

2018 Summary of Benefits

SilverScript Choice (PDP) | SilverScript Plus (PDP)

January 1, 2018 – December 31, 2018



(Medicare Prescription Drug Plans (PDP)
offered by SilverScript® Insurance Company
with a Medicare contract)

SilverScript®

Summary of Benefits

January 1, 2018 - December 31, 2018

This booklet and the color Personal Planner booklet you received together are tools to help you choose the Part D plan that's right for you and your budget. If you haven't completed the 3 Steps to Comparing Coverage chart in the Personal Planner, you can use this Summary of Benefits to help you fill in some of the chart details. Simply complete the chart to quickly and easily see the value each plan offers you.

The following pages will show you the different costs with SilverScript's two plans, including:

- Monthly premiums for each state
- Cost-sharing for each drug tier during the Initial Coverage Stage
- Cost-sharing during the Coverage Gap Stage

This Summary of Benefits doesn't list every service we cover or every limitation or exclusion. To get our full list of services, download a copy of the *Evidence of Coverage* from our website at www.silverscript.com, or call us and we'll send you a copy.

Why SilverScript may make sense for you

Remember, no matter which plan you choose, SilverScript members enjoy savings, convenience, and peace of mind with:

\$0 deductible¹ on all prescriptions, no matter which tier, in almost all states	Up to 50% savings² at thousands of preferred pharmacies nationwide	\$0 copays³ for 90-day supplies of Tier 1 drugs through mail-order ⁴
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¹ SilverScript Choice (PDP) has a \$405 deductible in Alaska and a \$100 deductible for drugs on Tiers 3, 4, and 5 in Arizona and Hawaii.

² Percent savings based on SilverScript network pharmacies offering preferred vs. standard cost-sharing. Savings may vary by state, drug tier, and coverage stage. Refer to the tables in this booklet for drug pricing in your state.

³ During the Initial Coverage Stage, \$0 copays for 90-day prescriptions of Tier 1 drugs on the Choice plan and Tier 1 and 2 drugs on the Plus plan are only available through CVS Caremark Mail Service Pharmacy.

⁴ It is typical to receive your Mail Service Pharmacy shipment up to 10 days from the time your order is placed. Enrollees have the option to sign up for automated mail-order delivery.

Common questions before making your decision

Who can join?

You must be entitled to Medicare Part A and/or be enrolled in Medicare Part B, be a U.S. citizen or be lawfully present in the United States, and live in our service area. Our service area includes the following:

- SilverScript Choice (PDP) is available in all states and the District of Columbia.
- SilverScript Plus (PDP) is available in all states and the District of Columbia, except Alaska.

Which drugs are covered?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.silverscript.com. Or give us a call and we will send you a copy of the formulary.

How will I determine my drug costs?

The amount you pay depends on the drug tier, the pharmacy you use, and which stage of the benefit you have reached. Each medication is in one of five “tiers.” You can use your formulary to identify the drug’s tier and how much it will cost you.

There are four benefit stages in your Medicare prescription drug coverage: Deductible Stage, Initial Coverage Stage, Coverage Gap Stage, and Catastrophic Coverage Stage. As you move from stage to stage, the amount you and the plan pay for your drugs may change. For more information about formulary tiers and stages of the benefit, please see the plan’s formulary and the *Evidence of Coverage* on our website at www.silverscript.com, or contact Customer Care at 1-866-235-5660 (TTY: 711), 24 hours a day, 7 days a week.

Which pharmacies can I use?

We have a network of pharmacies, and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies offer preferred cost-sharing. You may pay less for some drugs if you use these pharmacies compared to other network pharmacies that offer standard cost-sharing. You also have the option of using our mail service pharmacy, CVS Caremark Mail Service PharmacyTM. If you must use an out-of-network pharmacy in an emergency or similar situation, you may pay more than you pay at an in-network pharmacy. You can look up your nearest network pharmacies using the online Pharmacy Locator tool on our website at www.silverscript.com. Or call us and we’ll send you a copy of the pharmacy directory.

Plan Costs

The following pages contain tables showing you the monthly premium, annual deductible, and cost-sharing during the Initial Coverage Stage for SilverScript Choice (PDP) and SilverScript Plus (PDP) in each region we offer prescription drug plans. Although most members do not reach Stage 3 (Coverage Gap Stage) or Stage 4 (Catastrophic Coverage Stage) during the plan year, a summary of your costs in these stages can be found on page 20.

Monthly Premium

Monthly plan premiums range in price based on the plan you are in and where you live. The tables below list the monthly premium amounts for every state. You must continue to pay your Medicare Part B premium.

Stage 1: Annual Deductible Stage

SilverScript's two drug plans — SilverScript Choice (PDP) and SilverScript Plus (PDP) — feature a \$0 deductible (except for Choice plans in Alaska, Arizona, and Hawaii). The tables below include the annual deductible for every state.

Stage 2: Initial Coverage Stage, Cost-Sharing

During the Initial Coverage Stage, you pay a portion of your drug cost, and the plan pays a portion. The tables below show what you pay until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You must get your drugs from retail pharmacies or mail-order pharmacies in our network. If you reside in a long-term care facility, you pay the same amount as at a retail pharmacy. You may get drugs from an out-of-network pharmacy in an emergency, but you may pay more than you pay at an in-network pharmacy.

Region 1: Maine New Hampshire		Monthly Premium	Annual Deductible	Network Mail-Order Pharmacies			
				CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	\$29.60	\$0	Choice		Plus	
	Plus:	\$52.20	\$0	30-day	90-day	30-day	90-day
	Tier 1: Preferred Generic			\$3.00	\$0.00	\$1.00	\$0.00
	Tier 2: Generic			\$14.00	\$35.00	\$5.00	\$0.00
	Tier 3: Preferred Brand			\$43.00	\$107.50	\$35.00	\$70.00
	Tier 4: Non-Preferred Drug			43%		40%	
	Tier 5: Specialty Tier			33%	N/A	33%	N/A

Region 2: Connecticut Massachusetts Rhode Island Vermont		Monthly Premium	Annual Deductible	Network Mail-Order Pharmacies			
				CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	\$29.40	\$0	Choice		Plus	
	Plus:	\$63.80	\$0	30-day	90-day	30-day	90-day
	Tier 1: Preferred Generic			\$3.00	\$0.00	\$1.00	\$0.00
	Tier 2: Generic			\$12.00	\$30.00	\$5.00	\$0.00
	Tier 3: Preferred Brand			\$38.00	\$95.00	\$35.00	\$70.00
	Tier 4: Non-Preferred Drug			38%		40%	
	Tier 5: Specialty Tier			33%	N/A	33%	N/A

Find Your State

Find the table with your state-specific pricing on the following pages:

State	Region	Page	State	Region	Page	State	Region	Page
Alabama	12	8-9	Kentucky	15	10-11	North Dakota	25	14-15
Alaska	34	18-19	Louisiana	21	12-13	Ohio	14	8-9
Arizona	28	16-17	Maine	01	2-3	Oklahoma	23	14-15
Arkansas	19	12-13	Maryland	05	4-5	Oregon	30	16-17
California	32	18-19	Massachusetts	02	2-3	Pennsylvania	06	4-5
Colorado	27	16-17	Michigan	13	8-9	Rhode Island	02	2-3
Connecticut	02	2-3	Minnesota	25	14-15	South Carolina	09	6-7
D.C.	05	4-5	Mississippi	20	12-13	South Dakota	25	14-15
Delaware	05	4-5	Missouri	18	10-11	Tennessee	12	8-9
Florida	11	8-9	Montana	25	14-15	Texas	22	12-13
Georgia	10	6-7	Nebraska	25	14-15	Utah	31	18-19
Hawaii	33	18-19	Nevada	29	16-17	Vermont	02	2-3
Idaho	31	18-19	New Hampshire	01	2-3	Virginia	07	6-7
Illinois	17	10-11	New Jersey	04	4-5	Washington	30	16-17
Indiana	15	10-11	New Mexico	26	14-15	West Virginia	06	4-5
Iowa	25	14-15	New York	03	4-5	Wisconsin	16	10-11
Kansas	24	14-15	North Carolina	08	6-7	Wyoming	25	14-15

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$1.00	\$2.50	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$14.00	\$35.00	\$5.00	\$12.50	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$43.00	\$107.50	\$35.00	\$87.50	\$47.00	\$47.00
50%		50%		43%		40%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$1.00	\$2.50	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$12.00	\$30.00	\$5.00	\$12.50	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$38.00	\$95.00	\$35.00	\$87.50	\$47.00	\$47.00
50%		50%		38%		40%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Region 3: New York			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$29.80	\$0	30-day	90-day	30-day 90-day
		\$72.00	\$0			
	Tier 1: Preferred Generic		\$3.00	\$0.00	\$1.00	\$0.00
	Tier 2: Generic		\$14.00	\$35.00	\$5.00	\$0.00
	Tier 3: Preferred Brand		\$40.00	\$100.00	\$35.00	\$70.00
	Tier 4: Non-Preferred Drug		44%		40%	
	Tier 5: Specialty Tier		33%	N/A	33%	N/A

Region 4: New Jersey			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$34.30	\$0	30-day	90-day	30-day 90-day
		\$84.60	\$0			
	Tier 1: Preferred Generic		\$3.00	\$0.00	\$1.00	\$0.00
	Tier 2: Generic		\$14.00	\$35.00	\$5.00	\$0.00
	Tier 3: Preferred Brand		\$43.00	\$107.50	\$35.00	\$70.00
	Tier 4: Non-Preferred Drug		46%		40%	
	Tier 5: Specialty Tier		33%	N/A	33%	N/A

Region 5: Delaware District of Columbia Maryland			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$29.50	\$0	30-day	90-day	30-day 90-day
		\$77.60	\$0			
	Tier 1: Preferred Generic		\$9.00	\$0.00	\$1.00	\$0.00
	Tier 2: Generic		\$19.00	\$47.50	\$5.00	\$0.00
	Tier 3: Preferred Brand		\$46.00	\$115.00	\$35.00	\$70.00
	Tier 4: Non-Preferred Drug		49%		40%	
	Tier 5: Specialty Tier		33%	N/A	33%	N/A

Region 6: Pennsylvania West Virginia			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$27.80	\$0	30-day	90-day	30-day 90-day
		\$72.00	\$0			
	Tier 1: Preferred Generic		\$3.00	\$0.00	\$1.00	\$0.00
	Tier 2: Generic		\$14.00	\$35.00	\$5.00	\$0.00
	Tier 3: Preferred Brand		\$42.00	\$105.00	\$35.00	\$70.00
	Tier 4: Non-Preferred Drug		45%		40%	
	Tier 5: Specialty Tier		33%	N/A	33%	N/A

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$1.00	\$2.50	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$14.00	\$35.00	\$5.00	\$12.50	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$40.00	\$100.00	\$35.00	\$87.50	\$47.00	\$47.00
50%		50%		44%		40%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$1.00	\$2.50	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$14.00	\$35.00	\$5.00	\$12.50	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$43.00	\$107.50	\$35.00	\$87.50	\$47.00	\$47.00
50%		50%		46%		40%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$10.00	\$30.00	\$10.00	\$30.00	\$9.00	\$22.50	\$1.00	\$2.50	\$10.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$19.00	\$47.50	\$5.00	\$12.50	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$46.00	\$115.00	\$35.00	\$87.50	\$47.00	\$47.00
50%		50%		49%		40%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$1.00	\$2.50	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$14.00	\$35.00	\$5.00	\$12.50	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$42.00	\$105.00	\$35.00	\$87.50	\$47.00	\$47.00
50%		50%		45%		40%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Region 7: Virginia			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$26.00	\$0	30-day	90-day	30-day
		\$46.20	\$0			90-day
	Tier 1: Preferred Generic			\$5.00	\$0.00	\$2.00
	Tier 2: Generic			\$18.00	\$45.00	\$8.00
	Tier 3: Preferred Brand			\$44.00	\$110.00	\$40.00
	Tier 4: Non-Preferred Drug			48%		46%
	Tier 5: Specialty Tier			33%	N/A	33%
						N/A

Region 8: North Carolina			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$26.40	\$0	30-day	90-day	30-day
		\$62.30	\$0			90-day
	Tier 1: Preferred Generic			\$3.00	\$0.00	\$1.00
	Tier 2: Generic			\$17.00	\$42.50	\$5.00
	Tier 3: Preferred Brand			\$44.00	\$110.00	\$35.00
	Tier 4: Non-Preferred Drug			47%		40%
	Tier 5: Specialty Tier			33%	N/A	33%
						N/A

Region 9: South Carolina			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$20.70	\$0	30-day	90-day	30-day
		\$46.30	\$0			90-day
	Tier 1: Preferred Generic			\$6.00	\$0.00	\$2.00
	Tier 2: Generic			\$19.00	\$47.50	\$8.00
	Tier 3: Preferred Brand			\$46.00	\$115.00	\$40.00
	Tier 4: Non-Preferred Drug			49%		46%
	Tier 5: Specialty Tier			33%	N/A	33%
						N/A

Region 10: Georgia			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$19.60	\$0	30-day	90-day	30-day
		\$46.20	\$0			90-day
	Tier 1: Preferred Generic			\$3.00	\$0.00	\$2.00
	Tier 2: Generic			\$14.00	\$35.00	\$8.00
	Tier 3: Preferred Brand			\$43.00	\$107.50	\$40.00
	Tier 4: Non-Preferred Drug			47%		46%
	Tier 5: Specialty Tier			33%	N/A	33%
						N/A

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$5.00	\$12.50	\$2.00	\$5.00	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$18.00	\$45.00	\$8.00	\$20.00	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$44.00	\$110.00	\$40.00	\$100.00	\$47.00	\$47.00
50%		50%		48%		46%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$1.00	\$2.50	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$17.00	\$42.50	\$5.00	\$12.50	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$44.00	\$110.00	\$35.00	\$87.50	\$47.00	\$47.00
50%		50%		47%		40%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$6.00	\$15.00	\$2.00	\$5.00	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$19.00	\$47.50	\$8.00	\$20.00	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$46.00	\$115.00	\$40.00	\$100.00	\$47.00	\$47.00
50%		50%		49%		46%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$2.00	\$5.00	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$14.00	\$35.00	\$8.00	\$20.00	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$43.00	\$107.50	\$40.00	\$100.00	\$47.00	\$47.00
50%		50%		47%		46%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Region 11: Florida			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$26.40	\$0	30-day	90-day	30-day
		\$71.40	\$0			90-day
	Tier 1: Preferred Generic			\$6.00	\$0.00	\$1.00
	Tier 2: Generic			\$19.00	\$47.50	\$5.00
	Tier 3: Preferred Brand			\$46.00	\$115.00	\$35.00
	Tier 4: Non-Preferred Drug			49%		40%
	Tier 5: Specialty Tier			33%	N/A	33%
					N/A	

Region 12: Alabama Tennessee			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$25.40	\$0	30-day	90-day	30-day
		\$46.20	\$0			90-day
	Tier 1: Preferred Generic			\$3.00	\$0.00	\$2.00
	Tier 2: Generic			\$13.00	\$32.50	\$8.00
	Tier 3: Preferred Brand			\$42.00	\$105.00	\$40.00
	Tier 4: Non-Preferred Drug			46%		46%
	Tier 5: Specialty Tier			33%	N/A	33%
					N/A	

Region 13: Michigan			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$29.10	\$0	30-day	90-day	30-day
		\$66.50	\$0			90-day
	Tier 1: Preferred Generic			\$3.00	\$0.00	\$1.00
	Tier 2: Generic			\$13.00	\$32.50	\$5.00
	Tier 3: Preferred Brand			\$41.00	\$102.50	\$35.00
	Tier 4: Non-Preferred Drug			41%		40%
	Tier 5: Specialty Tier			33%	N/A	33%
					N/A	

Region 14: Ohio			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$24.00	\$0	30-day	90-day	30-day
		\$46.30	\$0			90-day
	Tier 1: Preferred Generic			\$3.00	\$0.00	\$2.00
	Tier 2: Generic			\$17.00	\$42.50	\$8.00
	Tier 3: Preferred Brand			\$43.00	\$107.50	\$40.00
	Tier 4: Non-Preferred Drug			47%		46%
	Tier 5: Specialty Tier			33%	N/A	33%
					N/A	

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$6.00	\$15.00	\$1.00	\$2.50	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$19.00	\$47.50	\$5.00	\$12.50	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$46.00	\$115.00	\$35.00	\$87.50	\$47.00	\$47.00
50%		50%		49%		40%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$2.00	\$5.00	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$13.00	\$32.50	\$8.00	\$20.00	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$42.00	\$105.00	\$40.00	\$100.00	\$47.00	\$47.00
50%		50%		46%		46%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$1.00	\$2.50	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$13.00	\$32.50	\$5.00	\$12.50	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$41.00	\$102.50	\$35.00	\$87.50	\$47.00	\$47.00
50%		50%		41%		40%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$2.00	\$5.00	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$17.00	\$42.50	\$8.00	\$20.00	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$43.00	\$107.50	\$40.00	\$100.00	\$47.00	\$47.00
50%		50%		47%		46%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Region 15: Indiana Kentucky			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$23.40	\$0	30-day	90-day	30-day
		\$46.30	\$0			90-day
	Tier 1: Preferred Generic			\$3.00	\$0.00	\$2.00
	Tier 2: Generic			\$13.00	\$32.50	\$8.00
	Tier 3: Preferred Brand			\$41.00	\$102.50	\$40.00
	Tier 4: Non-Preferred Drug			41%		46%
	Tier 5: Specialty Tier			33%	N/A	33%
					N/A	

Region 16: Wisconsin			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$34.60	\$0	30-day	90-day	30-day
		\$68.50	\$0			90-day
	Tier 1: Preferred Generic			\$3.00	\$0.00	\$1.00
	Tier 2: Generic			\$10.00	\$25.00	\$5.00
	Tier 3: Preferred Brand			\$34.00	\$85.00	\$35.00
	Tier 4: Non-Preferred Drug			34%		40%
	Tier 5: Specialty Tier			33%	N/A	33%
					N/A	

Region 17: Illinois			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$23.40	\$0	30-day	90-day	30-day
		\$81.50	\$0			90-day
	Tier 1: Preferred Generic			\$3.00	\$0.00	\$1.00
	Tier 2: Generic			\$17.00	\$42.50	\$5.00
	Tier 3: Preferred Brand			\$44.00	\$110.00	\$35.00
	Tier 4: Non-Preferred Drug			48%		40%
	Tier 5: Specialty Tier			33%	N/A	33%
					N/A	

Region 18: Missouri			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$24.10	\$0	30-day	90-day	30-day
		\$46.20	\$0			90-day
	Tier 1: Preferred Generic			\$3.00	\$0.00	\$2.00
	Tier 2: Generic			\$11.00	\$27.50	\$8.00
	Tier 3: Preferred Brand			\$35.00	\$87.50	\$40.00
	Tier 4: Non-Preferred Drug			35%		46%
	Tier 5: Specialty Tier			33%	N/A	33%
					N/A	

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$2.00	\$5.00	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$13.00	\$32.50	\$8.00	\$20.00	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$41.00	\$102.50	\$40.00	\$100.00	\$47.00	\$47.00
50%		50%		41%		46%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$6.00	\$18.00	\$10.00	\$30.00	\$3.00	\$7.50	\$1.00	\$2.50	\$6.00	\$10.00
\$19.00	\$57.00	\$20.00	\$60.00	\$10.00	\$25.00	\$5.00	\$12.50	\$19.00	\$20.00
\$46.00	\$138.00	\$47.00	\$141.00	\$34.00	\$85.00	\$35.00	\$87.50	\$46.00	\$47.00
48%		50%		34%		40%		48%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$1.00	\$2.50	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$17.00	\$42.50	\$5.00	\$12.50	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$44.00	\$110.00	\$35.00	\$87.50	\$47.00	\$47.00
50%		50%		48%		40%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$2.00	\$5.00	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$11.00	\$27.50	\$8.00	\$20.00	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$35.00	\$87.50	\$40.00	\$100.00	\$47.00	\$47.00
50%		50%		35%		46%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Region 19: Arkansas			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$16.40	\$0	30-day	90-day	30-day
		\$47.80	\$0			90-day
	Tier 1: Preferred Generic			\$3.00	\$0.00	\$1.00
	Tier 2: Generic			\$10.00	\$25.00	\$5.00
	Tier 3: Preferred Brand			\$34.00	\$85.00	\$35.00
	Tier 4: Non-Preferred Drug			34%		40%
	Tier 5: Specialty Tier			33%	N/A	33%
						N/A

Region 20: Mississippi			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$20.50	\$0	30-day	90-day	30-day
		\$46.30	\$0			90-day
	Tier 1: Preferred Generic			\$3.00	\$0.00	\$2.00
	Tier 2: Generic			\$12.00	\$30.00	\$8.00
	Tier 3: Preferred Brand			\$41.00	\$102.50	\$40.00
	Tier 4: Non-Preferred Drug			45%		46%
	Tier 5: Specialty Tier			33%	N/A	33%
						N/A

Region 21: Louisiana			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$23.10	\$0	30-day	90-day	30-day
		\$54.90	\$0			90-day
	Tier 1: Preferred Generic			\$3.00	\$0.00	\$1.00
	Tier 2: Generic			\$10.00	\$25.00	\$5.00
	Tier 3: Preferred Brand			\$34.00	\$85.00	\$35.00
	Tier 4: Non-Preferred Drug			34%		40%
	Tier 5: Specialty Tier			33%	N/A	33%
						N/A

Region 22: Texas			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$23.50	\$0	30-day	90-day	30-day
		\$46.40	\$0			90-day
	Tier 1: Preferred Generic			\$9.00	\$0.00	\$2.00
	Tier 2: Generic			\$19.00	\$47.50	\$8.00
	Tier 3: Preferred Brand			\$46.00	\$115.00	\$40.00
	Tier 4: Non-Preferred Drug			49%		46%
	Tier 5: Specialty Tier			33%	N/A	33%
						N/A

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$1.00	\$2.50	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$10.00	\$25.00	\$5.00	\$12.50	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$34.00	\$85.00	\$35.00	\$87.50	\$47.00	\$47.00
50%		50%		34%		40%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$2.00	\$5.00	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$12.00	\$30.00	\$8.00	\$20.00	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$41.00	\$102.50	\$40.00	\$100.00	\$47.00	\$47.00
50%		50%		45%		46%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$1.00	\$2.50	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$10.00	\$25.00	\$5.00	\$12.50	\$20.00	\$20.00
\$46.00	\$138.00	\$47.00	\$141.00	\$34.00	\$85.00	\$35.00	\$87.50	\$46.00	\$47.00
46%		50%		34%		40%		46%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$10.00	\$30.00	\$10.00	\$30.00	\$9.00	\$22.50	\$2.00	\$5.00	\$10.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$19.00	\$47.50	\$8.00	\$20.00	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$46.00	\$115.00	\$40.00	\$100.00	\$47.00	\$47.00
50%		50%		49%		46%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Region 23: Oklahoma			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$23.90	\$0	30-day	90-day	30-day
		\$68.00	\$0			90-day
	Tier 1: Preferred Generic			\$3.00	\$0.00	\$1.00
	Tier 2: Generic			\$10.00	\$25.00	\$5.00
	Tier 3: Preferred Brand			\$34.00	\$85.00	\$35.00
	Tier 4: Non-Preferred Drug			34%		40%
	Tier 5: Specialty Tier			33%	N/A	33%
						N/A

Region 24: Kansas			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$24.50	\$0	30-day	90-day	30-day
		\$72.20	\$0			90-day
	Tier 1: Preferred Generic			\$3.00	\$0.00	\$1.00
	Tier 2: Generic			\$13.00	\$32.50	\$5.00
	Tier 3: Preferred Brand			\$42.00	\$105.00	\$35.00
	Tier 4: Non-Preferred Drug			42%		40%
	Tier 5: Specialty Tier			33%	N/A	33%
						N/A

Region 25: Iowa Minnesota Montana Nebraska North Dakota South Dakota Wyoming			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$28.80	\$0	30-day	90-day	30-day
		\$66.40	\$0			90-day
	Tier 1: Preferred Generic			\$3.00	\$0.00	\$1.00
	Tier 2: Generic			\$12.00	\$30.00	\$5.00
	Tier 3: Preferred Brand			\$39.00	\$97.50	\$35.00
	Tier 4: Non-Preferred Drug			39%		40%
	Tier 5: Specialty Tier			33%	N/A	33%
						N/A

Region 26: New Mexico			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$18.50	\$0	30-day	90-day	30-day
		\$39.80	\$0			90-day
	Tier 1: Preferred Generic			\$3.00	\$0.00	\$1.00
	Tier 2: Generic			\$12.00	\$30.00	\$5.00
	Tier 3: Preferred Brand			\$42.00	\$105.00	\$35.00
	Tier 4: Non-Preferred Drug			45%		40%
	Tier 5: Specialty Tier			33%	N/A	33%
						N/A

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$6.00	\$18.00	\$10.00	\$30.00	\$3.00	\$7.50	\$1.00	\$2.50	\$6.00	\$10.00
\$19.00	\$57.00	\$20.00	\$60.00	\$10.00	\$25.00	\$5.00	\$12.50	\$19.00	\$20.00
\$44.00	\$132.00	\$47.00	\$141.00	\$34.00	\$85.00	\$35.00	\$87.50	\$44.00	\$47.00
44%		50%		34%		40%		44%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$1.00	\$2.50	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$13.00	\$32.50	\$5.00	\$12.50	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$42.00	\$105.00	\$35.00	\$87.50	\$47.00	\$47.00
50%		50%		42%		40%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$1.00	\$2.50	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$12.00	\$30.00	\$5.00	\$12.50	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$39.00	\$97.50	\$35.00	\$87.50	\$47.00	\$47.00
50%		50%		39%		40%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$1.00	\$2.50	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$12.00	\$30.00	\$5.00	\$12.50	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$42.00	\$105.00	\$35.00	\$87.50	\$47.00	\$47.00
50%		50%		45%		40%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Region 27: Colorado			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$29.90	\$0	30-day	90-day	30-day 90-day
	Tier 1: Preferred Generic			\$9.00	\$0.00	\$1.00 \$0.00
	Tier 2: Generic			\$19.00	\$47.50	\$5.00 \$0.00
	Tier 3: Preferred Brand			\$46.00	\$115.00	\$35.00 \$70.00
	Tier 4: Non-Preferred Drug			49%		40%
	Tier 5: Specialty Tier			33%	N/A	33% N/A

Region 28: Arizona			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$28.50	\$100*	30-day	90-day	30-day 90-day
	*Deductible applies to Tiers 3, 4 & 5			\$3.00	\$0.00	\$1.00 \$0.00
	Tier 1: Preferred Generic			\$16.00	\$40.00	\$5.00 \$0.00
	Tier 2: Generic			\$41.00	\$102.50	\$35.00 \$70.00
	Tier 3: Preferred Brand			45%		40%
	Tier 4: Non-Preferred Drug			31%	N/A	33% N/A

Region 29: Nevada			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$38.10	\$0	30-day	90-day	30-day 90-day
				\$7.00	\$0.00	\$1.00 \$0.00
	Tier 1: Preferred Generic			\$19.00	\$47.50	\$5.00 \$0.00
	Tier 2: Generic			\$46.00	\$115.00	\$35.00 \$70.00
	Tier 3: Preferred Brand			49%		40%
	Tier 4: Non-Preferred Drug			33%	N/A	33% N/A

Region 30: Oregon Washington			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$30.40	\$0	30-day	90-day	30-day 90-day
				\$3.00	\$0.00	\$1.00 \$0.00
	Tier 1: Preferred Generic			\$10.00	\$25.00	\$5.00 \$0.00
	Tier 2: Generic			\$34.00	\$85.00	\$35.00 \$70.00
	Tier 3: Preferred Brand			34%		40%
	Tier 4: Non-Preferred Drug			33%	N/A	33% N/A

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$10.00	\$30.00	\$10.00	\$30.00	\$9.00	\$22.50	\$1.00	\$2.50	\$10.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$19.00	\$47.50	\$5.00	\$12.50	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$46.00	\$115.00	\$35.00	\$87.50	\$47.00	\$47.00
50%		50%		49%		40%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$1.00	\$2.50	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$16.00	\$40.00	\$5.00	\$12.50	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$41.00	\$102.50	\$35.00	\$87.50	\$47.00	\$47.00
50%		50%		45%		40%		50%	50%
31%	N/A	33%	N/A	31%	N/A	33%	N/A	31%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$8.00	\$24.00	\$10.00	\$30.00	\$7.00	\$17.50	\$1.00	\$2.50	\$8.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$19.00	\$47.50	\$5.00	\$12.50	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$46.00	\$115.00	\$35.00	\$87.50	\$47.00	\$47.00
50%		50%		49%		40%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$1.00	\$2.50	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$10.00	\$25.00	\$5.00	\$12.50	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$34.00	\$85.00	\$35.00	\$87.50	\$47.00	\$47.00
48%		50%		34%		40%		48%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Region 31: Idaho Utah			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$32.70	\$0	30-day	90-day	30-day 90-day
		\$76.30	\$0			
	Tier 1: Preferred Generic		\$3.00	\$0.00	\$1.00	\$0.00
	Tier 2: Generic		\$14.00	\$35.00	\$5.00	\$0.00
	Tier 3: Preferred Brand		\$41.00	\$102.50	\$35.00	\$70.00
	Tier 4: Non-Preferred Drug		45%		40%	
	Tier 5: Specialty Tier		33%	N/A	33%	N/A

Region 32: California			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$28.50	\$0	30-day	90-day	30-day 90-day
		\$79.70	\$0			
	Tier 1: Preferred Generic		\$3.00	\$0.00	\$1.00	\$0.00
	Tier 2: Generic		\$13.00	\$32.50	\$5.00	\$0.00
	Tier 3: Preferred Brand		\$42.00	\$105.00	\$35.00	\$70.00
	Tier 4: Non-Preferred Drug		46%		40%	
	Tier 5: Specialty Tier		33%	N/A	33%	N/A

Region 33: Hawaii			Network Mail-Order Pharmacies			
			CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	Monthly Premium	Annual Deductible	Choice		Plus
	Plus:	\$23.90	\$100*	30-day	90-day	30-day 90-day
		\$57.90	\$0			
	*Deductible applies to Tiers 3, 4 & 5		\$3.00	\$0.00	\$1.00	\$0.00
	Tier 1: Preferred Generic		\$13.00	\$32.50	\$5.00	\$0.00
	Tier 2: Generic		\$41.00	\$102.50	\$35.00	\$70.00
	Tier 3: Preferred Brand		45%		40%	
	Tier 4: Non-Preferred Drug		31%	N/A	33%	N/A
	Tier 5: Specialty Tier					

Region 34: Alaska			Network Mail-Order Pharmacies				
		Monthly Premium	Annual Deductible	CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply			
	Choice:	\$53.30	\$405	Choice		Plus	
	Plus:	N/A	N/A	30-day	90-day	30-day	90-day
	Tier 1: Preferred Generic			\$1.00	\$0.00	N/A	
	Tier 2: Generic			\$4.00	\$10.00		
	Tier 3: Preferred Brand			17%			
	Tier 4: Non-Preferred Drug			36%			
	Tier 5: Specialty Tier			25%	N/A		

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$1.00	\$2.50	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$14.00	\$35.00	\$5.00	\$12.50	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$41.00	\$102.50	\$35.00	\$87.50	\$47.00	\$47.00
50%		50%		45%		40%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$1.00	\$2.50	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$13.00	\$32.50	\$5.00	\$12.50	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$42.00	\$105.00	\$35.00	\$87.50	\$47.00	\$47.00
50%		50%		46%		40%		50%	50%
33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$7.00	\$21.00	\$10.00	\$30.00	\$3.00	\$7.50	\$1.00	\$2.50	\$7.00	\$10.00
\$20.00	\$60.00	\$20.00	\$60.00	\$13.00	\$32.50	\$5.00	\$12.50	\$20.00	\$20.00
\$47.00	\$141.00	\$47.00	\$141.00	\$41.00	\$102.50	\$35.00	\$87.50	\$47.00	\$47.00
50%		50%		45%		40%		50%	50%
31%	N/A	33%	N/A	31%	N/A	33%	N/A	31%	33%

Network Retail Pharmacies									
Standard Retail Cost Sharing 30/90 Day Supply				Preferred Retail Cost Sharing 30/90 Day Supply				Long-Term Care – 34 Days Out-of-Network – 30 Days	
Choice		Plus		Choice		Plus		Choice	Plus
30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day		
\$1.00	\$2.50	N/A		Not Offered		N/A		\$1.00	N/A
\$4.00	\$10.00							\$4.00	
17%								17%	
36%								36%	
25%	N/A							25%	

Stage 3: Coverage Gap Stage

The coverage gap (also called the “donut hole”) begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,750.

SilverScript Choice (PDP)

After you enter the coverage gap, you pay 35% of the drug cost for covered brand name drugs and 44% of the drug cost for covered generic drugs until your out-of-pocket costs (not including your premiums) total \$5,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.

SilverScript Plus (PDP)

Under this plan, we will continue to provide some prescription drug coverage beyond the standard coverage for certain drugs in the Coverage Gap Stage. This coverage offers savings on Tier 1 and 2 drugs at all network pharmacies.

For Tier 1 (Preferred Generic) and Tier 2 (Generic), you will continue to pay the copayment amounts you were paying in the Initial Coverage Stage. Refer to the tables on the previous pages for the copayment amounts.

For Tiers 3, 4, and 5, you pay 35% of the drug cost for covered brand name drugs and 44% of the drug cost for covered generic drugs until your out-of-pocket costs (not including your premiums) total \$5,000, which is the end of the coverage gap.

Stage 4: Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach \$5,000, you pay the greater of:

- 5% of the cost, or
- \$3.35 copay for generic drugs (including brand drugs treated as generic) and \$8.35 copay for all other drugs.

For More Information

If you have any questions about our plans or would like more information, please call SilverScript Customer Care at 1-866-235-5660 (TTY users should call 711), 24 hours a day, 7 days a week. Or visit www.silverscript.com.

If you want to know more about the coverage and costs of Original Medicare, look in your current **“Medicare & You”** handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

SilverScript Choice (PDP)’s pharmacy network offers limited access to pharmacies with preferred cost-sharing in rural areas of Oklahoma and Alaska. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost-sharing, please call Customer Care at 1-866-235-5660 (TTY: 711), 24 hours a day, 7 days a week, or consult the online pharmacy directory at www.silverscript.com.

This document is available in other formats such as Braille and large print.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-866-235-5660 (TTY: 711). ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711).

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.



P.O. Box 52424, Phoenix, AZ 85072-2424

SilverScript Customer Care

Method	Customer Care – Contact Information
CALL	1-866-235-5660 Calls to this number are free. 24 hours a day, 7 days a week. Customer Care also has free language interpreter services available for non-English speakers.
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. 24 hours a day, 7 days a week.
FAX	1-866-552-6205
WRITE	SilverScript Insurance Company P.O. Box 6590 Lee's Summit, MO 64064-6590
WEBSITE	www.silverscript.com