



SUMMARY OF BENEFITS

2021

January 1, 2021 to
December 31, 2021

Cigna Rx Medicare (PDP)

Hallmark Cards, Inc.
S5617 - 801

No referrals required

TO JOIN

You must be entitled to
Medicare Part A, be
enrolled in Medicare Part B
and live in our service area.

Our service area includes all 50 states, the District of
Columbia, Puerto Rico and the U.S. Virgin Islands.

Introduction

What's Inside

- ① About this Plan
- ② Monthly Premium Deductible and Limits
- ③ Prescription Drug Benefits

This Summary of Benefits gives you a summary of what **Cigna Rx Medicare (PDP)** covers and what you pay. This information is not a complete description of benefits. Call 1-800-558-9562 (TTY 711) for more information. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, refer to the plan's *Evidence of Coverage (EOC) Snapshot* online at myCigna.com or call us to request a copy.

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 Rx Medicare (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 as well as prescription drug coverage (Part D), through these plans.

Comparing coverage

If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits. Or, use the Medicare Plan Finder on www.medicare.gov.

More about Original Medicare

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 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.

Need help?

Call toll-free **1-800-558-9562 (TTY 711)**. Customer Service is available October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Our automated phone system may answer your call during weekends, after hours, and on federal holidays.

CignaMedicare.com/group/PDPresources

You can also visit us online at to find a pharmacy, view plan information, and more.

1 About this plan



Which pharmacies can I use?

Cigna Rx Medicare (PDP) has a network of pharmacies that includes over 67,000 pharmacies. You must generally use these pharmacies to fill your prescriptions for Covered Part D drugs.

You can see our plan's pharmacy directory at our website

[CignaMedicare.com/group/PDPresources](https://www.cignamedicare.com/group/PDPresources), or you can call us and we will send you a copy of the pharmacy directory.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers and more.

- > Our customers get all of the benefits covered by Original Medicare.
- > Our customers also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this *Summary of Benefits*.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- > You can see the plan's complete *Comprehensive Prescription Drug List* which lists the Part D prescription drugs along with any restrictions on our website, myCigna.com.
- > Or, call us and we will send you a copy of the plan's *Comprehensive Prescription Drug List*.

How to determine your 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

Tier 1: Preferred Generic

Tier 2: Preferred Brand

Tier 3: Non-preferred

Generic and Brand

Tier 4: Specialty Generic and Brand

Use the plan formulary to determine your medication's drug tier.

Benefit Stages:

Medicare Part D coverage has four benefit stages – *deductible* (if applicable), *Initial Coverage*, *Coverage Gap*, and *Catastrophic Coverage*.

Stage One: Deductible

- > If this applies to you, you pay the full cost for your drugs until you reach your deductible.
- > Review section two to see if this stage applies to you.

Stage Two: Initial Coverage

- > Begins after you meet your deductible (if applicable).
- > You pay a copay or coinsurance for covered drugs.

Stage Three: Coverage Gap (also known as the “Donut Hole”)

- > Begins after your total yearly drug costs – *what the plan has paid and what you have paid* – reaches \$4,130.
- > You continue to pay the same amount as you paid in the initial coverage phase.

Stage Four: Catastrophic Coverage

- > Takes effect when your yearly out-of-pocket drug costs – *what you paid at your retail pharmacy or mail order* – reach \$6,550.
- > The plan pays most of the cost of a covered drug.
- > You pay a small amount or up to 5% of the cost.

2 Monthly Premium, Deductible & Limits

What you should know:

- You must continue to pay your Medicare Part B premium in addition to your monthly Medicare Part D premium. Please contact your Plan Sponsor for question on your premium.
- A deductible (if applicable) is the amount you need to pay for your prescriptions before Initial Coverage begins with your Medicare Part D plan.
- Until you meet your deductible (if applicable), your cost at our network pharmacies will reflect the Cigna special negotiated rates.
- You will typically get the best pricing from network pharmacies. See our pharmacy directory for a list of network pharmacies in your area.

Benefit	Cigna Rx Medicare (PDP)
How much is the monthly premium?	Please contact your Plan Sponsor. In addition, you must keep paying your Medicare Part B premium.
Annual Deductible	\$0 / year
Out of Pocket Maximum	N/A

3 Prescription Drug Benefits

Benefit	Cigna Rx Medicare (PDP)
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Prescription Drug Benefits

Medicare Part D Drugs Initial Coverage (after you pay your deductible, if applicable)

Tier 1: Preferred Generic Drugs

Tier 2: Preferred Brand Drugs

Tier 3: Non-Preferred Generic and Brand Drugs

Tier 4: Specialty Generic and Brand Drugs

The following chart shows the cost-sharing amounts for covered drugs under this plan. After you pay your yearly deductible (if applicable), you pay the following until your total yearly drug costs reach **\$4,130**. Total yearly drug costs are the total drug costs paid by both you and our plan.

Tier	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Standard Mail Order Cost-Sharing 30 / 60 / 90 Days
1	\$10 / \$20 / \$30	\$10 / \$20 / \$30
2	25% (\$48 max) / 25% (\$96 max) / 25% (\$144 max)	25% (\$48 max) / 25% (\$96 max) / 25% (\$144 max)
3	45% (\$100 max) / 45% (\$200 max) / 45% (\$300 max)	45% (\$100 max) / 45% (\$200 max) / 45% (\$300 max)
4*	45% (\$400 max) / N/A / N/A	45% (\$400 max) / N/A / N/A

*Specialty drugs are limited to a 30-day supply

Your costs may be different if you qualify for Extra Help. Your copay or coinsurance is based on the drug tier for your medication, which you can find in the Plan Prescription Drug List (Formulary) included in this mailing or on our website myCigna.com. Or, call us and we will send you a copy of the formulary.

Benefit	Cigna Rx Medicare (PDP)															
<p>Coverage Gap</p> <p>Tier 1: Preferred Generic Drugs</p> <p>Tier 2: Preferred Brand Drugs</p> <p>Tier 3: Non-Preferred Generic and Brand Drugs</p> <p>Tier 4: Specialty Generic and Brand Drugs</p>	<p>Most Medicare drug plans have a coverage gap (also called the “Donut Hole”). This means that there is a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130. Not everyone will enter the Coverage Gap.</p> <p>After you enter the Coverage Gap, you pay the amounts in the table below for covered drugs until your costs total \$6,550, which is the end of the Coverage Gap.</p> <table border="1" data-bbox="510 513 1490 1062"> <thead> <tr> <th data-bbox="510 513 589 674">Tier</th> <th data-bbox="589 513 1033 674">Standard Retail Cost-Sharing 30 / 60 / 90 Days</th> <th data-bbox="1033 513 1490 674">Standard Mail Order Cost-Sharing 30 / 60 / 90 Days</th> </tr> </thead> <tbody> <tr> <td data-bbox="510 674 589 767">1</td> <td data-bbox="589 674 1033 767">\$10 / \$20 / \$30</td> <td data-bbox="1033 674 1490 767">\$10 / \$20 / \$30</td> </tr> <tr> <td data-bbox="510 767 589 864">2</td> <td data-bbox="589 767 1033 864">25% (\$48 max) / 25% (\$96 max) / 25% (\$144 max)</td> <td data-bbox="1033 767 1490 864">25% (\$48 max) / 25% (\$96 max) / 25% (\$144 max)</td> </tr> <tr> <td data-bbox="510 864 589 961">3</td> <td data-bbox="589 864 1033 961">25% (\$100 max) / 25% (\$200 max) / 25% (\$300 max)</td> <td data-bbox="1033 864 1490 961">25% (\$100 max) / 25% (\$200 max) / 25% (\$300 max)</td> </tr> <tr> <td data-bbox="510 961 589 1062">4*</td> <td data-bbox="589 961 1033 1062">25% (\$400 max) / N/A / N/A</td> <td data-bbox="1033 961 1490 1062">25% (\$400 max) / N/A / N/A</td> </tr> </tbody> </table> <p>*Specialty drugs are limited to a 30-day supply</p>	Tier	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Standard Mail Order Cost-Sharing 30 / 60 / 90 Days	1	\$10 / \$20 / \$30	\$10 / \$20 / \$30	2	25% (\$48 max) / 25% (\$96 max) / 25% (\$144 max)	25% (\$48 max) / 25% (\$96 max) / 25% (\$144 max)	3	25% (\$100 max) / 25% (\$200 max) / 25% (\$300 max)	25% (\$100 max) / 25% (\$200 max) / 25% (\$300 max)	4*	25% (\$400 max) / N/A / N/A	25% (\$400 max) / N/A / N/A
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<p>Catastrophic Coverage</p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) have reached \$6,550, the plan will pay most of the cost for your drugs. Your share of the cost of covered drugs will be the great of:</p> <p>5% of the cost</p> <p>- or -</p> <p>\$3.70 copay for generic (including brand drugs treated as generic) and \$9.20 copayment for all other drugs.</p>															
<p>Out of Network</p>	<p>For drugs purchased at an out of network pharmacy:</p> <p>If you get your drug at an out-of-network pharmacy, you will pay the same cost-share you would pay for a 30-day supply at an in-network retail pharmacy. If you reside in a long-term care facility, you would pay the standard retail cost-sharing at an in-network pharmacy.</p>															

Additional Drugs Covered by Cigna Rx Medicare (PDP)

<i>Additional Coverage</i>	<i>What you pay</i>
	<p>Tiers 1- 4: Your plan covers additional drugs not normally covered in a Medicare Prescription Drug Plan, as indicated in the Formulary Drug List by the + symbol. You pay the same amount as you would for other covered drugs on your plan in the same tier. Please see your 2021 Formulary document for details.</p>
Erectile Dysfunction* [^] Prescription Vitamins*	<p>*The cost-share you pay on these drugs does not count toward your annual TrOOP.</p> <p>[^] Sexual dysfunction medications are subject to prior authorization and quantity limitations even though these limitations may be waived in other treatment categories.</p>
Clinical Management Edits	
Step Therapy Prior Authorization Quantity Limits	Your plan includes these clinical management edits. For more information on these edits, refer to the drug list or the Evidence of Coverage (Chapter 3, Section 4.2).

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