

SUMMARY OF BENEFITS

January 1, 2017 – December 31, 2017

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (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 <http://www.cigna.com/part-d>.



Our plans and helpful resources

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

Cigna-HealthSpring Rx Secure (PDP)

This plan offers low premiums and a standard deductible. It is the right fit for someone who receives **Extra Help** or needs basic protection to reduce the cost of their medications.

Cigna-HealthSpring Rx Secure-Extra (PDP)

This **value plan** offers a low premium and a low deductible. This is a great fit for someone looking for a value plan with good coverage and the added financial security of coverage in the gap for some medications.



Customer service hours

You can call us 7 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 February 15–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: <http://www.cignahealthspring.com>



Drug list

Find out if our plans cover your drugs or if we have any restrictions by looking at the complete plan formulary (drug list of Part D prescription drugs) on our website <http://www.cigna.com/part-d>.

Or, call us and we will send you a copy of the formulary.



Pharmacy directory

See if your pharmacy is part of our network of 64,000 pharmacies and 32,000 preferred network pharmacies by checking our comprehensive Pharmacy Directory on our website at www.Cigna.com/medicare/part-d/pharmacy-options. 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, 2017 – December 31, 2017. 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 <http://www.cigna.com/part-d>.

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.

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

This information is available for free in other languages. Please call our customer service number at 1-800-222-6700 (TTY 711), 7 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 February 15–September 30.

Esta información está disponible de forma gratuita en otros idiomas. Por favor, llame a nuestro servicio al cliente al 1-800-222-6700 de 8 a.m. a 8 p.m., hora local, los siete días de la semana. Puede que nuestro sistema telefónico automático conteste sus llamadas durante los fines de semana del 15 de feb. al 30 de sept. Los usuarios de TTY deben llamar al 711.

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

Who can join a Medicare Part D plan?

To join **Cigna-HealthSpring Rx Secure (PDP)** and **Cigna-HealthSpring Rx Secure-Extra (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 and the District of Columbia.

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 tiers:

1. Preferred Generic
2. Generic
3. Preferred Brand
4. Non-Preferred Drugs
5. Specialty Tier

Use the plan formulary (drug list) 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: Initial Coverage

- Begins after you meet your deductible.
- You pay a copay or coinsurance for covered drugs.

Stage Two: Coverage Gap “Donut Hole”

- Begins after your **total** yearly drug costs – what the plan has paid and what you have paid – reaches \$3,700.
- You pay only 40%-51% of the cost of a covered drug.

Stage Three: Catastrophic Coverage

- Takes effect when your yearly **out-of-pocket** drug costs – what you paid at your retail pharmacy or mail order – reach \$4,950.
- 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 (<http://www.cigna.com/part-d>). 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 percent 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.
- During the deductible, your cost at our network pharmacies will reflect the Cigna-HealthSpring 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-HealthSpring Rx Secure Plan (PDP)	Cigna-HealthSpring Rx Secure-Extra Plan (PDP)
Monthly Premium	\$27.30 – \$50.60 per month. See the Premium/Cost-Sharing Tables by State (beginning on page 9) to find your specific premium.	\$17.70 – \$60.10 per month. See the Premium/Cost-Sharing Tables by State (beginning on page 9) to find your specific premium.
Annual Deductible	\$400 per year. You need to pay this amount before your Initial Coverage begins.	\$50 per year. You need to pay this amount before your Initial Coverage begins.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

SECTION 3. Your plan costs

BENEFIT STAGE ONE:

Initial Coverage – Retail 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 formulary (drug list) on our website (<http://www.cigna.com/part-d>). Or, call us and we will send you a copy of the formulary. Please see drug tier definitions in the table below.
- You may get drugs at an out-of-network pharmacy. You will pay the in-network pharmacy copay or percent of the cost, **plus** the amount that the out-of-network pharmacy billed charges are higher than our typical standard retail pharmacy billed charges.

What you will pay

Initial Coverage begins after you meet your 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		Standard Network Pharmacy	
	Secure Plan	Secure-Extra Plan	Secure Plan	Secure-Extra Plan
We group each medication into one of five tiers. Please see drug tier definitions below.	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	30-Day Copay x2 for 60 day x3 for 90 day
Tier 1: Preferred Generic Drugs	\$1-\$4	\$5	\$6-\$9	\$15
Tier 2: Generic Drugs	\$5-\$9	\$10	\$11-\$14	\$20
Tier 3: Preferred Brand Drugs	\$40-\$42	\$42	\$45-\$47	\$47
	30/60/90 Day Coinsurance	30/60/90 Day Coinsurance	30/60/90 Day Coinsurance	30/60/90 Day Coinsurance
Tier 4: Non-Preferred Drugs	38%-50% of the cost	50% of the cost	39%-50% of the cost	50% of the cost
	30-Day Copay available only			
Tier 5: Specialty Tier	25% of the cost	32% of the cost	25% of the cost	32% of the cost

SECTION 3. Your plan costs

BENEFIT STAGE ONE:

Initial Coverage – Mail Order 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 formulary (drug list) on our website (<http://www.cigna.com/part-d>). Or, call us and we will send you a copy of the formulary. Please see drug tier definitions in the table below.
- You may get drugs at an out-of-network pharmacy. You will pay the in-network pharmacy copay or percent of the cost, **plus** the amount that the out-of-network pharmacy billed charges are higher than our typical standard retail pharmacy billed charges.

What you will pay

Initial Coverage begins after you meet your 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.

Mail Order Pharmacies

We group each medication into one of five tiers. Please see drug tier definitions below.	Preferred Network Pharmacy		Standard Network Pharmacy	
	Secure Plan	Secure-Extra Plan	Secure Plan	Secure-Extra Plan
	30-Day Copay x3 for 90 day			
Tier 1: Preferred Generic Drugs	\$1-\$4	\$5	\$6-\$9	\$15
Tier 2: Generic Drugs	\$5-\$9	\$10	\$11-\$14	\$20
Tier 3: Preferred Brand Drugs	\$40-\$42	\$42	\$45-\$47	\$47
	30/90 Day Coinsurance	30/90 Day Coinsurance	30/90 Day Coinsurance	30/90 Day Coinsurance
Tier 4: Non-Preferred Drugs	38%-50% of the cost	50% of the cost	39%-50% of the cost	50% of the cost
	30-Day Copay available only			
Tier 5: Specialty Tier	25% of the cost	32% of the cost	25% of the cost	32% of the cost

SECTION 3. Your plan costs

BENEFIT STAGE ONE:

Initial Coverage – Long-Term Care

What You Should Know:

- Your copay or coinsurance is based on the drug tier for your medication which you can find in the plan formulary (drug list) on our website (<http://www.cigna.com/part-d>). Or, call us and we will send you a copy of the formulary. Please see drug tier definitions in the table below.
- You may get drugs at an out-of-network pharmacy. You will pay the in-network pharmacy copay or percent of the cost, **plus** the amount that the out-of-network pharmacy billed charges are higher than our typical standard retail pharmacy billed charges.

What you will pay

Initial Coverage begins after you meet your 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 tiers. Please see drug tier definitions below.	Long-Term Care Facility	
	Secure Plan	Secure-Extra Plan
	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	Tiers 1-5: 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 specific drug tier.	

SECTION 3. Your plan costs

BENEFIT STAGE TWO:

Coverage Gap “Donut Hole”

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 percent of the cost, **plus** the amount that the out-of-network pharmacy billed charges are higher than our typical standard retail pharmacy billed charges.

What you will pay

The Coverage Gap follows the Initial Coverage stage, after your **total** yearly drug costs (what plan has paid and what you have paid) reaches \$3,700. Ends when your costs total \$4,950.

We group each medication into one of five tiers. Please see drug tier definitions below.	In-Network Pharmacy	
	Secure Plan	Secure-Extra Plan
	You will pay:	You will pay:
Tier 1: Preferred Generic Drugs	Tiers 1-5: <ul style="list-style-type: none"> • 40% of the plans’s cost for covered brand name drugs • 51% of the plan’s cost for covered generic drugs 	Tier 1:* <ul style="list-style-type: none"> • \$5 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		
Tier 4: Non-Preferred Drugs		Tiers 3, 4, 5: <ul style="list-style-type: none"> • 40% of the plans’s cost for covered brand name drugs • 51% of the plan’s cost for covered generic drugs
Tier 5: Specialty Tier		

*See pages 4 and 5 for 60 and 90 day copays.

SECTION 3. Your plan costs

BENEFIT STAGE THREE:

Catastrophic Coverage

What You Should Know:

- The plan pays most of the cost of a covered drug in this stage.
- You pay a small amount or no 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 percent of the cost, **plus** the amount that the out-of-network pharmacy billed charges are higher than our typical standard retail pharmacy billed charges.

What you will pay

Catastrophic Coverage takes effect **after the Coverage Gap** “Donut Hole” stage when your yearly out-of-pocket drug costs reach \$4,950. You will stay in this drug payment stage until the end of the calendar year.

We group each medication into one of five tiers. Please see drug tier definitions below.	In-Network Pharmacy	
	Secure Plan	Secure-Extra Plan
Tier 1: Preferred Generic Drugs Tier 2: Generic Drugs Tier 3: Preferred Brand Drugs Tier 4: Non-Preferred Drugs Tier 5: Specialty Tier	Tiers 1-5: You pay the greater of: <ul style="list-style-type: none"> • 5% of the cost, or • \$3.30 copay for generic (including brand drugs treated as generic) and an \$8.25 copayment for all other drugs. 	

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

SECTION 4. 2017 Premium/Cost-Sharing Tables by State

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (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 premium and deductible.
2. Across the top, choose the type of pharmacy you use (retail or mail order, preferred or standard).
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		
	Monthly Premium	Annual Deductible	Secure	Secure-Extra
Secure:	\$27.30	\$400	30/60/90	30/60/90
Secure-Extra:	\$35.10	\$50		
Tier 1: Preferred Generic Drugs			\$1/\$2/\$3	\$5/\$10/\$15
Tier 2: Generic Drugs			\$5/\$10/\$15	\$10/\$20/\$30
Tier 3: Preferred Brand Drugs			\$40/\$80/\$120	\$42/\$84/\$126
Tier 4: Non-Preferred Drugs			47%	50%
Tier 5: Specialty Tier			25% (30 days)	32% (30 days)

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

SECTION 4. 2017 Premium/Cost-Sharing Tables by State

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (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 premium and deductible.
2. Across the top, choose the type of pharmacy you use (retail or mail order, preferred or standard).
3. Look down to cross reference your pharmacy type with the appropriate drug tier for your covered Part D prescription drugs.

Alabama		Annual Deductible	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
Secure:	Monthly Premium		Secure	Secure-Extra	Secure	Secure-Extra
Secure:	\$27.30	\$400				
Secure-Extra:	\$35.10	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs			\$1/\$2/\$3	\$5/\$10/\$15	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs			\$5/\$10/\$15	\$10/\$20/\$30	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs			\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs			47%	50%	48%	50%
Tier 5: Specialty Tier			25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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		
\$1/\$3	\$5/\$15	\$6/\$18	\$15/\$45	\$6	\$15
\$5/\$15	\$10/\$30	\$11/\$33	\$20/\$60	\$11	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
47%	50%	48%	50%	48%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

Alaska		Annual Deductible	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
Secure:	Monthly Premium		Secure	Secure-Extra	Secure	Secure-Extra
Secure:	\$17.90	\$400				
Secure-Extra:	\$50.60	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs			\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs			\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs			\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs			46%	50%	49%	50%
Tier 5: Specialty Tier			25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
46%	50%	49%	50%	49%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

Arizona		Annual Deductible	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
Secure:	Monthly Premium		Secure	Secure-Extra	Secure	Secure-Extra
Secure:	\$24.10	\$400				
Secure-Extra:	\$35.00	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs			\$2/\$4/\$6	\$5/\$10/\$15	\$9/\$18/\$27	\$15/\$30/\$45
Tier 2: Generic Drugs			\$7/\$14/\$21	\$10/\$20/\$30	\$14/\$28/\$42	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs			\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs			44%	50%	47%	50%
Tier 5: Specialty Tier			25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$9/\$27	\$15/\$45	\$9	\$15
\$7/\$21	\$10/\$30	\$14/\$42	\$20/\$60	\$14	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
44%	50%	47%	50%	47%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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

SECTION 4. 2017 Premium/Cost-Sharing Tables by State

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (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 premium and deductible.
2. Across the top, choose the type of pharmacy you use (retail or mail order, preferred or standard).
3. Look down to cross reference your pharmacy type with the appropriate drug tier for your covered Part D prescription drugs.

Arkansas		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure:	\$17.70	Secure 30/60/90	Secure-Extra 30/60/90	Secure 30/60/90	Secure-Extra 30/60/90
Secure-Extra:	\$33.10				
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$9/\$18/\$27	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$14/\$28/\$42	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		48%	50%	50%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$9/\$27	\$15/\$45	\$9	\$15
\$7/\$21	\$10/\$30	\$14/\$42	\$20/\$60	\$14	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
48%	50%	50%	50%	50%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

California		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure:	\$58.10	Secure 30/60/90	Secure-Extra 30/60/90	Secure 30/60/90	Secure-Extra 30/60/90
Secure-Extra:	\$46.60				
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		41%	50%	43%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
41%	50%	43%	50%	43%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

Colorado		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure:	\$26.10	Secure 30/60/90	Secure-Extra 30/60/90	Secure 30/60/90	Secure-Extra 30/60/90
Secure-Extra:	\$39.10				
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		40%	50%	43%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
40%	50%	43%	50%	43%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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

SECTION 4. 2017 Premium/Cost-Sharing Tables by State

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (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 premium and deductible.
2. Across the top, choose the type of pharmacy you use (retail or mail order, preferred or standard).
3. Look down to cross reference your pharmacy type with the appropriate drug tier for your covered Part D prescription drugs.

Connecticut		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$49.10	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$37.20	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		40%	50%	40%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
40%	50%	40%	50%	40%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

Delaware		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$28.40	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$34.80	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$9/\$18/\$27	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$14/\$28/\$42	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		46%	50%	49%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$9/\$27	\$15/\$45	\$9	\$15
\$7/\$21	\$10/\$30	\$14/\$42	\$20/\$60	\$14	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
46%	50%	49%	50%	49%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

District of Columbia		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$28.40	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$34.80	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$9/\$18/\$27	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$14/\$28/\$42	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		46%	50%	49%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$9/\$27	\$15/\$45	\$9	\$15
\$7/\$21	\$10/\$30	\$14/\$42	\$20/\$60	\$14	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
46%	50%	49%	50%	49%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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

SECTION 4. 2017 Premium/Cost-Sharing Tables by State

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (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 premium and deductible.
2. Across the top, choose the type of pharmacy you use (retail or mail order, preferred or standard).
3. Look down to cross reference your pharmacy type with the appropriate drug tier for your covered Part D prescription drugs.

Florida		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$60.10	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$38.70	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$5/\$10/\$15	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		38%	50%	39%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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		
\$1/\$3	\$5/\$15	\$6/\$18	\$15/\$45	\$6	\$15
\$5/\$15	\$10/\$30	\$11/\$33	\$20/\$60	\$11	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
38%	50%	39%	50%	39%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

Georgia		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$39.50	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$35.80	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$5/\$10/\$15	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		46%	50%	47%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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		
\$1/\$3	\$5/\$15	\$6/\$18	\$15/\$45	\$6	\$15
\$5/\$15	\$10/\$30	\$11/\$33	\$20/\$60	\$11	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
46%	50%	47%	50%	47%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

Hawaii		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$23.50	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$27.30	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$4/\$8/\$12	\$5/\$10/\$15	\$9/\$18/\$27	\$15/\$30/\$45
Tier 2: Generic Drugs		\$9/\$18/\$27	\$10/\$20/\$30	\$14/\$28/\$42	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$42/\$84/\$126	\$42/\$84/\$126	\$47/\$94/\$141	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		50%	50%	50%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$9/\$27	\$15/\$45	\$9	\$15
\$9/\$27	\$10/\$30	\$14/\$42	\$20/\$60	\$14	\$20
\$42/\$126	\$42/\$126	\$47/\$141	\$47/\$141	\$47	\$47
50%	50%	50%	50%	50%	50%
25% (30 days)	32% (30 days)	25%	32% (30 days)	25%	32%

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

SECTION 4. 2017 Premium/Cost-Sharing Tables by State

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (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 premium and deductible.
2. Across the top, choose the type of pharmacy you use (retail or mail order, preferred or standard).
3. Look down to cross reference your pharmacy type with the appropriate drug tier for your covered Part D prescription drugs.

Idaho		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$31.00	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$30.40	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		40%	50%	40%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

Illinois		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$20.60	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$35.10	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$9/\$18/\$27	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$14/\$28/\$42	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		44%	50%	46%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

Indiana		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$27.00	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$37.30	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		40%	50%	41%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
40%	50%	40%	50%	40%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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	\$5/\$15	\$9/\$27	\$15/\$45	\$9	\$15
\$7/\$21	\$10/\$30	\$14/\$42	\$20/\$60	\$14	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
44%	50%	46%	50%	46%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
40%	50%	41%	50%	41%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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

SECTION 4. 2017 Premium/Cost-Sharing Tables by State

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (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 premium and deductible.
2. Across the top, choose the type of pharmacy you use (retail or mail order, preferred or standard).
3. Look down to cross reference your pharmacy type with the appropriate drug tier for your covered Part D prescription drugs.

Iowa		Annual Deductible	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
Secure:	Monthly Premium		Secure	Secure-Extra	Secure	Secure-Extra
Secure:	\$43.10	\$400				
Secure-Extra:	\$33.50	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs			\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs			\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs			\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs			41%	50%	42%	50%
Tier 5: Specialty Tier			25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
41%	50%	42%	50%	42%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

Kansas		Annual Deductible	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
Secure:	Monthly Premium		Secure	Secure-Extra	Secure	Secure-Extra
Secure:	\$23.60	\$400				
Secure-Extra:	\$30.20	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs			\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs			\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs			\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs			40%	50%	40%	50%
Tier 5: Specialty Tier			25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
40%	50%	40%	50%	40%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

Kentucky		Annual Deductible	Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
Secure:	Monthly Premium		Secure	Secure-Extra	Secure	Secure-Extra
Secure:	\$27.00	\$400				
Secure-Extra:	\$37.30	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs			\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs			\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs			\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs			40%	50%	41%	50%
Tier 5: Specialty Tier			25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
40%	50%	41%	50%	41%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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

SECTION 4. 2017 Premium/Cost-Sharing Tables by State

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (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 premium and deductible.
2. Across the top, choose the type of pharmacy you use (retail or mail order, preferred or standard).
3. Look down to cross reference your pharmacy type with the appropriate drug tier for your covered Part D prescription drugs.

Louisiana		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$29.20	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$33.30	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		39%	50%	39%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
39%	50%	39%	50%	39%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

Maine		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$28.50	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$34.90	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$9/\$18/\$27	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$14/\$28/\$42	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		46%	50%	46%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$9/\$27	\$15/\$45	\$9	\$15
\$7/\$21	\$10/\$30	\$14/\$42	\$20/\$60	\$14	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
46%	50%	46%	50%	46%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

Maryland		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$28.40	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$34.80	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$9/\$18/\$27	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$14/\$28/\$42	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		46%	50%	49%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$9/\$27	\$15/\$45	\$9	\$15
\$7/\$21	\$10/\$30	\$14/\$42	\$20/\$60	\$14	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
46%	50%	49%	50%	49%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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

SECTION 4. 2017 Premium/Cost-Sharing Tables by State

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (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 premium and deductible.
2. Across the top, choose the type of pharmacy you use (retail or mail order, preferred or standard).
3. Look down to cross reference your pharmacy type with the appropriate drug tier for your covered Part D prescription drugs.

Massachusetts		Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
Monthly Premium	Annual Deductible	Secure	Secure-Extra	Secure	Secure-Extra
Secure: \$49.10	\$400				
Secure-Extra: \$37.20	\$50				
		30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		40%	50%	40%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

Michigan		Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
Monthly Premium	Annual Deductible	Secure	Secure-Extra	Secure	Secure-Extra
Secure: \$20.90	\$400				
Secure-Extra: \$29.20	\$50				
		30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		45%	50%	48%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

Minnesota		Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
Monthly Premium	Annual Deductible	Secure	Secure-Extra	Secure	Secure-Extra
Secure: \$43.10	\$400				
Secure-Extra: \$33.50	\$50				
		30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		41%	50%	42%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
40%	50%	40%	50%	40%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
45%	50%	48%	50%	48%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
41%	50%	42%	50%	42%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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

SECTION 4. 2017 Premium/Cost-Sharing Tables by State

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (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 premium and deductible.
2. Across the top, choose the type of pharmacy you use (retail or mail order, preferred or standard).
3. Look down to cross reference your pharmacy type with the appropriate drug tier for your covered Part D prescription drugs.

Mississippi		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$22.00	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$30.60	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		45%	50%	46%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
45%	50%	46%	50%	46%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

Missouri		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$47.10	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$35.80	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$5/\$10/\$15	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		42%	50%	43%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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		
\$1/\$3	\$5/\$15	\$6/\$18	\$15/\$45	\$6	\$15
\$5/\$15	\$10/\$30	\$11/\$33	\$20/\$60	\$11	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
42%	50%	43%	50%	43%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

Montana		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$43.10	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$33.50	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		41%	50%	42%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
41%	50%	42%	50%	42%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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

SECTION 4. 2017 Premium/Cost-Sharing Tables by State

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (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 premium and deductible.
2. Across the top, choose the type of pharmacy you use (retail or mail order, preferred or standard).
3. Look down to cross reference your pharmacy type with the appropriate drug tier for your covered Part D prescription drugs.

Nebraska		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$43.10	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$33.50	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		41%	50%	42%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

Nevada		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$39.10	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$38.60	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		40%	50%	41%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

New Hampshire		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$28.50	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$34.90	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$9/\$18/\$27	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$14/\$28/\$42	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		46%	50%	46%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
41%	50%	42%	50%	42%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
40%	50%	41%	50%	41%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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	\$5/\$15	\$9/\$27	\$15/\$45	\$9	\$15
\$7/\$21	\$10/\$30	\$14/\$42	\$20/\$60	\$14	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
46%	50%	46%	50%	46%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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

SECTION 4. 2017 Premium/Cost-Sharing Tables by State

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (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 premium and deductible.
2. Across the top, choose the type of pharmacy you use (retail or mail order, preferred or standard).
3. Look down to cross reference your pharmacy type with the appropriate drug tier for your covered Part D prescription drugs.

New Jersey		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$34.90	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$34.30	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		38%	50%	39%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
38%	50%	39%	50%	39%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

New Mexico		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$20.20	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$29.40	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$4/\$8/\$12	\$5/\$10/\$15	\$9/\$18/\$27	\$15/\$30/\$45
Tier 2: Generic Drugs		\$9/\$18/\$27	\$10/\$20/\$30	\$14/\$28/\$42	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		43%	50%	47%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$9/\$27	\$15/\$45	\$9	\$15
\$9/\$27	\$10/\$30	\$14/\$42	\$20/\$60	\$14	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
43%	50%	47%	50%	47%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

New York		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$37.00	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$43.60	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$9/\$18/\$27	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$14/\$28/\$42	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		46%	50%	49%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$9/\$27	\$15/\$45	\$9	\$15
\$7/\$21	\$10/\$30	\$14/\$42	\$20/\$60	\$14	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
46%	50%	49%	50%	49%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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

SECTION 4. 2017 Premium/Cost-Sharing Tables by State

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (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 premium and deductible.
2. Across the top, choose the type of pharmacy you use (retail or mail order, preferred or standard).
3. Look down to cross reference your pharmacy type with the appropriate drug tier for your covered Part D prescription drugs.

North Carolina		Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
Monthly Premium	Annual Deductible	Secure	Secure-Extra	Secure	Secure-Extra
Secure: \$25.40	\$400				
Secure-Extra: \$34.40	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		45%	50%	46%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
45%	50%	46%	50%	46%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

North Dakota		Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
Monthly Premium	Annual Deductible	Secure	Secure-Extra	Secure	Secure-Extra
Secure: \$43.10	\$400				
Secure-Extra: \$33.50	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		41%	50%	42%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
41%	50%	42%	50%	42%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

Ohio		Preferred Retail Cost-Sharing - 30/60/90 Days		Standard Retail Cost-Sharing - 30/60/90 Days	
Monthly Premium	Annual Deductible	Secure	Secure-Extra	Secure	Secure-Extra
Secure: \$47.10	\$400				
Secure-Extra: \$34.90	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$5/\$10/\$15	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		48%	50%	48%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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		
\$1/\$3	\$5/\$15	\$6/\$18	\$15/\$45	\$6	\$15
\$5/\$15	\$10/\$30	\$11/\$33	\$20/\$60	\$11	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
48%	50%	48%	50%	48%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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

SECTION 4. 2017 Premium/Cost-Sharing Tables by State

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (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 premium and deductible.
2. Across the top, choose the type of pharmacy you use (retail or mail order, preferred or standard).
3. Look down to cross reference your pharmacy type with the appropriate drug tier for your covered Part D prescription drugs.

Oklahoma		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$24.80	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$34.20	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$5/\$10/\$15	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		45%	50%	46%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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		
\$1/\$3	\$5/\$15	\$6/\$18	\$15/\$45	\$6	\$15
\$5/\$15	\$10/\$30	\$11/\$33	\$20/\$60	\$11	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
45%	50%	46%	50%	46%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

Oregon		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$21.20	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$31.30	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		45%	50%	49%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
45%	50%	49%	50%	49%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

Pennsylvania		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$27.60	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$35.10	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		46%	50%	47%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
46%	50%	47%	50%	47%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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

SECTION 4. 2017 Premium/Cost-Sharing Tables by State

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (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 premium and deductible.
2. Across the top, choose the type of pharmacy you use (retail or mail order, preferred or standard).
3. Look down to cross reference your pharmacy type with the appropriate drug tier for your covered Part D prescription drugs.

Rhode Island		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$49.10	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$37.20	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		40%	50%	40%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
40%	50%	40%	50%	40%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

South Carolina		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$41.10	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$37.80	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		42%	50%	44%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
42%	50%	44%	50%	44%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

South Dakota		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$43.10	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$33.50	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		41%	50%	42%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
41%	50%	42%	50%	42%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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

SECTION 4. 2017 Premium/Cost-Sharing Tables by State

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (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 premium and deductible.
2. Across the top, choose the type of pharmacy you use (retail or mail order, preferred or standard).
3. Look down to cross reference your pharmacy type with the appropriate drug tier for your covered Part D prescription drugs.

Tennessee		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure:	\$27.30	Secure 30/60/90	Secure-Extra 30/60/90	Secure 30/60/90	Secure-Extra 30/60/90
Secure-Extra:	\$35.10				
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$5/\$10/\$15	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		47%	50%	48%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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		
\$1/\$3	\$5/\$15	\$6/\$18	\$15/\$45	\$6	\$15
\$5/\$15	\$10/\$30	\$11/\$33	\$20/\$60	\$11	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
47%	50%	48%	50%	48%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

Texas		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure:	\$22.80	Secure 30/60/90	Secure-Extra 30/60/90	Secure 30/60/90	Secure-Extra 30/60/90
Secure-Extra:	\$36.50				
Tier 1: Preferred Generic Drugs		\$4/\$8/\$12	\$5/\$10/\$15	\$9/\$18/\$27	\$15/\$30/\$45
Tier 2: Generic Drugs		\$9/\$18/\$27	\$10/\$20/\$30	\$14/\$28/\$42	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		43%	50%	45%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$9/\$27	\$15/\$45	\$9	\$15
\$9/\$27	\$10/\$30	\$14/\$42	\$20/\$60	\$14	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
43%	50%	45%	50%	45%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

Utah		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure:	\$31.00	Secure 30/60/90	Secure-Extra 30/60/90	Secure 30/60/90	Secure-Extra 30/60/90
Secure-Extra:	\$30.40				
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		40%	50%	40%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
40%	50%	40%	50%	40%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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

SECTION 4. 2017 Premium/Cost-Sharing Tables by State

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (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 premium and deductible.
2. Across the top, choose the type of pharmacy you use (retail or mail order, preferred or standard).
3. Look down to cross reference your pharmacy type with the appropriate drug tier for your covered Part D prescription drugs.

Vermont		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure:	\$49.10	Secure 30/60/90	Secure-Extra 30/60/90	Secure 30/60/90	Secure-Extra 30/60/90
Secure-Extra:	\$37.20				
Annual Deductible					
		\$400			
		\$50			
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		40%	50%	40%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

Virginia		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure:	\$27.50	Secure 30/60/90	Secure-Extra 30/60/90	Secure 30/60/90	Secure-Extra 30/60/90
Secure-Extra:	\$37.70				
Annual Deductible					
		\$400			
		\$50			
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		42%	50%	44%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

Washington		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure:	\$21.20	Secure 30/60/90	Secure-Extra 30/60/90	Secure 30/60/90	Secure-Extra 30/60/90
Secure-Extra:	\$31.30				
Annual Deductible					
		\$400			
		\$50			
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		45%	50%	49%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
40%	50%	40%	50%	40%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
42%	50%	44%	50%	44%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
45%	50%	49%	50%	49%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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

SECTION 4. 2017 Premium/Cost-Sharing Tables by State

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Extra (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 premium and deductible.
2. Across the top, choose the type of pharmacy you use (retail or mail order, preferred or standard).
3. Look down to cross reference your pharmacy type with the appropriate drug tier for your covered Part D prescription drugs.

West Virginia		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$27.60	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$35.10	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		46%	50%	47%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
46%	50%	47%	50%	47%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

Wisconsin		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$27.70	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$38.70	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		40%	50%	42%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
40%	50%	42%	50%	42%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

Wyoming		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$43.10	\$400	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$33.50	\$50	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$5/\$10/\$15	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$40/\$80/\$120	\$42/\$84/\$126	\$45/\$90/\$135	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		41%	50%	42%	50%
Tier 5: Specialty Tier		25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)

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	\$5/\$15	\$7/\$21	\$15/\$45	\$7	\$15
\$7/\$21	\$10/\$30	\$12/\$36	\$20/\$60	\$12	\$20
\$40/\$120	\$42/\$126	\$45/\$135	\$47/\$141	\$45	\$47
41%	50%	42%	50%	42%	50%
25% (30 days)	32% (30 days)	25% (30 days)	32% (30 days)	25%	32%

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).

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

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).

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

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، تتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل على الرقم 1-800-222-6700 (لضعاف السمع 711).

French Creole – ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 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).

Polish – UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 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).

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 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。

Farsi

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

Hindi – ध्यान दें: अगर आप हिंदी बोलते हैं तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं।
1-800-222-6700 (TTY 711) पर कॉल करें।

Armenian – ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Երբե խոսում եք հայերեն, ասյա ձեզ անվճար կարող են
տրամադրվել լեզվական անջակցություններ: Չանգահարեք 1-800-222-6700
(TTY (հեռատիպ)՝ 711):

Gujarati – સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન
કરો 1-800-222-6700 (TTY: 711).

Hmong – LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj.
Hu rau 1-800-222-6700 (TTY: 711).

Cambodian – ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អូល
គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-222-6700 (TTY: 711)។

Punjabi – ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ।
1-800-222-6700 (TTY-711) ਨੂੰ ਕਾਲ ਕਰੋ।

Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال
کریں 1-800-222-6700 (TTY: 711)۔

Bengali – ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ।
1-800-222-6700 (TTY-711) ਨੂੰ ਕਾਲ ਕਰੋ।

Yiddish אויפֿמערקזאַם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פאר פון אפצאל. רופט
1-800-222-6700 (TTY: 711).

Amharic – ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር
ይደውሉ 1-800-222-6700 (መስማት ለተሳናቸው: 711)

Thai – 注意: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-222-6700 (TTY: 711).

Oromo (leading language of Cushite family) – XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila
gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-222-6700 (TTY: 711).

Llocano – PAKDAAR: Nu saritaem ti llocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-800-222-6700 (TTY: 711).

Lao – ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ງານບໍລິການໃຫ້ຄວາມຊ່ວຍເຫຼືອດ້ານພາສາຈະໃຫ້ບໍລິການພຣີເຊກ່ທ່ານ. ໂທ: 1-800-222-6700 (TTY 711).

Albanian – KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-222-6700 (TTY: 711)

Serbo-Croatian – OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-222-6700 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Ukrainian – УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-222-6700 (телетайп: 711).

Nepali - ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-222-6700 (टवाइट: 711) ।

Dutch – AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-222-6700 (TTY: 711).

Karen – ဟံသုဉ်ဟံသး-နမ့်ကတိံ ကညီ ကျိာ်အယိ ကျိာ်အတံၤမၤစၤလၤ တလၢာ်ဘူဉ်လၢာ်စ့ၤ နီတံၤဘဉ်သ့န့ဉ်လီၤ. ကိး 1-800-222-6700 (TTY: 711).

Samoan – MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1-800-222-6700.

Marshallese – LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jerbāl in jipañ ilo kajin ñe am ejjelōk wōñāñ. Kaalōk 1-800-222-6700 (TTY: 711).

Romanian – ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-222-6700 (TTY: 711)

Trukese – MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 1-800-222-6700 (TTY: 711).

Tongan – FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-800-222-6700 (TTY: 711).

Bisayan – ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa 1-800-222-6700 (TTY: 711).

Bantu – Kirundi – ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-222-6700 (TTY: 711).

Swahili – KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-222-6700 (TTY: 711).

Indonesian – PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 1-800-222-6700 (TTY: 711).

Turkish – DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-800-222-6700 (TTY: 711) irtibat numaralarını arayın.

Kurdish نآگاداری: ئه‌گهر به زمانی کوردی قهسه دهکهیت، خزمهتگوزاریهکانی یارمهتی زمان، بهخواری، بو تو بهردهسته. 1-800-222-6700 (TTY: 711) به پ بکه

Teluga – శ్రద్ధ పెట్టండి: ఒకవేళ మీరు తెలుగు భాష మాట్లాడుతున్నట్లయితే, మీ కొరకు తెలుగు భాషా సహాయక సేవలు ఉచితంగా లభిస్తాయి. 1-800-222-6700 (TTY: 711) కు కాల్ చేయండి.

Nilotic – Dinka – PID KENE: Na ye jam në Thuonjan, ke kuony yenë kɔc waar thook atö kuka lëu yök abac ke cïn wënh cuatë piny. Yuɔpë 1-800-222-6700 (TTY: 711).

Norwegian – MERK: Hvis du snakker norsk, er gratis språkassistenttjenester tilgjengelige for deg. Ring 1-800-222-6700 (TTY: 711).

Greek – ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-222-6700 (TTY: 711).

Ibo – Ntị: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n’efu, defu, aka. Call 1-800-222-6700 (TTY: 711).

Yorba – AKIYESI: Bi o ba nsọ èdè Yorùbú ọfẹ ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 1-800-222-6700 (TTY: 711).

Pennsylvania Dutch – Wann du Deutsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-222-6700 (TTY: 711).

Hawaiian – E NĀNĀ MAI: Inā ho‘opuka ‘oe i ka ‘ōlelo ho‘okomo ‘ōlelo, loa‘a ke kōkua manuahi iā ‘oe. E kelepona iā 1-800-222-6700 (TTY: 711).

Cherokee – Hagsesda: iyuhno hyiwoniha tsalagi gawonihisdi. Call 1-800-222-6700 (TTY: 711).

Burmese – သတိပြုရန် - အကယ်၍ သင်သည်မြန်မာစကား ကိုပြောပါက၊ ဘာသာစကား အကူအညီ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-800-222-6700 (TTY 711) သို့ခေါ်ဆိုပါ။

Navajo – SHOOH KWE’É: Diné bizaad bee yániłti’go, saad bee ‘áka’anida’awo’ígíí bee ‘áka’e’eyeed, t’áá jíík’eh bee ná’ahoot’i’go ‘át’é. Kohjí’1-800-222-6700 (TTY 711) béésh bee holne’ dooleeł.

Choctaw – ANOMPA PA PISAH: Chahta makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya pipilla hosh chi tosholahinla. Atoko, hattak yvmma im anompoli chi bvnnakmvt, holhtina pa payah: 1-800-222-6700 (TTY: 711).



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