



Medicare Prescription Drug Plans

SUMMARY OF BENEFITS

January 1, 2023–December 31, 2023

Cigna Secure Rx (PDP)
Cigna Saver Rx (PDP)
Cigna Extra Rx (PDP)

All 50 states and the District of Columbia

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” booklet, or find it online at Cigna.com/member-resources.



This information is not a complete description of benefits. Call 1-800-222-6700 (TTY 711) for more information. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-222-6700 (TTY 711). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-222-6700 (TTY 711). 注意：如果您使用繁體/中文，您可以免費獲得語言援助服務請致電 1-800-222-6700 (TTY 711).

Our plans and helpful resources

We offer three Medicare prescription drug plans so you can choose the one that's right for your health needs and budget.

Cigna Secure Rx (PDP)

This plan is the right fit for someone who receives Extra Help or needs basic protection to reduce the cost of their medications. This plan has moderate premiums, low copays, and no deductible for many generics and insulins in most states.

Cigna Saver Rx (PDP)

This plan is the right fit for someone who needs modest coverage, and is looking for savings on generics. This plan has low premiums, and there are low copays and no deductible for many generics.

Cigna Extra Rx (PDP)

This plan is the right fit for someone who needs a higher level of cost protection. This plan has a robust drug list, gap coverage for many generics and insulin medications, and a low deductible that applies only for Tier 4 and 5 drugs.

Customer service hours	You can call us seven days a week from 8:00 a.m. to 8:00 p.m., local time. Our automated phone system may answer your call during weekends from April 1 – September 30.
Phone numbers and website	If you are a customer, call toll-free 1-800-222-6700 (TTY 711) If you are not a customer, call toll-free 1-800-735-1459 (TTY 711)
Our website	Cigna.com/part-d
Drug list	Find out if our plans cover your drugs or if we have any restrictions by looking at the comprehensive drug list (formulary) on our website Cigna.com/member-resources . Or, call us and we will send you a copy of the drug list.
Pharmacy directory	See if your pharmacy is part of our network and if your pharmacy is a preferred network pharmacy by checking our Pharmacy Directory on our website at Cigna.com/member-resources . You can also request that we mail you a Pharmacy Directory by calling Customer Service.

SECTION 1. Introduction

This booklet gives you a summary of what we cover and what you pay for prescription drug coverage from January 1, 2023 – December 31, 2023. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage," or find it online at [Cigna.com/member-resources](https://www.cigna.com/member-resources).

You have choices about how to get your Medicare prescription drug benefits

One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, such as **Cigna Secure Rx (PDP), Cigna Saver Rx (PDP) or Cigna Extra Rx (PDP)**.

Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (such as 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, and prescription drug coverage (Part D), through these plans.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Cigna Secure Rx (PDP), Cigna Saver Rx (PDP) and Cigna Extra Rx (PDP)** covers and what you pay.

If you want to compare our plan with other Medicare plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on [medicare.gov](https://www.medicare.gov).

If you want to know more about the

coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille and large print.

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SECTION 2. Things to know about our Medicare Part D plans

Who can join a Medicare Part D plan?

To join **Cigna Secure Rx (PDP)**, **Cigna Saver Rx (PDP)** and **Cigna Extra Rx (PDP)** plans, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area which includes all 50 states, the District of Columbia, and Puerto Rico.

Are my drugs covered?

See “Drug list” section on inside cover.

How will I determine my 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

Our plan groups each medication into one of five (or six) tiers:

Tier 1: Preferred Generic

Tier 2: Generic

Tier 3: Preferred Brand

Tier 4: Non-Preferred Drugs

Tier 5: Specialty Tier

Tier 6: Select Care

Use the plan drug list (formulary) to determine your medication’s drug tier.

Benefit Stages

Medicare Part D coverage has three benefit stages after you meet your deductible – 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 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 pay only 25% of the cost of a covered drug.

Stage Four: Catastrophic Coverage

- Takes effect when your yearly **out-of-pocket** drug costs – what you paid at your retail pharmacy or home delivery – reach \$7,400.
- The plan pays most of the cost of a covered drug.
- You pay the greater of a small copay or 5% of the cost.

Which pharmacies can I use?

You can see our plan’s pharmacy directory on our website (**Cigna.com/member-resources**). Or, call us and we will send you a copy of the pharmacy directory.

We have a pharmacy network that includes preferred and standard network pharmacies. You must generally use these pharmacies to fill your prescriptions for covered Part D drugs. You may pay less if you use preferred network pharmacies.

You also may get drugs at an out-of-network pharmacy. You will pay the in-network pharmacy copay or percentage of the cost, **plus** the amount of the out-of-network pharmacy billed charges that are higher than our typical standard retail pharmacy billed charges.

SECTION 3. Your plan costs

Monthly premium and deductible

What You Should Know

- A premium is the monthly payment you make for your prescription drug coverage.
- You must continue to pay your Medicare Part B premium in addition to your monthly Medicare Part D premium.
- A deductible is the amount you need to pay out-of-pocket for your prescriptions before Initial Coverage begins with your Medicare Part D plan. Not all plans have a deductible.
- During the deductible, your cost at our network pharmacies will reflect the Cigna special negotiated rates.
- You will typically get the best pricing from preferred network pharmacies. See our pharmacy directory for a list of preferred network pharmacies in your area.




Your Costs	Cigna Secure Rx (PDP) Plan	Cigna Saver Rx (PDP) Plan	Cigna Extra Rx (PDP) Plan
Monthly Premium	\$23-\$41 per month. See the Premium/Cost-Sharing Tables by State (beginning on page 9) to find your specific premium.	\$12-\$15 per month. See the Premium/Cost-Sharing Tables by State (beginning on page 9) to find your specific premium.	\$41-\$108 per month. See the Premium/Cost-Sharing Tables by State (beginning on page 9) to find your specific premium.
Annual Deductible	<ul style="list-style-type: none"> • No deductible for Tier 1, 6 drugs.* • \$505 per year for Tier 2, 3, 4 and 5 drugs.* <p>* Puerto Rico has no deductible for Tier 1. Deductible applies Tier 2, 3, 4, 5, 6.</p>	<ul style="list-style-type: none"> • No deductible for Tier 1 and 2 drugs. • \$505 per year for Tier 3, 4 and 5 drugs. 	<ul style="list-style-type: none"> • No deductible for Tiers 1, 2, 3 and 6 drugs. • \$100 per year for Tiers 4 and 5 drugs.

SECTION 3. Your plan costs

BENEFIT STAGE ONE AND TWO:

Initial Coverage – Retail and Home Delivery Pharmacies

What You Should Know

- Your copay or coinsurance is based on the drug tier for your medication which you can find in the plan drug list (formulary) on our website (Cigna.com/member-resources). Or, call us and we will send you a copy of the drug list. 
- You may get drugs at an out-of-network pharmacy. You will pay the in-network pharmacy copay or percentage of the cost, **plus** the amount that the out-of-network pharmacy billed charges are higher than our typical standard retail pharmacy billed charges.
- **Important:** If you receive Extra Help, these benefit stages do not apply. You typically pay only a low copay. These charts below include home infusion.

What You Will Pay

Initial coverage begins after you meet your deductible (if your plan has a deductible). The table below has ranges for the costs that vary by state. Please refer to the Premium/Cost-Sharing Tables by State (beginning on page 9) to find the specific costs in your area.

Retail Pharmacies

	Preferred Network Pharmacy		
	Secure	Saver	Extra
We group each medication into one of five or six tiers.	30-day Copay x2 for 60-day x3 for 90-day	30-day Copay x2 for 60-day x3 for 90-day	30-day Copay x2 for 60-day x3 for 90-day
Tier 1: Preferred Generic Drugs	\$1-\$16***	\$0	\$4
Tier 2: Generic Drugs	\$3-\$19	\$10	\$10
Tier 3: Preferred Brand Drugs	\$20-\$47	\$40	\$45
Tier 4: Non-Preferred Drugs	40%-50% of the cost	50% of the cost	39%-50% of the cost
Tier 5: Specialty Tier (30-day supply only)	25% of the cost	25% of the cost	31% of the cost
Tier 6: Select Care	\$0	N/A	\$0**

See page 46 for updated vaccine and insulin information

Retail and Home Delivery Pharmacies

We group each medication into one of five or six tiers.	Standard Network Pharmacy		
	Secure	Saver	Extra
	30-day Copay x2 for 60-day x3 for 90-day	30-day Copay x2 for 60-day x3 for 90-day	30-day Copay x2 for 60-day x3 for 90-day
Tier 1: Preferred Generic Drugs	\$5-\$19	\$15	\$15
Tier 2: Generic Drugs	\$5-\$20	\$20	\$20
Tier 3: Preferred Brand Drugs	\$29-\$47	\$47	\$47
Tier 4: Non-Preferred Drugs	40%-50% of the cost	50% of the cost	39%-50% of the cost
Tier 5: Specialty Tier (30-day supply only)	25% of the cost	25% of the cost	31% of the cost
Tier 6: Select Care	\$11	N/A	\$11

We group each medication into one of five or six tiers.	Preferred Home Delivery Pharmacy		
	Secure	Saver	Extra
	90-day***	90-day***	90-day***
Tier 1: Preferred Generic Drugs	\$0	\$0	\$0
Tier 2: Generic Drugs	\$0	\$6	\$2
Tier 3: Preferred Brand Drugs	\$60-\$141	\$120	\$135
Tier 4: Non-Preferred Drugs	40%-50% of the cost	50% of the cost	39%-50% of the cost
Tier 5: Specialty Tier (30-day supply only)	30-day supply only	30-day supply only	30-day supply only
Tier 6: Select Care	\$0	N/A	\$0**

***Tier 1 preferred copay is \$1 for all regions except PR (\$16).**

****Select insulin gap coverage applies if you do not receive Extra Help.**

*****In many cases you will save on your medication copays when you use a preferred network home delivery pharmacy for a 90-day supply.**

SECTION 3. Your plan costs

BENEFIT STAGE ONE AND TWO:

Initial Coverage – Long-Term Care

See page 46 for updated vaccine and insulin information

What You Should Know

- Your copay or coinsurance (you pay a percentage of the cost) is based on the drug tier for your medication which you can find in the plan drug list (formulary) on our website (Cigna.com/member-resources). Or, call us and we will send you a copy of the drug list.
- You may get drugs at an out-of-network pharmacy. You will pay the in-network pharmacy copay or percentage of the cost, **plus** the amount that the out-of-network pharmacy billed charges are higher than our typical standard retail pharmacy billed charges.
- **Important:** If you receive Extra Help, these benefit stages do not apply. You typically pay only a low copay.



What You Will Pay

Initial Coverage begins after you meet your deductible (if your plan has a deductible). The table below has ranges for the costs that vary by state. Please refer to the Premium/Cost-Sharing Tables by State (beginning on page 9) to find the specific costs in your area.

We group each medication into one of five or six tiers.	Long-Term Care Facility		
	Secure	Saver	Extra
	31-day Copay		
Tier 1: Preferred Generic Drugs Tier 2: Generic Drugs Tier 3: Preferred Brand Drugs Tier 4: Non-Preferred Drugs Tier 5: Specialty Tier (30-day supply only) Tier 6: Select Care	Tiers 1-6: If you reside in a long-term care facility, you pay the same as the 30-day copay at a standard retail pharmacy based on the specific drug tier.		

SECTION 3. Your plan costs

BENEFIT STAGE THREE:

Coverage Gap “Donut Hole”

See page 46 for updated vaccine and insulin information

What You Should Know

- Most Medicare drug plans have a coverage gap.
- Not everyone will enter the coverage gap.
- You may get drugs at an out-of-network pharmacy. You will pay the in-network pharmacy copay or percentage of the cost, **plus** the amount that the out-of-network pharmacy billed charges are higher than our typical standard retail pharmacy billed charges.
- **Important:** If you receive Extra Help, these benefit stages do not apply. You typically pay only a low copay. The chart below includes home infusion.



What You Will Pay

The Coverage Gap follows the Initial Coverage stage, after your **total** yearly drug costs (what the plan has paid and what you have paid) reach \$4,660. Coverage Gap ends when your costs total \$7,400.

We group each medication into one of five or six tiers.	In-Network Pharmacy		
	Secure	Saver	Extra
	You will pay:	You will pay:	You will pay:
Tier 1: Preferred Generic Drugs	Tiers 1-6: <ul style="list-style-type: none"> • 25% of the plan’s cost for covered brand-name drugs • 25% of the plan’s cost for covered generic drugs 	Tiers 1-5: <ul style="list-style-type: none"> • 25% of the plan’s cost for covered brand-name drugs • 25% of the plan’s cost for covered generic drugs 	Tier 1: <ul style="list-style-type: none"> • \$4 copay for 30-day supply at preferred network pharmacy • \$15 copay for 30-day supply at standard network pharmacy
Tier 2: Generic Drugs			Tier 2: <ul style="list-style-type: none"> • \$10 copay for 30-day supply at preferred network pharmacy • \$20 copay for 30-day supply at standard network pharmacy
Tier 3: Preferred Brand Drugs			Tiers 3, 4, 5, 6: <ul style="list-style-type: none"> • 25% of the plan’s cost for covered brand-name and generic drugs • Select insulins on Tier 6 also receive gap coverage*
Tier 4: Non-Preferred Drugs			
Tier 5: Specialty Tier (30-day supply only)			
Tier 6: Select Care			

***Select insulin gap coverage applies if you do not receive Extra Help. Cost share is \$0 with a preferred pharmacy and \$11 standard pharmacy. Applied during the deductible, Initial Coverage and Coverage Gap.**

SECTION 3. Your plan costs

BENEFIT STAGE FOUR: Catastrophic Coverage

See page 46 for updated vaccine and insulin information

What You Should Know

- The plan pays most of the cost of a covered drug in this stage. You pay a small amount, typically not more than 5% of the cost.
- Not everyone will reach the catastrophic coverage phase.
- You may get drugs at an out-of-network pharmacy. You will pay the in-network pharmacy copay or percentage of the cost, **plus** the amount that the out-of-network pharmacy billed charges are higher than our typical standard retail pharmacy billed charges.
- **Important:** If you receive Extra Help, these benefit stages do not apply. You typically pay only a low copay. The chart below includes home infusion.



What You Will Pay

Catastrophic Coverage takes effect **after the Coverage Gap** “Donut Hole” stage when your yearly out-of-pocket drug costs reach \$7,400. You will stay in this drug payment stage until the end of the calendar year.

We group each medication into one of five or six tiers.	In-Network Pharmacy		
	Secure	Saver	Extra
<p>Tier 1: Preferred Generic Drugs</p> <p>Tier 2: Generic Drugs</p> <p>Tier 3: Preferred Brand Drugs</p> <p>Tier 4: Non-Preferred Drugs</p> <p>Tier 5: Specialty Tier (30-day supply only)</p> <p>Tier 6: Select Care</p>	<p>Tiers 1-6:</p> <p>You pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copay for all other drugs. 		

If you have any questions about this plan's benefits or costs, please contact Cigna for details.

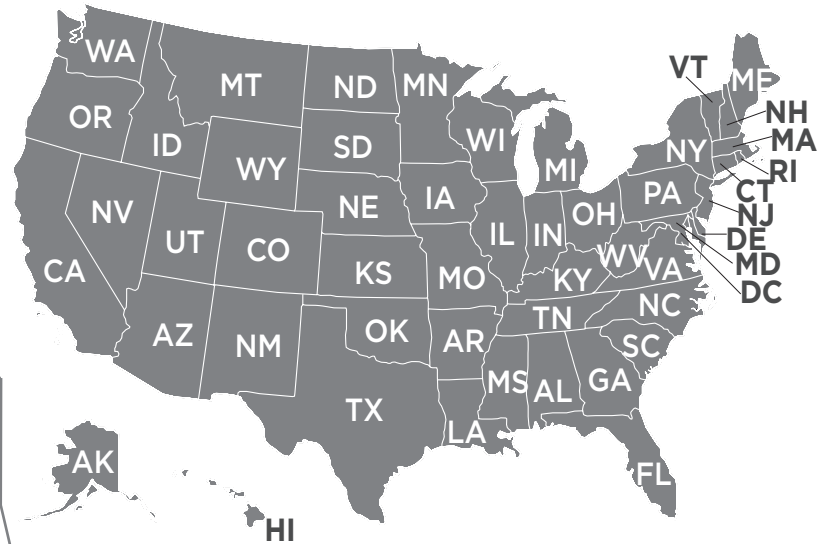
SECTION 4. 2023 Premium/Cost-Sharing Tables by State

Cigna Secure Rx (PDP)
Cigna Saver Rx (PDP)
Cigna Extra Rx (PDP)

Instructions for using the Premium/Cost-Sharing Tables:

Use this side-by-side cost comparison to determine which plan fits your budget.

1. Locate the table for your state of residence. Find the monthly premium.
2. Across the top, choose the type of pharmacy you use (retail or home delivery, preferred or standard) and compare plans.
3. Look down to cross reference your pharmacy type with the appropriate drug tier for your covered Part D prescription drugs.



Example:

Alabama		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail
	Monthly Premium	Secure	Saver	Extra	Secure
Secure:	\$31.20				
Saver:	\$12.80				
Extra:	\$63.10				
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15
Tier 2: Generic		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30
Tier 3: Preferred Brand		\$24/\$48/\$72	\$40/\$80/\$120	\$45/\$90/\$135	\$30/\$60/\$90
Tier 4: Non-Preferred		50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22

SECTION 4. 2023 Premium/Cost-Sharing Tables by State

Cigna Secure Rx (PDP), Cigna Saver Rx (PDP),
Cigna Extra Rx (PDP)

See page 46 for updated
vaccine and insulin
information

Alabama		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	<u>Monthly Premium</u>	Secure	Saver	Extra	Secure	Saver	Extra
Secure:	\$31.20	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Saver:	\$12.80	\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45	\$15/\$30/\$45
Extra:	\$63.10	\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 1: Preferred Generic		\$24/\$48/\$72	\$40/\$80/\$120	\$45/\$90/\$135	\$30/\$60/\$90	\$47/\$94/\$141	\$47/\$94/\$141
Tier 2: Generic		50%	50%	50%	50%	50%	50%
Tier 3: Preferred Brand		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 4: Non-Preferred		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33
Tier 5: Specialty (30 days)							
Tier 6: Select Care							

Alaska		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	<u>Monthly Premium</u>	Secure	Saver	Extra	Secure	Saver	Extra
Secure:	\$27.50	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Saver:	\$12.50	\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Extra:	\$41.20	\$6/\$12/\$18	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 1: Preferred Generic		\$26/\$52/\$78	\$40/\$80/\$120	\$45/\$90/\$135	\$30/\$60/\$90	\$47/\$94/\$141	\$47/\$94/\$141
Tier 2: Generic		46%	50%	50%	46%	50%	50%
Tier 3: Preferred Brand		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 4: Non-Preferred		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33
Tier 5: Specialty (30 days)							
Tier 6: Select Care							

Arizona		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	<u>Monthly Premium</u>	Secure	Saver	Extra	Secure	Saver	Extra
Secure:	\$38.40	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Saver:	\$12.50	\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$9/\$18/\$27	\$15/\$30/\$45	\$15/\$30/\$45
Extra:	\$63.10	\$13/\$26/\$39	\$10/\$20/\$30	\$10/\$20/\$30	\$18/\$36/\$54	\$20/\$40/\$60	\$20/\$40/\$60
Tier 1: Preferred Generic		\$45/\$90/\$135	\$40/\$80/\$120	\$45/\$90/\$135	\$47/\$94/\$141	\$47/\$94/\$141	\$47/\$94/\$141
Tier 2: Generic		40%	50%	50%	40%	50%	50%
Tier 3: Preferred Brand		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 4: Non-Preferred		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33
Tier 5: Specialty (30 days)							
Tier 6: Select Care							

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$5	\$15	\$15
\$5/\$10/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$24/\$48/\$72	\$40/\$80/\$120	\$45/\$90/\$135	\$30	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$6/\$12/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$26/\$52/\$78	\$40/\$80/\$120	\$45/\$90/\$135	\$30	\$47	\$47
46%	50%	50%	46%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$9	\$15	\$15
\$13/\$26/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$18	\$20	\$20
\$45/\$90/\$135	\$40/\$80/\$120	\$45/\$90/\$135	\$47	\$47	\$47
40%	50%	50%	40%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

SECTION 4. 2023 Premium/Cost-Sharing Tables by State

**Cigna Secure Rx (PDP), Cigna Saver Rx (PDP),
Cigna Extra Rx (PDP)**

Arkansas	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$28.70						
Saver:	\$12.40						
Extra:	\$67.30						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$7/\$14/\$21	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$34/\$68/\$102	\$40/\$80/\$120	\$45/\$90/\$135	\$37/\$74/\$111	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

California	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$28.40						
Saver:	\$12.70						
Extra:	\$67.70						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$6/\$12/\$18	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$28/\$56/\$84	\$40/\$80/\$120	\$45/\$90/\$135	\$33/\$66/\$99	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Colorado	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$37.70						
Saver:	\$12.50						
Extra:	\$69.70						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$8/\$16/\$24	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$34/\$68/\$102	\$40/\$80/\$120	\$45/\$90/\$135	\$40/\$80/\$120	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		44%	50%	48%	44%	50%	48%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$7/\$14/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$34/\$68/\$102	\$40/\$80/\$120	\$45/\$90/\$135	\$37	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$9	\$15	\$15
\$6/\$12/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$28/\$56/\$84	\$40/\$80/\$120	\$45/\$90/\$135	\$33	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$8/\$16/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$34/\$68/\$102	\$40/\$80/\$120	\$45/\$90/\$135	\$40	\$47	\$47
44%	50%	48%	44%	50%	48%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

SECTION 4. 2023 Premium/Cost-Sharing Tables by State

**Cigna Secure Rx (PDP), Cigna Saver Rx (PDP),
Cigna Extra Rx (PDP)**

Connecticut		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	<u>Monthly Premium</u>	Secure	Saver	Extra	Secure	Saver	Extra
Secure:	\$34.50	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Saver:	\$12.40						
Extra:	\$62.70						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$7/\$14/\$21	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$28/\$56/\$84	\$40	\$45/\$90/\$135	\$36/\$72/\$108	\$47	\$47/\$94/\$141
Tier 4: Non-Preferred		47%	50%	50%	47%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Delaware		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	<u>Monthly Premium</u>	Secure	Saver	Extra	Secure	Saver	Extra
Secure:	\$35.30	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Saver:	\$12.90						
Extra:	\$56.90						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$7/\$14/\$21	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$26/\$52/\$78	\$40/\$80/\$120	\$45/\$90/\$135	\$33/\$66/\$99	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		48%	50%	50%	48%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

District of Columbia		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	<u>Monthly Premium</u>	Secure	Saver	Extra	Secure	Saver	Extra
Secure:	\$35.30	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Saver:	\$12.90						
Extra:	\$56.90						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$7/\$14/\$21	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$26/\$52/\$78	\$40/\$80/\$120	\$45/\$90/\$135	\$33/\$66/\$99	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		48%	50%	50%	48%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$7/\$14/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$28/\$56/\$84	\$40	\$45/\$90/\$135	\$36	\$47	\$47
47%	50%	50%	47%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$7/\$14/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$26/\$52/\$78	\$40/\$80/\$120	\$45/\$90/\$135	\$33	\$47	\$47
48%	50%	50%	48%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$7/\$14/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$26/\$52/\$78	\$40/\$80/\$120	\$45/\$90/\$135	\$33	\$47	\$47
48%	50%	50%	48%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

SECTION 4. 2023 Premium/Cost-Sharing Tables by State

**Cigna Secure Rx (PDP), Cigna Saver Rx (PDP),
Cigna Extra Rx (PDP)**

Florida	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$33.80						
Saver:	\$13.50						
Extra:	\$70.50						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$32/\$64/\$96	\$40/\$80/\$120	\$45/\$90/\$135	\$35/\$70/\$105	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		47%	50%	50%	47%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Georgia	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$32.00						
Saver:	\$12.80						
Extra:	\$65.30						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$6/\$12/\$18	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$31/\$62/\$93	\$40/\$80/\$120	\$45/\$90/\$135	\$36/\$72/\$108	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Hawaii	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$36.30						
Saver:	\$13.10						
Extra:	\$71.40						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$15/\$30/\$45	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$42/\$84/\$126	\$40/\$80/\$120	\$45/\$90/\$135	\$47/\$94/\$141	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		43%	50%	46%	43%	50%	46%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$5/\$10/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$32/\$64/\$96	\$40/\$80/\$120	\$45/\$90/\$135	\$35	\$47	\$47
47%	50%	50%	47%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$6/\$12/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$31/\$62/\$93	\$40/\$80/\$120	\$45/\$90/\$135	\$36	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$10/\$20/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$15	\$20	\$20
\$42/\$84/\$126	\$40/\$80/\$120	\$45/\$90/\$135	\$47	\$47	\$47
43%	50%	46%	43%	50%	46%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

SECTION 4. 2023 Premium/Cost-Sharing Tables by State

**Cigna Secure Rx (PDP), Cigna Saver Rx (PDP),
Cigna Extra Rx (PDP)**

Idaho	<u>Monthly Premium</u>	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$39.90						
Saver:	\$12.30						
Extra:	\$63.00						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$25/\$50/\$75	\$40/\$80/\$120	\$45/\$90/\$135	\$30/\$60/\$90	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		45%	50%	50%	45%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Illinois	<u>Monthly Premium</u>	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$26.40						
Saver:	\$12.10						
Extra:	\$65.40						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$30/\$60/\$90	\$40	\$45/\$90/\$135	\$32/\$64/\$96	\$47	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Indiana	<u>Monthly Premium</u>	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$27.80						
Saver:	\$12.20						
Extra:	\$61.70						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$20/\$40/\$60	\$40/\$80/\$120	\$45/\$90/\$135	\$30/\$60/\$90	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		49%	50%	50%	49%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$5/\$10/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$25/\$50/\$75	\$40/\$80/\$120	\$45/\$90/\$135	\$30	\$47	\$47
45%	50%	50%	45%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$5/\$10/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$30/\$60/\$90	\$40	\$45/\$90/\$135	\$32	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$5	\$15	\$15
\$5/\$10/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$20/\$40/\$60	\$40/\$80/\$120	\$45/\$90/\$135	\$30	\$47	\$47
49%	50%	50%	49%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

SECTION 4. 2023 Premium/Cost-Sharing Tables by State

**Cigna Secure Rx (PDP), Cigna Saver Rx (PDP),
Cigna Extra Rx (PDP)**

Iowa	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$37.00						
Saver:	\$12.10						
Extra:	\$56.70						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$7/\$14/\$21	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$28/\$56/\$84	\$40/\$80/\$120	\$45/\$90/\$135	\$34/\$68/\$102	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Kansas	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$31.90						
Saver:	\$12.50						
Extra:	\$51.70						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$6/\$12/\$18	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$25/\$50/\$75	\$40/\$80/\$120	\$45/\$90/\$135	\$30/\$60/\$90	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Kentucky	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$27.80						
Saver:	\$12.20						
Extra:	\$61.70						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$20/\$40/\$60	\$40/\$80/\$120	\$45/\$90/\$135	\$30/\$60/\$90	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		49%	50%	50%	49%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$7/\$14/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$28/\$56/\$84	\$40/\$80/\$120	\$45/\$90/\$135	\$34	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$6/\$12/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$25/\$50/\$75	\$40/\$80/\$120	\$45/\$90/\$135	\$30	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$5	\$15	\$15
\$5/\$10/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$20/\$40/\$60	\$40/\$80/\$120	\$45/\$90/\$135	\$30	\$47	\$47
49%	50%	50%	49%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

SECTION 4. 2023 Premium/Cost-Sharing Tables by State

**Cigna Secure Rx (PDP), Cigna Saver Rx (PDP),
Cigna Extra Rx (PDP)**

Louisiana		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	<u>Monthly Premium</u>	Secure	Saver	Extra	Secure	Saver	Extra
Secure:	\$35.40	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Saver:	\$12.50						
Extra:	\$72.10						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$4/\$8/\$12	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$20/\$40/\$60	\$40/\$80/\$120	\$45/\$90/\$135	\$30/\$60/\$90	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		49%	50%	50%	49%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Maine		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	<u>Monthly Premium</u>	Secure	Saver	Extra	Secure	Saver	Extra
Secure:	\$29.60	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Saver:	\$12.10						
Extra:	\$71.60						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$24/\$48/\$72	\$40/\$80/\$120	\$45/\$90/\$135	\$30/\$60/\$90	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Maryland		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	<u>Monthly Premium</u>	Secure	Saver	Extra	Secure	Saver	Extra
Secure:	\$35.30	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Saver:	\$12.90						
Extra:	\$56.90						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$7/\$14/\$21	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$26/\$52/\$78	\$40	\$45/\$90/\$135	\$33/\$66/\$99	\$47	\$47/\$94/\$141
Tier 4: Non-Preferred		48%	50%	50%	48%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$5	\$15	\$15
\$4/\$8/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$20/\$40/\$60	\$40/\$80/\$120	\$45/\$90/\$135	\$30	\$47	\$47
49%	50%	50%	49%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$5	\$15	\$15
\$5/\$10/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$24/\$48/\$72	\$40/\$80/\$120	\$45/\$90/\$135	\$30	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$7/\$14/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$26/\$52/\$78	\$40	\$45/\$90/\$135	\$33	\$47	\$47
48%	50%	50%	48%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

SECTION 4. 2023 Premium/Cost-Sharing Tables by State

**Cigna Secure Rx (PDP), Cigna Saver Rx (PDP),
Cigna Extra Rx (PDP)**

Massachusetts	<u>Monthly Premium</u>	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$34.50						
Saver:	\$12.40						
Extra:	\$62.70						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$7/\$14/\$21	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$28/\$56/\$84	\$40/\$80/\$120	\$45/\$90/\$135	\$36/\$72/\$108	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		47%	50%	50%	47%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Michigan	<u>Monthly Premium</u>	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$29.90						
Saver:	\$12.50						
Extra:	\$51.90						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$3/\$6/\$9	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$20/\$40/\$60	\$40/\$80/\$120	\$45/\$90/\$135	\$29/\$58/\$87	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		48%	50%	50%	48%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Minnesota	<u>Monthly Premium</u>	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$37.00						
Saver:	\$12.10						
Extra:	\$56.70						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$7/\$14/\$21	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$28/\$56/\$84	\$40/\$80/\$120	\$45/\$90/\$135	\$34/\$68/\$102	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$7/\$14/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$28/\$56/\$84	\$40/\$80/\$120	\$45/\$90/\$135	\$36	\$47	\$47
47%	50%	50%	47%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$5	\$15	\$15
\$3/\$6/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$20/\$40/\$60	\$40/\$80/\$120	\$45/\$90/\$135	\$29	\$47	\$47
48%	50%	50%	48%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$7/\$14/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$28/\$56/\$84	\$40/\$80/\$120	\$45/\$90/\$135	\$34	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

SECTION 4. 2023 Premium/Cost-Sharing Tables by State

**Cigna Secure Rx (PDP), Cigna Saver Rx (PDP),
Cigna Extra Rx (PDP)**

Mississippi	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$28.20						
Saver:	\$12.50						
Extra:	\$68.70						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$28/\$56/\$84	\$40/\$80/\$120	\$45/\$90/\$135	\$33/\$66/\$99	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Missouri	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$33.90						
Saver:	\$12.60						
Extra:	\$68.80						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$6/\$12/\$18	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$32/\$64/\$96	\$40/\$80/\$120	\$45/\$90/\$135	\$35/\$70/\$105	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		48%	50%	50%	48%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Montana	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$37.00						
Saver:	\$12.10						
Extra:	\$56.70						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$7/\$14/\$21	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$28/\$56/\$84	\$40/\$80/\$120	\$45/\$90/\$135	\$34/\$68/\$102	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$5/\$10/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$28/\$56/\$84	\$40/\$80/\$120	\$45/\$90/\$135	\$33	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$6/\$12/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$32/\$64/\$96	\$40/\$80/\$120	\$45/\$90/\$135	\$35	\$47	\$47
48%	50%	50%	48%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$7/\$14/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$28/\$56/\$84	\$40/\$80/\$120	\$45/\$90/\$135	\$34	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

SECTION 4. 2023 Premium/Cost-Sharing Tables by State

**Cigna Secure Rx (PDP), Cigna Saver Rx (PDP),
Cigna Extra Rx (PDP)**

Nebraska		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	<u>Monthly Premium</u>						
Secure:	\$37.00	Secure	Saver	Extra	Secure	Saver	Extra
Saver:	\$12.10	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Extra:	\$56.70	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$7/\$14/\$21	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$28/\$56/\$84	\$40	\$45/\$90/\$135	\$34/\$68/\$102	\$47	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Nevada		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	<u>Monthly Premium</u>						
Secure:	\$31.00	Secure	Saver	Extra	Secure	Saver	Extra
Saver:	\$12.50	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Extra:	\$52.30	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$7/\$14/\$21	\$10/\$20/\$30	\$10/\$20/\$30	\$15/\$30/\$45	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$40/\$80/\$120	\$40/\$80/\$120	\$45/\$90/\$135	\$47/\$94/\$141	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		43%	50%	50%	43%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

New Hampshire		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	<u>Monthly Premium</u>						
Secure:	\$29.60	Secure	Saver	Extra	Secure	Saver	Extra
Saver:	\$12.10	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Extra:	\$71.60	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$24/\$48/\$72	\$40/\$80/\$120	\$45/\$90/\$135	\$30/\$60/\$90	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$7/\$14/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$28/\$56/\$84	\$40	\$45/\$90/\$135	\$34	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$7/\$14/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$15	\$20	\$20
\$40/\$80/\$120	\$40/\$80/\$120	\$45/\$90/\$135	\$47	\$47	\$47
43%	50%	50%	43%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$5	\$15	\$15
\$5/\$10/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$24/\$48/\$72	\$40/\$80/\$120	\$45/\$90/\$135	\$30	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

SECTION 4. 2023 Premium/Cost-Sharing Tables by State

**Cigna Secure Rx (PDP), Cigna Saver Rx (PDP),
Cigna Extra Rx (PDP)**

New Jersey	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$34.30						
Saver:	\$13.80						
Extra:	\$73.50						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$7/\$14/\$21	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$25/\$50/\$75	\$40/\$80/\$120	\$45/\$90/\$135	\$30/\$60/\$90	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		48%	50%	50%	48%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

New Mexico	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$33.80						
Saver:	\$12.40						
Extra:	\$76.00						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$17/\$34/\$51	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$18/\$36/\$54	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$47/\$94/\$141	\$40/\$80/\$120	\$45/\$90/\$135	\$47/\$94/\$141	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		41%	50%	50%	41%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

New York	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$39.00						
Saver:	\$13.30						
Extra:	\$75.50						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$4/\$8/\$12	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$20/\$40/\$60	\$40/\$80/\$120	\$45/\$90/\$135	\$30/\$60/\$90	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		47%	50%	50%	47%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$7/\$14/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$25/\$50/\$75	\$40/\$80/\$120	\$45/\$90/\$135	\$30	\$47	\$47
48%	50%	50%	48%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$17	\$15	\$15
\$18/\$36/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$20	\$20	\$20
\$47/\$94/\$141	\$40/\$80/\$120	\$45/\$90/\$135	\$47	\$47	\$47
41%	50%	50%	41%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$5	\$15	\$15
\$4/\$8/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$20/\$40/\$60	\$40/\$80/\$120	\$45/\$90/\$135	\$30	\$47	\$47
47%	50%	50%	47%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

SECTION 4. 2023 Premium/Cost-Sharing Tables by State

**Cigna Secure Rx (PDP), Cigna Saver Rx (PDP),
Cigna Extra Rx (PDP)**

North Carolina		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	<u>Monthly Premium</u>						
Secure:	\$34.80	Secure	Saver	Extra	Secure	Saver	Extra
Saver:	\$12.70	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Extra:	\$67.60	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$7/\$14/\$21	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$38/\$76/\$114	\$40/\$80/\$120	\$45/\$90/\$135	\$46/\$92/\$138	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		47%	50%	50%	47%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

North Dakota		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	<u>Monthly Premium</u>						
Secure:	\$37.00	Secure	Saver	Extra	Secure	Saver	Extra
Saver:	\$12.10	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Extra:	\$56.70	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$7/\$14/\$21	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$28/\$56/\$84	\$40	\$45/\$90/\$135	\$34/\$68/\$102	\$47	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Ohio		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	<u>Monthly Premium</u>						
Secure:	\$32.70	Secure	Saver	Extra	Secure	Saver	Extra
Saver:	\$12.10	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Extra:	\$56.50	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$8/\$16/\$24	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$35/\$70/\$105	\$40/\$80/\$120	\$45/\$90/\$135	\$38/\$76/\$114	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$7/\$14/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$38/\$76/\$114	\$40/\$80/\$120	\$45/\$90/\$135	\$46	\$47	\$47
47%	50%	50%	47%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$7/\$14/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$28/\$56/\$84	\$40	\$45/\$90/\$135	\$34	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$8/\$16/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$35/\$70/\$105	\$40/\$80/\$120	\$45/\$90/\$135	\$38	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

SECTION 4. 2023 Premium/Cost-Sharing Tables by State

**Cigna Secure Rx (PDP), Cigna Saver Rx (PDP),
Cigna Extra Rx (PDP)**

Oklahoma		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	<u>Monthly Premium</u>						
Secure:	\$30.40	Secure	Saver	Extra	Secure	Saver	Extra
Saver:	\$14.20	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Extra:	\$59.80						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$20/\$40/\$60	\$40/\$80/\$120	\$45/\$90/\$135	\$30/\$60/\$90	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		47%	50%	50%	47%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Oregon		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	<u>Monthly Premium</u>						
Secure:	\$38.70	Secure	Saver	Extra	Secure	Saver	Extra
Saver:	\$12.30	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Extra:	\$54.70						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$26/\$52/\$78	\$40/\$80/\$120	\$45/\$90/\$135	\$30/\$60/\$90	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Pennsylvania		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	<u>Monthly Premium</u>						
Secure:	\$38.30	Secure	Saver	Extra	Secure	Saver	Extra
Saver:	\$12.40	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Extra:	\$57.80						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$22/\$44/\$66	\$40/\$80/\$120	\$45/\$90/\$135	\$30/\$60/\$90	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$5	\$15	\$15
\$5/\$10/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$20/\$40/\$60	\$40/\$80/\$120	\$45/\$90/\$135	\$30	\$47	\$47
47%	50%	50%	47%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$5/\$10/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$26/\$52/\$78	\$40/\$80/\$120	\$45/\$90/\$135	\$30	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$5	\$15	\$15
\$5/\$10/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$22/\$44/\$66	\$40/\$80/\$120	\$45/\$90/\$135	\$30	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

SECTION 4. 2023 Premium/Cost-Sharing Tables by State

**Cigna Secure Rx (PDP), Cigna Saver Rx (PDP),
Cigna Extra Rx (PDP)**

Puerto Rico		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	Monthly Premium	Secure	Saver	Extra	Secure	Saver	Extra
Secure:	\$40.80	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Saver:	\$15.00						
Extra:	\$108.40						
Tier 1: Preferred Generic		\$16/\$32/\$48	\$0/\$0/\$0	\$4/\$8/\$12	\$19/\$38/\$57	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$19/\$38/\$57	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$45/\$90/\$135	\$40/\$80/\$120	\$45/\$90/\$135	\$47/\$94/\$141	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	39%	50%	50%	39%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Rhode Island		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	Monthly Premium	Secure	Saver	Extra	Secure	Saver	Extra
Secure:	\$34.50	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Saver:	\$12.40						
Extra:	\$62.70						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$7/\$14/\$21	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$28/\$56/\$84	\$40/\$80/\$120	\$45/\$90/\$135	\$36/\$72/\$108	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		47%	50%	50%	47%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

South Carolina		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	Monthly Premium	Secure	Saver	Extra	Secure	Saver	Extra
Secure:	\$32.20	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Saver:	\$12.50						
Extra:	\$69.70						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$6/\$12/\$18	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$35/\$70/\$105	\$40	\$45/\$90/\$135	\$38/\$76/\$114	\$47	\$47/\$94/\$141
Tier 4: Non-Preferred		46%	50%	50%	46%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$16/\$32/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$19	\$15	\$15
\$19/\$38/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$20	\$20	\$20
\$45/\$90/\$135	\$40/\$80/\$120	\$45/\$90/\$135	\$47	\$47	\$47
50%	50%	39%	50%	50%	39%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$7/\$14/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$28/\$56/\$84	\$40/\$80/\$120	\$45/\$90/\$135	\$36	\$47	\$47
47%	50%	50%	47%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$6/\$12/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$35/\$70/\$105	\$40	\$45/\$90/\$135	\$38	\$47	\$47
46%	50%	50%	46%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

SECTION 4. 2023 Premium/Cost-Sharing Tables by State

**Cigna Secure Rx (PDP), Cigna Saver Rx (PDP),
Cigna Extra Rx (PDP)**

South Dakota	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$37.00						
Saver:	\$12.10						
Extra:	\$56.70						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$7/\$14/\$21	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$28/\$56/\$84	\$40/\$80/\$120	\$45/\$90/\$135	\$34/\$68/\$102	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Tennessee	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$31.20						
Saver:	\$12.80						
Extra:	\$63.10						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$24/\$48/\$72	\$40/\$80/\$120	\$45/\$90/\$135	\$30/\$60/\$90	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Texas	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$23.60						
Saver:	\$13.10						
Extra:	\$65.70						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$6/\$12/\$18	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$32/\$64/\$96	\$40/\$80/\$120	\$45/\$90/\$135	\$36/\$72/\$108	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		49%	50%	50%	49%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$7/\$14/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$28/\$56/\$84	\$40/\$80/\$120	\$45/\$90/\$135	\$34	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$5	\$15	\$15
\$5/\$10/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$24/\$48/\$72	\$40/\$80/\$120	\$45/\$90/\$135	\$30	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$6/\$12/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$32/\$64/\$96	\$40/\$80/\$120	\$45/\$90/\$135	\$36	\$47	\$47
49%	50%	50%	49%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

SECTION 4. 2023 Premium/Cost-Sharing Tables by State

**Cigna Secure Rx (PDP), Cigna Saver Rx (PDP),
Cigna Extra Rx (PDP)**

Utah	<u>Monthly Premium</u>	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$39.90						
Saver:	\$12.30						
Extra:	\$63.00						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$25/\$50/\$75	\$40/\$80/\$120	\$45/\$90/\$135	\$30/\$60/\$90	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		45%	50%	50%	45%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Vermont	<u>Monthly Premium</u>	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$34.50						
Saver:	\$12.40						
Extra:	\$62.70						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$7/\$14/\$21	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$28/\$56/\$84	\$40/\$80/\$120	\$45/\$90/\$135	\$36/\$72/\$108	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		47%	50%	50%	47%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Virginia	<u>Monthly Premium</u>	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Secure:	\$34.50						
Saver:	\$12.70						
Extra:	\$60.30						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$8/\$16/\$24	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$38/\$76/\$114	\$40/\$80/\$120	\$45/\$90/\$135	\$45/\$90/\$135	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$5/\$10/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$25/\$50/\$75	\$40/\$80/\$120	\$45/\$90/\$135	\$30	\$47	\$47
45%	50%	50%	45%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$7/\$14/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$28/\$56/\$84	\$40/\$80/\$120	\$45/\$90/\$135	\$36	\$47	\$47
47%	50%	50%	47%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$8/\$16/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$38/\$76/\$114	\$40/\$80/\$120	\$45/\$90/\$135	\$45	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

SECTION 4. 2023 Premium/Cost-Sharing Tables by State

**Cigna Secure Rx (PDP), Cigna Saver Rx (PDP),
Cigna Extra Rx (PDP)**

Washington		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	<u>Monthly Premium</u>	Secure	Saver	Extra	Secure	Saver	Extra
Secure:	\$38.70	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Saver:	\$12.30						
Extra:	\$54.70						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$26/\$52/\$78	\$40	\$45/\$90/\$135	\$30/\$60/\$90	\$47	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

West Virginia		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	<u>Monthly Premium</u>	Secure	Saver	Extra	Secure	Saver	Extra
Secure:	\$38.30	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Saver:	\$12.40						
Extra:	\$57.80						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$22/\$44/\$66	\$40/\$80/\$120	\$45/\$90/\$135	\$30/\$60/\$90	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Wisconsin		Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
	<u>Monthly Premium</u>	Secure	Saver	Extra	Secure	Saver	Extra
Secure:	\$40.80	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Saver:	\$12.50						
Extra:	\$55.90						
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$4/\$8/\$12	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$3/\$6/\$9	\$10/\$20/\$30	\$10/\$20/\$30	\$5/\$10/\$15	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$20/\$40/\$60	\$40/\$80/\$120	\$45/\$90/\$135	\$29/\$58/\$87	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$5/\$10/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$26/\$52/\$78	\$40	\$45/\$90/\$135	\$30	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$5	\$15	\$15
\$5/\$10/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$22/\$44/\$66	\$40/\$80/\$120	\$45/\$90/\$135	\$30	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$4	\$15	\$15
\$3/\$6/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$5	\$20	\$20
\$20/\$40/\$60	\$40/\$80/\$120	\$45/\$90/\$135	\$29	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

SECTION 4. 2023 Premium/Cost-Sharing Tables by State

Cigna Secure Rx (PDP), Cigna Saver Rx (PDP),
Cigna Extra Rx (PDP)

Wyoming	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days		
		Secure	Saver	Extra	Secure	Saver	Extra
Secure:	\$37.00						
Saver:	\$12.10						
Extra:	\$56.70	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$15/\$30/\$45
Tier 2: Generic		\$7/\$14/\$21	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand		\$28/\$56/\$84	\$40/\$80/\$120	\$45/\$90/\$135	\$34/\$68/\$102	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred		50%	50%	50%	50%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11/\$22/\$33	N/A	\$11/\$22/\$33

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
Secure	Saver	Extra	Secure	Saver	Extra
30/60/90 days	30/60/90 days	30/60/90 days			
\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$15	\$15
\$7/\$14/\$0	\$10/\$20/\$6	\$10/\$20/\$2	\$10	\$20	\$20
\$28/\$56/\$84	\$40/\$80/\$120	\$45/\$90/\$135	\$34	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
\$0/\$0/\$0	N/A	\$0/\$0/\$0	\$11	N/A	\$11

NEW Inflation Reduction Act – Information for Cigna Part D Plans

In August 2022, new legislation was passed to lower the cost of insulin medications and vaccines for those with Part D Medicare coverage. The legislation requires that starting in 2023, insulin that is covered by the plan, will have a \$35 maximum monthly cost-share, and there will be no cost for adult Part D vaccines when recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).

The information below clarifies the new insulin and vaccine benefit for the Cigna Part D plans.

Extra Help – If you receive Extra Help you will continue to pay your Extra Help cost, but never more than \$35. You will also receive the \$0 vaccine benefit described below.

Vaccines – The NEW **\$0 vaccine copay** will apply for adult Part D vaccines when recommended by the ACIP.

Insulin – The table below highlights the insulin coverage for the three Cigna Part D plans, including the NEW coverage from the Inflation Reduction Act.

	Deductible	Initial Coverage Stage (30-day supply)	Coverage Gap (30-day supply)
Cigna Secure Plan			
Tier 6 Insulins	No Deductible**	\$0 at a preferred pharmacy	No more than \$35. (NEW)
Tier 5 Insulins	No Deductible (NEW)	No more than \$35. (NEW)	No more than \$35. (NEW)
Cigna Saver Plan			
Tier 3 Insulins	No Deductible (NEW)	\$35 (NEW)	No more than \$35. (NEW)
Tier 5 Insulins	No Deductible (NEW)	No more than \$35. (NEW)	No more than \$35. (NEW)
Cigna Extra Plan			
Tier 6 Select Insulins	No Deductible	\$0 at a preferred pharmacy*	\$0 at a preferred pharmacy*
Tier 5 Insulins	No Deductible (NEW)	No more than \$35. (NEW)	No more than \$35. (NEW)

Catastrophic Coverage Phase – Insulins will have a \$35 maximum cost in 2023 under the new Inflation Reduction Act.

*The \$0 copay is not available if you receive Extra Help, as you already receive the Extra Help cost-share. \$0 applies when eligible for senior savings model.

**Puerto Rico has a deductible for Tier 6. The inflation Reduction Act removes the deductible making it a NEW benefit.

Multi-language Interpreter Services

English – ATTENTION: If you speak English, language assistance services, free of charge are available to you. Call **1-800-222-6700** (TTY 711).

Spanish – ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-222-6700** (TTY 711).

Chinese – 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-222-6700** (TTY 711)。

Tiếng Việt (Vietnamese) – CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-222-6700** (TTY: 711).

French Creole – ATANSYON: Si w pale Kreyol Ayisyen, gen sevis ed pou lang ki disponib gratis pou ou. Rele **1-800-222-6700** (TTY: 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-222-6700** (TTY: 711) 번으로 전화해 주십시오.

Polish – UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-222-6700** (TTY: 711).

French – ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-222-6700** (ATS : 711).

Arabic - 1-800-222-6700 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم 711).

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-222-6700** (телетайп: 711).

Tagalog – PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-222-6700** (TTY: 711).

Farsi/Persian - توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد با **1-800-222-6700** (TTY:711) تماس بگیرید.

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-222-6700** (TTY: 711).

Portuguese – ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-222-6700** (TTY: 711).

Italian – ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-222-6700** (TTY: 711).

Japanese – 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-222-6700** (TTY: 711) まで、お電話にてご連絡ください。

Navajo – Díí baa akó nínízin: Díí saad bee yáníł ti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih **1-800-222-6700** (TTY 711).

Gujarati – સુચના: જો તમે ગુજરાતી બોલતા હો, તો નન:શુ ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલ ધ છે. ફોન કરો **1-800-222-6700** (TTY: 711).

Urdu خریدار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ ک **1-800-222-6700** (TTY: 711) ک

Notice of Nondiscrimination: Discrimination is Against the Law

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1-800-222-6700 (TTY 711), 8 am – 8 pm local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 – September 30.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Cigna - Grievance
PO Box 269005
Weston, FL 33326-9927
Phone: 1-800-222-6700 (TTY 711), Fax: 1-800-735-1469

You can file a grievance in writing by mail or fax. If you need help filing a grievance, Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. Call 1-800-222-6700 (TTY 711), 8 am – 8 pm, 7 days a week. ATENCIÓN: si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-222-6700 (TTY 711), 8 a.m. – 8 p.m, 7 días de la semana.