



Frederick County Government

CIGNA MEDICARE ADVANTAGE PPO

PLAN YEAR: 2022



THE A'S, B'S, C'S, AND D'S OF MEDICARE

Part A	Part B	Part C*	Part D
Hospital Insurance	Medical Insurance	Medicare Advantage	Prescription Drugs
Hospital stays	Doctors' services	Combines Parts A & B	Optional coverage
Skilled nursing facility stays	Outpatient care	May include supplemental benefits like hearing or vision coverage	Help lower prescription drug costs
Home health care	Diagnostic tests	May or may not include prescription coverage	All plans must offer at least a standard level of coverage set by Medicare
Hospice care	Preventive services		Some Medicare Advantage plans offer built-in prescription drug coverage
	Laboratory services		
	Durable medical equipment		

*Part C and D plans are part of the government's Medicare program, but they're offered and managed through approved private insurers.



THE BENEFITS OF CIGNA MEDICARE ADVANTAGE PPO



Access

- Freedom to go to any doctor or hospital that participates in Medicare and accepts the plan
- Pay the same cost-share to see an in-network or out-of-network provider
- No referrals or PCPs required
- Telehealth services



Wellness and incentives

- Yearly health checkup
- Wellness incentives
- Reminders for recommended screenings



Integrated Rx coverage

- Save with low, predictable drug costs.
- National network of 65,000 pharmacies*
- One ID card and one customer service team



Extra benefits

- Silver&Fit fitness program
- Home Delivered Meals
- Discount programs
- Emergency Worldwide coverage
- Hearing Aids



Information and support

- Dedicated care manager support for chronic illnesses
- Health Information Line
- myCigna.com
- Year-round health and wellness mailings



* Based on internal analysis of Cigna nationwide Medicare pharmacy network, <July 2021>.

FREEDOM OF CHOICE

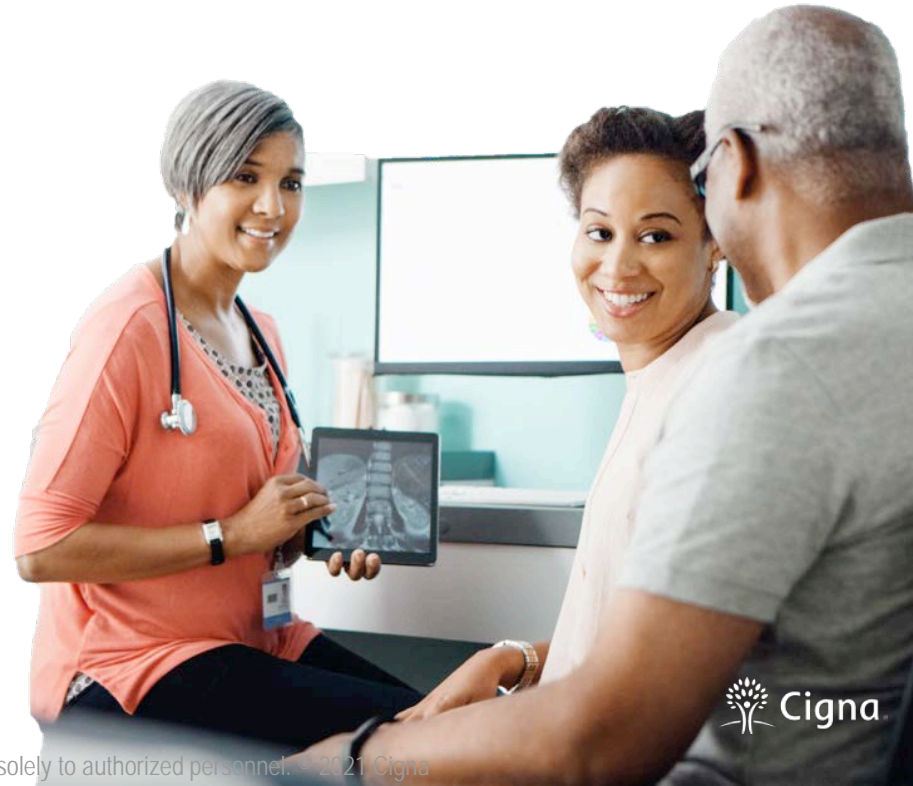
Access to care, when and where you need it.

See any doctor, in or out of network

- Doctors do not have to be in our network
- Benefits are the same in or out of network
- No referrals are required
- PCP's are encouraged, but not required

See a doctor from the comfort of home

- Telehealth services allow you to connect from anywhere with board-certified doctors
- Available 24/7 by phone or video for non-emergency virtual care



You have the freedom to go to any doctor or hospital, as long as they participate in Medicare and accept the plan. Accepting the plan means the doctor is willing to treat you and bill Cigna.



IN NETWORK VS. OUT OF NETWORK PROVIDERS

In-Network	Out-of-Network
An in-network provider is a doctor or other health care professional who has a contract with Cigna to see Medicare-eligible patients.	An out-of-network provider is a doctor or other health care professional who does not have a contract with Cigna to see Medicare-eligible patients.
All in-network Cigna Medicare Advantage PPO providers participate in Medicare and already accept the Cigna plan as part of their contract with us.	Customers can see any out-of-network provider that participates in Medicare and accepts the plan. Accepting the plan means the doctor is willing to provide treatment and bill Cigna. It is the provider's business decision to accept any carrier or plan.
When customers see an in-network provider, they pay their copay or coinsurance according to plan benefits and the health care provider bills Cigna for the rest of the cost of the service(s). The in-network provider is paid according to their contract with Cigna.	When customers see an out-of-network provider, they must pay their plan's copay or coinsurance. Cigna will pay for the rest of the cost of the covered service(s), including any excess charges, up to the limit set by Medicare.
An in-network provider must continue to see you if you are an existing patient. An in-network provider may choose not to see you if you are not an existing patient and they are not accepting new Medicare patients at that time.	In some cases, an out-of-network provider may refuse to directly bill Cigna, and ask the customer to pay the full allowable amount set by Medicare. If that happens, customers can pay the doctor and then submit their claim to Cigna for reimbursement. Cigna will reimburse them for the cost of the claim less their copay or coinsurance.
	In the event your doctor says they will not accept the plan, call Customer Service and let us know. Cigna will reach out to the doctor on behalf of the customer to explain how the plan works. In most cases, this will resolve the issue.

For help with provider issues or to find a provider, Call Customer Service at **1-888-281-7867 (TTY 711)**.



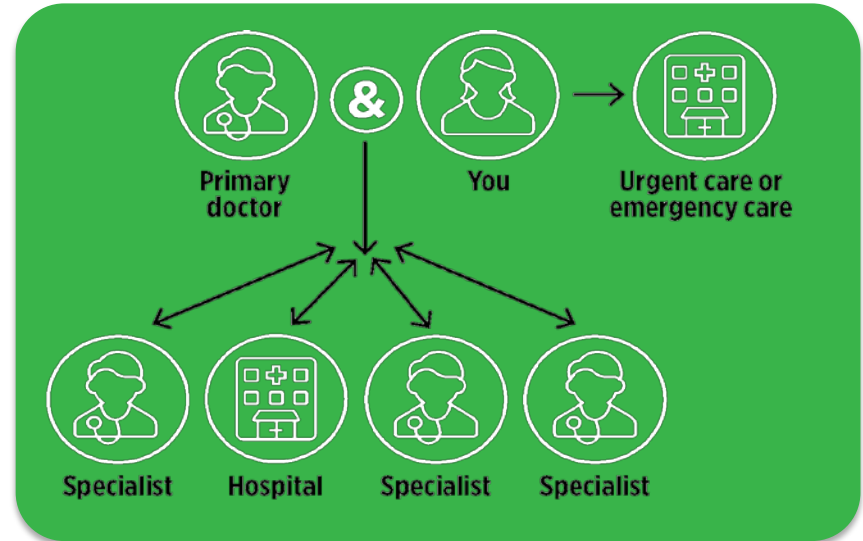
COORDINATION OF CARE

Your primary care doctor:

- Knows your whole health picture
- Works with you to meet your needs
- Develops a personalized care plan
- Helps connect you to the right care
- Communicates with your care team

Cigna Medicare Advantage PPO customers are not required to select a primary care physician (PCP), but we do encourage it.

If you are managing a chronic illness, you can get help from a dedicated care manager. A care manager is a nurse trained to help you get the right medication, therapies, education, and community resources.



CIGNA TRUE CHOICE MEDICARE (PPO) BENEFITS

Benefits	In-network	Out-of-Network
Annual deductible	\$0	\$0
Plan out-of-pocket maximum	\$0	\$0
Doctor or specialist office visit	0% co-insurance	0% co-insurance
Inpatient medical hospital care	0% co-insurance	0% co-insurance
Emergency urgent care	0% co-insurance	0% co-insurance
Diagnostic tests and lab services	\$0/\$0	\$0/\$0
Preventive care	\$0 copayment for annual wellness exam \$0 copayment for all preventive services covered by original Medicare	\$0 copayment for annual wellness exam \$0 copayment for all preventive services covered by original Medicare

Note: The benefit information provided here is a brief summary, not a comprehensive description of available benefits.

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2021 Cigna



OUR MEDICARE ADVANTAGE PLAN OFFERS ADDITIONAL BENEFITS

Supplemental benefits	In-network	Out-of-Network
Emergency worldwide coverage	0% co-insurance \$50,000 annual benefit maximum	0% co-insurance \$50,000 annual benefit maximum
Routine eye exams and hardware	\$0 copay for 1 routine exam per year Contact lenses: unlimited Eyeglass lenses: 1 per year Eyeglass frames: 1 per year \$200 annual eyewear limit	\$0 copay for 1 routine exam per year Contact lenses: unlimited Eyeglass lenses: 1 per year Eyeglass frames: 1 per year \$200 annual eyewear limit
Routine hearing exams	\$0 copay for 1 fitting exam per year \$2000 maximum benefit per ear for hearing aids (all types) per 3 years	\$0 copay for 1 fitting exam per year \$2000 maximum benefit per ear for hearing aids (all types) per 3 years

***EyeMed** will be the delegated vendor for routine vision services in 2022. Customers are encouraged to access an EyeMed provider for routine eye care. However, PPO customers are not limited to the EyeMed network.

***Hearing Care Solutions** is the delegated vendor for routine hearing needs. To find a hearing providers and/or to schedule an appointment, customer should call Hearing Care Solutions before accessing care.

Note: The benefit information provided here is a brief summary, not a comprehensive description of available benefits.



YOUR RX COVERAGE

1	Your deductible	\$0
2	What you pay for initial coverage	Generic drugs: \$10 Preferred brand drugs: \$30 Non-preferred drugs: \$50 Specialty drugs: \$75
3	What you pay In the coverage gap	Once you reach \$4,130 in total drug costs you move into the Coverage Gap stage. You will pay the same copays as your Initial Coverage or same as standard Part D.
4	Catastrophic coverage	Once you reach the \$6,550 true out-of-pocket limit, you will pay the lesser of Standard Part D (greater of 5% coinsurance or \$3.70 for generic drugs or \$9.20 for brand drugs) or the same copays as the Gap Coverage for the remainder of the year.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and copays/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.



YOUR DRUG LIST (FORMULARY)

Your Medicare Advantage plan uses a drug list with four cost-sharing tiers, or coverage levels.

Tier 1 Preferred Generic Drugs

Tier 2 Preferred Brand Drugs

Tier 3 Non-Preferred Generic & Brand Drugs

Tier 4 Specialty Drugs Generic & Brand Drugs

Your drug list includes coverage for most of the commonly used drugs by people in Medicare plans.

Tier Labeling: The Rx Plan is not always able to keep all generic medications in the Preferred Generic (Tier 1) drug tiers. Some generic medications may be in the Preferred Brand (Tier 2) and Non-Preferred Brand/Generic (Tier 3) or 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.



YOUR RX BENEFITS

	Frederick County Government	
	Retail (30-day supply)	Home delivery (90-day supply)
Deductible	\$0	\$0
Generic drug	You pay \$10	You pay \$20
Preferred brand drug	You pay \$30	You pay \$60
Non-preferred brand drug	You pay \$50	You pay \$100
Specialty drugs	\$75 max. per prescription	\$150 max. per prescription
What you pay in the coverage gap	Once you reach \$4,130 in total drug costs you move into the Coverage Gap stage. You will pay the same copays as your Initial Coverage or same as standard Part D.	
Catastrophic coverage	Once you reach the \$6,550 true out-of-pocket limit, you will pay the lesser of Standard Part D (greater of 5% coinsurance or \$3.70 for generic drugs or \$9.20 for brand drugs) or the same copays as the Gap Coverage for the remainder of the year.	

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and copays/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.



SAVE A TRIP WITH HOME DELIVERY



Order, manage and track medications on your phone or online



Standard shipping at **no extra cost**¹



Fill up to a **90-day supply** at one time



Automatic refills or refill reminders so you don't miss a dose



Helpful pharmacists available 24/7



Flexible payment options

Express Scripts Pharmacy specializes in home delivery and is available to all Cigna Medicare customers. To get started, have your Cigna ID card and medication list ready and call Express Scripts Pharmacy at **1-877-860-0982 (TTY 711)**. Or go online and set up your profile at **myCigna.com**.

Express Scripts Pharmacy is a Cigna company. Other pharmacies are available in our network.

1. Standard shipping costs are included as part of your prescription plan.

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2021 Cigna



TRANSITIONAL BENEFITS

Cigna helps save you money by providing access to cost-effective generic drug equivalents to brand name drugs.

If a generic equivalent is available, the brand drug may not be covered.

Others may be subject to specific rules before such as step therapy or prior authorization.

If a drug is **not covered or has limited coverage** by Cigna, talk to your doctor about alternatives. If none are available, your doctor can request an exception.

While you are discussing alternatives with your doctor, **Cigna will cover up to a one-month supply** of the drug anytime within the first 90 days you are in the plan.

Tier Labeling: The Rx Plan is not always able to keep all generic medications in the Preferred Generic (Tier 1) drug tiers. Some generic medications may be in the Preferred Brand (Tier 2) and Non-Preferred Brand/Generic (Tier 3) or 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.



HOW YOUR MEDICARE PART C WITH PART D RX PLAN WORKS

These types of medications or vaccines are usually covered by Part B, and will be paid under your medical benefits vs your Rx benefits.

- Antigens (allergy injections)
- Diabetic testing supplies
- Insulin pumps and the insulin used in the pumps
- COVID-19 vaccine
- Hepatitis B vaccines
- Influenza (flu) vaccine
- Pneumonia vaccine
- Infusible/injectable medications that are administered at home that require the use of an infusion pump
- Other injectables when injectable or intravenous medications are provided and administered by a doctor
- Inhaled nebulizer medications
- Immunosuppressive medications

If you are unsure how your drug will be covered, call Cigna Customer Service and speak to a representative.

FDA-authorized COVID-19 vaccines will be covered under your medical plan (or Medicare Part B) as a preventive service, and will be available at no additional cost to you. Visit our COVID-19 Resource Center at [Cigna.com/COVIDMA](https://www.cigna.com/COVIDMA) for the most up-to-date information on vaccines, care and coverage.



HOW YOUR MEDICARE PART C WITH PART D RX PLAN WORKS

Sometimes, where or why you receive a drug or service determines if it is covered under your medical or pharmacy plan. Vaccinations are one example of this.

Vaccine	Where/why was it obtained?	How is it covered?
Shingles*	If the shot is obtained at the doctor's office or a pharmacy	Medicare Part D
Tetanus	If for routine purposes	Medicare Part D
Tetanus	If related to an injury such as stepping on a nail	Medicare Part B/C
Seasonal Flu	If the shot is obtained at the doctor's office, clinic or pharmacy	Medicare Part B/C

*Shingles vaccine is paid under Medicare Part D prescription drug coverage and not the medical plan which is a change from a commercial plan.




YOUR ID CARD

Cigna True Choice Medicare (PPO)

One ID card to access your medical and prescription drug care.

Show your card whenever you go to a doctor, hospital or facility for medical care and when you go to the pharmacy to pick up prescriptions.

	<Plan Name> <Plan Type> <Employer Name>	
Name	<Customer Full Name>	<Contract/PBP/segment>
ID	<Customer ID>	
Health Plan	(80840)	
[Effective Date	<Effective Date>]	MedicareRx [Prescription Drug Coverage X]
[No PCP Required]		
[No Referral Required]		[RxBIN <XXXXXXXX>]
COPAYS (IN / OON)		[RxPCN <XXXXXXXX>]
		[RxGRP <XXXXXXXX>]
PCP	<\$xx>	Specialist <\$xx>
Emergency	<\$xx>	Urgent Care <\$xx>



THE CLAIM PROCESS



Visit an in-network [or out-of-network] doctor/hospital/facility



Show your Cigna ID card



Pay copay or co-insurance¹ as required



Your doctor will send Cigna the claim



Cigna will send you an explanation of benefits (EOB) as your receipt

1. Your plan may apply a deductible.

Frederick County Govt MAPD PPO – OAPIN comparison

	Summary of Benefits	Summary of Benefits
Plan Type	MAPD PPO Custom (proposed benefits)	OAPIN Plan
Effective Dates	January 1, 2022 - December 31, 2022	January 1, 2022 - December 31, 2022
Benefit Description	What the Customer Pays (In-Network and Out-of-Network)	What the Customer Pays (After Medicare and Cigna Pay)
Plan Deductible	\$0	\$0
Plan Deductible applies to:	Part A and B	Not applicable
Maximum Out-of-Pocket Cost (MOOP)	N/A	\$1,250 Individual (combined Medical/Rx)
Inpatient Hospital		
Inpatient Hospital Care (includes Substance Abuse and Rehab)	\$0	\$0
Inpatient Hospital Psychiatric	\$0	\$0
Coverage Limit (lifetime days) – Psychiatric Hospital	190 days	Unlimited
Skilled Nursing Facility		
Benefit Period – 1-20 days	\$0	\$0
Benefit Period – 21-100 days	\$0	\$0
Coverage Limit (in days)	100 days	Coverage limited to 60 days annual max
Home Health Care		
Benefit	\$0	\$0
Outpatient Facility Services		
Outpatient Surgery (includes Ambulatory Surgical Centers) and Surgical Observation Services	\$0	\$0
Observation and Outpatient Non-Surgical Services	\$0	\$0



MAPD PPO – OAPIN comparison

Emergency Services		
Emergency Room (waived if admitted)	\$0	\$0
ER-Worldwide Coverage	\$0 up to \$50,000 annual benefit maximum	\$150 Copay (waived if admitted)
Urgent Care	\$0	\$0
Ambulance (ground and air)	\$0	\$0
Outpatient Physician Services		
Primary Care Physician Office Visit	\$0	\$0
Primary Care Physician Lab Services	\$0	\$0
Specialist Office Visit, Office Surgery	\$0	\$0
Specialist Office Lab Services	\$0	\$0
Mental Health and Substance Abuse Services		
Partial Hospitalization	\$0	\$0
Mental Health/Psychiatric Specialty-Individual and Group	\$0	\$0
Substance Abuse-Individual and Group	\$0	\$0
Opioid Treatment Program Services	\$0	\$0
Telehealth Services		
Telehealth Services - MD LIVE	\$0	\$0
Preventive Care (Medicare Covered)		
Annual Wellness Visits	\$0	\$0
Immunization Coverage (Flu shots, Pneumonia, Hepatitis B)	\$0	\$0
Other Wellness ¹	\$0	\$0



MAPD PPO – OAPIN comparison

Diagnostic Services, Labs & Imaging		
Diagnostic Procedures/Tests	EKG and Colorectal Screenings - \$0 All Other - \$0	\$0
Lab Services (Pathology)	\$0	\$0
X-ray Services	Mammography and Ultrasounds - \$0 All Other - 10%	\$0
Diagnostic Radiological Services (such as MRIs, CT Scans)	\$0	\$0
Therapeutic Radiological Services	\$0	\$0
Foot Care		
Podiatry Services (Medicare Covered)	\$0	\$0
Podiatry Services (Non-Medicare Covered)	Healthy Rewards Discounts available	
Chiropractic Care		
Chiropractic Visit (Medicare Covered)	\$0	\$0; Up to 90 days per calendar year combined with ST/OT/PT
Chiropractic Visit (Non-Medicare Covered)	Healthy Rewards Discounts available	
Acupuncture Care		
Acupuncture Visit (Medicare Covered)	\$0	\$0; Unlimited
Acupuncture Visit (Non-Medicare Covered)	Healthy Rewards Discounts available	
Rehabilitation Services		
Cardiac and Pulmonary Rehabilitation	\$0	\$0

MAPD PPO – OAPIN comparison

Medical Equipment, Supplies and Part B Drugs		
Durable Medical Equipment (DME), Medical Supplies, Prosthetics	\$0	\$0
Diabetic Supplies	\$0	\$0
Part B Drugs including Chemotherapy drugs - Medicare-covered Part B Drugs may be subject to step therapy requirements.	\$0	\$0
Dental Services		
Dental Services (Medicare Covered)	\$0	\$0
Vision Services		
Eye Exams (Medicare Covered)	Diabetic Retinal Exams and Glaucoma Screenings - \$0 All Other Medicare-Covered - \$0	\$0
Eye Wear (Medicare Covered)	\$0	\$0
Eye Exams (Routine)	\$0 Copay for 1 exam per year	Not covered
Eye Wear (Routine)	Contact Lenses: Unlimited, Eye Glass Lenses: 1 every year, Eye Glass Frames: 1 every year, Eyewear annual limit: \$0 up to maximum of \$200	Not covered
Hearing Services		
Hearing Exams (Medicare Covered)	\$0	\$0
Routine Hearing Exams	\$0 Copay for 1 exam per year	\$0
Hearing Aid Evaluation/Fitting	\$0 Copay for 1 exam per year	\$0
Hearing Aids	\$0 copay fitting; \$0 copay for hearing aids (any type) \$2000 maximum per ear per device every 3 years	\$0, Two Hearing aids (one per ear) every 36 months
Supplemental Benefits		
Wigs for Hair Loss due to Cancer Treatment	\$350 Allowance	Covered; unlimited
Health Education	Members will be provided with access to video and written content on a variety of health and wellness topics through myCigna.com.	
Health Information Line ²	\$0 copay.	\$0 Copay
Meal Benefit ³	\$0 copay.	Not covered
Fitness	\$0 cost to member through Silver & Fit program. Customers can visit multiple facilities in the same month.	\$25 cost, through Active & Fit Healthy Rewards program



MAPD PPO – OAPIN comparison

<p>Other Wellness¹ Includes:</p>	<p>Abdominal Aortic Aneurysm Screening, Annual Wellness Visits, Barium Enemas, Bone Mass Measurement, Breast Cancer Screening (Mammogram), Cardiovascular Screening, Cervical and Vaginal Cancer Screening, Colorectal Cancer Screening, Diabetes Screening, Diabetes Self-management Training, Medicare Diabetes Prevention Program, Digital Rectal Exams, Kidney Disease Education Services, HIV Screening, Medical Nutrition Therapy Services, Prostate Cancer Screening, Smoking Cessation Counseling, Welcome to Medicare Physical Exam and an EKG following Welcome to Medicare Exam.</p>	<p>Abdominal Aortic Aneurysm Screening, Annual Wellness Visits, Barium Enemas, Bone Mass Measurement, Breast Cancer Screening (Mammogram), Cardiovascular Screening, Cervical and Vaginal Cancer Screening, Colorectal Cancer Screening, Diabetes Screening, Diabetes Self-management Training, Medicare Diabetes Prevention Program, Digital Rectal Exams, Kidney Disease Education Services, HIV Screening, Medical Nutrition Therapy Services, Prostate Cancer Screening, Smoking Cessation Counseling, Welcome to Medicare Physical Exam and an EKG following Welcome to Medicare Exam.</p>
<p>Health Information Line²</p>	<p>The Health Information Line assists individuals in understanding the right level of treatment at the right time. Nurse advocates are available 24 hours a day, 7 days a week, 365 days a year to provide health and medical information and direction to the most appropriate care and resources.</p>	<p>The Health Information Line assists individuals in understanding the right level of treatment at the right time. Nurse advocates are available 24 hours a day, 7 days a week, 365 days a year to provide health and medical information and direction to the most appropriate care and resources.</p>
<p>Meal Benefit³</p>	<p>After discharge from a qualified inpatient hospital stay directly to home (for traumatic or chronic illness), members are eligible to receive a one-time delivery of 14 nutritional meals delivered to their home free of charge. Members are eligible to receive this benefit for up to three qualified hospital stays per year. Additionally, up to 56 meals over 28 days once per year for ESRD members enrolled in an ESRD-related case management program.</p>	<p>Not covered</p>



MAPD PPO – OAPIN comparison

PHARMACY BENEFIT	MAPD PPO Custom		OAPIN Plan
	30 Day	90 Day	
Tier 1 - Preferred Generic Drugs	\$10	\$20	Tier 1 - Generic Drugs \$10 Retail 30 days and \$20 Retail and Home Delivery 90 days
Tier 2 - Preferred Brand Drugs	\$30	\$60	Tier 2 - Preferred Brand Drugs \$30 Retail 30 days and \$60 Retail and Home Delivery 90 days
Tier 3 - Non Preferred Brand and Generic Drugs	\$50	\$100	Tier 3 - Non Preferred Brand Drugs \$50 Retail 30 days and \$100 Retail and Home Delivery 90 days
Tier 4 - High Cost Specialty Drugs	\$75	\$150	Tier 4 - Specialty Drugs \$75 self-administered injectable prescription Retail 30 days and \$150 self-administered injectable prescription Retail and Home delivery 90 days



FOCUS ON PREVENTIVE HEALTH AND WELLNESS

You're covered for yearly exams and other screenings

Comprehensive preventive care

Our yearly health checkup reviews every aspect of your overall health and well-being

Lowering risks

Right tests + right time = early detection

Wellness incentives

Earn gift cards for taking care of your health



WELLNESS INCENTIVES

You can earn a \$50 gift card for completing your yearly health checkup.

- You can choose from a gift card from Amazon.com, Target, or Walmart.
- After you complete your yearly health checkup, you can request your incentive online or by mailing in an incentive form (you will receive a form at the start of the plan year).
- After you complete your yearly health checkup, you may be eligible for additional incentives for completing additional preventive screenings and exams recommended by your doctor.
- **CignaMedicare.com/incentives** is more than just your online resource for incentives. It also features helpful information on health topics including heart health, fall risk, physical activity, vaccinations and mental health.



CARE MANAGEMENT

Cigna customers with certain health needs may qualify for one of our care management programs.

- Customers who qualify get the added benefit of a dedicated care manager who helps coordinate care, reviews medication and therapies, and finds community resources and education.
- Complex care management is designed to help customers with one or more chronic conditions.
- Disease management is designed to help customers with conditions such as heart failure, depression and diabetes.
- Customers may choose to leave the care management program at any time.

How do customers engage with care management programs?

- In many cases, Cigna will proactively reach out to you.
- You can always call in and ask if you qualify for case management assistance at any time by calling Customer Service.



PRIOR AUTHORIZATIONS

Some services or medications may need prior authorization.

- A prior authorization is an approval that your doctor must get from Cigna before you can receive specific services, procedures, medications and medical equipment.
- Prior authorizations ensure that you receive care from doctors who share our commitment to quality care. They also help make sure you're taking the right medications. Prior authorizations help make it clear what is covered by your plan.
- Talk with your doctor or call Cigna Customer Service for more information.
- To learn what services require prior authorization, check your online EOC at **myCigna.com**.

You or your doctor may ask for a pre-visit coverage decision to confirm that the services you are getting are covered and are medically necessary by calling Cigna Customer Service.



AROUND THE CLOCK SUPPORT

Health and medical information is just a phone call away for Cigna customers. Anytime, day or night.



Health Information Line

- Nurse Advocates* are available by phone 24 hours a day, seven days a week, to answer your questions in a confidential and convenient service.
- Our Nurse Advocates can provide health education and answers to general medical questions to help you get the right information at the right time, to make better health decisions and achieve better health outcomes.
- Our Health Information Line can:
 - Help you determine if you should seek care for your health concern.
 - Provide instruction on self-help and home care.
 - Provide introduction to, and support for, online health tools.
 - Refer you to health care partners, such as care management and health coaching programs.

*These nurse advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice in any capacity as a health advocate.



AROUND THE CLOCK SUPPORT

Telehealth services let you talk with a doctor by phone or video for non-emergency care. Anytime, day or night.

Telehealth services

- Get care via video or phone.
- Available 24/7/365 – even on weekends and holidays – from wherever you are.
- Talk with a doctor about conditions such as allergies, bronchitis, cold and flu, fever, headache, infections, nausea, rashes, joint pain, sinus infection and UTI.
- Emergency help can be contacted if needed.
- Prescriptions can be sent directly to a local pharmacy
- Consultation histories can be shared with your doctor.



AROUND THE CLOCK SUPPORT

Our online tools and resources provides you with information and support to help you manage your health. Anytime, day or night.

After you're enrolled, **myCigna.com** and the **myCigna® app** give you online access to your personal health plan information. You can:

- View your Cigna Medicare Advantage benefits.
- Manage your profile and preferences.
- View your drug list.
- Find a doctor, including telehealth.
- Find a network pharmacy.
- Review claim history and Explanation of Benefits (EOB) details.
- Manage your prescriptions.
- Price a medication.
- Access your Healthy Rewards discount programs.
- View and print your ID card.
- Complete your incentive program registration and choose your gift card.

Before you enroll, visit our public website **CignaMedicare.com/group/MAresources**, where you can:

- Find a provider [or network pharmacy].
- View plan information and other forms.



SUPPORTING THE WHOLE PERSON

Silver and Fit[®] fitness program

Home delivered meals

Healthy Rewards discount programs

Medical alert system discounts

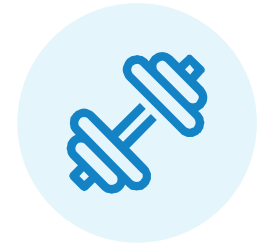
Hearing

Vision

Healthy Rewards is a discount program. Some Healthy Rewards programs are not available in all states and may be discontinued at any time. **A discount program is NOT insurance, and the customer must pay the entire discounted charge.** All goods, services and discounts offered through Healthy Rewards are provided by third parties who are solely responsible for their products, services and discounts.



The Silver&Fit Healthy Aging and Exercise program can help you get fit in the way that's most convenient for you.



Enjoy one, some, or all of the following at no cost to you:

- Access to 16,000+ participating fitness centers, including exercise classes, cycling, and yoga studios, with the ability to change fitness centers at any time.
- Digital workout videos featuring daily live workout classes plus a library of 1,500+ videos perfect for all fitness levels, including yoga, strength, Pilates, walking, cardio and more.
- Home-based fitness options include Garmin® or Fitbit® wearable fitness tracker kits*, yoga kits with a mat and hand towel, and strength kits with exercise bands and dumbbells.
- Healthy Aging Coaches can help you address your fitness and nutrition goals, and provide guidance in other lifestyle areas during scheduled phone sessions.

Note: The benefit information provided here is a brief summary, not a comprehensive description of available benefits. Subject to change. Fitness centers and boutique studios can include coed and gender-specific fitness centers and exercise centers. Fitness centers, amenities, and classes vary by location. *The Garmin or Fitbit promotional code cannot be used in combination with any other promotion on the Garmin or Fitbit website. Once selected, Stay Fit Kits cannot be exchanged.



HOME DELIVERED MEALS

Customers can receive home delivered meals to help make their transition more comfortable after an inpatient hospital or skilled nursing facility stay.



- This benefit provides 14 nutritious meals delivered to their home.
- Customers are eligible to receive this benefit for up to 3* discharges per year.
- After being discharged from the hospital or skilled nursing facility, Cigna's meal provider will contact the customer to schedule delivery.
- Eligible customers are contacted automatically after being discharged; they do not have to take action to initiate this benefit.

*Releases from an emergency department, observation stay or outpatient visit are not eligible. Some benefits may vary by plan. Restrictions may apply.

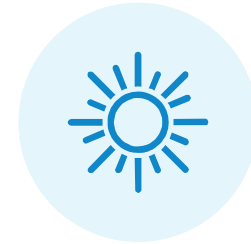


HEALTHY REWARDS

Using our Healthy Rewards® program is easy. No referrals or claim forms needed! If you're enrolled in a health plan through Cigna, you're eligible!*

Healthy Rewards discount programs include:

- Vision exams and eyewear
- Hearing aids and exams
- Alternative medicine and therapies
- Refrigerated meals sent to you or a loved one
- LASIK vision correction
- Financial coaching
- Fitness devices and wearables
- Fitness center memberships
- Virtual fitness classes
- Yoga and wellness products



*Healthy Rewards is a discount program. If your plan includes coverage for any of these services, this program is in addition to, not instead of your plan benefits. Healthy Rewards programs are separate from your medical benefits. **A discount program is NOT insurance, and the member must pay the entire discounted charge.** Programs may not be available in all areas and may be discontinued at any time. Participating providers are independent third parties and are responsible for any products or services provided.



STAYING IN TOUCH

We're here to help you make the most of the years ahead, by providing you with the support you need to get healthier - and stay healthier.

What you can expect	When
2022 Calendar	January
Passport to Health	January
Spring More From Life newsletter	April
Summer Health Statement	July
Summer More From Life newsletter	August
Fall More From Life newsletter	October
You will also receive other mailings from Cigna and our partners through the year. These may include care reminders, surveys, and other important information related to your health and plan benefits.	Other times throughout the year



2022 SERVICE AREA

In-network hospital systems and provider groups

Name	Address
ADVENTIST HEALTHCARE	Multiple locations
ANNE ARUNDEL MEDICAL CENTER	2001 Medical Pkwy, Annapolis, MD
CARROLL HOSPITAL CENTER	200 Memorial Ave, Westminster, MD
DOCTORS COMMUNITY HOSPITAL	8118 Good Luck Rd, Lanham, MD
GRACE MEDICAL CENTER	2000 W Baltimore St, Baltimore, MD
GREATER BALTIMORE MEDICAL CENTER	6701 N Charles St, Towson, MD
LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL	2434 W Belvedere Ave, Baltimore, MD
MEDSTAR	Multiple locations
MERCY MEDICAL CENTER	345 Saint Paul St, Baltimore, MD
NORTHWEST HOSPITAL CENTER	5401 OldCourt Rd, Randallstown, MD



2022 SERVICE AREA

In-network hospital systems and provider groups

Name	Address
SAINT AGNES HOSPITAL	900 Caton Ave, Baltimore, MD
SINAI HOSPITAL OF BALTIMORE	2401 W Belvedere Ave, Baltimore, MD
TIDAL HEALTH PENINSULA REGIONAL	100 E Carroll St, Salisbury, MD
UNION HOSPITAL OF CECIL COUNTY	106 Bow St, Elkton, MD
FREDERICK HEALTH*	400 W 7th St, Frederick, MD
MERITUS HEALTH*	1116 Medical Campus Rd, Hagerstown MD

* Hospitals are in the process of finalizing contracts.





IMPORTANT INFORMATION

ENROLLMENT INFORMATION

**Extra help is available for
people with limited incomes.**

You may be able to get Extra Help to pay for your prescription drug premiums and costs.

To see if you qualify for Extra Help, call:

Medicare

800-MEDICARE (800-633-4227) | TTY users call: 877-486-2048

24 hours a day, 7 days a week

Social Security Administration

800-772-1213 | TTY users call: 800-325-0778

7AM – 7PM, Monday - Friday

Your State Medicaid Office



ENROLLMENT INFORMATION

What is Income Related Monthly Adjustment Amount (also known as IRMAA)?

Some people may have to pay an extra dollar amount to the Social Security Administration because of their yearly income:

- If your income is \$88,000 or above for an individual or married individuals filing separately, or \$176,000 or above for married couples, you must pay an extra amount for your Medicare Part B and Part D coverage.

What happens if you are impacted?

- The Social Security Administration – and not your Medicare Part C or Part D plan - will send you a letter telling you what the amount will be and how to pay it.
- You cannot pay this amount with your monthly Medicare Part C or Part D premium.



ENROLLMENT INFORMATION

Creditable coverage and late enrollment penalties.

“Creditable Coverage” is coverage that is as good, or better, than Medicare’s standard Part D plan coverage.

Even if you don’t use prescription drugs today, enrolling in a Medicare-approved prescription drug plan such as Cigna Rx Medicare (PDP) can **help protect you from paying more for prescriptions** you will need in the future.

Medicare assesses penalties for individuals who don’t enroll or have other creditable coverage for a continuous period of at least 63 days after becoming initially eligible for coverage.

This penalty is approximately 1% of the standard Part D base premium per month.



FREDERICK COUNTY GOVERNMENT ENROLLMENT INFORMATION

Who is eligible to enroll?

- You must be eligible for and enrolled in Medicare Part A and in Medicare Part B.
- What if my spouse (or other dependents) are under age 65?
- What if my spouse is over age 65 and I am not?
- When you are enrolled in Cigna True Choice Core Medicare (PPO), you cannot elect an individual Part D plan.
- You can only be enrolled in one Medicare Part D plan



WE'RE HERE TO HELP

Customer Service you can count on

- Our customer service center is located in the United States.
- The customer service team provide support for all your enrollment, claim, and service needs.



Cigna Medicare Advantage Customer Service

1-888-281-7867 (TTY 711)

**8AM to 8PM local time | Monday – Friday
7 days a week (Oct. 1 through Mar. 31)**



Each retiree is assigned a single-source “lead” member advocate to help guide them through all aspects of their retirement health benefit experience

Member focused engagement philosophy

- **Member and client dedicated advocacy team**
- **Group devoted phone number- 300+ languages**
- **Real-time provider support & proactive outreach**
- **Special handling of “high touch” members**
- **Onsite retiree meetings and seminars**



Member Advocate service highlights

- | | | |
|------------------------|------------------------------------|-----------------------|
| • Prior Authorizations | • Preventive initiatives | • Provider network |
| • ID card replacements | • Lower cost Generics | • Billing questions |
| • CMS coordination | • HouseCall appointment scheduling | • Formulary questions |
| • Medicare confusion | • Financial wellness | • CMS plan documents |

Our Member Advocates are the heart of the company and the key to our success!



COVID-19 RESOURCES AND INFORMATION

COVID-19 Resource Center

As we recover from the challenges of COVID-19, please know that your health, well-being and peace of mind will always be our priority.

Visit our COVID-19 Resource Center at **Cigna.com/COVIDMA** for the most up-to-date information on vaccines, care and coverage.



For costs and details of coverage, see your enrollment materials. The information in this presentation summarizes the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's group insurance certificate, summary plan description or evidence of coverage – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

[Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.]

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company (CGLIC), Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Arizona, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of California, Inc., HealthSpring Life & Health Insurance Company, Inc., HealthSpring of Tennessee, Inc., HealthSpring of Alabama, Inc., HealthSpring of Florida, Inc., Bravo Health Mid-Atlantic, Inc., and Bravo Health Pennsylvania, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Cigna is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna depends on contract renewal.

Express Scripts Pharmacy is a trademark of Express Scripts Strategic Development, Inc. Other pharmacies are available in the network.

Product availability may vary by location and plan type and is subject to change. All health plans and insurance policies have exclusions and limitations. For costs and complete details of coverage, contact your Cigna representative. Limitations, copayments, and restrictions may apply.

Benefits, premiums and/or copayments/co-insurance may change on January 1 of each year.

[Cigna Medicare Surround is an employer-sponsored group retiree medical plan that supplements Medicare. It is NOT a standardized Medicare Supplement (Medigap) plan in most states and is NOT offered under a contract with the federal government. CHLIC policy forms: OK – HP-POL37 (Surround), TN - HP-POL43; OR – HP-POL38 02-13.]

