



CIGNA HealthCare

Your CIGNA Benefit Plan

Pharmacy Plan

Features that Add Value

- More than 52,000 pharmacies participate nationwide, so you can have your prescription filled **wherever you go**.
- CIGNA Tel-Drug Mail-order pharmacy service means quick, **convenient** delivery of your medications right to your home.
- CIGNA Tel-Drug QuickSwitchSM program helps **easily transfer prescriptions** from the retail pharmacy to mail order. Simply contact CIGNA Tel-Drug and our pharmacy associates will contact the prescribing physician to initiate the transfer process.

Quality Service Is Part of Quality Care

- **Responsive service** - Customer service representatives have the authority to **solve problems** on the phone.
- **www.cigna.com** – Visit our **interactive Web site** to learn more about your plan and get health information, 24 hours a day.
- **We Speak Many LanguagesSM**. We offer the Language Line Services so that you can **talk with us** in 140 different languages. Just call Member Services, 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-Only Plan
For Members of
Equity-League Health Trust
Fund***

BENEFIT HIGHLIGHTS

Prescription Drugs -Retail Drug Program – Up to a 30 Day Supply

Includes oral contraceptives/OrthoEvra, insulin, insulin needles & syringes, glucose test strips, lancets, prenatal prescription vitamins, injectable drugs (excludes infertility), impotency drugs (Viagra), fluoride preps

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

*Generic Requirement: Generic Push
Prior Authorizations: None*

IN/NETWORK

Greater of \$10 or 20% Coinsurance
Greater of \$20 or 25% Coinsurance
Greater of \$25 or 30% Coinsurance

OUT/NETWORK

70% after deductible
70% after deductible
70% after deductible

Prescription Drugs CIGNA Tel-Drug Mail Order Drug Program – Up to a 90 Day Supply

Includes oral contraceptives/OrthoEvra, insulin, insulin needles & syringes, glucose test strips, lancets, prenatal prescription vitamins, injectable drugs (excludes infertility), impotency drugs (Viagra), fluoride preps

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

*Generic Requirement: Generic Push
Prior Authorizations: None*

Greater of \$20 or 20% Coinsurance
Greater of \$40 or 25% Coinsurance
Greater of \$50 or 30% Coinsurance

Covered in-network only
Covered in-network only
Covered in-network only

Pharmacy Annual Deductible

Individual

Family

Annual Deductible Cross Accumulates

\$100.00 per individual per calendar year
\$200.00 per family per calendar year

\$100.00 per individual per calendar year
\$200.00 per family per calendar year

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 co-payment/coinsurance will depend on the type of prescription being purchased. Your three-tier pharmacy benefit plan has three levels of co-payments.

- Generic drugs (first tier) have the lowest co-payment.
- Preferred brand-name drugs (second-tier) have a higher co-payment. Preferred brand drugs generally do not have a generic equivalent.
- Non-preferred brand-name drugs (third tier) have the highest co-payment. 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 more information on pharmacy plans, visit our Web site at www.cigna.com or 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, and growth hormones
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.
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 drugs or medications used for treatment of sexual dysfunction, including, but not limited to erectile dysfunction, delayed ejaculation, anorgasmia and decreased libido, except Viagra.
10. Any prescription vitamins (other than prenatal vitamins) and dietary supplements..
11. 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.
12. Any diet pills, minoxidil, Retina-A or appetite suppressants (anorectics) unless medically necessary and non-prescription drugs.
13. Prescription smoking cessation products.
14. Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis.
15. Replacement of Prescription Drugs due to loss or theft.
16. Medications used to enhance athletic performance.
17. 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.
18. 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 are subject to change. The specific benefits and exclusions are contained in your Certificate.

"CIGNA HealthCare" refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

**Catalog Number: BSM6811 (7/06)
©2006 CIGNA Health Corporation**