AllCare 2027 Health Benefits

Premier $2,500 RBP Plan — Employee Monthly Cost

The following amounts are the monthly cost to the employee. AllCare's contribution is not shown.

Coverage	Employee monthly cost
Employee only	$200.00
Employee + spouse	$761.35
Employee + child(ren)	$608.35
Family	$1,264.04

Coverage is scheduled to begin January 1, 2027. These are monthly employee costs.

Tres Health

Benefits Proposal

Group Name: AllCare, LLC

Situs State: Tennessee

Effective Date: Jan 1, 2027

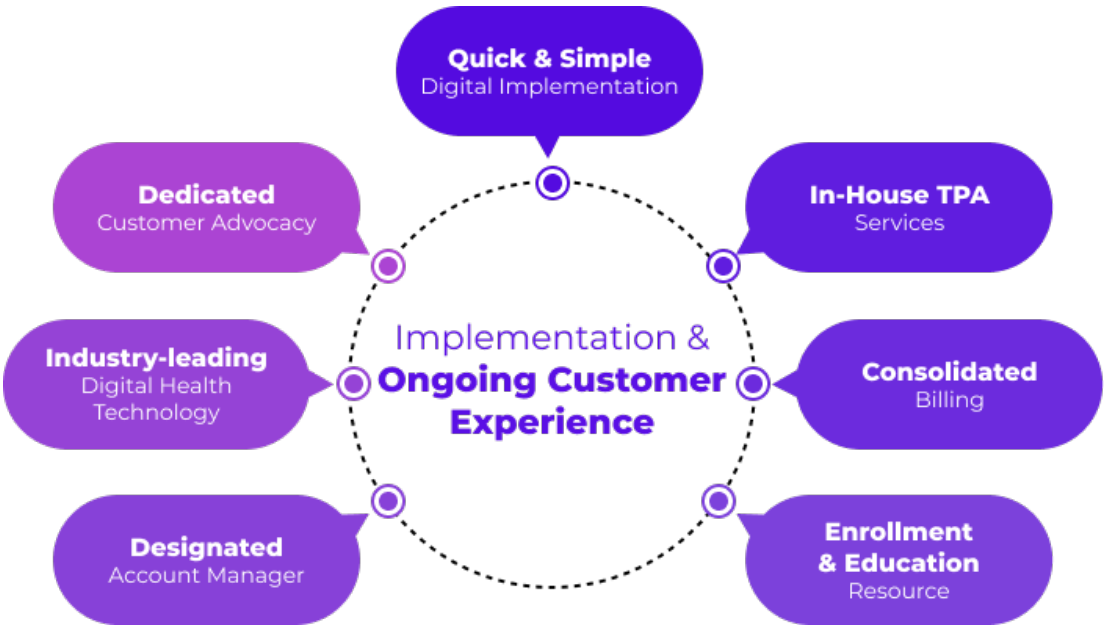
Date of Issuance: Oct 26, 2026

Proposal expires the earlier of i) 60 days after the date of issuance or ii) the Effective Date.



Tres Health **Benefit Solution**

Tres was formed out of a vision to provide unique healthcare solutions to help any employee across the country understand, access, and afford basic healthcare — to live their best life.



Tres Plan Features Give **you Access to:**

Unlimited **telemedicine and telepsychology** (MDLive)

Options for **$0 deducible plans**

Available in all **50 states**

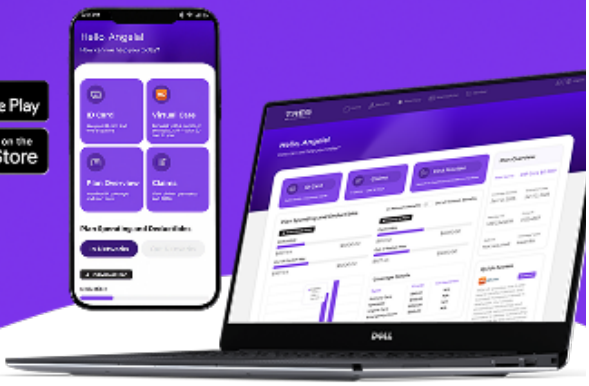
Satisfies ACA **Penalty A & B**

Employer contribution flexibility (plan specific)

Digital Portals and mobile application

TRES

Digital Health **Technology**



Employer **Portal**

- ✓ Update employee information
- ✓ View Plan details
- ✓ Access documents
- ✓ Staff management tool

Member **Portal & Mobile App**

- ✓ Access ID cards
- ✓ Telemedicine
- ✓ Check claim status
- ✓ Benefits details
- ✓ Find a Provider tool

Want Access?

Our New Business team will set up a main contact for your company, and you'll receive access instructions via email to setup your account and login.

TRES

Core $2,500 RBP

Network PHCS & RBP **Deductibles (Ind/Fam)** $2,500/$5,000 **Max Out-of-Pocket (Ind/Fam)** $9,100/$18,200

Benefits & Services

Core $2,500 RBP SOB

Physician Services	Cost-Sharing	Limit
Routine Well Care	NO COST. Deductible waived.	Unlimited
Primary Care Office Visit (In-Person & Virtual)	$25. Deductible waived.	8
Specialist Visit (In-Person & Virtual)	$50. Deductible waived.	8
Other Services, Physician's Office Services and the office visit count as a single visit toward the office visit limits.	$50. Deductible waived.	See Benefit
Telemedicine Services w/MDLive	NO COST. Deductible waived.	Unlimited
Diagnostic Services		
Diagnostic Testing (Radiology)	$0** / $50 Deductible waived.	3 tests
Diagnostic Testing (Lab)	30% Coinsurance, after Deductible is met.*	1 test
Diagnostic Testing (Advanced Imaging)	$0** / $350 Deductible waived.	1 test
Emergency Services		
Emergency Services	$750. Deductible waived.*	1 visit
Ambulance Services	$500. Deductible waived.*	1 visit
Urgent Care	$75. Deductible waived.	2 visits
Inpatient & Outpatient Services		
Inpatient Services	30% Coinsurance, after Deductible is met.*	5 days
Inpatient Professional Services	30% Coinsurance, after Deductible is met.*	See above
Inpatient Surgery	Included in the Inpatient Services Copay.*	1 surgery
Outpatient Services or Surgery (Non-Hospital Based)	$350. Deductible waived.	1 service/surgery
Outpatient Services or Surgery (Hospital Based)	30% Coinsurance, after Deductible is met.*	1 service/surgery
Therapy Services		
Applied Behavioral Analysis	$75. Deductible waived.	8 visits
Cardiac Rehabilitation	Not Covered	Not Covered
Chiropractic Care	$75. Deductible waived.	8 visits
Occupational, Physical & Speech Therapy	$75. Deductible waived.	8 visits combined
Other Medical Services		
Diabetic Supplies	Not Covered	Not Covered
Durable Medical Equipment (DME)	Not Covered	Not Covered
Home Health Care	$50. Deductible waived.	10 visits
Sleep Studies (Home)	Not Covered	Not Covered

Prescription Drug Benefit

Co-pay Per drug, Retail Shown (30 Day Supply) Mail order available.

2026 Tier 1 Prescription Drug List

Preventive Drugs	Tier 1 Drugs	Tier 2 Drugs	Tier 3 Drugs
$0. Deductible waived.	$10. Deductible waived.	Not Covered	Not Covered

**Require preferred vendor. *Subject to reference-based pricing. Exclusions apply, see SOB for details.

Premier $2,500 RBP

Network PHCS & RBP **Deductibles (Ind/Fam)** $2,500/$5,000 **Max Out-of-Pocket (Ind/Fam)** $9,100/$18,200

Benefits & Services

Premier $2,500 RBP SOB

Physician Services	Cost-Sharing	Limit
Routine Well Care	NO COST. Deductible waived.	Unlimited
Primary Care Office Visit (In-Person & Virtual)	$25. Deductible waived.	Unlimited
Specialist Visit (In-Person & Virtual)	$50. Deductible waived.	Unlimited
Other Services, Physician's Office Services and the office visit count as a single visit toward the office visit limits.	$50. Deductible waived.	See Benefit
Telemedicine Services w/MDLive	NO COST. Deductible waived.	Unlimited
Diagnostic Services		
Diagnostic Testing (Radiology)	$0** / $50 Deductible waived.	Unlimited
Diagnostic Testing (Lab)	30% Coinsurance, after Deductible is met.*	Unlimited
Diagnostic Testing (Advanced Imaging)	$0** / $350 Deductible waived.	Unlimited
Emergency Services		
Emergency Services	$750. Deductible waived.*	1 visit
Ambulance Services	$500. Deductible waived.*	1 trip
Urgent Care	$75. Deductible waived.	Unlimited
Inpatient & Outpatient Services		
Inpatient Services	30% Coinsurance, after Deductible is met.*	7 days
Inpatient Professional Services	30% Coinsurance, after Deductible is met.*	See above
Inpatient Surgery	Included in the Inpatient Services Copay.*	2 surgeries
Outpatient Services or Surgery (Non-Hospital Based)	$350. Deductible waived.	2 services/surgeries
Outpatient Services or Surgery (Hospital Based)	30% Coinsurance, after Deductible is met.*	1 service/surgery
Therapy Services		
Applied Behavioral Analysis	$75. Deductible waived.	10 visits
Cardiac Rehabilitation	Not Covered.	Not Covered.
Chiropractic Care	$75. Deductible waived.	10 visits
Occupational, Physical & Speech Therapy	$75. Deductible waived.	10 visits combined
Other Medical Services		
Diabetic Supplies	$35. Deductible waived.	Unlimited
Durable Medical Equipment (DME)	$400. Deductible waived.	Unlimited
Home Health Care	$50. Deductible waived.	15 visits
Sleep Studies (Home)	$300. Deductible waived.	Unlimited

Prescription Drug Benefit

Co-pay Per drug, Retail Shown (30 Day Supply) Mail order available.

2026 Tier 1 Prescription Drug List

Preventive Drugs	Tier 1 Drugs	Tier 2 Drugs	Tier 3 Drugs
$0. Deductible waived.	$10. Deductible waived.	Not Covered	Not Covered

**Require preferred vendor. *Subject to reference-based pricing. Exclusions apply, see SOB for details.

Prime $2,500 RBP

Network PHCS & RBP **Deductibles (Ind/Fam)** $2,500/$5,000 **Max Out-of-Pocket (Ind/Fam)** $9,100/$18,200

Benefits & Services

Prime $2,500 RBP SOB

Physician Services	Cost-Sharing	Limit
Routine Well Care	NO COST. Deductible waived.	Unlimited
Primary Care Office Visit (In-Person & Virtual)	$25. Deductible waived.	12
Specialist Visit (In-Person & Virtual)	$50. Deductible waived.	12
Other Services, Physician's Office Services and the office visit count as a single visit toward the office visit limits.	$50. Deductible waived.	See Benefit
Telemedicine Services w/MDLive	NO COST. Deductible waived.	Unlimited
Diagnostic Services		
Diagnostic Testing (Radiology)	$0** / $50 Deductible waived.	5 tests
Diagnostic Testing (Lab)	30% Coinsurance, after Deductible is met.*	3 tests
Diagnostic Testing (Advanced Imaging)	$0** / $350 Deductible waived.	3 tests
Emergency Services		
Emergency Services	$750. Deductible waived.*	2 visits
Ambulance Services	$500. Deductible waived.*	2 visits
Urgent Care	$75. Deductible waived.	3 visits
Inpatient & Outpatient Services		
Inpatient Services	30% Coinsurance, after Deductible is met.*	10 days
Inpatient Professional Services	30% Coinsurance, after Deductible is met.*	See above
Inpatient Surgery	Included in the Inpatient Services Copay.*	2 surgeries
Outpatient Services or Surgery (Non-Hospital Based)	$350. Deductible waived.	2 services/surgeries
Outpatient Services or Surgery (Hospital Based)	30% Coinsurance, after Deductible is met.*	1 service/surgery
Therapy Services		
Applied Behavioral Analysis	$75. Deductible waived.	12 visits
Cardiac Rehabilitation	$75. Deductible waived.	12 visits
Chiropractic Care	$75. Deductible waived.	12 visits
Occupational, Physical & Speech Therapy	$75. Deductible waived.	12 visits
Other Medical Services		
Diabetic Supplies	$35. Deductible waived.	Unlimited
Durable Medical Equipment (DME)	$400. Deductible waived.	Unlimited
Home Health Care	$50. Deductible waived.	20 visits
Sleep Studies (Home)	$300. Deductible waived.	Unlimited

Prescription Drug Benefit

2026 3 Tier Prescription Drug List

Co-pay Per drug, Retail Shown (30 Day Supply) Mail order available.

Preventive Drugs	Tier 1 Drugs	Tier 2 Drugs	Tier 3 Drugs
$0. Deductible waived.	$10. Deductible waived.	$75. Deductible waived.	$150. Deductible waived.

**Require preferred vendor. *Subject to reference-based pricing. Exclusions apply, see SOB for details.

Rates Terms & Disclosures:

- This Proposal is based on the data submitted for the prospective group ("Group") listed on the cover page of this Proposal.
- This Proposal is only valid for the Group listed on the cover page and until the earlier of i) 60 days after the Issue Date or ii) the Effective Date.
- For most states, the following minimum participation requirements apply to each plan, depending on which are being offered:
    - **Offering MECs (with no MVP):** 5 enrolled employees in any combination of MECs
    - **Offering Core or Premier:** 5 enrolled employees in any combination of Core and/or Premier
    - **Offering Choice or Prime:** 10 enrolled employees in any combination of Choice and/or Prime
    - **Offering Platinum:** 10 enrolled employees or 50% of all eligible employees (whichever is greater) in the Platinum Plan. All other enrollment requirements apply.
- Plan availability and participation requirements may vary due to state specific requirements, including, but not limited to: AK, AR, CA, CO, CT, DC, DE, FL, GA, KY, LA, ME, MO, NH, NC, NV, NY, OK, TX, UT, VT, and WA.
- The Group can offer a maximum of three (3) plans, including a maximum of two (2) MVPs. The Group cannot choose two (2) different deductible levels of the same plan (e.g., Core $0 RBP and Core $2500 RBP).
- Rates are not final until all required documents have been received, reviewed and approved by Tres Health, the stop loss carrier, and any other carrier/vendors requiring approval. Tres and/or the stop loss carrier reserve the right to re-underwrite based on any newly discovered information received during the intake process.
- If the initial enrollment includes any individual employee(s) not on the eligible census originally submitted for the purpose of underwriting, Tres and/or the stop loss carrier reserve the right to re-underwrite and adjust rates accordingly.
- Tres and/or the stop loss carrier reserve the right to re-underwrite at any time if i) the number of enrolled lives does not reach minimum participation, ii) enrollment changes by more than 10%, or iii) any other contingencies of the stop loss application or policy are not met.
- Unless otherwise stated in the ASA, the rates reflected in this Proposal contemplate that no excess funds will be available or returned at the end of each plan year. Should an employer desire that certain excess funds be

returned at the end of each plan year, the rates reflected herein will require revision and additional underwriting. Rates may increase significantly following such underwriting.

MVP RATE(S)

PLAN	Core $2500 RBP	Premier $2500 RBP	Prime $2500 RBP
Single	$401.46	$472.18	$660.64
EE + Spouse	$873.81	$1033.53	$1502.13
EE + Child(ren)	$745.66	$880.53	$1276.50
Family	$1294.87	$1536.22	$2249.52
Sold (check all that apply)	☐	☐	☐

Proposal Terms

The benefits in this Proposal are illustrative, and do not show every exclusion or plan detail, which vary by plan and can be furnished upon request.

Proposal Terms & Disclosures:

- This Proposal is proprietary and confidential and is only to be reviewed by the Group and its agents.
- The Plans offered in this Proposal meet actuarial value for Minimum Essential Coverage (MEC) and Minimum Value Plan (MVP) as applicable and offer less comprehensive coverage than traditional major medical. All plans (with the exception of Platinum plans, if applicable) are limited-day benefit plans in order to offer a lower cost option than traditional major medical
- The benefit options in this Proposal are the result of combining one or multiple benefits and/or services from different partners, including, but not limited to, insurance companies, stop loss companies, and other vendors. In order to proceed with writing the Group, additional documentation will be required including an Administrative Services Agreement (“ASA”), Summary Plan Description(s) (“SPD”), a stop loss application and policy (if applicable), and additional forms, applications and/or documents related to other benefit offerings.
- Stop loss carriers (if applicable) vary depending on the state and state requirements. Certain stop loss policies may include maximum reimbursement limits. In general, stop loss policies include aggregate only stop loss coverage consisting of a 12/18 contract (claims incurred in 12 months; paid in 18 months) with monthly accommodation. Please refer to the stop loss policy for details.
- This Proposal assumes acceptance of pre-approved plan designs, medical management requirements, and utilization of the designated network and/or Reference Based Pricing or metric repricing vendors and thresholds.
- These are self-funded plans administered by Tres Health, Inc. (Tres Health Administrators, Inc. in California). Tres Health, Inc. is not an insurance carrier.
- This is not a contract of insurance. The benefit summaries contained in this Proposal are intended to be brief descriptions of the benefits. Full plan details will be documented in the SPD(s) and carrier or vendor specific policies (“Policies”) issued to the group. In the event of conflict, between this Proposal and the SPD(s) and Policies, the SPD(s) and Policies shall supersede.
- In the event of early termination (such as the Group's decision to terminate coverage mid-year or termination of the ASA and/or stop loss policy),

administrative services, benefits and coverage under the stop loss policy may cease on the date of termination.

- The signature of this Proposal by an authorized representative of the group acknowledges their intent to proceed with the implementation of the plans selecte.

☐ As an authorized representative of the Group, I acknowledge that by signing this Proposal i) I intend to proceed with the implementation of the plans selected, ii) I have reviewed and understand all the terms and conditions in this Proposal, and iii) have reviewed and understand the Summary of Benefits (including the exclusions) of each plan I am electing to offer.

Submission

Submitter Name :

Submitter Title :

Date : -

Cigna Healthcare Advantage Tier 1 Prescription Drug List

Coverage as of July 1, 2026

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

974566-Tres Advantage 3-Tier exc SGRx 09/25 © 2025 Cigna Healthcare

cigna healthcare



View the drug list online

This document was last updated on **07/01/2026**. You can go online to see the most up-to-date list of medications your plan covers.

myCigna® App[1] or myCigna.com®. Click on the Find Care & Costs tab. Then select Price a Medication, and type in your medication name.

Cigna.com/druglist. Select **Advantage 3 Tier** from the dropdown menu. Then type in your medication name or view the full list. Please note your plan may only coverage generic medication.

Questions?

- **myCigna.com**: Click to Chat - Monday-Friday, 9:00 am-8:00 pm EST.
- **By phone:** Call the toll-free number on your Cigna Healthcare℠ ID card. We're here 24/7/365.

Abbreviations next to medications
In this drug list, medications that have limits and/or extra coverage requirements have an abbreviation listed next to them.* Here's what they mean.

(PA)	**Prior Authorization** – Certain medications need approval from Cigna Healthcare before your plan will cover them. These medications have a **(PA)** next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna Healthcare.
(QL)	**Quantity Limits** – Some medications have a quantity limit. This means your plan will only cover up to a certain amount over a certain length of time. These medications have a **(QL)** next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna Healthcare.
(ST)	**Step Therapy** – Certain high-cost medications aren't covered until you try one or more lower-cost alternatives first.** These medications have a **(ST)** next to them. You have many covered options to choose from, and they're used to treat the same condition.
(AGE)	**Age Requirements** – Certain medications will only be covered if you're within a specific age range. These medications have **(AGE)** next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna Healthcare.

* **These coverage requirements may not apply to your specific plan.** Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to find out if your plan includes prior authorization, quantity limits, Step Therapy and/or age requirements.
** If your doctor feels an alternative isn't right for you, he or she can ask Cigna Healthcare to consider approving coverage of your medication.

No cost-share preventive medications have a plus sign next to them
Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires plans to cover certain preventive medications and products at 100%, or no cost-share ($0), to you. In this drug list, these medications have a plus sign (+) next to them.

Specialty drugs are not covered by your plan.

How to find your medication

First, look for your condition in the alphabetical list below. Then, go to that page to see the covered medications available to treat the condition. Medications are grouped by the **condition** they treat.

Condition	Page
ALLERGY/NASAL SPRAYS	5
ALZHEIMER'S DISEASE	5
ANXIETY/DEPRESSION/ BIPOLAR DISORDER	5
ASTHMA/COPD/RESPIRATORY	5
ATTENTION DEFICIT HYPERACTIVITY DISORDER	5
BLOOD PRESSURE/HEART MEDICATIONS	6
BLOOD THINNERS/ANTI-CLOTTING	6
CHOLESTEROL MEDICATIONS	6
CONTRACEPTION PRODUCTS	7
COUGH/COLD MEDICATIONS	7
DENTAL PRODUCTS	7
DIABETES	7
DIURETICS	7
EAR MEDICATIONS	7
EYE CONDITIONS	7
FEMININE PRODUCTS	7
GASTROINTESTINAL/HEARTBURN	8
HORMONAL AGENTS	8
INFECTIONS	9
MISCELLANEOUS	9
NUTRITIONAL/DIETARY	9
OSTEOPOROSIS PRODUCTS	9
PAIN RELIEF AND INFLAMMATORY DISEASE	10
PARKINSON'S DISEASE	10
SCHIZOPHRENIA/ANTI-PSYCHOTICS	10
SEIZURE DISORDERS	10
SKIN CONDITIONS	11
SLEEP DISORDERS/SEDATIVES	11
SUBSTANCE ABUSE	11
URINARY TRACT CONDITIONS	11

Cigna Healthcare Advantage Tier I Prescription Drug List

ALLERGY/NASAL SPRAYS

azelastine
cromolyn oral concentrate
desloratadine^ (QL)
epinephrine (QL)
fluticasone^
hydroxyzine hcl solution, syrup, tablet
hydroxyzine pamoate
ipratropium
levocetirizine^
mometasone^ (QL)
olopatadine
phenylephrine hcl
promethazine solution, syrup, tablet

ALZHEIMER'S DISEASE

donepezil
donepezil odt
memantine
memantine er (QL)
pyridostigmine 60 mg/5 ml, 60 mg
pyridostigmine er
rivastigmine

ANXIETY/DEPRESSION/BIPOLAR DISORDER[2]

alprazolam
alprazolam er
alprazolam intensol
alprazolam odt
alprazolam xr
amitriptyline
bupropion (QL)
bupropion sr (QL)
bupropion xl 150 mg tablet (QL)
bupropion xl 300 mg tablet (QL)
buspirone citalopram solution, tablet (QL)
clomipramine
duloxetine (QL)
escitalopram (QL)
fluoxetine dr (QL)
fluoxetine (QL)
fluvoxamine (QL)
fluvoxamine er (QL)

ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont.)[2]

lorazepam
lorazepam intensol
mirtazapine
paroxetine cr (QL)
paroxetine er (QL)
paroxetine (QL)
sertraline (QL)
trazodone
venlafaxine (QL)
venlafaxine er (QL)

ASTHMA/COPD/RESPIRATORY

albuterol
albuterol hfa 90 mcg inhaler (QL)
budesonide (QL)
fluticasone-salmeterol (QL)
ipratropium-albuterol
montelukast
roflumilast

ATTENTION DEFICIT HYPERACTIVITY DISORDER[2]

amphetamine (PA)
atomoxetine (QL)
dexmethylphenidate (PA)
dexmethylphenidate er (PA, QL)
dextroamphetamine amphetamine (PA)
dextroamphetamine- amphetamine er (PA, QL)
guanfacine er
lisdexamfetamine
methamphetamine
methylphenidate er (la) (PA, QL)
methylphenidate er capsules, tablets (PA,QL)
methylphenidate cd (PA, QL)
methylphenidate er (cd) (PA, QL)
methylphenidate la (PA, QL)

Cigna Healthcare Advantage Tier I Prescription Drug List

BLOOD PRESSURE/HEART MEDICATIONS

amiodarone hcl
amlodipine
amlodipine-benazepril
amlodipine-olmesartan (QL)
amlodipine-valsartan
atenolol
benazepril
bisoprolol
bisoprolol-hctz
candesartan
cartia xt
carvedilol
carvedilol er (QL)
clonidine
diltiazem 12hr er
diltiazem 24hr er
diltiazem 24hr er (cd)
diltiazem 24hr er (la)
diltiazem 24hr er (xr)
diltiazem
dilt-xr
dofetilide (QL)
doxazosin
enalapril
flecainide
guanfacine
hydralazine tablet
icatibant
irbesartan
irbesartan-hctz
ivabradine tablet
labetalol tablet
lisinopril
lisinopril-hctz
losartan
losartan-hctz
matzim la
metoprolol succinate
metoprolol tablet
metyrosine (PA)
nadolol
nebivolol (QL)
nifedipine
nifedipine er
olmesartan (QL)
olmesartan-amlodipine-hctz
olmesartan-hctz (QL)
pacerone 200 mg tablet
prazosin
propranolol tablet
propranolol er
prazosin
propranolol tablet
propranolol er
ramipril
ranolazine er (QL)
taztia xt
telmisartan (QL)
telmisartan-hctz (QL)
tiadylt er
valsartan tablet
valsartan-hctz
verapamil er
verapamil er pm
verapamil tablet
verapamil sr

BLOOD THINNERS/ANTI-CLOTTING

clopidogrel
enoxaparin
jantoven
prasugrel
warfarin

CHOLESTEROL MEDICATIONS

atorvastatin+
colesevelam
ezetimibe
ezetimibe-simvastatin
fenofibrate
fenofibric acid
fluvastatin er+
fluvastatin+
icosapent ethyl
lovastatin
omega-3 acid ethyl esters
pravastatin+
rosuvastatin+ (QL)
simvastatin tablet+ (QL)

CONTRACEPTION PRODUCTS

desogestrel-ethinyl estradiol+
desogestrel-ethinyl estradiol ethinyl estradiol+
drospirenone-ethinyl estradiol-levomefolate+
drospirenone-ethinyl estradiol+
ethynodiol-ethinyl estradiol+
etonogestrel-ethinyl estradiol+
levonorgestrel-ethinyl estradiol+
levonorgestrel-ethinyl estradiol ethinyl estradiol+
medroxyprogesterone + 125mg/ml
norethindrone+
norethindrone- ethinyl estradiol- iron+
norethindroneethinyl estradiol+
taysofy+

Cigna Healthcare Advantage Tier I Prescription Drug List

COUGH/COLD MEDICATIONS

brompheniramine-pseudoephed-dm
hydrocodone-homatropine (PA,QL)
hydrocodone-chlorpheniramne er (PA)
promethazine-dm

DENTAL PRODUCTS

chlorhexidine
doxycycline hyclate
sodium fluoride 5000 dry mouth
sodium fluoride 5000 plus triamcinolone

DIABETES

glimepiride
glipizide
glipizide er
glipizide xl
metformin er
metformin hcl 500, 850 ,1000 mg tablet
metformin hcl 500 mg/5 ml soln
metformin hcl 850 mg/8.5ml cup

DIURETICS

acetazolamide tablet
acetazolamide er capsule
bumetanide tablet
chlorthalidone
eplerenone
furosemide solution, tablet
hydrochlorothiazide
spironolactone
triamterene-hctz

EAR MEDICATIONS

ciprofloxacin-dexamethasone
neomycin-polymyxin b-hydrocortisone
ofloxacin

EYE CONDITIONS

bimatoprost (QL)
brimonidine
brimonidine tartrate-timolol
brinzolamide
ciprofloxacin
cyclosporine
difluprednate
dorzolamide-timolol
erythromycin
fluorometholone
ketorolac
latanoprost
loteprednol
moxifloxacin eye drops
neomycin-polymyxin b-dexamethasone
ofloxacin
polymyxin b sulfate-trimethoprim
prednisolone
timolol
tobramycin
tobramycin-dexamethasone
travoprost

FEMININE PRODUCTS

miconazole 3 200 mg
terconazole

Cigna Healthcare Advantage Tier I Prescription Drug List

GASTROINTESTINAL/HEARTBURN

balsalazide
constulose
dexlansoprazole dr^ (QL)
dicyclomine capsule, solution, tablet
doxylamine-pyridoxine (QL)
dronabinol
esomeprazole (QL)
glycopyrrolate tablet
hydrocortisone
lansoprazole^ (QL)
lubiprostone
mesalamine
mesalamine dr
mesalamine er
metoclopramide solution, tablet
misoprostol
omeprazole^ (QL)
ondansetron
ondansetron odt
pantoprazole ^ (QL)
peg 3350-electrolyte+
peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid+
prochlorperazine tablet
promethazine
promethegan
rabeprazole tablet^ (QL)
scopolamine
sucralfate

HORMONAL AGENTS

amabelz
budesonide dr
budesonide ec
budesonide er (PA, QL) cabergoline
(QL) dexamethasone intensol
estradiol (once weekly)
estradiol 10mcg vaginal insert (QL)
estradiol (twice weekly) (QL)
estradiol-norethindrone acetat
levothyroxine tablet
liothyronine
medroxyprog- esterone
methylpredn- isolone
millipred
mimvey
norethindrone
prednisolone solution prednisone intensol prednisolone odt
progesterone tablet

Cigna Healthcare Advantage Tier I Prescription Drug List

INFECTIONS

acyclovir capsule, suspension, tablet albendazole
amoxicillin
amoxicillin-clavulanate er
amoxicillin-clavulanate
atovaquone
atovaquone-proguanil
azithromycin packet, suspension, tablet
cefadroxil
cefdinir
cefpodoxime proxetil
cefuroxime tablet
cephalexin
ciprofloxacin
clarithromycin
clarithromycin er
clindamycin
clindamycin (pediatric)
clindomycin-benzoyl peroxide (select strengths)
dapsone
doxycycline monohydrate
erythromycin
erythromycin ethylsuccinate
famciclovir
fluconazole
flucytosine
hydroxychloroquine
itraconazole
levofloxacin solution, tablet
methenamine
metronidazole gel, capsule, tablet
minocycline
minocycline er (QL)
mondoxyne nl
nitazoxanide
nitrofurantoin monohydrate-macrocrystal
nystatin suspension, tablet
voriconazole (PA)

MISCELLANEOUS

deferiprone 500mg, 1000 mg tablet(3 times a day)
disulfiram
sodium chloride inhalation vial, irrigation solution, vial

NUTRITIONAL/DIETARY

fluoride+
cyanocobalamin
dodex
fluoride+
folic acid^+
klor-con 8
klor-con 10
lanthanum
potassium chloride 10%, capsule, conc, packet, tablet
sevelamer carbonate
sodium fluoride+

OSTEOPOROSIS PRODUCTS

alendronate
raloxifene +
risedronate
risedronate dr

Cigna Healthcare Advantage Tier I Prescription Drug List

PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen-codeine (PA)
allopurinol tablet
baclofen tablet
buprenorphine patch (QL)
butalbital-acetaminophen-caffeine (QL)
buprenorphine (QL)
butalbital-acetaminophen-caffe (QL)
carisoprodol celecoxib (QL)
colchicine 0.6mg tablet
cyclobenzaprine diclofenac 1% gel (QL)
diclofenac dr
diclofenac ec
eletriptan (QL)
endocet (PA)
febuxostat (QL)
fentanyl (PA)
frovatriptan (QL)
hydromorphone (PA)
hydromorphone er (PA)
hydrocodone-acetaminophen (PA)
indomethacin
indomethacin er
ketorolac tromethamine (QL)
leflunomide
lidocaine (QL)
lidocaine-prilocaine
meloxicam tablet
metaxalone
methocarbamol morphine (PA)
morphine er (PA)
nabumetone
oxycodone (PA)
oxycodone er (PA)
oxycodone-acetaminophen (PA)
rizatriptan (QL)
sumatriptan (QL)
sumatriptan succ-naproxen sod (QL)
tramadol 50 mg tablet (QL)
tramadol er (QL)

PARKINSON'S DISEASE

benztropine tablet
carbidopa-levodopa
carbidopa-levodopa er
pramipexole
pramipexole er (QL)
rasagiline (QL)
ropinirole er
ropinirole

SCHIZOPHRENIA/ANTI-PSYCHOTICS[2]

aripiprazole (QL)
aripiprazole odt
asenapine
chlorpromazine
clozapine
clozapine odt
olanzapine tablet
olanzapine odt
paliperidone er (QL)
quetiapine
quetiapine er
risperidone
risperidone odt
ziprasidone tablet

SEIZURE DISORDERS

carbamazepine
carbamazepine er
clobazam
clonazepam
divalproex
divalproex er
gabapentin
lacosamide
lamotrigine
lamotrigine (blue)
lamotrigine (green)
lamotrigine (orange)
lamotrigine er
lamotrigine odt lamotrigine odt (blue) lamotrigine odt (green) lamotrigine odt (orange) levetiracetam solution, tablet levetiracetam er oxcarbazepine
pregabalin capsule, solution
rufinamide (PA, QL)
topiramate
topiramate er

Cigna Healthcare Advantage Tier I Prescription Drug List

SKIN CONDITIONS

adapalene (PA age)
adapalene-benzoyl peroxide
azelaic acid
betamethasone diprop augmented
betamethasone dipropionate
bp 10-1
calcipotriene
clindamycin 1% foam, gel, lotion, pledget, solution
clindamycin-benzoyl peroxoxide (select strengths)
clindamycin-tretinoin
clobetasol
clotrimazole-betamethasone
dapsone gel
fluocinonide
fluorouracil cream, topical solution
isotretinoin
ketoconazole
metronidazole
mupirocin ointment
pimecrolimus
sodium sulfacetamide-sulfur
tacrolimus ointment
tazarotene 0.1% cream
tretinoin (PA age)

SLEEP DISORDERS/SEDATIVES

armodafinil (PA)
doxepin (QL)
doxepin hcl (QL)
eszopiclone
modafinil (PA)
naltrexone hcl (QL)
tasimelteon
temazepam
zolpidem
zolpidem er (QL)

SUBSTANCE ABUSE

buprenorphine-naloxone

URINARY TRACT CONDITIONS

alfuzosin er
cevimeline
finasteride
oxybutynin
oxybutynin er
phenazopyridine
potassium er
silodosin (QL)
solifenacin (QL)
tamsulosin
tolterodine
tolterodine er (QL)
trospium
trospium er

Frequently Asked Questions (FAQs)

Understanding your prescription medication coverage can be confusing. Here are answers to some commonly asked questions.

Q. Why doesn't my plan cover certain medications?

A. To help lower your overall health care costs, your plan doesn't cover certain high-cost brand medications because they have lower-cost, covered alternatives which are used to treat the same condition. Meaning, the alternative works the same or similar to the non-covered medication.

Your plan may also exclude certain medications or products from coverage. This is known as a "plan (or benefit) exclusion." For example, your plan excludes:

- Prescription medications used to treat heartburn/stomach acid conditions (e.g., Nexium, Prilosec and any generics) and allergies (e.g., Allegra, Clarinex, Xyzal and any generics). These are available over-the-counter without a prescription.
- Medications used to treat lifestyle conditions like infertility, erectile dysfunction, smoking cessation.[3]
- Medications that aren't approved by the U.S. Food and Drug Administration (FDA).

Q. Why do certain medications need approval before my plan will cover them?

A. The review process helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation.

Q. How do I know if I'm taking a medication that needs approval?

A. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers your medications. If your medication has a **(PA)** or **(ST)** next to it, your medication needs approval before your plan will cover it. If it has a **(QL)** next to it, you may need approval depending on the amount you're filling. If is has **(AGE)** next to it, you may need approval depending on the covered age range for the medication.

Q. What types of medications typically need approval?

A. Medications that:

- May be unsafe when combined with other medications
- Have lower-cost, equally effective alternatives available
- Should only be used for certain health conditions
- Are often misused or abused

Q. What types of medications typically have quantity limits?

- Medications that are often:
  - Taken in amounts larger than, or for longer than, may be appropriate
  - Misused or abused

Q. Why does my medication have an age requirement?

A. Some medications are only considered clinically appropriate for people of a certain age.

Q. How do I get approval (prior authorization) for my medication?

A. Ask your doctor's office to contact Cigna so we can start the coverage review process. They know how the review process works and will take of everything for you. In case the office asks, they can download a request form from Cigna's provider portal at **cignaforhcp.com**.

Cigna will review information your doctor provides to make sure your medication meets coverage guidelines. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 business days to hear from us.

Frequently Asked Questions (FAQs) *(cont)*

You can always check with your doctor's office to find out if a decision has been made. You can also log in to the **myCigna** app or **myCigna.com** to check the status of your approval. Click on Prescriptions, then choose My Medications from the dropdown menu. On the left side of the page under "Prior Authorization," click the "View List" button.

If your medication meets guidelines, it will be approved for coverage. If it doesn't meet guidelines, you and your doctor can appeal the decision by sending Cigna a written request stating why the medication should be covered.

Q. What happens if I try to fill a prescription that needs approval but I don't get approval ahead of time?
A. When your pharmacist tries to fill your prescription, he or she will see that the medication needs prior approval. Because you didn't get approval ahead of time, your plan coverage won't apply. Meaning, your plan won't cover the cost of your medication. You should ask your doctor to contact Cigna to start the coverage review process. Or, you can choose to pay its full cost out-of-pocket directly to the pharmacy (the cost can't be applied to your annual deductible or out-of-pocket maximum).

Q. What happens if I try to fill a prescription that has a quantity limit?
A. Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office will need to contact Cigna to request approval for coverage.

Q. Are all of the medications on this drug list approved by the U.S. Food and Drug Administration (FDA)?
A. Yes. All medications are approved by the FDA.

Q. Which medications are covered under the health care reform law?
A. The Patient Protection and Affordable Care Act (PPACA), commonly referred to as "health care reform," was signed into law on March 23, 2010. Under this law, certain preventive medications (including some over-the counter products) may be available to you at no cost-share ($0), depending on your plan. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers preventive medications. You can also view the PPACA No Cost-Share Preventive Medications drug list at **Cigna.com/PDL**.

For more information about health care reform, go to **informedonreform.com** or **Cigna.com**.

Q. How can I find out how much I'll pay for a specific medication?
A. When you and your doctor are considering the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available, and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter - or, even before you leave your doctor's office.[6]

Q. How can I save money on my prescription medications?
A. You may be able to save money by switching to a medication that's on a lower tier (ex. generic or preferred brand) or by filling a 90-day supply, if your plan allows. You should talk with your doctor to find out if one of these options may work for you.

Frequently Asked Questions (FAQs) *(cont)*

Q. Do generics work the same as brand-name medications?
A. Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.[5] Generic and brand-name medications have the same active ingredients, strength, dosage form, effectiveness, quality and safety.

Q. What are the differences between generic and brand-name medications?
A. The medications may look different. For example, generics may have a different shape, size or color than the brand-name medication. They may also have a different flavor, contain different preservatives, come in different packaging and/or with different labeling and may expire at different times. Generics may look different than the brand-name, but they're just as safe and effective.

Generics typically cost much less than brand-name medications - in some cases, up to 85% less.[5] Just because generics cost less than brands, doesn't mean they're lower-quality medications.

Q. My pharmacy isn't in my plan's network. Can I continue to fill my prescriptions there?
A. To receive in-network coverage under your plan, you'll need to switch to a pharmacy in your plan's network. If your plan offers out-of-network coverage, you'll pay out-of-network costs to fill a prescription there.

Q. Can I fill my prescriptions by mail?
A. Yes, as long as your plan offers home delivery.[6]

Home delivery with Express Scripts® Pharmacy

Express Scripts® Pharmacy, our home delivery pharmacy, is a convenient option when you're taking a medication on a regular basis to treat an ongoing health condition. It's simple and safe, and saves you trips to the pharmacy. To learn more, go to **Cigna.com/homedelivery**.

- Easily order, manage, track and pay for your medications on your phone or online
- Standard shipping at no extra cost[7]
- Automatic refills or refill reminders
- Fill up to a 90-day supply at one time
- Helpful pharmacists available 24/7
- Flexible payment options

Here are three easy ways to get started.

1. **Log in to the myCigna App or myCigna.com to move your prescription electronically.** Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s). Or,
2. **Call your doctor's office.** Ask them to send a 90-day prescription (with refills)[8] electronically to Express Scripts Home Delivery. Or,
3. **Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.

Q. Where can I find more information about my pharmacy benefits?
A. You can use the online tools and resources on the **myCigna** App or **myCigna.com** to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question and see your pharmacy claims and coverage details. You can also manage your home delivery prescription orders.

Exclusions and limitations for coverage

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 be medically necessary. If your plan provides coverage for certain preventive prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, the prescription may not be covered. Certain drugs may require prior authorization, or be subject to step therapy, quantity limits or other utilization management requirements.

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:[10]

- over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative;
- doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna;
- implantable contraceptive devices covered under the Plan's medical benefit;
- medications that are not medically necessary;
- experimental or investigational medications, including FDA-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication;
- medications that are not approved by the Food & Drug Administration (FDA);
- prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered;
- medications used for fertility[11], sexual dysfunction, cosmetic purposes, weight loss, smoking cessation[11], or athletic enhancement;
- prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
- immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- replacement of prescription medications and related supplies due to loss or theft;
- medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- prescriptions more than one year from the date of issue; or
- coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

In addition to the plan's standard pharmacy exclusions, certain new FDA-approved medication products (including, but not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans) may not be covered for the first six months of market availability unless approved by Cigna as medically necessary.

Cigna Healthcare reserves the right to make changes to the drug list without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna Healthcare may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna Healthcare. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the U.S. Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required 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. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
2. **For insured plans that must follow Delaware's state insurance laws:** Brand-name antidepressants, smoking cessation, attention deficit hyperactivity disorder (ADHD) and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list. To find out how your specific plans covers these medications, log in to the **myCigna** App or **myCigna.com**, or call Customer Service using the number on your ID card.
3. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
4. Prices shown on **myCigna** are not guaranteed and coverage is subject to your plan terms and conditions. Visit **myCigna** for more information.
5. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers.
6. Not all plans offer Express Scripts® Pharmacy and Accredo as covered pharmacy options. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about the pharmacies in your plan's network. *Cigna Healthcare maintains an ownership interest in Express Scripts® Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.*
7. Standard shipping costs are included as part of your prescription plan.
8. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
9. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
10. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
11. **For plans that must follow state insurance laws, such as Delaware:** Your plan may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the **myCigna** App or **myCigna.com**, or check your plan materials.

Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.

Product availability may vary by location and plan type and is subject to change. All group 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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