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Three-Tier Prescription Drug Program

Your Access to
Quality, Affordable
Prescription Drugs



CIGNA HealthCare



Your CIGNA HealthCare prescription benefits program has a three-tier structure to help you control your medical expenses. Please check your Summary of Benefits or the front of your CIGNA HealthCare ID card for your exact prescription copayment or coinsurance amounts.*

The CIGNA HealthCare Preferred Drug List divides medications into three categories or tiers:

- *Generic*
- *Preferred Brand*
- *Non-Preferred Brand*

Your copayment or coinsurance amount depends on the category in which your prescription medication is listed.

* For every category, if the retail cost of the drug is less than the copayment or coinsurance, you pay the retail cost of the drug. Please check your insurance certificate and/or applicable pharmacy rider to determine your specific prescription drug coverage and exclusions.



The Three Tiers:

Generic (First Tier)

These drugs are the most affordable way for you to obtain quality medications at your lowest copayment or coinsurance level. A generic drug is labeled with the medication's basic chemical name and usually has a brand-name equivalent. The U.S. Food and Drug Administration (FDA) requires that generic drugs have the same active chemical composition, same potency and be offered in the same form as their brand-name equivalents. Generic drugs must meet the same FDA standards as brand-name drugs and are tested and certified by the FDA to be as effective as their brand-name counterparts.

Preferred Brand (Second Tier)

These are the preferred brand-name drugs that have no generic equivalent. You're covered for these medications at a slightly higher copayment or coinsurance.

Non-Preferred Brand (Third Tier)

These are brand-name drugs that either have equally effective and less costly generic equivalents or one or more preferred-brand (second tier) options. You or your doctor may decide that a medication in this category is best for you. If you choose a Third Tier drug, you're covered at the highest copayment or coinsurance level — which still represents a significant savings compared to its full retail cost.



Frequently Asked Questions:

Q: What is the CIGNA HealthCare Preferred Drug List?

A: Our Preferred Drug List — known as a “formulary” by medical professionals — is an extensive list of brand-name and generic prescription drugs. The majority of the prescriptions you get from your doctor will be for drugs already on the list. Your benefit plan covers the cost of Preferred Drug List medications, less any applicable copayments, coinsurance or deductibles.

The CIGNA HealthCare Pharmacy and Therapeutics Committee, a panel of physicians and pharmacists, developed our Preferred Drug List and updates it on a regular basis. The list includes quality drugs available to you at reasonable cost. Only those medications that have successfully passed federally required clinical testing and evaluation and have been proven effective are included in the list. The Pharmacy and Therapeutics Committee reviews and evaluates all available literature about a drug when updating the list.

Q: What is my out-of-pocket cost? How do I know what to pay for my prescription drugs?

A: Your prescription drug plan will determine whether the drug is covered and the amount you are required to pay out-of-pocket. Your out-of-pocket cost depends on the category in which your prescription medication is listed.



Please check your Summary of Benefits or the front of your CIGNA HealthCare ID card for your exact prescription copayment, coinsurance and/or deductible amounts. Copayment, coinsurance and/or deductible amounts are set by the pharmacy plan offered by your employer.

Q: *Why do I have different copayments for different drugs?*

A: The cost of drugs varies widely, even though several different medications may be used to treat the same condition. Generic drugs offer the most savings and therefore have the lowest copayment or coinsurance. Brand-name drugs cost more and therefore have a higher copayment or coinsurance.

Q: *What if my doctor prescribes a medication that's listed as "Non-Preferred"?*

A: If your doctor believes that you must have a Non-Preferred Brand drug, the prescription will be filled at the Non-Preferred Brand (Third Tier) copayment or coinsurance level.

Q: *What if my doctor prescribes a medication that isn't listed on the abbreviated CIGNA HealthCare Preferred Drug List?*

A: If a generic drug is available and you choose the generic drug, you pay the Generic (First Tier) copayment or coinsurance. If a generic drug is available and you choose the brand name version of that drug, you pay the Non-Preferred Brand (Third Tier) copay. If you



choose a preferred brand, you pay the Preferred Brand (Second Tier) copayment or coinsurance. You can also call CIGNA HealthCare with questions about your prescription drug benefits.

Q: What drugs are covered?

A: Because drug coverage varies by employer plan, please refer to your plan documents for complete information.

In the three tier plan, prescription drugs — including prenatal vitamins, insulin and related diabetes care supplies — are covered unless specifically excluded.

Q: How do I receive a copy of the CIGNA HealthCare Preferred Drug List?

A: For a complete version of the CIGNA HealthCare Preferred Drug List, visit our Web site — www.cigna.com — or call the toll-free number on your CIGNA HealthCare ID card.

Q: How do I fill a prescription?

A: Simply take your prescription to any CIGNA HealthCare participating pharmacy. Our participating pharmacies include major chains as well as local drug stores. Check your CIGNA HealthCare directory or our Web site — www.cigna.com — for the participating pharmacies in your area. And if you have questions about your prescription drug benefits, just call CIGNA HealthCare. The toll-free number is on your CIGNA HealthCare ID card. When you go to the participating pharmacy, present your CIGNA HealthCare ID



card, prescription and the out-of-pocket amount required under the pharmacy plan.

Q: *What happens if I'm away from home and need prescription medication?*

A: Whether you're traveling for business or on vacation, call our toll-free number to locate nearby CIGNA HealthCare participating pharmacies. When you use a participating pharmacy, you receive the highest level of benefit coverage and pay the appropriate copayment or coinsurance for your medication.

Q: *What happens if I use a non-participating pharmacy?*

A: If you decide to use a non-participating pharmacy, you pay the full cost of the prescription. However, in a medical emergency situation, have your prescription filled at the nearest pharmacy. If it's not a participating pharmacy, keep your receipt and contact CIGNA HealthCare for instructions for reimbursement of your emergency prescription.

Q: *How do I get my prescriptions filled by mail?*

A: CIGNA HealthCare offers home delivery of medications through the CIGNA Tel-Drug mail-order prescription program. Please check the details of your employer's health benefit plan to see if this option is available to you. CIGNA Tel-Drug provides a convenient way to receive up to a 90-day supply of any prescription medication covered by your benefit plan. Simply have your doctor write a



prescription for a 90-day supply, fill out the CIGNA Tel-Drug patient profile/order form enclosed in your pre-enrollment kit (or available online at www.cigna.com; select “Important Forms”), include your doctor’s original prescription, your mail-order copayment, coinsurance and/or deductible and mail everything to CIGNA Tel-Drug in the postage-paid envelope provided. To protect your privacy, CIGNA Tel-Drug mails your filled prescription back to you by first-class mail in a package that doesn’t reveal its contents or the CIGNA Tel-Drug name. You can learn more by calling 1.800.835.3784, or visit us on the Web at **www.cigna.com** or **www.teldrug.com**

Q: *I’m going to be away from home for an extended period of time. What do I do about the medications I take on a continuing basis?*

A: If your prescription drug supply will run out while you’re away, call the toll-free number listed on your CIGNA HealthCare ID card. A customer service representative may override the day supply limit, allowing you to fill a prescription for an extended period of time.

Prior Authorization

Q: *What is Prior Authorization?*

A: For certain medications or doses, your doctor may need to contact the CIGNA HealthCare Pharmacy Service Center to request coverage or prior authorization for your prescription. To determine if prior authorization is required for your prescription, ask your doctor to check the



Preferred Drug List, or our Web site at **www.cigna.com** for the complete Preferred Drug List.

Q: Why is Prior Authorization necessary?

A: Our guidelines for prior authorization are determined on a drug-by-drug basis by the CIGNA HealthCare Pharmacy & Therapeutics Committee and may be based on Food and Drug Administration (FDA) and manufacturer guidelines, medical literature, safety, appropriate use and benefit design.

Q: What if my doctor prescribes a medication that requires prior authorization?

A: If your doctor prescribes a drug that requires prior authorization, ask your doctor to call the number listed on your CIGNA HealthCare ID card, to begin the authorization process. Your doctor's office must complete the appropriate prior authorization form and fax or call CIGNA HealthCare at the number on your CIGNA HealthCare ID card.

If the request is approved, the doctor will receive a fax confirmation. The authorization will be processed in our claim system to allow you to have coverage for this drug. The length of the authorization will depend on the diagnosis and drug. When the physician advises you that the drug has been approved, you should contact the participating pharmacy to fill the prescription(s). If the request is denied, you and your doctor will be notified that coverage for the drug is not authorized.



If you have questions about a specific prior authorization request, call the toll-free number on your CIGNA HealthCare ID card.

Exclusions and Limitations

By way of example, but not of limitation, the following are specifically excluded services and benefits:

- Any drugs or medications available over-the-counter that do not require a prescription by federal or state law, and any drug that is a pharmaceutical alternative to an over-the-counter drug other than insulin.
- Any drugs that are experimental or investigational, within the meaning set forth in the Plan Documents.
- Food and Drug Administration (FDA) approved prescription drugs used for the purposes other than those approved by the FDA unless the drug is recognized for the treatment of the particular indication in one of the standard reference compendia (The United States Pharmacopoeia Drug Information, the American Medical Association Drug Evaluations; or The American Hospital Formulary Service Drug Information) or in medical literature. Medical literature means scientific studies published in a peer-reviewed national professional medical journal.



- Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma, and other blood products or fractions and medications used for travel prophylaxis.
- Replacement of Prescription Drugs and Related Supplies due to loss or theft.
- Medications used to enhance athletic performance.
- Drugs which are to be taken by or administered to a Member while the Member is a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
- Prescriptions more than one year from the original date of issue.

If you have questions

Just call CIGNA HealthCare at the number on your CIGNA HealthCare ID card anytime you have a question about your CIGNA HealthCare prescription drug benefits. We're here to help. Or, visit our Web site, **www.cigna.com**.

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