



**Fairfax County Government  
2021 Quote  
Cigna-HealthSpring Medicare Advantage Employer Group Plan**

<b>Effective Date:</b>	1/1/2021
<b>End Date:</b>	12/31/2021
<b>Number of Medicare Beneficiaries</b>	3,594
<b>Funding Type</b>	Fully Insured
<b>Situs State</b>	Virginia

<b>Plan Name(s)</b>	<b>Premium</b>		<b>Total Premium</b>
	<b>Medical</b>	<b>Pharmacy</b>	<b>PMPM</b>
Custom PPO Plan	\$73	N/A	\$73

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Quote created on 7/13/2020



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Rating Assumptions and Stipulations**

The following assumptions and stipulations apply to the Proposal provided. Cigna may revise or withdraw this Proposal if there are discrepancies to any of the below items:

- The quoted rates are valid only for the specified effective date and are offered for the time period specified.
- In the event the effective date is other than 01/01/2021-12/31/2021, the rates are subject to change.
- The rates are contingent upon the retiree residing in the service areas of the quoted Medicare Advantage (MA) plan. The enrollment will be based on the retiree's primary residence as defined by CMS.
- Information provided here is pending CMS approval unless otherwise noted.
- The premium(s) and plan(s) quoted cannot be altered or adjusted in anyway, up or down, without Cigna's approval.
- The quoted rates do not include a possible reduction for those eligible for CMS regulated low income subsidy. Once a person is enrolled, CMS will notify Cigna of any customers eligible for Low Income Subsidy premium adjustments. CMS will pass the adjustment onto Cigna and we in turn will pass the adjustment onto the Group via the Employer monthly billing invoice. A separate detailed monthly billing adjustment report will provide the names of the applicable customers and will contain the amount of the Low Income Subsidy premium adjustments. The Group will reduce the premium amount due up to the amount the customer contributes towards premiums by reducing the premium amount due up front.
- This proposal assumes all retirees are enrolled in Medicare Part A and Part B.
- 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.
  
- These rates are based on the assumption there is no secondary plan wrapping around Cigna plan.
- 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.
- 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 retirees. 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.
- To the extent that this proposal includes Medicare Advantage and/or 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/or Medicare Part D.
- 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.
- Unless otherwise stated, performance guarantees are not applicable to the Medicare products at this time.
- This proposal is subject to change if there is a change in law, regulation, tax rates, or the application of any of these that affects Cigna's costs.
- This proposal may change if the employer changes its level of contribution toward the cost of the coverage.
- This proposal may change if there is a request to modify Commissions / benefit advisor fees.
- This proposal may change if Cigna is requested to interface with a third party vendor.
- This proposal may change if there is a request to provide optional services beyond those being included in the quote.
- The proposal may change if the census data or experience data provided is deemed inaccurate.

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Plan Type	Custom PPO Plan	
Accumulation Period	Calendar Year	
Effective Dates	January 1, 2021 - December 31, 2021	
Medical Premium Rate	\$73.00	
Membership Specific to This Plan	3,594	
Benefit Description	In-Network	Out-of-Network
Plan Deductible	\$0	\$0
Maximum Out-of-Pocket Cost (MOOP)	\$1,500	\$1,500
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	\$0
Inpatient Hospital Care – Coverage Limit (days)	None	None
Inpatient Hospital Psychiatric	\$0	\$0
Coverage Limit (lifetime days) – Psychiatric Hospital	190	190
Skilled Nursing Facility	In-Network	Out-of-Network
Benefit Period – 1-20 days	\$0	\$0
Benefit Period – 21-100 days	\$0	\$0
Coverage Limit (days) - combined in and out-of-network	100	100
Hospital Stay Required?	No	No
Home Health Care	In-Network	Out-of-Network
Benefit	\$0	\$0
Coverage Limit	None	None
Emergency Services	In-Network	Out-of-Network
Emergency Room (waived if admitted)	\$120	\$120
Urgent Care	\$10	\$10
Ambulance (ground and air)	\$0	\$0
Outpatient Physician Services	In-Network	Out-of-Network
Primary Care Physician Office Visit	\$5	\$5
Primary Care Physician Office Lab Services	\$0	\$0
Primary Care Physician Office Surgery, Xrays, Allergy Injections and Shots	\$5	\$5
Physician Specialist Office Visit	\$5	\$5
Physician Specialist Office Lab Services	\$0	\$0
Physician Specialist Office Surgery, Xrays, Chemotherapy, Radiation Therapy, Dialysis, Allergy Injections and Shots	\$5	\$5
Hearing Exams – Medicare Covered Services	\$5	\$5
Eye Exams – Medicare Covered Services	Diabetic Retinal Exams and Glaucoma Screenings - \$0 All Other Medicare-Covered - \$5	Diabetic Retinal Exams and Glaucoma Screenings - \$0 All Other Medicare-Covered - \$5
Chiropractic Visit – Medicare Covered Services	\$10	\$10
Podiatrist Visit – Medicare Covered Services	\$10	\$10
Pulmonary Rehabilitation	\$10	\$10
Cardiac Rehabilitation	\$10	\$10
Short Term Rehabilitation Service - Physical, Occupational, and Speech Language Therapy	\$10	\$10
Short Term Rehabilitation Max Per Year	same as standard Medicare	same as standard Medicare
Mental Health Speciality Individual Visit	\$0	\$0
Mental Health Speciality Group Visit	\$0	\$0
Telehealth	\$5	\$5
Outpatient Facility Services	In-Network	Out-of-Network
Outpatient Surgery	\$0	\$0
Observation Services	\$0	\$0
Renal Dialysis	\$10	\$10
Outpatient Non-Surgical Services	\$10	\$10
Diagnostic Radiological Services	Mammography and Ultrasounds - \$0 Advanced Imaging - 10%	Mammography and Ultrasounds - \$0 Advanced Imaging - 10%
Therapeutic Radiological Services	10%	10%
Diagnostic Procedures/Tests	EKG and Colorectal Screenings - \$0 All Other - 20%	EKG and Colorectal Screenings - \$0 All Other - 20%
Lab Services (Pathology)	\$0	\$0
Pulmonary Rehabilitation	\$10	\$10
Cardiac Rehabilitation	\$10	\$10
Short Term Rehabilitation Service - Physical, Occupational, and Speech Language Therapy	\$10	\$10
Short Term Rehabilitation Max Per Year	same as standard Medicare	same as standard Medicare



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<b>Medical Equipment, Supplies and Part B Drugs</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Durable Medical Equipment (DME)	10%	10%
Medical Supplies	10%	10%
Prosthetics	10%	10%
Chemotherapy Drugs	10%	10%
Part B Drugs	10%	10%
Diabetic Supplies	\$0	\$0
<b>Medicare Covered Preventive Care</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Annual Wellness Visits	\$0	\$0
Immunization Coverage (Flu shots, Pneumonia, Hepatitis B)	\$0	\$0
Other Wellness	\$0	\$0
Other Wellness Includes:	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.	
<b>Supplemental Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Health Information Line	The Health Information Line (HIL) assists individuals in understanding the right level of treatment at the right time. Clinicians 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.	
Meal Benefit	Members are eligible to receive 14 nutritional meals delivered to their home after being discharged from a hospital stay for up to 3 qualified hospital stays per year. Benefit only applies to discharge during an acute inpatient stay and does not apply to a behavioral health discharge.	
ER-Worldwide Coverage	\$120 copay up to \$50,000 annual benefit maximum	Same as In-network
Vision - Routine Eye Exams	Healthy Rewards Discounts available	Same as In-network
Vision - Routine Eye Wear Coverage	Healthy Rewards Discounts available	Same as In-network
Hearing - Routine Exam	\$0 Copay for 1 exam per year	Same as In-network
Hearing - Fittings and Hearing Aids	\$0 copay fitting, \$0 copay for hearing aids (any type) \$2800 maximum every 3 years	Same as In-network
Fitness - Silver&Fit	\$0 cost to member	Same as In-network
Acupuncture	Healthy Rewards Discounts available	Same as In-network
Wigs for Hair Loss due to Cancer Treatment	\$500 annual allowance	Same as In-network
Routine Podiatry (non-Medicare covered services)	Healthy Rewards Discounts available	Same as In-network
Compression Stockings	10%	Same as In-network
Foot Orthotics (non-Medicare covered)	10%	Same as In-network
Routine Chiropractic Care (non-Medicare covered services)	\$10	Same as In-network
Dental Services	Not Covered	Same as In-network
Transportation Services	Not Covered	Same as In-network
Over-the-Counter	Not Covered	Same as In-network

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**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 customers 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 member. 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.
- 11) Routine foot care. 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) Acupuncture.
- 16) Naturopath services (uses natural or alternative treatments).

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