PRESCRIPTION DRUG LIST TIERING

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Tiers give you an idea of how much you may pay for a medication

On your drug list, covered medications are divided into tiers, or cost-share levels. Typically, the higher the tier, the more you'll pay out-of-pocket to fill the prescription.

3-Tier Prescription Drug List



Tier 1: Typically generics. Lowest-cost medications. Generic medications have the same strength and active ingredients as the brand name, but often cost much less – in some cases, up to 85% less.*



Tier 2: Typically preferred brand medications. Medium-cost medications. These medications usually cost more than generics, but may cost less than non-preferred brands.



Tier 3: Typically non-preferred brand medications. Highest-cost medications. These medications usually have generic and/or preferred brand alternatives that are used to treat the same condition.

4-Tier Prescription Drug List



Tier 1: Typically generics. Lowest-cost medications. Generic medications have the same strength and active ingredients as the brand name, but often cost much less – in some cases, up to 85% less.*



Tier 2: Typically preferred brand medications. Medium-cost medications. These medications usually cost more than generics, but may cost less than non-preferred brands.



Tier 3: Typically non-preferred brand medications. Higher-cost medications. These medications usually have generic and/or preferred brand alternatives that are used to treat the same condition.



Tier 4: Specialty medications. Highest-cost medications. These medications are used to treat complex medical conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. Some plans cover oral and injectable specialty medications on tier 4.

Together, all the way.



* U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/01/18.

Health benefit plans vary, 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 medically necessary. 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. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

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