

# Cigna Medicare Rx® (PDP)

Medicare Part D Prescription Drug Plans

Cigna Medicare Rx  
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Address Service Requested

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Cigna Medicare Rx (PDP) is operated by  
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## Your Monthly Prescription Drug Summary For August 2013

This summary is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. (This is *not* a bill.)

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
- SECTION 2. Which "drug payment stage" are you in?
- SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)
- SECTION 4. Updates to the plan's Drug List that will affect drugs you take
- SECTION 5. If you see mistakes on this summary or have questions, what should you do?
- SECTION 6. Important things to know about your drug coverage and your rights

### Need large print or another format?

To get this material in other formats, or ask for language translation services, call Cigna Medicare Rx (PDP) Customer Service (the number is on this page).

### For languages other than English:

Español 1-800-222-6700 (*Spanish*)

### Cigna Medicare Rx (PDP) Customer Service

If you have questions or need help, call us 8am-8pm local time, 7 days a week. Calls to these numbers are free.

**1-800-222-6700**

**TTY users call:**

1-800-322-1451

**Fax:** 1-800-735-1469

**On the Web at:**

[www.cignamedicarerx.com](http://www.cignamedicarerx.com)

## SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- **Please look over this information about your prescriptions to be sure it is correct.** If you have any questions or think there is a mistake, Section 5 tells what you should do.

### CHART 1.

Your prescriptions for covered Part D drugs  
August 2013

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<b>METOPROLOL SUCC ER 100 MG TAB</b> 08/11/2013, OSCO PHARMACY #2037 Rx#835132, 90 days supply	\$11.30	\$2.65	\$83.69 (paid by "Extra Help")
<b>DIOVAN HCT 320-25 MG TABLET</b> 08/21/2013, CVS PHARMACY #08624 Rx#436332, 90 days supply	\$0.00	\$2.65	\$548.06 (paid by "Extra Help")
<b>NEXIUM DR 40 MG CAPSULE</b> 08/24/2013, CVS PHARMACY #08624 Rx#436330, 90 days supply	\$0.00	\$6.60	\$645.91 (paid by "Extra Help")
<b>TIMOLOL 0.5% EYE DROPS</b> 08/26/2013, CVS PHARMACY #08624 Rx#487138, 50 days supply	\$0.00	\$2.65	\$6.13 (paid by "Extra Help")

<p><b>TOTALS for the month of August 2013:</b>  <b>Your "out-of-pocket costs" amount is \$1,298.34.</b> (This is the amount you paid this month (\$14.55) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$1,283.79). See definitions in Section 3.)  <b>Your "total drug costs" amount is \$1,309.64.</b> (This is the total for this month of all payments made for your drugs by the plan (\$11.30) and you (\$14.55) plus "other payments" (\$1,283.79).)</p>	<p>\$11.30 (total for the month)</p>	<p>\$14.55 (total for the month)</p>	<p>\$1,283.79 (total for the month)</p>
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<b>Year-to-date totals</b> <b>01/01/13 through 08/31/13</b>	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)
<p><b>Your year-to-date amount for "out-of-pocket costs" is \$2,601.48.</b></p> <p><b>Your year-to-date amount for "total drug costs" is \$4,244.34.</b>  For more about "out-of-pocket costs" and "total drug costs", see Section 3.</p>	<p>\$1,642.86  (year-to-date total)</p>	<p>\$63.50  (year-to-date total)</p>	<p>\$2,537.98  (year-to-date total)</p>

## SECTION 2. Which "drug payment stage" are you in?

As shown below, your prescription drug coverage has "drug payment stages." How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

You are in this stage:

### STAGE 1 Yearly Deductible

(Because you are receiving "Extra Help" from Medicare, this payment stage does not apply to you.)

### STAGE 2 Initial Coverage

- You begin in this payment stage when you fill your first prescription of the year. During this stage, the plan pays its share of the cost of your drugs and you (or others on your behalf, including "Extra Help" from Medicare) pay your share of the cost.
- You generally stay in this stage **until the amount of your year-to-date "out-of-pocket costs" reaches \$4,750.00.** As of 08/31/2013 your year-to-date "out-of-pocket costs" was **\$2,601.48** (See definitions in Section 3).

### STAGE 3 Coverage Gap

(Because you are receiving "Extra Help" from Medicare, this payment stage does not apply to you.)

### STAGE 4 Catastrophic Coverage

- During this payment stage, the plan pays for all your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, 2013).

#### What happens next?

Once you (or others on your behalf) have paid **an additional \$2,148.52** in "**out-of-pocket costs**" for your drugs, you move to the next payment stage (stage 4, Catastrophic Coverage).

### SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

We're including this Section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

#### Your "out-of-pocket costs"

**\$1,298.34 month of August, 2013**

**\$2,601.48 year-to-date** (since January, 2013)

#### Your "total drug costs"

**\$1,309.64 month of August, 2013**

**\$4,244.34 year-to-date** (since January, 2013)

#### DEFINITION:

##### "Out of pocket costs" includes:

- What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)
- Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

##### It does not include:

- Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.
- Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.

#### DEFINITION:

##### "Total drug costs" is the total of all payments made for your covered Part D drugs. It includes:

- What the plan pays.
- What you pay.
- What others (programs or organizations) pay for your drugs.

**Learn more.** Medicare has made the rules about which types of payments count and do not count toward "out-of-pocket costs" and "total drug costs." The definitions on this page give you only the main rules. For details, including more about "covered Part D drugs," see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).

## **SECTION 4. Updates to the plan's Drug List that will affect drugs you take**

- At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of drugs you take. (By "drugs you take," we mean any plan-covered drugs for which you filled prescriptions in 2013 as a member of our plan.)

## **SECTION 5. If you see mistakes on this summary or have questions, what should you do?**

### **If you have questions, call us**

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at Cigna Medicare Rx (PDP) Customer Service (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: [www.cignamedicarerx.com](http://www.cignamedicarerx.com).

### **What about possible fraud?**

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

- Call us at Cigna Medicare Rx (PDP) Customer Service (phone numbers are on the cover of this summary).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

## **SECTION 6. Important things to know about your drug coverage and your rights**

### **Your "Evidence of Coverage" and LIS Rider have the details about your drug coverage and costs**

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage. Your *LIS Rider* ("*Evidence of Coverage Rider for People Who Get Extra Help Paying for their Prescriptions*") is a short separate document that tells what you pay for your prescriptions.

We have sent you a copy of the *Evidence of Coverage* and *LIS Rider*. If you need another copy of either of these, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

### **What if you have problems related to coverage or payments for your drugs?**

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 5  
Asking the plan to pay its share of a bill you have received for covered services or drugs.
- Chapter 7  
What to do if you have a problem or complaint (coverage decisions, appeals, complaints).

Here are things to keep in mind:

- When we decide whether a drug is covered and how much you pay, it's called a "coverage decision." If you disagree with our coverage decision, you can appeal our decision (see Chapter 7 of the *Evidence of Coverage*).
- Medicare has set the rules for how coverage decisions and appeals

are handled. These are legal procedures and the deadlines are important. The process can be done if your doctor tells us that your health requires a quick decision.

Please ask for help if you need it. Here's how:

- You can call us at Cigna Medicare Rx (PDP) Customer Service (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

### **Did you know there are programs to help people pay for their drugs?**

- **"Extra Help" from Medicare.** You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program is also called the "low-income subsidy" or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 7 of your *Medicare & You 2013* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call 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. You can also call your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

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