



Your CIGNA Benefit Plan

Pharmacy Plan

Features that Add Value

- We bring you a network of **more than 57,000 pharmacies** nationwide, so you can have your prescription filled wherever you go.
- You can benefit from **convenient delivery of medications** right to your door through our CIGNA Home Delivery Pharmacy.
- Our QuickSwitchSM program makes it **easy to transfer prescriptions** from the retail pharmacy to our home delivery pharmacy. Simply call CIGNA Home Delivery Pharmacy and our pharmacy associates will initiate the transfer process.

Quality Service Is Part of Quality Care

- **Responsive service** — Member Services representatives help to resolve many of your questions on the phone, usually on the first call.
- **www.myCIGNA.com** – Visit our **interactive Web site** to learn more about your plan and get health information, 24 hours a day. Once you enroll, register for myCIGNA.com, our convenient, secure web site that combines helpful easy-to-use tools with personalized benefits information to help you make the most of your plan.
- **We Speak Many LanguagesSM**. We offer Language Line Services so that you can **talk with us** in 150 different languages. Just call Customer Service and ask for an interpreter to assist you.

You Can Depend on CIGNA HealthCare

- **Quality comes first.** We select participating providers carefully. And we make sure you have a **wide range** of chain and independent pharmacies to choose from.
- **For Your Safety.** Our online drug utilization review helps ensure prescribed drugs are medically necessary and appropriately prescribed.
- **For Your Health.** CIGNA's pharmacy program monitors drug utilization to ensure the appropriate use of prescribed medication.

*Prescription Drug Plan
For Participants of the
Equity-League Health Trust Fund*

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Pharmacy Annual Deductible <i>Pharmacy Annual Deductible: in-network and out-of-network deductibles cross-accumulate</i>		Individual: \$100 Family: \$200
Pharmacy Annual Out-of-Pocket Maximum <i>Out-of-Pocket Maximum: once the out-of-pocket maximum is reached, you and your family will not be required to pay for the cost of generic or preferred brand name medications, but will be required to pay 5% of charges for the cost of non-preferred brand name medications.</i>		Individual: \$5,000
Prescription Drugs –Retail Drug Program – <i>(Includes oral contraceptives/OrthoEvra, insulin, insulin needles & syringes, glucose test strips, lancets, prenatal prescription vitamins, injectable drugs (excludes infertility), impotency drugs (Viagra), fluoride preps)</i> <u>CIGNA Pharmacy Retail Drug Program</u> <i>Generic*** drugs on the Prescription Drug List for a 30-day supply</i> <i>Brand Name*** drugs designated as preferred on the Prescription Drug List with no Generic equivalent for a 30-day supply</i> <i>Brand Name*** drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List for a 30-day supply</i>	Greater of \$10 copay or 20% of charges after pharmacy deductible per prescription/refill Greater of \$20 copay or 25% of charges after pharmacy deductible per prescription/refill Greater of \$25 copay or 30% of charges after pharmacy deductible per prescription/refill	30% of charges after pharmacy deductible per prescription/refill 30% of charges after pharmacy deductible per prescription/refill 30% of charges after pharmacy deductible per prescription/refill
<u>CIGNA Home Delivery Pharmacy Program</u> <i>(Includes oral contraceptives/OrthoEvra, insulin, insulin needles & syringes, glucose test strips, lancets, prenatal prescription vitamins, injectable drugs (excludes infertility), impotency drugs (Viagra), fluoride preps)</i> <u>CIGNA Home Delivery Pharmacy Program</u> <i>Generic*** drugs on the Prescription Drug List for a 90-day supply</i> <i>Brand Name*** drugs designated as preferred on the Prescription Drug List with no Generic equivalent for a 90-day supply</i> <i>Brand Name*** drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List for a 90-day supply</i> <i>***Designated as per generally-accepted industry sources and adopted by CG</i> <u>Mandatory Home Delivery:</u> <i>Your plan requires you to use CIGNA Home Delivery Pharmacy for your Maintenance Medications after 2 refills for Maintenance Medications at any retail Participating Pharmacy. If you exceed the number of refills allowed at a retail Participating Pharmacy, you will be required to pay 100% of the discounted cost (for your third fill and beyond) if you continue to fill medications at the retail pharmacy.</i>	Greater of \$20 copay or 20% of charges after pharmacy deductible per prescription/refill Greater of \$40 copay or 25% of charges after pharmacy deductible per prescription/refill Greater of \$50 copay or 30% of charges after pharmacy deductible per prescription/refill	Covered in-network only Covered in-network only Covered in-network only

Maintenance Medications Definition

In general, a medication is classified as a “maintenance drug” if it:

- 1). is used in the treatment of chronic illnesses such as asthma, allergies, high blood pressure, etc.; and
- 2). a reasonable time has elapsed to allow for appropriate therapy stabilization to manage the chronic condition.
- 3). under your plan, oral contraceptives are not considered a maintenance medication.

There are situations where exceptions to the above definition would apply. These situations include but are not limited to:

- compounded medications requiring the mixing of drugs by a pharmacist
- any drugs for which mail order dispensing is prohibited by law
- prescriptions for which a 90-day supply may not be appropriate as determined by CIGNA, or are prohibited by law (for example certain narcotics or specialty medications)
- Medications that require prior authorization or quantity limits based on Pharmacy & Therapeutics (P&T) Committee established parameters for dosing and dispensing.

Step Therapy (“Generics First” Program)

Coverage for certain Prescription Drugs and Related Supplies requires your Physician to obtain authorization prior to prescribing. Prior authorization includes a step therapy determination. Step therapy determines the specific usage progression of therapeutically equivalent drug products or supplies appropriate for treatment of a specific condition. Step Therapy applies to specific medications used to treat High blood pressure, High Cholesterol, and Stomach Acid related conditions. If your Physician wishes to request coverage for Prescription Drugs or Related Supplies for which prior authorization is required, your Physician may call or complete the appropriate prior authorization form and fax it to CIGNA to request prior authorization for coverage of the Prescription Drugs or Related Supplies. Your Physician should make this request before writing the prescription.

ABOUT YOUR PLAN

Coverage for prescription drugs is focused on generic medications. Generic drugs must meet the same standards as brand-name drugs. They are tested and certified by the Food and Drug Administration (FDA) to be as safe and effective as their brand-name counterparts. Most brand-name drugs have a generic counterpart. Generic drugs offer a safe and convenient way for you to obtain quality medication at affordable costs.

Your copay will depend on the type of prescription being purchased. Your three-tier pharmacy benefit plan has three levels of copays.

- Generic drugs (first tier) have the lowest copay.
- Preferred brand-name drugs (second-tier) have a higher copay. Preferred brand drugs generally do not have a generic equivalent.
- Non-preferred brand-name drugs (third tier) have the highest copay. Non-preferred brand drugs have an equally effective and less costly generic equivalent, or may have one or more preferred brand-name drug alternatives available.

For certain medications or doses, your doctor may need to contact the CIGNA HealthCare Pharmacy Services to request coverage for the prescription. Your doctor should make this request before writing the prescription. To determine if prior authorization is required for your prescription, ask your doctor to check the Prescription Drug Guide or our Web site (www.myCIGNA.com) for our complete formulary list. The CIGNA HealthCare Pharmacy and Therapeutics Committee determines which drugs require prior authorization based on safety, appropriate use or benefit design.

For more information on pharmacy plans, visit our Web site at www.myCIGNA.com.

If you have questions, please call the toll-free number on your CIGNA HealthCare ID card for questions or information about your plan.

Exclusions

Your plan does not provide coverage for the following except as required by law.

Any Covered Expenses which are not described as covered in the Covered Expenses section of the Certificate or are specifically excluded in the Covered Expenses section of the Certificate are not covered under this Plan.

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

1. Any drugs or medications available over the counter that do not require a prescription by Federal or State Law, and any drug or medication that is equivalent (in strength, regardless of form) to an over the counter drug or medication other than insulin.
2. Any injectable infertility drugs.
3. Drugs labeled "Caution-limited by Federal Law that are experimental or investigational, even though a charge is made to the individual and within the meaning set forth in the Certificate.
4. Food and Drug Administration (FDA) approved prescription drugs used for 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 Pharmacopeia 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.

Exclusions – continued:

5. Any prescription and non-prescription supplies (such as ostomy supplies), devices, and appliances (other than syringes and glucose test strips) used in conjunction with injectable medications.
6. Implantable contraceptive products.
7. Diaphragms, jellies, creams, foams or devices.
8. Any fertility drug.
9. Any prescription vitamins (other than prenatal vitamins) and dietary supplements.
10. Prescription drugs used for cosmetic purposes such as drugs used to reduce wrinkles, drugs whose sole purpose is to promote or stimulate hair growth as well as drugs used to control perspiration and fade cream products.
11. Any diet pills, minoxidil, Retina-A (after age 45 unless prior authorization received) or appetite suppressants (anoretics) unless medically necessary and non-prescription drugs.
12. Prescription smoking cessation products.
13. Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis.
14. Replacement of Prescription Drugs due to loss or theft.
15. Medications used to enhance athletic performance.
16. Medications which are to be taken by or administered to a Member in whole or in part, while the Member is a patient in a licensed hospital, skilled nursing facility, rest home, sanitarium, extended care facility or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals.
17. Prescriptions refilled in excess of the number or refills specified by the physician, or any refill dispensed more than one year from the physician's original date of issue.

These Are Only the Highlights

This summary of benefits contains the highlights only and is subject to change. The specific benefits and exclusions are contained in your Certificate.

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