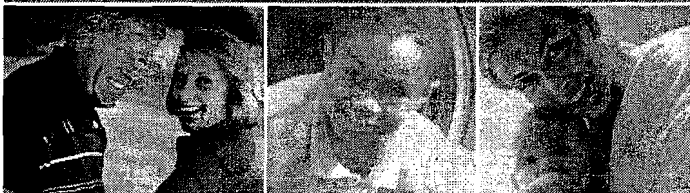


RECEIVED
OCT 27 2005
MICHIGAN AREA

2005-06 CIGNA Prescription Drug List

Three-Tier Plan



How Your Prescription Drug Plan Works

To help you fill your prescriptions, CIGNA prescription drug plans provide access to more than 52,000 national and independent pharmacies. Our prescription drug plans also enable you to conveniently order your prescriptions online, over the phone or through the mail with the CIGNA Tel-Drug Home Delivery Pharmacy. Check your plan materials to learn more about how CIGNA Tel-Drug can help you.

To help you manage your out-of-pocket costs for prescription drugs, the enclosed CIGNA Prescription Drug List is designed to help you understand how much you'll pay for prescription medications by separating drugs into Generic, Preferred Brand, and Non-Preferred Brand categories. The list offers a wide selection of drugs in each coverage category, providing the options you need to manage your costs effectively.



CIGNA

A Business of Caring.

5952006 8/05

YOUR THREE-TIER PRESCRIPTION DRUG PLAN

If your CIGNA plan materials and ID card show three copayment or coinsurance levels for the prescription drug plan, you are being offered a three-tier plan. A three-tier prescription drug plan divides medications into three categories or tiers:

Generic (first tier) drugs: A Generic drug has the same active ingredients, safety, dosage, quality and strength as its brand drug counterpart and is sold under the chemical or scientific name for the drug. These medications are typically covered at the Generic copayment or coinsurance level under a three-tier plan and typically cost less than brand drugs.

Preferred Brand (second tier) drugs: Preferred Brand drugs are those which generally have no generic equivalent and are either more effective than other drugs in the same class or are equally effective but less costly than the other drugs. These medications are typically covered at the Preferred Brand copayment or coinsurance level under the plan.

Non-Preferred Brand (third tier) drugs: Non-Preferred Brand drugs are those which generally have generic equivalents and/or have one or more Preferred Brand options within the same drug class. These medications are typically covered at the highest copayment or coinsurance.

Getting the Most From Your Prescription Drug Plan

The cost of prescription medications is on the rise. Fortunately, there are tools available to help you manage your costs and make the choices that are right for you. By visiting **myCIGNA.com**, you will find tools to help you research and compare thousands of different drugs and learn more about your drug treatment options before you visit your doctor.

Minimums, Maximums and Deductibles

Some plans may also have minimum or maximum out-of-pocket amounts that apply to your payments, or a deductible* (fixed dollar amount) that you must meet before coverage will begin with your prescription drug plan. Please check your enrollment materials to determine your specific prescription drug coverage and exclusions.

** If your plan has a deductible, you will need to satisfy the deductible before your prescription drug plan copayments or coinsurance amounts apply.*

Prior Authorization for Some Medications

For certain medications or doses, your doctor may need to contact CIGNA to request prior authorization for coverage of your prescription under the plan. To determine if prior authorization is required for your prescription medication, refer to the box labeled "Understanding the CIGNA Prescription Drug List."

Home Delivery of Your Prescriptions

The CIGNA Tel-Drug Home Delivery Pharmacy Program is a valuable plan feature, designed especially for those who take prescription medications regularly. It offers the convenience of home delivery of up to a 90-day supply of your medication at no additional charge. You may also save on prescriptions filled through CIGNA Tel-Drug based on the specific plan you are being offered. Refer to your plan materials for details. Typical delivery time for new prescriptions is 7-14 days from the time complete order information is received. For more information on CIGNA Tel-Drug, call us toll-free at 1.800.835.3784.

If You Have Questions

We're here to help. Just call CIGNA Member Services at the 800 number on your ID card if you have a question about CIGNA prescription drug benefits or visit our web site, **cigna.com**.

**UNDERSTANDING THE
CIGNA PRESCRIPTION DRUG LIST**

The drugs contained within this list represent the most frequently prescribed medications. If you don't see a specific drug listed in this document, a complete list of medications and their coverage categories can be found on cigna.com by clicking on "Drug Lists/Ordering" under "Popular Links."

Medications newly approved by the U.S. Food and Drug Administration will be classified as Non-Preferred until reviewed by the CIGNA Pharmacy and Therapeutics Committee, a committee of independent physicians and pharmacists that reviews new drugs for safety and efficacy.

For details on which medications are specifically covered under your plan, please visit mycigna.com or refer to your plan enrollment materials.

Symbol Key*

- PA: Prior Authorization may be required – your doctor must obtain prior approval for you to receive coverage for this drug.
- QL: Quantity Limit may apply – you may only obtain coverage for a limited amount of this drug.
- AGE: Age Requirement may apply – you may be required to be in a pre-specified age group in order to obtain coverage for this drug.
- ST: Step Therapy may be required – treatment with certain drugs may be required before these drugs will be approved for coverage.

**These coverage qualifications may not apply to your specific plan. Please consult your enrollment materials for specific coverage details of the plan you are being offered.*

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

ADD/ADHD

amphetamine/
dextroamphetamine
methamphetamine
methylphenidate
pemoline

ADDERALL XR
CONCERTA
DESOXYN
METADATE CD
METADATE ER
RITALIN LA
STRATTERA

FOCALIN

AIDS/HIV

AGENERASE
CRIXIVAN
EMTRIVA
EPIVIR
EPZICOM
FORTOVASE
FUZEON (PA)
HIVID
INVIRASE
KALETRA
LEXIVA
NORVIR
RESCRIPTOR
RETROVIR
REYATAZ
SUSTIVA
TRIZIVIR
TRUVADA
VIDEX
VIRACEPT
VIRAMUNE
VIREAD
ZERIT
ZIAGEN

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS	GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
---------	------------------	----------------------	---------	------------------	----------------------

ALLERGY

clemastine
 cyproheptadine
 flunisolide
 hydroxyzine

ASTELIN
 BECONASE AQ
 FLONASE
 NASAREL
 RHINOCORT AQ
 SEMPREX-D

ALLEGRA
 ALLEGRA-D
 CLARINEX
 NASACORT
 NASACORT AQ
 NASONEX
 TANAFED DMX
 ZYRTEC
 ZYRTEC-D

ASTHMA

albuterol
 cromolyn sodium
 ipratropium solution
 metaproterenol

ACCOLATE
 ADVAIR
 AEROBID
 AEROBID-M
 ATROVENT INHALER
 AZMACORT
 COMBIVENT
 FLOVENT
 FLOVENT ROTADISK
 INTAL AEROSOL
 MAXAIR
 PROVENTIL HFA
 PULMICORT
 QVAR
 SEREVENT (ST)
 SEREVENT DISKUS (ST)
 SINGULAIR
 XOLAIR (PA)

FORADIL
 XOPENEX

BIRTH CONTROL **

Apri
 Aranelle
 Aviane
 Camila
 Enpress
 Errin
 Junel
 Junel FE
 Jolivet
 Kariva
 Leena
 Lessina
 Levora
 Microgestin
 Microgestin FE
 Mononessa
 Necon
 Nortrel
 Ogestrel
 Partia
 Previfem
 Solia
 Sprintec
 Trinessa
 Trivora
 Tri-previfem
 Tri-sprintec
 Velivet
 Zovia

ALESSE
 DESOGEN
 LOESTRIN
 LOESTRIN FE
 NORDETTE
 ORTHOCEPT
 ORTHO-EVRA
 ORTHO-NOVUM 7-7-7
 ORTHO TRI-CYCLEN-LO
 OVCON 35
 OVCON 50
 OVRAL
 OVRETTE
 PLAN B
 TRI-NORINYL
 TRIPHASIL
 YASMIN

ESTROSTEP
 LEVLEN
 NUVARING
 OVCON 35 (chewable tab)
 PREVEN
 TRILEVLEN

BLADDER PROBLEMS

oxybutynin

DITROPAN XL
 ELMIRON
 OXYTROL

DETROL
 DETROL LA

CANCER

tamoxifen citrate

ARIMIDEX
 FEMARA
 GLEEVEC (PA)
 ROFERON-A (PA)
 TEMODAR (QL)

AROMASIN
 FARESTON
 IRESSA (PA)
 XELODA

** Please check your enrollment materials to determine whether these drugs are covered under your specific plan.

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS	GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
---------	------------------	----------------------	---------	------------------	----------------------

CARDIOVASCULAR

HIGH BLOOD PRESSURE/HEART MEDICATIONS

acebutolol	ALTACE	AVALIDE (ST)
atenolol	COREG (ST)	AVAPRO (ST)
benazepril	COZAAR (ST)	BENICAR (ST)
benazepril/HCTZ	DIOVAN (ST)	BENICAR HCT (ST)
bisoprolol	DIOVAN HCT (ST)	BETAPACE AF
bisoprolol/HCTZ	HYZAAR (ST)	CARDENE SR
captopril	INDERAL LA	CARTROL
digoxin	INNOPRAN XL	CATAPRES TTS
diltiazem	LANOXICAPS	COVERA-HS
diltiazem CD	LOTREL	DYNACIRC
disopyramide	MAVIK	DYNACIRC CR
doxazosin	MINIZIDE	LEVATOL
enalapril	NORPACE CR	LEXXEL
enalapril/HCTZ	NORVASC	MICARDIS (ST)
felodipine	PROCANBID	MICARDIS HCT (ST)
fosinopril	TARKA	MONOPRIL
isosorbide dinitrate	TIKOSYN	MONOPRIL HCT
isosorbide mononitrate	TOPROL XL	PLENDIL
labetalol	UNIRETIC	SULAR
lisinopril		TEVETEN
metoprolol		TEVETEN HCT
nadolol		VASCOR
nifedipine		VERELAN PM
nifedipine ER		
prazosin		
pindolol		
procainamide		
propranolol		
quinapril/HCTZ		
quinidine		
sotalol		
terazosin		
timolol		
verapamil		
verapamil SR		

BLOOD THINNER/ANTI-CLOTTING

heparin (QL)	ARIXTRA (QL)	AGGRENOX
ticlopidine	FRAGMIN (QL)	AGRYLIN (PA)
warfarin	INNOHEP (QL)	PLETAL
	LOVENOX (QL)	
	PLAVIX	

CHOLESTEROL LOWERING

cholestyramine powder	LESCOL	ADVICOR
gemfibrozil	LESCOL XL	ALTOPREV
lovastatin	LOFIBRA	CRESTOR
	TRICOR	LIPITOR (ST)
	NIASPAN	PRAVACHOL
	VYTORIN	ZETIA
	WELCHOL	
	ZOCOR	

DEPRESSION

amitriptyline	EFFEXOR	CELEXA
amoxapine	EFFEXOR XR	CYMBALTA
bupropion	PAXIL CR	LEXAPRO
bupropion SR	VIVACTIL	MARPLAN
citalopram	WELLBUTRIN XL	PROZAC WEEKLY
desipramine	ZOLOFT	REMERON SOL-TABS
doxepin		TOFRANIL-PM
fluoxetine		
fluvoxamine		
imipramine		
mirtazapine		
nefazodone		
nortriptyline		
paroxetine		
trazodone		

DIABETES

acetohexamide	ACCU-CHEK BRAND	ACTOS (ST)
chlorpropamide	TEST STRIPS	AMARYL
glipizide	AVANDAMET (ST)	GLYCRON
glucagon (QL)	AVANDIA (ST)	GLYSET
glyburide	FORTAMET	STARLIX
glyburide/metformin	GLUCOPHAGE XR	
glyburide micronized	HUMALOG	
metformin	HUMULIN	
tolazamide	LANTUS	
tolbutamide	NOVOLIN	
	NOVOLOG	
	NOVOLOG MIX	
	ONE TOUCH TEST STRIPS	
	PRANDIN	
	PRECOSE	

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS	GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
---------	------------------	----------------------	---------	------------------	----------------------

EYE CONDITIONS

carbachol	ACULAR	ACULAR PF
ciprofloxacin	ALOMIDE	ALAMAST
levobunolol	ALPHAGAN P	ALOCRI
pilocarpine	AZOPT	ALREX
pilocarpine/epinephrine	BETIMOL	COSOPT
timolol	BETOPTIC S	EMADINE
	CILOXAN (ointment)	LOTEMAX
	IOPIDINE	TIMOPTIC DROPERETTE
	LIVOSTIN	
	PATANOL	
	TOBRADEX	
	TRAVATAN	
	TRUSOPT	
	VIGAMOX	
	VOLTAREN	
	XALATAN	
	ZADITOR	

GROWTH HORMONES

HUMATROPE (PA)	GENOTROPIN (PA)
NUTROPIN (PA)	NORDITROPIN (PA)
NUTROPIN AQ (PA)	TEV-TROPIN (PA)
NUTROPIN DEPOT (PA)	

HEARTBURN/ULCER

cimetidine	PREVACID (PA)	ACIPHEX (PA)
famotidine	PROTONIX (PA)	HELIDAC
metoclopramide	ZANTAC SYRUP	NEXIUM (PA)
misoprostol		PEPCID RPD
nizatidine		PREVPAC
omeprazole		ZANTAC EFFERTABS/ PACKETS
ranitidine		ZEGERID (PA)
sucralfate		

HORMONE REPLACEMENT

estradiol	ALORA	ACTIVELLA
estrogens, esterified	ANDRODERM	CENESTIN
estropipate	ANDROGEL	COMBIPATCH
levothyroxine	CYTOMEL	FEMHRT
medroxyprogesterone	DOSTINEX (QL)	FEMRING
thyroid	ESTRADERM	ORTHO-PREFEST
	ESTRATEST	VAGIFEM
	ESTRATEST H.S.	
	LEVOTHROID	
	LEVOXYL	
	MENEST	
	PREMARIN	
	PREMARIN LOW DOSE	
	PREMPHASE	
	PREMPRO	
	PREMPRO LOW DOSE	
	PROMETRIUM	
	SYNTHROID	
	TESTIM	
	TESTODERM	
	UNITHROID	
	VIVELLE	

INFECTIONS

acyclovir	ACTIMMUNE (PA)	AUGMENTIN
amantadine	BIAXIN XL	AUGMENTIN ES-600
amoxicillin	CEFZIL	AUGMENTIN XR
amoxicillin/clavulanate	CIPRO HC OTIC	AVELOX
ampicillin	EPIVIR HBV	CEDAX
cefaclor	FLOXIN OTIC	DYNABAC
cefaclor ext. rel.	GRIFULVIN	FAMVIR
cefadroxil	GRIS-PEG	FLAGYL ER
cefuroxime	LAMISIL (PA, QL)	HEPSERA
cephalexin	LEVAQUIN	INFERGEN (PA)
cephradine	MYCOSTATIN LOZENGE	KEFTAB
ciprofloxacin	OMNICEF	LORABID
dindamycin	PEGASYS (PA)	MAXAQUIN
dicloxacillin	PRIMSOL	MONUROL
doxycycline	VALTrex	NEGGram
erythromycin	VFEND (PA)	PEG INTRON (PA)
erythromycin/ sulfisoxazole	ZITHROMAX (QL)	PENETREX
fluconazole (QL: 150 mg only)		PENLAC (PA)
griseofulvin		REBETRON (PA)
metronidazole		RELENZA (QL)
		ROFERON-A (for hepatitis only) (PA)

(continued)

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS	GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
INFECTIONS (CONTINUED)			PAIN RELIEF & INFLAMMATORY DISEASE		
minocycline		SPORANOX (PA, QL)	butorphanol nasal (QL)	ACTIQ (PA)	ARTHROTEC
nitrofurantoin		SUPRAX	diclofenac	AVINZA	ENBREL
nystatin		TAMIFLU (QL)	etodolac	DURAGESIC (QL)	(for rheumatoid arthritis only) (PA)
ofloxacin		TEQUIN	flurbiprofen	HUMIRA (PA)	FENTANYL ORALET
penicillin v potassium		VANTIN	ibuprofen	KADIAN	KINERET (PA)
rimantadine		ZAGAM	indomethacin	MSIR	NAPRELAN
SMX/TMP		ZYVOX (PA)	ketoprofen	OXYCONTIN (QL)	PONSTEL
tetracycline			ketorolac (PA, QL)		TALWIN COMPOUND
			meclizemate		VICOPROFEN
			morphine SR		ZYDONE
			nabumetone		
			naproxen		
			oxaprozin		
			piroxicam		
			sulindac		
			tolmetin		
			tramadol		
MIGRAINE			PARKINSON'S DISEASE		
acetaminophen/ caffeine/butalbital	D.H.E. 45 (QL) IMITREX (QL) MIGRANAL (QL) ZOMIG (QL) ZOMIG ZMT (QL)	AMERGE (QL) AXERT (QL) FROVA (QL) MAXALT (QL) MAXALT MLT (QL) RELPAK (QL)	amantadine	APOKYN (PA) REQUIP	COMTAN MIRAPEX TASMAR
			bromocriptine		
			carbidopa/levodopa		
			carbidopa/levodopa SA		
			pergolide		
MULTIPLE SCLEROSIS			PROSTATE		
	BETASERON (PA) COPAXONE (PA)	AVONEX (PA) REBIF (PA)	doxazosin	PROSCAR (AGE)	AVODART FLOMAX
			prazosin		
			terazosin		
NAUSEA AND VOMITING			SCHIZOPHRENIA		
prochlorperazine	KYTRIL (inj.) (PA) ZOFRAN (QL) ZOFRAN C (inj.) (PA) ZOFRAN ODT (QL)	ANZEMET (QL) EMEND (QL) KYTRIL (tab) (QL) MARINOL SCOPACE	clozapine	MOBAN RISPERDAL SEROQUEL ZYPREXA	ABILIFY GEODON
promethazine			haloperidol		
trimethobenzamide			loxapine		
			thiothixene		
OSTEOPOROSIS			SEIZURE		
	EVISTA FOSAMAX MICALCIN (PA)	ACTONEL FORTEO (PA) SKELID	carbamazepine	DEPAKOTE DIASTAT DILANTIN GABITRIL (ST) KEPPRA LAMICTAL NEURONTIN (solution) TEGRETOL XR TOPAMAX TRILEPTAL ZONEGRAN	CARBATROL NEURONTIN (tabs & caps)
			clonazepam		
			gabapentin		
			valproate		

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

EXCLUSIONS & LIMITATIONS

SKIN CONDITIONS

betamethasone dipropionate	ACLOVATE (cream)
betamethasone valerate	ALDARA
clobetasol propionate	BENZAFLIN
desonide	CLODERM
desoximetasone	CYCLOCORT
diflorasone	DERMA-SMOOTH
fluocinolone	DESOWEN
fluocinonide	DIFFERIN (AGE)
isotretinoin (QL)	DOVONEX (ST)
tretinoin (AGE)	KLARON
	LOCOD
	MENTAX
	METROGEL
	METROLOTION
	RETIN-A MICRO GEL (AGE)
	SORIATANE

MISCELLANEOUS

allopurinol	AMBIEN
amylase/lipase/protease	ARICEPT
azathioprine	COLAZAL
calcitriol	EPIPEN (QL)
desmopressin	EPIPEN JR. (QL)
folic acid	NIMOTOP
leucovorin	PRIFITIN
methotrexate	PROAMATINE
naltrexone (QL)	PULMOZYME (PA)
tizanidine	SOMAVERT (PA)
	SPIRIVA
	SUPPRELIN (PA)
	SYNAREL (PA, QL)
	THALOMID
	TOBI

ACLOVATE (ointment)
APHTHASOL
CUTIVATE
ENBREL (PA)
LUXIQ
PANRETIN (PA)
RAPTIVA (PA)
REGRANEX (PA)
TAZORAC
ULTRAVATE

ARAVA (PA)
LARIAM (PA, QL)
LIDODERM PATCH
MALARONE (PA)
ORAP
PROVIGIL (PA)
SONATA
SUCRAID
VERSED SYRUP

Plans typically do not provide coverage for the following, except as required by law or by the terms of your specific plan:

1. Any drugs available over-the-counter that do not require a prescription by Federal or State Law, and any drug that is a pharmaceutical alternative to an over-the-counter drug other than insulin.
2. Drugs that are therapeutically equivalent as determined by the CIGNA HealthCare Pharmacy and Therapeutics Committee in which at least one of the drugs within the class is available over the counter.
3. Any injectable infertility drugs, and any injectable drugs that require Physician supervision and are not typically considered self-administered drugs. The following are examples of Physician supervised drugs: Injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables and endocrine and metabolic agents.
4. Any drugs that are experimental or investigational, within the meaning set forth in the summary plan description.
5. Food and Drug Administration (FDA) approved drugs used for purposes other than those approved by the FDA unless the drug is recognized for the treatment of the particular indication in one of the standard reference compendia (The United States Pharmacopoeia Drug Information, the American Medical Association Drug Evaluations, or The American Hospital Formulary Service Drug Information) or in medical literature. Medical literature means scientific studies published in a peer-reviewed national professional medical journal.
6. Any prescription and non-prescription supplies (such as ostomy supplies), devices, and appliances.
7. Any contraceptive drugs and prescription appliances for contraception.
8. Implantable contraceptive products.
9. Any fertility drug.
10. Any drugs used for treatment of sexual dysfunction, including but not limited to erectile dysfunction, delayed ejaculation, anorgasmia and decreased libido.
11. Any prescription vitamins (other than pre-natal vitamins), dietary supplements and fluoride products.
12. Drugs used for cosmetic purposes, such as drugs used to reduce wrinkles, drugs to promote hair growth as well as drugs used to control perspiration and fade cream products.
13. Any diet pills or appetite suppressants (anorectics).
14. Prescription smoking cessation products.
15. Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis.
16. Replacement of Prescription Drugs and Related Supplies due to loss or theft.
17. Drugs used to enhance athletic performance.
18. Drugs which are to be taken by or administered to a Member while the Member is 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.
19. Prescriptions more than one year from the original date of issue.

CIGNA reserves the right to make changes to this Drug List without notice. Your plan may cover additional drugs; please refer to your enrollment materials for details. CIGNA does not take responsibility for any medication decisions made by the prescriber or pharmacist. CIGNA may receive payments from manufacturers of certain Preferred Brand drugs, which may or may not be shared with your plan depending upon its arrangement with CIGNA. 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 drug may or may not represent the lowest cost brand drug within its drug class for you and/or your plan.

"CIGNA" and "CIGNA HealthCare" refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. "Tel-Drug" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C., which are also operating subsidiaries of CIGNA Corporation. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare of Virginia, Inc. and CIGNA HealthCare Mid-Atlantic, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company.



CIGNA

A Business of Caring.

595200a 8/05