Medicare's standard prescription drug coverage. Medicare calls this “**creditable drug coverage.**” Please note:
 - Creditable coverage could include drug coverage from a former employer or union, TRICARE, or the Department of Veterans Affairs. Your insurer or your human resources department will tell you each year if your drug coverage is creditable coverage. This information may be sent to you in a letter or included in a newsletter from the plan. Keep this information, because you may need it if you join a Medicare drug plan later.
 - Please note: If you receive a “certificate of creditable coverage” when your health coverage ends, it may not mean your prescription drug coverage was creditable. The notice must state that you had “creditable” prescription drug coverage that expected to pay as much as Medicare's standard prescription drug plan pays.
 - The following are *not* creditable prescription drug coverage: prescription drug discount cards, free clinics, and drug discount websites.
 - For additional information about creditable coverage, please look in your *Medicare & You 2019 Handbook* or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- If you were without creditable coverage, but you were without it for less than 63 days in a row.
- If you are receiving “Extra Help” from Medicare.

Section 5.4 What can you do if you disagree about your Part D late enrollment penalty?

If you disagree about your Part D late enrollment penalty, you or your representative can ask for a review of the decision about your late enrollment penalty. Generally, you must request this review **within 60 days** from the date on the first letter you receive stating you have to pay a late enrollment penalty. If you were paying a penalty before joining our plan, you may not have another chance to request a review of that late enrollment penalty. Call Customer Service to find out more about how to do this (phone numbers are printed on the back cover of this booklet).

Important: Do not stop paying your Part D late enrollment penalty while you're waiting for a review of the decision about your late enrollment penalty. If you do, you could be disenrolled for failure to pay your plan premiums.

SECTION 6 Do you have to pay an extra Part D amount because of your income?**Section 6.1 Who pays an extra Part D amount because of income?**

Most people pay a standard monthly Part D premium. However, some people pay an extra amount because of their yearly income. If your income is \$85,000 or above for an individual (or married individuals filing separately) or \$170,000 or above for married couples, you must pay an extra amount directly to the government for your Medicare Part D coverage.

If you have to pay an extra amount, Social Security, not your Medicare plan, will send you a letter telling you what that extra amount will be and how to pay it. The extra amount will be withheld from your Social Security, Railroad Retirement Board, or Office of Personnel Management benefit check, no matter how you usually pay your plan premium, unless your monthly benefit isn't enough to cover the extra amount owed. If your benefit check isn't enough to cover the extra amount, you will get a bill from Medicare. **You must pay the extra amount to the government. It cannot be paid with your monthly plan premium.**

Section 6.2 How much is the extra Part D amount?

If your modified adjusted gross income (MAGI) as reported on your IRS tax return is above a certain amount, you will pay an extra amount in addition to your monthly plan premium. For more information on the extra amount you may have to pay based on your income, visit <https://www.medicare.gov/part-d/costs/premiums/drug-plan-premiums.html>.

Section 6.3 What can you do if you disagree about paying an extra Part D amount?

If you disagree about paying an extra amount because of your income, you can ask Social Security to review the decision. To find out more about how to do this, contact Social Security at 1-800-772-1213 (TTY 1-800-325-0778).

Section 6.4 What happens if you do not pay the extra Part D amount?

The extra amount is paid directly to the government (not your Medicare plan) for your Medicare Part D coverage. If you are required by law to pay the extra amount and you do not pay it, you **will** be disenrolled from the plan and lose prescription drug coverage.

SECTION 7 More information about your monthly premium

Many members are required to pay other Medicare premiums

In addition to paying the monthly plan premium, many members are required to pay other Medicare premiums. Some plan members (those who aren't eligible for premium-free Part A) pay a premium for Medicare Part A. Most plan members pay a premium for Medicare Part B.

Some people pay an extra amount for Part D because of their yearly income, this is known as Income Related Monthly Adjustment Amounts, also known as IRMAA. If your income is greater than \$85,000 for an individual (or married individuals filing separately) or greater than \$170,000 for married couples, **you must pay an extra amount directly to the government (not the Medicare plan)** for your Medicare Part D coverage.

- **If you are required to pay the extra amount and you do not pay it, you will be disenrolled from the plan and lose prescription drug coverage.**
- If you have to pay an extra amount, Social Security, not your Medicare plan, will send you a letter telling you what that extra amount will be.
- For more information about Part D premiums based on income, go to Chapter 1, Section 6 of this booklet. You can also visit <https://www.medicare.gov> on the Web or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or you may call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Your copy of *Medicare & You 2019* gives information about the Medicare premiums in the section called "2019 Medicare Costs." This explains how the Medicare Part B and Part D premiums differ for people with different incomes. Everyone with Medicare receives a copy of *Medicare & You* each year in the fall. Those new to Medicare receive it within a month after first signing up. You can also download a copy of *Medicare & You 2019* from the Medicare website (<https://www.medicare.gov>). Or, you can order a printed copy by phone at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users call 1-877-486-2048.

Section 7.1 There are several ways you can pay your plan premium

There are 5 ways you can pay your plan premium.

You may have indicated your premium payment choice to us at the time of your enrollment. If you do not make a selection, you will be sent a monthly premium invoice.

When and how can I change my premium payment method?

You can decide at any time to change your payment method. Please call Customer Service (phone numbers are printed on the back cover of this booklet).

If you decide to change the way you pay your premium, it can take up to three months for your new payment method to take effect. While we are processing your request for a new payment method, you are responsible for making sure that your plan premium is paid on time.

Option 1: You can pay by check

You will receive a monthly invoice from us approximately two weeks before the due date. Payments **MUST** be received by the 1st day of the covered month. You may also pay your premium with a money order or cashier's check.

Please include your Customer ID number on your check. Checks should be made payable to "Cigna-HealthSpring Rx (PDP)" and mailed to:

Cigna-HealthSpring Rx (PDP)
P.O. Box 747102
Pittsburgh, PA 15274-7102

Checks should *not* be made out to the Centers for Medicare & Medicaid Services (CMS) or the U.S. Department of Health and Human Services (HHS) and should *not* be sent to these agencies.

If you and your spouse are both enrolled in a Cigna HealthSpring Rx (PDP) plan, you will receive separate invoices. Please include both invoice stubs along with your payment.

Option 2: You can request automatic payments from your bank account or credit card

You can elect to have your monthly premium automatically:

- Withdrawn from your bank account (checking or savings); or
- Charged to your credit card (we accept Mastercard and Visa)

Automatic payments take place on or about the 3rd day of each month.

If you are interested in signing up for automatic payments, please contact Customer Service for assistance (phone numbers are printed on the back cover of this booklet).

Option 3: You can make payments online

You can pay your monthly premium by using Cigna-HealthSpring Rx (PDP)'s secure online payment system, which allows you to set up automatic payments or make a one-time payment at your convenience. Our secure online payment system is available 24 hours a day, 7 days a week, and can be found online at www.cigna.com/PartDPremiumPayment.

We will process your payment within 48 hours.

Option 4: You can pay by phone

You can pay your monthly premium by calling Customer Service 24 hours a day, 7 days a week (phone numbers are printed on the back cover of this booklet). A series of pre-recorded prompts will guide you through the process of paying over the phone. You can also call during business hours and a customer service representative will be happy to take your payment over the phone (phone numbers and hours are printed on the back cover of this booklet).

Option 5: You can have the plan premium taken out of your monthly Social Security check

You can have the plan premium taken out of your monthly Social Security check. Contact Customer Service for more information on how to pay your monthly plan premium this way. We will be happy to help you set this up. (Phone numbers for Customer Service are printed on the back cover of this booklet.)

What to do if you are having trouble paying your plan premium

Your plan premium is due in our office by the first day of the covered month. If we have not received your premium by the first day of the covered month, we will send you a notice telling you that your plan membership will end if we do not receive your premium payment within 2 months from the premium due date.

If you are having trouble paying your premium on time, please contact Customer Service to see if we can direct you to programs that will help with your plan premium. (Phone numbers for Customer Service are printed on the back cover of this booklet.)

If we end your membership because you did not pay your premiums, you will still have health coverage under Original Medicare.

If we end your membership with the plan because you did not pay your premiums, and you don't currently have prescription drug coverage, then you may not be able to receive Part D coverage until the following year if you enroll in a new plan during the annual enrollment period. During the annual Medicare open enrollment period, you may either join a stand-alone prescription drug plan or a health plan that also provides drug coverage. (If you go without "creditable" drug coverage for more than 63 days, you may have to pay a Part D late enrollment penalty for as long as you have Part D coverage.)

At the time we end your membership, you may still owe us for premiums you have not paid. We have the right to pursue collection of the premiums you owe.

If you think we have wrongfully ended your membership, you have a right to ask us to reconsider this decision by making a complaint. Chapter 7, Section 7 of this booklet tells how to make a complaint. If you had an emergency circumstance that was out of your control and it caused you to not be able to pay your premiums within our grace period, you can ask us to reconsider this decision by calling 1-800-222-6700 between 8 a.m.–8 p.m., local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1–September 30. TTY users should call 711. You must make your request no later than 60 days after the date your membership ends.

Section 7.2 Can we change your monthly plan premium during the year?

No. We are not allowed to change the amount we charge for the plan's monthly plan premium during the year. If the monthly plan premium changes for next year we will tell you in September and the change will take effect on January 1.

However, in some cases the part of the premium that you have to pay can change during the year. This happens if you become eligible for the "Extra Help" program or if you lose your eligibility for the "Extra Help" program during the year. If a member qualifies for "Extra Help" with their prescription drug costs, the "Extra Help" program will pay part of the member's monthly plan premium. A

member who loses their eligibility during the year will need to start paying their full monthly premium. You can find out more about the “Extra Help” program in Chapter 2, Section 7.

SECTION 8 Please keep your plan membership record up to date

Section 8.1 How to help make sure that we have accurate information about you

Your membership record has information from your enrollment form, including your address and telephone number. It shows your specific plan coverage.

The pharmacists in the plan’s network need to have correct information about you. **These network providers use your membership record to know what drugs are covered and the cost-sharing amounts for you.** Because of this, it is very important that you help us keep your information up to date.

Let us know about these changes:

- Changes to your name, your address, or your phone number
- Changes in any other medical or drug insurance coverage you have (such as from your employer, your spouse’s employer, workers’ compensation, or Medicaid)
- If you have any liability claims, such as claims from an automobile accident
- If you have been admitted to a nursing home
- If your designated responsible party (such as a caregiver) changes

If any of this information changes, please let us know by calling Customer Service (phone numbers are printed on the back cover of this booklet).

It is also important to contact Social Security if you move or change your mailing address. You can find phone numbers and contact information for Social Security in Chapter 2, Section 5.

Read over the information we send you about any other insurance coverage you have

That’s because we must coordinate any other coverage you have with your benefits under our plan. (For more information about how our coverage works when you have other insurance, see Section 10 in this chapter.)

Once each year, we will send you a letter that lists any other medical or drug insurance coverage that we know about. Please read over this information carefully. If it is correct, you don’t need to do anything. If the information is incorrect, or if you have other coverage that is not listed, please call Customer Service (phone numbers are printed on the back cover of this booklet).

SECTION 9 We protect the privacy of your personal health information

Section 9.1 We make sure that your health information is protected

Federal and state laws protect the privacy of your medical records and personal health information. We protect your personal health information as required by these laws.

For more information about how we protect your personal health information, please go to Chapter 6, Section 1.4 of this booklet.

SECTION 10 How other insurance works with our plan

Section 10.1 Which plan pays first when you have other insurance?

When you have other insurance (like employer group health coverage), there are rules set by Medicare that decide whether our plan or your other insurance pays first. The insurance that pays first is called the “primary payer” and pays up to the limits of its coverage. The one that pays second, called the “secondary payer,” only pays if there are costs left uncovered by the primary coverage. The secondary payer may not pay all of the uncovered costs.

These rules apply for employer or union group health plan coverage:

- If you have retiree coverage, Medicare pays first.
- If your group health plan coverage is based on your or a family member’s current employment, who pays first depends on your age, the number of people employed by your employer, and whether you have Medicare based on age, disability, or End-Stage Renal Disease (ESRD):

- If you're under 65 and disabled and you or your family member is still working, your group health plan pays first if the employer has 100 or more employees or at least one employer in a multiple employer plan that has more than 100 employees.
- If you're over 65 and you or your spouse is still working, your group health plan pays first if the employer has 20 or more employees or at least one employer in a multiple employer plan that has more than 20 employees.
- If you have Medicare because of ESRD, your group health plan will pay first for the first 30 months after you become eligible for Medicare.

These types of coverage usually pay first for services related to each type:

- No-fault insurance (including automobile insurance)
- Liability (including automobile insurance)
- Black lung benefits
- Workers' compensation

Medicaid and TRICARE never pay first for Medicare-covered services. They only pay after Medicare, employer group health plans, and/or Medigap have paid.

If you have other insurance, tell your doctor, hospital, and pharmacy. If you have questions about who pays first, or you need to update your other insurance information, call Customer Service (phone numbers are printed on the back cover of this booklet). You may need to give your plan member ID number to your other insurers (once you have confirmed their identity) so your bills are paid correctly and on time.

CHAPTER 2

*Important phone numbers
and resources*

Chapter 2. Important phone numbers and resources

SECTION 1	Cigna-HealthSpring Rx Secure (PDP) contacts (how to contact us, including how to reach Customer Service at the plan).....	17
SECTION 2	Medicare (how to get help and information directly from the Federal Medicare program).....	19
SECTION 3	State Health Insurance Assistance Program (free help, information, and answers to your questions about Medicare).....	20
SECTION 4	Quality Improvement Organization (paid by Medicare to check on the quality of care for people with Medicare)	20
SECTION 5	Social Security	21
SECTION 6	Medicaid (a joint Federal and state program that helps with medical costs for some people with limited income and resources)	21
SECTION 7	Information about programs to help people pay for their prescription drugs	22
SECTION 8	How to contact the Railroad Retirement Board	24
SECTION 9	Do you have “group insurance” or other health insurance from an employer?	24