

Help your clients find the best plan to fit their needs.

CIGNA Medicare Rx® (PDP)

Medicare Part D Prescription Drug Plans

CIGNA Medicare Rx (PDP)

For people who are looking for a lower premium pharmacy plan, with low copays for most drugs to provide predictable costs after the deductible is met. Provides broad drug coverage, many generic drugs at very low copay and "standard"¹ gap coverage.

Plan One

Don

Don is a healthy 70-year-old. He and his wife, Sarah, have a small working farm and still enjoy the early morning chores. Don is currently taking generic medications for high blood pressure and occasionally a heartburn medication. He chose Plan One because it has a low monthly premium and a very low \$3 copay for his generic medications, after meeting his deductible.

CIGNA Medicare Rx (PDP)

For people who want a moderate premium plan with expanded drug coverage and the greatest potential for predictable out-of-pocket costs. This includes no deductible and \$0 copay for some generics (includes medications for high blood pressure, diabetes, high cholesterol and thyroid therapy). In the gap, there is \$0 copay coverage for some generics and for other medications the "standard"¹ gap coverage applies.

Plan Two

Kim

Kim is 76 years old and not as active as she used to be. She uses medications for high blood pressure, diabetes and her thyroid condition. Her medications include both brand name and generic drugs, and she is concerned about her out-of-pocket costs. She wants enhanced benefits, as she expects her expenses will reach the coverage gap. She chose Plan Two because some of her generic drugs have a \$0 copay with full coverage in the gap. In addition, she has low copays for her other medications.

¹ The Health Care Reform mandated gap coverage where members receive a discount price for brand name drugs and pay 86% of generic drug costs.

2012 Benefits *and* Premiums

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2012 CIGNA Medicare Rx® (PDP) Plan Offerings

Plan One – Coverage in all states									
State	Monthly Premium	Annual Deductible	Initial Coverage					Coverage Gap	Catastrophic Coverage ²
			Copay ¹				Coinsurance		
			Tier 1	Tier 2	Tier 3	Tier 4			
AK	\$46.90	\$320 for all Drugs	\$3	\$20	\$27	\$48	25%	After your yearly total drug costs ⁵ reach \$2,930, you receive a discount on brand name drugs and you pay 86% of generic drug costs.	5% of covered Drug Costs ³
AL, TN	\$28.80		\$3	\$20	\$31	\$81	25%		
AR	\$30.20		\$3	\$20	\$30	\$78	25%		
AZ	\$43.00		\$3	\$20	\$36	\$81	25%		
CA	\$56.20		\$3	\$20	\$34	\$86	25%		
CO	\$55.90		\$3	\$20	\$36	\$85	25%		
CT, MA, RI, VT	\$30.60		\$3	\$20	\$39	\$87	25%		
DE, DC, MD	\$32.10		\$3	\$20	\$32	\$81	25%		
FL	\$46.20		\$3	\$20	\$32	\$86	25%		
GA	\$28.20		\$3	\$20	\$32	\$84	25%		
HI	\$38.10		\$3	\$20	\$39	\$81	25%		
IA, MN, MT, ND, SD, NE, WY	\$35.40		\$3	\$20	\$34	\$85	25%		
ID, UT	\$42.20		\$3	\$20	\$35	\$87	25%		
IL	\$26.30		\$3	\$20	\$38	\$83	25%		
IN, KY	\$31.10		\$3	\$20	\$35	\$79	25%		
KS	\$48.80		\$3	\$20	\$30	\$72	25%		
LA	\$32.00		\$3	\$20	\$31	\$74	25%		
MI	\$30.50		\$3	\$20	\$38	\$84	25%		
MO	\$31.50		\$3	\$20	\$32	\$83	25%		
MS	\$30.60		\$3	\$20	\$30	\$83	25%		
NC	\$30.20		\$3	\$20	\$30	\$84	25%		
NH, ME	\$26.80		\$3	\$20	\$30	\$87	25%		
NJ	\$44.10		\$3	\$20	\$35	\$82	25%		
NM	\$35.40		\$3	\$20	\$33	\$86	25%		
NV	\$45.10		\$3	\$20	\$42	\$86	25%		
NY	\$34.10		\$3	\$20	\$34	\$85	25%		
OH	\$32.00		\$3	\$20	\$39	\$81	25%		
OK	\$46.20		\$3	\$20	\$30	\$83	25%		
OR, WA	\$49.00		\$3	\$20	\$34	\$81	25%		
PA, WV	\$31.70		\$3	\$20	\$31	\$82	25%		
SC	\$33.60		\$3	\$20	\$31	\$83	25%		
TX	\$26.70		\$3	\$20	\$35	\$77	25%		
VA	\$27.70	\$3	\$20	\$31	\$83	25%			
WI	\$32.90	\$3	\$20	\$38	\$84	25%			

Plan Two – Expanded coverage in some states									
State	Monthly Premium	Annual Deductible	Initial Coverage					Coverage Gap	Catastrophic Coverage ²
			Copay ¹				Coinsurance		
			Tier 1	Tier 2	Tier 3	Tier 4			
AK	N/A	None	N/A	N/A	N/A	N/A	N/A	After your yearly total drug costs ⁵ reach \$2,930, you pay \$0 copay for all Tier 1 ⁴ drugs, and receive a discount on brand name drugs and you pay 86% for other generic drug costs.	5% of covered Drug Costs ³
AL, TN	\$63.80		\$0	\$5	\$41	\$85	33%		
AR	\$63.20		\$0	\$5	\$41	\$85	33%		
AZ	\$69.80		\$0	\$5	\$41	\$85	33%		
CA	N/A		N/A	N/A	N/A	N/A	N/A		
CO	N/A		N/A	N/A	N/A	N/A	N/A		
CT, MA, RI, VT	\$67.80		\$0	\$5	\$41	\$85	33%		
DE, DC, MD	N/A		N/A	N/A	N/A	N/A	N/A		
FL	\$69.10		\$0	\$5	\$41	\$85	33%		
GA	N/A		N/A	N/A	N/A	N/A	N/A		
HI	N/A		N/A	N/A	N/A	N/A	N/A		
IA, MN, MT, ND, SD, NE, WY	\$69.40		\$0	\$5	\$41	\$85	33%		
ID, UT	N/A		N/A	N/A	N/A	N/A	N/A		
IL	\$73.00		\$0	\$5	\$41	\$85	33%		
IN, KY	\$67.40		\$0	\$5	\$41	\$85	33%		
KS	N/A		N/A	N/A	N/A	N/A	N/A		
LA	N/A		N/A	N/A	N/A	N/A	N/A		
MI	\$61.00		\$0	\$5	\$41	\$85	33%		
MO	\$69.20		\$0	\$5	\$41	\$85	33%		
MS	N/A		N/A	N/A	N/A	N/A	N/A		
NC	\$66.60		\$0	\$5	\$41	\$85	33%		
NH, ME	N/A		N/A	N/A	N/A	N/A	N/A		
NJ	N/A		N/A	N/A	N/A	N/A	N/A		
NM	N/A		N/A	N/A	N/A	N/A	N/A		
NV	N/A		N/A	N/A	N/A	N/A	N/A		
NY	N/A		N/A	N/A	N/A	N/A	N/A		
OH	\$62.40		\$0	\$5	\$41	\$85	33%		
OK	N/A		N/A	N/A	N/A	N/A	N/A		
OR, WA	N/A		N/A	N/A	N/A	N/A	N/A		
PA, WV	\$65.40		\$0	\$5	\$41	\$85	33%		
SC	\$61.60		\$0	\$5	\$41	\$85	33%		
TX	\$74.20		\$0	\$5	\$41	\$85	33%		
VA	\$62.30	\$0	\$5	\$41	\$85	33%			
WI	N/A	N/A	N/A	N/A	N/A	N/A			

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¹ Copays are for a 30-day supply at an in-network retail pharmacy. For a 90-day supply at retail, the copay is 3 times the above levels. For a 90-day mail order supply at our preferred mail-service pharmacy, the copay is 2.5 times the 30-day levels. For a 90-day mail order supply at non-preferred mail-service pharmacies, the copay is 3 times the 30-day levels.

² After out-of-pocket drug costs reach \$4,700, you pay this amount.

³ Higher of \$2.60 (generic or brands treated as generic) and \$6.50 (all other drugs) or 5%.

⁴ Includes medications for high blood pressure, diabetes, high cholesterol and thyroid therapy.

⁵ The amount you pay out-of-pocket or others pay on your behalf, plus the amount paid by the plan.