SUMMARY OF BENEFITS

Cigna-HealthSpring Rx (PDP)
Colby College

Effective: January 1, 2016 – December 31, 2016
Section I: Introduction to Summary of Benefits
This booklet gives you a summary of what we cover and what you pay. It doesn’t list every drug we cover or list every limitation or exclusion. To get a complete list of benefits, call us and ask for the evidence of coverage.

You have choices about how to get your Prescription Drug benefits
- One choice is to get your prescription drug benefits through an employer-provided Medicare prescription drug plan like Cigna-HealthSpring Rx (PDP)
- Another choice is to get it through an individual Medicare prescription drug plan
- A third is through a Medicare Advantage plan that offers prescription drug coverage.

Tips for comparing your choices
This Summary of Benefits booklet gives you a summary of what Cigna-HealthSpring Rx (PDP) covers and what you pay.
- If you want to compare our plan with other Medicare Prescription Drug plans, ask the other plans for their Summary of Benefits booklets.
- If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at http://www.medicare.gov or get a copy 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.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-800-558-9562.

Este document puedo estar disponible en un idioma distinto al ingles. Para obtener informacion adicional llamenos al 1-800-558-9562.

THINGS TO KNOW ABOUT CIGNA-HEALTHSPRING RX (PDP)
Hours of Operation
You can call us 7 days a week from 8:00 a.m to 8:00 p.m. Local time.

Cigna-HealthSpring Rx (PDP) Phone Numbers and Website
- Call us toll free at 1-800-558-9562
- www.mycigna.com

Who can join?
The service area for Cigna-HealthSpring Rx (PDP) includes: the 50 United States, the District of Columbia, Puerto Rico and the U.S. Virgin Islands.
Which pharmacies can I use?
Cigna-HealthSpring Rx (PDP) has a network of pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. You must use a network pharmacy to receive plan benefits. We will pay a minimal amount for your prescriptions if you use an out-of-network pharmacy.

Cigna-HealthSpring Rx (PDP) has a list of preferred pharmacies. The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at www.myCigna.com.

What do we cover?
Cigna-HealthSpring Rx (PDP) does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally we only cover drugs, vaccines, biological products and medical supplies associated with the delivery of insulin that are covered under the Medicare Prescription Drug Benefit (Part D) and that are listed in our formulary (drug list).

What is a prescription drug formulary or drug list?
Cigna-HealthSpring Rx (PDP) maintains a list of drugs covered by your plan to meet your needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make a formulary change that limits your ability to fill a prescription, we will notify you before the change is made.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.mycigna.com.
- You can call us and we will send you a copy of the formulary.

How will I determine my drug costs?
Our plan groups each medication into one of four “tiers”. You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap and Catastrophic Coverage.
SECTION II – SUMMARY OF BENEFITS
For Retirees of Colby College

**Cigna-HealthSpring Benefit Summary**

### Cigna-HealthSpring Rx (PDP)

<table>
<thead>
<tr>
<th>Network Deductible</th>
<th>You pay</th>
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<tbody>
<tr>
<td>Individual Deductible</td>
<td>$0 annual deductible</td>
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#### Initial Coverage Stage
Since you do not have a deductible, you begin in this payment stage. You pay the following until total yearly drug costs reach $3,310. Total yearly drug costs include the amounts you pay and the amount the plan pays.

<table>
<thead>
<tr>
<th>Tier</th>
<th>One Month (30-day supply) of drugs from a Retail Pharmacy or One Month (31-day supply) of drugs from a Long Term Care Pharmacy</th>
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#### Coverage Gap “Donut Hole” Stage
You pay the same copays/coinsurance as the initial coverage level.

This stage begins after Initial Coverage reaches $3,310 and lasts until you reach $4,850 in Medicare out-of-pocket cost. Medicare true-out-of-pocket costs (TrOOP) include your copayments, any amount paid on your behalf by certain other individuals or organizations and any manufacturer discounts you received during the coverage gaps.

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#### Catastrophic Coverage
You qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached the $4,850 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.
You pay the greater of:

5% of the cost of the drug or $2.95 copay for generic (including brand drugs treated as generic)

5% of the cost of the drug or $7.40 copay for all other drugs

### Out-of-Network Pharmacy Coverage – All Coverage Stages

Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy.

You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from Cigna-HealthSpring Rx (PDP).

Reimbursement will be based on the amount Cigna-HealthSpring Rx (PDP) would have paid at a network pharmacy minus your 20% out-of-network coinsurance for up to a 30-day supply of a drug.

### Additional Drugs Covered by Cigna-HealthSpring Rx (PDP)

Your plan pays for the following drugs at the same copays as other covered drugs on your plan:

- Erectile Dysfunction Drugs
- Weight Loss/Gain Products
- Multi-Source Supplemental

The copays you pay on these drugs do not count toward your annual TrOOP.

Your plan includes the following clinical management edits (see formulary document or Evidence of Coverage for definitions):

- Step Therapy
- Prior Authorization
- Quantity Limits

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
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<tbody>
<tr>
<td>Coinsurance</td>
<td>The coinsurance is an amount you may be required to pay as your share of the cost for prescription drugs after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).</td>
</tr>
<tr>
<td>Copay</td>
<td>An amount you may be required to pay as your share of the cost for a prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay $10 or $20 for a prescription drug.</td>
</tr>
</tbody>
</table>
Cigna-HealthSpring drug plans may have a “coverage gap,” which is sometimes called the “donut hole.” The coverage gap begins after you and your plan have spent $3,310

<table>
<thead>
<tr>
<th>Coverage Gap (a.k.a., Donut Hole) (Pharmacy Benefit)</th>
<th>The amount you must pay for prescriptions before the plan begins to reimburse for covered expenses.</th>
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<td>Initial Coverage Limit</td>
<td>The maximum limit of coverage under the Initial Coverage Stage.</td>
</tr>
<tr>
<td>Initial Coverage Stage</td>
<td>This is the stage after you have met your deductible and before your total drug expenses have reached $3,310 including amounts you’ve paid and what our plan has paid on your behalf.</td>
</tr>
</tbody>
</table>
| True Out-of-Pocket (TrOOP) (Pharmacy Benefits)       | True out-of-pocket (TrOOP) costs help you qualify for catastrophic coverage so long as the drug is normally covered by a Cigna-HealthSpring Prescription Drug Plan, and included on your plan formulary. TrOOP includes:  
  - Your annual deductible  
  - Your coinsurance or copays made on covered drugs (excluding drugs purchased outside the U.S. and its territories, drugs not covered by the plan or drugs covered by your plan under the additional drug benefit category.  
  - The Drug Manufacturer contribution of 50% of the negotiated price for brand name drugs.  
When you have reached a total of $4,850 out-of-pocket for these items, you will reach the Catastrophic Stage. |

**Drug exclusions**

A Cigna-HealthSpring Prescription Drug Plan can’t cover a drug that would be covered under Medicare Part A or Part B. Also, while a Cigna-HealthSpring 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, and (3) USPDI (or its successor). If the use is not supported by one of these reference books (known as compendia), then the drug would be considered a non-Part D drug and could not be covered by our Plan.

By law, certain types of drugs, or categories of drugs, are not covered by Cigna-HealthSpring 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 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.
Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-558-9562. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-558-9562. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电1-800-558-9562。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您对我们的健康或药物保险可能存有疑问，为此我们提供免费的翻译服务。如需翻译服务，请致电1-800-558-9562。我们讲中文的人员将乐意为您服务。这是一项免费服务。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-558-9562. Maaari kayo tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d’interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d’assurance-médicaments. Pour accéder au service d’interprétation, il vous suffit de nous appeler au 1-800-558-9562. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương trình sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-558-9562 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-558-9562. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-558-9562번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-558-9562. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات الترجمة الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على ترجمة فوري، ليس بمساعدتك. هذه خدمة مجانية. سيفهم شخص ما يتحدث العربية 1-800-558-9562 على سؤالك.
Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभागिया सेवाएँ उपलब्ध हैं। एक दुभागिया प्राप्त करने के लिए, बस हमें 1-800-558-9562 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-558-9562. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-558-9562. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-558-9562. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sévis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-558-9562. Ta usługa jest bezpłatna.

Japanese: 当社の健康 保健保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、[1-800-558-9562]にお電話ください。日本語を話す人 者が支援いたします。これは無料のサー ビスです。