



2025 Cigna Healthcare PDP Frequently Asked Questions

Cigna Healthcare Part D plans for the 2025 plan year:

- Cigna Healthcare Assurance Rx
- Cigna Healthcare Saver Rx
- Cigna Healthcare Extra Rx

Coverage Stages

What are the coverage stages in 2025?

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, you pay the full cost of your covered Part D prescription drugs up to the deductible amount. Once you reach the deductible amount, you enter the *Initial Coverage Stage* and pay a copay or coinsurance.

The Cigna Healthcare Assurance Rx plan has a 2025 deductible of \$590 for all tiers.

The Cigna Healthcare Saver Rx plan has a 2025 deductible of \$590 for tiers 3, 4 and 5 only.

The Cigna Healthcare Extra Rx plan has a 2025 deductible of \$175 tiers 3, 4 and 5 only.

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.

I have heard that the Coverage Gap is “going away”. Is that correct for 2025?

Yes. The coverage gap is removed completely in 2025.

What is the maximum out of pocket for prescription drugs?

For 2025, once your total out of pocket drug cost reach \$2,000 in covered Part D drugs, you will pay \$0 for covered medications for the remainder of the calendar year (January – December). You will still need to pay your monthly premium.

Note: if the drug plan includes supplemental benefits, such as the Extra or Saver plan, you will pay the appropriate cost share for that plan/tier/pharmacy through ALL coverage phases – the deductible will not apply to excluded drugs, and you will continue to be charged the normal cost share once you reach the catastrophic phase. Extra Help does not apply to these drugs.

How does the plan calculate the max out-of-pocket?

The easiest way to calculate your annual costs is by using our [online shopping tool](#). To start, input your zip code, then select “add your prescriptions for estimate.” From there, you can select your pharmacy preferences and if you receive Extra Help.

Could I pay less than \$2,000?

Yes. The amount applied towards the out-of-pocket is the greater of the amount paid by you based on your plan’s benefit OR the cost-share the you would have paid under the CMS defined standard plan. The defined standard plan for 2025 is a \$590 deductible and 25% cost share. This means you may reach the max out of pocket by spending less than \$2,000.

Glucagon-like peptide-1, also known as GLP-1

What are GLP-1s?

GLP-1s are a type of diabetes medication. GLP-1s help the body produce more insulin when your blood sugar begins to rise. The extra insulin helps lower your blood sugar after you eat. GLP-1s also work by slowing digestion in the stomach and telling your brain that you’re full, so you feel less hungry.

Why is a Prior Authorization needed for GLP-1s?

Utilization review requirements are due to the need to closely monitor some medications. This may be due to Medicare requirements, or our own safety requirements.

All GLP-1s on formulary are indicated for Type 2 diabetes. However, because they slow digestion and help you feel less hungry, they are also being used for weight loss, which is not allowed by Medicare. A prior authorization is needed to ensure access to medication and appropriate use for Type 2 diabetes.

Why are GLP-1s not covered for weight loss?

Medicare Part D does not cover drugs used for weight loss. They are excluded from coverage per Centers of Medicare & Medicaid Services (CMS) regulations.

What is prior authorization (PA)?

This means you or your health care provider will need to get an approval from our plan before we will cover a specific medication. If you don’t get the required approval, we may not cover that prescription drug.

Who does the GLP-1 PA requirement apply to?

The GLP-1 PA applies to all PDP members. This includes members currently using a GLP-1 and not just members newly starting on a GLP-1.

I have already been using a GLP-1. Why does the GLP-1 PA requirement apply to me?

Because we don’t know if you are using your medication for Type 2 diabetes or some other reason like weight loss, we must ensure appropriate use of the medication. To do so, we need to confirm whether you have Type 2 diabetes.

What is the GLP-1 PA requirement criteria?

The PA criteria require confirmation of a diagnosis of Type 2 diabetes.

The PA criteria can be found on our website, [Cigna.com/member-resources](https://www.cigna.com/member-resources)

- Select “Drug List Formulary” toward the bottom of the page. From here, you can view more information on “Prior Authorization Criteria” for 2024 and 2025.

How do I request an exception?

Once you are a member of our plan and your coverage is active, you or your prescriber can request an exception. If your coverage is for 1/1/2025, you must wait until January 1 to request an exception.

Is Wegovy covered under Part D?

No, Wegovy is non-formulary.

Currently, there are no other GLP-1s indicated to reduce the risk of major cardiovascular events in non-diabetic patients. Discuss alternative drug options with your health care provider. If you and your provider decide an alternative drug will not work for you, you can ask us to make an exception to cover Wegovy if you are a member of our plan. You, your provider or authorized representative must start a request for your medication.

If you ask for – and we approve – Wegovy, it will have a Tier 4 cost-share. That’s because the drug would be approved as an exception. Keep in mind, the drug would not be eligible for a tier exception to lower the cost.

Will Cigna Healthcare cover my medication?

You can use our [online shopping tool](#) to review our formulary, pharmacy network and drug costs. To start, input your **zip code** and make sure you’re on the “**Medicare Part D Plans**” tab. Next, click “**add your prescriptions for estimate.**” Each plan’s formulary is different, so you’ll want to select “**view details**” for the plan you are interested in. From here, select “**prescriptions**” to review the coverage, including any restrictions or cost share information.

Medicare Prescription Payment Plan

What is the Medicare Prescription Payment Plan?

The Medicare Prescription Payment Plan is a new Part D Program that provides customers with the option to pay out-of-pocket prescription drug costs by monthly payments over the course of the plan year, instead of all at once to the pharmacy.

The Medicare Prescription Payment Plan is offered for every pharmacy type, including mail order, home infusion, specialty, and long-term care pharmacies. All Part D plans offer this payment option, participation is voluntary and there is no cost to participate in the Medicare Prescription Payment Plan. This payment option might help you manage monthly drug expenses, but it doesn’t save you money or lower your drug costs.

Who is likely to benefit from the Medicare Prescription Payment Plan?

If you have high drug costs earlier in the calendar year, or spend \$2,000 annually, you may benefit by spreading your drug costs out over the course of the plan year. Although you can start participating in this payment option at any time in the year, starting earlier in the year gives more months to spread out drug costs. Remember, this payment option might help to manage monthly drug expenses, but it doesn't save money or lower drug costs.

This payment option may not be the best choice for the you, if:

- Yearly drug costs are low.
- Drug costs are the same each month.
- You are considering signing up for the payment option late in the calendar year (after September 2025).
- You don't want to change how you pay for your drugs.
- You get or are eligible for Extra Help from Medicare.
- You get or are eligible for a Medicare Savings Program.
- You get help paying for drugs from other organizations, like a State Pharmaceutical Assistance Program (SPAP), a coupon program, or other health coverage.

How can a you opt in to the Medicare Prescription Payment Plan?

You cannot opt in to the program until after your PDP or MAPD enrollment is approved. Once you receive your Cigna Healthcare ID card or Welcome Kit, you may opt in by either:

- **Phone:** 1.866.845.1803, 24 hours a day, 7 days a week
- **Online:** Visit <https://www.express-scripts.com/mppp>
- **Mail:** complete and return an election form

Existing Cigna Healthcare PDP and MAPD customers can opt in any time for the 2025 plan year using the above methods.

How long does it take to process a request to opt in to the Medicare Prescription Payment Plan?

When Part D sponsors receive a request to opt into the program before the plan year begins, they must process the request within 10 calendar days of receipt. When a request is received during the plan year, they must process it within 24 hours of receipt. Although real-time/point of sale election will not be required in 2025, CMS is committed to exploring real-time/point of sale election mechanisms that can be implemented for future years.

What happens if I change my health or drug plan?

When enrollment in one plan ends, your participation in the Medicare Prescription Payment Plan will also end. You should contact your new plan if you would like to participate in the Medicare Prescription Payment Plan again.

How to opt out of the program once you have opted in

You can leave the Medicare Prescription Payment Plan at any time by contacting your health or drug plan. Leaving won't affect your Medicare drug coverage and other Medicare benefits.

If you still owe a balance, you will be required to pay the amount owed, even though you are no longer participating in this payment option. You can choose to pay the balance all at once or be billed monthly. After opting out, you may pay the pharmacy directly for new out-of-pocket drug costs after leaving the Medicare Prescription Payment Plan.

Is the PDP or MAPD enrollment application process impacted by this new program?

No, the enrollment process will not include any election into the Medicare Prescription Payment Plan. The enrollment form does not contain any Medicare Prescription Payment Plan information.

How will I hear about the Medicare Prescription Payment Plan?

If you are an existing Cigna Healthcare customer in 2024, information was included in the Annual Notice of Change mailed to you in September and is also available in the Evidence of Coverage.

If you are a new Cigna Healthcare customer for 2025: Upon confirmed enrollment, you will receive an information sheet & election form with your welcome kit. This typically arrives within 10 business days from your confirmed enrollment.

How does the Medicare Prescription Payment Plan work?

After you opt in, you will pay \$0 to the pharmacy for covered Part D drugs, and Cigna will bill you using monthly statements for any cost sharing you incur while in the program. Pharmacies will be paid in full by the Part D sponsor, Cigna Healthcare.

If you select this payment option, each month you will continue to pay your plan premium (if you have one), and you will get a bill from your drug plan to pay for prescription drugs, instead of paying the pharmacy. Even though you won't pay for your drugs at the pharmacy, you are still responsible for the costs. If you want to know what your drug will cost before you take it home, call your plan or ask the pharmacy.

Can individuals in the Extra Help program participate in the Medicare Prescription Payment Plan?

The Extra Help program, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. At the same time, Part D sponsors must provide all Part D enrollees with the option to participate in the Medicare Prescription Payment Plan, including those in the Extra Help program.

How will the monthly bill be calculated?

Monthly bills are based on what you would have paid for any prescriptions at the pharmacy, plus any previous month's balance, divided by the number of months left in the year. All plans use the same formula to calculate monthly payments.

Payments might change every month, so you might not know what your exact bill will be ahead of time. Future payments might increase when you fill a new prescription (or refill an existing prescription) because as new out-of-pocket costs get added to the monthly payment, there are fewer months left in the year to spread out remaining payments.

In a single calendar year (January – December), you will never pay more than: The total amount you would have paid out of pocket to the pharmacy if you weren't participating in this payment option. The Medicare drug coverage annual out-of-pocket drug maximum \$2,000 in 2025. *Refer to "Medication Prescription Payment Plan – Monthly Bill Examples" within for more information.*

What happens if you don't pay your Medicare Prescription Payment Plan bill?

You will get a reminder from Cigna Healthcare if you miss a payment. If you don't pay your bill by the date listed in that reminder, you will be removed from the Medicare Prescription Payment Plan. You are required to pay the amount you owe within 60 days, but you won't pay any interest or fees, even if your payment is late. If you are removed from the Medicare Prescription Payment Plan, you are still enrolled in the drug plan.

You should always pay your drug plan monthly premium first (if they have one), so you don't lose their drug coverage.

How do I leave or opt out of the Medicare Prescription Payment Plan after opting in?

You can leave the Medicare Prescription Payment Plan at any time by contacting Cigna Healthcare. Leaving won't affect your Medicare drug coverage and other Medicare benefits. Keep in mind: if you still owe a balance, you are required to pay the amount you owe, even though you are no longer participating in this payment option.

Can I re-elect into the Medicare Prescription Payment if I was previously removed for non-payment?

You can re-elect at any time so long as your previous balance was paid in full and your coverage is active.

What is the role of pharmacies in this new Medicare Prescription Payment Plan?

If you have a covered Part D drug that costs more than \$600, the pharmacy will provide you with the Medicare Prescription Payment Plan Likely to Benefit Notice, a standardized notice that all pharmacies are required to use. You must contact the plan, Cigna Healthcare, to opt in.

Are there differences in how this program works for PDP vs. MAPD?

No, the program works the same for PDP and MAPD.

Medication Prescription Payment Plan – Monthly Bill Examples

Example 1: Start participating in January with consistent costs throughout the year			
Month	Your drug costs (without this payment option)	Your monthly payment (with this payment option)	Notes
January	\$80.00	\$80.00	This is when you started using this payment option. Remember, your first month's bill is based on the "maximum possible payment" calculation. We calculate your bill for the rest of the months in the year differently.
February	\$80.00	\$7.27	$\$80/11 \text{ months} = \7.27
March	\$80.00	\$15.27	$\$72.73 \text{ balance from Feb.} + \text{new fill } \$80 = \$152.73$ $\$152.73/10 \text{ months} = \15.27
April	\$80.00	\$24.16	
May	\$80.00	\$34.16	
June	\$80.00	\$45.59	
July	\$80.00	\$58.93	
August	\$80.00	\$74.92	
September	\$80.00	\$94.93	
October	\$80.00	\$121.59	
November	\$80.00	\$161.59	
December	\$80.00	\$241.59	
Total	\$960.00	\$960.00	You'll pay the same total amount for the year, even if you don't use this payment option.
Depending on your specific circumstances, you might not benefit from using this payment option due to the higher payments that start in September. Contact the health or drug plan for personalized help.			

Example 2: Start participating in January with high drug costs early in the year

Month	Your drug costs (without this payment option)	Your monthly payment (with this payment option)	Notes
January	\$500	\$166.67	This is when you started participating in this payment option. Remember, your first month's bill is based on the "maximum possible payment" calculation. We calculate your bill for the rest of the months in the year differently.
February	\$500	\$75.76	
March	\$500	\$125.76	
April	\$500	\$181.31	This month you reached the annual out-of-pocket maximum (\$2,000 in 2025). You'll have no new out-of-pocket drug costs for the rest of the year.
May	\$0.00	\$181.31 *	*You'll still get your \$500 drugs each month, but because you've reached the annual out-of-pocket maximum, you won't add any new out-of-pocket costs for the rest of the year. You'll continue to pay what you already owe.
June	\$0.00	\$181.31 *	
July	\$0.00	\$181.31 *	
August	\$0.00	\$181.31 *	
September	\$0.00	\$181.31 *	
October	\$0.00	\$181.31 *	
November	\$0.00	\$181.31 *	
December	\$0.00	\$181.31 *	
Total	\$2,000.00	\$2,000.00	You'll pay the same total amount for the year, even if you don't use this payment option.

Example 3: Start participating in April with varying costs throughout the year

Month	Your drug costs (without this payment option)	Your monthly payment (with this payment option)	Notes
January	\$4.00	\$4.00*	*You made these payments directly to the pharmacy before you started participating in the Medicare Prescription Payment Plan.
February	\$4.00	\$4.00*	
March	\$4.00	\$4.00*	
April	\$617.00	\$220.89	This is when you started using this payment option. Remember, your first month's bill is based on the "maximum possible payment" calculation. We calculate your bill for the rest of the months in the year differently.
May	\$4.00	\$50.01	
June	\$4.00	\$50.59	
July	\$124.00	\$71.25	This month, you need a drug that's \$120, in addition to your \$4 drug. Following the same formula we used in May, your payments increase because you're adding drug costs during the year, but you have fewer months left in the year to spread your payments across.
August	\$4.00	\$72.05	
September	\$4.00	\$73.05	
October	\$124.00	\$114.39	This month, you need a drug that's \$120, in addition to your \$4 drug. Following the same formula we used in May, your payments increase because you're adding drug costs during the year, but you have fewer months left in the year to spread your payments across.
November	\$4.00	\$116.39	
December	\$4.00	\$120.38	
Total	\$901.00	\$901.00	You'll pay the same total amount for the year, even if you don't use this payment option.