



**Cigna Medicare Rx® Secure (PDP) offered by  
Cigna Health and Life Insurance Company**

# Annual Notice of Changes for 2014

You are currently enrolled as a member of Cigna Medicare Rx® Plan One (PDP). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

## **Additional Resources**

- This information is available for free in other languages. Please contact our Customer Service number at 1-800-222-6700 for additional information. (TTY users should call 711). Hours are 8 am–8 pm, local time, 7 days a week. Customer Service also has free language interpreter services available for non-English speakers.
- Esta información está disponible sin cargo en otros idiomas. Para obtener información adicional, comuníquese con nuestro número de Servicio de atención al cliente al 1-800-222-6700. (Los usuarios de TTY deben llamar al 711). Nuestro horario es de 8 a. m. a 8 p. m., hora local, los 7 días de la semana. Los miembros también cuentan con servicios de interpretación gratuitos para aquellas personas que no hablan inglés.
- This information is available for free in a different format, Braille or large print. Please call Customer Service at the number listed above if you need plan information in another format.

## **About Cigna Medicare Rx Secure**

- Cigna Medicare Rx is a PDP plan with a Medicare contract. Enrollment in Cigna Medicare Rx depends on contract renewal.
- When this booklet says "we," "us" or "our," it means Cigna Health and Life Insurance Company. When it says "plan" or "our plan," it means Cigna Medicare Rx Secure.

## Think about Your Medicare Coverage for Next Year

Each fall, Medicare allows you to change your Medicare health and drug coverage during the Annual Enrollment Period. It's important to review your coverage now to make sure it will meet your needs next year.

Important things to do:

- Check the changes to our benefits and costs to see if they affect you.** It is important to review benefit and cost changes to make sure they will work for you next year. Look in Sections 2 and 3 for information about benefit and cost changes for our plan.
- Check the changes to our prescription drug coverage to see if they affect you.** Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in Section 2.3 for information about changes to our drug coverage.
- Think about your overall health care costs.** How much will you spend out-of-pocket for the services and prescription drugs you use regularly? How much will you spend on your premium? How do the total costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.**

### **If you decide to stay with Cigna Medicare Rx Secure:**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change by December 7, you will automatically stay enrolled in our plan.

### **If you decide to change plans:**

If you decide other coverage will better meet your needs, you can switch plans between October 15 and December 7. If you enroll in a new plan, your new coverage will begin on January 1, 2014. Look in Section 4.2 to learn more about your choices.

## Summary of Important Costs for 2014

The table below compares the 2013 costs and 2014 costs for Cigna Medicare Rx Secure in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes*** and review the enclosed *Evidence of Coverage* to see if other benefit or cost changes affect you.

	2013 (this year)	2014 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher or lower than this amount. See Section 2.1 for details.</p>	\$35.40	\$31.80
<p><b>Part D prescription drug coverage</b></p> <p>(See Section 2.3 for details.)</p>	<p>Deductible: \$325</p> <p>Copays during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0.00 per prescription.</li> <li>• Drug Tier 2: \$8.00 per prescription.</li> <li>• Drug Tier 3: \$35.00 per prescription.</li> <li>• Drug Tier 4: \$84.00 per prescription.</li> <li>• Drug Tier 5: 25% of the total cost.</li> </ul>	<p>Deductible: \$310</p> <p>Copays during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: \$0.00 per prescription.</li> <li>• Drug Tier 2: \$3.00 per prescription.</li> <li>• Drug Tier 3: \$36.00 per prescription.</li> <li>• Drug Tier 4: \$66.00 per prescription.</li> <li>• Drug Tier 5: 25% of the total cost.</li> </ul>

## SECTION 1 We Are Changing the Plan's Name

On January 1, 2014, our plan name will change from Cigna Medicare Rx Plan One (PDP) to Cigna Medicare Rx Secure (PDP).

### Section 1.1 – Unless You Choose Another Plan, You Will Be Automatically Enrolled in Cigna Medicare Rx Secure in 2014

If you have not done anything to change your Medicare coverage by December 7, 2013, we will automatically enroll you in our Cigna Medicare Rx Secure. This means starting January 1, 2014, you will be getting your prescription drug coverage through Cigna Medicare Rx Secure. You have choices about how to get your Medicare coverage. If you want

to, you can change to a different Medicare prescription drug plan. You can also switch to a Medicare health plan.

The information in this document tells you about the differences between your current benefits in Cigna Medicare Rx Plan One and the benefits you will have on January 1, 2014 as a member of Cigna Medicare Rx Secure.

## SECTION 2 Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

	2013 (this year)	2014 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$35.40	\$31.80

- Your monthly plan premium will be *more* if you are required to pay a late enrollment penalty.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs.

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## Section 2.2 – Changes to the Pharmacy Network

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Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes preferred pharmacies, which may offer you lower cost sharing than other pharmacies within the network.

There are changes to our network of pharmacies for next year.

An updated Pharmacy Directory is located on our Web site at [www.cignamedicarerx.com](http://www.cignamedicarerx.com). You may also call Customer Service for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2014 Pharmacy Directory to see which pharmacies are in our network.**

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## Section 2.3 – Changes to Part D Prescription Drug Coverage

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### Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is in this envelope.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.** The Drug List we included in this envelope includes many – *but not all* – of the drugs that we will cover next year. If you don’t see your drug on this list, it might still be covered. **You can get the complete Drug List** by calling Customer Service (phone numbers are in Section 8.1 of this booklet) or visiting our Web site [www.cignamedicarerx.com](http://www.cignamedicarerx.com).

If you are affected by a change in drug coverage you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.**
  - To learn what you must do to ask for an exception, see Chapter 7 of your *Evidence*

*of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Service.

- **Find a different drug** that we cover. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we will cover a **one-time**, temporary supply. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 3, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you were granted a formulary exception in 2013, an approval letter which contained the approval duration was sent to you and your physician. At the end of the formulary exception approval duration period, a new formulary exception will be required. For more information, please call 1-800-558-9363.

**Changes to Prescription Drug Costs**

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug coverage. If you get “Extra Help” and didn’t receive this insert with this packet, please call Customer Service and ask for the “LIS Rider.” Phone numbers for Customer Service are in Section 8.1 of this booklet.

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 4, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in enclosed *Evidence of Coverage*.)

In addition to the changes in costs described below, there is a change to daily cost sharing that might affect your costs in the Initial Coverage Stage. Starting in 2014, when your doctor first prescribes less than a full month’s supply of certain drugs, you may no longer need to pay the copay for a full month. (For more information about daily cost sharing, look at Chapter 4, Section 5.3, in the enclosed *Evidence of Coverage*.)

**Changes to the Deductible Stage**

	<b>2013 (this year)</b>	<b>2014 (next year)</b>
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> of your drugs until you have reached the yearly deductible.</p>	The deductible is \$325	The deductible is \$310

### Changes to Your Copayments in the Initial Coverage Stage

	2013 (this year)	2014 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 4, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	Your cost for a one-month supply:	Your cost for a one-month supply:
	<p><b>Drugs in Tier 1 (Preferred Generic Drugs):</b></p> <p>Network pharmacies: You pay \$0.00 per prescription.</p>	<p><b>Drugs in Tier 1 (Preferred Generic Drugs):</b></p> <p>Network pharmacies: You pay \$10.00 per prescription.</p> <p>Preferred network pharmacies: You pay \$0.00 per prescription.</p>
	<p><b>Drugs in Tier 2 (Non-Preferred Generic Drugs):</b></p> <p>Network pharmacies: You pay \$8.00 per prescription.</p>	<p><b>Drugs in Tier 2 (Non-Preferred Generic Drugs):</b></p> <p>Network pharmacies: You pay \$23.00 per prescription.</p> <p>Preferred network pharmacies: You pay \$3.00 per prescription.</p>
	<p><b>Drugs in Tier 3 (Preferred Brand Drugs):</b></p> <p>Network pharmacies: You pay \$35.00 per prescription.</p>	<p><b>Drugs in Tier 3 (Preferred Brand Drugs):</b></p> <p>Network pharmacies: You pay \$40.00 per prescription.</p> <p>Preferred network pharmacies: You pay \$36.00 per prescription.</p>
	<p><b>Drugs in Tier 4 (Non-Preferred Brand Drugs):</b></p> <p>Network pharmacies: You pay \$84.00 per prescription.</p>	<p><b>Drugs in Tier 4 (Non-Preferred Brand Drugs):</b></p> <p>Network pharmacies: You pay \$81.00 per prescription.</p> <p>Preferred network pharmacies: You pay \$66.00 per prescription.</p>

**Changes to Your Copayments in the Initial Coverage Stage (continued)**

	<b>2013 (this year)</b>	<b>2014 (next year)</b>
	<b>Drugs in Tier 5 (Specialty Tier Drugs):</b>	<b>Drugs in Tier 5 (Specialty Tier Drugs):</b>
	Network pharmacies: You pay 25% of the total cost.	Network pharmacies: You pay 25% of the total cost.
		Preferred network pharmacies: You pay 25% of the total cost.
	Once your total drugs costs have reached \$2,970, you will move to the next stage (the Coverage Gap Stage).	Once your total drugs costs have reached \$2,850, you will move to the next stage (the Coverage Gap Stage).

There is another important change that might affect your costs in the Initial Coverage Stage. Generally, your copay has been the same whether you filled your prescription for a full month's supply or for fewer days. However, starting in 2014, your copay for some drugs will be based on the actual number of days' supply you receive rather than a set amount for a month. There may be times when you want to ask your doctor about prescribing less than a full month's supply of a drug (for example, when your doctor first prescribes a drug that is known to cause side effects). If your doctor prescribes less than a full month's supply of certain drugs, and you are required to pay a

copay, you will no longer have to pay for a month's supply. Instead, you will pay a lower copay (a daily cost-sharing rate) based on the number of days of the drug that you receive.

**Changes to the Coverage Gap and Catastrophic Coverage Stages**

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in your *Evidence of Coverage*.

**SECTION 3 Other Changes**

	<b>2013 (this year)</b>	<b>2014 (next year)</b>								
<b>Retail Network Pharmacies</b>	<p>In most cases, your prescriptions are covered <i>only</i> if they are filled at the plan's network pharmacies.</p> <p>A network pharmacy is a pharmacy that has a contract with the plan to provide your covered prescription drugs.</p>	<p>In most cases, your prescriptions are covered <i>only</i> if they are filled at one of our network pharmacies. For 2014, our network will include <i>Preferred Pharmacies</i>, which may offer you lower cost sharing than other pharmacies within the network.</p> <p>Preferred pharmacies are pharmacies in our network where the plan offers lower cost sharing for most covered drugs than at non-preferred network pharmacies. However, you may go to either of these types of network pharmacies to receive your covered prescription drugs.</p> <p>The Preferred pharmacies are listed below or you can call Customer Service (phone numbers are in Section 8.1 of this booklet).</p> <p><b>The Preferred Pharmacies are:</b></p> <table border="1"> <thead> <tr> <th><b>Chain Name</b></th> <th><b>Store Names</b></th> </tr> </thead> <tbody> <tr> <td><b>CVS</b></td> <td>Careplus CVS Pharmacy CVS Pharmacy Long's Drugs</td> </tr> <tr> <td><b>H-E-B</b></td> <td>H-E-B Pharmacy</td> </tr> <tr> <td><b>Kroger</b></td> <td>Baker's Pharmacy City Market Pharmacy Dillon Pharmacy Fred Meyer Pharmacy Fry's Food and Drug Gerbes Pharmacy Jay C Food Stores</td> </tr> </tbody> </table>	<b>Chain Name</b>	<b>Store Names</b>	<b>CVS</b>	Careplus CVS Pharmacy CVS Pharmacy Long's Drugs	<b>H-E-B</b>	H-E-B Pharmacy	<b>Kroger</b>	Baker's Pharmacy City Market Pharmacy Dillon Pharmacy Fred Meyer Pharmacy Fry's Food and Drug Gerbes Pharmacy Jay C Food Stores
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	2013 (this year)	2014 (next year)	
<b>Retail Network Pharmacies</b>		<b>Chain Name</b>	<b>Store Names</b>
		<b>Kroger</b> <i>(continued)</i>	King Soopers Pharmacy Kroger Pharmacy Pay Less Pharmacy QFC Pharmacy Ralph's Pharmacy Scott's Pharmacy Smith's Pharmacy
		<b>Safeway</b>	Carr's Dominick's Finer Foods LLC Pavilions Pharmacy Randall's Safeway Pharmacy Tom Thumb Pharmacy Von's Pharmacy
		<b>Walmart</b>	Sam's Pharmacy Wal-Mart Pharmacy

## SECTION 4 Deciding Which Plan to Choose

### Section 4.1 – If you want to stay in Cigna Medicare Rx Secure

To stay in our plan you don't need to do anything. If you do not sign up for a different plan by December 7, you will automatically stay enrolled as a member of our plan for 2014.

### Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2014 follow these steps:

#### Step 1: Learn about and compare your choices

- You can join a different Medicare prescription drug plan,
- – OR – You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,
- – OR – You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2014*, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare Web site. Go to <http://www.medicare.gov> and click "Compare Drug and Health Plans." **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Cigna Health and Life Insurance Company offers other Medicare health plans

and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

#### Step 2: Change your coverage

- To change to a different Medicare prescription drug plan, enroll in the new plan. You will automatically be disenrolled from Cigna Medicare Rx Secure.
- To change to a Medicare health plan, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from Cigna Medicare Rx Secure.
  - You will automatically be disenrolled from Cigna Medicare Rx Secure if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
  - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep Cigna Medicare Rx Secure for your drug coverage. Enrolling in one of these plan types will not

automatically disenroll you from Cigna Medicare Rx Secure. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from Cigna Medicare Rx Secure. To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users should call 1-877-486-2048).

- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 8.1 of this booklet).
  - *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 5 Deadline for Changing Plans

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2014.

### **Are there other times of the year to make a change?**

In certain situations, changes are also allowed at other times of the year. For example, people

with Medicaid, those who get “Extra Help” paying for their drugs, and those who move out of the service area are allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

## SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state.

State Health Insurance Assistance Program (SHIP) is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare.

State Health Insurance Assistance Program (SHIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. For a listing of the state specific State Health Insurance Program (SHIP), see your *Evidence of Coverage*, Appendix A.

## SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. There are two basic kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to seventy-five (75) percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** State Pharmaceutical Assistance Program (SPAP) has a program that helps people pay for prescription drugs based on their financial need, age or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Appendix D in the *Evidence of Coverage*).

## SECTION 8 Questions?

### Section 8.1 – Getting Help from Cigna Medicare Rx Secure

Questions? We’re here to help. Please call Customer Service at 1-800-222-6700. (TTY only, call 711.) We are available for phone calls 8 am–8 pm local time, 7 days per week. Calls to these numbers are free.

#### **Read your 2014 *Evidence of Coverage* (it has details about next year’s benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2014. For details, look in the 2014 *Evidence of Coverage* for Cigna Medicare Rx Secure. The *Evidence of Coverage* is the legal, detailed

description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* was included in this envelope.

#### **Visit our Web site**

You can also visit our Web site at [www.cignamedicarerx.com](http://www.cignamedicarerx.com). As a reminder, our Web site has the most up-to-date information about our pharmacy network (Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).

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## Section 8.2 – Getting Help from Medicare

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Web site**

You can visit the Medicare Web site (<http://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare Web site. (To view the information about plans, go to <http://www.medicare.gov> and click on “Compare Drug and Health Plans.”)

### **Read Medicare & You 2014**

You can read *Medicare & You 2014* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare Web site (<http://www.medicare.gov>) or 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.