

Rutherford County Employee Benefit Trust

2024 Cigna True Choice Medicare (PPO) Formulary Addendum

2024 Enhanced Drug List Addendum

H7787_801_RCPPO A1

Please read: This document contains information about the policies and criteria and any additional coverage offered with your plan.

Please visit CignaMedicare.com/group/MAresources to view the comprehensive 2024 Enhanced Drug List.

The drug list found on our website will be updated each month.



Are there any restrictions on my 2024 Cigna True Choice Medicare (PPO) coverage?

Some covered drugs may have additional requirements or limits on coverage. You can identify these by looking to the right of the name of the drug on the drug list located on our website. The requirements and limits for your plan are the following:

*	Opioid medication available as a 7-day supply or less for first time opioid user. For continued use this drug may only be available as a one-month supply.
^	This prescription drug has an administrative prior authorization requirement that is not waived. This drug may be covered under different benefits depending on circumstances.
+	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not apply to your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
B/D PA	This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.
HRM	This high-risk medication requires prior authorization.
LA	Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.
V	This vaccine is provided to adults at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).
PA	This drug requires prior authorization.
QL	This drug has quantity limits.
ST	This drug has step therapy requirements.

Where can I find the list of covered drugs for my plan?

You can visit [CignaMedicare.com/group/MAresources](https://www.cignamedicare.com/group/MAresources) to view the current list of covered drugs for the **2024 Enhanced Drug List**. While there, you can also view documents that explain our prior authorization and step therapy restrictions as well as other useful plan information. To locate the drug list you need, simply visit the location above and search for the **2024 Enhanced Drug List**.

What additional coverage is available with my plan?

The following pages include additional coverage offered by Rutherford County Employee Benefit Trust. This coverage includes drugs that are normally excluded from CMS coverage that Rutherford County Employee Benefit Trust has added to your plan. The cost share you pay for these drugs does not count towards your annual TrOOP.

Erectile Dysfunction Drugs[^]

Prescription Vitamins

Weight Loss Weight Gain Drugs[^]

[^]Some drugs are subject to prior authorization and quantity limitations even though these limitations may be waived in other treatment categories. Please review your 2024 Enhanced drug list for more information.

Preventive Benefits

The following preventive benefits are covered at a \$0 copay (deductible does not apply):

Adherence Package

Important Message About What You Pay for Insulin

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. If your insulin is on a tier where cost-sharing is lower than \$35, you will pay the lower cost for your insulin.

Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. Call Customer Service for more information.

Covered Diabetic Test Strips and Meters

You will not pay more than \$0 for Preferred Products.

Covered Diabetic Lancets and Control Solutions

You will not pay more than \$0 for this benefit.

2024 Erectile Dysfunction and Lifestyle Supplemental Benefits

Drug Name	Drug Tier	Requirements / Limits
Sexual Dysfunction Supplemental Benefits		
ADDYI	2	QL 30/30,+
CAVERJECT VIALS	2	QL 6/30,+
CAVERJECT IMPULSE	2	QL 6/30,+
CIALIS 2.5 MG, 5 MG	2	PA, ^, QL 8/30,+
CIALIS 10 MG, 20 MG	2	PA, ^, QL 8/30,+
EDEX 10 MCG, 20 MCG, 40 MCG CARTRIDGES	2	QL 6/30,+
MUSE 250 MCG, 500 MCG, 1000 MCG URETHRAL SUPPOSITORY	2	QL 6/30,+
<i>sildenafil 25 mg, 50 mg, 100 mg tablets (generic Viagra)</i>	1	QL 8/30,+
STENDRA 50 MG, 100 MG, 200 MG TABLETS	2	QL 8/30,+
<i>tadalafil 2.5 mg, 5 mg (generic Cialis)</i>	1	PA, ^, QL 8/30,+
<i>tadalafil 10 mg, 20 mg (generic Cialis)</i>	1	PA, ^, QL 8/30,+
<i>ildenafil 2.5 mg, 5 mg, 10 mg, 20 mg tablets</i>	1	QL 8/30,+
<i>ildenafil odt tab</i>	1	QL 8/30,+
VIAGRA 25 MG, 50 MG, 100 MG	2	QL 8/30,+
VYLEESI	2	QL 30/30,+

2024 Prescription Vitamins Supplemental Benefits

Drug Name	Drug Tier	Requirements / Limits
Prescription Vitamins Supplemental Benefits		
AQUASOLA A 100,000 UNITS/2ML VIAL	2	+
<i>ascorbic acid 500 mg/ml vial</i>	1	+
AZESCO TABLET	2	+
BAL-CARE DHA ESSENTIAL PACK	2	+
B-12 COMPLIANCE INJ KIT	2	+
<i>b-complex 100 injection</i>	1	+
<i>calcitriol 0.25 mcg capsule</i>	1	+
<i>calcitriol 0.5 mcg capsule</i>	1	+
<i>calcitriol 1 mcg/ml ampul</i>	1	+
<i>cyanocobalamin 1,000 mcg/ml</i>	1	+
DERMACINRX PRENATRIX CAPLET	2	+
DRISDOL 1.25 MG (50,000 UNIT)	2	+
DUET DHA 400 COMBO PACK, BALANCED	2	+
EMBRACE HR SOFTGEL	2	+
FERAHEME 510 MG/17 ML VIAL	2	+
FERRLECIT 62.5 MG/5 ML VIAL	2	+
FERUMOXYTOL 510 MG/17 ML VIAL	2	+
<i>folic acid 1 mg tablet</i>	1	+
<i>folic acid 5 mg/ml vial</i>	1	+
GALZIN 25 MG, 50MG CAPSULE	2	+
HECTOROL 2 MCG/ML, 4 MCG/2ML VIALS	2	+
INFED 100 MG/2ML VIAL	2	+
INFUVITE ADULT, PEDIATRIC	2	+
INJECTAFER 100 MG/2 ML VIAL	2	+
INJECTAFER 750 MG/15 ML VIAL	2	+
IODOPEN 100 MCG/ML VIAL	2	+
<i>hydroxocobalamin 1,000 mcg/ml</i>	1	+

Drug Name	Drug Tier	Requirements / Limits
MEPHYTON 5 MG TABLET	2	+
METHYLCOBALAMIN 10,000 MCG VIAL	2	+
<i>m-natal plus tablet</i>	1	+
MONOFERRIC 1,000 MG/10 ML VIAL	2	+
<i>mynatal-z captab</i>	1	+
NASCOBAL 500 MCG NASAL SPRAY	2	+
NEEVODHA CAPSULE	2	+
NESTABS ABC PRENATAL COMBO PK	2	+
NESTABS DHA COMBO PAK	2	+
NESTABS ONE SOFTGEL	2	+
NESTABS TABLET	2	+
<i>newgen tablet</i>	1	+
OBSTETRIX DHA COMBOPAK	2	+
OBSTETRIX EC CAPLET	2	+
OBSTETRIX ONE SOFTGEL	2	+
PHYTONADIONE 1 MG/0.5 ML SYRINGE	2	+
PHYTONADIONE 10 MG/ML AMPUL	2	+
<i>phytonadione 5mg tablet</i>	1	+
POTABA 500 MG CAPSULE	2	+
<i>prenatabs rx tablet</i>	1	+
PRENATE ELITE TABLET	2	+
PRENATE ESSENTIAL SOFTGEL	2	+
PRENATE STAR TABLET	2	+
PROVIDA DHA CAPSULE	2	+
PUREFE OB PLUS CAPSULE	2	+
<i>pyridoxine 100 mg/ml vial</i>	1	+
RAYALDEE ER 30 MCG CAPSULE	2	+
ROCALTROL 0.25 MCG CAPSULE	2	+
ROCALTROL 0.5 MCG CAPSULE	2	+
ROCALTROL 1 MCG/ML ORAL SOLN	2	+

2024 Weight Loss and Weight Gain

Drug Name	Drug Tier	Requirements / Limits
Weight Loss/Weight Gain		
ADIPEX-P 37.5 MG CAPSULES, TABLETS	2	+
<i>benzphetamine hcl 50 mg tablet</i>	1	+
CONTRAVE ER 8-90 MG TABLET	2	+
<i>diethylpropion hcl 25mg tablet</i>	1	+
<i>diethylpropion hcl er 75 mg tablet</i>	1	+
IMCIVREE	2	PA; ^, +
LOMAIRA	2	+
<i>orlistat 120 mg capsule (RX)</i>	2	PA; ^, +
<i>phendimetrazine tartrate 35 mg tablet</i>	1	+
<i>phendimetrazine tartrate er 105 mg capsule</i>	1	+
<i>phentermine hcl capsules, tablets</i>	1	+
PLENITY 0.75 GM CAP WELCOME KT	2	+
PLENITY 0.75 GRAM CAPSULE	2	+
QSYMIA CAPSULES	2	+
SAXENDA 18 MG/3 ML PEN	2	+
WEGOVY 0.25 MG/0.5 ML PEN	2	+
WEGOVY 0.5 MG/0.5 ML PEN	2	+
WEGOVY 1 MG/0.5 ML PEN	2	+
WEGOVY 1.7 MG/0.75 ML PEN	2	+
WEGOVY 2.4 MG/0.75 ML PEN	2	+
XENICAL 120 MG CAPSULE (RX)	2	PA; ^,+

Drug Name	Drug Tier	Requirements / Limits
<i>se natal 19 chewable caplet, tablet</i>	1	+
<i>strong iodine solution</i>	1	+
<i>thiamine 200 mg/2 ml vial</i>	1	+
TRIVITE RX TABLET	2	+
TRIFERIC 27.2 MG/5 ML AMPULE	2	+
TRIFERIC 272 MG POWDER PACKET	2	+
<i>trinatal rx 1 tablet</i>	1	+
TRINAZ TABLET	2	+
TRISTART DHA SOFTGEL	2	+
<i>trust natal dha</i>	1	+
VENOFER 100 MG/5 ML VIAL	2	+
VENOFER 200 MG/10 ML VIAL	2	+
VENOFER 50 MG/2.5 ML VIAL	2	+
VITAFOL GUMMIES, NANO TABLET, OB CAPLET	2	+
<i>vitamin D2 1.25mg (50,000 unit) RX</i>	1	+
<i>vitamin K1 10 mg/ml, 1mg/0.5ml ampule</i>	1	+
VITAPEARL SOFTGEL	2	+
VITATRUE COMBO PACK	2	+
<i>wescap-c dha softgel</i>	1	+
<i>wesnate dha softgel</i>	1	+
<i>westab plus tablet</i>	1	+
<i>westgel dha softgel</i>	1	+
ZALVIT TABLET	2	+
zatean pn dha capsule	1	+
zatean pn plus softgel	1	+
ZEMPLAR 1 MCG, 2 MCG CAPSULE	2	+
ZEMPLAR 10 MCG/2ML, 2 MCG/ML, 5 MCG/ML VIALS	2	+
zinc sulfate 10 mg/10ml, 30 mg/10 ml, 25mg/5ml vials	1	+
<i>zingiber tablet</i>	1	+
ZIPHEX TABLET	2	+



2024 Adherence Package

Preventive drugs are used to improve outcomes for asthma, blood pressure with selected heart drugs, blood thinners, high cholesterol, diabetes, Part D covered diabetic supplies, osteoporosis, and prenatal vitamins. If you have questions about which drugs are right for you, talk to your doctor. **You do not have to pay a copay or coinsurance for the preventive drugs on this list** if filled at a pharmacy in the Cigna Healthcare Medicare network. All quantity limits, prior authorization and step therapy in the full drug list apply.

Asthma

Inhalation Solns (PART D Only)	Inhalers and Inhalation Devices			
<i>albuterol solution</i> ^	<i>albuterol HFA</i>	COMBIVENT RESPMT	SEREVENT DISKUS	
<i>budesonide susp</i> ^	ADVAIR HFA	FLOVENT HFA, DISKUS	PERFORMIST	
<i>cromolyn sod soln</i> ^	ANORO ELLIPTA	<i>fluticasone-salmeterol inh</i>	TRELEGY ELLIPTA	
<i>formoterol soln</i> ^	ARNUIITY ELLIPTA	INCRUSE ELLIPTA	VENTOLIN HFA	
<i>ipratropium-albut</i> ^	ATROVENT HFA INH	<i>ipratropium bromide inh</i>	WIXELA INHUB	
<i>levalbuterol soln</i> ^	BREO ELLIPTA	<i>levalbuterol HFA</i>		
Oral Products				
<i>albuterol tab, syrp</i>	<i>montelukast tabs</i>	<i>theophylline ER, CR</i>	<i>theophylline elixir, soln</i>	<i>zafirlukast tab</i>

Blood Pressure/Selected Heart Drugs

<i>acebutolol cap</i>	<i>candesartan-hctz</i>	<i>fosinopril-hctz</i>	<i>moexipril tab</i>	<i>spironolactone-hctz</i>
<i>acetazolamide ir, er</i>	<i>captopril tab, -hctz</i>	<i>furosemide oral</i>	<i>nadolol tab</i>	TAZTIA XT
<i>aliskiren tab</i>	CARTIA XT	<i>guanfacine</i>	<i>nebivolol tabs</i>	<i>telmisartan tab</i>
<i>amiloride tab</i>	<i>carvedilol tab</i>	<i>hydralazine tab</i>	<i>nicardipine cap</i>	<i>telmisartan-amlodipine</i>
<i>amiloride-hctz</i>	<i>carvedilol er cap</i>	<i>hydrochlorothiazide</i>	<i>nicardipine syringe</i>	<i>telmisartan-hctz</i>
<i>amlodipine tab</i>	<i>chlorthalidone tab</i>	<i>indapamide tab</i>	<i>nifedipine er tab</i>	<i>terazosin cap</i>
<i>amlodipine-atorv</i>	<i>chlorothiazide vials</i>	<i>irbesartan tab</i>	<i>nimodipine cap</i>	TIADYLT ER CAP
<i>Amlodipine-benz</i>	<i>clonidine tab, patch</i>	<i>irbesartan-hctz</i>	<i>nisoldipine er tab</i>	<i>timolol maleate tab</i>
<i>amlodipine-olmes</i>	DILT-XR	<i>isradipine cap</i>	<i>olmesartan</i>	<i>toremide tab</i>
<i>amlodipine-valsart.</i>	<i>diltiazem tab, infus.</i>	KERENDIA TABS	<i>olm-aml-hctz</i>	<i>trandolapril tab</i>
<i>amlodipine-val-hctz</i>	<i>diltiazem cd</i>	<i>labetalol tab</i>	<i>olmesartan-hctz</i>	<i>trandolapril-verap er</i>
<i>atenolol tab</i>	<i>diltiazem er</i>	<i>lisinopril tab</i>	<i>perindopril tab</i>	<i>triamterene caps</i>
<i>atenolol-chlorthalid</i>	<i>doxazosin tab</i>	<i>lisinopril-hctz</i>	<i>pindolol tab</i>	<i>triamterene-hctz</i>
<i>benazepril tab</i>	EDARBI	<i>losartan tab</i>	<i>prazosin cap</i>	<i>valsartan tab</i>
<i>benazepril-hctz</i>	EDARBYCLOR	<i>losartan-hctz</i>	<i>propranolol,er</i>	<i>valsartan-hctz</i>
<i>betaxolol tab</i>	<i>enalapril tab</i>	MATZIM LA	<i>quinapril tab</i>	<i>verapamil cap pellet</i>
<i>bisoprolol tab</i>	<i>enalapril-hctz</i>	<i>methazolamide tab</i>	<i>quinapril-hctz</i>	<i>verapamil tab, er</i>
<i>bisoprolol-hctz</i>	ENTRESTO	<i>metolazone tab</i>	<i>ramipril cap</i>	<i>verapamil sr cap</i>
<i>bumetanide tab</i>	<i>epplerenone tab</i>	<i>metoprolol succ er</i>	SORINE	<i>verapamil tab</i>
<i>bumetanide inj</i>	<i>ethacrynic acid tab</i>	<i>metoprolol tart tab</i>	<i>sotalol tab</i>	<i>verapamil syringe</i>
BYSTOLIC	<i>felodipine er</i>	<i>metoprolol-hctz</i>	<i>sotalol af tab</i>	VERQUVO
<i>candesartan tab</i>	<i>fosinopril tab</i>	<i>minoxidil tab</i>	<i>spironolactone tab</i>	

^This prescription drug has a Part B versus D administrative prior authorization requirement.



2024 Adherence Package Continued

Blood Thinners

<i>aspirin-dipyridam er</i> BRILINTA	<i>clopidogrel tab</i> <i>dabigatran caps</i> <i>dipyridamole tab</i>	ELIQUIS ELIQUIS START PK JANTOVEN tab	<i>prasugrel tab</i> <i>warfarin tab</i> XARELTO tabs	XARELTO susp XARELTO SRT PK
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Cholesterol

<i>atorvastatin tab</i> <i>cholestyramine, light</i> <i>colesevelam pck, tab</i> <i>colestipol granule, tab</i> <i>ezetimibe</i>	<i>ezetimibe-simvast</i> <i>fenofibrate cap</i> <i>(not 30 mg, 90mg)</i> <i>fenofibrate tab</i> <i>fenofibric acid, dr</i>	<i>fluvastatin cap, er tb</i> <i>gemfibrozil tab</i> <i>icosapent ethyl</i> LIVALO <i>lovastatin tabs</i>	NEXLETOL NEXLIZET NIACOR <i>niacin, er^{RX}</i> <i>omega-3 ethyl est^{RX}</i>	<i>pravastatin tab</i> <i>prevalite pwd pkt</i> <i>rosuvastatin tab</i> <i>simvastatin tab</i> VASCEPA
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Diabetes

Oral Products				
<i>acarbose tabs</i> FARXIGA	<i>glyburide-metformin</i> GLYXAMBI	JENTADUETO <i>metformin er osm</i>	<i>pioglitazone tab</i> <i>pioglitazone-glimpir</i> <i>pioglitazone-metfm</i>	SYNJARDY XR tab TRADJENTA TRIJARDY XR
<i>glimepiride tab</i> <i>glipizide ER, XL, tab</i> <i>glipizide-metformin</i> <i>glyburide tb, micro tb</i>	JANUMET tab JANUMET XR JANUVIA JARDIANCE	<i>metformin tab</i> <i>metformin er tab</i> <i>miglitol tab</i> <i>nateglinide tab</i>	<i>repaglinide tab</i> RYBELSUS tab SYNJARDY tab	XIGDUO XR
Insulins				
HUMALOG JR KWK	<i>insulin lispro JR</i>	HUMULIN 70/30 vial	LEVEMIR FLEXTCH	TOUJEO SOLOSTR
HUMALOG KWKPN	<i>insulin lispro KWKPN</i>	HUMULIN N	LEVEMIR VIALS	TRESIBA FLXTCH
HUMALOG vial	<i>insulin lispro vial</i>	HUMULIN R	LYUMJEV	TRESIBA
HUMALOG MIX KWKPN	<i>insulin lispro mix 75/25 KWKPN</i>	LANTUS VIALS	SOLIQUA PEN	XULTOPHY PEN
HUMALOG MIX vial	HUMULIN 70/30 KWKPN	LANTUS SOLOSTR	TOUJEO MAX	
Injectable Non-Insulin				
BYETTA	BYDUREON PEN	OZEMPIC	VICTOZA PEN	
BYDUREON BCISE	MOUNJARO PEN	TRULICITY		

Diabetic Supplies

ALCOHOL SWABS	INSULIN PEN NDLE	OMNIPOD pks	OMNIPOD STR KIT	VGO 20, 30, 40
GAUZE PADS 2 X 2	INSULIN SYRGES	OMNIPOD DASH		

Osteoporosis

<i>alendronate</i> <i>calcitonin-salmon</i>	<i>ibandronate tab</i> <i>pamidronate inj</i>	<i>raloxifene tab</i> <i>risedronate tab</i>	<i>risedronate dr tab</i> <i>zoledronic acid inj</i>
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Prenatal Vitamins

Formulary Prescription Prenatal Vitamins
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2024 Covered Diabetic Lancets and Control Solutions

All lancing devices, lancets, and control solutions for diabetic blood sugar monitoring are covered. Below are examples of products available at the time the list was created.

Drug Name	Medical Benefit	Requirements/Limits
DIABETIC SUPPLIES MISCELLANEOUS		
CONTROL SOLUTIONS (EXAMPLES)		
FREESTYLE CONTROL SOLUTIONS	Part B \$0 Copay	
ONETOUCH CONTROL SOLUTIONS	Part B \$0 Copay	
LANCETS AND LANCING DEVICES (EXAMPLES)		
ACTI-LANCE LANCETS	Part B \$0 Copay	
BD LANCETS DEVICES	Part B \$0 Copay	
BD LANCETS	Part B \$0 Copay	
E-Z JECT LANCETS	Part B \$0 Copay	
FREESTYLE LANCETS	Part B \$0 Copay	
LANCING DEVICES	Part B \$0 Copay	
LANCETS	Part B \$0 Copay	
MEDLANCE PLUS LANCETS	Part B \$0 Copay	
ONETOUCH LANCET DEVICES	Part B \$0 Copay	
ONETOUCH LANCETS	Part B \$0 Copay	

2024 Diabetic Glucose Testing Supplies

Drug Name	Medical Benefit	Requirements/Limits
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
PREFERRED DIABETIC METERS		
DEXCOM G6 RECEIVER	Part B \$0 Copay	QL (1 EA/ 2 years)
DEXCOM G6 SENSOR	Part B \$0 Copay	QL (3 UNITS/ 30 day fill)
DEXCOM G6 TRANSMITTER	Part B \$0 Copay	
DEXCOM G7 RECEIVER	Part B \$0 Copay	QL (1 EA/ 2 years)
DEXCOM G7 SENSOR	Part B \$0 Copay	QL (3 UNITS/ 30 day fill)
DEXCOM RECEIVER KIT	Part B \$0 Copay	QL (1 EA/ 2 years)
FREESTYLE GLUCOSE METER	Part B \$0 Copay	QL (1 EA/ 2 years)
FREESTYLE FREEDOME LITE METER	Part B \$0 Copay	QL (1 EA/ 2 years)
FREESTYLE LIBRE 14 DAY SENSOR	Part B \$0 Copay	QL (3 UNITS/ 30 day fill)
FREESTYLE LIBRE 14 DAY READER	Part B \$0 Copay	QL (1 EACH /2 years)
FREESTYLE LIBRE 2 SENSOR	Part B \$0 Copay	QL (3 UNITS/ 30 day fill)
FREESTYLE LIBRE 2 READER	Part B \$0 Copay	QL (1 EACH/ 2 years)
FREESTYLE LIBRE 3 SENSOR	Part B \$0 Copay	QL (3 UNITS/ 30 day fill)
FREESTYLE LIBRE 3 READER	Part B \$0 Copay	QL (1 EACH/ 2 years)
FREESTYLE LITE GLUCOSE METER	Part B \$0 Copay	QL (1 EACH/ 2 years)
FREESTYLE PRECISION NEO METER	Part B \$0 Copay	QL (1 EACH/ 2 years)
ONETOUCH ULTRA2 GLUCOSE SYST	Part B \$0 Copay	QL (1 EACH/ 2 years)
ONETOUCH VERIO FLEX METER	Part B \$0 Copay	QL (1 EACH/ 2 years)
ONETOUCH VERIO REFLECT METER	Part B \$0 Copay	QL (1 EACH/ 2 years)
PREFERRED DIABETIC GLUCOSE TEST STRIPS		
FREESTYLE LITE GLUCOSE TEST STRIPS	Part B \$0 Copay	QL (200 STRIPS/ 30 day fill)
FREESTYLE PREC NEO TEST STRIPS	Part B \$0 Copay	QL (200 STRIPS/ 30 day fill)
ONETOUCH ULTRA TEST STRIP	Part B \$0 Copay	QL (200 STRIPS/ 30 day fill)
ONETOUCH VERIO TEST STRIP	Part B \$0 Copay	QL (200 STRIPS/ 30 day fill)



1-888-281-7867 (TTY 711)

October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays. Customer service also has free language interpreter services available for non-English speakers.



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