

# Cigna-HealthSpring Rx Secure-Xtra (PDP)

(Contract ID: S5617, Plan ID: 276)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$1.00	\$2.00	\$3.00
	Tier 2: Non-Preferred Generic	\$4.00	\$8.00	\$12.00
	Tier 3: Preferred Brand	20%	20%	20%
	Tier 4: Non-Preferred Brand	35%	35%	35%
	Tier 5: Specialty Tier	33%	33%	33%
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$4.00	\$8.00	\$12.00
	Tier 2: Non-Preferred Generic	\$10.00	\$20.00	\$30.00
	Tier 3: Preferred Brand	22%	22%	22%
	Tier 4: Non-Preferred Brand	40%	40%	40%
	Tier 5: Specialty Tier	33%	33%	33%
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$1.00	Not offered	\$3.00
	Tier 2: Non-Preferred Generic	\$4.00	Not offered	\$12.00
	Tier 3: Preferred Brand	20%	Not offered	20%
	Tier 4: Non-Preferred Brand	35%	Not offered	35%
	Tier 5: Specialty Tier	33%	Not offered	33%
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$4.00	Not offered	\$12.00
	Tier 2: Non-Preferred Generic	\$10.00	Not offered	\$30.00
	Tier 3: Preferred Brand	22%	Not offered	22%
	Tier 4: Non-Preferred Brand	40%	Not offered	40%
	Tier 5: Specialty Tier	33%	Not offered	33%

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# Humana Walmart Rx Plan (PDP)

(Contract ID: S5884, Plan ID: 177)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$1.00	Not offered	\$3.00
	Tier 2: Non-Preferred Generic	\$4.00	Not offered	\$12.00
	Tier 3: Preferred Brand	20%	Not offered	20%
	Tier 4: Non-Preferred Brand	35%	Not offered	35%
	Tier 5: Specialty Tier	25%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$10.00	Not offered	\$30.00
	Tier 2: Non-Preferred Generic	\$33.00	Not offered	\$99.00
	Tier 3: Preferred Brand	25%	Not offered	25%
	Tier 4: Non-Preferred Brand	50%	Not offered	50%
	Tier 5: Specialty Tier	25%	Not offered	Not offered
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$1.00	Not offered	\$0.00
	Tier 2: Non-Preferred Generic	\$4.00	Not offered	\$0.00
	Tier 3: Preferred Brand	20%	Not offered	20%
	Tier 4: Non-Preferred Brand	35%	Not offered	35%
	Tier 5: Specialty Tier	25%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$10.00	Not offered	\$30.00
	Tier 2: Non-Preferred Generic	\$33.00	Not offered	\$99.00
	Tier 3: Preferred Brand	25%	Not offered	25%
	Tier 4: Non-Preferred Brand	50%	Not offered	50%
	Tier 5: Specialty Tier	25%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# Transamerica MedicareRx Classic (PDP)

(Contract ID: S9579, Plan ID: 030)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	Not offered
	Tier 2: Non-Preferred Generic	Not offered	Not offered	Not offered
	Tier 3: Preferred Brand	Not offered	Not offered	Not offered
	Tier 4: Non-Preferred Brand	Not offered	Not offered	Not offered
	Tier 5: Specialty Tier	Not offered	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$0.00	\$0.00	\$0.00
	Tier 2: Non-Preferred Generic	\$7.00	\$14.00	\$21.00
	Tier 3: Preferred Brand	\$45.00	\$90.00	\$135.00
	Tier 4: Non-Preferred Brand	50%	50%	50%
	Tier 5: Specialty Tier	25%	25%	25%
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	Not offered
	Tier 2: Non-Preferred Generic	Not offered	Not offered	Not offered
	Tier 3: Preferred Brand	Not offered	Not offered	Not offered
	Tier 4: Non-Preferred Brand	Not offered	Not offered	Not offered
	Tier 5: Specialty Tier	Not offered	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	\$0.00
	Tier 2: Non-Preferred Generic	Not offered	Not offered	\$20.00
	Tier 3: Preferred Brand	Not offered	Not offered	\$115.00
	Tier 4: Non-Preferred Brand	Not offered	Not offered	50%
	Tier 5: Specialty Tier	Not offered	Not offered	25%

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# WellCare Simple (PDP)

(Contract ID: S4802, Plan ID: 021)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$0.00	Not offered	\$0.00
	Tier 2: Non-Preferred Generic	\$2.00	Not offered	\$6.00
	Tier 3: Preferred Brand	\$35.00	Not offered	\$105.00
	Tier 4: Non-Preferred Brand	\$94.00	Not offered	\$282.00
	Tier 5: Specialty Tier	25%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$9.00	Not offered	\$27.00
	Tier 2: Non-Preferred Generic	\$25.00	Not offered	\$75.00
	Tier 3: Preferred Brand	\$45.00	Not offered	\$135.00
	Tier 4: Non-Preferred Brand	\$95.00	Not offered	\$285.00
	Tier 5: Specialty Tier	25%	Not offered	Not offered
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$0.00	Not offered	\$0.00
	Tier 2: Non-Preferred Generic	\$2.00	Not offered	\$5.00
	Tier 3: Preferred Brand	\$35.00	Not offered	\$87.50
	Tier 4: Non-Preferred Brand	\$94.00	Not offered	\$235.00
	Tier 5: Specialty Tier	25%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$9.00	Not offered	\$27.00
	Tier 2: Non-Preferred Generic	\$25.00	Not offered	\$75.00
	Tier 3: Preferred Brand	\$45.00	Not offered	\$135.00
	Tier 4: Non-Preferred Brand	\$95.00	Not offered	\$285.00
	Tier 5: Specialty Tier	25%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# Cigna-HealthSpring Rx Secure (PDP)

(Contract ID: S5617, Plan ID: 153)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$1.00	\$2.00	\$3.00
	Tier 2: Non-Preferred Generic	\$5.00	\$10.00	\$15.00
	Tier 3: Preferred Brand	20%	20%	20%
	Tier 4: Non-Preferred Brand	35%	35%	35%
	Tier 5: Specialty Tier	25%	25%	25%
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$5.00	\$10.00	\$15.00
	Tier 2: Non-Preferred Generic	\$12.00	\$24.00	\$36.00
	Tier 3: Preferred Brand	23%	23%	23%
	Tier 4: Non-Preferred Brand	40%	40%	40%
	Tier 5: Specialty Tier	25%	25%	25%
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$1.00	Not offered	\$3.00
	Tier 2: Non-Preferred Generic	\$5.00	Not offered	\$15.00
	Tier 3: Preferred Brand	20%	Not offered	20%
	Tier 4: Non-Preferred Brand	35%	Not offered	35%
	Tier 5: Specialty Tier	25%	Not offered	25%
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$5.00	Not offered	\$15.00
	Tier 2: Non-Preferred Generic	\$12.00	Not offered	\$36.00
	Tier 3: Preferred Brand	23%	Not offered	23%
	Tier 4: Non-Preferred Brand	40%	Not offered	40%
	Tier 5: Specialty Tier	25%	Not offered	25%

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# EnvisionRxPlus Silver (PDP)

(Contract ID: S7694, Plan ID: 031)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$2.00	Not offered	\$6.00
	Tier 2: Preferred Brand	15%	Not offered	15%
	Tier 3: Non-Preferred Brand	35%	Not offered	35%
	Tier 4: Specialty Tier	25%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$10.00	Not offered	\$30.00
	Tier 2: Preferred Brand	25%	Not offered	25%
	Tier 3: Non-Preferred Brand	40%	Not offered	40%
	Tier 4: Specialty Tier	25%	Not offered	Not offered
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$2.00	Not offered	\$6.00
	Tier 2: Preferred Brand	15%	Not offered	15%

	Tier 3: Non-Preferred Brand	35%	Not offered	35%
	Tier 4: Specialty Tier	25%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$10.00	Not offered	\$30.00
	Tier 2: Preferred Brand	25%	Not offered	25%
	Tier 3: Non-Preferred Brand	40%	Not offered	40%
	Tier 4: Specialty Tier	25%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 3: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# Express Scripts Medicare - Value (PDP)

(Contract ID: S5660, Plan ID: 133)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$0.00	Not offered	\$0.00
	Tier 2: Non-Preferred Generic	\$4.00	Not offered	\$12.00
	Tier 3: Preferred Brand	21%	Not offered	21%
	Tier 4: Non-Preferred Brand	48%	Not offered	48%
	Tier 5: Specialty Tier	25%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$3.00	Not offered	\$9.00
	Tier 2: Non-Preferred Generic	\$10.00	Not offered	\$30.00
	Tier 3: Preferred Brand	23%	Not offered	23%
	Tier 4: Non-Preferred Brand	50%	Not offered	50%
	Tier 5: Specialty Tier	25%	Not offered	Not offered
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	\$3.00
	Tier 2: Non-Preferred Generic	Not offered	Not offered	\$12.00
	Tier 3: Preferred Brand	Not offered	Not offered	25%
	Tier 4: Non-Preferred Brand	Not offered	Not offered	50%
	Tier 5: Specialty Tier	25%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	\$8.00
	Tier 2: Non-Preferred Generic	Not offered	Not offered	\$17.00
	Tier 3: Preferred Brand	Not offered	Not offered	25%
	Tier 4: Non-Preferred Brand	Not offered	Not offered	50%
	Tier 5: Specialty Tier	25%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# United American - Select (PDP)

(Contract ID: S5755, Plan ID: 102)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$0.00	Not offered	\$0.00
	Tier 2: Non-Preferred Generic	\$3.00	Not offered	\$9.00
	Tier 3: Preferred Brand	14%	Not offered	14%
	Tier 4: Non-Preferred Brand	24%	Not offered	Not offered
	Tier 5: Specialty Tier	25%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$9.00	Not offered	\$27.00
	Tier 2: Non-Preferred Generic	\$11.00	Not offered	\$33.00
	Tier 3: Preferred Brand	19%	Not offered	19%
	Tier 4: Non-Preferred Brand	29%	Not offered	Not offered
	Tier 5: Specialty Tier	25%	Not offered	Not offered
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	\$0.00
	Tier 2: Non-Preferred Generic	Not offered	Not offered	\$33.00
	Tier 3: Preferred Brand	Not offered	Not offered	19%
	Tier 4: Non-Preferred Brand	29%	Not offered	Not offered
	Tier 5: Specialty Tier	25%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	\$27.00
	Tier 2: Non-Preferred Generic	Not offered	Not offered	\$33.00
	Tier 3: Preferred Brand	Not offered	Not offered	19%
	Tier 4: Non-Preferred Brand	29%	Not offered	Not offered
	Tier 5: Specialty Tier	25%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.



# WellCare Classic (PDP)

(Contract ID: S5967, Plan ID: 168)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$0.00	Not offered	\$0.00
	Tier 2: Non-Preferred Generic	\$4.00	Not offered	\$12.00
	Tier 3: Preferred Brand	\$40.00	Not offered	\$120.00
	Tier 4: Non-Preferred Brand	\$89.00	Not offered	\$267.00
	Tier 5: Specialty Tier	25%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$9.00	Not offered	\$27.00
	Tier 2: Non-Preferred Generic	\$29.00	Not offered	\$87.00
	Tier 3: Preferred Brand	\$45.00	Not offered	\$135.00
	Tier 4: Non-Preferred Brand	\$95.00	Not offered	\$285.00
	Tier 5: Specialty Tier	25%	Not offered	Not offered
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$0.00	Not offered	\$0.00
	Tier 2: Non-Preferred Generic	\$4.00	Not offered	\$10.00
	Tier 3: Preferred Brand	\$40.00	Not offered	\$100.00
	Tier 4: Non-Preferred Brand	\$89.00	Not offered	\$222.50
	Tier 5: Specialty Tier	25%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$9.00	Not offered	\$27.00
	Tier 2: Non-Preferred Generic	\$29.00	Not offered	\$87.00
	Tier 3: Preferred Brand	\$45.00	Not offered	\$135.00
	Tier 4: Non-Preferred Brand	\$95.00	Not offered	\$285.00
	Tier 5: Specialty Tier	25%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# Express Scripts Medicare - Choice (PDP)

(Contract ID: S5660, Plan ID: 216)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$1.00	Not offered	\$3.00
	Tier 2: Non-Preferred Generic	\$5.00	Not offered	\$13.00
	Tier 3: Preferred Brand	\$40.00	Not offered	\$120.00
	Tier 4: Non-Preferred Brand	48%	Not offered	48%
	Tier 5: Specialty Tier	31%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$8.00	Not offered	\$20.00
	Tier 2: Non-Preferred Generic	\$16.00	Not offered	\$40.00
	Tier 3: Preferred Brand	\$45.00	Not offered	\$135.00
	Tier 4: Non-Preferred Brand	50%	Not offered	50%
	Tier 5: Specialty Tier	31%	Not offered	Not offered
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	\$0.00
	Tier 2: Non-Preferred Generic	Not offered	Not offered	\$10.00
	Tier 3: Preferred Brand	Not offered	Not offered	\$100.00
	Tier 4: Non-Preferred Brand	Not offered	Not offered	50%
	Tier 5: Specialty Tier	31%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	\$5.00
	Tier 2: Non-Preferred Generic	Not offered	Not offered	\$15.00
	Tier 3: Preferred Brand	Not offered	Not offered	\$105.00
	Tier 4: Non-Preferred Brand	Not offered	Not offered	50%
	Tier 5: Specialty Tier	31%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# Humana Preferred Rx Plan (PDP)

(Contract ID: S5884, Plan ID: 147)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$1.00	Not offered	\$3.00
	Tier 2: Non-Preferred Generic	\$2.00	Not offered	\$6.00
	Tier 3: Preferred Brand	20%	Not offered	20%
	Tier 4: Non-Preferred Brand	35%	Not offered	35%
	Tier 5: Specialty Tier	25%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$3.00	Not offered	\$9.00
	Tier 2: Non-Preferred Generic	\$6.00	Not offered	\$18.00
	Tier 3: Preferred Brand	25%	Not offered	25%
	Tier 4: Non-Preferred Brand	44%	Not offered	44%
	Tier 5: Specialty Tier	25%	Not offered	Not offered
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$1.00	Not offered	\$0.00
	Tier 2: Non-Preferred Generic	\$2.00	Not offered	\$0.00
	Tier 3: Preferred Brand	20%	Not offered	17%
	Tier 4: Non-Preferred Brand	35%	Not offered	35%
	Tier 5: Specialty Tier	25%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$3.00	Not offered	\$9.00
	Tier 2: Non-Preferred Generic	\$6.00	Not offered	\$18.00
	Tier 3: Preferred Brand	25%	Not offered	25%
	Tier 4: Non-Preferred Brand	44%	Not offered	44%
	Tier 5: Specialty Tier	25%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# Transamerica MedicareRx Choice (PDP)

(Contract ID: S9579, Plan ID: 063)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	Not offered
	Tier 2: Non-Preferred Generic	Not offered	Not offered	Not offered
	Tier 3: Preferred Brand	Not offered	Not offered	Not offered
	Tier 4: Non-Preferred Brand	Not offered	Not offered	Not offered
	Tier 5: Specialty Tier	Not offered	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$0.00	\$0.00	\$0.00
	Tier 2: Non-Preferred Generic	\$18.00	\$36.00	\$54.00
	Tier 3: Preferred Brand	\$45.00	\$90.00	\$135.00
	Tier 4: Non-Preferred Brand	\$95.00	\$190.00	\$285.00
	Tier 5: Specialty Tier	33%	33%	33%
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	Not offered
	Tier 2: Non-Preferred Generic	Not offered	Not offered	Not offered
	Tier 3: Preferred Brand	Not offered	Not offered	Not offered
	Tier 4: Non-Preferred Brand	Not offered	Not offered	Not offered
	Tier 5: Specialty Tier	Not offered	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	\$0.00
	Tier 2: Non-Preferred Generic	Not offered	Not offered	\$45.00
	Tier 3: Preferred Brand	Not offered	Not offered	\$115.00
	Tier 4: Non-Preferred Brand	Not offered	Not offered	\$240.00
	Tier 5: Specialty Tier	Not offered	Not offered	33%

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# SilverScript Choice (PDP)

(Contract ID: S5601, Plan ID: 062)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Generic	Not offered	Not offered	Not offered
	Tier 2: Preferred Brand	Not offered	Not offered	Not offered
	Tier 3: Non-Preferred Brand	Not offered	Not offered	Not offered
	Tier 4: Specialty Tier	Not offered	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Generic	\$8.00	\$16.00	\$20.00
	Tier 2: Preferred Brand	\$33.00	\$66.00	\$82.50
	Tier 3: Non-Preferred Brand	42%	42%	42%
	Tier 4: Specialty Tier	33%	Not offered	Not offered
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)
Preferred Cost Sharing Pharmacies	Tier 1: Generic	Not offered	Not offered	Not offered
	Tier 2: Preferred Brand	Not offered	Not offered	Not offered
	Tier 3: Non-Preferred Brand	Not offered	Not offered	Not offered

	Tier 4: Specialty Tier	Not offered	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Generic	\$8.00	\$16.00	\$20.00
	Tier 2: Preferred Brand	\$33.00	\$66.00	\$82.50
	Tier 3: Non-Preferred Brand	42%	42%	42%
	Tier 4: Specialty Tier	33%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 3: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# Aetna Medicare Rx Saver (PDP)

(Contract ID: S5810, Plan ID: 065)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$0.00	\$0.00	\$0.00
	Tier 2: Non-Preferred Generic	\$3.00	\$6.00	\$9.00
	Tier 3: Preferred Brand	\$45.00	\$90.00	\$135.00
	Tier 4: Non-Preferred Brand	36%	36%	36%
	Tier 5: Specialty Tier	25%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$2.00	\$4.00	\$6.00
	Tier 2: Non-Preferred Generic	\$5.00	\$10.00	\$15.00
	Tier 3: Preferred Brand	\$45.00	\$90.00	\$135.00
	Tier 4: Non-Preferred Brand	36%	36%	36%
	Tier 5: Specialty Tier	25%	Not offered	Not offered
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$0.00	\$0.00	\$0.00
	Tier 2: Non-Preferred Generic	\$3.00	\$6.00	\$9.00
	Tier 3: Preferred Brand	\$45.00	\$90.00	\$135.00
	Tier 4: Non-Preferred Brand	36%	36%	36%
	Tier 5: Specialty Tier	25%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$2.00	\$4.00	\$6.00
	Tier 2: Non-Preferred Generic	\$5.00	\$10.00	\$15.00
	Tier 3: Preferred Brand	\$45.00	\$90.00	\$135.00
	Tier 4: Non-Preferred Brand	36%	36%	36%
	Tier 5: Specialty Tier	25%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# AARP MedicareRx Saver Plus (PDP)

(Contract ID: S5921, Plan ID: 375)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$1.00	Not offered	\$3.00
	Tier 2: Non-Preferred Generic	\$2.00	Not offered	\$6.00
	Tier 3: Preferred Brand	\$25.00	Not offered	\$75.00
	Tier 4: Non-Preferred Brand	\$40.00	Not offered	\$120.00
	Tier 5: Specialty Tier	25%	Not offered	25%
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$2.00	Not offered	\$6.00
	Tier 2: Non-Preferred Generic	\$4.00	Not offered	\$12.00
	Tier 3: Preferred Brand	\$30.00	Not offered	\$90.00
	Tier 4: Non-Preferred Brand	\$50.00	Not offered	\$150.00
	Tier 5: Specialty Tier	25%	Not offered	25%
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	\$0.00
	Tier 2: Non-Preferred Generic	Not offered	Not offered	\$2.00
	Tier 3: Preferred Brand	Not offered	Not offered	\$60.00
	Tier 4: Non-Preferred Brand	Not offered	Not offered	\$105.00
	Tier 5: Specialty Tier	Not offered	Not offered	25%
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	\$6.00
	Tier 2: Non-Preferred Generic	Not offered	Not offered	\$12.00
	Tier 3: Preferred Brand	Not offered	Not offered	\$90.00
	Tier 4: Non-Preferred Brand	Not offered	Not offered	\$150.00
	Tier 5: Specialty Tier	Not offered	Not offered	25%

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# Symphonix Rite Aid Value Rx (PDP)

(Contract ID: S0522, Plan ID: 032)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$1.00	\$2.00	\$3.00
	Tier 2: Non-Preferred Generic	\$4.00	\$8.00	\$12.00
	Tier 3: Preferred Brand	\$25.00	\$50.00	\$75.00
	Tier 4: Non-Preferred Brand	\$55.00	\$110.00	\$165.00
	Tier 5: Specialty Tier	25%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$2.00	\$4.00	\$6.00
	Tier 2: Non-Preferred Generic	\$5.00	\$10.00	\$15.00
	Tier 3: Preferred Brand	\$30.00	\$60.00	\$90.00
	Tier 4: Non-Preferred Brand	\$60.00	\$120.00	\$180.00
	Tier 5: Specialty Tier	25%	Not offered	Not offered
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	Not offered
	Tier 2: Non-Preferred Generic	Not offered	Not offered	Not offered
	Tier 3: Preferred Brand	Not offered	Not offered	Not offered
	Tier 4: Non-Preferred Brand	Not offered	Not offered	Not offered
	Tier 5: Specialty Tier	Not offered	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$1.00	\$2.00	\$3.00
	Tier 2: Non-Preferred Generic	\$4.00	\$8.00	\$12.00
	Tier 3: Preferred Brand	\$25.00	\$50.00	\$75.00
	Tier 4: Non-Preferred Brand	\$55.00	\$110.00	\$165.00
	Tier 5: Specialty Tier	25%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 5: Specialty Tier

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.



# First Health Part D Value Plus (PDP)

(Contract ID: S5768, Plan ID: 154)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$0.00	\$0.00	\$0.00
	Tier 2: Non-Preferred Generic	\$3.00	\$6.00	\$9.00
	Tier 3: Preferred Brand	\$35.00	\$70.00	\$105.00
	Tier 4: Non-Preferred Brand	50%	50%	50%
	Tier 5: Specialty Tier	25%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$3.00	\$6.00	\$9.00
	Tier 2: Non-Preferred Generic	\$7.00	\$14.00	\$21.00
	Tier 3: Preferred Brand	\$35.00	\$70.00	\$105.00
	Tier 4: Non-Preferred Brand	50%	50%	50%
	Tier 5: Specialty Tier	25%	Not offered	Not offered
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	Not offered
	Tier 2: Non-Preferred Generic	Not offered	Not offered	Not offered
	Tier 3: Preferred Brand	Not offered	Not offered	Not offered
	Tier 4: Non-Preferred Brand	Not offered	Not offered	Not offered
	Tier 5: Specialty Tier	Not offered	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$0.00	\$0.00	\$0.00
	Tier 2: Non-Preferred Generic	\$3.00	\$6.00	\$9.00
	Tier 3: Preferred Brand	\$35.00	\$70.00	\$105.00
	Tier 4: Non-Preferred Brand	50%	50%	50%
	Tier 5: Specialty Tier	25%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# WellCare Extra (PDP)

(Contract ID: S5967, Plan ID: 202)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$0.00	Not offered	\$0.00
	Tier 2: Non-Preferred Generic	\$4.00	Not offered	\$12.00
	Tier 3: Preferred Brand	\$40.00	Not offered	\$120.00
	Tier 4: Non-Preferred Brand	\$89.00	Not offered	\$267.00
	Tier 5: Specialty Tier	33%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$9.00	Not offered	\$27.00
	Tier 2: Non-Preferred Generic	\$29.00	Not offered	\$87.00
	Tier 3: Preferred Brand	\$45.00	Not offered	\$135.00
	Tier 4: Non-Preferred Brand	\$95.00	Not offered	\$285.00
	Tier 5: Specialty Tier	33%	Not offered	Not offered
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$0.00	Not offered	\$0.00
	Tier 2: Non-Preferred Generic	\$4.00	Not offered	\$10.00
	Tier 3: Preferred Brand	\$40.00	Not offered	\$100.00
	Tier 4: Non-Preferred Brand	\$89.00	Not offered	\$222.50
	Tier 5: Specialty Tier	33%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$9.00	Not offered	\$27.00
	Tier 2: Non-Preferred Generic	\$29.00	Not offered	\$87.00
	Tier 3: Preferred Brand	\$45.00	Not offered	\$135.00
	Tier 4: Non-Preferred Brand	\$95.00	Not offered	\$285.00
	Tier 5: Specialty Tier	33%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# United American - Enhanced (PDP)

(Contract ID: S5755, Plan ID: 034)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$0.00	Not offered	\$0.00
	Tier 2: Non-Preferred Generic	\$7.00	Not offered	\$21.00
	Tier 3: Preferred Brand	\$37.00	Not offered	\$93.00
	Tier 4: Non-Preferred Brand	40%	Not offered	Not offered
	Tier 5: Specialty Tier	30%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$9.00	Not offered	\$27.00
	Tier 2: Non-Preferred Generic	\$15.00	Not offered	\$45.00
	Tier 3: Preferred Brand	\$45.00	Not offered	\$113.00
	Tier 4: Non-Preferred Brand	50%	Not offered	Not offered
	Tier 5: Specialty Tier	30%	Not offered	Not offered
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	\$0.00
	Tier 2: Non-Preferred Generic	Not offered	Not offered	\$39.00
	Tier 3: Preferred Brand	Not offered	Not offered	\$90.00
	Tier 4: Non-Preferred Brand	40%	Not offered	Not offered
	Tier 5: Specialty Tier	30%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	\$27.00
	Tier 2: Non-Preferred Generic	Not offered	Not offered	\$45.00
	Tier 3: Preferred Brand	Not offered	Not offered	\$113.00
	Tier 4: Non-Preferred Brand	50%	Not offered	Not offered
	Tier 5: Specialty Tier	30%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# AARP MedicareRx Preferred (PDP)

(Contract ID: S5820, Plan ID: 030)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$2.00	Not offered	\$6.00
	Tier 2: Non-Preferred Generic	\$4.00	Not offered	\$12.00
	Tier 3: Preferred Brand	\$40.00	Not offered	\$120.00
	Tier 4: Non-Preferred Brand	\$85.00	Not offered	\$255.00
	Tier 5: Specialty Tier	33%	Not offered	33%
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$5.00	Not offered	\$15.00
	Tier 2: Non-Preferred Generic	\$7.00	Not offered	\$21.00
	Tier 3: Preferred Brand	\$45.00	Not offered	\$135.00
	Tier 4: Non-Preferred Brand	\$95.00	Not offered	\$285.00
	Tier 5: Specialty Tier	33%	Not offered	33%
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	\$0.00
	Tier 2: Non-Preferred Generic	Not offered	Not offered	\$4.00
	Tier 3: Preferred Brand	Not offered	Not offered	\$115.00
	Tier 4: Non-Preferred Brand	Not offered	Not offered	\$250.00
	Tier 5: Specialty Tier	Not offered	Not offered	33%
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	\$15.00
	Tier 2: Non-Preferred Generic	Not offered	Not offered	\$21.00
	Tier 3: Preferred Brand	Not offered	Not offered	\$135.00
	Tier 4: Non-Preferred Brand	Not offered	Not offered	\$285.00
	Tier 5: Specialty Tier	Not offered	Not offered	33%

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# Humana Enhanced (PDP)

(Contract ID: S5884, Plan ID: 089)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$3.00	Not offered	\$9.00
	Tier 2: Non-Preferred Generic	\$7.00	Not offered	\$21.00
	Tier 3: Preferred Brand	\$42.00	Not offered	\$126.00
	Tier 4: Non-Preferred Brand	44%	Not offered	44%
	Tier 5: Specialty Tier	33%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$7.00	Not offered	\$21.00
	Tier 2: Non-Preferred Generic	\$12.00	Not offered	\$36.00
	Tier 3: Preferred Brand	\$45.00	Not offered	\$135.00
	Tier 4: Non-Preferred Brand	50%	Not offered	50%
	Tier 5: Specialty Tier	33%	Not offered	Not offered
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$3.00	Not offered	\$0.00
	Tier 2: Non-Preferred Generic	\$7.00	Not offered	\$0.00
	Tier 3: Preferred Brand	\$42.00	Not offered	\$116.00
	Tier 4: Non-Preferred Brand	44%	Not offered	44%
	Tier 5: Specialty Tier	33%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$7.00	Not offered	\$21.00
	Tier 2: Non-Preferred Generic	\$12.00	Not offered	\$36.00
	Tier 3: Preferred Brand	\$45.00	Not offered	\$135.00
	Tier 4: Non-Preferred Brand	50%	Not offered	50%
	Tier 5: Specialty Tier	33%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# Regence Medicare Script Basic (PDP)

(Contract ID: S5916, Plan ID: 001)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	Not offered
	Tier 2: Non-Preferred Generic	Not offered	Not offered	Not offered
	Tier 3: Preferred Brand	Not offered	Not offered	Not offered
	Tier 4: Non-Preferred Brand	Not offered	Not offered	Not offered
	Tier 5: Specialty Tier	Not offered	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$10.00	Not offered	\$20.00
	Tier 2: Non-Preferred Generic	\$15.00	Not offered	\$30.00
	Tier 3: Preferred Brand	\$45.00	Not offered	\$112.50
	Tier 4: Non-Preferred Brand	\$95.00	Not offered	\$237.50
	Tier 5: Specialty Tier	29%	Not offered	Not offered
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	Not offered
	Tier 2: Non-Preferred Generic	Not offered	Not offered	Not offered
	Tier 3: Preferred Brand	Not offered	Not offered	Not offered
	Tier 4: Non-Preferred Brand	Not offered	Not offered	Not offered
	Tier 5: Specialty Tier	Not offered	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$10.00	Not offered	\$20.00
	Tier 2: Non-Preferred Generic	\$15.00	Not offered	\$30.00
	Tier 3: Preferred Brand	\$45.00	Not offered	\$112.50
	Tier 4: Non-Preferred Brand	\$95.00	Not offered	\$237.50
	Tier 5: Specialty Tier	29%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# Educators Rx Basic (PDP)

(Contract ID: S5877, Plan ID: 004)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	Not offered
	Tier 2: Non-Preferred Generic	Not offered	Not offered	Not offered
	Tier 3: Preferred Brand	Not offered	Not offered	Not offered
	Tier 4: Specialty Tier	Not offered	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$2.00	Not offered	\$6.00
	Tier 2: Non-Preferred Generic	\$15.00	Not offered	\$45.00
	Tier 3: Preferred Brand	\$45.00	Not offered	\$135.00
	Tier 4: Specialty Tier	25%	Not offered	25%
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	Not offered
	Tier 2: Non-Preferred Generic	Not offered	Not offered	Not offered

	Tier 3: Preferred Brand	Not offered	Not offered	Not offered
	Tier 4: Specialty Tier	Not offered	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	\$6.00
	Tier 2: Non-Preferred Generic	Not offered	Not offered	\$45.00
	Tier 3: Preferred Brand	Not offered	Not offered	\$135.00
	Tier 4: Specialty Tier	Not offered	Not offered	25%

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Specialty Tier

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# SilverScript Plus (PDP)

(Contract ID: S5601, Plan ID: 063)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Generic	\$0.00	\$0.00	\$0.00
	Tier 2: Preferred Brand	\$24.00	\$48.00	\$60.00
	Tier 3: Non-Preferred Brand	40%	40%	40%
	Tier 4: Specialty Tier	33%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Generic	\$7.00	\$14.00	\$21.00
	Tier 2: Preferred Brand	\$31.00	\$62.00	\$93.00
	Tier 3: Non-Preferred Brand	50%	50%	50%
	Tier 4: Specialty Tier	33%	Not offered	Not offered
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)
Preferred Cost Sharing Pharmacies	Tier 1: Generic	\$0.00	\$0.00	\$0.00
	Tier 2: Preferred Brand	\$24.00	\$48.00	\$60.00
	Tier 3: Non-Preferred Brand	40%	40%	40%

	Tier 4: Specialty Tier	33%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Generic	\$7.00	\$14.00	\$21.00
	Tier 2: Preferred Brand	\$31.00	\$62.00	\$93.00
	Tier 3: Non-Preferred Brand	50%	50%	50%
	Tier 4: Specialty Tier	33%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 3: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.



# Symphonix Rite Aid Premier Rx (PDP)

(Contract ID: S0522, Plan ID: 064)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$2.00	\$4.00	\$6.00
	Tier 2: Non-Preferred Generic	\$4.00	\$8.00	\$12.00
	Tier 3: Preferred Brand	\$30.00	\$60.00	\$90.00
	Tier 4: Non-Preferred Brand	\$70.00	\$140.00	\$210.00
	Tier 5: Specialty Tier	33%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$4.00	\$8.00	\$12.00
	Tier 2: Non-Preferred Generic	\$6.00	\$12.00	\$18.00
	Tier 3: Preferred Brand	\$35.00	\$70.00	\$105.00
	Tier 4: Non-Preferred Brand	\$75.00	\$150.00	\$225.00
	Tier 5: Specialty Tier	33%	Not offered	Not offered
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	Not offered
	Tier 2: Non-Preferred Generic	Not offered	Not offered	Not offered
	Tier 3: Preferred Brand	Not offered	Not offered	Not offered
	Tier 4: Non-Preferred Brand	Not offered	Not offered	Not offered
	Tier 5: Specialty Tier	Not offered	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$2.00	\$4.00	\$6.00
	Tier 2: Non-Preferred Generic	\$4.00	\$8.00	\$12.00
	Tier 3: Preferred Brand	\$30.00	\$60.00	\$90.00
	Tier 4: Non-Preferred Brand	\$70.00	\$140.00	\$210.00
	Tier 5: Specialty Tier	33%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 5: Specialty Tier

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# Cigna-HealthSpring Rx Secure-Max (PDP)

(Contract ID: S5617, Plan ID: 242)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$1.00	\$2.00	\$3.00
	Tier 2: Non-Preferred Generic	\$2.00	\$4.00	\$6.00
	Tier 3: Preferred Brand	\$30.00	\$60.00	\$90.00
	Tier 4: Non-Preferred Brand	\$85.00	\$170.00	\$255.00
	Tier 5: Specialty Tier	33%	33%	33%
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$4.00	\$8.00	\$12.00
	Tier 2: Non-Preferred Generic	\$8.00	\$16.00	\$24.00
	Tier 3: Preferred Brand	\$40.00	\$80.00	\$120.00
	Tier 4: Non-Preferred Brand	\$95.00	\$190.00	\$285.00
	Tier 5: Specialty Tier	33%	33%	33%
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$1.00	Not offered	\$3.00
	Tier 2: Non-Preferred Generic	\$2.00	Not offered	\$6.00
	Tier 3: Preferred Brand	\$30.00	Not offered	\$90.00
	Tier 4: Non-Preferred Brand	\$85.00	Not offered	\$255.00
	Tier 5: Specialty Tier	33%	Not offered	33%
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$4.00	Not offered	\$12.00
	Tier 2: Non-Preferred Generic	\$8.00	Not offered	\$24.00
	Tier 3: Preferred Brand	\$40.00	Not offered	\$120.00
	Tier 4: Non-Preferred Brand	\$95.00	Not offered	\$285.00
	Tier 5: Specialty Tier	33%	Not offered	33%

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# First Health Part D Premier Plus (PDP)

(Contract ID: S5768, Plan ID: 193)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$0.00	\$0.00	\$0.00
	Tier 2: Non-Preferred Generic	\$3.00	\$6.00	\$9.00
	Tier 3: Preferred Brand	\$42.00	\$84.00	\$126.00
	Tier 4: Non-Preferred Brand	50%	50%	50%
	Tier 5: Specialty Tier	33%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$4.00	\$8.00	\$12.00
	Tier 2: Non-Preferred Generic	\$7.00	\$14.00	\$21.00
	Tier 3: Preferred Brand	\$42.00	\$84.00	\$126.00
	Tier 4: Non-Preferred Brand	50%	50%	50%
	Tier 5: Specialty Tier	33%	Not offered	Not offered
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	Not offered
	Tier 2: Non-Preferred Generic	Not offered	Not offered	Not offered
	Tier 3: Preferred Brand	Not offered	Not offered	Not offered
	Tier 4: Non-Preferred Brand	Not offered	Not offered	Not offered
	Tier 5: Specialty Tier	Not offered	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$0.00	\$0.00	\$0.00
	Tier 2: Non-Preferred Generic	\$3.00	\$6.00	\$9.00
	Tier 3: Preferred Brand	\$42.00	\$84.00	\$126.00
	Tier 4: Non-Preferred Brand	50%	50%	50%
	Tier 5: Specialty Tier	33%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# Aetna Medicare Rx Premier (PDP)

(Contract ID: S5810, Plan ID: 201)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$0.00	\$0.00	\$0.00
	Tier 2: Non-Preferred Generic	\$3.00	\$6.00	\$9.00
	Tier 3: Preferred Brand	\$42.00	\$84.00	\$126.00
	Tier 4: Non-Preferred Brand	50%	50%	50%
	Tier 5: Specialty Tier	33%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$4.00	\$8.00	\$12.00
	Tier 2: Non-Preferred Generic	\$7.00	\$14.00	\$21.00
	Tier 3: Preferred Brand	\$42.00	\$84.00	\$126.00
	Tier 4: Non-Preferred Brand	50%	50%	50%
	Tier 5: Specialty Tier	33%	Not offered	Not offered
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$0.00	\$0.00	\$0.00
	Tier 2: Non-Preferred Generic	\$3.00	\$6.00	\$9.00
	Tier 3: Preferred Brand	\$42.00	\$84.00	\$126.00
	Tier 4: Non-Preferred Brand	50%	50%	50%
	Tier 5: Specialty Tier	33%	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$4.00	\$8.00	\$12.00
	Tier 2: Non-Preferred Generic	\$7.00	\$14.00	\$21.00
	Tier 3: Preferred Brand	\$42.00	\$84.00	\$126.00
	Tier 4: Non-Preferred Brand	50%	50%	50%
	Tier 5: Specialty Tier	33%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# Educators Rx Advantage (PDP)

(Contract ID: S5877, Plan ID: 007)

Cost Sharing Information				
Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Generic	Not offered	Not offered	Not offered
	Tier 2: Preferred Brand	Not offered	Not offered	Not offered
	Tier 3: Non-Preferred Brand	Not offered	Not offered	Not offered
	Tier 4: Specialty Tier	Not offered	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Generic	10%	Not offered	10%
	Tier 2: Preferred Brand	20%	Not offered	20%
	Tier 3: Non-Preferred Brand	40%	Not offered	40%
	Tier 4: Specialty Tier	33%	Not offered	33%
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)
Preferred Cost Sharing Pharmacies	Tier 1: Generic	Not offered	Not offered	Not offered
	Tier 2: Preferred Brand	Not offered	Not offered	Not offered
	Tier 3: Non-Preferred Brand	Not offered	Not offered	Not offered
	Tier 4: Specialty Tier	Not offered	Not offered	Not offered

	Specialty Tier			
Standard Cost Sharing Pharmacies	Tier 1: Generic	Not offered	Not offered	10%
	Tier 2: Preferred Brand	Not offered	Not offered	20%
	Tier 3: Non-Preferred Brand	Not offered	Not offered	40%
	Tier 4: Specialty Tier	Not offered	Not offered	33%

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

**Details**

**Tier Name**

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Specialty Tier

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.

# Regence Medicare Script Enhanced (PDP)

(Contract ID: S5916, Plan ID: 002)

## Cost Sharing Information

Copay/Coinsurance Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-day supply)	RETAIL (60-day supply)	RETAIL (90-day supply)
Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	Not offered
	Tier 2: Non-Preferred Generic	Not offered	Not offered	Not offered
	Tier 3: Preferred Brand	Not offered	Not offered	Not offered
	Tier 4: Non-Preferred Brand	Not offered	Not offered	Not offered
	Tier 5: Specialty Tier	Not offered	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$5.00	Not offered	\$10.00
	Tier 2: Non-Preferred Generic	\$12.00	Not offered	\$24.00
	Tier 3: Preferred Brand	\$45.00	Not offered	\$112.50
	Tier 4: Non-Preferred Brand	\$95.00	Not offered	\$237.50
	Tier 5: Specialty Tier	33%	Not offered	Not offered
PHARMACY TYPE	TIER NAME	MAIL-ORDER (30-day Supply)	MAIL-ORDER (60-day Supply)	MAIL-ORDER (90-day Supply)

Preferred Cost Sharing Pharmacies	Tier 1: Preferred Generic	Not offered	Not offered	Not offered
	Tier 2: Non-Preferred Generic	Not offered	Not offered	Not offered
	Tier 3: Preferred Brand	Not offered	Not offered	Not offered
	Tier 4: Non-Preferred Brand	Not offered	Not offered	Not offered
	Tier 5: Specialty Tier	Not offered	Not offered	Not offered
Standard Cost Sharing Pharmacies	Tier 1: Preferred Generic	\$5.00	Not offered	\$10.00
	Tier 2: Non-Preferred Generic	\$12.00	Not offered	\$24.00
	Tier 3: Preferred Brand	\$45.00	Not offered	\$112.50
	Tier 4: Non-Preferred Brand	\$95.00	Not offered	\$237.50
	Tier 5: Specialty Tier	33%	Not offered	Not offered

Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)

### Details

### Tier Name

Formulary Exceptions Formulary Exceptions Footnote\*: Tier 4: Non-Preferred Brand

**\*Note:** Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered in this Tier. Please contact the plan for more information.