

Three-Tier Plan

2011 CIGNA Prescription Drug List

Choosing the medication that is right for you should be up to you and your doctor. We offer an extensive list of brand and generic medications.

Choosing where to fill your medication should be easy, too. With over 60,000 pharmacies and CIGNA Home Delivery Pharmacy in our network, you will have convenient access to your medications – whether you pick them up, or have them delivered to your home.

Enclosed you will find a list of medications covered by your plan, in an easy-to-read format. You will find:

1. Medications split into three categories (generic, preferred brand and non-preferred brand medications)
2. Health conditions and medications listed in alphabetical order
3. Symbols to let you know if there are any requirements for coverage



Your Three-Tier Prescription Drug Plan

A three-tier prescription drug plan splits medications into three categories or tiers:

1st Tier – Generic medications: Generic medications have the same active ingredients, safety, dosage, quality and strength as their brand-name counterparts. You will typically pay less for generic medications under a three-tier plan.

2nd Tier – Preferred-brand medications: Preferred-brand medications will typically cost you more than generic, but may cost you less than a non-preferred brand on a three-tier plan.

3rd Tier – Non-preferred brand medications: Non-preferred brand medications generally have generic alternatives and/or one or more preferred-brand options within the same drug class. You will typically pay more for non-preferred medications on a three-tier plan.

Preventive Prescription Drug Option

Preventive medications are prescribed to prevent the occurrence of a disease or condition with risk factors such as: high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack and stroke, or to prevent the recurrence of the disease or condition for individuals who have recovered. Preventive medications do not include drugs used to treat an existing illness, injury or condition.

For some pharmacy plans that require you to pay a certain amount before the plan coverage begins, preventive medications may be covered before you reach that amount. To be sure, you should read your enrollment information to see how preventive medications are covered specific to your plan. Also, a list of all covered preventive medications is available on **CIGNA.com**. Preventive medications are identified by a “PM” symbol within the drug list search.

Understanding the CIGNA Prescription Drug List

Every medication available on CIGNA's prescription drug list has been approved by the U.S. Food and Drug Administration (FDA). This list represents the most commonly prescribed medications.

If you do not see a specific medication on this list, please check **CIGNA.com**. Go to the "Resources for Members" page, and click "Drug Lists" for the most up-to-date list of medications.

Refer to your enrollment information to find out which specific medications are covered under your plan.

The symbols on the list mean ...

If your medication has one of the following symbols, your doctor may have to get an authorization for coverage of that medication.

PA: Prior Authorization may be required for different reasons. To learn the requirements needed for coverage of a specific medication, feel free to give us a call.

QL: Quantity Limit means you may have coverage for a limited amount of a specific medication.

AGE: Age Requirement means an individual must be within a specific age group for a specific medication to be covered.

ST: Step Therapy is a prior authorization program that requires you to try other medications available to treat the same condition before the "ST" medication is covered.

myCIGNA.com – a tool to help you manage your prescription benefits:

When you go to the Pharmacy page of **myCIGNA.com**, you can:

- Look up your specific pharmacy coverage;
- Research thousands of available medications;
- Find the actual amounts you will pay for specific medications;
- Compare medication prices using the Prescription Drug Price Quote Tool;
- Ask a pharmacist questions;
- Download forms; and more.

Medications Delivered to Your Home

CIGNA Home Delivery Pharmacy is designed for individuals who take prescription medications on a regular basis (including Specialty medications).

The benefits of CIGNA Home Delivery Pharmacy include:

- Up to a 90-day supply of your medications
- Delivery of medications to your home at no additional charge
- Licensed pharmacists available to help 24/7
- CoachRx: a free tool that is available if you use CIGNA Home Delivery Pharmacy. It can help with reminders, coupons and information about your prescriptions. Visit **CIGNA.com/coachrx** to learn more.

To get an order form, you can go to the Pharmacy page on **myCIGNA.com** or call **1.800.835.3784**, we are here to help.

To order a specialty medication, visit **CIGNA.com** and click “Resources for Members.” You will see the “Specialty Pharmacy” page where the specialty medication order form is located. You can also call 1.800.351.3606 to talk with someone directly.

Health Care Reform and You

The Patient Protection and Affordable Care Act (PPACA), commonly referred to as “health care reform”, was signed into law on March 23, 2010. This important legislation will result in changes to every American’s health coverage. Some of the changes are taking effect in 2010 and most of the law’s effects will be felt by 2014.

CIGNA will comply with all provisions of the law including those that impact your pharmacy coverage plan. For example, depending upon the final government regulations, coverage for medications that have not traditionally been included in pharmacy plans, such as specific over-the-counter (OTC) medications, may be made available at no cost share to you. As with all covered medications, we would require a prescription from your doctor to process the claim under your pharmacy plan (including OTC medications).

To get the most current information visit **www.informedonreform.com** or **CIGNA.com** and look for the “Informed on Reform” link.

If You Have Questions

Feel free to call us at the toll-free number on the back of your CIGNA ID card. We’re here to help.

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
ADD/ADHD		
amphetamine/ dextroamphetamine methamphetamine methylphenidate	Adderall XR Concerta Focalin XR Ritalin LA Strattera Vyvanse	Adderall Amphetamine/ Dextroamphetamine Extended-Release (ST) Daytrana Desoxyn Intuniv Metadate CD Metadate ER
AIDS/HIV		
didanosine stavudine zidovudine	Agenerase Aptivus Combivir Crixivan Emtriva Eпивir Epzicom Fuzeon (PA) Invirase Isentress Kaletra Lexiva Norvir Prezista Rescriptor Reyataz Selzentry Sustiva Trizivir Truvada Viracept Viramune Viread Ziagen	Atripla Intelence Retrovir Videx Zerit
ALLERGY		
clemastine cyproheptadine fexofenadine flunisolide fluticasone hydroxyzine	Astelin Astepro Nasonex Singulair Veramyst	Allegra (all forms) Beconase AQ Clarinex (all forms) Flonase Nasacort AQ Nasarel Omnaris Patanase Rhinocort AQ Semprex-D Xyzal

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
ALZHEIMER'S DISEASE		
galantamine	Aricept Aricept ODT Namenda	Cognex Exelon Razadyne Razadyne ER
ASTHMA		
albuterol cromolyn ipratropium solution metaproterenol	Accolate Advair, Advair HFA Asmanex Atrovent HFA Azmacort Combivent Flovent, Flovent HFA Maxair ProAir HFA Proventil HFA Pulmicort Qvar Serevent Singulair Symbicort Ventolin HFA Xolair (PA)	Alvesco Foradil Xopenex HFA
BIRTH CONTROL*		
Apri Aviane Balziva Camila Errin Jolessa Junel FE Kariva Levora Necon Nortrel Ocella Ogestrel Quasense Solia Sprintec Trinessa Tri-Sprintec Zovia	Loestrin 24 FE Lybrel Nuvaring Ortho Evra Ortho Tri-Cyclen LO Ovcon 50 Ovrette Plan B Plan B One-Step Seasonique Yaz	Angeliq Desogen Estrostep FE Levlen Loestrin Loestrin FE Lo/Ovral-28 Loseasonique Nordette Ortho-Cept Ortho-Novum 7-7-7 Ovcon 35 Seasonale Trilevlen Tri-Norinyl Triphasil
<p><i>* Please check your enrollment materials to determine whether these medications are covered under your specific plan.</i></p>		
<p style="text-align: center;">7</p>		

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
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BLADDER PROBLEMS

oxybutynin	Detrol Detrol LA Elmiron Oxytrol Toviaz VESIcare	Ditropan, Ditropan XL Enablex Gelnique Sanctura, Sanctura XR
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CANCER

anastrozole bicalutamide tamoxifen citrate	Femara Gleevec (PA) Lupron (PA) Nexavar (PA) Revlimid (PA) Sprycel (PA) Sutent (PA) Tarceva (PA) Temodar Xeloda Zolanza (PA)	Arimidex Afinitor (PA)* Aromasin Casodex Fareston Iressa (PA) Soltamox Tasigna (PA) Tykerb (PA) Votrient (PA)
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CARDIOVASCULAR

HIGH BLOOD PRESSURE/HEART MEDICATIONS

amlodipine atenolol benazepril benazepril/amlodipine benazepril/HCTZ bisoprolol/HCTZ captopril carvedilol digoxin diltiazem diltiazem CD disopyramide doxazosin enalapril enalapril/HCTZ felodipine fosinopril hydralazine/HCTZ isosorbide dinitrate isosorbide mononitrate labetalol lisinopril losartan losartan/HCTZ methyldopa/HCTZ metoprolol	Altace (caps)(PA, ST) Bystolic Coreg CR Diovan (PA, ST) Diovan HCT (PA, ST) Exforge Exforge HCT Innopran XL Lanoxin Lotrel Minizide Multaq Procanbid Tekturna (PA, ST) Tekturna HCT (PA, ST) Tikosyn Valturna	Accupril (PA, ST) Accuretic (PA, ST) Aceon (PA, ST) Altace (Tabs)(PA, ST) Atacand (PA, ST) Avalide (PA, ST) Avapro (PA, ST) Azor Benicar (PA, ST) Benicar HCT (PA,ST) Betapace AF Capoten (PA, ST) Cardura Cardura XL Catapres, Catapres TTS Coreg Corgard Covera-HS Cozaar (PA, ST) Dynacirc CR Hyzaar (PA, ST) Inderal LA Levatol Lotensin (PA, ST) Lotensin HCT (PA, ST) Mavik (PA, ST)
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CARDIOVASCULAR (CONTINUED)

HIGH BLOOD PRESSURE/HEART MEDICATIONS

nadolol		Micardis (PA, ST)
nifedipine		Micardis HCT (PA, ST)
nisoldipine		Monopril (PA, ST)
(sustained-release)		Monopril HCT (PA, ST)
prazosin		Norpace
procainamide		Norpace CR
propranolol		Norvasc
quinapril		Prinivil (PA, ST)
quinapril/HCTZ		Prinzide (PA, ST)
quinidine		Ranexa (PA)
ramipril (cap only)		Sular
sotalol		Tarka
terazosin		Teveten (PA, ST)
timolol		Teveten HCT (PA,ST)
trandolapril		Toprol XL
verapamil		Uniretic (PA, ST)
verapamil SR		Univasc (PA, ST)
		Vaseretic (PA, ST)
		Vasotec (PA, ST)
		Verelan
		Zestoretic (PA, ST)
		Zestril (PA, ST)

BLOOD THINNER/ANTI-CLOTTING

heparin (QL)	Aggrenox	Agrylin (PA)
ticlopidine	Arixtra (QL)	Effient
warfarin	Fragmin (QL)	Pletal
	Innohep (QL)	
	Lovenox (QL)	
	Plavix	

CHOLESTEROL LOWERING

cholestyramine powder	Caduet	Advicor
fenofibrate	Lescol	Altprev (PA, ST)
gemfibrozil	Lescol XL	Crestor (PA, ST)
lovastatin	Lipitor	Fenoglide
pravastatin	Lovaza	Lofibra
simvastatin	Niaspan	Mevacor (PA, ST)
	Simcor	Pravachol (PA, ST)
	Trilipix	TriCor
	Vytorin	Zocor (PA, ST)
	Welchol	
	Zetia	

DEPRESSION

amitriptyline
 bupropion
 bupropion SR
 citalopram
 desipramine
 fluoxetine
 fluvoxamine
 mirtazapine
 nortriptyline
 paroxetine
 paroxetine CR
 protriptyline
 sertraline
 trazodone
 venlafaxine

Cymbalta
 Lexapro
 Paxil CR
 Pristiq
 Wellbutrin XL

Aplenzin
 Celexa
 Effexor XR
 Emsam
 Luvox CR
 Marplan
 Prozac
 Remeron
 Tofranil
 Vivactil
 Zoloft

DIABETES

acarbose
 acetohexamide
 chlorpropamide
 glimepiride
 glipizide
 glipizide/metformin
 glucagon (QL)
 glyburide
 glyburide/metformin
 glyburide micronized
 metformin
 tolazamide
 tolbutamide

ACCU-CHEK Test Strips
 Actoplus met
 Actos
 Apidra
 Apidra SoloStar
 Avandamet
 Avandaryl
 Avandia
 BD Insulin Syringe
 Byetta
 Duetact
 Fortamet
 Glucagen Hypokit
 Humalog
 Humulin
 Janumet
 Januvia
 Lantus
 Lantus SoloStar
 Levemir
 NovoFine needles
 Novolin
 Novolog
 One Touch test strips
 Onglyza
 Prandimet
 Prandin
 Symlin/SymlinPen

Amaryl
 Glucophage XR
 Glycron
 Glyset
 Metaglip
 Precose
 Starlix

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
EYE CONDITIONS		
ciprofloxacin diclofenac dorzolamide dorzolamide/timolol levobunolol pilocarpine pilocarpine/epinephrine timolol tobramycin/ dexamethasone	Acular LS Alomide Alphagan P Azopt Betimol Betoptic S Ciloxan (oint.) Iopidine Lotemax Pataday Patanol Restasis Tobradex (oint.) Travatan Z Vexol Vigamox Xalatan	Alamast Alocril Alrex Besivance (ST) Ciloxan (drops) Cosopt Durezol Emadine Iquix Timoptic Tobradex (drops) Trusopt Voltaren

GROWTH HORMONES		
	Humatrope (PA) Saizen (PA)	Genotropin (PA) Norditropin (PA) Norditropin Nordiflex (PA) Nutropin (PA) Nutropin AQ (PA) Omnitrope (PA) Serostim (PA) Tev-Tropin (PA)

HEARTBURN/ULCER		
cimetidine famotidine lansoprazole metoclopramide misoprostol nizatidine omeprazole omeprazole/ sodium bicarbonate pantoprazole ranitidine sucralfate	Dexilant (PA, ST) Prevpac	Aciphex (PA, ST) Helidac Nexium (PA, ST) Prevacid (PA, ST) Prilosec (PA, ST) Protonix (PA, ST) Zantac Effertab Zantac Syrup Zegerid (PA, ST)

HORMONE REPLACEMENT		
estradiol estropipate levothroid levothyroxine levoxyl liothyronine medroxyprogesterone thyroid Unithroid	Alora Anadrol-50 Androderm Androgel Armour Thyroid Cytomel Enjuvia Estraderm	Activella Cenestin Combipatch Femhrt Femring Prefest Vagifem

HORMONE REPLACEMENT (CONTINUED)

Menest
 Premarin
 Premphase
 Prempro
 Prometrium
 Synthroid
 Testim
 Vivelle-Dot

INFECTIONS

acyclovir
 amantadine
 amoxicillin
 amoxicillin/clavulanate
 azithromycin (QL)
 cefaclor ER
 cefadroxil
 cefprozil
 cefuroxime
 cephalixin
 ciprofloxacin
 clarithromycin
 clindamycin
 doxycycline
 erythromycin
 fluconazole
 (QL: 150 mg only)
 griseofulvin
 metronidazole
 minocycline
 nitrofurantoin
 nystatin
 ofloxacin
 penicillin v potassium
 rimantadine
 SMX/TMP
 tetracycline

Actimmune (PA)
 Baraclude
 Ciprodex
 Cipro HC Otic
 Eпивir HBV
 Gris-Peg
 Hepsera
 Levaquin
 Mycostatin (tab)
 Pegasys (PA)
 Peg Intron (PA)
 Peg Intron Redipen (PA)
 Primisol
 Tamiflu (QL)
 Tobi
 Valtrex
 Vfend (PA)

Augmentin
 Augmentin ES-600
 Augmentin XR
 Avelox
 Biaxin
 Biaxin XL
 Cedax
 Cefzil
 Cipro XR
 Copegus
 Famvir
 Flagyl ER
 Floxin Otic
 Infergen (PA)
 Keflex
 Keftab
 Lamisil (PA, QL)
 Monurol
 Moxatag
 Noxafil
 Omnicef
 Penlac (PA)
 Relenza (QL)
 Rocephin (PA)
 Solodyn
 Sporanox (PA, QL)
 Suprax
 Tyzeka
 Zithromax (QL)
 Zyvox (PA)

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
MIGRAINE		
acetaminophen/ caffeine/butalbital sumatriptan (QL)	Maxalt Maxalt MLT Treximet (QL)	Amerge (QL) Axert (QL) DHE 45 (QL) Frova (QL) Imitrex (QL) Migranal (QL) Relpax (QL) Zomig/Zomig ZMT (QL)
MULTIPLE SCLEROSIS		
	Avonex (PA) Copaxone (PA) Rebif (PA)	Betaseron (PA) Extavia (PA)
NAUSEA AND VOMITING		
dronabinol granisetron (tab, solu) (QL) granisetron (vial)(PA) ondansetron (QL) ondansetron (inj)(PA) prochlorperazine promethazine trimethobenzamide	Emend (QL)	Anzemet (inj)(PA) Anzemet (tab)(QL) Kytril (inj)(PA) Kytril (tab, solu)(QL) Marinol Scopace Zofran (tab, solu)(QL)
OSTEOPOROSIS		
alendronate calcitonin-salmon Fortical	Boniva Evista Forteo Miacalcin	Actonel Fosamax Fosamax Plus D Skelid
PAIN RELIEF & INFLAMMATORY DISEASE		
butorphanol nasal (QL) diclofenac etodolac fentanyl (QL) fentanyl citrate (lollipop)(PA) ibuprofen indomethacin ketorolac (PA, QL) leflunamide (PA) meloxicam morphine SR nabumetone naproxen oxaprozin piroxicam tramadol	Avinza Celebrex (PA, ST) Enbrel (PA) Humira (PA) Indocin (suppository) Kadian Lidoderm MSIR OxyContin (QL) Savella Skelaxin	Actiq (PA) Arava (PA) Arthrotec Duragesic (QL) Fentora (PA) Kineret (PA) Mobic Naprelan Nucynta (ST) Ryzolt Simponi (PA) Talwin Compound Vicoprofen Voltaren Voltaren XR Zydone

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
PARKINSON'S DISEASE		
amantadine bromocriptine carbidopa/levodopa carbidopa/levodopa SA ropinirole selegiline	Apokyn (PA) Azilect Mirapex Requip Requip XL	Comtan Eldepryl Tasmar Zelapar
PROSTATE		
doxazosin finasteride prazosin terazosin	Avodart Flomax	Proscar (AGE) Rapaflo Uroxatral
SCHIZOPHRENIA		
clozapine haloperidol loxapine risperidone thiothixene	Seroquel Seroquel XR Zyprexa	Abilify Abilify Discmelt Geodon Invega Moban Risperdal
SEIZURE		
carbamazepine clonazepam divalproex gabapentin levetiracetam topiramate valproate	Diastat Diastat Acudial Dilantin Gabitril Keppra Lamictal (all forms) Lyrica	Banzel Carbatrol Depakote (all forms) Keppra XR Neurontin Stavzor Tegretol XR Topamax Trileptal Vimpat Zonegran

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

SKIN CONDITIONS

alclometasone
betamethasone
calcipotriene
clobetasol
desonide
desoximetasone
diflorasone
fluocinolone
fluocinonide
hydrocortisone
imiquimod
isotretinoin (QL)
metronidazole
Sotret (QL)
sulfacetamide
tretinoin (AGE)

Aldara
Benzacilin
BenzamycinPak
Carac
Cloderm
Condylox
Derma-Smoothe
Differin (AGE)
Dovonex (cream)
Duac CS
Exelderm
Kenalog spray
Locoid (lotion)
Locoid Lipocream
Loprox shampoo
Metrogel
Noritate
Oracea
Retin-A Micro (AGE)
Soriatane CK
Tazorac

Aclovate
Aphthasol
Atralin (AGE)
Cutivate
Desowen
Epiduo (AGE)
Klaron
Locoid (cream/oint./
solution)
Luxiq
Metro lotion
Nucort
Ovace Plus
Panretin (PA)
Regranex (PA)
Taclonex
Ultravate
Vectical
Xolegel
Xolegel Corepak
Ziana
Zyclara

MISCELLANEOUS

allopurinol
amylase/lipase/protease
azathioprine
balsalazide
cabergoline (QL)
calcitriol
desmopressin
folic acid
leucovorin
methotrexate
mycophenolate
naltrexone (QL)
tizanidine
zaleplon

Ambien CR
Aranesp (PA)
Asacol
Asacol HD
Canasa
Cellcept
Colazal
Dipentum
Epipen (QL)
Epipen Jr. (QL)
Fosrenol
Increlex (PA)
Lialda
Megace ES
Pentasa
Prefera-OB
Procrit (PA)
Pulmozyme (PA)
Remicade (PA)
Renvela
Revatio (PA)
Somavert (PA)
Spiriva
Synarel (PA, QL)
Thalomid
Trexall
Tussionex
Viagra (PA)
Zemplar

Adrenaclick
Ambien
Apriso
Arava (PA)
Cimzia (PA)
Coartem (QL)
Edluar (ST)
Lariam (PA, QL)
Malarone (PA)
Nimotop
Nuvigil
Orap
Phoslo
Priftin
Provigil
Sonata
Sucraid

EXCLUSIONS & LIMITATIONS

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

1. Any medications available over-the-counter that do not require a prescription by Federal or State Law, and any medication that is a pharmaceutical alternative to an over-the-counter medication other than insulin.
2. Medications that are therapeutically equivalent as determined by the CIGNA HealthCare Pharmacy and Therapeutics Committee in which at least one of the medications within the class is available over-the-counter.
3. Any injectable infertility medications, and any injectable medications that require Health Care Professional supervision and are not typically considered self-administered medications. The following are examples of Health Care Professional supervised medications: Injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables, and endocrine and metabolic agents.
4. Any medications that are experimental or investigational, within the meaning set forth in the summary plan description.
5. Food and Drug Administration (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 in one of the standard reference compendia (The United States Pharmacopoeia Drug Information 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 medications and prescription appliances for contraception.
8. Implantable contraceptive products.
9. Any fertility medication.
10. Any medications 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 prenatal vitamins), dietary supplements and fluoride products.
12. Medications used for cosmetic purposes, such as medications used to reduce wrinkles, medications to promote hair growth, medications 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 medications and related supplies due to loss or theft.
17. Medications used to enhance athletic performance.
18. Medications which are to be taken by or administered to a Customer while the Customer 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 medications; 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 medications, and in limited instances, certain Non-Preferred Brand medications, which may or may not be shared with your plan depending on 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 medication may or may not represent the lowest cost brand medication within its class for you and/or your plan.

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