



**Shelby County School Board
Cigna Medicare Surround with Cigna-HealthSpring Rx (PDP)
Cigna-HealthSpring Preferred Rx (HMO)
Plan Comparison Guide Effective January 1, 2020**

Benefit Highlights	Cigna Medicare Surround (Medicare Supplement)	Cigna-HealthSpring Preferred Rx (HMO) (Medicare Advantage)
Medical Benefits		
Plan Deductible	\$0	
Plan Out Of Pocket Maximum	None	\$1,500
Part A Deductible	\$1,408 covered by plan – you pay \$0	\$0
Part B Deductible	\$198	\$0
Inpatient		
Inpatient Acute (including Substance Abuse and Rehab)	\$0	\$0 per admission
Skilled Nursing Facility		
Benefit Period – 1-100 days (coverage limit 100 days)	\$0	\$0
Home Health Care		
Benefit	\$0	
Coverage Limit	None	
Outpatient		
Medical Deductible	\$198	\$0
Ambulance	\$0 after deductible	\$0
Outpatient Surgery	\$0 after deductible	\$0
Renal Dialysis	\$0 after deductible	\$10
Outpatient Non-Surgical	\$0 after deductible	\$10
Emergency Room (waived if admitted)	\$0 after deductible	\$120
Urgent Care	\$0 after deductible	\$10
Primary Care Physician Office Visit / Specialist Office Visit	\$0 after deductible	\$5 / \$10
Mental Health Individual Visit / Group Visit	\$0 after deductible	\$10 / \$5
Chiropractic Visit – Medicare covered services	\$0 after deductible	\$10
Podiatrist Visit – Medicare Covered Services	\$0 after deductible	\$10
Advanced Imaging & Radiation Therapy	\$0 after deductible	10%
X-Ray	\$0 after deductible	10%
Lab Services (Pathology)	\$0 after deductible	\$0
Durable Medical Equipment including supplies and prosthetics	\$0 after deductible	10%
Part B Drugs	\$0 after deductible	10%
Medicare covered diagnostic Hearing, Vision and Dental Exams	\$0 after deductible	\$10
Supplemental Benefits		
Meal Benefit (after inpatient hospital stay, up to 14 prepared meals)	Not Covered	\$0
Fitness Benefit	\$25 Active & Fit*	\$0 Silver & Fit*
<i>*Must enroll in fitness benefit. See flyers.</i>		

Prescription Drug Coverage Comparison Grid

Cigna-HealthSpring Rx (PDP)

Cigna-HealthSpring Preferred Rx (HMO)

(Medicare Advantage)

Retail and Mail Order Copay (30-Day Supply)

Tier 1: Preferred Generic Drugs	\$10	Tier 1: Preferred Generic Drugs	\$10
Tier 2: Preferred Brand Drugs	\$25	Tier 2: Preferred Brand Drugs	\$25
Tier 3 Non-Preferred Generic and Brand Drugs	\$50	Tier 3 Non-Preferred Generic and Brand Drugs	\$50
Tier 4: Specialty Generic and Brand Drugs	\$50	Tier 4: Specialty Generic and Brand Drugs	\$50

Retail and Mail Order Copay (90-Day Supply)

Tier 1: Preferred Generic Drugs	\$20	Tier 1: Preferred Generic Drugs	\$20
Tier 2: Preferred Brand Drugs	\$50	Tier 2: Preferred Brand Drugs	\$50
Tier 3 Non-Preferred Generic and Brand Drugs	\$100	Tier 3 Non-Preferred Generic and Brand Drugs	\$100
Tier 4: Specialty Generic and Brand Drugs**	N/A	Tier 4: Specialty Generic and Brand Drugs	\$100

Out-of-Network- (30-Day Supply)

Tier 1: Preferred Generic Drugs	40%	Tier 1: Preferred Generic Drugs	\$10
Tier 2: Preferred Brand Drugs	40%	Tier 2: Preferred Brand Drugs	\$25
Tier 3 Non-Preferred Generic and Brand Drugs	40%	Tier 3 Non-Preferred Generic and Brand Drugs	\$50
Tier 4: Specialty Generic and Brand Drugs**	40%	Tier 4: Specialty Generic and Brand Drugs**	\$100

You will pay the copay of the drug cost shown above plus the difference between the out-of-network pharmacy billed charge and our typical Standard Retail Pharmacy billed cost.

Coverage Gap - Retail and Mail Order

Shelby County Schools plans cover you through the coverage gap or “donut hole.” You pay the same copays as you paid during the Initial Coverage Stage

**Specialty Generic and Brand drugs are limited to a 30-day supply.

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