

2013 CIGNA MEDICARE RX® (PDP)
**A MEDICARE
PRESCRIPTION
DRUG PLAN**

GO YOU™



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2013 PLAN FEATURES

plan one

coverage in all states

- Lower premium pharmacy plan with a \$0 copay for some drugs and very low copays for most other drugs.
 - **\$0 copay for all Tier 1 drugs** including high cholesterol, hypertension and diabetes medications
 - Very low copays for most other drugs
 - Broad drug coverage
 - Standard gap coverage²

\$0 deductible generics

For those living in DE, DC, GA, ID, MD, ME, MS, NH, SC, UT, WI:

\$0 deductible for Tiers 1-2 drugs

\$325 deductible for Tiers 3-5 drugs

plan two

expanded coverage in some states¹

- Moderate premium plan with a \$0 copay for some drugs, including a \$0 copay through the coverage gap.
 - **No deductible**
 - **\$0 copay for all Tier 1 drugs** including high blood pressure, diabetes, high cholesterol, glaucoma and thyroid therapy medications
 - Standard gap coverage² plus **\$0 copay for all Tier 1 drugs in the coverage gap**
 - Low copays for other generics and preferred brand drugs
 - Expanded drug coverage

1. Plan Two is available in AL, AR, AZ, CT, FL, IA, IL, IN, KY, MA, MI, MN, MO, MT, NC, ND, NE, OH, PA, RI, SC, SD, TN, TX, VA, VT, WV, WY.

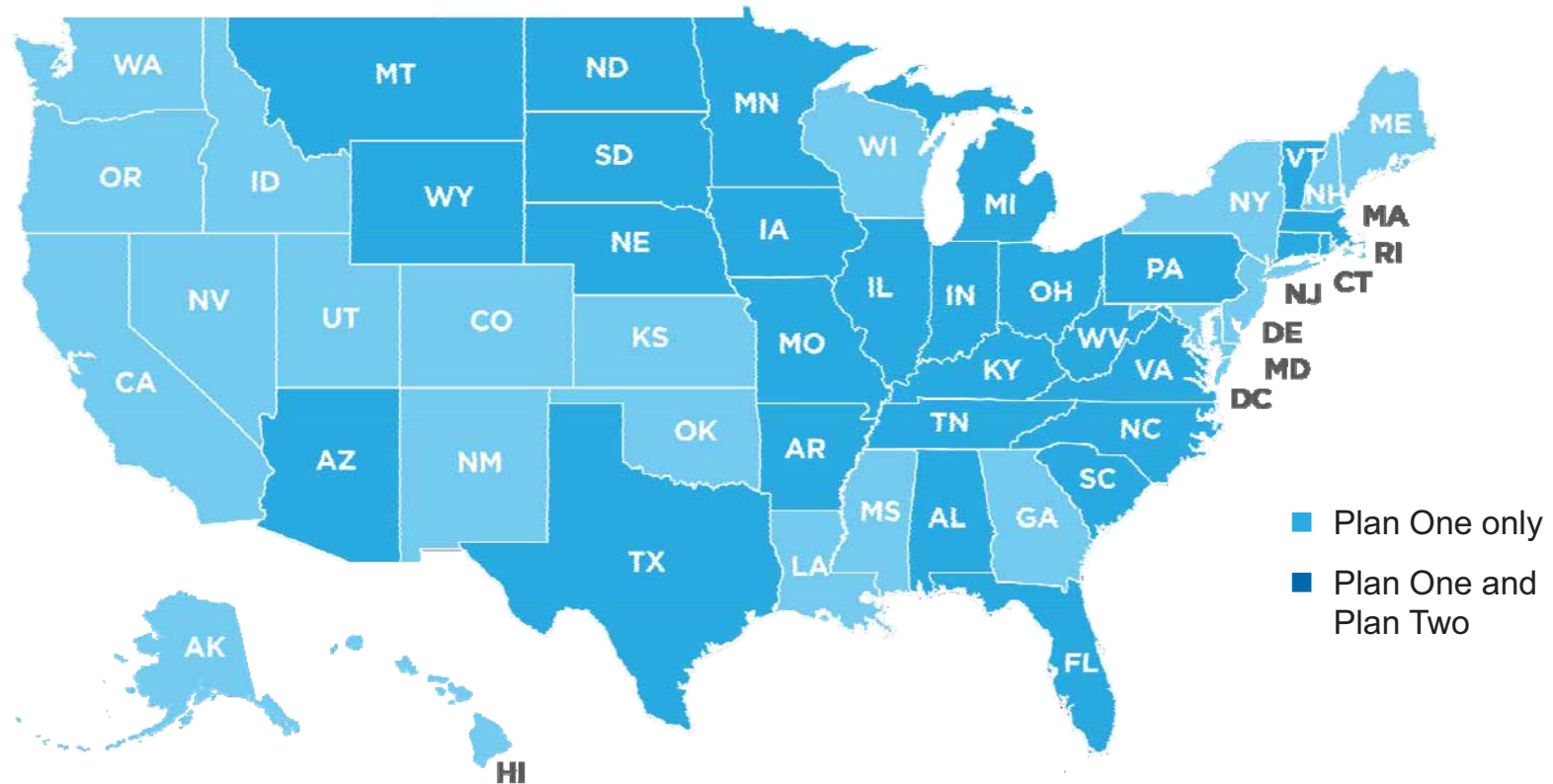
2. The Health Care Reform mandated gap coverage provides a discount of approximately 50% on brand-name drugs and you pay 79% of generic drug costs (does not apply if you are receiving Extra Help).



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PLAN AVAILABILITY

- **Plan One** – coverage available in all **50** States and the District of Columbia
- **Plan Two** – expanded coverage available in **28** States shown in dark blue



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AT A GLANCE

2013 Cigna Medicare Part D plans

	Plan One	Plan Two*
Annual deductible	\$0/\$325 for residents of DE, DC, GA, ID, MD, ME, MS, NH, SC, UT, WI \$325 for all other states	\$0
Initial coverage:	Copay¹	Copay¹
Tier 1	\$0	\$0
Tier 2	\$8	\$10
Tier 3	\$22-\$37	\$45
Tier 4	\$52-\$91 ²	\$90
Tier 5	25%	33%
Standard coverage gap³ (health care reform)	After your yearly drug costs reach \$2,970, you receive a discount on brand-name drugs and pay 79% of generic drug costs.	After your yearly drug costs reach \$2,970, you receive a discount on brand-name drugs and pay 79% of generic drug costs and...
Additional coverage gap (Plan Two only)		\$0 copay coverage on all Tier 1 drugs.
Catastrophic coverage: After out-of-pocket drug costs reach \$4,750	You pay 5% of covered drug costs. ⁴	You pay 5% of covered drug costs. ⁴

* Plan Two is available in AL, AR, AZ, CT, FL, IA, IL, IN, KY, MA, MI, MN, MO, MT, NC, ND, NE, OH, PA, RI, SC, SD, TN, TX, VA, VT, WV, WY.

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 supply at our preferred mail-service pharmacy, the copay is 2.5 times the 30-day levels.
2. Ranges are state variations.
3. The Health Care Reform mandated gap coverage provides you with a discount of approximately 50% on brand-name drugs and you pay 79% of generic drug costs (does not apply if you are receiving Extra Help).
4. Higher of 5% coinsurance or \$2.65 (generic or brands treated as generic) and \$6.60 (for all other drugs).
5. Benefits, formulary pharmacy network, premium and/or co-payments/co-insurance may change on January 1 of each year. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments and restrictions may apply.



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STATE-BY-STATE PREMIUMS AND DEDUCTIBLES

State	Plan One		Plan Two ¹	
	Monthly premium ²	Annual deductible	Monthly premium ²	Annual deductible
AK	\$43.20	\$325	N/A	N/A
AL	\$33.50	\$325	\$74.00	\$0
AR	\$33.50	\$325	\$70.30	\$0
AZ	\$42.90	\$325	\$81.10	\$0
CA	\$55.80	\$325	N/A	N/A
CO	\$51.00	\$325	N/A	N/A
CT	\$34.00	\$325	\$76.50	\$0
DE	\$35.40	\$0/\$325*	N/A	N/A
DC	\$35.40	\$0/\$325*	N/A	N/A
FL	\$45.80	\$325	\$78.70	\$0
GA	\$33.50	\$0/\$325*	N/A	N/A
HI	\$33.50	\$325	N/A	N/A
IA	\$35.40	\$325	\$80.60	\$0
ID	\$44.80	\$0/\$325*	N/A	N/A
IL	\$31.30	\$325	\$79.20	\$0
IN	\$36.30	\$325	\$76.90	\$0
KS	\$37.60	\$325	N/A	N/A
KY	\$36.30	\$325	\$76.90	\$0
LA	\$37.50	\$325	N/A	N/A
MA	\$34.00	\$325	\$76.50	\$0
MD	\$35.40	\$0/\$325*	N/A	N/A
ME	\$32.80	\$0/\$325*	N/A	N/A
MI	\$35.20	\$325	\$66.30	\$0
MN	\$35.40	\$325	\$80.60	\$0
MO	\$34.50	\$325	\$75.90	\$0

*** \$0 deductible generics for:**
 DE, DC, GA, ID, MD, ME, MS,
 NH, SC, UT, WI:
\$0 deductible for Tiers 1-2 drugs
\$325 deductible for Tiers 3-5 drugs

1. Plan Two is available in AL, AR, AZ, CT, FL, IA, IL, IN, KY, MA, MI, MN, MO, MT, NC, ND, NE, OH, PA, RI, SC, SD, TN, TX, VA, VT, WV, WY.
2. You must continue to pay your Medicare Part B premium.

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STATE-BY-STATE PREMIUMS AND DEDUCTIBLES

State	Plan One		Plan Two ¹	
	Monthly premium ²	Annual deductible	Monthly premium ²	Annual deductible
MS	\$34.30	\$325	n/a	N/A
MT	\$35.40	\$325	\$80.60	\$0
NC	\$33.10	\$325	\$72.10	\$0
ND	\$35.40	\$325	\$80.60	\$0
NE	\$35.40	\$325	\$80.60	\$0
NH	\$32.80	\$0/\$325*	N/A	N/A
NJ	\$47.00	\$325	N/A	N/A
NM	\$25.50	\$325	N/A	N/A
NV	\$46.70	\$325	N/A	N/A
NY	\$42.30	\$325	N/A	N/A
OH	\$38.30	\$325	\$72.20	\$0
OK	\$34.00	\$325	N/A	N/A
OR	\$49.00	\$325	N/A	N/A
PA	\$36.10	\$325	\$76.00	\$0
RI	\$34.00	\$325	\$76.50	\$0
SC	\$37.10	\$0/\$325*	\$71.70	\$0
SD	\$35.40	\$325	\$80.60	\$0
TN	\$33.50	\$325	\$74.00	\$0
TX	\$31.80	\$325	\$79.10	\$0
UT	\$44.80	\$0/\$325*	N/A	N/A
VA	\$31.40	\$325	\$71.40	\$0
VT	\$34.00	\$325	\$76.50	\$0
WA	\$49.00	\$325	N/A	N/A
WI	\$38.00	\$0/\$325*	N/A	N/A
WV	\$36.10	\$325	\$76.00	\$0
WY	\$35.40	\$325	\$80.60	\$0

*** \$0 deductible generics for:**
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DRUG OVERVIEW

- Broad, national network of **over 64,000 pharmacies**, including our convenient Cigna Home Delivery Pharmacy
- Our Part D plan covers over 6,000 medications and Plan Two covers **96%** of the most commonly used drugs by Medicare individuals¹
- We provide a separate drug list/formulary for Plan One and for Plan Two
- **Formulary Tier descriptions for both plans are as follows:**
 - **Tier 1: Preferred generic drugs**
Includes preferred generic drugs and may include preferred brand-name drugs. This grouping of prescription drugs represents the lowest cost-sharing.
 - **Tier 2: Non-preferred generic drugs**
Includes non-preferred generic drugs and may include preferred brand-name drugs.
 - **Tier 3: Preferred brand drugs**
Includes preferred brand drugs and may include non-preferred generic drugs.
 - **Tier 4: Non-preferred brand drugs**
Includes non-preferred brand drugs and may include non-preferred generic drugs.
 - **Tier 5: Specialty tier**
Includes generic and brand-name drugs that meet certain criteria defined by Medicare. This grouping of prescription drugs represents the highest cost-sharing.

Our full drug list found on
cignamedicarerx.com

1. Based on the top 100 Part D prescription drugs used by Medicare-eligible customers. The four percent of drugs not covered are brand-name drugs with a covered generic equivalent available.

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2013 PDP Plans & Marketing Support



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2013 PDP Plans – Reduced Co-Pays!

plan one

coverage in all states

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 - Broad drug coverage
 - Standard gap coverage²

\$0 Deductible Generics

For those living in: DE, DC, GA, ID, MD, ME, MS, NH, SC, UT, WI

\$0 deductible for Tiers 1-2 drugs

\$325 deductible for Tiers 3-5 drugs

plan two

expanded coverage in some states¹

- Moderate premium plan with expanded drug coverage and the greatest potential for predictable out-of-pocket costs.
 - **No deductible**
 - **\$0 copay for all Tier 1 drugs** including high blood pressure, diabetes, high cholesterol, glaucoma and thyroid therapy medications
 - Standard gap coverage² **plus \$0 copay for all Tier 1 drugs in the coverage gap**
 - Low copays for other generics and preferred brand drugs
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1. Plan Two is available in AL, AR, AZ, CT, FL, IA, IL, IN, KY, MA, MI, MN, MO, MT, NC, ND, NE, OH, PA, RI, SC, SD, TN, TX, VA, VT, WV, WY.

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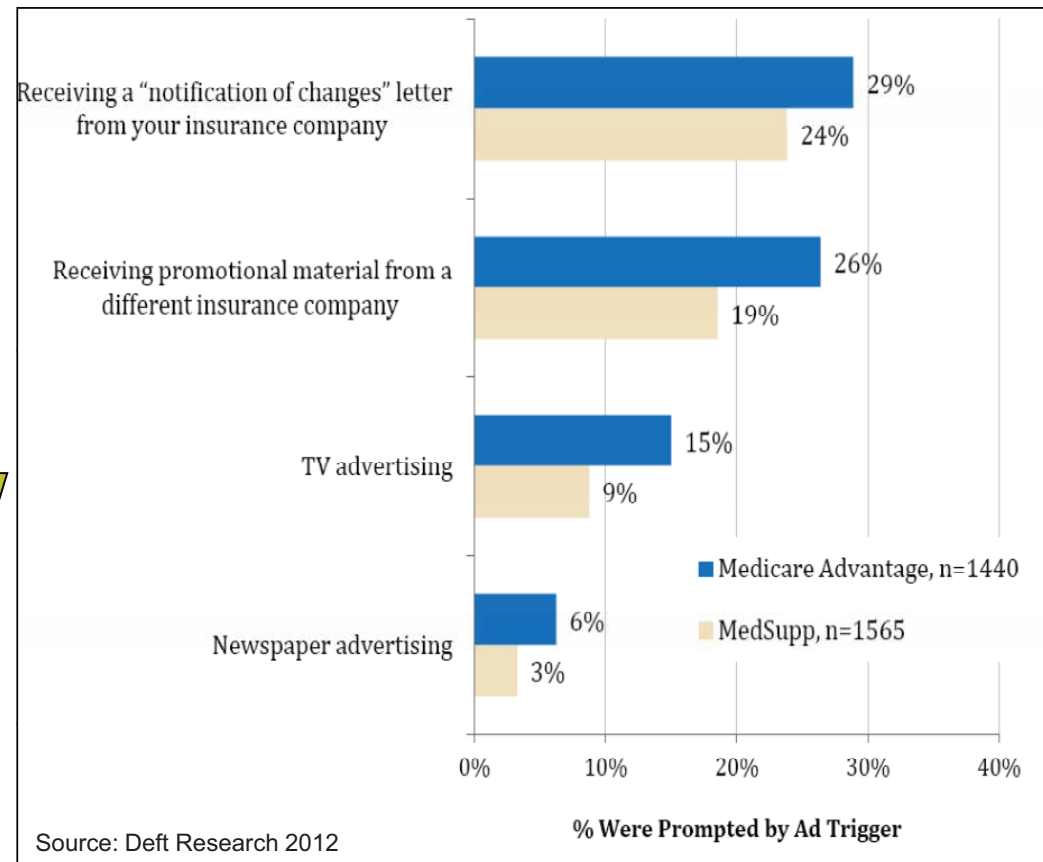
ANOC: #1 Prompt to Shop

Cigna ANOC/EOC

- Mailings will begin 9/5 and target to complete by 9/14
- Guarantee in home by 9/30 to meet CMS requirement

DID YOU KNOW?

- 92% of Members remember receiving their ANOC
- 16% of them call their agents




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Producer/Broker Support




NEW Producer Update eNewsletter

Cigna Medicare Rx® (PDP)
Medicare Part D Prescription Drug Plans



PRODUCER UPDATE



WHAT'S NEW

[Cigna's New Brand](#)
Cigna is taking a bold step to become a decidedly different health service company – unmatched in our commitment to help every individual make the most of their health...so they can get the most out of life. Our new visual identity and logo reflect this personalized focus. Click [here](#) to learn more about our new brand and experience it for yourself!

[Cigna/HealthSpring Expands Medicare Advantage Markets in Texas and Arkansas](#)
In case you missed it, Cigna recently announced that they have signed an agreement under which Cigna will acquire Humana and Arcadian Medicare Advantage plans in three Texas and Arkansas markets. To continue reading click [here](#).

[Supreme Court Rules on U.S. Health Care Reform](#)
On June 28, 2012, the U.S. Supreme Court ruled that the Patient Protection and Affordable Care Act (PPACA) is constitutional. Accordingly, the law will continue to be implemented, and all current provisions remain in force. Read [A Message](#) from Cigna President and CEO, David Cordani regarding the ruling.

[Cigna Announces Lifetime Renewals on PDP Policies](#)
Cigna Medicare Rx (PDP) producers are now eligible to be paid lifetime renewal commissions on Cigna PDP policies. This change was made effective as of June 1, 2012. For more information click [here](#).

COMPLIANCE ALERTS

[New Enrollment Requirements](#)
An update has been made to the 2012 Cigna Medicare Rx/Part D Plan Marketing/Enrollment Requirements. View the June 7, 2012 update [here](#).

TRAINING AND CERTIFICATION

[Coming Soon!](#)
Keep an eye out in the coming weeks for more information on how to qualify to sell Cigna Medicare Rx (PDP) for 2013.

FORMULARY UPDATES

For CMS, there is a monthly formulary maintenance process we must all be of. Please click the links below for this month's CMS-approved Formulary Notice.

Medicare Rx (PDP) [PLAN ONE](#) Formulary Change Notice

Medicare Rx (PDP) [PLAN TWO](#) Formulary Change Notice

The Formulary Change Notice includes all formulary changes (additions/enhancements/deletions) for January – June 2012. These Formulary Change Notices should be included in all pre-enrollment kits for Cigna Medicare Rx (PDP) plans.

GO YOU™

What's New?

- New look/feel and easier navigation
- What's New section (all new information, pertinent articles, etc.)
- Training & Certification link & information on how to certify
- Compliance Alerts
- Marketing Materials (link to portal to make it easy to order their materials)
- Health Care Reform (Cigna updates or any pertinent webinars, etc.)
- Top Key Words
- Did you Know? (information stats)

Frequency: 80% said just right, while 14% felt too little



2013 Producer Enrollment & Welcome (starter) Kits

- **Pre-order in September so agents are ready for AEP in October**
- **Producer Welcome (Starter) Kit Components (1 of each this year) – Agents will receive once they certify to sell Cigna Medicare Rx (PDP)**
 - Welcome letter
 - Enrollment Guide (InfoGuide)
 - Enrollment Form
 - Summary of Benefits
 - Medicare Plan Rating Sheet
 - Medicare Multi-language Sheet
 - Formulary
 - Producer Chain Pharmacy Listing
 - 2013 Sales Presentation (bound) – NEW this year

