



Cigna-HealthSpring Rx (PDP) offered by Cigna HealthSpring Annual Notice of Changes effective August 1, 2019

City of San Diego COB HMO Plan

You are currently enrolled as a member of Cigna-HealthSpring Rx (PDP). Effective August 1, 2019, there will be **some changes to the plan's costs and benefits. This notice tells about the changes. The changes noted below do not affect your enrollment in any way.**

Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

There may be changes to our network of pharmacies on August 1, 2019. An updated pharmacy directory is located on our website at www.mycigna.com. 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.**

Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is included in this mailing. The drug list includes many – but not all- of the drugs that we will cover next year. If you don't see your drug on this list, it might still be covered. You can get the complete list by calling Customer Service or visiting our website at www.mycigna.com.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
 - To learn what you must do to ask for an exception, see Chapter 7 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Service.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. For 2019, members in long term care (LTC) facilities will now receive a temporary supply that is the same amount of temporary days' supply provided in all other cases: 31 days of medication rather than the amount provided in 2018 (98 days of medication). (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 3, Section 5.2 of *the Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you have received a formulary exception to a medication this year the formulary exception request is approved through the date indicated in the approval letter. A new formulary exception request is only needed if the date indicated on the letter has passed. Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

Starting in 2019, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. This means if you are taking the brand name drug that is being replaced by the new generic (or the tier or restriction on the brand name drug changes); you will no longer always get notice of the change 60 days before we make it or get a 60-day refill of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

Also, starting in 2019, before we make other changes during the year to our Drug List that require us to provide you with advance notice if you are taking a drug, we will provide you with notice 30, rather than 60, days before we make the change. Or we will give you a 30-day, rather than a 60-day, refill of your brand name drug at a network pharmacy.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about the changes we may make to the Drug List, see Chapter 3, Section 6 of the *Evidence of Coverage*.)

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), the information about costs for Part D prescription drugs 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 called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and didn't receive this insert with this packet, please call Customer Service and ask for the "LIS Rider."

Changes to Medicare's accumulated amounts are identified below.

Process	2018	2019
Initial Coverage Limit	You stay in this stage until your year-to-date “total drug costs” (your payments plus what the plan pays) total \$3,750.	You stay in this stage until your year-to-date “total drug costs” (your payments plus what the plan pays) total \$3,820.
TrOOP (True Out of Pocket)	The 2018 “out of pocket costs” (your payments) reach a total of \$5,000.	The 2019 “out of pocket costs” (your payments) reach a total of \$5,100.
Catastrophic Coverage Stage	<p>During this stage, the plan will pay most of the cost of your drugs. You pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost or • \$3.35 copay for generic (including brand drugs treated as generic) and an \$8.35 copayment for all other drugs. 	<p>During this stage, the plan will pay most of the cost of your drugs. You pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost or • \$3.40 copay for generic (including brand drugs treated as generic) and an \$8.50 copayment for all other drugs.

Administrative Changes

Please see the table below for other important changes to your plan.

Process	2018 (this year)	2019 (next year)
Opioid Medication Safety Changes	Safety requirements were in place based on 2018 Medicare guidelines.	New Medicare safety requirements will be in place for medications classified as opioids. These changes have been made for the health and well-being of our customers. If you are taking opioids in 2019, please visit www.cignahealthspring.com/opioids for more information about how these Medicare changes will improve customer safety.
Customer Service Hours	Our 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 Feb 15 – Sept 30.	Our hours will be 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.

Questions?

Getting Help from Cigna-HealthSpring Rx (PDP)

Questions? We're here to help. Please call Customer Service at 1-800-558-9562. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m., 7 days a week. Our automated phone system may answer your call during weekends from April 1–September 30. Calls to these numbers are free.

Visit our Website

You can also visit our website at www.mycigna.com. As a reminder, our website has the most up-to-date information about our pharmacy network (*Pharmacy Directory*) and our list of covered drugs (Formulary/Drug List).

Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (<http://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on "Find health & drug plans").

Read *Medicare & You 2019*

You can read the *Medicare & You 2019* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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Cigna-HealthSpring® Preferred (HMO) is an HMO with a Medicare contract. Enrollment in Cigna-HealthSpring® Preferred (HMO) depends on contract renewal.