

Summary of Formulary Benefits

The information in this Summary and the online Drug List will help you understand the prescription drug benefits offered in this plan and to compare the value and scope to those offered by other plans.

Highlights:

- Covered medications
- Lower cost medication options
- Development of the formulary
- Appeals
- Medical management

Cigna HealthcareSM offers an online tool to determine cost-shares for drugs on the formulary. A formulary is a list of brand-name and generic drugs that are covered by your plan. Cost-sharing information reflects a customer's share of the cost. This cost excludes any deductible requirement. It is calculated using the most current price of the drug. This cost is based on the plan's actual allowed amount.

You can obtain more information about your pharmacy benefits by visiting [Cigna.com](https://www.cigna.com). Our Prescription Drug List is available by calling the customer service phone number on your ID card or at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list).

In the event that you request a brand-name drug that has a generic equivalent, you will be financially responsible for the amount by which the cost of the brand-name drug exceeds the cost of the generic drug, plus the generic copay or cost-share percentage shown in the benefit schedule.

Your responsibility for covered prescription drugs and related supplies will always be the lowest of the copay or cost-share percentage for the prescription drug; or our discounted rate for the prescription drug; or the pharmacy's Usual and Customary (U&C) charge for the prescription drug.* U&C refers to the established pharmacy retail cash price, less all applicable customer discounts that a pharmacy usually applies, regardless of the customer's payment source.

You can view a comparison of pharmacy benefits, Evidence of Coverage (EOC) documents and the Summary of Benefit and Coverage (SBC) for our plans at [Cigna.com](https://www.cigna.com).

Drug List and price lookup tool**

You can lookup a drug price quickly and easily at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list)*** Enter the drug name to start the search. If you don't know the correct drug name spelling, enter the first few letters of the drug name to review possible options.

Drugs by cost-sharing tier

5-tier count	
Tier	Percentage of drugs covered on a tier
1	323, 17%
2	823, 45%
3	231, 13%
4	267, 15%
5	173, 10%

4-tier count	
Tier	Percentage of drugs covered on a tier
1	1146, 62%
2	231, 13%
3	267, 15%
4	173, 10%

How prescription drugs are covered

Prescription drug list management

The Prescription Drug List is managed by the Health Plan Value Assessment Committee (HVAC), which makes, subject to the Pharmacy & Therapeutics (P&T) Committee's review and approval of the Drug List, coverage tier placement decisions of prescription drugs or related supplies and/or applies utilization management requirements to certain prescription drugs or related supplies. Your EOC's coverage tiers may contain prescription drugs or related supplies that are generic drugs, brand-name drugs or specialty medications. Placement of any prescription drug or related supplies in a specific tier, and application of utilization management requirements to a prescription drug, depends on a number of clinical and economic factors. Clinical factors include, without limitation, the P&T Committee's evaluations of the place in therapy, or relative safety or relative efficacy of the prescription drug or related supplies, and economic factors include, without limitation, the cost and/or available rebates for prescription drugs or related supplies. Whether a particular prescription drug or related supply is appropriate for you or any of your family member(s), regardless of its eligibility coverage under your EOC, is a determination that is made by you (or your family member) and the prescribing physician.

The coverage status of a prescription drug or related supply may change periodically during the year for various reasons. For example, a prescription drug or related supply may be removed from the market, a new prescription drug in the same therapeutic class may become available, or the cost of a prescription drug or related supply may increase.

As a result of coverage changes, you may be required to pay more or less for that prescription drug or related supply, or try another covered prescription drug or related supply. We will provide at least 60 days' written notice of uniform prescription drug coverage modification upon renewal of this plan, as required by applicable law. Please access myCigna.com or call customer service at the phone number on your Cigna Healthcare ID card for the most up-to-date coverage tier status, utilization management, or other coverage limitations for prescription drugs or related supplies.

Continuation of coverage

Changes to prescription drug formulary

If a drug is removed from our Drug List during the year, and you are taking that drug, we will make the drug available to you at the preferred benefit level until your plan renewal date.

Off-label drug use

Covered versus not covered drugs

The EOC provides benefits for covered expenses that include charges for drugs, and the medically necessary services associated with the administration of the drugs, prescribed to treat any chronic, disabling or life-threatening illness if the drug is FDA-approved for at least one indication. The prescribed drug must be recognized as a treatment in one of the standard compendia or supported by articles in accepted, peer-reviewed medical literature. Experimental drugs, drugs prescribed for a disease or condition excluded from coverage, drugs not approved by the FDA and drugs for which the FDA has determined off-label use to be contraindicated are not covered.

Cost-sharing

The Cigna Connect OB gold plan does not have a deductible. Our plans have a combined pharmacy and medical deductible or a separate pharmacy deductible that must be met before the plan will begin to pay for benefits.

4-tier option

Tier 1	This tier typically includes most generic drugs and some low-cost brand-name drugs.
Tier 2	This tier typically includes preferred brand-name drugs and some high-cost generic drugs.
Tier 3	This tier typically includes non-preferred brand-name drugs and some high-cost generic drugs.
Tier 4	This tier typically includes specialty medications and high-cost generic and brand-name drugs.

5-tier option

Tier 1	This tier typically includes preferred generic drugs.
Tier 2	This tier typically includes most generic drugs and some low-cost brand-name drugs.
Tier 3	This tier typically includes preferred brand-name drugs and some high-cost generic drugs.
Tier 4	This tier typically includes non-preferred brand-name Drugs and some high-cost Generic Drugs.
Tier 5	This tier typically includes Specialty Medications and high-cost generic and brand-name drugs.

Preventive care drugs - Drugs designated by the Patient Protection and Affordable Care Act of 2010 as preventive are covered at \$0 cost share. Home Delivery allows you to receive up to a 90-day supply of medication, except specialty and high-cost medications, which are limited to a 30-day supply.

Utilization management requirements

Authorization, exception and appeal process for prescription drugs and related supplies

Authorization from Cigna Healthcare is required for certain prescription drugs and related supplies, meaning that your physician must obtain authorization from Cigna Healthcare before the prescription drug or related supply will be covered.

Prior authorization

When your physician prescribes certain prescription drugs or related supplies, including high-cost and specialty medications, Cigna Healthcare requires your physician to obtain authorization before the prescription or supply can be filled. To obtain prior authorization, your physician must follow the prescription drug and related supply authorization and exception request process as described on next page.

Step therapy

Step Therapy is a type of prior authorization. Cigna Healthcare may require a customer to follow certain steps before covering some prescription drugs and related supplies, including without limitation, some high-cost and specialty medications. If a prescription drug or related supply is subject to a Step Therapy requirement, then you must try one or more similar prescription drugs and related supplies before the EOC will cover the requested prescription drug or related supply. The prescription drugs and related supplies that require Step Therapy can be identified on the Prescription Drug List at myCigna.com. A covered prescription drug approved by the U.S. Food and Drug Administration for the treatment of stage-four advanced metastatic cancer that is consistent with best practices for the treatment of stage-four advanced, metastatic cancer or an associated condition and supported by peer-reviewed, evidence-based literature does not require Step Therapy. To obtain Step Therapy Authorization, your physician must follow the prescription drug and related supply authorization and exception request process as described in right-hand column.

Exceptions for prescription drugs and related supplies not on the prescription drug list

If your physician prescribes a prescription drug or related supply that is not on our Prescription Drug List, he or she can request that Cigna Healthcare make an

exception and agree to cover that drug or supply for your condition. To obtain an exception for a prescription drug or related supply, your physician must follow the prescription drug and related supply authorization and exception request process as described.

Prescription drug and related supply authorization and exception request process

To obtain an exception, your physician may call Cigna Healthcare, or complete the appropriate form and fax it to Cigna Healthcare to request an exception. Your physician can certify in writing that you have previously used a prescription drug or related supply that is on our Prescription Drug List or in a Step Therapy Protocol, and the prescription drug or related supply has been detrimental to your health or has been ineffective in treating your condition and, in the opinion of your physician, is likely to again be detrimental to your health or ineffective in treating the condition. The exception request will be reviewed and completed by Cigna Healthcare within 72 hours of receipt.

Expedited review of a prior authorization, step therapy or prescription drug exception request

An expedited review may be requested by your physician when you are suffering from a health condition that may seriously jeopardize your life, health or ability to regain maximum function, or when you are undergoing a current course of treatment using a prescription drug or related supply not on our Prescription Drug List. The expedited review will be reviewed and completed by Cigna Healthcare within 24 hours of receipt.

If the request is approved, your physician will receive confirmation. The authorization/exception will be processed in our pharmacy claim system to allow you to have coverage for those prescription drugs or related supplies. The length of the authorization will be granted until you no longer use the prescription drug or related supply for which the authorization or exception was approved. When your physician advises you that coverage for the prescription drugs or related supplies has been approved, you should contact the pharmacy to fill the prescriptions.

If the request is denied, you and your physician will be notified that coverage for the prescription drugs or related supplies was not authorized.

Right to appeal

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help. Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

Appeal of a prior authorization, step therapy or prescription drug exception denial

If you, a person acting on your behalf or the prescribing physician or other prescriber disagree with a coverage decision, you, a person acting on your behalf or the prescribing physician or other prescriber may appeal that decision in accordance with the provisions of the EOC, by submitting a written request stating why the prescription drugs or related supplies should be covered. Please see the section of the EOC entitled "*When You Have a Complaint or an Appeal*" which describes the process for the external independent review.

If you have questions about specific Drug List exceptions, Prior Authorization or a Step Therapy request, call customer service at the toll-free number on the back of your ID card.

Cigna HealthCare of Texas, Inc.

To get information or file a complaint with your insurance company or HMO:

Call: Customer Service at **1-877-900-1237**

Visit: **Cigna.com**

Mail: PO Box 30028

Tampa, FL 33630-3028

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call: **1-800-252-3439**

File a complaint: **www.tdi.texas.gov**

Email: **ConsumerProtection@tdi.texas.gov**

Mail: MC III-IA, PO Box 149091

Austin, TX 78714-9091



*Health benefit plans may be different, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and be medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may have to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Look at your plan documents for more information about your plan's prescription drug coverage.

**Prices shown on myCigna are not a guarantee. Coverage falls under your plan terms and conditions. Visit myCigna for more information.

***Cigna Healthcare utilizes our business partner Express Scripts in displaying drug price information.

Product availability may vary by location and plan type and is subject to change. All health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

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