

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

SUMMARY OF BENEFITS

January 1, 2016 – December 31, 2016

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (PDP)

All 50 states and the District of Columbia



Cigna-HealthSpring Rx (PDP) is a Medicare Prescription Drug plan (PDP) offered by Cigna Health and Life Insurance Company with a Medicare contract.

SECTION I Introduction to Summary of Benefits

This booklet gives you a summary of what we cover and what you pay. 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."

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, like **Cigna-HealthSpring Rx Secure (PDP) or Cigna-HealthSpring Rx Secure-Extra (PDP)**.

Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (like an HMO or PPO) or another Medicare health plan that offers Medicare prescription drug coverage. You get all of your Part A and Part B coverage, 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-HealthSpring Rx Secure (PDP) and Cigna-HealthSpring Rx Secure-Extra (PDP)** covers and what you pay.

If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://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 <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- › Things to know about Cigna-HealthSpring Rx Secure (PDP) and Cigna-HealthSpring Rx Secure-Extra (PDP)
- › Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- › Prescription Drug Benefits

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

This document may be available in a non-English language. For additional information, call us at 1-800-222-6700 (TTY 711).

Es posible que este documento esté disponible en otro idioma que no sea inglés. Para obtener más información, llámenos al 1-800-222-6700, o para usar los equipos TTY, marque el 711.

SECTION I Introduction to Summary of Benefits

Things to Know About

Cigna-HealthSpring Rx Secure (PDP) and Cigna-HealthSpring Rx Secure-Extra (PDP)



Hours of Operation

You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Local time.

Cigna-HealthSpring Rx Secure (PDP) and Cigna-HealthSpring Rx Secure-Extra (PDP) Phone Numbers and Website



If you are a member of this plan, call toll-free
1-800-222-6700 (TTY 711)

If you are not a member of this plan, call toll-free
1-800-735-1459 (TTY 711)



Our website: <http://www.cignahealthspring.com>

SECTION I Introduction to Summary of Benefits

Who can join?

To join Cigna-HealthSpring Rx Secure (PDP) and Cigna-HealthSpring Rx Secure-Extra (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area. Our service area includes the following: all 50 states and the District of Columbia.

Which drugs are covered?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website (<http://www.cigna.com/part-d>). Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's

tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Which pharmacies can I use?

We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's pharmacy directory at our website (<http://www.cigna.com/part-d>). Or, call us and we will send you a copy of the pharmacy directory.

Cigna-HealthSpring Rx's pharmacy network offers limited access to pharmacies with preferred cost sharing in rural Alaska. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 1-800-735-1459 (TTY 711) or consult the online pharmacy directory at <http://www.cigna.com/part-d>.

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

SECTION II Summary of Benefits

BENEFIT	CIGNA HEALTHSPRING RX SECURE (PDP)	CIGNA HEALTHSPRING RX SECURE-EXTRA (PDP)
<p>MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES</p> <p>Cigna-HealthSpring is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs. Enrollment in Cigna-HealthSpring depends on contract renewal.</p> <p>PRESCRIPTION DRUG BENEFITS</p>	<p>How much is the monthly premium?</p> <p>\$26.00 – \$87.10 per month.</p> <p>Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.</p> <p>How much is the deductible?</p> <p>\$360 per year for Part D prescription drugs.</p> <p>Initial Coverage</p> <p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	<p>How much is the monthly premium?</p> <p>\$34.90 – \$77.40 per month.</p> <p>Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.</p> <p>How much is the deductible?</p> <p>\$250 per year for Part D prescription drugs.</p> <p>Initial Coverage</p> <p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>

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

SECTION II Summary of Benefits

BENEFIT	CIGNA HEALTHSPRING RX SECURE (PDP)	CIGNA HEALTHSPRING RX SECURE-EXTRA (PDP)
<p>PRESCRIPTION DRUG BENEFITS (continued)</p>	<p>Preferred Retail Cost-Sharing</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> • \$0 – \$7 copay for a one-month supply • \$0 – \$14 copay for a two-month supply • \$0 – \$21 copay for a three-month supply <p>Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.</p> <p>Tier 2: Generic</p> <ul style="list-style-type: none"> • \$5 – \$15 copay for a one-month supply • \$10 – \$30 copay for a two-month supply • \$15 – \$45 copay for a three-month supply <p>Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.</p> <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> • 13% – 18% of the cost for a one-month supply • 13% – 18% of the cost for a two-month supply • 13% – 18% of the cost for a three-month supply <p>Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.</p>	<p>Preferred Retail Cost-Sharing</p> <p>Tier 1: Preferred Generic</p> <ul style="list-style-type: none"> • \$1 copay for a one-month supply • \$2 copay for a two-month supply • \$3 copay for a three-month supply <p>Tier 2: Generic</p> <ul style="list-style-type: none"> • \$5 copay for a one-month supply • \$10 copay for a two-month supply • \$15 copay for a three-month supply <p>Tier 3: Preferred Brand</p> <ul style="list-style-type: none"> • 20% of the cost for a one-month supply • 20% of the cost for a two-month supply • 20% of the cost for a three-month supply

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

SECTION II Summary of Benefits

BENEFIT	CIGNA HEALTHSPRING RX SECURE (PDP)	CIGNA HEALTHSPRING RX SECURE-EXTRA (PDP)
PRESCRIPTION DRUG BENEFITS <i>(continued)</i>	Preferred Retail Cost-Sharing <i>(continued)</i>	Preferred Retail Cost-Sharing <i>(continued)</i>
	Tier 4: Non-Preferred Brand	Tier 4: Non-Preferred Brand
	<ul style="list-style-type: none"> • 46% - 48% of the cost for a one-month supply • 46% - 48% of the cost for a two-month supply • 46% - 48% of the cost for a three-month supply <p>Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.</p>	<ul style="list-style-type: none"> • 29% - 43% of the cost for a one-month supply • 29% - 43% of the cost for a two-month supply • 29% - 43% of the cost for a three-month supply <p>Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.</p>
Tier 5: Specialty Tier	Tier 5: Specialty Tier	
<ul style="list-style-type: none"> • 25% of the cost for a one-month supply • 25% of the cost for a two-month supply • 25% of the cost for a three-month supply 	<ul style="list-style-type: none"> • 27% of the cost for a one-month supply • 27% of the cost for a two-month supply • 27% of the cost for a three-month supply 	

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

SECTION II Summary of Benefits

BENEFIT	CIGNA HEALTHSPRING RX SECURE (PDP)	CIGNA HEALTHSPRING RX SECURE-EXTRA (PDP)
PRESCRIPTION DRUG BENEFITS <i>(continued)</i>	Standard Retail Cost-Sharing	Standard Retail Cost-Sharing
	Tier 1: Preferred Generic	Tier 1: Preferred Generic
	<ul style="list-style-type: none"> • \$5 - \$19 copay for a one-month supply • \$10 - \$38 copay for a two-month supply • \$15 - \$57 copay for a three-month supply <p>Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.</p>	<ul style="list-style-type: none"> • \$15 copay for a one-month supply • \$30 copay for a two-month supply • \$45 copay for a three-month supply
	Tier 2: Generic	Tier 2: Generic
	<ul style="list-style-type: none"> • \$10 - \$20 copay for a one-month supply • \$20 - \$40 copay for a two-month supply • \$30 - \$60 copay for a three-month supply <p>Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.</p>	<ul style="list-style-type: none"> • \$20 copay for a one-month supply • \$40 copay for a two-month supply • \$60 copay for a three-month supply
Tier 3: Preferred Brand	Tier 3: Preferred Brand	
<ul style="list-style-type: none"> • 14% - 20% of the cost for a one-month supply • 14% - 20% of the cost for a two-month supply • 14% - 20% of the cost for a three-month supply <p>Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.</p>	<ul style="list-style-type: none"> • 25% of the cost for a one-month supply • 25% of the cost for a two-month supply • 25% of the cost for a three-month supply 	

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

SECTION II Summary of Benefits

BENEFIT	CIGNA HEALTHSPRING RX SECURE (PDP)	CIGNA HEALTHSPRING RX SECURE-EXTRA (PDP)
PRESCRIPTION DRUG BENEFITS <i>(continued)</i>	Standard Retail Cost-Sharing <i>(continued)</i>	Standard Retail Cost-Sharing <i>(continued)</i>
	Tier 4: Non-Preferred Brand	Tier 4: Non-Preferred Brand
	<ul style="list-style-type: none"> • 50% of the cost for a one-month supply • 50% of the cost for a two-month supply • 50% of the cost for a three-month supply 	<ul style="list-style-type: none"> • 30% - 50% of the cost for a one-month supply • 30% - 50% of the cost for a two-month supply • 30% - 50% of the cost for a three-month supply <p>Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.</p>
	Tier 5: Specialty Tier	Tier 5: Specialty Tier
	<ul style="list-style-type: none"> • 25% of the cost for a one-month supply • 25% of the cost for a two-month supply • 25% of the cost for a three-month supply 	<ul style="list-style-type: none"> • 27% of the cost for a one-month supply • 27% of the cost for a two-month supply • 27% of the cost for a three-month supply
	Preferred Mail Order Cost-Sharing	Preferred Mail Order Cost-Sharing
Tier 1: Preferred Generic	Tier 1: Preferred Generic	
<ul style="list-style-type: none"> • \$0 - \$7 copay for a one-month supply • \$0 - \$21 copay for a three-month supply <p>Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.</p>	<ul style="list-style-type: none"> • \$1 copay for a one-month supply • \$3 copay for a three-month supply 	

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

SECTION II Summary of Benefits

BENEFIT	CIGNA HEALTHSPRING RX SECURE (PDP)	CIGNA HEALTHSPRING RX SECURE-EXTRA (PDP)
PRESCRIPTION DRUG BENEFITS <i>(continued)</i>	Preferred Mail Order Cost-Sharing <i>(continued)</i>	Preferred Mail Order Cost-Sharing <i>(continued)</i>
	Tier 2: Non-Preferred Generic	Tier 2: Non-Preferred Generic
	<ul style="list-style-type: none"> • \$5 - \$15 copay for a one-month supply • \$15 - \$45 copay for a three-month supply <p>Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.</p>	<ul style="list-style-type: none"> • \$5 copay for a one-month supply • \$15 copay for a three-month supply
	Tier 3: Preferred Brand	Tier 3: Preferred Brand
	<ul style="list-style-type: none"> • 13% - 18% of the cost for a one-month supply • 13% - 18% of the cost for a three-month supply <p>Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.</p>	<ul style="list-style-type: none"> • 20% of the cost for a one-month supply • 20% of the cost for a three-month supply
	Tier 4: Non-Preferred Brand	Tier 4: Non-Preferred Brand
<ul style="list-style-type: none"> • 46% - 48% of the cost for a one-month supply • 46% - 48% of the cost for a three-month supply <p>Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.</p>	<ul style="list-style-type: none"> • 29% - 43% of the cost for a one-month supply • 29% - 43% of the cost for a three-month supply <p>Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.</p>	
Tier 5: Specialty Tier	Tier 5: Specialty Tier	
<ul style="list-style-type: none"> • 25% of the cost for a one-month supply • 25% of the cost for a three-month supply 	<ul style="list-style-type: none"> • 27% of the cost for a one-month supply • 27% of the cost for a three-month supply 	

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

SECTION II Summary of Benefits

BENEFIT	CIGNA HEALTHSPRING RX SECURE (PDP)	CIGNA HEALTHSPRING RX SECURE-EXTRA (PDP)
PRESCRIPTION DRUG BENEFITS <i>(continued)</i>	Standard Mail Order Cost-Sharing	Standard Mail Order Cost-Sharing
	Tier 1: Preferred Generic	Tier 1: Preferred Generic
	<ul style="list-style-type: none"> • \$5 - \$19 copay for a one-month supply • \$15 - \$57 copay for a three-month supply Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.	<ul style="list-style-type: none"> • \$15 copay for a one-month supply • \$45 copay for a three-month supply
	Tier 2: Generic	Tier 2: Generic
<ul style="list-style-type: none"> • \$10 - \$20 copay for a one-month supply • \$30 - \$60 copay for a three-month supply Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.	<ul style="list-style-type: none"> • \$20 copay for a one-month supply • \$60 copay for a three-month supply 	
Tier 3: Preferred Brand	Tier 3: Preferred Brand	
<ul style="list-style-type: none"> • 14% - 20% of the cost for a one-month supply • 14% - 20% of the cost for a three-month supply Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.	<ul style="list-style-type: none"> • 25% of the cost for a one-month supply • 25% of the cost for a three-month supply 	

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

SECTION II Summary of Benefits

BENEFIT	CIGNA HEALTHSPRING RX SECURE (PDP)	CIGNA HEALTHSPRING RX SECURE-EXTRA (PDP)
PRESCRIPTION DRUG BENEFITS <i>(continued)</i>	Standard Mail Order Cost-Sharing <i>(continued)</i>	Standard Mail Order Cost-Sharing <i>(continued)</i>
	Tier 4: Non-Preferred Brand	Tier 4: Non-Preferred Brand
	<ul style="list-style-type: none"> • 50% of the cost for a one-month supply • 50% of the cost for a three-month supply 	<ul style="list-style-type: none"> • 30% - 50% of the cost for a one-month supply • 30% - 50% of the cost for a three-month supply Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area.
	Tier 5: Specialty Tier	Tier 5: Specialty Tier
<ul style="list-style-type: none"> • 25% of the cost for a one-month supply • 25% of the cost for a three-month supply 	<ul style="list-style-type: none"> • 27% of the cost for a one-month supply • 27% of the cost for a three-month supply 	

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

SECTION II Summary of Benefits

BENEFIT	CIGNA HEALTHSPRING RX SECURE (PDP)	CIGNA HEALTHSPRING RX SECURE-EXTRA (PDP)
PRESCRIPTION DRUG BENEFITS <i>(continued)</i>	<p>Long-Term Care Facility</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>Out-of-Network</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</p> <p>You will pay the copay or percent of the cost previously shown, plus the difference between the out-of-network pharmacy billed charge and our typical Standard Retail pharmacy billed costs.</p>	<p>Long-Term Care Facility</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>Out-of-Network</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</p> <p>You will pay the copay or percent of the cost previously shown, plus the difference between the out-of-network pharmacy billed charge and our typical Standard Retail pharmacy billed costs.</p>

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

SECTION II Summary of Benefits

BENEFIT	CIGNA HEALTHSPRING RX SECURE (PDP)	CIGNA HEALTHSPRING RX SECURE-EXTRA (PDP)
PRESCRIPTION DRUG BENEFITS <i>(continued)</i>	<p>Coverage Gap</p> <p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310.</p> <p>After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs. 	<p>Coverage Gap</p> <p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310.</p> <p>After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs.

2016 Premium/Cost-Sharing Table

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (PDP)

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium.
3. Your cost-share depends on your pharmacy choice.
4. Choose your drug tier for your covered Part D prescription drugs.

Alabama Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$33.40 Secure-Extra: \$40.40				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$8/\$16/\$24	\$15/\$30/\$45
Tier 2: Generic Drugs	\$5/\$10/\$15	\$5/\$10/\$15	\$13/\$26/\$39	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	16%	20%	18%	25%
Tier 4: Non-Preferred Brand Drugs	47%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$8/\$24	\$15/\$45	\$8	\$15
\$5/\$15	\$5/\$15	\$13/\$39	\$20/\$60	\$13	\$20
16%	20%	18%	25%	18%	25%
47%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Alaska <small>See footnote on page 3</small> Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$33.60 Secure-Extra: \$46.40				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$9/\$18/\$27	\$15/\$30/\$45
Tier 2: Generic Drugs	\$5/\$10/\$15	\$5/\$10/\$15	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	15%	20%	18%	25%
Tier 4: Non-Preferred Brand Drugs	46%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$9/\$27	\$15/\$45	\$9	\$15
\$5/\$15	\$5/\$15	\$12/\$36	\$20/\$60	\$12	\$20
15%	20%	18%	25%	18%	25%
46%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Arizona Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$34.40 Secure-Extra: \$45.70				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$19/\$38/\$57	\$15/\$30/\$45
Tier 2: Generic Drugs	\$8/\$16/\$24	\$5/\$10/\$15	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	15%	20%	17%	25%
Tier 4: Non-Preferred Brand Drugs	47%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$19/\$57	\$15/\$45	\$19	\$15
\$8/\$24	\$5/\$15	\$20/\$60	\$20/\$60	\$20	\$20
15%	20%	17%	25%	17%	25%
47%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

2016 Premium/Cost-Sharing Table

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (PDP)

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium.
3. Your cost-share depends on your pharmacy choice.
4. Choose your drug tier for your covered Part D prescription drugs.

Arkansas Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$26.00 Secure-Extra: \$39.00				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$10/\$20/\$30	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$16/\$32/\$48	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	16%	20%	18%	25%
Tier 4: Non-Preferred Brand Drugs	47%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$10/\$30	\$15/\$45	\$10	\$15
\$6/\$18	\$5/\$15	\$16/\$48	\$20/\$60	\$16	\$20
16%	20%	18%	25%	18%	25%
47%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

California Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$59.80 Secure-Extra: \$77.40				
Tier 1: Preferred Generic Drugs	\$3/\$6/\$9	\$1/\$2/\$3	\$10/\$20/\$30	\$15/\$30/\$45
Tier 2: Generic Drugs	\$5/\$10/\$15	\$5/\$10/\$15	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	15%	20%	18%	25%
Tier 4: Non-Preferred Brand Drugs	47%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$3/\$9	\$1/\$3	\$10/\$30	\$15/\$45	\$10	\$15
\$5/\$15	\$5/\$15	\$12/\$36	\$20/\$60	\$12	\$20
15%	20%	18%	25%	18%	25%
47%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Colorado Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$57.40 Secure-Extra: \$42.00				
Tier 1: Preferred Generic Drugs	\$3/\$6/\$9	\$1/\$2/\$3	\$10/\$20/\$30	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$13/\$26/\$39	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	16%	20%	18%	25%
Tier 4: Non-Preferred Brand Drugs	47%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$3/\$9	\$1/\$3	\$10/\$30	\$15/\$45	\$10	\$15
\$6/\$18	\$5/\$15	\$13/\$39	\$20/\$60	\$13	\$20
16%	20%	18%	25%	18%	25%
47%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

2016 Premium/Cost-Sharing Table

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (PDP)

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium.
3. Your cost-share depends on your pharmacy choice.
4. Choose your drug tier for your covered Part D prescription drugs.

Connecticut Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$50.90 Secure-Extra: \$50.10				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	17%	20%	19%	25%
Tier 4: Non-Preferred Brand Drugs	48%	29%	50%	30%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$7/\$21	\$15/\$45	\$7	\$15
\$6/\$18	\$5/\$15	\$11/\$33	\$20/\$60	\$11	\$20
17%	20%	19%	25%	19%	25%
48%	29%	50%	30%	50%	30%
25%	27%	25%	27%	25%	27%

Delaware Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$35.50 Secure-Extra: \$46.50				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$12/\$24/\$36	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$16/\$32/\$48	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	16%	20%	18%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$12/\$36	\$15/\$45	\$12	\$15
\$6/\$18	\$5/\$15	\$16/\$48	\$20/\$60	\$16	\$20
16%	20%	18%	25%	18%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

District of Columbia Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$35.50 Secure-Extra: \$46.50				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$12/\$24/\$36	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$16/\$32/\$48	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	16%	20%	18%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$12/\$36	\$15/\$45	\$12	\$15
\$6/\$18	\$5/\$15	\$16/\$48	\$20/\$60	\$16	\$20
16%	20%	18%	25%	18%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

2016 Premium/Cost-Sharing Table

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (PDP)

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium.
3. Your cost-share depends on your pharmacy choice.
4. Choose your drug tier for your covered Part D prescription drugs.

Florida Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$87.10 Secure-Extra: \$50.20				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs	\$5/\$10/\$15	\$5/\$10/\$15	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	16%	20%	20%	25%
Tier 4: Non-Preferred Brand Drugs	47%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$7/\$21	\$15/\$45	\$7	\$15
\$5/\$15	\$5/\$15	\$10/\$30	\$20/\$60	\$10	\$20
16%	20%	20%	25%	20%	25%
47%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Georgia Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$44.70 Secure-Extra: \$70.10				
Tier 1: Preferred Generic Drugs	\$3/\$6/\$9	\$1/\$2/\$3	\$9/\$18/\$27	\$15/\$30/\$45
Tier 2: Generic Drugs	\$5/\$10/\$15	\$5/\$10/\$15	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	15%	20%	19%	25%
Tier 4: Non-Preferred Brand Drugs	48%	29%	50%	30%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$3/\$9	\$1/\$3	\$9/\$27	\$15/\$45	\$9	\$15
\$5/\$15	\$5/\$15	\$11/\$33	\$20/\$60	\$11	\$20
15%	20%	19%	25%	19%	25%
48%	29%	50%	30%	50%	30%
25%	27%	25%	27%	25%	27%

Hawaii Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$30.80 Secure-Extra: \$38.80				
Tier 1: Preferred Generic Drugs	\$7/\$14/\$21	\$1/\$2/\$3	\$19/\$38/\$57	\$15/\$30/\$45
Tier 2: Generic Drugs	\$15/\$30/\$45	\$5/\$10/\$15	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	13%	20%	14%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$7/\$21	\$1/\$3	\$19/\$57	\$15/\$45	\$19	\$15
\$15/\$45	\$5/\$15	\$20/\$60	\$20/\$60	\$20	\$20
13%	20%	14%	25%	14%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

2016 Premium/Cost-Sharing Table

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (PDP)

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium.
3. Your cost-share depends on your pharmacy choice.
4. Choose your drug tier for your covered Part D prescription drugs.

Idaho Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$41.70 Secure-Extra: \$46.30				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$16/\$32/\$48	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$19/\$38/\$57	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	15%	20%	17%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$16/\$48	\$15/\$45	\$16	\$15
\$6/\$18	\$5/\$15	\$19/\$57	\$20/\$60	\$19	\$20
15%	20%	17%	25%	17%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Illinois Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$30.70 Secure-Extra: \$44.20				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$10/\$20/\$30	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	16%	20%	18%	25%
Tier 4: Non-Preferred Brand Drugs	47%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$10/\$30	\$15/\$45	\$10	\$15
\$6/\$18	\$5/\$15	\$20/\$60	\$20/\$60	\$20	\$20
16%	20%	18%	25%	18%	25%
47%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Indiana Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$33.40 Secure-Extra: \$44.90				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$8/\$16/\$24	\$15/\$30/\$45
Tier 2: Generic Drugs	\$5/\$10/\$15	\$5/\$10/\$15	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	16%	20%	18%	25%
Tier 4: Non-Preferred Brand Drugs	47%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$8/\$24	\$15/\$45	\$8	\$15
\$5/\$15	\$5/\$15	\$12/\$36	\$20/\$60	\$12	\$20
16%	20%	18%	25%	18%	25%
47%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

2016 Premium/Cost-Sharing Table

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (PDP)

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium.
3. Your cost-share depends on your pharmacy choice.
4. Choose your drug tier for your covered Part D prescription drugs.

Iowa Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$44.30 Secure-Extra: \$46.60				
Tier 1: Preferred Generic Drugs	\$3/\$6/\$9	\$1/\$2/\$3	\$10/\$20/\$30	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	18%	20%	20%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$3/\$9	\$1/\$3	\$10/\$30	\$15/\$45	\$10	\$15
\$6/\$18	\$5/\$15	\$12/\$36	\$20/\$60	\$12	\$20
18%	20%	20%	25%	20%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Kansas Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$33.40 Secure-Extra: \$51.40				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$11/\$22/\$33	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$15/\$30/\$45	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	16%	20%	18%	25%
Tier 4: Non-Preferred Brand Drugs	47%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$11/\$33	\$15/\$45	\$11	\$15
\$6/\$18	\$5/\$15	\$15/\$45	\$20/\$60	\$15	\$20
16%	25%	20%	25%	18%	25%
47%	50%	43%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Kentucky Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$33.40 Secure-Extra: \$44.90				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$8/\$16/\$24	\$15/\$30/\$45
Tier 2: Generic Drugs	\$5/\$10/\$15	\$5/\$10/\$15	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	16%	20%	18%	25%
Tier 4: Non-Preferred Brand Drugs	47%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$8/\$24	\$15/\$45	\$8	\$15
\$5/\$15	\$5/\$15	\$12/\$36	\$20/\$60	\$12	\$20
16%	20%	18%	25%	18%	25%
47%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

2016 Premium/Cost-Sharing Table

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (PDP)

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium.
3. Your cost-share depends on your pharmacy choice.
4. Choose your drug tier for your covered Part D prescription drugs.

Louisiana Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$34.30 Secure-Extra: \$54.40				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$11/\$22/\$33	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$16/\$32/\$48	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	15%	20%	17%	25%
Tier 4: Non-Preferred Brand Drugs	46%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$11/\$33	\$15/\$45	\$11	\$15
\$6/\$18	\$5/\$15	\$16/\$48	\$20/\$60	\$16	\$20
15%	20%	17%	25%	17%	25%
46%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Maine Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$32.90 Secure-Extra: \$47.00				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs	\$5/\$10/\$15	\$5/\$10/\$15	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	16%	20%	20%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$7/\$21	\$15/\$45	\$7	\$15
\$5/\$15	\$5/\$15	\$11/\$33	\$20/\$60	\$11	\$20
16%	20%	20%	25%	20%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Maryland Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$35.50 Secure-Extra: \$46.50				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$12/\$24/\$36	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$16/\$32/\$48	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	16%	20%	18%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$12/\$36	\$15/\$45	\$12	\$15
\$6/\$18	\$5/\$15	\$16/\$48	\$20/\$60	\$16	\$20
16%	20%	18%	25%	18%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

2016 Premium/Cost-Sharing Table

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (PDP)

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium.
3. Your cost-share depends on your pharmacy choice.
4. Choose your drug tier for your covered Part D prescription drugs.

Massachusetts Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$50.90 Secure-Extra: \$50.10				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	17%	20%	19%	25%
Tier 4: Non-Preferred Brand Drugs	48%	29%	50%	30%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$7/\$21	\$15/\$45	\$7	\$15
\$6/\$18	\$5/\$15	\$11/\$33	\$20/\$60	\$11	\$20
17%	20%	19%	25%	19%	25%
48%	29%	50%	30%	50%	30%
25%	27%	25%	27%	25%	27%

Michigan Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$34.00 Secure-Extra: \$41.80				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$10/\$20/\$30	\$15/\$30/\$45
Tier 2: Generic Drugs	\$5/\$10/\$15	\$5/\$10/\$15	\$14/\$28/\$42	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	17%	20%	19%	25%
Tier 4: Non-Preferred Brand Drugs	47%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$10/\$30	\$15/\$45	\$10	\$15
\$5/\$15	\$5/\$15	\$14/\$42	\$20/\$60	\$14	\$20
17%	20%	19%	25%	19%	25%
47%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Minnesota Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$44.30 Secure-Extra: \$46.60				
Tier 1: Preferred Generic Drugs	\$3/\$6/\$9	\$1/\$2/\$3	\$10/\$20/\$30	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	18%	20%	20%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$3/\$9	\$1/\$3	\$10/\$30	\$15/\$45	\$10	\$15
\$6/\$18	\$5/\$15	\$12/\$36	\$20/\$60	\$12	\$20
18%	20%	20%	25%	20%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

2016 Premium/Cost-Sharing Table

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (PDP)

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium.
3. Your cost-share depends on your pharmacy choice.
4. Choose your drug tier for your covered Part D prescription drugs.

Mississippi Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$31.20 Secure-Extra: \$49.40				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$10/\$20/\$30	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$16/\$32/\$48	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	16%	20%	18%	25%
Tier 4: Non-Preferred Brand Drugs	47%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$10/\$30	\$15/\$45	\$10	\$15
\$6/\$18	\$5/\$15	\$16/\$48	\$20/\$60	\$16	\$20
16%	20%	18%	25%	18%	25%
47%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Missouri Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$48.50 Secure-Extra: \$49.70				
Tier 1: Preferred Generic Drugs	\$4/\$8/\$12	\$1/\$2/\$3	\$10/\$20/\$30	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	15%	20%	20%	25%
Tier 4: Non-Preferred Brand Drugs	47%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$4/\$12	\$1/\$3	\$10/\$30	\$15/\$45	\$10	\$15
\$6/\$18	\$5/\$15	\$12/\$36	\$20/\$60	\$12	\$20
15%	20%	20%	25%	20%	25%
47%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Montana Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$44.30 Secure-Extra: \$46.60				
Tier 1: Preferred Generic Drugs	\$3/\$6/\$9	\$1/\$2/\$3	\$10/\$20/\$30	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	18%	20%	20%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$3/\$9	\$1/\$3	\$10/\$30	\$15/\$45	\$10	\$15
\$6/\$18	\$5/\$15	\$12/\$36	\$20/\$60	\$12	\$20
18%	20%	20%	25%	20%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

2016 Premium/Cost-Sharing Table

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (PDP)

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium.
3. Your cost-share depends on your pharmacy choice.
4. Choose your drug tier for your covered Part D prescription drugs.

Nebraska Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$44.30 Secure-Extra: \$46.60				
Tier 1: Preferred Generic Drugs	\$3/\$6/\$9	\$1/\$2/\$3	\$10/\$20/\$30	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	18%	20%	20%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$3/\$9	\$1/\$3	\$10/\$30	\$15/\$45	\$10	\$15
\$6/\$18	\$5/\$15	\$12/\$36	\$20/\$60	\$12	\$20
18%	20%	20%	25%	20%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Nevada Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$40.70 Secure-Extra: \$51.00				
Tier 1: Preferred Generic Drugs	\$5/\$10/\$15	\$1/\$2/\$3	\$12/\$24/\$36	\$15/\$30/\$45
Tier 2: Generic Drugs	\$7/\$14/\$21	\$5/\$10/\$15	\$14/\$28/\$42	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	15%	20%	17%	25%
Tier 4: Non-Preferred Brand Drugs	47%	29%	50%	30%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$5/\$15	\$1/\$3	\$12/\$36	\$15/\$45	\$12	\$15
\$7/\$21	\$5/\$15	\$14/\$42	\$20/\$60	\$14	\$20
15%	20%	17%	25%	17%	25%
47%	29%	50%	30%	50%	30%
25%	27%	25%	27%	25%	27%

New Hampshire Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$32.90 Secure-Extra: \$47.00				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs	\$5/\$10/\$15	\$5/\$10/\$15	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	16%	20%	20%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$7/\$21	\$15/\$45	\$7	\$15
\$5/\$15	\$5/\$15	\$11/\$33	\$20/\$60	\$11	\$20
16%	20%	20%	25%	20%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

2016 Premium/Cost-Sharing Table

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (PDP)

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium.
3. Your cost-share depends on your pharmacy choice.
4. Choose your drug tier for your covered Part D prescription drugs.

New Jersey Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$62.20 Secure-Extra: \$49.70				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs	\$5/\$10/\$15	\$5/\$10/\$15	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	15%	20%	18%	25%
Tier 4: Non-Preferred Brand Drugs	47%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$7/\$21	\$15/\$45	\$7	\$15
\$5/\$15	\$5/\$15	\$10/\$30	\$20/\$60	\$10	\$20
15%	20%	18%	25%	18%	25%
47%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

New Mexico Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$42.00 Secure-Extra: \$38.00				
Tier 1: Preferred Generic Drugs	\$3/\$6/\$9	\$1/\$2/\$3	\$10/\$20/\$30	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	16%	20%	18%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$3/\$9	\$1/\$3	\$10/\$30	\$15/\$45	\$10	\$15
\$6/\$18	\$5/\$15	\$12/\$36	\$20/\$60	\$12	\$20
16%	20%	18%	25%	18%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

New York Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$41.00 Secure-Extra: \$47.60				
Tier 1: Preferred Generic Drugs	\$0/\$0/\$0	\$1/\$2/\$3	\$5/\$10/\$15	\$15/\$30/\$45
Tier 2: Generic Drugs	\$7/\$14/\$21	\$5/\$10/\$15	\$14/\$28/\$42	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	17%	20%	19%	25%
Tier 4: Non-Preferred Brand Drugs	47%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$0/\$0	\$1/\$3	\$5/\$15	\$15/\$45	\$5	\$15
\$7/\$21	\$5/\$15	\$14/\$42	\$20/\$60	\$14	\$20
17%	20%	19%	25%	19%	25%
47%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

2016 Premium/Cost-Sharing Table

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (PDP)

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium.
3. Your cost-share depends on your pharmacy choice.
4. Choose your drug tier for your covered Part D prescription drugs.

North Carolina Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$45.90 Secure-Extra: \$42.40				
Tier 1: Preferred Generic Drugs	\$3/\$6/\$9	\$1/\$2/\$3	\$9/\$18/\$27	\$15/\$30/\$45
Tier 2: Generic Drugs	\$5/\$10/\$15	\$5/\$10/\$15	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	16%	20%	19%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$3/\$9	\$1/\$3	\$9/\$27	\$15/\$45	\$9	\$15
\$5/\$15	\$5/\$15	\$11/\$33	\$20/\$60	\$11	\$20
16%	20%	19%	25%	19%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

North Dakota Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$44.30 Secure-Extra: \$46.60				
Tier 1: Preferred Generic Drugs	\$3/\$6/\$9	\$1/\$2/\$3	\$10/\$20/\$30	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	18%	20%	20%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$3/\$9	\$1/\$3	\$10/\$30	\$15/\$45	\$10	\$15
\$6/\$18	\$5/\$15	\$12/\$36	\$20/\$60	\$12	\$20
18%	20%	20%	25%	20%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Ohio Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$48.90 Secure-Extra: \$42.30				
Tier 1: Preferred Generic Drugs	\$3/\$6/\$9	\$1/\$2/\$3	\$10/\$20/\$30	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	15%	20%	18%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$3/\$9	\$1/\$3	\$10/\$30	\$15/\$45	\$10	\$15
\$6/\$18	\$5/\$15	\$12/\$36	\$20/\$60	\$12	\$20
15%	20%	18%	25%	18%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

2016 Premium/Cost-Sharing Table

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (PDP)

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium.
3. Your cost-share depends on your pharmacy choice.
4. Choose your drug tier for your covered Part D prescription drugs.

Oklahoma Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$31.90 Secure-Extra: \$61.70				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs	\$5/\$10/\$15	\$5/\$10/\$15	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	15%	20%	19%	25%
Tier 4: Non-Preferred Brand Drugs	46%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$7/\$21	\$15/\$45	\$7	\$15
\$5/\$15	\$5/\$15	\$10/\$30	\$20/\$60	\$10	\$20
15%	20%	19%	25%	19%	25%
46%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Oregon Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$34.70 Secure-Extra: \$34.90				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$19/\$38/\$57	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	16%	20%	18%	25%
Tier 4: Non-Preferred Brand Drugs	47%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$19/\$57	\$15/\$45	\$19	\$15
\$6/\$18	\$5/\$15	\$20/\$60	\$20/\$60	\$20	\$20
16%	20%	18%	25%	18%	25%
47%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Pennsylvania Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$36.70 Secure-Extra: \$60.50				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$8/\$16/\$24	\$15/\$30/\$45
Tier 2: Generic Drugs	\$5/\$10/\$15	\$5/\$10/\$15	\$13/\$26/\$39	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	15%	20%	18%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$8/\$24	\$15/\$45	\$8	\$15
\$5/\$15	\$5/\$15	\$13/\$39	\$20/\$60	\$13	\$20
15%	20%	18%	25%	18%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

2016 Premium/Cost-Sharing Table

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (PDP)

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium.
3. Your cost-share depends on your pharmacy choice.
4. Choose your drug tier for your covered Part D prescription drugs.

Rhode Island Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$50.90 Secure-Extra: \$50.10				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	17%	20%	19%	25%
Tier 4: Non-Preferred Brand Drugs	48%	29%	50%	30%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$7/\$21	\$15/\$45	\$7	\$15
\$6/\$18	\$5/\$15	\$11/\$33	\$20/\$60	\$11	\$20
17%	20%	19%	25%	19%	25%
48%	29%	50%	30%	50%	30%
25%	27%	25%	27%	25%	27%

South Carolina Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$43.10 Secure-Extra: \$54.50				
Tier 1: Preferred Generic Drugs	\$3/\$6/\$9	\$1/\$2/\$3	\$9/\$18/\$27	\$15/\$30/\$45
Tier 2: Generic Drugs	\$5/\$10/\$15	\$5/\$10/\$15	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	16%	20%	19%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$3/\$9	\$1/\$3	\$9/\$27	\$15/\$45	\$9	\$15
\$5/\$15	\$5/\$15	\$11/\$33	\$20/\$60	\$11	\$20
16%	20%	19%	25%	19%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

South Dakota Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$44.30 Secure-Extra: \$46.60				
Tier 1: Preferred Generic Drugs	\$3/\$6/\$9	\$1/\$2/\$3	\$10/\$20/\$30	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	18%	20%	20%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$3/\$9	\$1/\$3	\$10/\$30	\$15/\$45	\$10	\$15
\$6/\$18	\$5/\$15	\$12/\$36	\$20/\$60	\$12	\$20
18%	20%	20%	25%	20%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

2016 Premium/Cost-Sharing Table

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (PDP)

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium.
3. Your cost-share depends on your pharmacy choice.
4. Choose your drug tier for your covered Part D prescription drugs.

Tennessee Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$33.40 Secure-Extra: \$40.40				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$8/\$16/\$24	\$15/\$30/\$45
Tier 2: Generic Drugs	\$5/\$10/\$15	\$5/\$10/\$15	\$13/\$26/\$39	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	16%	20%	18%	25%
Tier 4: Non-Preferred Brand Drugs	47%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$8/\$24	\$15/\$45	\$8	\$15
\$5/\$15	\$5/\$15	\$13/\$39	\$20/\$60	\$13	\$20
16%	20%	18%	25%	18%	25%
47%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Texas Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$29.90 Secure-Extra: \$62.90				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$12/\$24/\$36	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$18/\$36/\$54	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	15%	20%	17%	25%
Tier 4: Non-Preferred Brand Drugs	47%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$12/\$36	\$15/\$45	\$12	\$15
\$6/\$18	\$5/\$15	\$18/\$54	\$20/\$60	\$18	\$20
15%	20%	17%	25%	17%	25%
47%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Utah Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$41.70 Secure-Extra: \$46.30				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$16/\$32/\$48	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$19/\$38/\$57	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	15%	20%	17%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$16/\$48	\$15/\$45	\$16	\$15
\$6/\$18	\$5/\$15	\$19/\$57	\$20/\$60	\$19	\$20
15%	20%	17%	25%	17%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

2016 Premium/Cost-Sharing Table

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (PDP)

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium.
3. Your cost-share depends on your pharmacy choice.
4. Choose your drug tier for your covered Part D prescription drugs.

Vermont Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$50.90 Secure-Extra: \$50.10				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	17%	20%	19%	25%
Tier 4: Non-Preferred Brand Drugs	48%	29%	50%	30%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$7/\$21	\$15/\$45	\$7	\$15
\$6/\$18	\$5/\$15	\$11/\$33	\$20/\$60	\$11	\$20
17%	20%	19%	25%	19%	25%
48%	29%	50%	30%	50%	30%
25%	27%	25%	27%	25%	27%

Virginia Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$47.20 Secure-Extra: \$49.20				
Tier 1: Preferred Generic Drugs	\$3/\$6/\$9	\$1/\$2/\$3	\$9/\$18/\$27	\$15/\$30/\$45
Tier 2: Generic Drugs	\$5/\$10/\$15	\$5/\$10/\$15	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	16%	20%	19%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$3/\$9	\$1/\$3	\$9/\$27	\$15/\$45	\$9	\$15
\$5/\$15	\$5/\$15	\$11/\$33	\$20/\$60	\$11	\$20
16%	20%	19%	25%	19%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Washington Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$34.70 Secure-Extra: \$34.90				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$19/\$38/\$57	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$20/\$40/\$60	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	16%	20%	18%	25%
Tier 4: Non-Preferred Brand Drugs	47%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$19/\$57	\$15/\$45	\$19	\$15
\$6/\$18	\$5/\$15	\$20/\$60	\$20/\$60	\$20	\$20
16%	20%	18%	25%	18%	25%
47%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

2016 Premium/Cost-Sharing Table

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (PDP)

Instructions for using this table:

1. Locate your state of residence from the table below.
2. For your state, you can see your monthly premium.
3. Your cost-share depends on your pharmacy choice.
4. Choose your drug tier for your covered Part D prescription drugs.

West Virginia Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$36.70 Secure-Extra: \$60.50				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$8/\$16/\$24	\$15/\$30/\$45
Tier 2: Generic Drugs	\$5/\$10/\$15	\$5/\$10/\$15	\$13/\$26/\$39	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	15%	20%	18%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$8/\$24	\$15/\$45	\$8	\$15
\$5/\$15	\$5/\$15	\$13/\$39	\$20/\$60	\$13	\$20
15%	20%	18%	25%	18%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Wisconsin Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$38.40 Secure-Extra: \$62.40				
Tier 1: Preferred Generic Drugs	\$2/\$4/\$6	\$1/\$2/\$3	\$11/\$22/\$33	\$15/\$30/\$45
Tier 2: Generic Drugs	\$5/\$10/\$15	\$5/\$10/\$15	\$15/\$30/\$45	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	17%	20%	19%	25%
Tier 4: Non-Preferred Brand Drugs	47%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$2/\$6	\$1/\$3	\$11/\$33	\$15/\$45	\$11	\$15
\$5/\$15	\$5/\$15	\$15/\$45	\$20/\$60	\$15	\$20
17%	20%	19%	25%	19%	25%
47%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

Wyoming Monthly Premium	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
	Secure	Secure-Extra	Secure	Secure-Extra
	30/60/90	30/60/90	30/60/90	30/60/90
Secure: \$44.30 Secure-Extra: \$46.60				
Tier 1: Preferred Generic Drugs	\$3/\$6/\$9	\$1/\$2/\$3	\$10/\$20/\$30	\$15/\$30/\$45
Tier 2: Generic Drugs	\$6/\$12/\$18	\$5/\$10/\$15	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs	18%	20%	20%	25%
Tier 4: Non-Preferred Brand Drugs	48%	43%	50%	50%
Tier 5: Specialty Tier	25%	27%	25%	27%

Preferred Mail Order Cost-Sharing - 30/90 Days		Standard Mail Order Cost-Sharing - 30/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/90	30/90	30/90	30/90		
\$3/\$9	\$1/\$3	\$10/\$30	\$15/\$45	\$10	\$15
\$6/\$18	\$5/\$15	\$12/\$36	\$20/\$60	\$12	\$20
18%	20%	20%	25%	20%	25%
48%	43%	50%	50%	50%	50%
25%	27%	25%	27%	25%	27%

This page is intentionally left blank

Additional Information About Cigna-HealthSpring Rx (PDP)

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-222-6700. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-222-6700. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-222-6700。我们的中文工作人员很乐意帮助您。这是一项免费服务。

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

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-222-6700. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-222-6700. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-222-6700 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-222-6700. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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

Additional Information About Cigna-HealthSpring Rx (PDP)

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-222-6700. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: جدول أو بالصحة تتعلق أسئلة أي عن للإجابة الممجانية الفوري المترجم خدمات نقدم إننا! 1-800-222-6700 على بنا الاتصال سوى على ليسي فوري، مترجم على للحصول. لدينا الأدوية. م.جانية خدمة هذه. بمساعتك ال عربية يتحدث ما شخص سيقوم.

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

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-222-6700. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-222-6700. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-222-6700. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-222-6700. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-222-6700にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Cigna-HealthSpring Rx (PDP) is a Medicare Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Cigna-HealthSpring depends on contract renewal.

830978 e 09/15 © 2015 Cigna. Some content provided under license.