

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

<b>CIGNA Medicare Rx (PDP) – Plan One</b>  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, including many generic drugs at very low copay.	<b>CIGNA Medicare Rx (PDP) – Plan Two</b>  For people who want a low premium, predictable cost plan with \$0 copay and no pharmacy deductible for select generics including drugs for high blood pressure, high cholesterol and diabetes. Small deductible for all other covered drugs.	<b>CIGNA Medicare Rx (PDP) – Plan Three</b>  For people who want a pharmacy plan with expanded drug coverage providing the greatest potential for low ongoing pharmacy costs. Includes a wide selection of generics covered in the coverage gap for over 50 conditions including high blood pressure, high cholesterol and diabetes.
<b>Don</b>  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 low \$3 copay for his generic medications, after meeting his deductible.	<b>Ted</b>  Ted is retiring this year after teaching for 30 years. He is 65 years old and selecting his first Part D Pharmacy plan. Ted takes multiple generic medications for chronic conditions, including high blood pressure, diabetes and high cholesterol. He is concerned about his monthly premium payments and pharmacy costs. Ted chose Plan Two because his generic medications are covered at \$0 copay with no deductible.	<b>Kim</b>  Kim is 76 years old and not as active as she used to be. She has been using a variety of medications for high blood pressure, osteoporosis and arthritis. Her medications include both brand-name and generic drugs, and she feels most comfortable staying with these current medications. Kim wants a plan with enhanced coverage, as she expects her expenses to reach the coverage gap. She chose Plan Three because it covers her generic medications in the coverage gap and she pays only 25% of the cost.

## CIGNA Medicare Rx® (PDP)

Medicare Part D Prescription Drug Plans

# 2010 Benefits *and* Premiums



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# 2010 CIGNA Medicare Rx® (PDP) Plan Offerings\*

We offer plans that meet varied needs – Plan One, Plan Two and Plan Three. Find a design that best meets your client’s prescription drug needs.

STATE	Plan One								Plan Two							Plan Three									
	Monthly Premium	Annual Deductible	Initial Coverage				Coverage Gap After your yearly drug costs reach the amount listed below, you pay 100% of discounted drug costs	After Coverage Gap <sup>2</sup>	Monthly Premium	Annual Deductible	Initial Coverage					Coverage Gap After your yearly drug costs reach the amount listed below, you pay 100% of discounted drug costs	After Coverage Gap <sup>2</sup>	Monthly Premium	Annual Deductible	Initial Coverage				Coverage Gap After your yearly drug costs reach the amount listed below, you pay 25% <sup>4</sup> of discounted drug costs for select generics and 100% for all other drugs	After Coverage Gap <sup>2</sup>
			Copay <sup>1</sup>			Coinsurance					Copay <sup>1</sup>			Coinsurance	Copay <sup>1</sup>					Coinsurance					
			Tier 1	Tier 2	Tier 3	Tier 4					Tier 1	Tier 2	Tier 3	Tier 4	Tier 5					Tier 1	Tier 2	Tier 3	Tier 4		
NH/ME	\$26.40	\$310 for all Drugs	\$3	\$32	\$78	25%	\$2,830	5% of Covered Drug Costs <sup>3</sup>	\$31.60	\$0 for all Tier 1 Drugs \$100 for all Tier 2-5 Drugs	\$0	\$8	\$40	\$90	25%	\$2,830	5% of Covered Drug Costs <sup>3</sup>	\$64.40	None	\$6	\$35	\$60	33%	\$2,600	5% of Covered Drug Costs <sup>3</sup>
CT/MA/RI/VT	\$33.00		\$3	\$31	\$77	25%	\$2,830		\$36.90		\$0	\$8	\$40	\$91	25%	\$2,830		\$66.30		\$6	\$35	\$60	33%	\$2,600	
NY	\$27.60		\$3	\$30	\$74	25%	\$2,830		\$40.60		\$0	\$8	\$37	\$90	25%	\$2,830		\$70.80		\$6	\$35	\$60	33%	\$2,600	
NJ	\$31.10		\$3	\$29	\$77	25%	\$2,830		\$39.90		\$0	\$8	\$39	\$88	25%	\$2,830		\$75.00		\$6	\$35	\$60	33%	\$2,600	
DE/DC/MD	\$31.50		\$3	\$31	\$88	25%	\$2,830		\$37.20		\$0	\$8	\$40	\$78	25%	\$2,830		\$66.50		\$6	\$35	\$60	33%	\$2,600	
PA/WV	\$28.00		\$3	\$30	\$90	25%	\$2,830		\$33.50		\$0	\$8	\$39	\$82	25%	\$2,830		\$57.30		\$6	\$35	\$60	33%	\$2,600	
VA	\$28.20		\$3	\$29	\$88	25%	\$2,830		\$34.60		\$0	\$8	\$37	\$77	25%	\$2,830		\$60.30		\$6	\$35	\$60	33%	\$2,680	
NC	\$30.90		\$3	\$30	\$80	25%	\$2,830		\$36.70		\$0	\$8	\$35	\$91	25%	\$2,830		\$58.30		\$6	\$35	\$60	33%	\$2,600	
SC	\$28.50		\$3	\$30	\$77	25%	\$2,830		\$34.00		\$0	\$8	\$37	\$92	25%	\$2,830		\$61.10		\$6	\$35	\$60	33%	\$2,680	
GA	\$26.60		\$3	\$30	\$80	25%	\$2,830		\$32.10		\$0	\$8	\$38	\$87	25%	\$2,830		\$66.60		\$6	\$35	\$60	33%	\$2,680	
FL	\$41.90		\$3	\$29	\$76	25%	\$2,830		\$39.20		\$0	\$8	\$35	\$83	25%	\$2,830		\$58.90		\$6	\$35	\$60	33%	\$2,680	
AL/TN	\$26.20		\$3	\$30	\$79	25%	\$2,830		\$32.10		\$0	\$8	\$37	\$84	25%	\$2,830		\$60.30		\$6	\$35	\$60	33%	\$2,680	
MI	\$29.50		\$3	\$33	\$85	25%	\$2,830		\$35.60		\$0	\$8	\$41	\$87	25%	\$2,830		\$58.80		\$6	\$35	\$60	33%	\$2,600	
OH	\$29.80		\$3	\$34	\$76	25%	\$2,830		\$35.20		\$0	\$8	\$40	\$89	25%	\$2,830		\$57.60		\$6	\$35	\$60	33%	\$2,600	
IN/KY	\$30.40		\$3	\$30	\$86	25%	\$2,830		\$36.70		\$0	\$8	\$38	\$84	25%	\$2,830		\$59.80		\$6	\$35	\$60	33%	\$2,680	
WI	\$33.60		\$3	\$34	\$87	25%	\$2,830		\$38.70		\$0	\$8	\$41	\$92	25%	\$2,830		\$66.20		\$6	\$35	\$60	33%	\$2,680	
IL	\$26.60		\$3	\$32	\$86	25%	\$2,830		\$32.80		\$0	\$8	\$41	\$87	25%	\$2,830		\$74.10		\$6	\$35	\$60	33%	\$2,680	
MO	\$42.60		\$3	\$30	\$84	25%	\$2,830		\$36.20		\$0	\$8	\$36	\$84	25%	\$2,830		\$60.20		\$6	\$35	\$60	33%	\$2,680	
AR	\$24.30		\$3	\$31	\$82	25%	\$2,830		\$29.20		\$0	\$8	\$40	\$80	25%	\$2,830		\$60.70		\$6	\$35	\$60	33%	\$2,600	
MS	\$28.00		\$3	\$31	\$74	25%	\$2,830		\$34.00		\$0	\$8	\$38	\$83	25%	\$2,830		\$65.30		\$6	\$35	\$60	33%	\$2,680	
LA	\$24.90		\$3	\$29	\$71	25%	\$2,830		\$31.70		\$0	\$8	\$36	\$84	25%	\$2,830		\$59.10		\$6	\$35	\$60	33%	\$2,680	
TX	\$24.90		\$3	\$30	\$77	25%	\$2,830		\$34.20		\$0	\$8	\$37	\$93	25%	\$2,830		\$66.30		\$6	\$35	\$60	33%	\$2,680	
OK	\$43.30		\$3	\$30	\$86	25%	\$2,830		\$37.90		\$0	\$8	\$40	\$98	25%	\$2,830		\$63.70		\$6	\$35	\$60	33%	\$2,600	
KS	\$49.40		\$3	\$30	\$89	25%	\$2,830		\$46.10		\$0	\$8	\$34	\$81	25%	\$2,830		\$71.70		\$6	\$35	\$60	33%	\$2,680	
IA/MN/MT/ND/SD/NE/WY	\$54.20		\$3	\$29	\$90	25%	\$2,830		\$41.50		\$0	\$8	\$38	\$88	25%	\$2,830		\$68.40		\$6	\$35	\$60	33%	\$2,680	
NM	\$26.60		\$3	\$30	\$70	25%	\$2,830		\$27.10		\$0	\$8	\$40	\$88	25%	\$2,830		\$55.80		\$6	\$35	\$60	33%	\$2,680	
CO	\$55.10		\$3	\$32	\$80	25%	\$2,830		\$44.70		\$0	\$8	\$39	\$82	25%	\$2,830		\$70.50		\$6	\$35	\$60	33%	\$2,600	
AZ	\$37.90		\$3	\$29	\$80	25%	\$2,830		\$36.40		\$0	\$8	\$38	\$82	25%	\$2,830		\$57.20		\$6	\$35	\$60	33%	\$2,600	
NV	\$34.80		\$3	\$30	\$85	25%	\$2,830		\$38.20		\$0	\$8	\$40	\$95	25%	\$2,830		\$84.00		\$6	\$35	\$60	33%	\$2,600	
OR/WA	\$42.90		\$3	\$31	\$78	25%	\$2,830		\$46.90		\$0	\$8	\$38	\$89	25%	\$2,830		\$69.70		\$6	\$35	\$60	33%	\$2,600	
ID/UT	\$38.40		\$3	\$33	\$92	25%	\$2,830		\$42.80		\$0	\$8	\$37	\$86	25%	\$2,830		\$69.80		\$6	\$35	\$60	33%	\$2,600	
CA	\$51.50	\$3	\$31	\$75	25%	\$2,830	\$43.70	\$0	\$8	\$38	\$80	25%	\$2,830	\$73.00	\$6	\$35	\$60	33%	\$2,600						
HI	\$33.40	\$3	\$33	\$85	25%	\$2,830	\$26.90	\$0	\$8	\$42	\$97	25%	\$2,830	\$73.10	\$6	\$35	\$60	33%	\$2,600						
AK	\$33.40	\$3	\$27	\$71	25%	\$2,830	\$40.40	\$0	\$8	\$35	\$80	25%	\$2,830	\$75.10	\$6	\$35	\$60	33%	\$2,600						

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<sup>1</sup> 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.

<sup>2</sup> After out-of-pocket drug costs reach \$4,550, you pay this amount.  
<sup>3</sup> Higher of \$2.50 (generic or brands treated as generic) and \$6.30 (all other drugs) or 5%.  
<sup>4</sup> 40% coinsurance at non-preferred mail order pharmacy.