



# SUMMARY OF BENEFITS

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**2023**

January 1, 2023 to  
December 31, 2023

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**Cigna Rx Medicare (PDP)**

County of Loudoun, Virginia  
S5617 – 805  
Enhanced Drug List

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**TO JOIN**

You must be entitled to  
Medicare Part A, be  
enrolled in Medicare Part B  
and live in our service area.

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**A2**

Our service area includes all 50 states, the District of  
Columbia, Puerto Rico and the U.S. Virgin Islands.

# Introduction

<p><b>What's Inside</b></p> <ul style="list-style-type: none"><li>① About this Plan</li><li>② Monthly Premium Deductible and Limits</li><li>③ Prescription Drug Benefits</li></ul>	<p>This benefit information is a summary of what we cover and what you pay. It does not list every service, limitation or exclusion. To get a complete description of benefits, request the “Evidence of Coverage Snapshot” by calling 1-800-558-9562 (TTY 711), or go online at <a href="http://myCigna.com">myCigna.com</a>.</p> <p><b>You have choices about how to get your Medicare prescription drug benefits.</b></p> <p>One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like Cigna Rx Medicare (PDP).</p> <p>Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (like an HMO or PPO) or another Medicare health plan that offers Medicare prescription drug coverage. You get all of your Part A and Part B coverage as well as prescription drug coverage (Part D), through these plans.</p> <p><b>Tips for comparing coverage</b></p> <p>If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits. Or, use the Medicare Plan Finder on <a href="http://www.medicare.gov">www.medicare.gov</a>.</p> <p><b>More about Original Medicare</b></p> <p>If you want to know more about the coverage and costs of Original Medicare, look in your current “<b>Medicare &amp; You</b>” handbook. View it online at <a href="http://www.medicare.gov">www.medicare.gov</a> or get a copy by calling <b>1-800-MEDICARE (1-800-633-4227)</b>, 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p><b>Need help?</b></p> <p>Call toll-free <b>1-800-558-9562 (TTY 711)</b>. Customer Service is available October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Our automated phone system may answer your call during weekends, after hours, and on federal holidays.</p> <p><b><u><a href="http://CignaMedicare.com/group/PDPresources">CignaMedicare.com/group/PDPresources</a></u></b></p> <p>You can also visit us online to find a pharmacy, view plan information, and more.</p>
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# 1 Things to know about this plan



## How to determine your drug costs?

The amount you pay for a medication depends on what tier the drug is grouped under and what stage of the plan benefit you have reached.

## Drug Tiers

**Tier 1:** Generic Drugs

**Tier 2:** Preferred Brand Drugs

**Tier 3:** Non-Preferred Drugs

**Tier 4:** Specialty Drugs

Use the plan formulary to determine your medication's drug tier.

## Which pharmacies can I use?

Cigna Rx Medicare (PDP) has a network of pharmacies that includes over 67,000 pharmacies. You must generally use these pharmacies to fill your prescriptions for Covered Part D drugs.

You can see our plan's pharmacy directory at our website

[CignaMedicare.com/group/PDPresources](https://www.cignamedicare.com/group/PDPresources), or you can call us and we will send you a copy of the pharmacy directory.

## What we cover?

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- > You can see the plan's complete Enhanced Drug List which lists the Part D prescription drugs along with any restrictions on our website, [CignaMedicare.com/group/PDPresources](https://www.cignamedicare.com/group/PDPresources).
- > Or, call us and we will send you a copy of the Enhanced Drug List.

## Benefit Stages:

Medicare Part D coverage has three benefit stages after you meet your deductible (if applicable) – *Initial Coverage, Coverage Gap, and Catastrophic Coverage*.

### Stage One and Two: Initial Coverage

- > Begins after you meet your deductible (if applicable).
- > You pay a copay or coinsurance for covered Part D drugs.

### Stage Three: Coverage Gap "Donut Hole"

- > Begins after your **total** yearly drug costs – *what the plan has paid and what you have paid* – reaches \$4,660.
- > You continue to pay the same amount as you paid in the initial coverage phase.

### Stage Four: Catastrophic Coverage

- > Takes effect when your yearly **out-of-pocket** drug costs – *what you paid at your retail pharmacy or mail-order* – reach \$7,400.
- > The plan pays most of the cost of a covered drug.
- > You pay a small amount or up to 5% of the cost. (\$40 max out-of-pocket per prescription 30-day supply)

## 2 Monthly Premium, Deductible & Limits

### What you should know:

- You must continue to pay your Medicare Part B premium in addition to your monthly Medicare Part D premium. Please contact your Plan Sponsor for questions on your premium.
- A deductible (if applicable) is the amount you need to pay for your covered Part D prescriptions before Initial Coverage begins with your Medicare Part D plan.
- Until you meet your deductible (if applicable), your cost at our network pharmacies will reflect the Cigna special negotiated rates.
- You will typically get the best pricing from network pharmacies. See our pharmacy directory for a list of network pharmacies in your area.

Benefit	Cigna Rx Medicare (PDP)
<b>How much is the monthly premium?</b>	Please contact your Plan Sponsor. In addition, you must keep paying your Medicare Part B premium.
<b>Annual Deductible</b>	\$0 / year

## 3 Your plan costs

### Initial Coverage Stage – Benefit Stages 1 and 2

#### What You Will Pay

The following chart shows the cost-sharing amounts for covered Part D drugs under this plan. After you pay your yearly deductible (if applicable), you pay the following until your total yearly drug costs reach **\$4,660**. Total yearly drug costs are the total drug costs paid by both you and our plan.

Tier	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days
1	\$10 / \$20 / \$30	\$10 / \$20 / \$20
2	\$20 / \$40 / \$60	\$20 / \$40 / \$40
3	\$40 / \$80 / \$120	\$40 / \$80 / \$80
4*	\$40 / N/A / N/A	\$40 / N/A / N/A

Your copay or coinsurance is based on the drug tier for your medication which you can find in the Enhanced Drug List (formulary) on our website ([CignaMedicare.com\group\PDPresources](http://CignaMedicare.com/group/PDPresources)). Or, call us and we will send you a copy of the drug list. Important: If you receive Extra Help, these benefit stages do not apply. You typically pay only a low copay.

### Coverage Gap Stage – Benefit Stage 3

- Most Medicare drug plans have a coverage gap (also called the “Donut Hole”).
- Not everyone will enter the Coverage Gap.

#### What You Will Pay

The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$4,660**. Coverage gap ends when your costs total **\$7,400**.

Tier	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days
1	\$10 / \$20 / \$30	\$10 / \$20 / \$20
2	\$20 / \$40 / \$60	\$20 / \$40 / \$40
3	\$40 / \$80 / \$120	\$40 / \$80 / \$80
4*	\$40 / N/A / N/A	\$40 / N/A / N/A

\*Specialty drugs are limited to a 30-day supply

### Out-of-Network Coverage

If you get your drug at an out-of-network pharmacy, you will pay the same cost-share you would pay for a 30-day supply at an in-network retail pharmacy. If you reside in a long-term care facility, you would pay the standard retail cost-share at an in-network pharmacy.

## Catastrophic Coverage – Benefit Stage 4

### What you will pay

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) have reached **\$7,400**, the plan will pay most of the cost for your drugs. For a 30-day supply, your share of the cost of covered drugs will be the greater of:

5% of the cost

- or -

**\$4.15** copayment for generic (including brand drugs treated as generic) and

**\$10.35** copayment for all other drugs. (\$40 max out-of-pocket per prescription 30-day supply)

## Additional Drugs Covered by Cigna Rx Medicare (PDP)

<i>Additional Coverage</i>	<i>What you pay</i>
+	<b>Tiers 1- 4:</b> Your plan covers additional drugs not normally covered in a Medicare Prescription Drug Plan, as indicated in the Formulary Drug List by the + symbol. You pay the same amount as you would for other covered Part D drugs on your plan in the same tier. Please see your 2023 Formulary document for details.

### Important Message About What You Pay for Insulin

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. If your insulin is on a tier where cost-sharing is lower than \$35, you will pay the lower cost for your insulin.

### Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. Call Customer Service for more information.

### State Mandated Coverage

If you live in a state that requires insurance companies to provide additional coverage, that coverage is outlined below.

- **Residents of Utah will have a \$27 maximum monthly charge for insulin drugs.**
- **Residents of Oklahoma will have a \$30 maximum monthly charge for insulin drugs.**

<b>Clinical Management Edits</b>	
<b>Step Therapy</b>	This drug has step therapy requirements.
<b>Prior Authorization</b>	This drug requires prior authorization.
<b>Quantity Limits</b>	This drug has quantity limits.
*	Opioid medication available as a 7-day supply or less for first time opioid user. For continued use this drug may only be available as a month supply.
+	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
^	This prescription drug has an administrative prior authorization requirement that is not waived. This drug may be covered under different benefits depending on circumstances.
<b>HRM PA</b>	This high risk medication requires prior authorization.
<b>B/D PA</b>	This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.
<b>LA</b>	Limited Availability drug. This drug may be available only at certain pharmacies.

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