

Summary of Benefits

2024

January 1, 2024 to
December 31, 2024

Cigna Rx Medicare (PDP)

Fairfax County Government
S5617 – 805

Enhanced Drug List

TO JOIN

You must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area.

A1

Our service area includes all 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands.



Introduction

What's Inside

- 1 About this Plan
- 2 Monthly Premium Deductible and Limits
- 3 Prescription Drug Benefits

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 Snapshot" by calling 1-800-558-9562 (TTY 711), or go online at myCigna.com.

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, like Cigna Rx Medicare (PDP).

Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (like an HMO or PPO) or another Medicare health plan that offers Medicare prescription drug coverage. You get all your Part A and Part B coverage as well as prescription drug coverage (Part D), through these plans.

Tips for comparing coverage

If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits. Or, use the Medicare Plan Finder on www.medicare.gov.

More about Original Medicare

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 www.medicare.gov or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Need help?

Call toll-free **1-800-558-9562 (TTY 711)**. Customer Service is available October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays.

CignaMedicare.com/group/PDPresources

You can also visit us online to find a pharmacy, view plan information, and more.

1 Things to know about this plan



How to determine your 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.

Use the plan formulary to determine your medication's drug tier.

Which pharmacies can I use?

Cigna Rx Medicare (PDP) has a network of pharmacies that includes over 64,000 pharmacies. You must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's pharmacy directory at our website [CignaMedicare.com/group/PDPresources](https://www.cignamedicare.com/group/PDPresources), or you can call us and we will send you a copy of the pharmacy directory.

What we cover?

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- > You can see the plan's complete Enhanced Drug List which lists the Part D prescription drugs along with any restrictions on our website, [CignaMedicare.com/group/PDPresources](https://www.cignamedicare.com/group/PDPresources).
- > Or, call us and we will send you a copy of the Enhanced Drug List.

Benefit Stages:

Medicare Part D coverage has three benefit stages after you meet your deductible (if applicable) – *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 Part D 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 \$5,030.

Stage Four: Catastrophic Coverage

- > Takes effect when your yearly **out-of-pocket** drug costs – *what you paid at your retail pharmacy or mail-order* – reach \$8,000.
- > The plan pays 100% of the cost of a covered drug.
- > **You pay \$0.**

② Monthly Premium, Deductible & Limits

What you should know:

- You must continue to pay your Medicare Part B premium in addition to your monthly Medicare Part D premium. Please contact your Plan Sponsor for questions on your premium.
- A deductible (if applicable) is the amount you need to pay for your covered Part D prescriptions before Initial Coverage begins with your Medicare Part D plan.
- Until you meet your deductible (if applicable), your cost at our network pharmacies will reflect the Cigna Healthcare special negotiated rates.
- You will typically get the best pricing from network pharmacies. See our pharmacy directory for a list of network pharmacies in your area.

Benefit	Cigna Rx Medicare (PDP)
How much is the monthly premium?	Please contact your Plan Sponsor. In addition, you must keep paying your Medicare Part B premium.
Annual Deductible	\$75 / year You need to pay this amount for all drugs before your Initial Coverage begins.
Out-of-Pocket Maximum	\$2,000 After you pay \$2,000 for covered prescriptions, you will pay \$0 for covered prescriptions.

3 Your plan costs

Initial Coverage Stage – Benefit Stages 1 and 2

What You Will Pay

The following chart shows the cost-sharing amounts for covered Part D drugs under this plan. After you pay your yearly deductible (if applicable), you pay the following until your total yearly drug costs reach **\$5,030**. Total yearly drug costs are the total drug costs paid by both you and our plan.

Tier	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days
1	\$7 / \$14 / \$21	\$7 / \$14 / \$14
2	20% (\$50 max) / 20% (\$100 max) / 20% (\$150 max)	20% (\$50 max) / 20% (\$100 max) / 20% (\$100 max)
3	30% (\$100 max) / 30% (\$200 max) / 30% (\$300 max)	30% (\$100 max) / 30% (\$200 max) / 30% (\$200 max)
4*	30% (\$100 max) / N/A / N/A	30% (\$100 max) / N/A / N/A

Your copay or coinsurance is based on the drug tier for your medication which you can find in the Enhanced Drug List (formulary) on our website ([CignaMedicare.com\group\PDPresources](http://CignaMedicare.com/group/PDPresources)). Or, call us and we will send you a copy of the drug list. Important: If you receive Extra Help, these benefit stages do not apply. You typically pay only a low copay.

Coverage Gap Stage – Benefit Stage 3

- Most Medicare drug plans have a coverage gap (also called the “Donut Hole”).
- Not everyone will enter the Coverage Gap.

What You Will Pay

The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$5,030**. Coverage gap ends when your costs total **\$8,000**.

Tier	Standard Retail Cost-Sharing 30 / 60 / 90 Days	Standard Mail-Order Cost-Sharing 30 / 60 / 90 Days
1	\$7 / \$14 / \$21	\$7 / \$14 / \$14
2	20% (\$50 max) / 20% (\$100 max) / 20% (\$150 max)	20% (\$50 max) / 20% (\$100 max) / 20% (\$100 max)
3	25% (\$100 max) / 25% (\$200 max) / 25% (\$300 max)	25% (\$100 max) / 25% (\$200 max) / 25% (\$200 max)
4*	25% (\$100 max) / N/A / N/A	25% (\$100 max) / N/A / N/A

*Specialty drugs are limited to a 30-day supply

Out-of-Network Coverage

If you get your drug at an out-of-network pharmacy, you will pay the same cost-share you would pay for a 30-day supply at an in-network retail pharmacy. If you reside in a long-term care facility, you will pay the standard retail cost-share at an in-network pharmacy.

Catastrophic Coverage – Benefit Stage 4

What you will pay

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) have reached **\$8,000**, the plan will pay the cost for your drugs. For a 30-day supply, your share of the cost of covered drugs will be **\$0**.

Additional Drugs Covered by Cigna Rx Medicare (PDP)	
<i>Additional Coverage</i>	<i>What you pay</i>
+	Tiers 1- 4: Your plan covers additional drugs not normally covered in a Medicare Prescription Drug Plan, as indicated in the Formulary Drug List by the + symbol. You pay the same amount as you would for other covered Part D drugs on your plan in the same tier. Please see your 2024 Formulary document for details.
Cough and Cold Drugs* Erectile Dysfunction Drugs*^ Prescription Vitamins*	*The cost-share you pay on these drugs does not count toward your annual TrOOP. ^ Sexual dysfunction medications are subject to prior authorization and quantity limitations even though these limitations may be waived in other treatment categories.
Preventive (Generic Only)	\$0 copay
Part D Diabetic Drugs and Supplies	If your plan has a deductible, the deductible does not apply to these drugs.

Clinical Management Edits	
ST	This drug has step therapy requirements.
PA	This drug requires prior authorization.
QL	This drug has quantity limits.
*	Opioid medication available as a 7-day supply or less for first time opioid user. For continued use this drug may only be available as a month supply.

Clinical Management Edits	
+	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
^	This prescription drug has an administrative prior authorization requirement that is not waived. This drug may be covered under different benefits depending on circumstances.
HRM PA	This high-risk medication requires prior authorization.
B/D PA	This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.
LA	Limited Availability drug. This drug may be available only at certain pharmacies.

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