

Benefit Highlights

This is a short description of 2018 plan benefits. For complete information, please refer to your **Summary of Benefits** or **Evidence of Coverage**. Limitations, exclusions, and restrictions may apply.

Plan Costs

Plan Feature	AARP® MedicareRx Saver Plus (PDP)		AARP® MedicareRx Preferred (PDP)	
Monthly premium	\$54.60		\$84.50	
Annual prescription deductible	\$405		\$0	
Initial coverage stage	Preferred retail cost sharing (in-network 30-day supply)	Standard retail cost sharing (in-network 30-day supply)	Preferred retail cost sharing (in-network 30-day supply)	Standard retail cost sharing (in-network 30-day supply)
Tier 1: Preferred Generic Drugs	\$1 copay	\$6 copay	\$5 copay	\$6 copay
Tier 2: Generic Drugs	\$10 copay	\$15 copay	\$12 copay	\$15 copay
Tier 3: Preferred Brand Drugs	\$33 copay	\$43 copay	\$37 copay	\$38 copay
Tier 4: Non-Preferred Drugs	37% coinsurance	37% coinsurance	40% coinsurance	50% coinsurance
Tier 5: Specialty Tier Drugs	25% coinsurance	25% coinsurance	33% coinsurance	33% coinsurance
Coverage gap stage	After your total drug costs reach \$3,750, you will pay no more than 44% coinsurance for generic drugs or 35% coinsurance for brand name drugs, for any drug tier during the coverage gap. AARP® MedicareRx Preferred (PDP) members will receive additional coverage in the gap on select brand name drugs in Tier 3, Tier 4 and Tier 5.			
Catastrophic coverage stage	After your total out-of-pocket costs reach \$5,000, you will pay the greater of \$3.35 copay for generic (Including brand drugs treated as generic), \$8.35 copay for all other drugs, or 5% coinsurance			
Formulary (drug list)	Includes most generic drugs covered by Medicare Part D and many commonly used brand name drugs		Includes nearly all generic drugs covered by Medicare Part D and many commonly used brand name drugs	

Includes **\$0** for a 90-day supply of Tier 1 and Tier 2 medications (typically generic drugs) through our Preferred Mail Service Pharmacy. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare. Premium and/or copayments/coinsurance may change on January 1 of each year.

This information is not a complete description of benefits. Contact the plan for more information. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. Limitations, copayments, and restrictions may apply.

AARP® MedicareRx Saver Plus (PDP)'s pharmacy network offers limited access to pharmacies with preferred cost sharing in rural MT, NE, ND, SD and WY. 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 us or consult the online pharmacy directory using the contact information that appears on the booklet cover.