



2025 Cigna Healthcare Medicare Part D Enrollment Guide and Summary of Benefits



Choose a plan that's simple, secure and will help you save.

Plans available in all 50 states, the District of Columbia and Puerto Rico.

January 1, 2025 – December 31, 2025



Welcome

Let's make this your healthiest year yet.

Ready to make the most of your Medicare Part D coverage?
We're ready to guide you to healthier days ahead.

This Enrollment Guide and Summary of Benefits can help you compare Part D plan options to find the coverage and costs that fit your needs.

At Cigna HealthcareSM, we also offer benefits and savings opportunities that make it easier and more affordable to get your medications – and take them as prescribed.

Need some help reviewing your options or taking next steps?

We're here for you – before, during and long after you enroll.

- Call 1-800-845-3819 (TTY 711), 7 days a week, 8 a.m. – 8 p.m. local time. Our automatic phone system may answer your call during weekends from April 1 to September 30.
- Visit [Cigna.com/Part-D](https://www.cigna.com/Part-D).





What to know before you pick a plan

Do you qualify?

To join one of our Medicare Part D plans, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area, which includes all 50 states, the District of Columbia and Puerto Rico.



Can you save?

Short answer – yes. Each of our Medicare Part D plans has a network of preferred pharmacies with preferred cost-sharing. Which means if you use these pharmacies, you may pay less to fill your prescriptions for covered Part D drugs.

How to choose?

This guide is a summary of what we cover and what you pay, and it'll help you better understand your prescription drug coverage this year, January 1, 2025 – December 31, 2025. But it doesn't list every service, limitation or exclusion. To get a complete description of benefits, request the *Evidence of Coverage* booklet or find it online at **Cigna.com/member-resources**.

Ready to find a great plan?

Start flipping through this guide. Or, if you want to learn more about Medicare, get the *Medicare and You* handbook at **Medicare.gov** or by calling **1-800-MEDICARE (1-800-633-4227)** 24/7. TTY users should call **1-877-486-2048**. The handbook is also available in other formats, such as braille and large print.



Finding the right fit

The first step toward getting covered? Comparing plans.

When it comes to your plan, we're dedicated to providing you both quality and value. That's why we're offering three prescription drug plans in 2025 – all available nationwide. Take a look and see which one feels like the right fit for you.

Medicare Part D plan options:



Saver

A good fit for the person who needs modest coverage along with savings on generic medications. This plan has:

- **\$0 to low premium**
- **\$0 and low generic copays**
- **\$0 deductible for many generics**
- **Select supplemental benefits, such as prescription vitamins**



Assurance

Receive Extra Help or need basic protection to reduce the cost of medications? This plan has:

- **Moderate premium**
- **\$0 and low generic copays**
- **Standard deductible**



Extra

A great option for someone looking for flexibility with a large pharmacy network and robust drug list. This plan has:

- **\$0 and low generic copays**
- **\$0 deductible for many generics and a low plan deductible for other medications**
- **Select supplemental benefits, such as prescription vitamins**

Let’s do a deeper dive

Review each plan so you can see if it works for you.

Please refer to the “Premiums and cost-sharing” tables by area starting on page 8 to find specific costs near you. Plans are available in all 50 states, the District of Columbia and Puerto Rico.

The table has ranges for the costs that vary by region.		Saver		
Average monthly plan premium		\$16		
Annual deductible		\$0 (Tiers 1, 2), \$590 (Tiers 3–5)		
Initial Coverage		Preferred pharmacies 30 days	Standard pharmacies 30 days	Preferred Home Delivery 90 days
Tier 1: Preferred Generic		\$0	\$6–\$11	\$0
Tier 2: Generic		\$5	\$13–\$20	\$3–\$4
Tier 3: Preferred Brand		16%–19%	20%–25%	16%–19%
Tier 4: Non-Preferred Drugs		41%–50%	41%–50%	41%–50%
Tier 5: Specialty Tier		25%	25%	N/A
Catastrophic Coverage		You will pay \$0 for covered Part D drugs once your total out-of-pocket costs reach \$2,000.		

For insulins that are covered by our plans, you will pay no more than \$35 for each 30-day script. Additionally, you will pay \$0 for each covered adult vaccine.

Assurance 			Extra 		
\$54			\$98		
\$590 (All tiers)			\$0 (Tiers 1, 2), \$175 (Tiers 3–5)		
Preferred pharmacies 30 days	Standard pharmacies 30 days	Preferred Home Delivery 90 days 	Preferred pharmacies 30 days	Standard pharmacies 30 days	Preferred Home Delivery 90 days 
\$0	\$4–\$9	\$0	\$1–\$3	\$6–\$12	\$0
\$2–\$3	\$10–\$20	\$3	\$6–\$10	\$14–\$20	\$4–\$6
16%–20%	18%–24%	16%–20%	16%–20%	19%–24%	16%–20%
41%–50%	41%–50%	41%–50%	41%–50%	41%–50%	41%–50%
25%	25%	N/A	31%	31%	N/A
Catastrophic coverage			You will pay \$0 for covered Part D drugs once your total out-of-pocket costs reach \$2,000.		

For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-800-222-6700 (TTY 711) or consult the online pharmacy directory at Cigna.com/member-resources.



Feel good about choosing Cigna Healthcare

We're here to help you get the right medications at the right time and for the right price – and make that process as simple as possible. Here are just some of the ways your plan can help you feel good about your prescription coverage.

Convenience

Cigna Healthcare has over **62,000** network pharmacies. Preferred pharmacy options include Walmart, Walgreens and Rite Aid locations nationwide, plus many regional chains and independent pharmacies. Here's how each plan's preferred pharmacy options break down:

- Saver Plan: **19,000**
- Assurance Plan: **26,000**
- Extra Plan: **26,000**

Comprehensive coverage

You can search for specific medications by reviewing our drug list. If you would like to check out preferred pharmacies, visit **Cigna.com/part-d**. You can also talk with one of our experts directly.

Savings

Keep more of your money with low copays for Tier I drugs, including medications for blood pressure, heart health, diabetes, cholesterol, pain, arthritis and more.

Home delivery

Instead of making trips to your local pharmacy, sign up to have your prescriptions delivered by Express Scripts® Pharmacy. As the third-largest pharmacy in the country, Express Scripts can be counted on to deliver your prescriptions right to your home.



Plus, each Cigna Healthcare Part D plan offers a \$0 copay for a 90-day Tier 1 prescription with home delivery.



Understanding the Part D prescription drug stages.

Starting in 2025, the prescription drug stages will be reduced from four stages to three stages. The Coverage Gap Stage will be eliminated, and the most you will pay out of pocket for your covered Part D prescription drugs will be **\$2,000**. Part D prescription drug coverage is based on a calendar year, and you may not enter all stages.*

Stage 1: Deductible Stage

During this stage, if your plan has a deductible, you usually pay the full cost of your covered Part D prescription drugs up to the deductible amount.

If your plan does not have a Part D deductible, you will start in the *Initial Coverage Stage*. Once you reach the deductible amount, you enter the *Initial Coverage Stage* and pay a copay or coinsurance.



Stage 2: Initial Coverage Stage (up to \$2,000)

During this stage, the plan pays its share of the cost and you pay a copay or coinsurance for each covered Part D prescription drug you fill until your out-of-pocket drug costs reach **\$2,000** for the year.

Once you reach **\$2,000**, you enter the *Catastrophic Coverage Stage*.



Stage 3: Catastrophic Coverage Stage (through the end of the year)

In this stage, you pay a \$0 copay for each covered Part D prescription you fill.

*Amounts may change on January 1 each year.

Premiums and cost-sharing

2025 Cigna Healthcare Saver Rx (PDP)

Annual deductible

\$0 (Tiers 1, 2), \$590 (Tiers 3–5)

Regional states	Premium	Preferred pharmacies 30-day supply (retail)**				
		T1	T2	T3	T4	T5
Northern NE (NH, ME)	\$3.10	\$0.00	\$5.00	19%	50%	25%
Central NE (CT, MA, RI, VT)	\$28.80	\$0.00	\$5.00	18%	50%	25%
New York	\$41.60	\$0.00	\$5.00	16%	41%	25%
New Jersey	\$9.90	\$0.00	\$5.00	17%	45%	25%
Mid-Atlantic (DE, DC, MD)	\$16.60	\$0.00	\$5.00	17%	50%	25%
Pennsylvania, West Virginia	\$12.60	\$0.00	\$5.00	18%	50%	25%
Virginia	\$17.80	\$0.00	\$5.00	17%	48%	25%
North Carolina	\$28.00	\$0.00	\$5.00	18%	50%	25%
South Carolina	\$21.20	\$0.00	\$5.00	17%	49%	25%
Georgia	\$21.20	\$0.00	\$5.00	17%	48%	25%
Florida	\$27.10	\$0.00	\$5.00	18%	50%	25%
Alabama, Tennessee	\$27.50	\$0.00	\$5.00	17%	50%	25%
Michigan	\$0.40	\$0.00	\$5.00	18%	50%	25%
Ohio	\$15.70	\$0.00	\$5.00	18%	50%	25%
Indiana, Kentucky	\$28.20	\$0.00	\$5.00	17%	50%	25%
Wisconsin	\$6.30	\$0.00	\$5.00	19%	50%	25%
Illinois	\$16.60	\$0.00	\$5.00	19%	50%	25%
Missouri	\$20.70	\$0.00	\$5.00	19%	50%	25%
Arkansas	\$4.50	\$0.00	\$5.00	17%	50%	25%
Mississippi	\$27.10	\$0.00	\$5.00	16%	45%	25%
Louisiana	\$10.60	\$0.00	\$5.00	17%	47%	25%
Texas	\$20.00	\$0.00	\$5.00	17%	48%	25%
Oklahoma	\$15.40	\$0.00	\$5.00	17%	50%	25%
Kansas	\$3.10	\$0.00	\$5.00	17%	45%	25%
Upper Midwest and N. Plains*	\$16.50	\$0.00	\$5.00	18%	50%	25%
New Mexico	\$0.00	\$0.00	\$5.00	17%	46%	25%
Colorado	\$20.70	\$0.00	\$5.00	18%	50%	25%
Arizona	\$16.40	\$0.00	\$5.00	17%	50%	25%
Nevada	\$2.60	\$0.00	\$5.00	18%	50%	25%
Oregon, Washington	\$0.00	\$0.00	\$5.00	19%	50%	25%
Idaho, Utah	\$6.30	\$0.00	\$5.00	18%	50%	25%
California	\$20.60	\$0.00	\$5.00	17%	41%	25%
Hawaii	\$21.50	\$0.00	\$5.00	17%	43%	25%
Alaska	\$29.80	\$0.00	\$5.00	17%	42%	25%
Puerto Rico	\$0.00	\$0.00	\$5.00	17%	46%	25%

Premiums and cost-sharing

2025 Cigna Healthcare Saver Rx (PDP)

Annual deductible

\$0 (Tiers 1, 2), \$590 (Tiers 3–5)

Standard pharmacies 30-day supply (retail)**					Preferred 90-day supply (mail order)*			
T1	T2	T3	T4	T5	T1	T2	T3	T4
\$11.00	\$20.00	25%	50%	25%	\$0.00	\$4.00	19%	50%
\$7.00	\$15.00	21%	50%	25%	\$0.00	\$3.00	18%	50%
\$6.00	\$13.00	20%	42%	25%	\$0.00	\$3.00	16%	41%
\$7.00	\$15.00	20%	46%	25%	\$0.00	\$3.00	17%	45%
\$10.00	\$20.00	21%	50%	25%	\$0.00	\$4.00	17%	50%
\$9.00	\$20.00	21%	50%	25%	\$0.00	\$3.00	18%	50%
\$7.00	\$16.00	20%	48%	25%	\$0.00	\$3.00	17%	48%
\$8.00	\$16.00	20%	50%	25%	\$0.00	\$3.00	18%	50%
\$7.00	\$15.00	20%	50%	25%	\$0.00	\$3.00	17%	49%
\$7.00	\$16.00	20%	48%	25%	\$0.00	\$3.00	17%	48%
\$8.00	\$17.00	20%	50%	25%	\$0.00	\$3.00	18%	50%
\$8.00	\$16.00	20%	50%	25%	\$0.00	\$3.00	17%	50%
\$9.00	\$20.00	23%	50%	25%	\$0.00	\$3.00	18%	50%
\$7.00	\$16.00	24%	50%	25%	\$0.00	\$3.00	18%	50%
\$8.00	\$17.00	21%	50%	25%	\$0.00	\$3.00	17%	50%
\$10.00	\$20.00	25%	50%	25%	\$0.00	\$4.00	19%	50%
\$10.00	\$20.00	25%	50%	25%	\$0.00	\$4.00	19%	50%
\$7.00	\$16.00	21%	50%	25%	\$0.00	\$3.00	19%	50%
\$8.00	\$20.00	22%	50%	25%	\$0.00	\$3.00	17%	50%
\$8.00	\$17.00	20%	45%	25%	\$0.00	\$3.00	16%	45%
\$8.00	\$16.00	20%	47%	25%	\$0.00	\$3.00	17%	47%
\$8.00	\$16.00	20%	48%	25%	\$0.00	\$3.00	17%	48%
\$8.00	\$20.00	20%	50%	25%	\$0.00	\$3.00	17%	50%
\$8.00	\$16.00	20%	45%	25%	\$0.00	\$3.00	17%	45%
\$7.00	\$17.00	23%	50%	25%	\$0.00	\$3.00	18%	50%
\$7.00	\$16.00	20%	47%	25%	\$0.00	\$3.00	17%	46%
\$10.00	\$20.00	24%	50%	25%	\$0.00	\$3.00	18%	50%
\$9.00	\$20.00	25%	50%	25%	\$0.00	\$3.00	17%	50%
\$10.00	\$20.00	21%	50%	25%	\$0.00	\$4.00	18%	50%
\$7.00	\$18.00	25%	50%	25%	\$0.00	\$3.00	19%	50%
\$8.00	\$18.00	22%	50%	25%	\$0.00	\$3.00	18%	50%
\$7.00	\$15.00	20%	41%	25%	\$0.00	\$3.00	17%	41%
\$7.00	\$14.00	20%	43%	25%	\$0.00	\$3.00	17%	43%
\$7.00	\$14.00	20%	43%	25%	\$0.00	\$3.00	17%	42%
\$8.00	\$16.00	20%	47%	25%	\$0.00	\$3.00	17%	46%

*Tier 5 is limited to a 30-day supply. Long-term care (LTC) and home infusion pharmacies use the standard pharmacy cost-sharing. For LTC, you can get up to a 31-day supply. At an out-of-network pharmacy, you will pay the in-network pharmacy copay or percentage of the cost plus the amount the out-of-network pharmacy billed; charges are higher than our typical standard retail pharmacy-billed charges. If you receive Extra Help, the costs on the above table do not apply. You typically pay only a low copay. **60-day and 90-day copays are two times and three times the 30-day copays.

Premiums and cost-sharing

2025 Cigna Healthcare Assurance Rx (PDP)

Annual deductible
\$590 (All Tiers)

Regional states	Premium	Preferred pharmacies 30-day supply (retail)**				
		T1	T2	T3	T4	T5
Northern NE (NH,ME)	\$9.00	\$0.00	\$3.00	16%	48%	25%
Central NE (CT, MA, RI, VT)	\$89.30	\$0.00	\$3.00	18%	50%	25%
New York	\$48.90	\$0.00	\$2.00	16%	41%	25%
New Jersey	\$94.30	\$0.00	\$2.00	17%	45%	25%
Mid-Atlantic (DE, DC, MD)	\$54.00	\$0.00	\$2.00	17%	50%	25%
Pennsylvania, West Virginia	\$64.40	\$0.00	\$2.00	16%	48%	25%
Virginia	\$89.70	\$0.00	\$3.00	18%	50%	25%
North Carolina	\$78.00	\$0.00	\$3.00	18%	50%	25%
South Carolina	\$102.50	\$0.00	\$3.00	18%	50%	25%
Georgia	\$99.30	\$0.00	\$3.00	18%	50%	25%
Florida	\$94.70	\$0.00	\$3.00	18%	50%	25%
Alabama, Tennessee	\$78.10	\$0.00	\$3.00	18%	50%	25%
Michigan	\$0.00	\$0.00	\$2.00	16%	49%	25%
Ohio	\$86.50	\$0.00	\$3.00	17%	50%	25%
Indiana, Kentucky	\$87.60	\$0.00	\$3.00	17%	50%	25%
Wisconsin	\$14.60	\$0.00	\$2.00	16%	47%	25%
Illinois	\$65.40	\$0.00	\$3.00	18%	50%	25%
Missouri	\$91.50	\$0.00	\$3.00	18%	50%	25%
Arkansas	\$0.00	\$0.00	\$2.00	17%	50%	25%
Mississippi	\$70.80	\$0.00	\$3.00	17%	50%	25%
Louisiana	\$77.30	\$0.00	\$2.00	17%	50%	25%
Texas	\$61.40	\$0.00	\$3.00	18%	50%	25%
Oklahoma	\$86.40	\$0.00	\$3.00	18%	50%	25%
Kansas	\$16.00	\$0.00	\$3.00	16%	50%	25%
Upper Midwest and N. Plains*	\$75.90	\$0.00	\$3.00	17%	50%	25%
New Mexico	\$0.00	\$0.00	\$3.00	17%	50%	25%
Colorado	\$11.70	\$0.00	\$2.00	17%	49%	25%
Arizona	\$0.00	\$0.00	\$2.00	17%	50%	25%
Nevada	\$84.80	\$0.00	\$3.00	18%	50%	25%
Oregon, Washington	\$0.00	\$0.00	\$2.00	17%	50%	25%
Idaho, Utah	\$92.40	\$0.00	\$3.00	17%	50%	25%
California	\$1.80	\$0.00	\$2.00	16%	49%	25%
Hawaii	\$48.90	\$0.00	\$2.00	17%	50%	25%
Alaska	\$4.20	\$0.00	\$3.00	16%	50%	25%
Puerto Rico	\$15.70	\$0.00	\$3.00	20%	50%	25%

Premiums and cost-sharing

2025 Cigna Healthcare Assurance Rx (PDP)

Annual deductible
\$590 (All Tiers)

Standard pharmacies 30-day supply (retail)**					Preferred 90-day supply (mail order)*			
T1	T2	T3	T4	T5	T1	T2	T3	T4
\$4.00	\$11.00	20%	49%	25%	\$0.00	\$3.00	16%	48%
\$4.00	\$11.00	20%	50%	25%	\$0.00	\$3.00	18%	50%
\$4.00	\$10.00	18%	41%	25%	\$0.00	\$3.00	16%	41%
\$4.00	\$11.00	19%	46%	25%	\$0.00	\$3.00	17%	45%
\$4.00	\$12.00	20%	50%	25%	\$0.00	\$3.00	17%	50%
\$4.00	\$12.00	20%	48%	25%	\$0.00	\$3.00	16%	48%
\$6.00	\$19.00	22%	50%	25%	\$0.00	\$3.00	18%	50%
\$6.00	\$20.00	22%	50%	25%	\$0.00	\$3.00	18%	50%
\$8.00	\$20.00	22%	50%	25%	\$0.00	\$3.00	18%	50%
\$6.00	\$19.00	21%	50%	25%	\$0.00	\$3.00	18%	50%
\$7.00	\$20.00	20%	50%	25%	\$0.00	\$3.00	18%	50%
\$5.00	\$18.00	21%	50%	25%	\$0.00	\$3.00	18%	50%
\$4.00	\$11.00	20%	50%	25%	\$0.00	\$3.00	16%	49%
\$9.00	\$20.00	24%	50%	25%	\$0.00	\$3.00	17%	50%
\$4.00	\$15.00	20%	50%	25%	\$0.00	\$3.00	17%	50%
\$4.00	\$11.00	18%	47%	25%	\$0.00	\$3.00	16%	47%
\$7.00	\$19.00	21%	50%	25%	\$0.00	\$3.00	18%	50%
\$5.00	\$20.00	20%	50%	25%	\$0.00	\$3.00	18%	50%
\$5.00	\$16.00	20%	50%	25%	\$0.00	\$3.00	17%	50%
\$5.00	\$15.00	20%	50%	25%	\$0.00	\$3.00	17%	50%
\$4.00	\$12.00	20%	50%	25%	\$0.00	\$3.00	17%	50%
\$7.00	\$20.00	22%	50%	25%	\$0.00	\$3.00	18%	50%
\$6.00	\$20.00	21%	50%	25%	\$0.00	\$3.00	18%	50%
\$4.00	\$12.00	19%	50%	25%	\$0.00	\$3.00	16%	50%
\$5.00	\$20.00	20%	50%	25%	\$0.00	\$3.00	17%	50%
\$4.00	\$16.00	19%	50%	25%	\$0.00	\$3.00	17%	50%
\$4.00	\$12.00	19%	50%	25%	\$0.00	\$3.00	17%	49%
\$4.00	\$12.00	20%	50%	25%	\$0.00	\$3.00	17%	50%
\$6.00	\$20.00	20%	50%	25%	\$0.00	\$3.00	18%	50%
\$4.00	\$13.00	19%	50%	25%	\$0.00	\$3.00	17%	50%
\$4.00	\$16.00	19%	50%	25%	\$0.00	\$3.00	17%	50%
\$4.00	\$11.00	19%	50%	25%	\$0.00	\$3.00	16%	49%
\$5.00	\$16.00	20%	50%	25%	\$0.00	\$3.00	17%	50%
\$4.00	\$16.00	20%	50%	25%	\$0.00	\$3.00	16%	50%
\$9.00	\$20.00	23%	50%	25%	\$0.00	\$3.00	20%	50%

*Tier 5 is limited to a 30-day supply. Long-term care (LTC) and home infusion pharmacies use the standard pharmacy cost-sharing. For LTC, you can get up to a 31-day supply. At an out-of-network pharmacy, you will pay the in-network pharmacy copay or percentage of the cost plus the amount the out-of-network pharmacy billed; charges are higher than our typical standard retail pharmacy-billed charges. If you receive Extra Help, the costs on the above table do not apply. You typically pay only a low copay. **60-day and 90-day copays are two times and three times the 30-day copays.

10 *IA, MN, MT, ND, NE, SD and WY are associated with the regional states of Upper Midwest and N. Plains.
**60-day and 90-day copays are two times and three times the 30-day copays.

Premiums and cost-sharing

2025 Cigna Healthcare Extra Rx (PDP)

Annual deductible
\$0 (Tiers 1, 2), \$175 (Tiers 3–5)

Regional states	Premium	Preferred pharmacies 30-day supply (retail)**				
		T1	T2	T3	T4	T5
Northern NE (NH,ME)	\$128.20	\$1.00	\$8.00	19%	50%	31%
Central NE (CT, MA, RI, VT)	\$112.90	\$1.00	\$8.00	19%	50%	31%
New York	\$146.60	\$1.00	\$8.00	17%	42%	31%
New Jersey	\$112.30	\$1.00	\$8.00	18%	47%	31%
Mid-Atlantic (DE, DC, MD)	\$99.30	\$1.00	\$9.00	20%	50%	31%
Pennsylvania, West Virginia	\$95.30	\$1.00	\$9.00	19%	50%	31%
Virginia	\$111.90	\$1.00	\$8.00	18%	50%	31%
North Carolina	\$102.30	\$1.00	\$8.00	19%	50%	31%
South Carolina	\$131.70	\$1.00	\$8.00	19%	50%	31%
Georgia	\$112.40	\$1.00	\$8.00	18%	50%	31%
Florida	\$114.80	\$1.00	\$8.00	18%	50%	31%
Alabama, Tennessee	\$113.20	\$1.00	\$8.00	18%	50%	31%
Michigan	\$61.00	\$2.00	\$10.00	20%	50%	31%
Ohio	\$60.80	\$3.00	\$10.00	20%	50%	31%
Indiana, Kentucky	\$111.20	\$1.00	\$9.00	18%	50%	31%
Wisconsin	\$76.90	\$2.00	\$10.00	20%	50%	31%
Illinois	\$101.60	\$1.00	\$9.00	19%	50%	31%
Missouri	\$127.00	\$1.00	\$9.00	19%	50%	31%
Arkansas	\$125.60	\$1.00	\$8.00	18%	47%	31%
Mississippi	\$95.20	\$1.00	\$8.00	19%	47%	31%
Louisiana	\$121.60	\$1.00	\$8.00	18%	45%	31%
Texas	\$94.20	\$1.00	\$8.00	20%	50%	31%
Oklahoma	\$96.40	\$1.00	\$9.00	20%	50%	31%
Kansas	\$85.10	\$1.00	\$8.00	19%	50%	31%
Upper Midwest and N. Plains*	\$102.90	\$1.00	\$10.00	19%	50%	31%
New Mexico	\$91.00	\$1.00	\$8.00	18%	47%	31%
Colorado	\$130.10	\$1.00	\$10.00	19%	50%	31%
Arizona	\$57.90	\$2.00	\$10.00	20%	50%	31%
Nevada	\$83.90	\$1.00	\$9.00	20%	50%	31%
Oregon, Washington	\$67.20	\$3.00	\$10.00	20%	50%	31%
Idaho, Utah	\$78.60	\$1.00	\$8.00	19%	50%	31%
California	\$140.90	\$1.00	\$8.00	18%	47%	31%
Hawaii	\$90.10	\$1.00	\$8.00	17%	47%	31%
Alaska	\$35.60	\$3.00	\$10.00	20%	50%	31%
Puerto Rico	\$21.00	\$1.00	\$6.00	16%	41%	31%

Premiums and cost-sharing

2025 Cigna Healthcare Extra Rx (PDP)

Annual deductible
\$0 (Tiers 1, 2), \$175 (Tiers 3–5)

Standard pharmacies 30-day supply (retail)**					Preferred 90-day supply (mail order)*			
T1	T2	T3	T4	T5	T1	T2	T3	T4
\$10.00	\$19.00	22%	50%	31%	\$0.00	\$5.00	19%	50%
\$12.00	\$20.00	23%	50%	31%	\$0.00	\$5.00	19%	50%
\$6.00	\$17.00	19%	42%	31%	\$0.00	\$5.00	17%	42%
\$10.00	\$20.00	21%	48%	31%	\$0.00	\$5.00	18%	47%
\$9.00	\$20.00	23%	50%	31%	\$0.00	\$5.00	20%	50%
\$12.00	\$20.00	23%	50%	31%	\$0.00	\$6.00	19%	50%
\$11.00	\$20.00	22%	50%	31%	\$0.00	\$6.00	18%	50%
\$11.00	\$20.00	23%	50%	31%	\$0.00	\$6.00	19%	50%
\$10.00	\$20.00	24%	50%	31%	\$0.00	\$5.00	19%	50%
\$10.00	\$20.00	22%	50%	31%	\$0.00	\$6.00	18%	50%
\$9.00	\$20.00	22%	50%	31%	\$0.00	\$5.00	18%	50%
\$11.00	\$20.00	24%	50%	31%	\$0.00	\$6.00	18%	50%
\$12.00	\$20.00	23%	50%	31%	\$0.00	\$6.00	20%	50%
\$12.00	\$20.00	23%	50%	31%	\$0.00	\$6.00	20%	50%
\$12.00	\$20.00	23%	50%	31%	\$0.00	\$6.00	18%	50%
\$12.00	\$19.00	23%	50%	31%	\$0.00	\$5.00	20%	50%
\$12.00	\$20.00	23%	50%	31%	\$0.00	\$6.00	19%	50%
\$9.00	\$20.00	23%	50%	31%	\$0.00	\$5.00	19%	50%
\$8.00	\$18.00	22%	47%	31%	\$0.00	\$5.00	18%	47%
\$8.00	\$18.00	22%	47%	31%	\$0.00	\$5.00	19%	47%
\$7.00	\$17.00	21%	45%	31%	\$0.00	\$5.00	18%	45%
\$10.00	\$20.00	22%	50%	31%	\$0.00	\$5.00	20%	50%
\$12.00	\$20.00	23%	50%	31%	\$0.00	\$6.00	20%	50%
\$12.00	\$20.00	22%	50%	31%	\$0.00	\$6.00	19%	50%
\$12.00	\$20.00	23%	50%	31%	\$0.00	\$6.00	19%	50%
\$7.00	\$19.00	22%	47%	31%	\$0.00	\$5.00	18%	47%
\$12.00	\$20.00	23%	50%	31%	\$0.00	\$6.00	19%	50%
\$12.00	\$20.00	23%	50%	31%	\$0.00	\$5.00	20%	50%
\$11.00	\$20.00	23%	50%	31%	\$0.00	\$6.00	20%	50%
\$12.00	\$20.00	23%	50%	31%	\$0.00	\$6.00	20%	50%
\$9.00	\$20.00	22%	50%	31%	\$0.00	\$5.00	19%	50%
\$8.00	\$19.00	22%	47%	31%	\$0.00	\$5.00	18%	47%
\$7.00	\$18.00	21%	47%	31%	\$0.00	\$5.00	17%	47%
\$12.00	\$20.00	23%	50%	31%	\$0.00	\$6.00	20%	50%
\$7.00	\$14.00	20%	41%	31%	\$0.00	\$4.00	16%	41%

12 *IA, MN, MT, ND, NE, SD and WY are associated with the regional states of the Upper Midwest and N. Plains.
**60-day and 90-day copays are two times and three times the 30-day copays.

*Tier 5 is limited to a 30-day supply. Refer to 30-day retail cost-sharing. Long-term care (LTC) and home infusion pharmacies use the standard pharmacy cost-sharing. For LTC, you can get up to a 31-day supply. At an out-of-network pharmacy, you will pay the in-network pharmacy copay or percentage of the cost plus the amount the out-of-network pharmacy billed; charges are higher than our typical standard retail pharmacy-billed charges. If you receive Extra Help, the costs on the above table do not apply. You typically pay only a low copay. **60-day and 90-day copays are two times and three times the 30-day copays.

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What are the next steps?

Here's what happens after you pick your plan and enroll.

As soon as Medicare approves your application, Cigna Healthcare will send you what you need to start using your plan. That includes:

Medicare Prescription Drug Plans



Name: <first name> <middle>
<last name>

Customer ID: <MemberID>

Health Plan (80840) 9151014609

RxBIN: 017010

RxPCN: CIMCARE

RxGroup: CIGPDPRX

MedicareRx
Prescription Drug Coverage X
S561Z_<PBP>

- **Confirmation.** This will be a letter that confirms Medicare has approved your enrollment.
- **Customer ID card.** This is the card you'll present at the pharmacy to begin using your plan benefits.
- **Welcome kit.** This includes helpful resources, must-have information and useful tools.

Questions? We're here to answer them all.

Here are just some of the ways you can get in touch with us or learn more about our plans:



Call us 7 days a week from 8 a.m. to 8 p.m. local time to speak with a helpful Cigna Healthcare Certified Licensed Benefit Advisor. Our automated phone system may answer your call during weekends from April 1 to September 30.

- If you're already a customer, call **1-800-222-6700 (TTY 711)**.
- If you're not yet a customer, call **1-800-735-1459 (TTY 711)**.



Or visit us online:

- For general questions, visit **Cigna.com/part-d**.
- For questions about your pharmacy or medication, visit **Cigna.com/member-resources**.



Need a hand understanding Medicare?

We're here to help.

If you have any questions about Medicare plans from Cigna Healthcare,
just contact your certified licensed insurance advisor.



1-800-845-3819 (TTY 711)

7 days a week, 8 a.m. – 8 p.m. local time. Our automated phone system
may answer your call during weekends from April 1 to September 30.

[Cigna.com/Part-D](https://www.cigna.com/Part-D)



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The Cigna Healthcare Saver Prescription Drug Plan's pharmacy network includes limited lower-cost, preferred pharmacies in Alaska. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-800-222-6700 (TTY 711) or consult the online pharmacy directory at [Cigna.com/member-resources](https://www.cigna.com/member-resources).

To file a marketing complaint, contact Cigna Healthcare or call 1-800-MEDICARE (24 hours a day, 7 days a week). Please include the agent/broker name if possible.

This benefit information is a summary of what we cover and what you pay. It does not list every service, limitation or exclusion. To get a complete description of benefits, request the *Evidence of Coverage* booklet or find it online at [Cigna.com/member-resources](https://www.cigna.com/member-resources). © 2024 Cigna Healthcare