



Summary of Benefits

January 1, 2007 - December 31, 2007

1-800-222-6700

We are here for you 8 am - 8 pm, local time, 7 days a week

www.signature-rx.com

TTY/TDD users call 8 am - 8 pm, local time, 7 days a week

1-800-322-1451

Summary of Benefits

Introduction to the Summary of Benefits for CIGNATURE Rx

January 1, 2007-December 31, 2007

Thank you for your interest in CIGNATURE Rx. Our plan is offered by Connecticut General Life Insurance Company, a Medicare Prescription Drug Plan that contracts with Medicare. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation or exclusion. To get a complete list of our benefits, please call CIGNATURE Rx and ask for the Evidence of Coverage.

You have choices in your Medicare Prescription Drug Coverage.

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare Prescription Drug Plan, like CIGNATURE Rx. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

How can I compare my options?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by CIGNATURE Rx to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

Where is CIGNATURE Rx available?

The service area for this plan includes: All 50 states and the District of Columbia. There is more than one plan listed in this Summary of Benefits. If you are enrolled in one and wish to switch to another plan, you may do so only during certain times of the year. You must live in one of these locations to join this plan.

If you move please call Customer Service to update your information.

Who is eligible to join?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the service area. Eligible individuals may only enroll in one Medicare Prescription Drug Plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO), unless they are a member of Medicare Private-Fee-For-Services plan that does not offer Medicare prescription drug coverage or are enrolled in an 1876 Cost Plan. You may join a Medicare Prescription Drug Plan during certain times of the year.

Where can I get my prescriptions?

CIGNATURE Rx has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits CIGNATURE Rx may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or call Customer Service for an up-to-date list.

Do you cover Medicare Part B or Part D drugs?

We do not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biologicals and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

Does my plan have a prescription drug formulary?

CIGNATURE Rx uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs. The plan may periodically make changes to the formulary. If the formulary changes, affected enrollees will be notified, in writing before the change is made.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a service that your plan may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. If you have questions concerning our MTM Program please contact our Customer Service number listed at the end of this section.

What should I do if I have other insurance in addition to Medicare?

If you have a Medigap (Medicare Supplement) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy and adjust your premium. Under certain circumstances, you can also buy a different Medigap policy without prescription drug coverage sold by your Medigap Issuer. Your Medigap Issuer cannot charge you more, based on any past or present health problems. Call your Medigap Issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to your employer to find out how your benefits will be affected if you join CIGNATURE Rx. Get this information before you decide to enroll in this plan.

How can I get help with drug plan costs?

Medicare beneficiaries with low or limited income and resources may qualify for additional assistance. If you qualify, your Medicare Prescription Drug Plan costs, the amount of your premium and your drug costs at the pharmacy will be less. Once you have enrolled in CIGNATURE Rx, Medicare will tell us how much assistance you are receiving, and we will send you information on the amount you will pay. If you are not receiving this additional assistance, you should contact 1-800-MEDICARE to see if you might qualify.

What are my protections in this plan?

All Medicare Prescription Drug Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Prescription Drug Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare prescription drug coverage in your area.

If CIGNATURE Rx ever denies coverage for your prescription drugs, we will explain our decision to you. You always have the right to appeal and ask us to review the claim that was denied. In addition, if your physician prescribes a drug that is not on our formulary, is not a preferred drug or is subject to additional utilization rules, you may ask us to make a coverage exception.

Please call CIGNATURE Rx for more information about this plan.

Customer Service Hours: 8 am - 8 pm, local time, 7 days a week

Current members call **1-800-222-6700**

TTY/TDD **1-800-322-1451**

Prospective members call **1-800-735-1459**

TTY/TDD **1-800-322-1210**

Web site **www.signature-rx.com**

For more information about Medicare, call 1-800-MEDICARE (1-800-633-4227).

TTY/TDD users call 1-877-486-2048. You can call 24 hours a day/7 days a week.

Or visit www.medicare.gov.

If you have special needs, this document is available in other formats.

**SUMMARY OF BENEFITS
CIGNATURE RX PLAN COMPARISON**

Benefits Category	CIGNATURE Rx Value Plan	CIGNATURE Rx Plus Plan	CIGNATURE Rx Complete Plan
Prescription Drugs	You pay from \$17.40 to \$31.30 each month for your Medicare Part D prescription benefit. Please refer to the Premium table located after this section to find the premium in your area.	You pay from \$25.20 to \$40.80 each month for your Medicare Part D prescription benefit. Please refer to the Premium table located after this section to find the premium in your area.	You pay from \$34.10 to \$53.00 each month for your Medicare Part D prescription benefit. Please refer to the Premium table located after this section to find the premium in your area.
Drugs covered under Medicare Part D (Prescription Drug Benefits)	<p>This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.cignature-rx.com.</p> <p>People who have limited incomes, who live in long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact plan for details.</p>	<p>This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.cignature-rx.com.</p> <p>People who have limited incomes, who live in long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact plan for details.</p>	<p>This plan uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at www.cignature-rx.com.</p> <p>People who have limited incomes, who live in long term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact plan for details.</p>
Deductible	You pay a \$265 deductible on all drugs except Generic Drugs. You pay \$0 for Generic Drugs until you reach the deductible.	There is no deductible	There is no deductible

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CIGNATURE RX PLAN COMPARISON**

Benefits Category	CIGNATURE Rx Value Plan	CIGNATURE Rx Plus Plan	CIGNATURE Rx Complete Plan
Initial Coverage	After you have paid your yearly deductible and before the total yearly drug costs (paid by both you and your plan) reach \$2400, you pay the following for prescription drugs:	Before the total yearly drug costs (paid by both you and your plan) reach \$2400 you pay the following for prescription drugs:	Before the total yearly drug costs (paid by both you and your plan) reach \$2400 you pay the following for prescription drugs:
In-Network Retail Pharmacy	<ul style="list-style-type: none"> - \$0 for a one month (30 day) supply of Generic drugs - \$20 for a one month (30 day) supply of Preferred Brand drugs - \$60 for a one month (30 day) supply of Non-Preferred Brand drugs - 30% coinsurance for a one month (30 day) supply of Specialty drugs - \$0 for a three month (90 day) supply of Generic drugs - \$60 for a three month (90 day) supply of Preferred Brand drugs - \$180 for a three month (90 day) supply of Non-Preferred Brand drugs - 30% coinsurance for a three month (90 day) supply of Specialty drugs 	<ul style="list-style-type: none"> - \$4 for a one month (30 day) supply of Generic drugs - \$30 for a one month (30 day) supply of Preferred Brand drugs - \$50 for a one month (30 day) supply of Non-Preferred Brand drugs - 30% coinsurance for a one month (30 day) supply of Specialty drugs - \$12 for a three month (90 day) supply of Generic drugs - \$90 for a three month (90 day) supply of Preferred Brand drugs - \$150 for a three month (90 day) supply of Non-Preferred Brand drugs - 30% coinsurance for a three month (90 day) supply of Specialty drugs 	<ul style="list-style-type: none"> - \$4 for a one month (30 day) supply of Generic drugs - \$30 for a one month (30 day) supply of Preferred Brand drugs - \$50 for a one month (30 day) supply of Non-Preferred Brand drugs - 30% coinsurance for a one month (30 day) supply of Specialty drugs - \$12 for a three month (90 day) supply of Generic drugs - \$90 for a three month (90 day) supply of Preferred Brand drugs - \$150 for a three month (90 day) supply of Non-Preferred Brand drugs - 30% coinsurance for a three month (90 day) supply of Specialty drugs
Mail Order	<ul style="list-style-type: none"> - \$0 for a one month (30 day) supply of Generic drugs you get through a preferred mail order - \$20 for a one month (30 day) supply of Preferred Brand drugs you get through a preferred mail order 	<ul style="list-style-type: none"> - \$4 for a one month (30 day) supply of Generic drugs you get through a preferred mail order - \$30 for a one month (30 day) supply of Preferred Brand drugs you get through a preferred mail order 	<ul style="list-style-type: none"> - \$4 for a one month (30 day) supply of Generic drugs you get through a preferred mail order - \$30 for a one month (30 day) supply of Preferred Brand drugs you get through a preferred mail order

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Benefits Category	CIGNATURE Rx Value Plan	CIGNATURE Rx Plus Plan	CIGNATURE Rx Complete Plan
Mail Order	<ul style="list-style-type: none"> - \$60 for a one month (30 day) supply of Non-Preferred Brand drugs you get through a preferred mail order - 30% coinsurance for a one month (30 day) supply of Specialty drugs you get through a preferred mail order - \$0 for a three month (90 day) supply of Generic drugs you get through a preferred mail order - \$50 for a three month (90 day) supply of Preferred Brand drugs you get through a preferred mail order - \$150 for a three month (90 day) supply of Non-Preferred Brand drugs you get through a preferred mail order - 30% coinsurance for a three month (90 day) supply of Specialty drugs you get through a preferred mail order - \$0 for a three month (90 day) supply of Generic drugs you get through a non-preferred mail order - \$60 for a three month (90 day) supply of Preferred Brand drugs you get through a non-preferred mail order - \$180 for a three month (90 day) supply of Non- 	<ul style="list-style-type: none"> - \$50 for a one month (30 day) supply of Non-Preferred Brand drugs you get through a preferred mail order - 30% coinsurance for a one month (30 day) supply of Specialty drugs you get through a preferred mail order - \$10 for a three month (90 day) supply of Generic drugs you get through a preferred mail order - \$75 for a three month (90 day) supply of Preferred Brand drugs you get through a preferred mail order - \$125 for a three month (90 day) supply of Non-Preferred Brand drugs you get through a preferred mail order - 30% coinsurance for a three month (90 day) supply of Specialty drugs you get through a preferred mail order - \$12 for a three month (90 day) supply of Generic drugs you get through a non-preferred mail order - \$90 for a three month (90 day) supply of Preferred Brand drugs you get through a non-preferred mail order - \$150 for a three month (90 day) supply of Non- 	<ul style="list-style-type: none"> - \$50 for a one month (30 day) supply of Non-Preferred Brand drugs you get through a preferred mail order - 30% coinsurance for a one month (30 day) supply of Specialty drugs you get through a preferred mail order - \$10 for a three month (90 day) supply of Generic drugs you get through a preferred mail order - \$75 for a three month (90 day) supply of Preferred Brand drugs you get through a preferred mail order - \$125 for a three month (90 day) supply of Non-Preferred Brand drugs you get through a preferred mail order - 30% coinsurance for a three month (90 day) supply of Specialty drugs you get through a preferred mail order - \$12 for a three month (90 day) supply of Generic drugs you get through a non-preferred mail order - \$90 for a three month (90 day) supply of Preferred Brand drugs you get through a non-preferred mail order - \$150 for a three month (90 day) supply of Non-

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Benefits Category	CIGNATURE Rx Value Plan	CIGNATURE Rx Plus Plan	CIGNATURE Rx Complete Plan
Mail Order	Preferred Brand drugs you get through a non-preferred mail order - 30% coinsurance for a three month (90 day) supply of Specialty drugs you get through a non-preferred mail order	Preferred Brand drugs you get through a non-preferred mail order - 30% coinsurance for a three month (90 day) supply of Specialty drugs you get through a non-preferred mail order	Preferred Brand drugs you get through a non-preferred mail order - 30% coinsurance for a three month (90 day) supply of Specialty drugs you get through a non-preferred mail order
Coverage After You Reach Your Initial Coverage Limit	After the total yearly drug costs (paid by both you and your plan) reach \$2400, you pay 100% of your prescription drug costs until your yearly out-of-pocket drug costs reach \$3850.	After the total yearly drug costs (paid by both you and your plan) reach \$2400, you pay 100% of your prescription drug costs until your yearly out-of-pocket drug costs reach \$3850.	<p>You pay the following:</p> <p>In-network Retail Pharmacy:</p> <ul style="list-style-type: none"> - \$4 for a one month (30 day) supply of Generic drugs - \$12 for a three month (90 day) supply of Generic drugs <p>Mail:</p> <ul style="list-style-type: none"> - \$4 for a one month (30 day) supply of Generic drugs you get through a preferred mail order - \$10 for a three month (90 day) supply of Generic Drugs you get through a preferred mail order - \$12 for a three month (90 day) supply of Generic Drugs you get through a non-preferred mail order <p>For all other covered drugs and after the total yearly drug costs (paid by you and your plan) reach \$2400, you pay 100% of your prescription drug costs up until your yearly out-of-pocket drug costs reach \$3850.</p>

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Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs reach \$3850 you pay the greater of:</p> <ul style="list-style-type: none"> - \$2.15 for generic (including brand drugs treated as generic) and \$5.35 for all other drugs, or - 5% coinsurance. 	<p>After your yearly out-of-pocket drug costs reach \$3850 you pay the greater of:</p> <ul style="list-style-type: none"> - \$2.15 for generic (including brand drugs treated as generic) and \$5.35 for all other drugs, or - 5% coinsurance. 	<p>After your yearly out-of-pocket drug costs reach \$3850 you pay the greater of:</p> <ul style="list-style-type: none"> - \$2.15 for generic (including brand drugs treated as generic) and \$5.35 for all other drugs, or - 5% coinsurance.
General Information	<p>In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.</p> <p>Certain prescription drugs will have maximum quantity limits. Your provider must get prior authorization from CIGNATURE Rx Value Plan for certain prescription drugs.</p> <p>Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy.</p> <p>Please contact the plan for details.</p>	<p>In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.</p> <p>Certain prescription drugs will have maximum quantity limits. Your provider must get prior authorization from CIGNATURE Rx Plus Plan for certain prescription drugs.</p> <p>Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy.</p> <p>Please contact the plan for details.</p>	<p>In some cases, the plan requires you to first try one drug to treat your medical condition before they will cover another drug for that condition.</p> <p>Certain prescription drugs will have maximum quantity limits. Your provider must get prior authorization from CIGNATURE Rx Complete Plan for certain prescription drugs.</p> <p>Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan's service area where there is no network pharmacy. You may also incur an additional cost for drugs received at an out-of-network pharmacy.</p> <p>Please contact the plan for details.</p>

Premium Table

Service Area	Value Plan	Plan Number	Plus Plan	Plan Number	Complete Plan	Plan Number
NH/ME	\$21.10	003	\$28.90	005	\$38.30	171
CT/MA/RI/VT	\$21.10	008	\$29.10	010	\$39.10	172
NY	\$17.40	013	\$25.20	015	\$34.10	173
NJ	\$20.30	018	\$28.20	020	\$38.20	174
DE/DC/MD	\$18.90	023	\$26.70	025	\$36.10	175
PA/WV	\$19.40	028	\$27.20	030	\$36.80	176
VA	\$27.20	033	\$36.30	035	\$47.70	177
NC	\$27.10	038	\$36.00	040	\$47.40	178
SC	\$21.60	043	\$29.80	045	\$39.60	179
GA	\$19.50	048	\$27.40	050	\$36.80	180
FL	\$24.10	053	\$32.90	055	\$43.70	181
AL/TN	\$22.00	058	\$29.90	060	\$39.80	182
MI	\$24.80	063	\$33.30	065	\$43.70	183
OH	\$29.00	068	\$37.90	070	\$49.70	184
IN/KY	\$28.70	073	\$37.70	075	\$49.30	185
WI	\$28.60	078	\$37.50	080	\$48.90	186
IL	\$24.00	083	\$32.50	085	\$43.50	187
MO	\$30.00	088	\$39.00	090	\$50.70	188
AR	\$24.60	093	\$33.20	095	\$44.10	189
MS	\$27.40	098	\$36.20	100	\$47.40	190
LA	\$21.80	103	\$29.90	105	\$40.00	191
TX	\$18.70	108	\$26.20	110	\$35.10	192
OK	\$29.00	113	\$38.10	115	\$49.50	193
KS	\$27.50	118	\$36.50	120	\$48.10	194
IA/MN/MT/ND/SD/NE/WY	\$29.60	123	\$39.10	125	\$50.90	195
NM	\$23.20	128	\$31.50	130	\$41.20	196
CO	\$28.60	133	\$37.60	135	\$49.00	197
AZ	\$20.70	138	\$28.90	140	\$38.80	198
NV	\$24.00	143	\$32.20	145	\$42.60	199
OR/WA	\$28.00	148	\$37.10	150	\$48.60	200
ID/UT	\$31.30	153	\$40.80	155	\$53.00	201
CA	\$20.10	158	\$27.90	160	\$37.40	202
HI	\$20.80	163	\$28.80	165	\$38.50	203
AK	\$24.90	168	\$33.60	170	\$44.80	204



CIGNATURESM
MEDICARE PRESCRIPTION DRUG PLAN

For more information, please call our CIGNATURE Rx customer service representatives at **1-800-222-6700**, 8 am - 8 pm, local time, 7 days a week. TTY/TDD users call **1-800-322-1451**, 8 am - 8 pm, local time, 7 days a week. Or visit us at www.cignature-rx.com on the Web.

Please contact 1-800-MEDICARE (1-800-633-4227), 24 hours a day/7 days a week, or TTY/TDD users call 1-877-486-2048, for more information about Medicare benefits and services including general information regarding the Medicare Prescription Drug Plan benefit. Or visit www.medicare.gov.

CIGNATURE Rx is insured by Connecticut General Life Insurance Company.
Connecticut General Life Insurance Company contracts with the federal government.

“CIGNA” refers to various operating subsidiaries of CIGNA Corporation.
Products and services are provided by these subsidiaries and not by CIGNA Corporation.