

Summary of Benefits

January 1, 2013 – December 31, 2013

For <Alaska, California, Colorado, Delaware,
District of Columbia, Georgia, Hawaii, Idaho,
Kansas, Louisiana, Maine, Maryland, Mississippi,
Nevada, New Hampshire, New Jersey, New Mexico,
New York, Oklahoma, Oregon, Utah, Washington
and Wisconsin>



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For <AK/CA/CO/DE/DC/GA/HI/ID/KS/LA/ME/
MD/MS/NV/NH/NJ/NM/NY/OK/OR/UT/WA/WI>



<830979 a 08/12>

For <AK/CA/CO/DE/DC/GA/HI/
ID/KS/LA/ME/MD/MS/NV/NH/
NJ/NM/NY/OK/OR/UT/WA/WI>

S5617_30979a <CMS Accepted>

SECTION I Introduction to Summary of Benefits

Thank you for your interest in <Cigna Medicare Rx Plan One (PDP)>. Our plan is offered by <Connecticut General Life Insurance Company>/<Cigna Medicare Rx>, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call <Cigna Medicare Rx Plan One (PDP)> and ask for the "Evidence of Coverage."

You have choices in your Medicare prescription drug coverage

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like <Cigna Medicare Rx Plan One (PDP)>. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

How can I compare my options?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by <Cigna Medicare Rx Plan One (PDP)> to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where is <Cigna Medicare Rx Plan One (PDP)> Plan available?

The service area for this plan includes: Alaska, California, Colorado, Delaware, District of Columbia, Georgia, Hawaii, Idaho, Kansas, Louisiana, Maine, Maryland, Mississippi, Nevada, New Hampshire, New Jersey, New Mexico,

New York, Oklahoma, Oregon, Utah, Washington and Wisconsin. You must live in one of these areas to join this plan. If you move out of the state or county where you currently live to a state listed above, you must call Customer Service to update your information. If you don't, you may be disenrolled from <Cigna Medicare Rx Plan One (PDP)>. If you move to a state not listed above, please call Customer Service to find out if <Cigna Medicare Rx> has a plan in your new state or county.

Who is eligible to join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area.

If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, you may not enroll in a PDP unless you disenroll from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may enroll in a PDP. Enrollees in an 1876 Cost plan may enroll in a PDP.

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Where can I get my prescriptions?

<Cigna Medicare Rx Plan One (PDP)> has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

<Cigna Medicare Rx Plan One (PDP)> has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. A non-preferred pharmacy is still a network pharmacy, but you may have to pay more for your prescription drugs.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at <http://www.cigna.com/sites/cignamedicare/your_cigna_choices/medicarerx/pharmacy.html>. Our customer service number is listed at the end of this introduction.

Does my plan cover Medicare Part B or Part D drugs?

<Cigna Medicare Rx Plan One (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 on our formulary.

What is a prescription drug formulary?

<Cigna Medicare Rx Plan One (PDP)> uses a formulary. A formulary is a list of drugs covered by your plan to meet patient 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 any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at <<http://www.cigna.com/sites/cignamedicare/formulary/medicarerx.html>>.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

What should I do if I have other insurance in addition to Medicare?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join <Cigna Medicare Rx Plan One (PDP)>. Get this information before you decide to enroll in this plan.

SECTION I Introduction to Summary of Benefits

How can I get extra help with my prescription drug plan costs or get extra help with other Medicare costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TTD users should call 1-877-486-2048, 24 hours a day/7 days a week and see www.medicare.gov ' Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your State Medicaid Office.

What are my protections in this plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with the Medicare Prescription Drug Program. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Prescription Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year,

it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of <Cigna Medicare Rx Plan One (PDP)>, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

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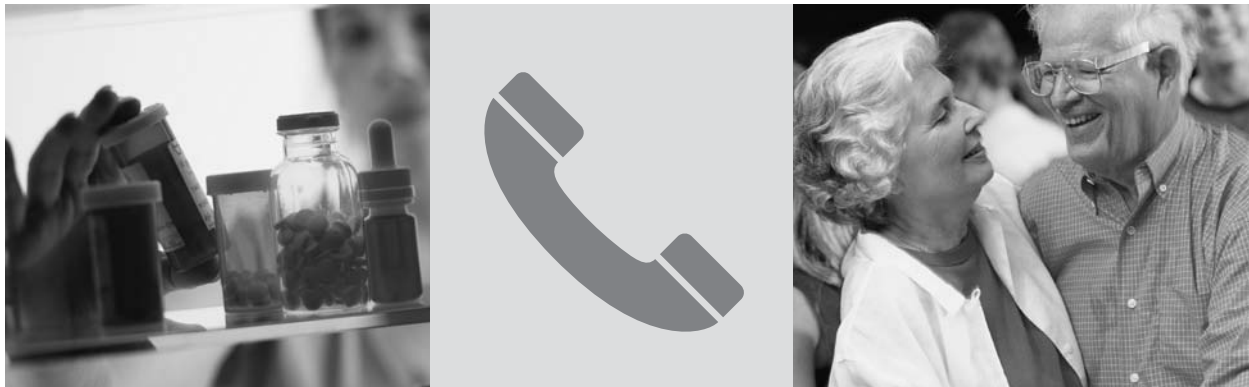
What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact <Cigna Medicare Rx Plan One (PDP)> for more details.

Where can I find information on plan ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select “Health and Drug Plans” then “Compare Drug and Health Plans” to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed on the next page.

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Please call <Cigna Medicare Rx> for more information about <Cigna Medicare Rx Plan One (PDP)> Visit us at <www.cignamedicarerx.com> or, call us:

Customer Service Hours for October 1 – February 14:

<Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday>, <8:00 a.m. – 8:00 p.m. local time>

Customer Service Hours for February 15 – September 30:

<Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday>, <8:00 a.m. – 8:00 p.m. local time>

Current members should call toll-free <(800)-222-6700>. (TTY/TDD <(800)-322-1451>)

Prospective members should call toll-free <(800)-735-1459>. (TTY/TDD <(800)-322-1451>)

Current members should call locally <(800)-222-6700>. (TTY/TDD <(800)-322-1451>)

Prospective members should call locally <(800)-735-1459>. (TTY/TDD <(800)-322-1451>)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento puede estar disponible en otro idioma que no sea inglés. Para recibir información adicional, llame al Servicio de atención al cliente al número de teléfono indicado anteriormente.

If you have any questions about this plan’s benefits or costs, please contact <Cigna Medicare Rx> for details.

SECTION II Summary of Benefits

| Benefit | Original Medicare | <Cigna Medicare Rx Plan One (PDP)> |
|-------------------------------|---|---|
| Outpatient Prescription Drugs | Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage. | <p>Drugs covered under Medicare Part D</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <http://www.cigna.com/sites/cignamedicare/formulary/medicarerx.html> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none">– have limited incomes,– live in long term care facilities, or– have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>\$<25.50> – \$<55.80> monthly premium.</p> <p>Please refer to the Premium, Deductible and Cost-Share Table after this section to find out what the premium is in your area.</p> <p>Most people will pay their Part D premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> |

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SECTION II Summary of Benefits

| Benefit | Original Medicare | <Cigna Medicare Rx Plan One (PDP)> |
|---|-------------------|---|
| Outpatient Prescription Drugs (continued) | | <p>General (continued)</p> <p>Your provider must get prior authorization from <Cigna Medicare Rx Plan One (PDP)> for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and <Cigna Medicare Rx Plan One (PDP)> approves the exception, you will pay <Tier 4: Non-Preferred Brand Drugs> cost-sharing for that drug.</p> <p>In-Network</p> <p><\$0 or \$325> annual deductible (see pages 15-26 for information about the deductible in your state).</p> <p>Initial Coverage</p> <p>After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,970:</p> <p>Retail Pharmacy</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none">– \$<0> copay for a one-month (30-day) supply of drugs in this tier.– \$<0> copay for a two-month (60-day) supply of drugs in this tier.– \$<0> copay for a three-month (90-day) supply of drugs in this tier. |

If you have any questions about this plan’s benefits or costs, please contact <Cigna Medicare Rx> for details.

SECTION II Summary of Benefits

| Benefit | Original Medicare | <Cigna Medicare Rx Plan One (PDP)> |
|---|-------------------|---|
| Outpatient Prescription Drugs (continued) | | Retail Pharmacy (continued) |
| | | Tier 2: Non-Preferred Generic |
| | | – \$<8.00> copay for a one-month (30-day) supply of drugs in this tier. |
| | | – \$<16.00> copay for a two-month (60-day) supply of drugs in this tier. |
| | | – \$<24.00> copay for a three-month (90-day) supply of drugs in this tier. |
| | | Tier 3: Preferred Brand |
| | | – \$<22.00> – \$<37.00> copay for a one-month (30-day) supply of drugs in this tier. |
| | | – \$<44.00> – \$<74.00> copay for a two-month (60-day) supply of drugs in this tier. |
| | | – \$<66.00> – \$<111.00> copay for a three-month (90-day) supply of drugs in this tier. |
| | | Please refer to the Premium, Deductible and Cost-Share Table after this section to find out what the premium is in your area. |
| | | Tier 4: Non-Preferred Brand |
| | | – \$<52.00> – \$<91.00> copay for a one-month (30-day) supply of drugs in this tier. |
| | | – \$<104.00> – \$<182.00> copay for a two-month (60-day) supply of drugs in this tier. |
| | | – \$<156.00> – \$<273.00> copay copay for a three-month (90-day) supply of drugs in this tier. |
| | | Please refer to the Premium, Deductible and Cost-Share Table after this section to find out what the premium is in your area. |
| | | Tier 5: Specialty Tier |
| | | – 25% coinsurance for a one-month (30-day) supply of drugs in this tier. |
| | | – 25% coinsurance for a two-month (60-day) supply of drugs in this tier. |
| | | – 25% coinsurance for a three-month (90-day) supply of drugs in this tier. |

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SECTION II Summary of Benefits

| Benefit | Original Medicare | <Cigna Medicare Rx Plan One (PDP)> |
|---|-------------------|---|
| Outpatient Prescription Drugs (continued) | | Long Term Care Pharmacy |
| | | Tier 1: Preferred Generic |
| | | – \$<0> copay for a one-month (31-day) supply of drugs in this tier. |
| | | Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed. |
| | | Tier 2: Non-Preferred Generic |
| | | – \$<8.00> copay for a one-month (31-day) supply of drugs in this tier. |
| | | Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed. |
| | | Tier 3: Preferred Brand |
| | | – \$<22.00> – \$<37.00> copay for a one-month (31-day) supply of drugs in this tier. |
| | | Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed. |
| | | Please refer to the Premium, Deductible and Cost-Share Table after this section to find out what the premium is in your area. |
| | | Tier 4: Non-Preferred Brand |
| | | – \$<52.00> – \$<91.00> copay for a one-month (31-day) supply of drugs in this tier. |
| | | Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed. |
| | | Please refer to the Premium, Deductible and Cost-Share Table after this section to find out what the premium is in your area. |

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SECTION II Summary of Benefits

| Benefit | Original Medicare | <Cigna Medicare Rx Plan One (PDP)> |
|---|-------------------|--|
| Outpatient Prescription Drugs (continued) | | Long Term Care Pharmacy (continued) |
| | | Tier 5: Specialty Tier |
| | | – 25% coinsurance for a one-month (31-day) supply of drugs in this tier. |
| | | Please note that brand drugs must be dispensed incrementally in long-term care facilities. Generic drugs may be dispensed incrementally. |
| | | Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed. |
| | | Mail Order |
| | | Tier 1: Preferred Generic |
| | | – \$<0> copay for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. |
| | | – \$<0> copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. |
| | | – \$<0> copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. |
| | | – \$<0> copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. |
| | | Tier 2: Non-Preferred Generic |
| | | – \$<8.00> copay for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. |
| | | – \$<20.00> copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. |
| | | – \$<8.00> copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. |
| | | – \$<24.00> copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. |

If you have any questions about this plan’s benefits or costs, please contact <Cigna Medicare Rx> for details.

SECTION II Summary of Benefits

| Benefit | Original Medicare | <Cigna Medicare Rx Plan One (PDP)> |
|---|-------------------|---|
| Outpatient Prescription Drugs (continued) | | Mail Order (continued) |
| | | Tier 3: Preferred Brand |
| | | – \$<22.00> – \$<37.00> copay for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. |
| | | – \$<55.00> – \$<92.50> copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. |
| | | – \$<22.00> – \$<37.00> copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. |
| | | – \$<66.00> – \$<111.00> copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. |
| | | Please refer to the Premium, Deductible and Cost-Share Table after this section to find out what the premium is in your area. |
| | | Tier 4: Non-Preferred Brand |
| | | – \$<52.00> – \$<91.00> copay for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. |
| | | – \$<130.00> – \$<227.50> copay for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. |
| | | – \$<52.00> – \$<91.00> copay for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. |
| | | – \$<156.00> – \$<273.00> copay for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. |
| | | Please refer to the Premium, Deductible and Cost-Share Table after this section to find out what the premium is in your area. |

If you have any questions about this plan’s benefits or costs, please contact <Cigna Medicare Rx> for details.

SECTION II Summary of Benefits

| Benefit | Original Medicare | <Cigna Medicare Rx Plan One (PDP)> |
|--|-------------------|---|
| Outpatient Prescription Drugs (continued) | | Mail Order (continued) |
| | | Tier 5: Specialty Tier |
| | | – 25% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred mail order pharmacy. |
| | | – 25% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred mail order pharmacy. |
| | | – 25% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred mail order pharmacy. |
| | | – 25% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred mail order pharmacy. |
| | | Coverage Gap |
| | | After your total yearly drug costs reach \$2,970, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 47.5% for the plan’s costs for brand drugs and 79% of the plan’s costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,750. |
| | | Catastrophic Coverage |
| | | After your yearly out-of-pocket drug costs reach \$4,750, you pay the greater of: |
| | | – 5% coinsurance, or |
| | | – \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copay for all other drugs. |
| | | Out-of-Network |
| | | 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 Medicare Rx Plan One (PDP)>. |
| | | |

If you have any questions about this plan’s benefits or costs, please contact <Cigna Medicare Rx> for details.

SECTION II Summary of Benefits

| Benefit | Original Medicare | <Cigna Medicare Rx Plan One (PDP)> |
|--|-------------------|---|
| Outpatient Prescription Drugs (continued) | | Out-of-Network Initial Coverage |
| | | After you pay your yearly deductible (if applicable), you will be reimbursed up to the plan’s cost of the drug minus the following for drugs purchased out-of-network until your total yearly drug costs reach \$2,970: |
| | | Tier 1: Preferred Generic |
| | | – \$<0> copay for a (10-day) supply of drugs in this tier. |
| | | Tier 2: Non-Preferred Generic |
| | | – \$<8.00> copay for a (10-day) supply of drugs in this tier. |
| | | Tier 3: Preferred Brand |
| | | – \$<22.00> – \$<37.00> copay for a (10-day) supply of drugs in this tier. |
| | | Please refer to the Premium, Deductible and Cost-Share Table after this section to find out what the premium is in your area. |
| | | Tier 4: Non-Preferred Brand |
| | | – \$<52.00> – \$<91.00> copay for a (10-day) supply of drugs in this tier. |
| | | Please refer to the Premium and Copay Table after this section to find out what the copay is in your area. |
| | | Tier 5: Specialty Tier |
| | | – 25% coinsurance for a (10-day) supply of drugs in this tier. |
| | | |

If you have any questions about this plan’s benefits or costs, please contact <Cigna Medicare Rx> for details.

SECTION II Summary of Benefits

| Benefit | Original Medicare | <Cigna Medicare Rx Plan One (PDP)> |
|--|-------------------|--|
| Outpatient Prescription Drugs (continued) | | <p>Out-of-Network Coverage Gap</p> <p>You will be reimbursed up to 21% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,750. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p>You will be reimbursed up to 52.5% of the plan allowable cost for brand name drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,750. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).</p> <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,750, you will be reimbursed for drugs purchased out-of-network up to the plan’s cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none">– 5% coinsurance, or– \$2.65 copay for generic (including brand drugs treated as generic) and \$6.60 copay for all other drugs. |

2013 Premium, Deductible and Cost-Share Table by State

<Cigna Medicare Rx® Plan One (PDP)> S5617

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium, your annual deductible and your cost-share depending upon the pharmacy type and drug tier for your covered Part D prescription drugs.

| Alaska | | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | Retail–60 Days | Retail–90 Days Non-Preferred Mail Order–90 Days | Preferred Mail Order–90 Days |
|-------------------------------------|------------|--|----------------|---|---------------------------------|
| <u>Monthly Premium</u> | Deductible | | | | |
| Plan One: <\$43.20> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$325> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | | \$22.00 | \$44.00 | \$66.00 | \$55.00 |
| Tier 4: Non-Preferred Brand Drugs | | \$52.00 | \$104.00 | \$156.00 | \$130.00 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

| California | | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | Retail–60 Days | Retail–90 Days Non-Preferred Mail Order–90 Days | Preferred Mail Order–90 Days |
|-------------------------------------|------------|--|----------------|---|---------------------------------|
| <u>Monthly Premium</u> | Deductible | | | | |
| Plan One: <\$55.80> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$325> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | | \$28.00 | \$56.00 | \$84.00 | \$70.00 |
| Tier 4: Non-Preferred Brand Drugs | | \$70.00 | \$140.00 | \$210.00 | \$175.00 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

2013 Premium, Deductible and Cost-Share Table by State

<Cigna Medicare Rx® Plan One (PDP)> S5617

Instructions for using this table:

- 1. Locate your state of residence from the table below.
- 2. For your state, you can see your monthly premium, your annual deductible and your cost-share depending upon the pharmacy type and drug tier for your covered Part D prescription drugs.

| Colorado | | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | | Retail–90 Days Non-Preferred Mail Order– 90 Days | |
|--|------------|--|--------------------|---|-------------------------------------|
| Monthly Premium | Deductible | | Retail– 60 Days | | Preferred Mail Order– 90 Days |
| Plan One: <\$51.00> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$325> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | | \$29.00 | \$58.00 | \$87.00 | \$72.50 |
| Tier 4: Non-Preferred Brand Drugs | | \$70.00 | \$140.00 | \$210.00 | \$175.00 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

2013 Premium, Deductible and Cost-Share Table by State

<Cigna Medicare Rx® Plan One (PDP)> S5617

Instructions for using this table:

- 1. Locate your state of residence from the table below.
- 2. For your state, you can see your monthly premium, your annual deductible and your cost-share depending upon the pharmacy type and drug tier for your covered Part D prescription drugs.

| District of Columbia | | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | | Retail–90 Days Non-Preferred Mail Order– 90 Days | |
|--|------------|--|--------------------|---|-------------------------------------|
| Monthly Premium | Deductible | | Retail– 60 Days | | Preferred Mail Order– 90 Days |
| Plan One: <\$35.40> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$0> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | <\$325> | \$26.00 | \$52.00 | \$78.00 | \$65.00 |
| Tier 4: Non-Preferred Brand Drugs | | \$91.00 | \$182.00 | \$273.00 | \$227.50 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

| Delaware | | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | | Retail–90 Days Non-Preferred Mail Order– 90 Days | |
|--|------------|--|--------------------|---|-------------------------------------|
| Monthly Premium | Deductible | | Retail– 60 Days | | Preferred Mail Order– 90 Days |
| Plan One: <\$35.40> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$0> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | <\$325> | \$26.00 | \$52.00 | \$78.00 | \$65.00 |
| Tier 4: Non-Preferred Brand Drugs | | \$91.00 | \$182.00 | \$273.00 | \$227.50 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

| Georgia | | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | | Retail–90 Days Non-Preferred Mail Order– 90 Days | |
|--|------------|--|--------------------|---|-------------------------------------|
| Monthly Premium | Deductible | | Retail– 60 Days | | Preferred Mail Order– 90 Days |
| Plan One: <\$33.50> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$0> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | <\$325> | \$24.00 | \$48.00 | \$72.00 | \$60.00 |
| Tier 4: Non-Preferred Brand Drugs | | \$88.00 | \$176.00 | \$264.00 | \$220.00 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

2013 Premium, Deductible and Cost-Share Table by State

<Cigna Medicare Rx® Plan One (PDP)> S5617

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium, your annual deductible and your cost-share depending upon the pharmacy type and drug tier for your covered Part D prescription drugs.

| Hawaii | | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | | Retail–90 Days Non-Preferred Mail Order– 90 Days | |
|--|------------|--|--------------------|---|-------------------------------------|
| Monthly Premium | Deductible | | Retail– 60 Days | | Preferred Mail Order– 90 Days |
| Plan One: <\$33.50> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$325> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | | \$36.00 | \$72.00 | \$108.00 | \$90.00 |
| Tier 4: Non-Preferred Brand Drugs | | \$84.00 | \$168.00 | \$252.00 | \$210.00 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

2013 Premium, Deductible and Cost-Share Table by State

<Cigna Medicare Rx® Plan One (PDP)> S5617

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium, your annual deductible and your cost-share depending upon the pharmacy type and drug tier for your covered Part D prescription drugs.

| Kansas | | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | | Retail–90 Days Non-Preferred Mail Order– 90 Days | |
|--|------------|--|--------------------|---|-------------------------------------|
| Monthly Premium | Deductible | | Retail– 60 Days | | Preferred Mail Order– 90 Days |
| Plan One: <\$37.60> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$325> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | | \$26.00 | \$52.00 | \$78.00 | \$65.00 |
| Tier 4: Non-Preferred Brand Drugs | | \$80.00 | \$160.00 | \$240.00 | \$200.00 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

| Idaho | | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | | Retail–90 Days Non-Preferred Mail Order– 90 Days | |
|--|------------|--|--------------------|---|-------------------------------------|
| Monthly Premium | Deductible | | Retail– 60 Days | | Preferred Mail Order– 90 Days |
| Plan One: <\$44.80> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$0> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | <\$325> | \$26.00 | \$52.00 | \$78.00 | \$65.00 |
| Tier 4: Non-Preferred Brand Drugs | | \$80.00 | \$160.00 | \$240.00 | \$200.00 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

| Louisiana | | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | | Retail–90 Days Non-Preferred Mail Order– 90 Days | |
|--|------------|--|--------------------|---|-------------------------------------|
| Monthly Premium | Deductible | | Retail– 60 Days | | Preferred Mail Order– 90 Days |
| Plan One: <\$37.50> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$325> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | | \$28.00 | \$56.00 | \$84.00 | \$70.00 |
| Tier 4: Non-Preferred Brand Drugs | | \$75.00 | \$150.00 | \$225.00 | \$187.50 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

2013 Premium, Deductible and Cost-Share Table by State

<Cigna Medicare Rx® Plan One (PDP)> S5617

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium, your annual deductible and your cost-share depending upon the pharmacy type and drug tier for your covered Part D prescription drugs.

| Maine Monthly Premium | Deductible | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | Retail–60 Days | Retail–90 Days Non-Preferred Mail Order–90 Days | Preferred Mail Order–90 Days |
|-------------------------------------|------------|--|----------------|---|---------------------------------|
| | | Plan One | Plan One | Plan One | Plan One |
| Plan One: <\$32.80> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$0> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | <\$325> | \$25.00 | \$50.00 | \$75.00 | \$62.50 |
| Tier 4: Non-Preferred Brand Drugs | | \$87.00 | \$174.00 | \$261.00 | \$217.50 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

2013 Premium, Deductible and Cost-Share Table by State

<Cigna Medicare Rx® Plan One (PDP)> S5617

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium, your annual deductible and your cost-share depending upon the pharmacy type and drug tier for your covered Part D prescription drugs.

| Mississippi Monthly Premium | Deductible | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | Retail–60 Days | Retail–90 Days Non-Preferred Mail Order–90 Days | Preferred Mail Order–90 Days |
|-------------------------------------|------------|--|----------------|---|---------------------------------|
| | | Plan One | Plan One | Plan One | Plan One |
| Plan One: <\$34.30> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$0> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | <\$325> | \$23.00 | \$46.00 | \$69.00 | \$57.50 |
| Tier 4: Non-Preferred Brand Drugs | | \$79.00 | \$158.00 | \$237.00 | \$197.50 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

| Maryland Monthly Premium | Deductible | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | Retail–60 Days | Retail–90 Days Non-Preferred Mail Order–90 Days | Preferred Mail Order–90 Days |
|-------------------------------------|------------|--|----------------|---|---------------------------------|
| | | Plan One | Plan One | Plan One | Plan One |
| Plan One: <\$35.40> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$0> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | <\$325> | \$26.00 | \$52.00 | \$78.00 | \$65.00 |
| Tier 4: Non-Preferred Brand Drugs | | \$91.00 | \$182.00 | \$273.00 | \$227.50 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

| Nevada Monthly Premium | Deductible | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | Retail–60 Days | Retail–90 Days Non-Preferred Mail Order–90 Days | Preferred Mail Order–90 Days |
|-------------------------------------|------------|--|----------------|---|---------------------------------|
| | | Plan One | Plan One | Plan One | Plan One |
| Plan One: <\$46.70> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$325> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | <\$325> | \$32.00 | \$64.00 | \$96.00 | \$80.00 |
| Tier 4: Non-Preferred Brand Drugs | | \$76.00 | \$152.00 | \$228.00 | \$190.00 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

2013 Premium, Deductible and Cost-Share Table by State

<Cigna Medicare Rx® Plan One (PDP)> S5617

Instructions for using this table:

- 1. Locate your state of residence from the table below.
- 2. For your state, you can see your monthly premium, your annual deductible and your cost-share depending upon the pharmacy type and drug tier for your covered Part D prescription drugs.

| New Hampshire | | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | | Retail–90 Days Non-Preferred Mail Order– 90 Days | |
|--|------------|--|--------------------|---|-------------------------------------|
| Monthly Premium | Deductible | | Retail– 60 Days | | Preferred Mail Order– 90 Days |
| Plan One: <\$32.80> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$0> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | <\$325> | \$25.00 | \$50.00 | \$75.00 | \$62.50 |
| Tier 4: Non-Preferred Brand Drugs | | \$87.00 | \$174.00 | \$261.00 | \$217.50 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

2013 Premium, Deductible and Cost-Share Table by State

<Cigna Medicare Rx® Plan One (PDP)> S5617

Instructions for using this table:

- 1. Locate your state of residence from the table below.
- 2. For your state, you can see your monthly premium, your annual deductible and your cost-share depending upon the pharmacy type and drug tier for your covered Part D prescription drugs.

| New Mexico | | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | | Retail–90 Days Non-Preferred Mail Order– 90 Days | |
|--|------------|--|--------------------|---|-------------------------------------|
| Monthly Premium | Deductible | | Retail– 60 Days | | Preferred Mail Order– 90 Days |
| Plan One: <\$25.50> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$325> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | | \$30.00 | \$60.00 | \$90.00 | \$75.00 |
| Tier 4: Non-Preferred Brand Drugs | | \$73.00 | \$146.00 | \$219.00 | \$182.50 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

| New Jersey | | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | | Retail–90 Days Non-Preferred Mail Order– 90 Days | |
|--|------------|--|--------------------|---|-------------------------------------|
| Monthly Premium | Deductible | | Retail– 60 Days | | Preferred Mail Order– 90 Days |
| Plan One: <\$47.00> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$325> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | | \$37.00 | \$74.00 | \$111.00 | \$92.50 |
| Tier 4: Non-Preferred Brand Drugs | | \$85.00 | \$170.00 | \$255.00 | \$212.50 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

| New York | | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | | Retail–90 Days Non-Preferred Mail Order– 90 Days | |
|--|------------|--|--------------------|---|-------------------------------------|
| Monthly Premium | Deductible | | Retail– 60 Days | | Preferred Mail Order– 90 Days |
| Plan One: <\$42.30> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$325> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | | \$35.00 | \$70.00 | \$105.00 | \$87.50 |
| Tier 4: Non-Preferred Brand Drugs | | \$89.00 | \$178.00 | \$267.00 | \$222.50 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

2013 Premium, Deductible and Cost-Share Table by State

<Cigna Medicare Rx® Plan One (PDP)> S5617

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium, your annual deductible and your cost-share depending upon the pharmacy type and drug tier for your covered Part D prescription drugs.

| Oklahoma | | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | | Retail–90 Days Non-Preferred Mail Order– 90 Days | |
|--|------------|--|--------------------|---|-------------------------------------|
| Monthly Premium | Deductible | | Retail– 60 Days | | Preferred Mail Order– 90 Days |
| Plan One: <\$34.00> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$325> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | | \$25.00 | \$50.00 | \$75.00 | \$62.50 |
| Tier 4: Non-Preferred Brand Drugs | | \$75.00 | \$150.00 | \$225.50 | \$187.50 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

2013 Premium, Deductible and Cost-Share Table by State

<Cigna Medicare Rx® Plan One (PDP)> S5617

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium, your annual deductible and your cost-share depending upon the pharmacy type and drug tier for your covered Part D prescription drugs.

| Utah | | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | | Retail–90 Days Non-Preferred Mail Order– 90 Days | |
|--|------------|--|--------------------|---|-------------------------------------|
| Monthly Premium | Deductible | | Retail– 60 Days | | Preferred Mail Order– 90 Days |
| Plan One: <\$44.80> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$0> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | <\$325> | \$26.00 | \$52.00 | \$78.00 | \$65.00 |
| Tier 4: Non-Preferred Brand Drugs | | \$80.00 | \$160.00 | \$240.00 | \$200.00 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

| Oregon | | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | | Retail–90 Days Non-Preferred Mail Order– 90 Days | |
|--|------------|--|--------------------|---|-------------------------------------|
| Monthly Premium | Deductible | | Retail– 60 Days | | Preferred Mail Order– 90 Days |
| Plan One: <\$49.00> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$325> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | | \$26.00 | \$52.00 | \$78.00 | \$65.00 |
| Tier 4: Non-Preferred Brand Drugs | | \$72.00 | \$144.00 | \$216.00 | \$180.00 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

| Washington | | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | | Retail–90 Days Non-Preferred Mail Order– 90 Days | |
|--|------------|--|--------------------|---|-------------------------------------|
| Monthly Premium | Deductible | | Retail– 60 Days | | Preferred Mail Order– 90 Days |
| Plan One: <\$49.00> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$325> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | | \$26.00 | \$52.00 | \$78.00 | \$65.00 |
| Tier 4: Non-Preferred Brand Drugs | | \$72.00 | \$144.00 | \$216.00 | \$180.00 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

2013 Premium, Deductible and Cost-Share Table by State

<Cigna Medicare Rx® Plan One (PDP)> S5617

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium, your annual deductible and your cost-share depending upon the pharmacy type and drug tier for your covered Part D prescription drugs.

| Wisconsin | | Retail–30 Days Preferred Mail Order–30 Days Non-Preferred Mail Order–30 Days Long-Term Care–31 Days Out-of-Network–10 Days | | Retail–90 Days Non-Preferred Mail Order– 90 Days | |
|--|------------|--|--------------------|---|-------------------------------------|
| Monthly Premium | Deductible | | Retail– 60 Days | | Preferred Mail Order– 90 Days |
| Plan One: <\$38.00> | Plan One | Plan One | Plan One | Plan One | Plan One |
| Tier 1: Preferred Generic Drugs | <\$0> | <\$0 | \$0 | \$0 | \$0 |
| Tier 2: Non-Preferred Generic Drugs | | \$8.00 | \$16.00 | \$24.00 | \$20.00 |
| Tier 3: Preferred Brand Drugs | <\$325> | \$28.00 | \$56.00 | \$84.00 | \$70.00 |
| Tier 4: Non-Preferred Brand Drugs | | \$80.00 | \$160.00 | \$240.00 | \$200.00 |
| Tier 5: Specialty Tier | | 25% | 25% | 25% | 25%> |

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 1-800-222-6700. 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 1-800-222-6700. 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 1-800-222-6700。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: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-222-6700。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

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 1-800-222-6700. Maaari kayong 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 1-800-222-6700. 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 sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-222-6700 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 Arzneimittelman. Unsere Dolmetscher erreichen Sie unter 1-800-222-6700. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-222-6700 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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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 1-800-222-6700. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول بمساعدتك. هذه على مترجم فوري، ليس عليك سوى الاتصال بنا ع 1-800-222-6700. سيقوم شخص ما يتحدث العربية خدمة مجانية.

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 1-800-222-6700. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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 1-800-222-6700. 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 1-800-222-6700. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis 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 1-800-222-6700. Ta usługa jest bezpłatna.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-222-6700 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Japanese: 当社の健康 健康保険と薬品 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。通訳をご用命になるには、1-800-222-6700 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。

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