Western North Carolina Conference of UMC - PPO - H7787-801-WNC
Cigna Medicare Advantage Employer Group Plan
Summary of Benefits

Plan Type	PPO	
Effective Dates	1/1/2024 - 12/31/2024	
Funding Type	Fully Insured	
Situs State	North Carolina	
Benefit Option Code	WNC	
Medical Accumulation Period	Calendar Year	
Benefit Description	**What the customer pays**	
	In-Network	**Out-of-Network**
Plan Deductible	No deductible	No deductible
Plan Deductible Applies To:	Not applicable	Not applicable
Plan Deductible Does Not Apply To:	Not applicable	Not applicable
Maximum Out-of-Pocket Cost (MOOP)	$0	$0
Lifetime Coverage Maximum	None	None
Annual Maximum	None	None
Inpatient Hospital	**In-Network**	**Out-of-Network**
Inpatient Hospital Care (inc. Substance Abuse and Rehab)	$0 copay per admission	$0 copay per admission
Inpatient Hospital Care – Coverage Limit (days)	None	None
Inpatient Hospital Psychiatric	$0 copay per admission	$0 copay per admission
Coverage Limit (lifetime days) – Psychiatric Hospital	190	190
Skilled Nursing Facility	**In-Network**	**Out-of-Network**
Benefit Period Days 1-100	$0 per day for days 1-20; $0 per day for days 21-100	$0 per day for days 1-20; $0 per day for days 21-100
Additional Days 101 and over	Not covered	Not covered
Hospital Stay Required?	No	No
Home Health Care	**In-Network**	**Out-of-Network**
Benefit	$0	$0
Coverage Limit	None	None
Outpatient Facility Services	**In-Network**	**Out-of-Network**
Outpatient Surgery	Colorectal Screenings - $0 Surgical - $0	Colorectal Screenings - $0 Surgical - $0
Ambulatory Surgical Centers	Colorectal Screenings - $0 All Other - $0	Colorectal Screenings - $0 All Other - $0
Observation Services	$0	$0
Outpatient Non-Surgical Services	$0	$0
Emergency Services	**In-Network**	**Out-of-Network**
Emergency Room (waived if admitted within 24 hours)	$0	Same as in-network
Emergency Worldwide Coverage	$0	Same as in-network
Maximum Per Year for Emergency Worldwide Coverage	$50,000	Same as in-network
Urgent Care	$0	Same as in-network
Ambulance (Ground and Air)	$0	Same as in-network
Outpatient Physician Services (including virtual care)	**In-Network**	**Out-of-Network**
Primary Care Physician Office Visit, Office Surgery and Allergy Treatment	$0	$0
Specialist Office Visit, Office Surgery and Allergy Treatment	$0	$0
Dialysis	$0	$0
Chemotherapy Administration	$0	$0
Mental Health and Substance Abuse Services	**In-Network**	**Out-of-Network**
Partial Hospitalization	$0	$0
Mental Health/Psychiatric Specialty-Individual	$0	$0
Mental Health/Psychiatric Specialty-Group	$0	$0
Substance Abuse-Individual	$0	$0
Substance Abuse-Group	$0	$0
Opioid Treatment Program Services	$0	$0
Virtual Services	**In-Network**	**Out-of-Network**
Virtual Services - MD LIVE (Urgent Care, Dermatology, and Behavioral Health Services)	$0	$0

Benefit Description	What the customer pays	
Preventive Care (Medicare Covered)	**In-Network**	**Out-of-Network**
Annual Wellness Visits	$0	$0
Annual Physical Exam	$0	$0
Immunization Coverage (COVID-19, Flu, Pneumonia, and Hepatitis B shots)	$0	$0
Other Wellness	$0	$0
Other Wellness Includes:	Abdominal aortic aneurysm screening, alcohol misuse screenings & counseling, bone mass measurement, breast cancer screening (mammogram), cardiovascular disease screenings & behavioral therapy, cervical and vaginal cancer screening, colorectal cancer screenings (barium enema screening, colonoscopies, fecal occult blood tests, flexible sigmoidoscopies, stool DNA test), blood-based biomarker test, depression screenings, diabetes screenings, diabetes self-management training, diabetes prevention program, hepatitis B virus screenings, hepatitis C screening, HIV screening, lung cancer screening, kidney disease education services, nutrition therapy services, obesity screenings & counseling, prostate cancer screening, sexually transmitted infections screening & counseling, tobacco use cessation counseling, and one-time Welcome to Medicare preventive visit.	Abdominal aortic aneurysm screening, alcohol misuse screenings & counseling, bone mass measurement, breast cancer screening (mammogram), cardiovascular disease screenings & behavioral therapy, cervical and vaginal cancer screening, colorectal cancer screenings (barium enema screening, colonoscopies, fecal occult blood tests, flexible sigmoidoscopies, stool DNA test), blood-based biomarker test, depression screenings, diabetes screenings, diabetes self-management training, diabetes prevention program, hepatitis B virus screenings, hepatitis C screening, HIV screening, lung cancer screening, kidney disease education services, nutrition therapy services, obesity screenings & counseling, prostate cancer screening, sexually transmitted infections screening & counseling, tobacco use cessation counseling, and one-time Welcome to Medicare preventive visit.
Diagnostic Services, Labs & Imaging	**In-Network**	**Out-of-Network**
Diagnostic Procedures and Tests	EKG and Colorectal Screenings - $0 All Other - $0	EKG and Colorectal Screenings - $0 All Other - $0
Lab Services (Pathology) - Applies to All Places of Service	$0	$0
X-ray Services	PCP office - $0 Specialist office - $0 All Other - $0	PCP office - $0 Specialist office - $0 All Other - $0
Diagnostic Radiological Services (such as MRIs, CT Scans)	Mammography and Ultrasounds - $0 All Other - $0	Mammography and Ultrasounds - $0 All Other - $0
Therapeutic Radiological Services	$0	$0
Foot Care	**In-Network**	**Out-of-Network**
Podiatry Services (Medicare Covered)	$0	$0
Podiatry Services (Non-Medicare Covered)	Not covered, Healthy Rewards Discount Programs available	Not covered, Healthy Rewards Discount Programs available
Chiropractic Care	**In-Network**	**Out-of-Network**
Chiropractic Visit (Medicare Covered)	$0	$0
Chiropractic Visit (Non-Medicare Covered)	Not covered, Healthy Rewards Discount Programs available	Not covered, Healthy Rewards Discount Programs available
Acupuncture Care	**In-Network**	**Out-of-Network**
Acupuncture Visit (Medicare Covered)	$0	$0
Acupuncture Visit (Non-Medicare Covered)	Not covered, Healthy Rewards Discount Programs available	Not covered, Healthy Rewards Discount Programs available
Rehabilitation Services	**In-Network**	**Out-of-Network**
Cardiac Rehabilitation	$0	$0
Pulmonary Rehabilitation	$0	$0
Short Term Rehabilitation Service - Physical, Occupational, and Speech Language Therapy	$0	$0
Physical Therapy and Speech Language Therapy - Additional Virtual Services	$0	$0
Medical Equipment, Supplies and Part B Drugs	**In-Network**	**Out-of-Network**
Durable Medical Equipment (DME)	$0	$0
Medical Supplies	$0	$0
Prosthetics	$0	$0
Diabetic Supplies	$0	$0
Part B Drugs - Medicare-covered Part B Drugs may be subject to step therapy requirements.	$0	$0
Chemotherapy Drugs	$0	$0

Benefit Description	What the customer pays	
Dental Services	**In-Network**	**Out-of-Network**
Dental Services (Medicare Covered)	$0	$0
Dental Services (Non-Medicare Covered)	$1,000 combined preventive and comprehensive allowance every year	$1,000 combined preventive and comprehensive allowance every year
Vision Services	**In-Network**	**Out-of-Network**
Eye Exams (Medicare Covered)	Diabetic Retinal Exams - $0 Glaucoma Screenings - $0 All Other Medicare-Covered - $0	Diabetic Retinal Exams - $0 Glaucoma Screenings - $0 All Other Medicare-Covered - $0
Eye Wear (Medicare Covered)	$0	$0
Eye Exams (Routine)	$0 for one routine exam every year	$0 for one routine exam every year
Eye Wear (Routine)	$100 every year	$100 every year
Hearing Services	**In-Network**	**Out-of-Network**
Hearing Exams (Medicare Covered)	$0	$0
Routine Hearing Exams	$0 for one routine exam every year	$0 for one routine exam every year
Hearing Aid Evaluation/Fitting	$0 for one fitting evaluation per hearing aid every three years	$0 for one fitting evaluation per hearing aid every three years
Hearing Aids	$1,400 every three years	$1,400 every three years
Supplemental Benefits	**In-Network**	**Out-of-Network**
Health Education	Customers will be provided with access to video and written content on a variety of health and wellness topics through the Cigna Medicare website.	Combined with In-Network
Health Information Line	$0 copay. Customers can use Cigna's 24/7 Hour Health Information Line to talk one-on-one with a Nurse Advocate. The nurse will do an assessment based on the questions presented and provide education, recommendations and support to help find the most appropriate and cost-effective care.	Combined with In-Network
Meal Benefit	$0 copay. After discharge from a qualified inpatient hospital stay directly to home (for traumatic or chronic illness), customers are eligible to receive a one-time delivery of 14 nutritional meals delivered to their home free of charge. Customers are eligible to receive this benefit for up to three qualified hospital stays per year. Benefit only applies to discharge during an acute inpatient stay and does not apply to a behavioral health discharge.	Combined with In-Network
Meal Benefit for ESRD customers in Case Management	$0 copay for 56 meals over 28 days once per year for ESRD customers enrolled in an ESRD-related case management program.	Combined with In-Network
Fitness	$0 copay for fitness memberships through Silver & Fit program. Customers can visit multiple facilities in the same month.	Combined with In-Network
Pet Allowance	Not covered	Not covered
Vision Allowance	Not covered	Not covered
Hearing Allowance	Not covered	Not covered
Home Life Referrals	With our Home Life Referrals program, customers have quick and convenient access to trusted local resources to assist them with everyday needs such as finding childcare, eldercare, pet care, home repairs, and more.	Combined with In-Network
Wigs for Hair Loss due to Cancer Treatment	Not covered	Not covered
Routine Transportation	Not covered	Not covered
Over-the-Counter Items	Not covered	Not covered
In-Home Support	Not covered	Not covered
Caregiver Support	Caregiver support available to help care for an aging loved one, adult or child living with acute or chronic conditions like dementia, cancer, kidney disease, stroke, and congestive heart failure.	Combined with In-Network
Part B Premium Reduction	Not covered	Not covered
Compression Stockings	Not covered	Not covered
Foot Orthotics	Not covered	Not covered
Outpatient Private Duty Nursing	Not covered	Not covered

Benefit Description	What the customer pays	
Clinical Management Programs	**In-Network**	**Out-of-Network**
Utilization Management	Utilization management program improves the care delivered to customers through specialized clinical expertise, regionally-focused relationships and individualized customer support; Verifying the eligibility, safety, medical necessity, and appropriateness of care, promoting quality, value-enhanced care, ensuring the most appropriate level of care is provided and supporting safe and effective transitions; Identifying high-risk customers and ensuring that appropriate care is accessed; Improving utilization of resources by identifying patterns of over- and under- utilization; and Post-hospital discharge.	Combined with In-Network
Oncology and Radiation Services	Specialized oncology and radiation services help manage costs for expensive conditions with rapidly-changing treatment protocols; Clinical decision support featuring peer-to-peer consultation and evidence-based treatment plans; Plans consider diagnosis, disease stage, comorbidities, and other individual treatment attributes.	Combined with In-Network
Care Management	Care Management programs are part of the broader population health management strategy and apply a comprehensive, multidisciplinary approach to manage customers with chronic, complex, and disease-specific care needs through identification, assessment, care coordination, customer education and self-management.	Combined with In-Network
Behavioral Health	Helps identify customers with untreated behavioral health conditions that result in worsening medical comorbidities and avoidable utilization; Health Coach support; Assessment of Social Determinants of Health; Community based support systems; Therapist, psychiatrist and other behavior health provider support.	Combined with In-Network
Kidney Disease	Provides in-home kidney care management for customers with advanced-stage kidney disease; In-home nurse and social worker support; 24/7 telephone support; and Assessment of Social Determinants of Health.	Combined with In-Network
Pre-Diabetes Support	Medicare Diabetes Prevention Program benefit for individuals at risk for Type 2 diabetes; Lifestyle behavior change program; In-person classes and social support; Focus on weight reduction.	Combined with In-Network
Transition of Care (TOC)	Extends care into the home by offering support to patients post-hospital discharge who have a strong likelihood of a hospital readmission; Transition of Care team communicates with PCP to coordinate care; In-home visit within 5 days; Review of Durable Medical Equipment; Medication reconciliation; and In-home or phone follow-up.	Combined with In-Network
Healthy Rewards Discount Programs	**In-Network**	**Out-of-Network**
Meals	Enjoy free shipping on budget-friendly refrigerated meals sent to your home or the home of a loved one (e.g., a specialized diet, or an aging parent).	Combined with In-Network
Fitness Devices	Discounts up to 25% off several Fitbit wearables with free shipping.	Combined with In-Network
Virtual Fitness	Take advantage of more than 2,000 on-demand videos and audio-based classes including total body workouts, barre, kickboxing, strength training, and Pilates. The first 30 days are free; 25% discount off the monthly membership.	Combined with In-Network
Hearing Aids and Exams	Save on hearing products and services with leading brand hearing aids as low as $995 per device. You will also enjoy a 60-day free trial and a money-back guarantee, one year of free follow-up care, a 5-year battery supply or one charging station to keep you powered up, and a three-year warranty with purchase.	Combined with In-Network
Vision Exams and Eyewear	Receive discounts on vision tests and eyewear at a large number of independent and retail providers. Providers include Pearle Vision, Target Optical, ContactsDirect, Glasses.com, and LensCrafters.	Combined with In-Network

Benefit Description	What the customer pays	
Lasik Vision	Improve your vision with your deep discount on LASIK vision correction now including a broader network of providers to choose from. Save $1000 with preferred providers or up to 15% off out-of-network providers.	Combined with In-Network
Alternative Medicine	Save up to 25% on acupuncture, physical therapy, occupational therapy, chiropractic care, massage therapy, routine podiatry services, and Registered Dietician visits.	Combined with In-Network
Additional Value Discounts	**In-Network**	**Out-of-Network**
Medical Alert System	A personal protection system that calls for emergency help at the touch of a button, 24 hours a day, 7 days a week.	Combined with In-Network

Caveats and Exclusions

Only retirees and their dependents who are entitled to Medicare Part A and enrolled in Part B are included in this quote. If a retiree or dependent is not entitled to Medicare Part A and/or not enrolled in Part B, then they are not eligible to join a Medicare Advantage plan.

Billing for this product is on a per Medicare beneficiary per month basis. Each enrollee will be set up on their own eligibility record/ID and charged a single per Medicare beneficiary per month premium rate.

Cigna companies reserve the right to adjust the benefits and/or premiums in this proposal if such adjustments are necessary to comply with current Centers for Medicare & Medicaid Services (CMS) rules and regulations.

Benefits we do not cover (exclusions):
Below is a list of services and items that either are not covered under any condition or are covered only under specific conditions.
1) Services considered not reasonable and necessary, according to the standards of Original Medicare.
2) Experimental medical procedures, surgical procedures, equipment and medications. Experimental procedures and items are those items and procedures determined by our plan and Original Medicare to not be generally accepted by the medical community. Experimental procedures and items may be covered by Original Medicare under a Medicare approved clinical research study or by our plan.
3) Private room charges in a hospital are not covered unless medically necessary.
4) Personal items in your room at a hospital or a skilled nursing facility such as a telephone or a television.
5) Full-time nursing care in your home.
6) Custodial care. Custodial care is care provided in a nursing home, hospice, or other facility setting when you do not require skilled medical care or skilled nursing care. Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel, such as care that helps you with activities of daily living, such as bathing or dressing.
7) Homemaker services. Homemaker services include basic household assistance, including light housekeeping or light meal preparation.
8) Fees charged for care by your immediate relatives or members of your household.
9) Cosmetic surgery or procedures. Cosmetic surgery or procedures may be covered in cases of an accidental injury or for improvement of the functioning of a malformed body part. Covered for all stages of reconstruction for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.
10) Routine chiropractic care except manual manipulation of the spine to correct a subluxation unless noted in the benefit summary.
11) Routine foot care unless noted in the benefit summary. Some limited coverage is provided according to Medicare guidelines, e.g., if you have diabetes.
12) Orthopedic shoes. If shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease.
13) Supportive devices for the feet. Orthopedic or therapeutic shoes for people with diabetic foot disease.
14) Reversal of sterilization procedures and/or non-prescription contraceptive supplies.
15) Naturopath services (uses natural or alternative treatments).

Western North Carolina Conference of the UMC - Cigna Healthcare Medicare Advantage Prescription Drug Plan
ILLUSTRATIVE SUMMARY OF BENEFITS

Plan Type		**Cigna Medicare Advantage Prescription Drug Plan**
Effective Dates		January 1, 2024 - December 31, 2024
Funding Type		Fully Insured
Situs State		NC
Benefit Option Code		WNC
Rx Formulary		Enhanced
Network		Medicare Broad Network
Pharmacy Accumulation Period		Calendar Year
Benefit Description		**What the Member pays**
Deductible Phase		
Individual Deductible		$0
Individual Deductible Applies to		Not Applicable
Member Out of Pocket Maximum		
Member Out of Pocket Maximum		N/A
Initial Coverage Level		
Initial Coverage Level (Total Drug Spend)		$5,030
Retail (1-30 Day Supply)	Tier 1	$0
	Tier 2	$20
	Tier 3	$40
	Tier 4	25%
Retail (31-60 Day Supply)	Tier 1	$0
	Tier 2	$40
	Tier 3	$80
	Tier 4	Not Available - Specialty drugs only available up to 30-day
Retail (61-90 Day Supply)	Tier 1	$0
	Tier 2	$60
	Tier 3	$120
	Tier 4	Not Available - Specialty drugs only available up to 30-day
Long-term Care (1-31 Day Supply)	Tier 1	$0
	Tier 2	$20
	Tier 3	$40
	Tier 4	25%
Mail Order (1-30 Day Supply)	Tier 1	$0
	Tier 2	$20
	Tier 3	$40
	Tier 4	25%
Mail Order (31-60 Day Supply)	Tier 1	$0
	Tier 2	$40
	Tier 3	$80
	Tier 4	Not Available - Specialty drugs only available up to 30-day
Mail Order (61-90 Day Supply)	Tier 1	$0
	Tier 2	$40
	Tier 3	$80
	Tier 4	Not Available - Specialty drugs only available up to 30-day
Out of Network Coverage (Member Liability) (30 Day Supply)		Same as In-Network
Coverage Gap (from $5,030 in Drug Spend up to True Out-of-Pocket of $8,000)		
Retail (1-30 Day Supply)	Tier 1	$0
	Tier 2	$20
	Tier 3	$40
	Tier 4	25%
Retail (31-60 Day Supply)	Tier 1	$0
	Tier 2	$40
	Tier 3	$80
	Tier 4	Not Available - Specialty drugs only available up to 30-day
Retail (61-90 Day Supply)	Tier 1	$0
	Tier 2	$60
	Tier 3	$120
	Tier 4	Not Available - Specialty drugs only available up to 30-day
Long-term Care (1-31 Day Supply)	Tier 1	$0
	Tier 2	$20
	Tier 3	$40
	Tier 4	25%

Mail Order (1-30 Day Supply)	Tier 1	$0
	Tier 2	$20
	Tier 3	$40
	Tier 4	25%
Mail Order (31-60 Day Supply)	Tier 1	$0
	Tier 2	$40
	Tier 3	$80
	Tier 4	Not Available - Specialty drugs only available up to 30-day
Mail Order (61-90 Day Supply)	Tier 1	$0
	Tier 2	$40
	Tier 3	$80
	Tier 4	Not Available - Specialty drugs only available up to 30-day
Catastrophic Phase (True Out-of-Pocket)		**$8,000**
Generic Drugs		$0 Copay
Brand Drugs		$0 Copay
Clinical Management		
Are the following clinical programs included or waived?		
Step Therapy		Included
Prior Authorizations		Included
Quantity Limits		Included
Specialty Drugs		
Specialty Drugs		Limited to one month supply
Opioids		
Opioids (all tiers)		Limited to one month supply
Non-Part D Supplemental Coverage		
Are the following non-formulary drugs covered?		
Fertility Drugs		No
Prescription Vitamins		No
Cold & Cough Preps		No
Weight Loss/Weight Gain		No
Erectile Dysfunction		No
Courtesy & DESI Drugs		Yes
Cosmetic Drugs including Drugs for Hair Loss		No
Formulary Enhancements		
Are the following formulary enhancements covered?		
Select Drugs and Supplies at $0 Copay		No
State Mandated Benefits		None
Non-Standard Benefits		None

See next page for Caveats and Exclusions

Western North Carolina Conference of the UMC - Cigna Healthcare Medicare Advantage Prescription Drug Plan
CAVEATS, EXCLUSIONS and DEFINITIONS

The Employer Part D program does not integrate with medical plan deductibles, out-of-pocket maximums, or annual maximums.

Only retirees and their dependents who are entitled to Medicare Part A and/or enrolled in Part B are included in this quote. If a retiree or dependent is not entitled to Medicare Part A and/or not enrolled in Part B, then they are not eligible to join a Medicare Part D plan.

Billing for this product is on a per Medicare beneficiary per month basis. Each enrollee will be set up on their own eligibility record/ID and the employer group will be charged a single per Medicare beneficiary per month premium rate.

Cigna Healthcare reserves the right to adjust the benefits and/or premiums in this proposal if such adjustments are necessary to comply with current Centers for Medicare & Medicaid Services (CMS) rules and regulations.

Drug Exclusions:
A Medicare Prescription Drug Plan can't cover a drug that would be covered under Medicare Part A or Part B. Also, while a Medicare Prescription Drug Plan can cover off-label uses (meaning for uses other than those indicated on a drug's label as approved by the Food and Drug Administration) of a prescription drug, we cover the off-label use only in cases where the use is supported by certain reference book citations. Congress specifically listed the reference books that list whether the off-label use would be permitted (these reference books are: (1) American Hospital Formulary Service Drug Information, (2) the DRUGDEX Information System).

By law, certain types of drugs, or categories of drugs, are not covered by Medicare Prescription Drug Plans. These drugs are not considered Part D drugs and may be referred to as "exclusions" or "non-Part D drugs." These drugs include:

- Non-prescription drugs (or over-the-counter drugs).
- Drugs when used for anorexia, weight loss, or weight gain.
- Drugs when used to promote fertility.
- Drugs when used for cosmetic purposes or hair growth.
- Drugs when used for the symptomatic relief of cough or colds.
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.
- Drugs, such as Viagra, Cialis, Levitra, and Caverject, when used for the treatment of sexual or erectile dysfunction.

In addition, the following exclusions apply to any service that is a covered expense under this plan, but is not covered by Medicare:

- Expenses for supplies, care, treatment, or surgery that are not medically necessary.
- To the extent that payment is unlawful where the person resides when the expenses are incurred.
- Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan.

Definitions

1-30 Day Supply for Retail and 1-31 Day Supply for Long-Term Care Facilities (Proration):
Usually, the amount for a covered prescription drug is a one-month supply. However, if the amount is less than a one-month supply for oral solid prescriptions, then the amount paid is prorated based on the actual amount received. Proration may not apply in certain circumstances as outlined in CMS guidance.

> **Retail Example:** Plan has a $10 copay for a 30 day supply. Actual day supply filled is 10 day supply. Copay is prorated as follows: $10 divided by 30 or $.3333 per day, rounded to $.33, times the day supply of 10, equals $3.30 copay owed by member.
> **Long-Term Care Facility Example:** Plan has a $10 copay for a 31 day supply. Actual day supply filled is 10 day supply. Copay is prorated as follows: $10 divided by 31 or $.3226 per day, rounded to $.32, times the day supply of 10, equals $3.20 copay owed by member.

Coverage Gap:
During the coverage gap stage, the member pays the plan cost share or the Medicare Part D Defined Standard, whichever is less.

Employer Group Waiver Plans (EGWP) facilitate the offering of PDP plans to employer/union group health plan sponsors. Employer/union plan sponsors can contract with an insurer or directly with CMS to provide coverage for medical and/or prescription drug benefits. CMS grants certain program waivers and/or modifications for EGWP plans that do not apply to individual plans.

Non-Part D Drugs:
The following drug categories are excluded from CMS coverage. If a plan deductible applies, any non-Part D coverage added to the plan will not be subject to the plan deductible. The cost share for these drugs is the same as the cost-shares in the initial coverage phase based on the drug classification.

- **Cosmetic Drugs including Drugs for Hair Loss:** drugs when used for cosmetic purposes or hair growth.
- **Courtesy Drugs:** refers to drugs normally covered under commercial pharmacy plans but are excluded by CMS.
- **DESI (Drug Efficacy Study Implementation) Drugs:** refers to drugs that were introduced between 1938-1962 and approved for safety but not effectiveness. DESI drugs are not "grandfathered" or generally recognized as safe and effective (GRAS/E).
- **Fertility Drugs:** drugs used to promote fertility.
- **Prescription Vitamins:** drugs used for prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.
- **Cold & Cough Preps:** drugs used for symptomatic relief of cough and colds.
- **Weight Loss/Weight Gain:** drugs used for anorexia, weight loss, weight gain.

- **Erectile Dysfunction:** drugs used for erectile dysfunction.

Opioid Drugs:
Limited to 30 day supply at Retail and Mail Order Pharmacies and 31 day supply at Long Term Care Facilities.

Out-of-Network Coverage:
Generally, we cover drugs filled at an out-of-network pharmacy only when the plan participant is not able to use a network pharmacy. Here are the circumstances when we would cover prescriptions filled at an out-of-network pharmacy:

- You travel outside the plan's service area and run out of or lose covered Part D drugs, or become ill and need a covered Part D drug and cannot access a network pharmacy.
- You are unable to obtain a covered Part D drug in a timely manner within the service area because, for example, there is no network pharmacy within a reasonable driving distance that provides 24/7 service.
- You are filling a prescription for a covered Part D drug and that particular drug is not regularly stocked at an accessible network retail or mail order pharmacy.
- The Part D drugs are dispensed by an out-of-network institution - based pharmacy while in an emergency facility, provider-based clinic, outpatient surgery, or other outpatient setting.
- Prescriptions purchased out-of-network are limited to a one-month supply.

Preventive Drugs at $0 Copay:
Certain Generic and certain Brand Preventive Medications identified by Cigna Healthcare that are dispensed by a retail or home delivery pharmacy are not subject to the deductible (if applicable), copay or coinsurance.

Vaccines:
Part D vaccines are covered at no cost to the member even when the deductible is not met.

Insulin Products:
Retirees won't pay more than $35 for a one-month supply of each insulin product covered by our plan even when the deductible is not met.

Tier Labeling:
Tier 1 – Generic Drugs
Tier 2 – Preferred Brand Drugs
Tier 3 – Non-Preferred Drugs
Tier 4 – Specialty Drugs

Western North Carolina Conference of the UMC - Cigna Medicare Advantage Prescription Drug Plan

Terms and Conditions

A. General Terms of this Proposal

• Cigna is pleased to present this Proposal for a Fully Insured group Medicare Advantage and Cigna Rx Medicare (PDP) benefit plan.
• This proposal is valid for 90 days from its original date of release of 2023-07-14 .
• Rates include services for direct billing, enrollment, and eligibility maintenance.
• Any revisions or updates made to this proposal will not renew this valid timeframe unless expressly communicated
• The information contained in this Proposal by Cigna is proprietary and highly confidential. It is being provided with the understanding that it will not be used by the employer, its representatives or consultants for any purpose other than the evaluation of the Proposal. Under no circumstances is any of information contained herein (including excerpts, summaries, extracts, and evaluations thereof) to be used, disseminated, disclosed or otherwise the communicated to any person or entity other than the employer, its representatives and consultants, and their

Proposal Caveats

Cigna may revise or withdraw this Renewal Proposal if:
• there is a change to the effective date of the quote.
• the policy period length is different than the quote.
• the Plan benefits are different than shown in the RFP or benefit modifications are requested.
• there is a change in law, regulation, tax rates, or the application of any of these that affects Cigna's costs.
• there are less than 25 retirees or less than 70% of total eligible individuals enroll in the Plan.
• enrollment in the Plan at any time varies by 10% or more from the enrollment assumed by Cigna in establishing the rates and/or fees set forth herein.
• the employer changes its level of contribution toward the cost of the coverage.
• the employer contributes toward the cost of purchasing individual coverage for an eligible individual.
• Cigna is not the exclusive provider of Medicare Advantage and PDP benefits and the employer does not contribute the same percentage to the cost of each employer-sponsored plan unless expressly communicated by Cigna.
• the census data or experience data provided is deemed inaccurate.
• there is a request to modify Commissions and/or benefit advisor fees.
• Cigna is requested to interface with a third party vendor.
• Cigna is requested to provide optional services.
• administration of the Plan will require more than the following:
    ◦ Billing lines: 300
    ◦ Billing and Claim Branch Benefit Options: 60

B. Scope and Application of this Proposal

• Unless otherwise indicated, the coverage reflected in this proposal supersedes and renders null and void any prior Cigna offer or proposal with respect to the Plan.
• Although this proposal may include multiple plans/options for the employer sponsored plan, Cigna reserves the right to limit the number of plans/options based on the offering environment and the total number of Medicare eligible individuals. Final plan selection requires approval by underwriting prior to implementation.
• The information and materials provided for evaluation of this quote were assumed to be correct. If material errors or omissions are found after the quote is issued, Cigna reserves the right to revise or rescind the quote.
• Performance guarantees do not apply to this Medicare proposal.
• This quote is on an incurred basis. Cigna will be responsible for all eligible claims incurred on or after the effective date through the end of the contract period.
• Group agrees to restrict enrollment in the Plan to those individuals eligible for Group's employment-based retiree group coverage who are eligible for Medicare.
• This proposal assumes all eligible individuals are enrolled in Medicare Part A and Part B and the group provides the beneficiary Medicare plan number to complete enrollment.
• Information provided here is pending CMS approval unless otherwise noted.
• Rates assume CMS recognizes the plan as an annual plan and it will renew on 1/1/2024.

Cigna Medicare Advantage (MA) and Cigna Rx Medicare (PDP)

• The rates are contingent upon the eligible individual residing in the service area of the quoted Medicare Advantage (MA) and Medicare Part D (PD) plan. The enrollment will be based on the eligible individual's primary residence as
• The benefits presented in the Proposal are a high-level summary. Please consult the summary of benefits for a more detailed list of benefits proposed in this Cigna plan. Due to annual changes in CMS mandated benefits, benefits may differ for certain service categories.
• Due to regulatory requirements for the Medicare Advantage and/or Medicare Part D products, services and timing may differ. Some areas of difference include, but are not limited to: reporting, web services, disease and wellness management, quality incentives, provider directories and networks, eligibility timing, communication pieces for pre-enrollment and members, billing, pharmacy and medical data integration, customer service, claims and appeals.
• This proposal includes Medicare Advantage and Medicare Part D products, certain administrative services, such as audits and certifications, will be integrated. Account management and implementations are also integrated, but with special processes for Medicare Advantage and Medicare Part D.
• Cigna requires a minimum of 20 enrolled members per standard product offering to renew an Employer Sponsored
• Rates will need to be re-evaluated if sold on a standalone basis.