

SUMMARY OF BENEFITS

January 1, 2018 – December 31, 2018

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 no deductible. This is a great fit for someone looking for a value plan with extensive 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.Cigna.com/Part-D>



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, 2018 – December 31, 2018. 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.

Sections in this booklet

1. Introduction	1
2. Things to know about our Medicare Part D Plans.....	2
3. Your plan costs – Monthly premium, deductible, copays and coinsurance.....	3
4. 2018 Premium/Cost-Sharing Tables by State	9

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

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

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

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 (if applicable).
- 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 \$3,750.
- You pay only 35%-44% 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 \$5,000.
- The plan pays most of the cost of a covered drug.
- You pay the greater of a small copay or 5% of the cost.

Which pharmacies can I use?

You can see our plan’s pharmacy directory on our website (Cigna.com/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. Not all plans have a deductible.
- 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	\$23.70 - \$86.90 per month. See the Premium/Cost-Sharing Tables by State (beginning on page 9) to find your specific premium.	\$45.20 - \$65.60 per month. See the Premium/Cost-Sharing Tables by State (beginning on page 9) to find your specific premium.
Annual Deductible	\$405 per year. You need to pay this amount before your Initial Coverage begins.	No deductible. Your Initial Coverage begins on January 1.

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 (Cigna.com/part-d). Or, call us and we will send you a copy of the formulary.
- 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.
- **Important:** If you receive Extra Help, these benefit stages do not apply. You typically pay only a low copay.

What you will pay

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

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.	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	\$0-\$2	\$4	\$5-\$7	\$15
Tier 2: Generic Drugs	\$3-\$7	\$10	\$8-\$12	\$20
Tier 3: Preferred Brand Drugs	\$30-\$35	\$42	\$35-\$40	\$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	34%-46% of the cost	50% of the cost	34%-47% of the cost	50% of the cost
	30-Day supply only	30-Day supply only	30-Day supply only	30-Day supply only
Tier 5: Specialty Tier	25% of the cost	33% of the cost	25% of the cost	33% 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 (Cigna.com/part-d). Or, call us and we will send you a copy of the formulary.
- 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.
- **Important:** If you receive Extra Help, these benefit stages do not apply. You typically pay only a low copay.

What you will pay

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

Mail Order Pharmacies

We group each medication into one of five tiers.	Preferred Network Pharmacy		Standard Network Pharmacy	
	Secure Plan	Secure-Extra Plan	Secure Plan	Secure-Extra Plan
	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	\$0-\$2	\$4	\$5-\$7	\$15
Tier 2: Generic Drugs	\$3-\$7	\$10	\$8-\$12	\$20
Tier 3: Preferred Brand Drugs	\$30-\$35	\$42	\$35-\$40	\$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	34%-46% of the cost	50% of the cost	34%-47% of the cost	50% of the cost
	30-Day supply only	30-Day supply only	30-Day supply only	30-Day supply only
Tier 5: Specialty Tier	25% of the cost	33% of the cost	25% of the cost	33% 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 (Cigna.com/part-d). Or, call us and we will send you a copy of the formulary.
- 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.
- **Important:** If you receive Extra Help, these benefit stages do not apply. You typically pay only a low copay.

What you will pay

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

We group each medication into one of five tiers.	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 the 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.
- **Important:** If you receive Extra Help, these benefit stages do not apply. You typically pay only a low copay.

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) reach \$3,750. Ends when your costs total \$5,000.

We group each medication into one of five tiers.	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"> • 35% of the plans’s cost for covered brand name drugs • 44% of the plan’s cost for covered generic drugs 	Tier 1:* <ul style="list-style-type: none"> • \$4 copay for 30-day supply at preferred network pharmacy • \$15 copay for 30-day supply at standard network pharmacy
Tier 2: Generic Drugs		Tier 2:* <ul style="list-style-type: none"> • \$10 copay for 30-day supply at preferred network pharmacy • \$20 copay for 30-day supply at standard network pharmacy
Tier 3: Preferred Brand Drugs		Tiers 3, 4, 5: <ul style="list-style-type: none"> • 35% of the plans’s cost for covered brand name drugs • 44% of the plan’s cost for covered generic drugs
Tier 4: Non-Preferred 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, typically not more than 5% of the cost.
- Not everyone will reach the catastrophic coverage phase.
- You may get drugs at an out-of-network pharmacy. You will pay the in-network pharmacy copay or 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.
- **Important:** If you receive Extra Help, these benefit stages do not apply. You typically pay only a low copay.

What you will pay

Catastrophic Coverage takes effect **after the Coverage Gap** “Donut Hole” stage when your yearly out-of-pocket drug costs reach \$5,000. You will stay in this drug payment stage until the end of the calendar year.

We group each medication into one of five tiers.	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 • \$3.35 copay for generic (including brand drugs treated as generic) and an \$8.35 copayment for all other drugs. 	

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

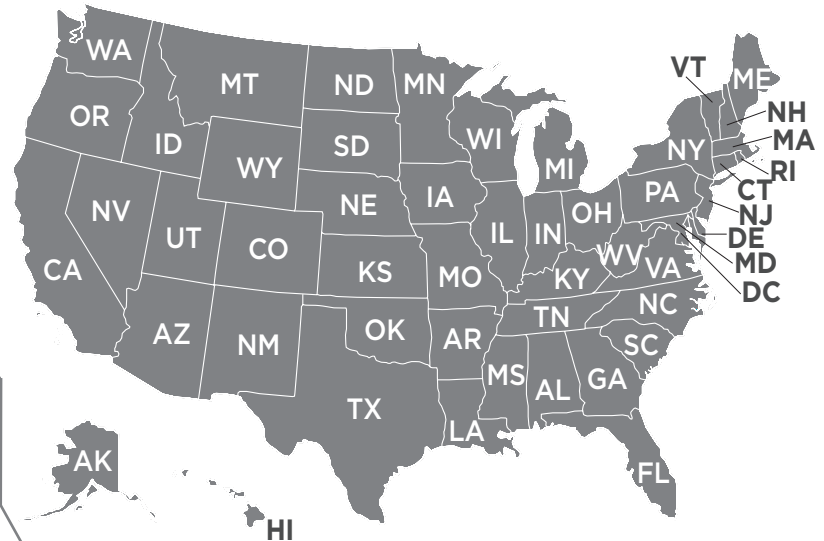
SECTION 4. 2018 Premium/Cost-Sharing Tables by State

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:	\$54.50	\$405	Secure
Secure-Extra:	\$53.20	\$0	Secure-Extra
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30
Tier 3: Preferred Brand Drugs		\$30/\$60/\$90	\$42/\$84/\$126
Tier 4: Non-Preferred Drugs		39%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)

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

SECTION 4. 2018 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		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$54.50	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$53.20	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		39%	50%	39%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141	\$35	\$47
39%	50%	39%	50%	39%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

Alaska		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$29.50	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$65.60	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$4/\$8/\$12	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$6/\$12/\$18	\$10/\$20/\$30	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		39%	50%	40%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$2/\$4/\$6	\$4/\$8/\$12	\$7/\$14/\$21	\$15/\$30/\$45	\$7	\$15
\$6/\$12/\$18	\$10/\$20/\$30	\$11/\$22/\$33	\$20/\$40/\$60	\$11	\$20
\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141	\$40	\$47
39%	50%	40%	50%	40%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

Arizona		Preferred Retail Cost-Sharing - 30/60/90 Days	Standard Retail Cost-Sharing - 30/60/90 Days		
Monthly Premium	Annual Deductible		Secure	Secure-Extra	
Secure: \$31.40	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$53.00	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$4/\$8/\$12	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$6/\$12/\$18	\$10/\$20/\$30	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$34/\$68/\$102	\$42/\$84/\$126	\$39/\$78/\$117	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		40%	50%	40%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$2/\$4/\$6	\$4/\$8/\$12	\$7/\$14/\$21	\$15/\$30/\$45	\$7	\$15
\$6/\$12/\$18	\$10/\$20/\$30	\$11/\$22/\$33	\$20/\$40/\$60	\$11	\$20
\$34/\$68/\$102	\$42/\$84/\$126	\$39/\$78/\$117	\$47/\$94/\$141	\$39	\$47
40%	50%	40%	50%	40%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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

SECTION 4. 2018 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: \$41.10	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$51.30	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$34/\$68/\$102	\$42/\$84/\$126	\$39/\$78/\$117	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		38%	50%	41%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$34/\$68/\$102	\$42/\$84/\$126	\$39/\$78/\$117	\$47/\$94/\$141	\$39	\$47
38%	50%	41%	50%	41%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$86.90	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$64.50	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$34/\$68/\$102	\$42/\$84/\$126	\$39/\$78/\$117	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		39%	50%	39%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$34/\$68/\$102	\$42/\$84/\$126	\$39/\$78/\$117	\$47/\$94/\$141	\$39	\$47
39%	50%	39%	50%	39%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$57.00	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$57.00	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$33/\$66/\$99	\$42/\$84/\$126	\$38/\$76/\$114	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		38%	50%	40%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45	\$5	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$33/\$66/\$99	\$42/\$84/\$126	\$38/\$76/\$114	\$47/\$94/\$141	\$38	\$47
38%	50%	40%	50%	40%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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

SECTION 4. 2018 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: \$58.30	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$55.40	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		34%	50%	34%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45	\$5	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141	\$35	\$47
34%	50%	34%	50%	34%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$29.90	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$52.90	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$4/\$8/\$12	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$6/\$12/\$18	\$10/\$20/\$30	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		40%	50%	41%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$2/\$4/\$6	\$4/\$8/\$12	\$7/\$14/\$21	\$15/\$30/\$45	\$7	\$15
\$6/\$12/\$18	\$10/\$20/\$30	\$11/\$22/\$33	\$20/\$40/\$60	\$11	\$20
\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141	\$40	\$47
40%	50%	41%	50%	41%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$29.90	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$52.90	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$4/\$8/\$12	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$6/\$12/\$18	\$10/\$20/\$30	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		40%	50%	41%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$2/\$4/\$6	\$4/\$8/\$12	\$7/\$14/\$21	\$15/\$30/\$45	\$7	\$15
\$6/\$12/\$18	\$10/\$20/\$30	\$11/\$22/\$33	\$20/\$40/\$60	\$11	\$20
\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141	\$40	\$47
40%	50%	41%	50%	41%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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

SECTION 4. 2018 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: \$76.30	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$56.70	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45
Tier 2: Generic Drugs		\$3/\$6/\$9	\$10/\$20/\$30	\$8/\$16/\$24	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$33/\$66/\$99	\$42/\$84/\$126	\$38/\$76/\$114	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		39%	50%	40%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45	\$5	\$15
\$3/\$6/\$9	\$10/\$20/\$30	\$8/\$16/\$24	\$20/\$40/\$60	\$8	\$20
\$33/\$66/\$99	\$42/\$84/\$126	\$38/\$76/\$114	\$47/\$94/\$141	\$38	\$47
39%	50%	40%	50%	40%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$63.80	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$56.10	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$32/\$64/\$96	\$42/\$84/\$126	\$37/\$74/\$111	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		39%	50%	40%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45	\$5	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$32/\$64/\$96	\$42/\$84/\$126	\$37/\$74/\$111	\$47/\$94/\$141	\$37	\$47
39%	50%	40%	50%	40%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$42.50	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$45.20	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$4/\$8/\$12	\$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		\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		46%	50%	46%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$2/\$4/\$6	\$4/\$8/\$12	\$7/\$14/\$21	\$15/\$30/\$45	\$7	\$15
\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60	\$12	\$20
\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141	\$40	\$47
46%	50%	46%	50%	46%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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

SECTION 4. 2018 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		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:	\$37.30	\$405				
Secure-Extra:	\$48.10	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs			\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs			\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs			\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs			40%	50%	42%	50%
Tier 5: Specialty Tier			25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141	\$35	\$47
40%	50%	42%	50%	42%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

Illinois		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:	\$25.10	\$405				
Secure-Extra:	\$53.10	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs			\$2/\$4/\$6	\$4/\$8/\$12	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs			\$6/\$12/\$18	\$10/\$20/\$30	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs			\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs			39%	50%	40%	50%
Tier 5: Specialty Tier			25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$2/\$4/\$6	\$4/\$8/\$12	\$7/\$14/\$21	\$15/\$30/\$45	\$7	\$15
\$6/\$12/\$18	\$10/\$20/\$30	\$11/\$22/\$33	\$20/\$40/\$60	\$11	\$20
\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141	\$40	\$47
39%	50%	40%	50%	40%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

Indiana		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:	\$30.60	\$405				
Secure-Extra:	\$55.10	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs			\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs			\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs			\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs			39%	50%	40%	50%
Tier 5: Specialty Tier			25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141	\$40	\$47
39%	50%	40%	50%	40%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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

SECTION 4. 2018 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:	\$57.90	\$405				
Secure-Extra:	\$51.30	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs			\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs			\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs			\$33/\$66/\$99	\$42/\$84/\$126	\$38/\$76/\$114	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs			38%	50%	38%	50%
Tier 5: Specialty Tier			25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$33/\$66/\$99	\$42/\$84/\$126	\$38/\$76/\$114	\$47/\$94/\$141	\$38	\$47
38%	50%	38%	50%	38%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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:	\$56.60	\$405				
Secure-Extra:	\$47.90	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs			\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs			\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs			\$34/\$68/\$102	\$42/\$84/\$126	\$39/\$78/\$117	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs			39%	50%	41%	50%
Tier 5: Specialty Tier			25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$34/\$68/\$102	\$42/\$84/\$126	\$39/\$78/\$117	\$47/\$94/\$141	\$39	\$47
39%	50%	41%	50%	41%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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:	\$30.60	\$405				
Secure-Extra:	\$55.10	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs			\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs			\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs			\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs			39%	50%	40%	50%
Tier 5: Specialty Tier			25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141	\$40	\$47
39%	50%	40%	50%	40%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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

SECTION 4. 2018 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: \$47.20	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$55.20	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		39%	50%	42%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141	\$35	\$47
39%	50%	42%	50%	42%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$30.10	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$53.10	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		40%	50%	41%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141	\$40	\$47
40%	50%	41%	50%	41%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$29.90	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$52.90	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$4/\$8/\$12	\$7/\$14/\$21	\$15/\$30/\$45
Tier 2: Generic Drugs		\$6/\$12/\$18	\$10/\$20/\$30	\$11/\$22/\$33	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		40%	50%	41%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$2/\$4/\$6	\$4/\$8/\$12	\$7/\$14/\$21	\$15/\$30/\$45	\$7	\$15
\$6/\$12/\$18	\$10/\$20/\$30	\$11/\$22/\$33	\$20/\$40/\$60	\$11	\$20
\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141	\$40	\$47
40%	50%	41%	50%	41%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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

SECTION 4. 2018 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: \$58.30	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$55.40	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		34%	50%	34%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45	\$5	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141	\$35	\$47
34%	50%	34%	50%	34%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$31.70	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$47.30	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		39%	50%	40%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141	\$40	\$47
39%	50%	40%	50%	40%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$57.90	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$51.30	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$33/\$66/\$99	\$42/\$84/\$126	\$38/\$76/\$114	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		38%	50%	38%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$33/\$66/\$99	\$42/\$84/\$126	\$38/\$76/\$114	\$47/\$94/\$141	\$38	\$47
38%	50%	38%	50%	38%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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

SECTION 4. 2018 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: \$41.00	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$50.50	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		41%	50%	42%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141	\$40	\$47
41%	50%	42%	50%	42%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$67.30	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$58.10	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		38%	50%	40%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45	\$5	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141	\$35	\$47
38%	50%	40%	50%	40%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$57.90	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$51.30	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$33/\$66/\$99	\$42/\$84/\$126	\$38/\$76/\$114	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		38%	50%	38%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$33/\$66/\$99	\$42/\$84/\$126	\$38/\$76/\$114	\$47/\$94/\$141	\$38	\$47
38%	50%	38%	50%	38%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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

SECTION 4. 2018 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: \$57.90	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$51.30	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$33/\$66/\$99	\$42/\$84/\$126	\$38/\$76/\$114	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		38%	50%	38%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (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: \$55.00	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$55.20	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		39%	50%	39%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (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: \$30.10	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$53.10	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		40%	50%	41%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$33/\$66/\$99	\$42/\$84/\$126	\$38/\$76/\$114	\$47/\$94/\$141	\$38	\$47
38%	50%	38%	50%	38%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45	\$5	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141	\$35	\$47
39%	50%	39%	50%	39%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141	\$40	\$47
40%	50%	41%	50%	41%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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

SECTION 4. 2018 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: \$74.80	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$52.90	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		37%	50%	37%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141	\$35	\$47
37%	50%	37%	50%	37%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$34.70	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$47.60	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		44%	50%	47%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141	\$40	\$47
44%	50%	47%	50%	47%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$39.00	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$62.00	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$4/\$8/\$12	\$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		\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		41%	50%	41%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$2/\$4/\$6	\$4/\$8/\$12	\$7/\$14/\$21	\$15/\$30/\$45	\$7	\$15
\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60	\$12	\$20
\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141	\$40	\$47
41%	50%	41%	50%	41%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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

SECTION 4. 2018 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: \$57.30	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$53.30	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		42%	50%	44%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141	\$35	\$47
42%	50%	44%	50%	44%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$57.90	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$51.30	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$33/\$66/\$99	\$42/\$84/\$126	\$38/\$76/\$114	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		38%	50%	38%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$33/\$66/\$99	\$42/\$84/\$126	\$38/\$76/\$114	\$47/\$94/\$141	\$38	\$47
38%	50%	38%	50%	38%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$50.90	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$52.90	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		38%	50%	40%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141	\$40	\$47
38%	50%	40%	50%	40%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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

SECTION 4. 2018 Premium/Cost-Sharing Tables by State

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

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: \$27.20	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$52.00	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		38%	50%	39%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

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: \$28.70	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$49.40	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		40%	50%	42%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

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: \$37.70	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$55.10	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		39%	50%	40%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

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.

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141	\$35	\$47
38%	50%	39%	50%	39%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141	\$40	\$47
40%	50%	42%	50%	42%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141	\$40	\$47
39%	50%	40%	50%	40%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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

SECTION 4. 2018 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: \$58.30	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$55.40	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		34%	50%	34%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45	\$5	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141	\$35	\$47
34%	50%	34%	50%	34%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$55.70	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$56.10	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		42%	50%	42%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141	\$35	\$47
42%	50%	42%	50%	42%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$57.90	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$51.30	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$33/\$66/\$99	\$42/\$84/\$126	\$38/\$76/\$114	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		38%	50%	38%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$33/\$66/\$99	\$42/\$84/\$126	\$38/\$76/\$114	\$47/\$94/\$141	\$38	\$47
38%	50%	38%	50%	38%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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

SECTION 4. 2018 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: \$54.50	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$53.20	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		39%	50%	39%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141	\$35	\$47
39%	50%	39%	50%	39%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$23.70	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$54.60	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$2/\$4/\$6	\$4/\$8/\$12	\$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		\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		41%	50%	41%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$2/\$4/\$6	\$4/\$8/\$12	\$7/\$14/\$21	\$15/\$30/\$45	\$7	\$15
\$7/\$14/\$21	\$10/\$20/\$30	\$12/\$24/\$36	\$20/\$40/\$60	\$12	\$20
\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141	\$40	\$47
41%	50%	41%	50%	41%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$37.30	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$48.10	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		40%	50%	42%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141	\$35	\$47
40%	50%	42%	50%	42%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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

SECTION 4. 2018 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: \$58.30	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$55.40	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		34%	50%	34%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$0/\$0/\$0	\$4/\$8/\$12	\$5/\$10/\$15	\$15/\$30/\$45	\$5	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$30/\$60/\$90	\$42/\$84/\$126	\$35/\$70/\$105	\$47/\$94/\$141	\$35	\$47
34%	50%	34%	50%	34%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$58.10	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$55.50	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		38%	50%	39%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141	\$40	\$47
38%	50%	39%	50%	39%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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: \$28.70	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$49.40	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		40%	50%	42%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141	\$40	\$47
40%	50%	42%	50%	42%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

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

SECTION 4. 2018 Premium/Cost-Sharing Tables by State

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

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: \$37.70	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$55.10	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		39%	50%	40%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

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: \$38.80	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$57.00	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$34/\$68/\$102	\$42/\$84/\$126	\$39/\$78/\$117	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		39%	50%	40%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

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: \$57.90	\$405	Secure	Secure-Extra	Secure	Secure-Extra
Secure-Extra: \$51.30	\$0	30/60/90	30/60/90	30/60/90	30/60/90
Tier 1: Preferred Generic Drugs		\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45
Tier 2: Generic Drugs		\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60
Tier 3: Preferred Brand Drugs		\$33/\$66/\$99	\$42/\$84/\$126	\$38/\$76/\$114	\$47/\$94/\$141
Tier 4: Non-Preferred Drugs		38%	50%	38%	50%
Tier 5: Specialty Tier		25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)

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.

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$35/\$70/\$105	\$42/\$84/\$126	\$40/\$80/\$120	\$47/\$94/\$141	\$40	\$47
39%	50%	40%	50%	40%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$34/\$68/\$102	\$42/\$84/\$126	\$39/\$78/\$117	\$47/\$94/\$141	\$39	\$47
39%	50%	40%	50%	40%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

Preferred Mail Order Cost-Sharing - 30/60/90 Days		Standard Mail Order Cost-Sharing - 30/60/90 Days		Long-Term Care - 31 Days Out-of-Network - 30 Days	
Secure	Secure-Extra	Secure	Secure-Extra	Secure	Secure-Extra
30/60/90	30/60/90	30/60/90	30/60/90		
\$1/\$2/\$3	\$4/\$8/\$12	\$6/\$12/\$18	\$15/\$30/\$45	\$6	\$15
\$5/\$10/\$15	\$10/\$20/\$30	\$10/\$20/\$30	\$20/\$40/\$60	\$10	\$20
\$33/\$66/\$99	\$42/\$84/\$126	\$38/\$76/\$114	\$47/\$94/\$141	\$38	\$47
38%	50%	38%	50%	38%	50%
25% (30 days)	33% (30 days)	25% (30 days)	33% (30 days)	25%	33%

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Notice of Nondiscrimination: Discrimination is Against the Law

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

Cigna-HealthSpring Rx:

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

If you need these services, contact Customer Service at 1-800-222-6700 (TTY 711), 8:00 a.m. to 8:00 p.m. local time, 7 days a week. Our automated phone system may answer your call during weekends from February 15–September 30.

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

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

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

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

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



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. Call 1-800-222-6700 (TTY 711), 8 a.m.–8 p.m., 7 days a week. ATENCIÓN: si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-222-6700 (TTY 711), 8 a.m.–8 p.m., 7 días de la semana. Cigna-HealthSpring Rx (PDP) is a Medicare Prescription Drug plan (PDP) with a Medicare contract. Enrollment in Cigna-HealthSpring depends on contract renewal. INT_17_49135 09302016