

# *CIGNA HealthCare*

## *Two-Tier Prescription Drug Option*

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\$10 / 20

### PRESCRIPTION DRUGS

Each prescription or refill is limited to no more than a 30-day supply and must be purchased at a participating pharmacy.

Coverage for Prescription Drugs is focused on generic medications. The member's copayment depends on the type of prescription medication being purchased. The two tier pharmacy benefit plan has two levels of copayments. The first tier copayment is required for generic drugs. The second tier copayment is required for brand name formulary drugs which do not have a generic equivalent. Only those drugs which are on the CIGNA HealthCare formulary, an extensive list of generic and brand name drugs, are covered.

Coverage is provided for diabetic drugs and supplies and includes: insulin, insulin syringes and needles, glucose test strips, and lancets. Prenatal vitamins are also covered.

Coverage is provided for oral contraceptive drugs and prescription contraceptive devices.

### **Retail Copays**

#### **Generic drugs**

*Per prescription..... \$10  
(maximum 30-day supply)*

#### **Brand name drugs**

*Per prescription..... \$20  
(maximum 30-day supply)*

### **Mail Order Copays**

#### **Generic drugs**

*Per prescription..... \$25  
(maximum 90-day supply)*

#### **Brand name drugs**

*Per prescription..... \$55  
(maximum 90-day supply)*

Call 1-800-TEL-DRUG

**For more information on  
pharmacy plans, visit our website at  
[www.cigna.com](http://www.cigna.com)**

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### EXCLUSIONS

17. Non-prescription drugs and brand name prescription drugs when generic equivalents exist. (If the physician or member requests a brand name drug when a generic equivalent is available, the member is responsible for paying the difference in cost between the brand name drug and the generic drug, plus the brand name drug copayment.),
18. All drugs not on the CIGNA HealthCare Formulary,