

University of Denver
Kaiser Monthly Premium Rates for Retirees as of January 1, 2022 – December 31, 2022

KAISER SENIOR ADVANTAGE MEDICARE PLAN & HMO Medicare Parts A & B Required				
Coverage Category	Total Monthly Premium	DU Contribution	Retiree Monthly Cost	X Only one selection
Retiree Only - Senior Advantage	\$219.57	\$60.00	\$159.57	
Retiree & Spouse - Both on Senior Advantage	\$439.14	\$60.00	\$379.14	
Spouse Only - Senior Advantage	\$219.57	\$0.00	\$219.57	
Subscriber & Spouse - One Senior Advantage	\$1,246.71	\$60.00	\$1,186.71	
Subscriber & Child(ren) - One Senior Advantage	\$1,246.71	\$60.00	\$1,186.71	
Subscriber & Family - One Senior Advantage	\$2,270.34	\$60.00	\$2,210.34	
Subscriber & Family - Both on Senior Advantage	\$1,466.28	\$60.00	\$1,406.28	

- ☐ I wish to **Keep** my current coverage under the Kaiser Senior Advantage HMO Medicare Plan as of 1/1/2022
- ☐ I wish to **CANCEL** my current coverage under the Kaiser Senior Advantage HMO Medicare Plan as of 12/31/2021

KAISER SENIOR ADVANTAGE MEDICARE PLAN & HDHP Medicare Parts A & B Required				
Coverage Category	Total Monthly Premium	DU Contribution	Retiree Monthly Cost	X Only one selection
Retiree Only - Senior Advantage	\$219.57	\$60.00	\$159.57	
Retiree & Spouse - Both on Senior Advantage	\$439.14	\$60.00	\$379.14	
Spouse Only - Senior Advantage	\$219.57	\$0.00	\$219.57	
Subscriber & Spouse - One Senior Advantage	\$1,028.60	\$60.00	\$968.60	
Subscriber & Child(ren) - One Senior Advantage	\$1,028.60	\$60.00	\$968.60	
Subscriber & Family - One Senior Advantage	\$1,834.86	\$60.00	\$1,774.86	
Subscriber & Family - Both on Senior Advantage	\$1,248.17	\$60.00	\$1,188.17	

- ☐ I wish to **ELECT** the above Kaiser Senior Advantage HDHP Medicare Plan as of 1/1/2022

University of Denver
Cigna Monthly Premium Rates for Retirees as of January 1, 2022 – December 31, 2022

CIGNA SENIOR ADVANTAGE MEDICARE PPO PLAN - NEW OFFERING Medicare Parts A & B Required				
Coverage Category	Total Monthly Premium	DU Contribution	Retiree Monthly Cost	X Only one selection
Retiree Only - Senior Advantage	\$199.41	\$60.00	\$139.41	
Retiree & Spouse - Both on Senior Advantage	\$398.82	\$60.00	\$338.82	
Spouse Only - Senior Advantage	\$199.41	\$0.00	\$199.41	
Subscriber & Spouse - One Senior Advantage	\$935.53	\$60.00	\$875.53	
Subscriber & Child(ren) - One Senior Advantage	\$788.49	\$60.00	\$728.49	
Subscriber & Family - One Senior Advantage	\$1,524.62	\$60.00	\$1,464.62	
Subscriber & Family - Both on Senior Advantage	\$996.90	\$60.00	\$936.90	

☐ I wish to **ELECT** the above Cigna Senior Advantage PPO Medicare Plan as of 1/1/2022

CIGNA SENIOR ADVANTAGE MEDICARE HDHP PLAN - NEW OFFERING Medicare Parts A & B Required				
Coverage Category	Total Monthly Premium	DU Contribution	Retiree Monthly Cost	X Only one selection
Retiree Only - Senior Advantage	\$199.41	\$60.00	\$139.41	
Retiree & Spouse - Both on Senior Advantage	\$398.82	\$60.00	\$338.82	
Spouse Only - Senior Advantage	\$199.41	\$0.00	\$199.41	
Subscriber & Spouse - One Senior Advantage	\$823.43	\$60.00	\$763.43	
Subscriber & Child(ren) - One Senior Advantage	\$698.73	\$60.00	\$638.73	
Subscriber & Family - One Senior Advantage	\$1,322.59	\$60.00	\$1,262.59	
Subscriber & Family - Both on Senior Advantage	\$898.14	\$60.00	\$838.14	

☐ I wish to **ELECT** the above Cigna Senior Advantage HDHP Medicare Plan as of 1/1/2022

University of Denver, Group #00214

Kaiser Permanente 2021 Senior Advantage (HMO) Group Plan with Part D Benefits Summary

Your employer joins with Kaiser Permanente to offer you the select benefits listed here. The accompanying Senior Advantage group packet lists more benefits and contains many other important details, provisions, contact information, and disclosures.

INPATIENT CARE	YOU PAY	NOTES
Inpatient hospital care (includes substance abuse and rehabilitation services)	\$300	Per Admission
Inpatient mental health care*	\$300	Per Admission
Skilled Nursing Facility	No charge	Up to 100 days per benefit period
Home health care	No charge	For necessary part-time or intermittent skilled nursing and home health aide services, rehabilitation services, etc.
Hospice	No charge	When you enroll in a Medicare-certified hospice program, your hospice services are paid for by Original Medicare, not our plan.
OUTPATIENT CARE		
Primary care office visit	\$15	Each visit
Specialty care office visit	\$25	Each visit; includes visits for epidural steroid injections for pain management
Chiropractic services	\$15	For manual manipulation of the spine to correct subluxation
	\$15	Supplemental chiropractic services, if purchased by your group Up to 20 visits
Acupuncture	\$15	For chronic lower back pain, up to 12 visits in 90-days, no more than 20 visits annually
Podiatry services	\$25	For medically necessary foot care
Outpatient mental health	\$15	Each individual therapy visit
Outpatient substance abuse care	\$15	Each individual visit
Outpatient surgery	\$100	For each Medicare-covered ambulatory surgical center visit. This includes surgical procedures performed in the medical offices.
Outpatient services	\$0-\$100	For each Medicare-covered outpatient hospital facility visit

Ambulance services	20%	Up to \$195
Emergency care	\$65	Each visit, waived if admitted as an inpatient
Urgently needed care	\$25	Each after-hours visit
Outpatient rehabilitation services	\$15	For each physical, occupational, and speech language therapy visit
Office-administered medications	No charge	Of charge of the drug(s)
Colonoscopy	No charge	Each colorectal screening
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
Durable medical equipment	20%	Authorization rules may apply. There is no charge for diabetic self-monitoring training, nutrition therapy, and supplies
Oxygen	20%	
Diagnostic tests, X-rays, and lab services	No charge	Authorization rules may apply
Radiation therapy	\$30	For each therapeutic X-ray procedure
CT, MRI, PET and nuclear medicine procedures	\$100	For each procedure performed per body part
PREVENTIVE SERVICES		
Preventive services	No charge	For services such as: Pneumonia, flu, and Hepatitis B immunizations, pap smear and pelvic exam, mammogram, and prostate cancer screening
END-STAGE RENAL DISEASE		
End-Stage Renal Disease (ESRD)	\$0	For Medicare-approved renal dialysis
OUTPATIENT PRESCRIPTION DRUGS**		
Preferred generic drugs	\$5	
NonPreferred generic drugs	\$10	
Preferred brand drugs	\$25	
NonPreferred brand drugs	\$40	
Specialty drugs	\$50	
Injectable Vaccines	No charge	
Day Supply	30 day supply	
Mail Order Supply	90 day mail order	

ADDITIONAL BENEFITS		
Hearing exams	\$15	Each visit for routine diagnostic hearing exams
Hearing aids	Total less credit	You receive \$500 credit per ear every 3 years
Vision services	\$15	Each visit for eye exams
Optical hardware (lenses, frames)	Charges over \$200 benefit	You can use this benefit once every 2 years; you cannot carry over unused benefit
One annual routine physical exam	No charge	If you receive care during that visit beyond what your benefit covers, you may incur additional charges for that care provided
Health and wellness education	Class fees	See quarterly Healthy Living Schedule for classes, dates, times, locations, and fees
SilverSneakers® fitness	No charge	At participating fitness centers
Routine foot care	No charge	Four visits per year from contracted providers

* There is a 190-day lifetime limit in a psychiatric hospital.

**You will be enrolled in Medicare Part D through Kaiser Permanente and we will notify Medicare on your behalf.

If you decide to enroll in Medicare Part D through another Prescription Drug Plan, you will be automatically disenrolled from Kaiser Permanente.

You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll. You must continue to pay your Medicare Part B premium and any other applicable Medicare premium(s), if not otherwise paid by Medicaid or another third party.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year and at other times in accord with your group's contract with us.

This plan includes Medicare Part D prescription drug coverage and is only available to Kaiser Permanente Senior Advantage members. You may only be enrolled in one Part D plan at a time, which means you will be disenrolled from any other Part D plan when your coverage under this plan becomes effective.

For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail order pharmacy. You should receive them within 10 business days. If not, please call **1-866-244-4119 (TTY: 711)**, Monday through Friday, 8:00 a.m. to 6:00 p.m.

This information is available for free in Spanish. Please call Member Services toll-free at **1-800-476-2167** (seven days a week, 8:00 a.m. to 8:00 p.m.). TTY users should call **711**.

This information is not a complete description of benefits. Call Member Services toll-free at **1-800-476-2167 (TTY: 711)**, from 8:00 a.m. - 8:00 p.m., seven days a week, for more information.

The out-of-pocket maximum for certain covered services each calendar year is \$2,500 per individual. After you reach the out-of-pocket maximum, you are not charged further for these services that year. Outpatient Part D prescription drugs do not apply to the out-of-pocket maximum.

This sheet, customized for your employer, is not a contract and does not replace nor take precedence over your Evidence of Coverage. For questions on your coverage, please contact Member Services toll-free at **1-800-476-2167 (TTY: 711)**, from 8:00 a.m. - 8:00 p.m., seven days a week.

Notice of nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - ◆ Qualified sign language interpreters.
 - ◆ Written information in other formats, such as large print, audio, and accessible electronic formats.
- Provide no cost language services to people whose primary language is not English, such as:
 - ◆ Qualified interpreters.
 - ◆ Information written in other languages.

If you need these services, call Member Services at **1-800-476-2167 (TTY 711)**, 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to 2500 South Havana, Aurora, CO 80014 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-476-2167 (TTY: 711)**.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-476-2167 (TTY: 711)**.



**University of Denver
Cigna Medicare Advantage Employer Group Plan**

Effective Date:	1/1/2022
End Date:	12/31/2022
Number of Medicare Beneficiaries	
PPO	215
Funding Type	Fully Insured
Situs State	Colorado

Plan Name(s)	Premium		Total Premium
	Medical	Pharmacy	PMPM
PPO Custom 2/Part D PPO	\$41.41	\$180.00	\$221.41

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University of Denver
Cigna Medicare Advantage Employer Group Plan
Summary of Benefits

Plan Type	PPO Custom 2	
Effective Dates	January 1, 2022 - December 31, 2022	
Medical Premium Rate	\$41.41	
Number of Medicare Beneficiaries	215	
Funding Type	Fully Insured	
Situs State	Colorado	
Benefit Option Code		
Medical Accumulation Period	Calendar Year	
Benefit Description	What the Member pays	
	In-Network	Out-of-Network
Plan Deductible	\$0	\$0
Plan Deductible applies to:	Part A and B	Part A and B
Maximum Out-of-Pocket Cost (MOOP)	\$2,500 which applies to in and out-of-network Medicare-covered benefits	\$2,500 which applies to in and out-of-network Medicare-covered benefits
Lifetime Coverage Maximum	None	None
Annual Maximum	None	None
Inpatient Hospital	In-Network	Out-of-Network
Inpatient Hospital Care (inc. Substance Abuse and Rehab)	\$300	\$300
Inpatient Hospital Care – Coverage Limit (days)	None	None
Inpatient Hospital Psychiatric	\$300	\$300
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
Outpatient Facility Services	In-Network	Out-of-Network
Outpatient Surgery (includes Ambulatory Surgical Centers)	Colorectal Screenings - \$0 Surgical - \$100	Colorectal Screenings - \$0 Surgical - \$100
Observation Services	\$100	\$100
Outpatient Non-Surgical Services	\$50	\$50
Emergency Services	In-Network	Out-of-Network
Emergency Room (waived if admitted)	\$65	\$65
ER-Worldwide Coverage	\$65 copay up to \$50,000 annual benefit maximum	\$65 copay up to \$50,000 annual benefit maximum
Urgent Care	\$15	\$15
Ambulance (ground and air)	\$75	\$75
Outpatient Physician Services	In-Network	Out-of-Network
Primary Care Physician Office Visit, Office Surgery, Xrays, and Allergy Treatment	\$15	\$15
Primary Care Physician Lab Services	\$0	\$0
Specialist Office Visit, Office Surgery, Xrays, Chemotherapy, Radiation Therapy, Dialysis, and Allergy Treatment	\$25	\$25
Specialist Office Lab Services	\$0	\$0
Mental Health and Substance Abuse Services	In-Network	Out-of-Network
Partial Hospitalization	\$25	\$25
Mental Health/Psychiatric Specialty-Individual	\$0	\$0
Mental Health/Psychiatric Specialty-Group	\$0	\$0
Substance Abuse-Individual	\$25	\$25
Substance Abuse-Group	\$15	\$15
Opioid Treatment Program Services	\$25	\$25
Telehealth Services	In-Network	Out-of-Network
Telehealth Services - MD LIVE	\$0	\$0
Preventive Care (Medicare Covered)	In-Network	Out-of-Network
Annual Wellness Visits	\$0	\$0
Annual Physical Exam	\$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.	



**University of Denver
Cigna Medicare Advantage Employer Group Plan
Summary of Benefits**

Benefit Description	What the Member pays	
	In-Network	Out-of-Network
Diagnostic Services, Labs & Imaging		
Diagnostic Procedures/Tests	EKG and Colorectal Screenings - \$0 All Other - \$100	EKG and Colorectal Screenings - \$0 All Other - \$100
Lab Services (Pathology)	\$0	\$0
X-ray Services	Mammography and Ultrasounds - \$0 All Other - \$50	Mammography and Ultrasounds - \$0 All Other - \$50
Diagnostic Radiological Services (such as MRIs, CT Scans)	\$100	\$100
Therapeutic Radiological Services	\$30	\$30
Foot Care	In-Network	Out-of-Network
Podiatry Services (Medicare Covered)	\$25	\$25
Podiatry Services (Non-Medicare Covered)	\$0 for 4 visits	Same as In-network
Chiropractic Care	In-Network	Out-of-Network
Chiropractic Visit (Medicare Covered)	\$20	\$20
Chiropractic Visit (Non-Medicare Covered)	\$15 for 20 visits	Same as In-network
Acupuncture Care	In-Network	Out-of-Network
Acupuncture Visit (Medicare Covered)	\$20	\$20
Acupuncture Visit (Non-Medicare Covered)	Healthy Rewards Discounts available	Same as In-network
Rehabilitation Services	In-Network	Out-of-Network
Cardiac Rehabilitation	\$25	\$25
Pulmonary Rehabilitation	\$25	\$25
Short Term Rehabilitation Service - Physical, Occupational, and Speech Language Therapy	\$25	\$25
Physical Therapy and Speech Therapy - Additional Telehealth Services	\$0	\$0
Medical Equipment, Supplies and Part B Drugs	In-Network	Out-of-Network
Durable Medical Equipment (DME)	20%	20%
Medical Supplies	20%	20%
Prosthetics	20%	20%
Diabetic Supplies	\$0	\$0
Part B Drugs including Chemotherapy drugs - Medicare-covered Part B Drugs may be subject to step therapy requirements.	20%	20%
Dental Services	In-Network	Out-of-Network
Dental Services (Medicare Covered)	\$25	\$25
Dental Services (Non-Medicare Covered)	Not Covered	Not Covered
Vision Services	In-Network	Out-of-Network
Eye Exams (Medicare Covered)	Diabetic Retinal Exams and Glaucoma Screenings - \$0 All Other Medicare-Covered - \$25	Diabetic Retinal Exams and Glaucoma Screenings - \$0 All Other Medicare-Covered - \$25
Eye Wear (Medicare Covered)	\$0	\$0
Eye Exams (Routine)	\$0 Copay for 1 exam per year	Same as In-network
Eye Wear (Routine)	Contact Lenses: Unlimited, Eye Glass Lenses: 1 every year, Eye Glass Frames: 1 every year, Eyewear annual limit: \$0 up to maximum of \$200	Same as In-network
Hearing Services	In-Network	Out-of-Network
Hearing Exams (Medicare Covered)	\$0	\$0
Routine Hearing Exams	\$0 Copay for 1 exam per year	Same as In-network
Hearing Aid Evaluation/Fitting	\$0 Copay for 1 exam per year	Same as In-network
Hearing Aids	\$0 copay fitting, \$0 copay for hearing aids (any type) \$500 maximum per ear per device every 3 years	Same as In-network
Supplemental Benefits	In-Network	Out-of-Network
Health Education	Members will be provided with access to video and written content on a variety of health and wellness topics through the Cigna Medicare website.	
Health Information Line	\$0 copay. The Health Information Line assists individuals in understanding the right level of treatment at the right time. Nurse advocates 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	\$0 copay. After discharge from a qualified inpatient hospital stay directly to home (for traumatic or chronic illness), members are eligible to receive a one-time delivery of 14 nutritional meals delivered to their home free of charge. Members 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.	
Meal Benefit for ESRD members in Case Management	\$0 copay for 56 meals over 28 days once per year for ESRD members enrolled in an ESRD-related case management program.	
Fitness	\$0 cost to member through Silver & Fit program. Customers can visit multiple facilities in the same month.	Same as In-network
Wigs for Hair Loss due to Cancer Treatment	Not Covered	Same as In-network
Transportation Services	Not Covered	Same as In-network
Over-the-Counter Items	Not Covered	Same as In-network



**University of Denver
Cigna Medicare Advantage Employer Group Plan
Summary of Benefits**

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) Naturopath services (uses natural or alternative treatments).

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University of Denver
Cigna Medicare Advantage Prescription Drug Plan
Summary of Benefits

Plan Type	Part D Custom PPO
Effective Dates	January 1, 2022 - December 31, 2022
Pharmacy Premium Rate	\$180.00
Number of Medicare Beneficiaries	215
Funding Type	Fully Insured
Situs State	Colorado
Benefit Option Code	
Rx Formulary	Standard
Pharmacy Accumulation Period	Calendar Year
Benefit Description	What the Member pays
Deductible Phase	
Individual Deductible	\$0
Individual Deductible Applies to	All
Initial Coverage Level	
Initial Coverage Level (Total Drug Spend)	\$4,430
Retail (1-30 Day Supply) Tier 1 Preferred	\$5
Tier 2 Preferred Brand Drugs	\$25
Tier 3 Non Preferred Brand and Generic Drugs	\$40
Tier 4 Brand Name and Generic High Cost Specialty Drugs	\$50
Retail (31-60 Day Supply) Tier 1 Preferred	\$10
Tier 2 Preferred Brand Drugs	\$50
Tier 3 Non Preferred Brand and Generic Drugs	\$80
Tier 4 Brand Name and Generic High Cost Specialty Drugs	Not Available - Specialty drugs only available up to 30-day
Retail (61-90 Day Supply) Tier 1 Preferred	\$10
Tier 2 Preferred Brand Drugs	\$50
Tier 3 Non Preferred Brand and Generic Drugs	\$80
Tier 4 Brand Name and Generic High Cost Specialty Drugs	Not Available - Specialty drugs only available up to 30-day
Long-Term Care (1-31 Day Supply) Tier 1 Preferred	\$5
Tier 2 Preferred Brand Drugs	\$25
Tier 3 Non Preferred Brand and Generic Drugs	\$40
Tier 4 Brand Name and Generic High Cost Specialty Drugs	\$50
Mail Order (30 Day Supply) Tier 1 Preferred	\$5
Tier 2 Preferred Brand Drugs	\$25
Tier 3 Non Preferred Brand and Generic Drugs	\$40
Tier 4 Brand Name and Generic High Cost Specialty Drugs	\$50
Mail Order (31-60 Day Supply) Tier 1 Preferred	\$10
Tier 2 Preferred Brand Drugs	\$50
Tier 3 Non Preferred Brand and Generic Drugs	\$80
Tier 4 Brand Name and Generic High Cost Specialty Drugs	Not Available - Specialty drugs only available up to 30-day
Mail Order (61-90 Day Supply) Tier 1 Preferred	\$10
Tier 2 Preferred Brand Drugs	\$50
Tier 3 Non Preferred Brand and Generic Drugs	\$80
Tier 4 Brand Name and Generic High Cost Specialty Drugs	Not Available - Specialty drugs only available up to 30-day
Out of Network Coverage (Member Liability) (up to 30 day supply)	Same as in-network retail benefits
Applies to all phases	
Member Out of Pocket Maximum	None
Coverage Gap (from \$4,130 in Drug Spend up to True Out-of-Pocket of \$7,050)	
Retail (1-30 Day Supply) Tier 1 Preferred	\$5
Tier 2 Preferred Brand Drugs	25%
Tier 3 Non Preferred Brand and Generic Drugs	25%
Tier 4 Brand Name and Generic High Cost Specialty Drugs	25%
Retail (31-60 Day Supply) Tier 1 Preferred	\$10
Tier 2 Preferred Brand Drugs	25%
Tier 3 Non Preferred Brand and Generic Drugs	25%
Tier 4 Brand Name and Generic High Cost Specialty Drugs	Not Available - Specialty drugs only available up to 30-day
Retail (61-90 Day Supply) Tier 1 Preferred	\$10
Tier 2 Preferred Brand Drugs	25%
Tier 3 Non Preferred Brand and Generic Drugs	25%
Tier 4 Brand Name and Generic High Cost Specialty Drugs	Not Available - Specialty drugs only available up to 30-day
Long-Term Care (1-31 Day Supply) Tier 1 Preferred	\$5
Tier 2 Preferred Brand Drugs	25%
Tier 3 Non Preferred Brand and Generic Drugs	25%
Tier 4 Brand Name and Generic High Cost Specialty Drugs	25%
Mail Order (30 Day Supply) Tier 1 Preferred	\$5
Tier 2 Preferred Brand Drugs	25%
Tier 3 Non Preferred Brand and Generic Drugs	25%
Tier 4 Brand Name and Generic High Cost Specialty Drugs	25%
Mail Order (31-60 Day Supply) Tier 1 Preferred	\$10
Tier 2 Preferred Brand Drugs	25%
Tier 3 Non Preferred Brand and Generic Drugs	25%
Tier 4 Brand Name and Generic High Cost Specialty Drugs	Not Available - Specialty drugs only available up to 30-day
Mail Order (61-90 Day Supply) Tier 1 Preferred	\$10
Tier 2 Preferred Brand Drugs	25%
Tier 3 Non Preferred Brand and Generic Drugs	25%
Tier 4 Brand Name and Generic High Cost Specialty Drugs	Not Available - Specialty drugs only available up to 30-day



University of Denver
Cigna Medicare Advantage Prescription Drug Plan
Summary of Benefits

Benefit Description	What the Member pays
Catastrophic Phase (True Out-of-Pocket)	\$7,050
Generic Drugs	Standard Part D (the greater of \$3.95 or 5%)
Brand Drugs	Standard Part D (the greater of \$9.85 or 5%)
Clinical Management	
The following clinical programs are always included:	
Step Therapy	Included
Prior Authorizations	Included
Quantity Limits	Included
Opioids	
Opioids (all tiers)	Limited to one month supply
Non-Part D Supplemental Coverage	
Are the following non-formulary drugs covered?	
Fertility Drugs	Not Covered
Prescription Vitamins	Covered
Cold & Cough Preps	Covered
Weight Loss/Weight Gain	Not Covered
Erectile Dysfunction	Covered
Formulary Enhancements	
Are the following formulary enhancements covered?	
\$0 copay for select preventive drugs and diabetic drugs and supplies	Not Covered
Approved non-standard?	No
If yes, please specify:	Not applicable

Caveats, Exclusions and Definitions

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.

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.



**University of Denver
Cigna Medicare Advantage Prescription Drug Plan
Summary of Benefits**

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.

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, Cigna will pay the better of the plan or Medicare Part D Defined Standard.

Employer Group Waiver Plans (EGWP) facilitate the offering of Medicare 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.

Enhanced Formulary Package includes the top highly utilized drugs used by seniors on Cigna's commercial plans.

This buy-up adds drugs that are not on the basic and standard Part D formularies at the same tier as commercial formulary. This formulary includes:

- **Multi-Source Brand Drugs:** multi-source brand medications with a generic available which are only offered as a generic on the basic and standard Medicare Part D formulary.
- **Single-Source Brand Drugs:** single-source brand medications with no generic available that are not offered on the basic and standard Medicare Part D formulary.

Non-Part D Drugs automatically included in the Standard and Enhanced Formulary options:

- **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).

Non Part D Eligible Drug Optional Buy-ups:

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 Pharmacy Benefit:

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:

- If the plan participant is unable to obtain a covered drug in a timely manner within our service area because there is no network pharmacy within a reasonable driving distances that provides 24-hour service.
- If the plan participant is trying to fill a covered prescription drug that is not regularly stocked at an accessible network retail or mail-order pharmacy (these drugs include orphan drugs or other specialty pharmaceuticals).
- If a covered Part D drug is dispensed by an out of network, institution-based pharmacy to a patient who is in the emergency department, provider based clinic, outpatient surgery or other outpatient surgery or other outpatient settings.
- When the plan participant is away from our service area for an extended period of time (for example, during travel), they may use a participating mail order pharmacy. This will Prescriptions purchased out-of-network are limited to a one-month supply.

Preventive Drugs at \$0 Copay:

The Cigna Preventive Drug List includes select preventive medications on Tier 1 and Tier 2 from the Standard Medicare Part D formulary in the following usage categories: high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, stroke blood thinners, and prenatal nutrient deficiency. These selected drugs are not subject to the Deductible (if applicable), Copay, or Coinsurance.

Tier Labeling:

Cigna Medicare Advantage Rx Plan is not always able to keep all generic medications in the Preferred Generic (Tier 1) drug tiers. Some generic medications may be in the Preferred Brand (Tier 2), Non-Preferred Brand Drug (Tier 3) and Specialty Drug (Tier 4) tiers. Keep in mind that the name of the tier is just a description of the majority of the drugs in the tier. It does not mean that there are only generic or only brand drugs in that tier. Cost share shown is for all drugs in the Tier unless otherwise noted.

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**University of Denver
Cigna Medicare Advantage Employer Group Plan
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 01/01/2022-12/31/2022, 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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