

# Cigna PDP 2024 AEP Kickoff

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PDP Growth Leader



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# Decisions, Decisions



or



# Pizza Restaurants Focus on Portfolio Sales...



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# ...And So Should You!



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# Customers and Sales Teams Have Many Choices: Prepacked Combos and A La Carte Offerings

## Papa Johns Pizza Portfolio

### Handcrafted Specialties

- The Works
- The Meats
- Zesty Italian Trio
- Meatball Pepperoni
- Super Hawaiian
- Ultimate Pepperoni
- BBQ Chicken Bacon
- Fiery Buffalo Chicken
- Philly Cheesesteak
- Pepperoni, Sausage & 6 Cheese

### Handcrafted Meatless

- Extra Cheesy Alfredo
- Fresh Spinach & Tomato Alfredo
- Garden Fresh
- Tuscan 6 Cheese

### Papa Picks

- Pepperoni
- Sausage
- Cheese

### Create Your Own

## Cigna Healthcare Medicare Portfolio

### HMOs

- Achieve C-SNP
- Alliance
- Courage MA only
- Preferred
- Preferred Plus
- Preferred Savings
- Preferred Select
- Premier HMO-POS
- Primary
- TotalCare D-SNP
- TotalCare Plus D-SNP
- TotalCare Select Plus D-SNP

### PPOs

- > True Choice Access
- > True Choice Core
- > True Choice Courage
- > True Choice DE
- > True Choice
- > True Choice Plus
- > True Choice Savings

### PDPs

- Saver
- Secure
- Extra

### CSB Products

- Medicare Supplement
- Dental, Vision, Hearing
- Cancer, Heart Attack, Stroke
- Cancer Treatment
- Accident Treatment
- Hospital Indemnity
- Individual Whole Life

### Create Your Own



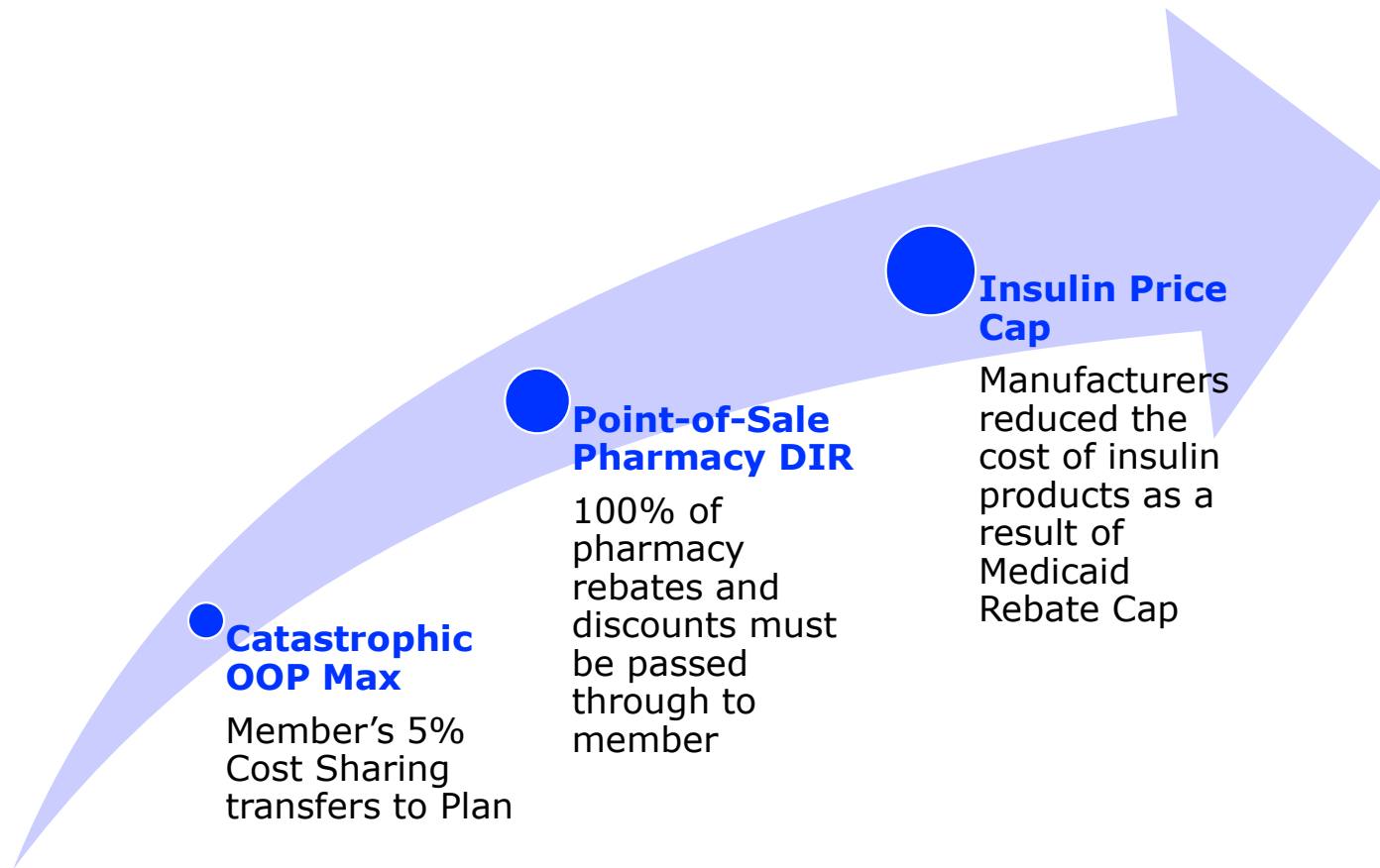
# Customers Want Consistency



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# Industry Headwinds Will Impact PDP Premiums





# Customers Want Consistency



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# 2024 Cigna Healthcare Medicare PDP Benefits At-a-Glance

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | Varies by State  |                     |                                       | Varies by State  |                     |                                       | Varies by State  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$2-\$4             | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6-\$9  | \$20                | \$6                                   | \$2-\$3  | \$7-\$10            | \$2-\$3                               | \$11-\$12  | \$20                | \$6                                   |
| Tier 3                | 18%-20%  | 18%-21%             | 18%-20%                               | 16%-19%  | 16%-20%             | 16%-19%                               | 20%  | 23%                 | 20%                                   |
| Tier 4                | 45%-50%  | 46%-50%             | 45%-50%                               | 40%-50%  | 40%-50%             | 40%-50%                               | 46%-50%  | 46%-50%             | 46%-50%                               |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Michigan

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$15.10  |                     |                                       | \$33.90  |                     |                                       | \$70.00  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$3                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$7                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 19%  | 20%                 | 19%                                   | 16%  | 16%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 49%  | 49%                 | 49%                                   | 42%  | 42%                 | 42%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# Ready For (Re)Launch

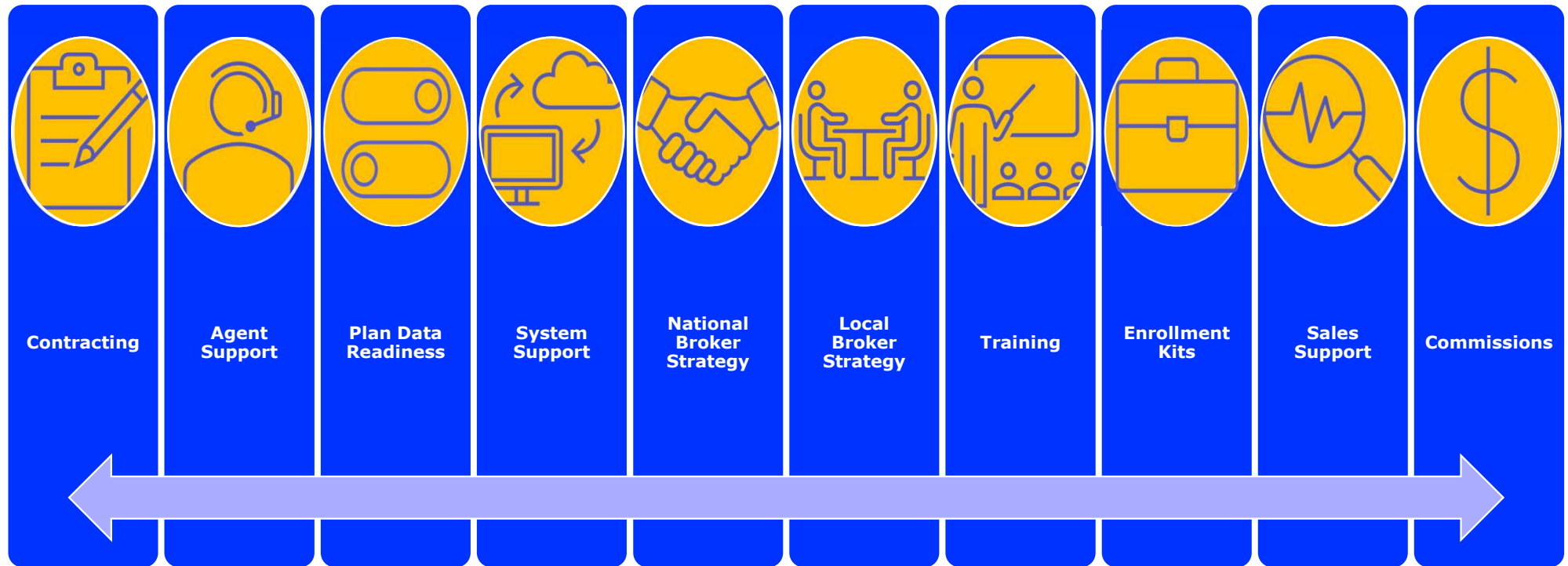


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# PDP Relaunch Readiness



## 2024 PDP Commissions

|            | <b>Initial Year</b> | <b>Renewal or Replacement</b> |
|------------|---------------------|-------------------------------|
|            | Agent Commission    | Agent Commission              |
| Extra PDP  | \$100               | \$50                          |
| Secure PDP | \$100               | \$50                          |
| Saver PDP  | \$24                | \$12                          |

# Let's Get You Onboard!

- Contracting

- > Contracting for PDP runs through Cigna Healthcare MAPD contract and hierarchy
- > A standalone PDP contract is not be offered
- > Agents contracted to only sell CSB should obtain a Cigna Healthcare MAPD/PDP contract
  - Applies even though you are licensed in a state where Cigna Healthcare does not offer MAPDs

- Certification

- > As a contracted agent licensed in a state where Cigna Healthcare MAPD products are not offered, you will need to complete the standalone PDP 2024 certification
- > You are not required to take the MA certification unless you become licensed in a Cigna Healthcare MA state
- > We have a very handy job aid that shows you how to access Cigna Medicare's Producer's University
- > You must complete certification within 90 days of submitting a contracting packet BUT WHY WAIT?!



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# Think Portfolio



# Appendix

20 PDP Premiums by State  
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# PDP Premiums by State



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# 2024 Cigna Healthcare Medicare PDP Premiums by State

| State       | Saver PDP | Secure PDP | Extra PDP |
|-------------|-----------|------------|-----------|
| Alabama     | \$20.70   | \$56.80    | \$83.40   |
| Alaska      | \$14.20   | \$36.50 ●  | \$61.90   |
| Arizona     | \$11.70   | \$42.20 ●  | \$73.00   |
| Arkansas    | \$19.20   | \$36.40 ●  | \$90.60   |
| California  | \$15.80   | \$34.50 ●  | \$105.90  |
| Colorado    | \$10.00   | \$41.50 ●  | \$95.10   |
| Connecticut | \$21.90   | \$54.30    | \$90.60   |
| DC          | \$20.00   | \$41.40 ●  | \$69.10   |
| Delaware    | \$20.00   | \$41.40 ●  | \$69.10   |
| Florida     | \$16.80   | \$59.70    | \$94.80   |
| Georgia     | \$20.30   | \$69.30    | \$99.70   |
| Hawaii      | \$5.70    | \$78.60    | \$116.30  |
| Idaho       | \$14.00   | \$57.40    | \$78.10   |

● Below Benchmark ● Deminimis



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# 2024 Cigna Healthcare Medicare PDP Premiums by State

| State         | Saver PDP | Secure PDP | Extra PDP |
|---------------|-----------|------------|-----------|
| Illinois      | \$18.00   | \$42.30    | \$78.40   |
| Indiana       | \$21.40   | \$52.60    | \$76.20   |
| Iowa          | \$20.30   | \$59.20    | \$80.70   |
| Kansas        | \$18.00   | \$38.80 ●  | \$70.00   |
| Kentucky      | \$21.40   | \$52.60    | \$76.20   |
| Louisiana     | \$24.10   | \$42.30 ●  | \$91.70   |
| Maine         | \$19.30   | \$31.30 ●  | \$93.20   |
| Maryland      | \$20.00   | \$41.40 ●  | \$69.10   |
| Massachusetts | \$21.90   | \$54.30    | \$90.60   |
| Michigan      | \$15.10   | \$33.90 ●  | \$70.00   |
| Minnesota     | \$20.30   | \$59.20    | \$80.70   |
| Mississippi   | \$25.40   | \$35.80 ●  | \$71.80   |
| Missouri      | \$20.00   | \$57.80    | \$96.00   |

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# 2024 Cigna Healthcare Medicare PDP Premiums by State

| State          | Saver PDP | Secure PDP | Extra PDP |
|----------------|-----------|------------|-----------|
| Montana        | \$20.30   | \$59.20    | \$80.70   |
| Nebraska       | \$20.30   | \$59.20    | \$80.70   |
| Nevada         | \$12.90   | \$49.80    | \$79.00   |
| New Hampshire  | \$19.30   | \$31.30 ●  | \$93.20   |
| New Jersey     | \$16.80   | \$60.60    | \$102.40  |
| New Mexico     | \$9.80    | \$34.80 ●  | \$106.00  |
| New York       | \$19.50   | \$45.60 ●  | \$111.60  |
| North Carolina | \$20.40   | \$57.80    | \$79.30   |
| North Dakota   | \$20.30   | \$59.20    | \$80.70   |
| Ohio           | \$19.20   | \$55.70    | \$79.20   |
| Oklahoma       | \$21.50   | \$51.40    | \$74.20   |
| Oregon         | \$14.20   | \$39.90 ●  | \$65.20   |
| Pennsylvania   | \$20.40   | \$40.90 ●  | \$91.00   |

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# 2024 Cigna Healthcare Medicare PDP Premiums by State

| State          | Saver PDP | Secure PDP | Extra PDP |
|----------------|-----------|------------|-----------|
| Puerto Rico    | \$11.90   | \$64.00    | \$71.60   |
| Rhode Island   | \$21.90   | \$54.30    | \$90.60   |
| South Carolina | \$20.30   | \$69.50    | \$96.70   |
| South Dakota   | \$20.30   | \$59.20    | \$80.70   |
| Tennessee      | \$20.70   | \$56.80    | \$83.40   |
| Texas          | \$17.10   | \$44.00    | \$81.80   |
| Utah           | \$14.00   | \$57.40    | \$78.10   |
| Vermont        | \$21.90   | \$54.30    | \$90.60   |
| Virginia       | \$18.80   | \$62.40    | \$76.90   |
| Washington     | \$14.20   | \$39.90 ●  | \$65.20   |
| West Virginia  | \$20.40   | \$40.90 ●  | \$91.00   |
| Wisconsin      | \$22.60   | \$48.00 ●  | \$79.60   |
| Wyoming        | \$20.30   | \$59.20    | \$80.70   |

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# PDP Benefits At-a-Glance



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# 2024 Cigna Healthcare Medicare PDP Benefits At-a-Glance

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | Varies by State  |                     |                                       | Varies by State  |                     |                                       | Varies by State  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$2-\$4             | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6-\$9  | \$20                | \$6                                   | \$2-\$3  | \$7-\$10            | \$2-\$3                               | \$11-\$12  | \$20                | \$6                                   |
| Tier 3                | 18%-20%  | 18%-21%             | 18%-20%                               | 16%-19%  | 16%-20%             | 16%-19%                               | 20%  | 23%                 | 20%                                   |
| Tier 4                | 45%-50%  | 46%-50%             | 45%-50%                               | 40%-50%  | 40%-50%             | 40%-50%                               | 46%-50%  | 46%-50%             | 46%-50%                               |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# PDP Designs by State



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# 2024 Cigna Healthcare Medicare Alabama

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$20.70  |                     |                                       | \$56.80  |                     |                                       | \$83.40  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$8  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 19%  | 19%                 | 19%                                   | 17%  | 17%                 | 17%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 48%  | 49%                 | 48%                                   | 46%  | 46%                 | 46%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Alaska

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$14.20  |                     |                                       | \$36.50  |                     |                                       | \$61.90  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$8  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 18%                 | 18%                                   | 17%  | 17%                 | 17%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 47%  | 47%                 | 47%                                   | 41%  | 42%                 | 41%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Arizona

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$11.70  |                     |                                       | \$42.20  |                     |                                       | \$73.00  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 20%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 50%  | 50%                 | 50%                                   | 42%  | 42%                 | 42%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Arkansas

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$19.20  |                     |                                       | \$36.40  |                     |                                       | \$90.60  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 20%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 50%  | 50%                 | 50%                                   | 42%  | 43%                 | 42%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare California

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$15.80  |                     |                                       | \$34.50  |                     |                                       | \$105.90   |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$2                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$7                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 19%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 49%  | 50%                 | 49%                                   | 40%  | 40%                 | 40%                                   | 46%  | 46%                 | 46%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Colorado

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$10.00  |                     |                                       | \$41.50  |                     |                                       | \$95.10  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$8                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 19%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 50%  | 50%                 | 50%                                   | 41%  | 42%                 | 41%                                   | 47%  | 48%                 | 47%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

October 3, 2023 32

# 2024 Cigna Healthcare Medicare Connecticut

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$21.90  |                     |                                       | \$54.30  |                     |                                       | \$90.60  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$8                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 19%  | 20%                 | 19%                                   | 16%  | 16%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 49%  | 49%                 | 49%                                   | 46%  | 46%                 | 46%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare District of Columbia

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$20.00  |                     |                                       | \$41.40  |                     |                                       | \$69.10  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$8                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 19%  | 20%                 | 19%                                   | 16%  | 16%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 49%  | 49%                 | 49%                                   | 42%  | 43%                 | 42%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Delaware

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$20.00  |                     |                                       | \$41.40  |                     |                                       | \$69.10  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$8                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 19%  | 20%                 | 19%                                   | 16%  | 16%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 49%  | 49%                 | 49%                                   | 42%  | 43%                 | 42%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Florida

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$16.80  |                     |                                       | \$59.70  |                     |                                       | \$94.80  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 19%  | 20%                 | 19%                                   | 17%  | 17%                 | 17%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 50%  | 50%                 | 50%                                   | 43%  | 44%                 | 43%                                   | 46%  | 46%                 | 46%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Georgia

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$20.30  |                     |                                       | \$69.30  |                     |                                       | \$99.70  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$8  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 20%                 | 18%                                   | 17%  | 17%                 | 17%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 47%  | 48%                 | 47%                                   | 46%  | 47%                 | 46%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Hawaii

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$5.70   |                     |                                       | \$78.60  |                     |                                       | \$116.30   |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$8  | \$20                | \$6                                   | \$3  | \$9                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 18%                 | 18%                                   | 17%  | 17%                 | 17%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 45%  | 46%                 | 45%                                   | 42%  | 42%                 | 42%                                   | 47%  | 47%                 | 47%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Idaho

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$14.00  |                     |                                       | \$57.40  |                     |                                       | \$78.10  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$8                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 19%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 48%  | 50%                 | 48%                                   | 43%  | 43%                 | 43%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Illinois

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$18.00  |                     |                                       | \$42.30  |                     |                                       | \$78.40  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$7  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 19%  | 20%                 | 19%                                   | 17%  | 17%                 | 17%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 50%  | 50%                 | 50%                                   | 48%  | 48%                 | 48%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Indiana

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$21.40  |                     |                                       | \$52.60  |                     |                                       | \$76.20  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$9                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 19%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 50%  | 50%                 | 50%                                   | 46%  | 47%                 | 46%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Iowa

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$20.30  |                     |                                       | \$59.20  |                     |                                       | \$80.70  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$8  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 19%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 49%  | 50%                 | 49%                                   | 47%  | 47%                 | 47%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

October 3, 2023 42



# 2024 Cigna Healthcare Medicare Kansas

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$18.00  |                     |                                       | \$38.80  |                     |                                       | \$70.00  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$8                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 19%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 50%  | 50%                 | 50%                                   | 43%  | 43%                 | 43%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

October 3, 2023 43

# 2024 Cigna Healthcare Medicare Kentucky

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$21.40  |                     |                                       | \$52.60  |                     |                                       | \$76.20  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$9                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 19%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 50%  | 50%                 | 50%                                   | 46%  | 47%                 | 46%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

October 3, 2023 44

# 2024 Cigna Healthcare Medicare Louisiana

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$24.10  |                     |                                       | \$42.30  |                     |                                       | \$91.70  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$7                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 20%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 49%  | 50%                 | 49%                                   | 42%  | 43%                 | 42%                                   | 48%  | 48%                 | 48%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

October 3, 2023 45

# 2024 Cigna Healthcare Medicare Maine

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$19.30  |                     |                                       | \$31.30  |                     |                                       | \$93.20  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$8                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 20%  | 21%                 | 20%                                   | 16%  | 16%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 50%  | 50%                 | 50%                                   | 42%  | 43%                 | 42%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

October 3, 2023 46

# 2024 Cigna Healthcare Medicare Maryland

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$20.00  |                     |                                       | \$41.40  |                     |                                       | \$69.10  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$8                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 19%  | 20%                 | 19%                                   | 16%  | 16%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 49%  | 49%                 | 49%                                   | 42%  | 43%                 | 42%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

October 3, 2023 47

# 2024 Cigna Healthcare Medicare Massachusetts

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$21.90  |                     |                                       | \$54.30  |                     |                                       | \$90.60  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$8                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 19%  | 20%                 | 19%                                   | 16%  | 16%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 49%  | 49%                 | 49%                                   | 46%  | 46%                 | 46%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

October 3, 2023 48

# 2024 Cigna Healthcare Medicare Michigan

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$15.10  |                     |                                       | \$33.90  |                     |                                       | \$70.00  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$3                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$7                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 19%  | 20%                 | 19%                                   | 16%  | 16%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 49%  | 49%                 | 49%                                   | 42%  | 42%                 | 42%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

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# 2024 Cigna Healthcare Medicare Minnesota

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$20.30  |                     |                                       | \$59.20  |                     |                                       | \$80.70  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$8  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 19%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 49%  | 50%                 | 49%                                   | 47%  | 47%                 | 47%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

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# 2024 Cigna Healthcare Medicare Mississippi

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$25.40  |                     |                                       | \$35.80  |                     |                                       | \$71.80  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 19%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 48%  | 49%                 | 48%                                   | 43%  | 43%                 | 43%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

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# 2024 Cigna Healthcare Medicare Missouri

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$20.00  |                     |                                       | \$57.80  |                     |                                       | \$96.00  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$8  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 20%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 50%  | 50%                 | 50%                                   | 47%  | 48%                 | 47%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

October 3, 2023 52

# 2024 Cigna Healthcare Medicare Montana

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$20.30  |                     |                                       | \$59.20  |                     |                                       | \$80.70  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$8  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 19%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 49%  | 50%                 | 49%                                   | 47%  | 47%                 | 47%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Nebraska

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$20.30  |                     |                                       | \$59.20  |                     |                                       | \$80.70  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$8  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 19%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 49%  | 50%                 | 49%                                   | 47%  | 47%                 | 47%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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October 3, 2023 54

# 2024 Cigna Healthcare Medicare Nevada

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$12.90  |                     |                                       | \$49.80  |                     |                                       | \$79.00  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$7  | \$20                | \$6                                   | \$3  | \$9                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 20%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 50%  | 50%                 | 50%                                   | 43%  | 44%                 | 43%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

October 3, 2023 55

# 2024 Cigna Healthcare Medicare New Hampshire

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$19.30  |                     |                                       | \$31.30  |                     |                                       | \$93.20  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$8                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 20%  | 21%                 | 20%                                   | 16%  | 16%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 50%  | 50%                 | 50%                                   | 42%  | 43%                 | 42%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

October 3, 2023 56

# 2024 Cigna Healthcare Medicare New Jersey

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$16.80  |                     |                                       | \$60.60  |                     |                                       | \$102.40   |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$8                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 19%                 | 18%                                   | 16%  | 16%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 50%  | 50%                 | 50%                                   | 45%  | 46%                 | 45%                                   | 49%  | 49%                 | 49%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

October 3, 2023 57

# 2024 Cigna Healthcare Medicare New Mexico

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$9.80   |                     |                                       | \$34.80  |                     |                                       | \$106.00   |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 19%  | 20%                 | 19%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 49%  | 49%                 | 49%                                   | 42%  | 42%                 | 42%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

October 3, 2023 58



# 2024 Cigna Healthcare Medicare New York

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$19.50  |                     |                                       | \$45.60  |                     |                                       | \$111.60   |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$3                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$7                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 19%                 | 18%                                   | 16%  | 16%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 48%  | 48%                 | 48%                                   | 42%  | 43%                 | 42%                                   | 48%  | 48%                 | 48%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

October 3, 2023 59

# 2024 Cigna Healthcare Medicare North Carolina

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$20.40  |                     |                                       | \$57.80  |                     |                                       | \$79.30  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$8  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 19%  | 20%                 | 19%                                   | 17%  | 17%                 | 17%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 46%  | 47%                 | 46%                                   | 47%  | 48%                 | 47%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

October 3, 2023 60

# 2024 Cigna Healthcare Medicare North Dakota

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$20.30  |                     |                                       | \$59.20  |                     |                                       | \$80.70  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$8  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 19%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 49%  | 50%                 | 49%                                   | 47%  | 47%                 | 47%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

October 3, 2023 61

# 2024 Cigna Healthcare Medicare Ohio

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$19.20  |                     |                                       | \$55.70  |                     |                                       | \$79.20  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 19%  | 20%                 | 19%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 49               | 49%  | 50%                 | 49%                                   | 43%  | 44%                 | 43%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

October 3, 2023 62

# 2024 Cigna Healthcare Medicare Oklahoma

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$21.50  |                     |                                       | \$51.40  |                     |                                       | \$74.20  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$8  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 20%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 47%  | 47%                 | 47%                                   | 46%  | 46%                 | 46%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

October 3, 2023 63

# 2024 Cigna Healthcare Medicare Oregon

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$14.20  |                     |                                       | \$39.90  |                     |                                       | \$65.20  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$8                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 20%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 50%  | 50%                 | 50%                                   | 41%  | 42%                 | 41%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

October 3, 2023 64

# 2024 Cigna Healthcare Medicare Pennsylvania

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$20.40  |                     |                                       | \$40.90  |                     |                                       | \$91.00  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$8                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 19%  | 20%                 | 19%                                   | 16%  | 16%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 48%  | 48%                 | 48%                                   | 42%  | 43%                 | 42%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

October 3, 2023 65

# 2024 Cigna Healthcare Medicare Puerto Rico

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$11.90  |                     |                                       | \$64.00  |                     |                                       | \$71.60  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$9  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 19%                 | 18%                                   | 19%  | 20%                 | 19%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 48%  | 49%                 | 48%                                   | 50%  | 50%                 | 50%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Rhode Island

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$21.90  |                     |                                       | \$54.30  |                     |                                       | \$90.60  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$8                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 19%  | 20%                 | 19%                                   | 16%  | 16%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 49%  | 49%                 | 49%                                   | 46%  | 46%                 | 46%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



FOR AGENT USE ONLY

October 3, 2023 67

# 2024 Cigna Healthcare Medicare South Carolina

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$20.30  |                     |                                       | \$59.20  |                     |                                       | \$80.70  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$8  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$11   | \$20                | \$6                                   |
| Tier 3                | 19%  | 20%                 | 19%                                   | 17%  | 17%                 | 17%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 49%  | 50%                 | 49%                                   | 46%  | 47%                 | 46%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare South Dakota

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$20.30  |                     |                                       | \$59.20  |                     |                                       | \$80.70  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$8  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 19%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 49%  | 50%                 | 49%                                   | 47%  | 47%                 | 47%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Tennessee

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$20.70  |                     |                                       | \$56.80  |                     |                                       | \$83.40  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$8  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 19%  | 19%                 | 19%                                   | 17%  | 17%                 | 17%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 48%  | 49%                 | 48%                                   | 46%  | 46%                 | 46%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Texas

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$17.10  |                     |                                       | \$44.00  |                     |                                       | \$81.80  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$8  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 20%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 50%  | 50%                 | 50%                                   | 48%  | 48%                 | 48%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Utah

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$14.00  |                     |                                       | \$57.40  |                     |                                       | \$78.10  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$8                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 19%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 48%  | 50%                 | 48%                                   | 43%  | 43%                 | 43%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Vermont

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$21.90  |                     |                                       | \$54.30  |                     |                                       | \$90.60  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$8                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 19%  | 20%                 | 19%                                   | 16%  | 16%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 49%  | 49%                 | 49%                                   | 46%  | 46%                 | 46%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Virginia

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$18.80  |                     |                                       | \$62.40  |                     |                                       | \$76.90  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$8  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 19%  | 20%                 | 19%                                   | 17%  | 17%                 | 17%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 46%  | 47%                 | 46%                                   | 48%  | 48%                 | 48%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Washington

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$14.20  |                     |                                       | \$39.90  |                     |                                       | \$65.20  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$8                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 20%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 50%  | 50%                 | 50%                                   | 41%  | 42%                 | 41%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare West Virginia

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$20.40  |                     |                                       | \$40.90  |                     |                                       | \$91.00  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$6  | \$20                | \$6                                   | \$3  | \$8                 | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 19%  | 20%                 | 19%                                   | 16%  | 16%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 48%  | 48%                 | 48%                                   | 42%  | 43%                 | 42%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Wisconsin

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$22.60  |                     |                                       | \$48.00  |                     |                                       | \$79.60  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$2                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$7  | \$20                | \$6                                   | \$2  | \$7                 | \$2                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 19%  | 20%                 | 19%                                   | 16%  | 16%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 50%  | 50%                 | 50%                                   | 40%  | 40%                 | 40%                                   | 48%  | 50%                 | 48%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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# 2024 Cigna Healthcare Medicare Wyoming

|                       | Saver PDP  |                     |                                       | Secure PDP   |                     |                                       | Extra PDP  |                     |                                       |
|-----------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|--|---------------------|---------------------------------------|
| Premium               | \$20.30  |                     |                                       | \$59.20  |                     |                                       | \$80.70  |                     |                                       |
| Annual Deductible     | Tiers 1 & 2: \$0<br>Tiers 3-5: \$545                               |                     |                                       | All Tiers: \$545   |                     |                                       | Tiers 1 & 2: \$0<br>Tiers 3-5: \$145   |                     |                                       |
| Pharmacy              | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days | Preferred<br>30 days   | Standard<br>30 days | Preferred<br>Home Delivery<br>90 days |
| Tier 1                | \$0  | \$10                | \$0                                   | \$0  | \$4                 | \$0                                   | \$3  | \$15                | \$0                                   |
| Tier 2                | \$8  | \$20                | \$6                                   | \$3  | \$10                | \$3                                   | \$12   | \$20                | \$6                                   |
| Tier 3                | 18%  | 19%                 | 18%                                   | 16%  | 17%                 | 16%                                   | 20%  | 23%                 | 20%                                   |
| Tier 4                | 49%  | 50%                 | 49%                                   | 47%  | 47%                 | 47%                                   | 50%  | 50%                 | 50%                                   |
| Tier 5                | 25%  | 25%                 | N/A                                   | 25%  | 25%                 | N/A                                   | 31%  | 31%                 | N/A                                   |
| Coverage Gap          | 25% for generic and 25% for brand-name drugs                       |                     |                                       | 25% for generic and 25% for brand-name drugs                       |                     |                                       | Tier 1 and Tier 2: same as above.<br>Tiers 3-5: 25% for generic and 25% for brand-name drugs |                     |                                       |
| Catastrophic Coverage | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000 |                     |                                       | \$0 for covered drugs once total out-of-pocket costs reach \$8,000                           |                     |                                       |



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