

2012 CIGNA Medicare Rx® (PDP) Cost Sharing (coinsurance and copayment) Premium and Deductible Information

Plan One – Coverage in all states									
State	Monthly Premium	Annual Deductible	Initial Coverage					Coverage Gap	Catastrophic Coverage ²
			Copay ¹				Coinsurance		
			Tier 1	Tier 2	Tier 3	Tier 4			
AK	\$46.90	\$320 for all Drugs	\$3	\$20	\$27	\$48	25%	After your yearly total drug costs ⁵ reach \$2,930 , you receive a discount on brand name drugs and you pay 86% of generic drug costs.	5% of covered Drug Costs ³
AL, TN	\$28.80		\$3	\$20	\$31	\$81	25%		
AR	\$30.20		\$3	\$20	\$30	\$78	25%		
AZ	\$43.00		\$3	\$20	\$36	\$81	25%		
CA	\$56.20		\$3	\$20	\$34	\$86	25%		
CO	\$55.90		\$3	\$20	\$36	\$85	25%		
CT, MA, RI, VT	\$30.60		\$3	\$20	\$39	\$87	25%		
DE, DC, MD	\$32.10		\$3	\$20	\$32	\$81	25%		
FL	\$46.20		\$3	\$20	\$32	\$86	25%		
GA	\$28.20		\$3	\$20	\$32	\$84	25%		
HI	\$38.10		\$3	\$20	\$39	\$81	25%		
IA, MN, MT, ND, SD, NE, WY	\$35.40		\$3	\$20	\$34	\$85	25%		
ID, UT	\$42.20		\$3	\$20	\$35	\$87	25%		
IL	\$26.30		\$3	\$20	\$38	\$83	25%		
IN, KY	\$31.10		\$3	\$20	\$35	\$79	25%		
KS	\$48.80		\$3	\$20	\$30	\$72	25%		
LA	\$32.00		\$3	\$20	\$31	\$74	25%		
MI	\$30.50		\$3	\$20	\$38	\$84	25%		
MO	\$31.50		\$3	\$20	\$32	\$83	25%		
MS	\$30.60		\$3	\$20	\$30	\$83	25%		
NC	\$30.20		\$3	\$20	\$30	\$84	25%		
NH, ME	\$26.80		\$3	\$20	\$30	\$87	25%		
NJ	\$44.10		\$3	\$20	\$35	\$82	25%		
NM	\$35.40		\$3	\$20	\$33	\$86	25%		
NV	\$45.10		\$3	\$20	\$42	\$86	25%		
NY	\$34.10		\$3	\$20	\$34	\$85	25%		
OH	\$32.00		\$3	\$20	\$39	\$81	25%		
OK	\$46.20		\$3	\$20	\$30	\$83	25%		
OR, WA	\$49.00		\$3	\$20	\$34	\$81	25%		
PA, WV	\$31.70		\$3	\$20	\$31	\$82	25%		
SC	\$33.60		\$3	\$20	\$31	\$83	25%		
TX	\$26.70		\$3	\$20	\$35	\$77	25%		
VA	\$27.70	\$3	\$20	\$31	\$83	25%			
WI	\$32.90	\$3	\$20	\$38	\$84	25%			

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Plan Two – Expanded coverage in some states									
State	Monthly Premium	Annual Deductible	Initial Coverage					Coverage Gap	Catastrophic Coverage ²
			Copay ¹				Coinsurance		
			Tier 1	Tier 2	Tier 3	Tier 4			
AK	N/A	None	N/A	N/A	N/A	N/A	N/A	After your yearly total drug costs ⁵ reach \$2,930 , you pay \$0 copay for all Tier 1⁴ drugs , and receive a discount on brand name drugs and you pay 86% for other generic drug costs.	5% of covered Drug Costs ³
AL, TN	\$63.80		\$0	\$5	\$41	\$85	33%		
AR	\$63.20		\$0	\$5	\$41	\$85	33%		
AZ	\$69.80		\$0	\$5	\$41	\$85	33%		
CA	N/A		N/A	N/A	N/A	N/A	N/A		
CO	N/A		N/A	N/A	N/A	N/A	N/A		
CT, MA, RI, VT	\$67.80		\$0	\$5	\$41	\$85	33%		
DE, DC, MD	N/A		N/A	N/A	N/A	N/A	N/A		
FL	\$69.10		\$0	\$5	\$41	\$85	33%		
GA	N/A		N/A	N/A	N/A	N/A	N/A		
HI	N/A		N/A	N/A	N/A	N/A	N/A		
IA, MN, MT, ND, SD, NE, WY	\$69.40		\$0	\$5	\$41	\$85	33%		
ID, UT	N/A		N/A	N/A	N/A	N/A	N/A		
IL	\$73.00		\$0	\$5	\$41	\$85	33%		
IN, KY	\$67.40		\$0	\$5	\$41	\$85	33%		
KS	N/A		N/A	N/A	N/A	N/A	N/A		
LA	N/A		N/A	N/A	N/A	N/A	N/A		
MI	\$61.00		\$0	\$5	\$41	\$85	33%		
MO	\$69.20		\$0	\$5	\$41	\$85	33%		
MS	N/A		N/A	N/A	N/A	N/A	N/A		
NC	\$66.60		\$0	\$5	\$41	\$85	33%		
NH, ME	N/A		N/A	N/A	N/A	N/A	N/A		
NJ	N/A		N/A	N/A	N/A	N/A	N/A		
NM	N/A		N/A	N/A	N/A	N/A	N/A		
NV	N/A		N/A	N/A	N/A	N/A	N/A		
NY	N/A		N/A	N/A	N/A	N/A	N/A		
OH	\$62.40		\$0	\$5	\$41	\$85	33%		
OK	N/A		N/A	N/A	N/A	N/A	N/A		
OR, WA	N/A		N/A	N/A	N/A	N/A	N/A		
PA, WV	\$65.40		\$0	\$5	\$41	\$85	33%		
SC	\$61.60		\$0	\$5	\$41	\$85	33%		
TX	\$74.20	\$0	\$5	\$41	\$85	33%			
VA	\$62.30	\$0	\$5	\$41	\$85	33%			
WI	N/A	N/A	N/A	N/A	N/A	N/A			

- ¹ Copays are for a 30-day supply at an in-network retail pharmacy. For a 90-day supply at retail, the copay is 3 times the above levels. For a 90-day mail order supply at our preferred mail-service pharmacy, the copay is 2.5 times the 30-day levels. For a 90-day mail order supply at non-preferred mail-service pharmacies, the copay is 3 times the 30-day levels.
- ² After out-of-pocket drug costs reach \$4,700, you pay this amount.
- ³ Higher of \$2.60 (generic or brands treated as generic) and \$6.50 (all other drugs) or 5%.
- ⁴ Includes medications for high blood pressure, diabetes, high cholesterol and thyroid therapy.
- ⁵ The amount you pay out-of-pocket or others pay on your behalf, plus the amount paid by the plan.

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