

SUMMARY OF BENEFITS

January 1, 2020–December 31, 2020

Cigna-HealthSpring® Rx Secure (PDP)
Cigna-HealthSpring® Rx Secure-Essential (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 Cigna.com/part-d.



This information is not a complete description of benefits. Call 1-800-222-6700 (TTY 711) for more information. 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). 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).

Our plans and helpful resources

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

Cigna-HealthSpring Rx Secure-Essential (PDP)

This plan is the right fit for someone needing modest coverage and great value, and is looking for generic drug savings. This plan has very low premiums, and for many generics there are very low copays and no deductible.

Cigna-HealthSpring Rx Secure-Extra (PDP)

This plan is the right fit for someone needing a very high level of cost protection. This plan has a robust drug list, Gap Coverage for Tier 1 and Tier 2 drugs, and a low deductible that applies only for Tier 4 and 5 drugs.



Customer service hours

You can call us seven 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 April 1 - 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: **[Cigna.com/part-d](https://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 comprehensive drug list (formulary) on our website **[Cigna.com/part-d](https://www.cigna.com/part-d)**.

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



Pharmacy directory

See if your pharmacy is part of our network of 63,000 pharmacies and 30,000 preferred network pharmacies by checking our Pharmacy Directory on our website at **[Cigna.com/part-d](https://www.cigna.com/part-d)**. 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, 2020 – December 31, 2020. 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 **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, such as **Cigna-HealthSpring Rx Secure (PDP), Cigna-HealthSpring Rx Secure-Essential (PDP) or Cigna-HealthSpring Rx Secure-Extra (PDP)**.

Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (such as 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), Cigna-HealthSpring Rx Secure-Essential (PDP) and Cigna-HealthSpring Rx Secure-Extra (PDP)** covers and what you pay.

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

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

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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)**, **Cigna-HealthSpring Rx Secure-Essential (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 (or six) tiers:

Tier 1: Preferred Generic

Tier 2: Generic

Tier 3: Preferred Brand

Tier 4: Non-Preferred Drugs

Tier 5: Specialty Tier

Tier 6: Select Care

Use the plan drug list (formulary) 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 and Two: Initial Coverage

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

Stage Three: Coverage Gap “Donut Hole”

- Begins after your **total** yearly drug costs — what the plan has paid and what you have paid — reaches \$4,020.
- You pay only 25% of the cost of a covered drug.

Stage Four: Catastrophic Coverage

- Takes effect when your yearly **out-of-pocket** drug costs – what you paid at your retail pharmacy or home delivery – reach \$6,350.
- 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 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 (PDP) Plan	Cigna-HealthSpring Rx Secure-Essential (PDP) Plan	Cigna-HealthSpring Rx Secure-Extra (PDP) Plan
Monthly Premium	<p>\$21.60-\$60.70 per month.</p> <p>See the Premium/Cost-Sharing Tables by State (beginning on page 9) to find your specific premium.</p>	<p>\$22.10-\$22.20 per month.</p> <p>See the Premium/Cost-Sharing Tables by State (beginning on page 9) to find your specific premium.</p>	<p>\$46.30-\$74.40 per month.</p> <p>See the Premium/Cost-Sharing Tables by State (beginning on page 9) to find your specific premium.</p>
Annual Deductible	<p>\$435 per year.</p> <p>You need to pay this amount before your Initial Coverage begins.</p>	<ul style="list-style-type: none"> • No deductible for Tier 1 and 2 drugs. • \$435 per year for Tier 3, 4 and 5 drugs. 	<ul style="list-style-type: none"> • No deductible for Tiers 1, 2, 3 and 6 drugs. • \$100 per year for Tiers 4 and 5 drugs.

SECTION 3. Your plan costs

BENEFIT STAGE ONE AND TWO:

Initial Coverage – Retail and Home Delivery Pharmacies

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.



What You Should Know

- Your copay or coinsurance is based on the drug tier for your medication which you can find in the plan drug list (formulary) on our website (Cigna.com/part-d). Or, call us and we will send you a copy of the drug list.
- 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. These charts below include home infusion.



Retail Pharmacies

We group each medication into one of five or six tiers.	Preferred Network Pharmacy		
	Secure	Secure-Essential	Secure-Extra
	30-day Copay x2 for 60-day x3 for 90-day	30-day Copay x2 for 60-day x3 for 90-day	30-day Copay x2 for 60-day x3 for 90-day
Tier 1: Preferred Generic Drugs	\$1	\$0	\$4
Tier 2: Generic Drugs	\$2	\$2	\$10
Tier 3: Preferred Brand Drugs	\$24-\$30	18% of the cost	\$42
Tier 4: Non-Preferred Drugs	33%-39% of the cost	40%-45% of the cost	49%-50% of the cost
Tier 5: Specialty Tier (30-day supply only)	25% of the cost	25% of the cost	31% of the cost
Tier 6: Select Care	\$0	N/A	\$2

Retail and Home Delivery Pharmacies

We group each medication into one of five or six tiers.	Standard Network Pharmacy		
	Secure	Secure-Essential	Secure-Extra
	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	\$6	\$19	\$15
Tier 2: Generic Drugs	\$7	\$20	\$20
Tier 3: Preferred Brand Drugs	\$26-\$33	20% of the cost	\$47
Tier 4: Non-Preferred Drugs	33%-42% of the cost	45%-50% of the cost	49%-50% of the cost
Tier 5: Specialty Tier (30-day supply only)	25% of the cost	25% of the cost	31% of the cost
Tier 6: Select Care	\$5	N/A	\$11

We group each medication into one of five or six tiers.	Preferred Home Delivery Pharmacy		
	Secure	Secure-Essential	Secure-Extra
	90-day*	90-day*	90-day*
Tier 1: Preferred Generic Drugs	\$0	\$0	\$0
Tier 2: Generic Drugs	\$6	\$4	\$20
Tier 3: Preferred Brand Drugs	\$72-\$90	18% of the cost	\$105
Tier 4: Non-Preferred Drugs	33%-39% of the cost	40%-45% of the cost	49%-50% of the cost
Tier 5: Specialty Tier (30-day supply only)	30-day supply only	30-day supply only	30-day supply only
Tier 6: Select Care	\$0	N/A	\$4

*In most cases you will save on your medication copays when you use a preferred network home delivery pharmacy for a 90-day supply.

SECTION 3. Your plan costs

BENEFIT STAGE ONE AND TWO:

Initial Coverage – Long-Term Care

What You Should Know:



- Your copay or coinsurance (you pay a percentage of the cost) is based on the drug tier for your medication which you can find in the plan drug list (formulary) on our website (Cigna.com/part-d). Or, call us and we will send you a copy of the drug list.
- 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 or six tiers.	Long-Term Care Facility		
	Secure	Secure-Essential	Secure-Extra
	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 (30-day supply only) Tier 6: Select Care	Tiers 1-6: 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 THREE:

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. The chart below includes home infusion.



What You Will Pay

The Coverage Gap follows the Initial Coverage stage, after your **total** yearly drug costs (what the plan has paid and what you have paid) reach \$4,020. Coverage Gap ends when your costs total \$6,350.

We group each medication into one of five or six tiers.	In-Network Pharmacy		
	Secure	Secure-Essential	Secure-Extra
	You will pay:	You will pay:	You will pay:
Tier 1: Preferred Generic Drugs Tier 2: Generic Drugs Tier 3: Preferred Brand Drugs Tier 4: Non-Preferred Drugs Tier 5: Specialty Tier (30-day supply only) Tier 6: Select Care	Tiers 1–6: <ul style="list-style-type: none"> • 25% of the plan’s cost for covered brand-name drugs • 25% of the plan’s cost for covered generic drugs 	Tiers 1–6: <ul style="list-style-type: none"> • 25% of the plan’s cost for covered brand-name drugs • 25% 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 <hr/> 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 <hr/> Tiers 3, 4, 5, 6: <ul style="list-style-type: none"> • 25% of the plan’s cost for covered brand-name drugs • 25% of the plan’s cost for covered generic drugs

SECTION 3. Your plan costs

BENEFIT STAGE FOUR:

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. The chart below includes home infusion.



What You Will Pay

Catastrophic Coverage takes effect **after the Coverage Gap** “Donut Hole” stage when your yearly out-of-pocket drug costs reach \$6,350. You will stay in this drug payment stage until the end of the calendar year.

We group each medication into one of five or six tiers.	In-Network Pharmacy		
	Secure	Secure-Essential	Secure-Extra
<p>Tier 1: Preferred Generic Drugs</p> <p>Tier 2: Generic Drugs</p> <p>Tier 3: Preferred Brand Drugs</p> <p>Tier 4: Non-Preferred Drugs</p> <p>Tier 5: Specialty Tier (30-day supply only)</p> <p>Tier 6: Select Care</p>	<p>Tiers 1-6:</p> <p>You pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$3.60 copay for generic (including brand drugs treated as generic) and an \$8.95 copay for all other drugs. 		

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

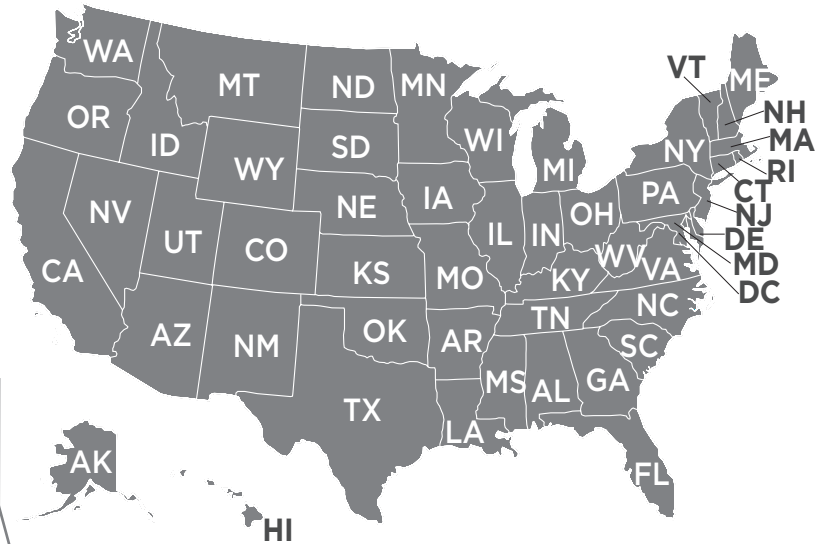
SECTION 4. 2020 Premium/Cost-Sharing Tables by State

Cigna-HealthSpring Rx Secure (PDP)
Cigna-HealthSpring Rx Secure-Essential (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 monthly premium.
2. Across the top, choose the type of pharmacy you use (retail or home delivery, preferred or standard) and compare plans.
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	Secure	Essential	Extra	Sec
Secure:	\$28.90				
Secure-Essential:	\$22.20				
Secure-Extra:	\$54.60				
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$11
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$11
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$32/\$48
Tier 4: Non-Preferred		37%	41%	50%	39%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$11

SECTION 4. 2020 Premium/Cost-Sharing Tables by State

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

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Alabama	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
	Secure: \$28.90 Secure-Essential: \$22.20 Secure-Extra: \$54.60												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$32/\$64/\$96	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$32	20%	\$47
Tier 4: Non-Preferred		37%	41%	50%	39%	50%	50%	37%	41%	50%	39%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Alaska	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
	Secure: \$32.70 Secure-Essential: \$22.20 Secure-Extra: \$59.70												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$32/\$64/\$96	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$32	20%	\$47
Tier 4: Non-Preferred		37%	42%	50%	39%	50%	50%	37%	42%	50%	39%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Arizona	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
	Secure: \$30.60 Secure-Essential: \$22.10 Secure-Extra: \$60.30												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$33/\$66/\$99	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$33	20%	\$47
Tier 4: Non-Preferred		38%	45%	50%	40%	50%	50%	38%	45%	50%	40%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

SECTION 4. 2020 Premium/Cost-Sharing Tables by State

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

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Arkansas	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$22.20												
Secure-Essential:	\$22.10												
Secure-Extra:	\$51.80												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$33/\$66/\$99	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$33	20%	\$47
Tier 4: Non-Preferred		34%	41%	50%	36%	50%	50%	34%	41%	50%	36%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

California	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$33.30												
Secure-Essential:	\$22.20												
Secure-Extra:	\$74.40												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$32/\$64/\$96	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$32	20%	\$47
Tier 4: Non-Preferred		33%	40%	50%	34%	47%	50%	33%	40%	50%	34%	47%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Colorado	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$30.90												
Secure-Essential:	\$22.20												
Secure-Extra:	\$59.90												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$32/\$64/\$96	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$32	20%	\$47
Tier 4: Non-Preferred		35%	44%	50%	37%	50%	50%	35%	44%	50%	37%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

SECTION 4. 2020 Premium/Cost-Sharing Tables by State

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

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Connecticut	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$32.70												
Secure-Essential:	\$22.20												
Secure-Extra:	\$48.30												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$30/\$60/\$90	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$30	20%	\$47
Tier 4: Non-Preferred		35%	43%	50%	35%	45%	50%	35%	43%	50%	35%	45%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Delaware	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$27.40												
Secure-Essential:	\$22.10												
Secure-Extra:	\$52.20												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$33/\$66/\$99	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$33	20%	\$47
Tier 4: Non-Preferred		37%	43%	50%	41%	48%	50%	37%	43%	50%	41%	48%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

District of Columbia	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$27.40												
Secure-Essential:	\$22.10												
Secure-Extra:	\$52.20												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$33/\$66/\$99	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$33	20%	\$47
Tier 4: Non-Preferred		37%	43%	50%	41%	48%	50%	37%	43%	50%	41%	48%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

SECTION 4. 2020 Premium/Cost-Sharing Tables by State

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

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Florida	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$28.30												
Secure-Essential:	\$22.20												
Secure-Extra:	\$65.30												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$24/\$48/\$72	18%	\$42/\$84/\$126	\$26/\$52/\$78	20%	\$47/\$94/\$141	\$24/\$48/\$72	18%	\$42/\$84/\$105	\$26	20%	\$47
Tier 4: Non-Preferred		39%	42%	50%	40%	50%	50%	39%	42%	50%	40%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Georgia	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$23.80												
Secure-Essential:	\$22.20												
Secure-Extra:	\$56.80												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$26/\$52/\$78	18%	\$42/\$84/\$126	\$28/\$56/\$84	20%	\$47/\$94/\$141	\$26/\$52/\$78	18%	\$42/\$84/\$105	\$28	20%	\$47
Tier 4: Non-Preferred		36%	41%	50%	36%	48%	50%	36%	41%	50%	36%	48%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Hawaii	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$47.60												
Secure-Essential:	\$22.20												
Secure-Extra:	\$58.40												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$33/\$66/\$99	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$33	20%	\$47
Tier 4: Non-Preferred		38%	45%	50%	40%	48%	50%	38%	45%	50%	40%	48%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

SECTION 4. 2020 Premium/Cost-Sharing Tables by State

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

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Idaho	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$35.20												
Secure-Essential:	\$22.20												
Secure-Extra:	\$56.30												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$32/\$64/\$96	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$32	20%	\$47
Tier 4: Non-Preferred		35%	44%	49%	36%	50%	49%	35%	44%	49%	36%	50%	49%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Illinois	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$25.20												
Secure-Essential:	\$22.20												
Secure-Extra:	\$57.30												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$32/\$64/\$96	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$32	20%	\$47
Tier 4: Non-Preferred		36%	44%	50%	41%	50%	50%	36%	44%	50%	41%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Indiana	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$29.60												
Secure-Essential:	\$22.10												
Secure-Extra:	\$55.80												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$32/\$64/\$96	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$32	20%	\$47
Tier 4: Non-Preferred		36%	43%	50%	40%	50%	50%	36%	43%	50%	40%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

SECTION 4. 2020 Premium/Cost-Sharing Tables by State

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

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Iowa	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$33.40												
Secure-Essential:	\$22.20												
Secure-Extra:	\$49.20												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$33/\$66/\$99	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$33	20%	\$47
Tier 4: Non-Preferred		33%	44%	50%	34%	50%	50%	33%	44%	50%	34%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Kansas	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$30.40												
Secure-Essential:	\$22.20												
Secure-Extra:	\$56.50												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$29/\$58/\$87	18%	\$42/\$84/\$126	\$30/\$60/\$90	20%	\$47/\$94/\$141	\$29/\$58/\$87	18%	\$42/\$84/\$105	\$30	20%	\$47
Tier 4: Non-Preferred		36%	44%	50%	36%	50%	50%	36%	44%	50%	36%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Kentucky	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$29.60												
Secure-Essential:	\$22.10												
Secure-Extra:	\$55.80												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$32/\$64/\$96	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$32	20%	\$47
Tier 4: Non-Preferred		36%	43%	50%	40%	50%	50%	36%	43%	50%	40%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

SECTION 4. 2020 Premium/Cost-Sharing Tables by State

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

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Louisiana	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$30.30												
Secure-Essential:	\$22.10												
Secure-Extra:	\$56.30												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$30/\$60/\$90	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$30	20%	\$47
Tier 4: Non-Preferred		34%	42%	50%	34%	50%	50%	34%	42%	50%	34%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Maine	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$32.20												
Secure-Essential:	\$22.10												
Secure-Extra:	\$56.80												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$32/\$64/\$96	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$32	20%	\$47
Tier 4: Non-Preferred		37%	43%	50%	38%	50%	50%	37%	43%	50%	38%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Maryland	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$27.40												
Secure-Essential:	\$22.10												
Secure-Extra:	\$52.20												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$33/\$66/\$99	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$33	20%	\$47
Tier 4: Non-Preferred		37%	43%	50%	41%	48%	50%	37%	43%	50%	41%	48%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

SECTION 4. 2020 Premium/Cost-Sharing Tables by State

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

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Massachusetts	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$32.70												
Secure-Essential:	\$22.20												
Secure-Extra:	\$48.30												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$30/\$60/\$90	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$30	20%	\$47
Tier 4: Non-Preferred		35%	43%	50%	35%	45%	50%	35%	43%	50%	35%	45%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Michigan	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$33.40												
Secure-Essential:	\$22.10												
Secure-Extra:	\$54.20												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$33/\$66/\$99	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$33	20%	\$47
Tier 4: Non-Preferred		36%	43%	50%	37%	50%	50%	36%	43%	50%	37%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Minnesota	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$33.40												
Secure-Essential:	\$22.20												
Secure-Extra:	\$49.20												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$33/\$66/\$99	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$33	20%	\$47
Tier 4: Non-Preferred		33%	44%	50%	34%	50%	50%	33%	44%	50%	34%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

SECTION 4. 2020 Premium/Cost-Sharing Tables by State

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

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Mississippi	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$24.90												
Secure-Essential:	\$22.10												
Secure-Extra:	\$53.60												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$32/\$64/\$96	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$32	20%	\$47
Tier 4: Non-Preferred		36%	41%	50%	37%	50%	50%	36%	41%	50%	37%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Missouri	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$29.00												
Secure-Essential:	\$22.10												
Secure-Extra:	\$55.20												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$32/\$64/\$96	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$32	20%	\$47
Tier 4: Non-Preferred		37%	42%	50%	37%	50%	50%	37%	42%	50%	37%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Montana	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$33.40												
Secure-Essential:	\$22.20												
Secure-Extra:	\$49.20												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$33/\$66/\$99	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$33	20%	\$47
Tier 4: Non-Preferred		33%	44%	50%	34%	50%	50%	33%	44%	50%	34%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

SECTION 4. 2020 Premium/Cost-Sharing Tables by State

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

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Nebraska	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$33.40												
Secure-Essential:	\$22.20												
Secure-Extra:	\$49.20												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$33/\$66/\$99	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$33	20%	\$47
Tier 4: Non-Preferred		33%	44%	50%	34%	50%	50%	33%	44%	50%	34%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Nevada	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$23.90												
Secure-Essential:	\$22.20												
Secure-Extra:	\$56.00												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$33/\$66/\$99	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$33	20%	\$47
Tier 4: Non-Preferred		35%	43%	50%	35%	50%	50%	35%	43%	50%	35%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

New Hampshire	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$32.20												
Secure-Essential:	\$22.10												
Secure-Extra:	\$56.80												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$32/\$64/\$96	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$32	20%	\$47
Tier 4: Non-Preferred		37%	43%	50%	38%	50%	50%	37%	43%	50%	38%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

SECTION 4. 2020 Premium/Cost-Sharing Tables by State

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

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

New Jersey	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$60.70												
Secure-Essential:	\$22.20												
Secure-Extra:	\$60.20												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$30/\$60/\$90	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$30	20%	\$47
Tier 4: Non-Preferred		34%	41%	50%	34%	50%	50%	34%	41%	50%	34%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

New Mexico	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$23.30												
Secure-Essential:	\$22.10												
Secure-Extra:	\$50.00												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$33/\$66/\$99	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$33	20%	\$47
Tier 4: Non-Preferred		37%	43%	50%	40%	48%	50%	37%	43%	50%	40%	48%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

New York	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$37.90												
Secure-Essential:	\$22.20												
Secure-Extra:	\$62.50												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$31/\$62/\$93	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$31	20%	\$47
Tier 4: Non-Preferred		35%	42%	50%	35%	49%	50%	35%	42%	50%	35%	49%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

SECTION 4. 2020 Premium/Cost-Sharing Tables by State

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

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

North Carolina	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$27.00												
Secure-Essential:	\$22.10												
Secure-Extra:	\$57.90												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$33/\$66/\$99	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$33	20%	\$47
Tier 4: Non-Preferred		36%	43%	50%	36%	50%	50%	36%	43%	50%	36%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

North Dakota	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$33.40												
Secure-Essential:	\$22.20												
Secure-Extra:	\$49.20												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$33/\$66/\$99	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$33	20%	\$47
Tier 4: Non-Preferred		33%	44%	50%	34%	50%	50%	33%	44%	50%	34%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Ohio	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$31.50												
Secure-Essential:	\$22.20												
Secure-Extra:	\$54.10												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$33/\$66/\$99	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$33	20%	\$47
Tier 4: Non-Preferred		37%	44%	50%	40%	50%	50%	37%	44%	50%	40%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

SECTION 4. 2020 Premium/Cost-Sharing Tables by State

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

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Oklahoma	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$28.90												
Secure-Essential:	\$22.20												
Secure-Extra:	\$53.60												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$32/\$64/\$96	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$32	20%	\$47
Tier 4: Non-Preferred		33%	42%	50%	33%	50%	50%	33%	42%	50%	33%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Oregon	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$31.10												
Secure-Essential:	\$22.10												
Secure-Extra:	\$46.30												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$33/\$66/\$99	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$33	20%	\$47
Tier 4: Non-Preferred		35%	43%	50%	35%	50%	50%	35%	43%	50%	35%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Pennsylvania	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$33.40												
Secure-Essential:	\$22.10												
Secure-Extra:	\$57.30												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$32/\$64/\$96	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$32	20%	\$47
Tier 4: Non-Preferred		38%	43%	50%	38%	50%	50%	38%	43%	50%	38%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

SECTION 4. 2020 Premium/Cost-Sharing Tables by State

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

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Rhode Island	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$32.70												
Secure-Essential:	\$22.20												
Secure-Extra:	\$48.30												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$30/\$60/\$90	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$30	20%	\$47
Tier 4: Non-Preferred		35%	43%	50%	35%	45%	50%	35%	43%	50%	35%	45%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

South Carolina	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$21.60												
Secure-Essential:	\$22.10												
Secure-Extra:	\$55.30												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$33/\$66/\$99	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$33	20%	\$47
Tier 4: Non-Preferred		38%	42%	50%	39%	50%	50%	38%	42%	50%	39%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

South Dakota	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$33.40												
Secure-Essential:	\$22.20												
Secure-Extra:	\$49.20												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$33/\$66/\$99	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$33	20%	\$47
Tier 4: Non-Preferred		33%	44%	50%	34%	50%	50%	33%	44%	50%	34%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

SECTION 4. 2020 Premium/Cost-Sharing Tables by State

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

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Tennessee	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$28.90												
Secure-Essential:	\$22.20												
Secure-Extra:	\$54.60												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$32/\$64/\$96	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$32	20%	\$47
Tier 4: Non-Preferred		37%	41%	50%	39%	50%	50%	37%	41%	50%	39%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Texas	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$21.70												
Secure-Essential:	\$22.10												
Secure-Extra:	\$55.30												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$26/\$52/\$78	18%	\$42/\$84/\$126	\$28/\$56/\$84	20%	\$47/\$94/\$141	\$26/\$52/\$78	18%	\$42/\$84/\$105	\$28	20%	\$47
Tier 4: Non-Preferred		36%	43%	50%	36%	48%	50%	36%	43%	50%	36%	48%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Utah	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$35.20												
Secure-Essential:	\$22.20												
Secure-Extra:	\$56.30												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$32/\$64/\$96	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$32	20%	\$47
Tier 4: Non-Preferred		35%	44%	49%	36%	50%	49%	35%	44%	49%	36%	50%	49%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

SECTION 4. 2020 Premium/Cost-Sharing Tables by State

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

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

Vermont	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$32.70												
Secure-Essential:	\$22.20												
Secure-Extra:	\$48.30												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$30/\$60/\$90	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$30	20%	\$47
Tier 4: Non-Preferred		35%	43%	50%	35%	45%	50%	35%	43%	50%	35%	45%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Virginia	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$28.70												
Secure-Essential:	\$22.20												
Secure-Extra:	\$63.00												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$32/\$64/\$96	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$32	20%	\$47
Tier 4: Non-Preferred		37%	43%	49%	39%	50%	49%	37%	43%	49%	39%	50%	49%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Washington	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$31.10												
Secure-Essential:	\$22.10												
Secure-Extra:	\$46.30												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$33/\$66/\$99	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$33	20%	\$47
Tier 4: Non-Preferred		35%	43%	50%	35%	50%	50%	35%	43%	50%	35%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

SECTION 4. 2020 Premium/Cost-Sharing Tables by State

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

Helpful Tips

- Use this side-by-side cost comparison to determine which plan fits your budget.
- Please see instructions for using the Premium/Cost-Sharing Tables on page 9.
- Please see deductibles for each plan on page 3.

West Virginia	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$33.40												
Secure-Essential:	\$22.10												
Secure-Extra:	\$57.30												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$32/\$64/\$96	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$32	20%	\$47
Tier 4: Non-Preferred		38%	43%	50%	38%	50%	50%	38%	43%	50%	38%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Wisconsin	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$41.30												
Secure-Essential:	\$22.10												
Secure-Extra:	\$58.40												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$32/\$64/\$96	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$32	20%	\$47
Tier 4: Non-Preferred		37%	44%	50%	42%	50%	50%	37%	44%	50%	42%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

Wyoming	Monthly Premium	Preferred Retail Cost-Sharing 30/60/90 Days			Standard Retail or Home Delivery Cost-Sharing 30/60/90 Days			Preferred Home Delivery Cost-Sharing 30/60/90 Days			Long-Term Care – 31 Days Out-of-Network – 30 Days		
		Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra	Secure	Essential	Extra
		30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days	30/60/90 days		
Secure:	\$33.40												
Secure-Essential:	\$22.20												
Secure-Extra:	\$49.20												
Tier 1: Preferred Generic		\$1/\$2/\$3	\$0/\$0/\$0	\$4/\$8/\$12	\$6/\$12/\$18	\$19/\$38/\$57	\$15/\$30/\$45	\$1/\$2/\$0	\$0/\$0/\$0	\$4/\$8/\$0	\$6	\$19	\$15
Tier 2: Generic		\$2/\$4/\$6	\$2/\$4/\$6	\$10/\$20/\$30	\$7/\$14/\$21	\$20/\$40/\$60	\$20/\$40/\$60	\$2/\$4/\$6	\$2/\$4/\$4	\$10/\$20/\$20	\$7	\$20	\$20
Tier 3: Preferred Brand		\$30/\$60/\$90	18%	\$42/\$84/\$126	\$33/\$66/\$99	20%	\$47/\$94/\$141	\$30/\$60/\$90	18%	\$42/\$84/\$105	\$33	20%	\$47
Tier 4: Non-Preferred		33%	44%	50%	34%	50%	50%	33%	44%	50%	34%	50%	50%
Tier 5: Specialty (30 days)		25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25% (30 days)	25% (30 days)	31% (30 days)	25%	25%	31%
Tier 6: Select Care		\$0/\$0/\$0	N/A	\$2/\$4/\$6	\$5/\$10/\$15	N/A	\$11/\$22/\$33	\$0/\$0/\$0	N/A	\$2/\$4/\$4	\$5	N/A	\$11

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 - ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-222-6700** (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** (TTY:711) تماس بگیرید.

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, kojí' 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 Medicare Prescription Drug Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna Medicare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna Medicare:

- 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 am – 8 pm local time, 7 days a week. Our automated phone system may answer your call during weekends from April 1 - September 30.

If you believe that Cigna Medicare 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 Medicare - 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>.

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