Cigna-HealthSpring Rx Secure-Xtra (PDP)

(Contract ID: S5617, Plan ID: 276)

Cost Sharing Information

Copay/Coinsurance				
Details - Initial Coverage				
Limit				
PHARMACY TYPE	TIER	RETAIL (30-	RETAIL (60-	RETAIL (90-
	NAME	day supply)	day supply)	day supply)
Preferred Cost Sharing	Tier 1:	\$1.00	\$2.00	\$3.00
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	\$4.00	\$8.00	\$12.00
	Preferred			
	Generic			
	Tier 3:	20%	20%	20%
	Preferred			
	Brand			
	Tier 4: Non-	35%	35%	35%
	Preferred			
	Brand			
	Tier 5:	33%	33%	33%
	Specialty			
	Tier			
Standard Cost Sharing	Tier 1:	\$4.00	\$8.00	\$12.00
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	\$10.00	\$20.00	\$30.00
	Preferred			
	Generic			
	Tier 3:	22%	22%	22%
	Preferred			
	Brand			
	Tier 4: Non-	40%	40%	40%
	Preferred			
	Brand	2221	222	22-1
	Tier 5:	33%	33%	33%
	Specialty			
	Tier			
PHARMACY TYPE	TIER	MAIL-	MAIL-	MAIL-
	NAME	ORDER (30-	ORDER (60-	ORDER (90-

day Supply)

day Supply)

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

^{*}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

Standard Cost Sharing

PHARMACY TYPE

Pharmacies

copuj/ comsuluice				
Details - Initial Coverage				
Limit				
PHARMACY TYPE	TIER	RETAIL (30-	RETAIL (60-	
	NAME	day supply)	day supply)	
Preferred Cost Sharing	Tier 1:	\$1.00	Not offered	-
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	\$4.00	Not offered	-
	Preferred			
	Generic			
	Tier 3:	20%	Not offered	
	Preferred			
	Brand			

Tier 4: Non-

Preferred Brand Tier 5:

Specialty Tier

Tier 1:

Preferred Generic Tier 2: Non-

Preferred Generic Tier 3:

Preferred Brand

Preferred Brand

Tier 5:

Specialty Tier

TIER

NAME

Tier 4: Non-

35%

25%

\$10.00

\$33.00

25%

50%

25%

MAIL-

ORDER (30-

day Supply)

	Preferred			
	Generic Tier 2: Non-	\$4.00	Not offered	\$0.00
	Preferred			
	Generic			
	Tier 3:	20%	Not offered	20%
	Preferred			
	Brand		27 00 1	
	Tier 4: Non-	35%	Not offered	35%
	Preferred			
	Brand	250/	NI CC 1	NI CC
	Tier 5:	25%	Not offered	Not offered
	Specialty Tier			
Standard Cost Sharing	Tier 1:	\$10.00	Not offered	\$30.00
Pharmacies	Preferred	\$10.00	Not offered	\$30.00
1 Hai macies	Generic			
	Tier 2: Non-	\$33.00	Not offered	\$99.00
	Preferred	Ψ33.00	Trot officied	Ψ>>.00
	Generic			
	Tier 3:	25%	Not offered	25%
	Preferred			
	Brand			
	Tier 4: Non-	50%	Not offered	50%
	Preferred			
	Brand			
	Tier 5:	25%	Not offered	Not offere
	Specialty			
	Tier			
Copay/Coinsurance I	Details - Formular	y Exceptions ((non-formulary drug	gs)
	etails		Tier Name	
Formulary Exceptions Form		s Footnote*: 7		d Brand
				u Dianu

\$1.00

Not offered

\$0.00

Preferred Cost Sharing

RETAIL (90-

day supply)

\$3.00

\$12.00

20%

35%

Not offered

\$30.00

\$99.00

25%

50%

Not offered

MAIL-

ORDER (90-

day Supply)

Not offered

MAIL-

ORDER (60-

day Supply)

Tier 1:

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	RETAIL (30-	RETAIL (60-	RETAIL (90-
	NAME	day supply)	day supply)	day supply)
Preferred Cost Sharing	Tier 1:	Not offered	Not offered	Not offered
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	Not offered	Not offered	Not offered
	Preferred			
	Generic			
	Tier 3:	Not offered	Not offered	Not offered
	Preferred			
	Brand			
	Tier 4: Non-	Not offered	Not offered	Not offered
	Preferred			
	Brand	Not offered	Not offered	Not offered
	Tier 5:	Not offered	Not offered	Not offered
	Specialty Tier			
Standard Cost Sharing	Tier 1:	\$0.00	\$0.00	\$0.00
Pharmacies	Preferred	\$0.00	\$0.00	\$0.00
That mades	Generic			
	Tier 2: Non-	\$7.00	\$14.00	\$21.00
	Preferred	4,,,,,	4 - 110 0	1
	Generic			
	Tier 3:	\$45.00	\$90.00	\$135.00
	Preferred			
	Brand			
	Tier 4: Non-	50%	50%	50%
	Preferred			
	Brand			
	Tier 5:	25%	25%	25%
	Specialty			
	Tier			
PHARMACY TYPE	TIER	MAIL-	MAIL-	MAIL-
	NAME	ORDER (30-	ORDER (60-	ORDER (90-
		day Supply)	day Supply)	day Supply)

Preferred Cost Sharing	Tier 1:	Not offered	Not offered	Not offered
Pharmacies	Preferred Generic			
	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

^{*}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
Limit

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

^{*}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

PHARMACY TYPE

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

40%

25%

MAIL-

ORDER (30-

day Supply)

40%

25%

MAIL-

ORDER (60-

day Supply)

40%

25%

MAIL-

ORDER (90-

day Supply)

Brand

Tier 4: Non-

NAME

Preferred Brand

Tier 5: Specialty Tier TIER

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

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

Details

Tier Name

^{*}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

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

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

	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)

Tier Name

^{*}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	1			
Details - Initial Coverage				
Limit				
PHARMACY TYPE	TIER	RETAIL (30-	RETAIL (60-	RETAIL (90-
	NAME	day supply)	day supply)	day supply)
Preferred Cost Sharing	Tier 1:	\$0.00	Not offered	\$0.00
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	\$4.00	Not offered	\$12.00
	Preferred			
	Generic			
	Tier 3:	21%	Not offered	21%
	Preferred			
	Brand			
	Tier 4: Non-	48%	Not offered	48%
	Preferred			
	Brand			
	Tier 5:	25%	Not offered	Not offered
	Specialty			
	Tier			
Standard Cost Sharing	Tier 1:	\$3.00	Not offered	\$9.00
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	\$10.00	Not offered	\$30.00
	Preferred			
	Generic			
	Tier 3:	23%	Not offered	23%
	Preferred			
	Brand	5 00/	N	500/
	Tier 4: Non-	50%	Not offered	50%
	Preferred			
	Brand	25%	Not offered	Not offered
	Tier 5:	25%	Not offered	Not offered
	Specialty			
DILADMA CIVITATE	Tier	MATT	MAIT	MATT
PHARMACY TYPE	TIER NAME	MAIL- ORDER (30-	MAIL- ORDER (60-	MAIL- ORDER (90-
	NAME	,	,	,
		day Supply)	day Supply)	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

^{*}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

Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30- day supply)	RETAIL (60- day supply)	RETAIL (90- day supply)
Preferred Cost Sharing	Tier 1:	\$0.00	Not offered	\$0.00
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	\$3.00	Not offered	\$9.00
	Preferred			
	Generic			
	Tier 3:	14%	Not offered	14%
	Preferred			
	Brand			
	Tier 4: Non-	24%	Not offered	Not offered
	Preferred			
	Brand			
	Tier 5:	25%	Not offered	Not offered
	Specialty			
	Tier			
Standard Cost Sharing	Tier 1:	\$9.00	Not offered	\$27.00
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	\$11.00	Not offered	\$33.00
	Preferred			
	Generic			
	Tier 3:	19%	Not offered	19%
	Preferred			
	Brand	200/	N	NT . CC 1
	Tier 4: Non-	29%	Not offered	Not offered
	Preferred			
	Brand	250/	NI CC 1	NI (CC 1
	Tier 5:	25%	Not offered	Not offered
	Specialty Tier			
DILADMA CIVITATE		MATT	MAIT	MATI
PHARMACY TYPE	TIER NAME	MAIL-	MAIL-	MAIL-
	NAME	ORDER (30-	ORDER (60-	ORDER (90-
	1	day Supply)	day Supply)	day Supply)

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

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

^{*}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
Limit

Details - Initial Coverage Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30- day supply)	RETAIL (60- day supply)	RETAIL (90- day supply)
Preferred Cost Sharing	Tier 1:	\$0.00	Not offered	\$0.00
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	\$4.00	Not offered	\$12.00
	Preferred			
	Generic			
	Tier 3:	\$40.00	Not offered	\$120.00
	Preferred			
	Brand			
	Tier 4: Non-	\$89.00	Not offered	\$267.00
	Preferred			
	Brand			
	Tier 5:	25%	Not offered	Not offered
	Specialty			
	Tier			
Standard Cost Sharing	Tier 1:	\$9.00	Not offered	\$27.00
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	\$29.00	Not offered	\$87.00
	Preferred			
	Generic			
	Tier 3:	\$45.00	Not offered	\$135.00
	Preferred			
	Brand	***	27 00 1	*******
	Tier 4: Non-	\$95.00	Not offered	\$285.00
	Preferred			
	Brand	250/	N	NT - CC 1
	Tier 5:	25%	Not offered	Not offered
	Specialty			
DILL DILL CIT EXPE	Tier	25475	3.5.4.77	3547
PHARMACY TYPE	TIER	MAIL-	MAIL-	MAIL-
	NAME	ORDER (30-	ORDER (60-	ORDER (90-
		day Supply)	day Supply)	day Supply)

Preferred Cost Sharing	Tier 1:	\$0.00	Not offered	\$0.00
Pharmacies	Preferred Generic			
	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

^{*}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	RETAIL (30-	RETAIL (60-	RETAIL (90-
	NAME	day supply)	day supply)	day supply)
Preferred Cost Sharing	Tier 1:	\$1.00	Not offered	\$3.00
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	\$5.00	Not offered	\$13.00
	Preferred			
	Generic			
	Tier 3:	\$40.00	Not offered	\$120.00
	Preferred			
	Brand			
	Tier 4: Non-	48%	Not offered	48%
	Preferred			
	Brand			
	Tier 5:	31%	Not offered	Not offered
	Specialty			
	Tier			
Standard Cost Sharing	Tier 1:	\$8.00	Not offered	\$20.00
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	\$16.00	Not offered	\$40.00
	Preferred			
	Generic			
	Tier 3:	\$45.00	Not offered	\$135.00
	Preferred			
	Brand			
	Tier 4: Non-	50%	Not offered	50%
	Preferred			
	Brand	24-1	27 00 1	27 00 1
	Tier 5:	31%	Not offered	Not offered
	Specialty			
	Tier	7.51.55		
PHARMACY TYPE	TIER	MAIL-	MAIL-	MAIL-
	NAME	ORDER (30-	ORDER (60-	ORDER (90-

day Supply)

day Supply)

day Supply)

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

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

Details

Tier Name

^{*}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	Tier 1:	\$1.00	Not offered	\$0.00
Pharmacies	Preferred Generic			
	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

^{*}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	Tier 1:	Not offered	Not offered	Not offered
Pharmacies	Preferred Generic			
	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	Tier 1:	Not offered	Not offered	Not offered
Pharmacies	Preferred Generic			
	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

^{*}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

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

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

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

Details Tier Name

^{*}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
DILADMACVTVDE

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

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

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

^{*}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	7			
Details - Initial Coverage				
Limit				
PHARMACY TYPE	TIER	RETAIL (30-	RETAIL (60-	RETAIL (90-
THARMACTTILE	NAME	day supply)	day supply)	day supply)
Preferred Cost Sharing	Tier 1:	\$1.00	Not offered	\$3.00
Pharmacies	Preferred	7 - 1 - 1		10.00
	Generic			
	Tier 2: Non-	\$2.00	Not offered	\$6.00
	Preferred			
	Generic			
	Tier 3:	\$25.00	Not offered	\$75.00
	Preferred			
	Brand			
	Tier 4: Non-	\$40.00	Not offered	\$120.00
	Preferred			
	Brand			
	Tier 5:	25%	Not offered	25%
	Specialty			
	Tier			
Standard Cost Sharing	Tier 1:	\$2.00	Not offered	\$6.00
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	\$4.00	Not offered	\$12.00
	Preferred			
	Generic			
	Tier 3:	\$30.00	Not offered	\$90.00
	Preferred			
	Brand	A # 0 0 0	27 00 1	
	Tier 4: Non-	\$50.00	Not offered	\$150.00
	Preferred			
	Brand	250/	N	250/
	Tier 5:	25%	Not offered	25%
	Specialty			
DILL DATA CIVIDADE	Tier	34477	NATA	34477
PHARMACY TYPE	TIER	MAIL-	MAIL-	MAIL-
	NAME	ORDER (30-	ORDER (60-	ORDER (90-
	1	day Supply)	day Supply)	day Supply)

Preferred Cost Sharing	Tier 1:	Not offered	Not offered	\$0.00
Pharmacies	Preferred	1101 Officied	1 vot onered	ψ0.00
That made to	Generic			
	Tier 2: Non-	Not offered	Not offered	\$2.00
	Preferred	1101011111	Trot offered	42.00
	Generic			
	Tier 3:	Not offered	Not offered	\$60.00
	Preferred	11010111111	Trot offered	400.00
	Brand			
	Tier 4: Non-	Not offered	Not offered	\$105.00
	Preferred		1	
	Brand			
	Tier 5:	Not offered	Not offered	25%
	Specialty			
	Tier			
Standard Cost Sharing	Tier 1:	Not offered	Not offered	\$6.00
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	Not offered	Not offered	\$12.00
	Preferred			
	Generic			
	Tier 3:	Not offered	Not offered	\$90.00
	Preferred			
	Brand			
	Tier 4: Non-	Not offered	Not offered	\$150.00
	Preferred			
	Brand			
	Tier 5:	Not offered	Not offered	25%
	Specialty			
	Tier			

 $\begin{array}{c} \textbf{Copay/Coinsurance Details - Formulary Exceptions (non-formulary drugs)} \\ \textbf{Details} & \textbf{Tier Name} \end{array}$

^{*}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

PHARMACY TYPE

Copay/Coinsurance	1			
Details - Initial Coverage				
Limit				
PHARMACY TYPE	TIER	RETAIL (30-	RETAIL (60-	RETAIL (90-
	NAME	day supply)	day supply)	day supply)
Preferred Cost Sharing	Tier 1:	\$1.00	\$2.00	\$3.00
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	\$4.00	\$8.00	\$12.00
	Preferred			
	Generic			
	Tier 3:	\$25.00	\$50.00	\$75.00
	Preferred			
	Brand			
	Tier 4: Non-	\$55.00	\$110.00	\$165.00
	Preferred			
	Brand			
	Tier 5:	25%	Not offered	Not offered
	Specialty			
	Tier			*
Standard Cost Sharing	Tier 1:	\$2.00	\$4.00	\$6.00
Pharmacies	Preferred			
	Generic Tier 2: Non-	\$5.00	\$10.00	\$15.00
		\$5.00	\$10.00	\$15.00
	Preferred Generic			
	Tier 3:	\$30.00	\$60.00	\$90.00
	Preferred	\$30.00	\$60.00	\$90.00
	Brand			
	Tier 4: Non-	\$60.00	\$120.00	\$180.00
	Preferred	\$00.00	\$120.00	\$100.00
	Brand			
	Tier 5:	25%	Not offered	Not offered
	Specialty	2370	110t Officied	110t Officied
	Tier			
L	1.01	1	1	

MAIL-

ORDER (30-

day Supply)

MAIL-

ORDER (60-

day Supply)

MAIL-ORDER (90-

day Supply)

TIER

NAME

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

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

ORDER (30-

day Supply)

NAME

ORDER (60-

day Supply)

ORDER (90-

day Supply)

Preferred Cost Sharing	Tier 1:	Not offered	Not offered	Not offered
Pharmacies	Preferred Generic			
	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

^{*}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

Details - Initial Coverage				
Limit				1
PHARMACY TYPE	TIER NAME	RETAIL (30- day supply)	RETAIL (60- day supply)	RETAIL (90- day supply)
Preferred Cost Sharing	Tier 1:	\$0.00	Not offered	\$0.00
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	\$4.00	Not offered	\$12.00
	Preferred			
	Generic			
	Tier 3:	\$40.00	Not offered	\$120.00
	Preferred			
	Brand			
	Tier 4: Non-	\$89.00	Not offered	\$267.00
	Preferred			
	Brand			
	Tier 5:	33%	Not offered	Not offered
	Specialty			
	Tier			
Standard Cost Sharing	Tier 1:	\$9.00	Not offered	\$27.00
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	\$29.00	Not offered	\$87.00
	Preferred			
	Generic			
	Tier 3:	\$45.00	Not offered	\$135.00
	Preferred			
	Brand	407.00	27 00 1	*******
	Tier 4: Non-	\$95.00	Not offered	\$285.00
	Preferred			
	Brand	220/	N	N
	Tier 5:	33%	Not offered	Not offered
	Specialty			
DITT DATE ON THE	Tier	3.54.77	NA ATT	MATE
PHARMACY TYPE	TIER	MAIL-	MAIL-	MAIL-
	NAME	ORDER (30-	ORDER (60-	ORDER (90-
		day Supply)	day Supply)	day Supply)

Preferred Cost Sharing	Tier 1:	\$0.00	Not offered	\$0.00
Pharmacies	Preferred Generic			
	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

^{*}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	MAIL-	MAIL-	MAIL-

ORDER (30-

day Supply)

ORDER (60-

day Supply)

NAME

ORDER (90-

day Supply)

Preferred Cost Sharing	Tier 1:	Not offered	Not offered	\$0.00
Pharmacies	Preferred Generic			
	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

^{*}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	Tier 1:	\$2.00	Not offered	\$6.00
Pharmacies	Preferred Generic	Ψ2.00	Tvot officied	ψ0.00
	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-	MAIL- ORDER (60-	MAIL- ORDER (90-
		day Supply)	day Supply)	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

^{*}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	T
	NA
Preferred Cost Sharing	Tier 1
Pharmacies	Prefer

Details - Initial Coverage				
Limit				
PHARMACY TYPE	TIER NAME	RETAIL (30-	RETAIL (60-	RETAIL (90-
D 6 1 G (G1)		day supply)	day supply)	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)
		uay Supply)	uay Supply)	uay Suppiy)

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

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

^{*}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	7			
Details - Initial Coverage				
Limit				
PHARMACY TYPE	TIER	RETAIL (30-	RETAIL (60-	RETAIL (90-
THE CONTROL OF THE	NAME	day supply)	day supply)	day supply)
Preferred Cost Sharing	Tier 1:	Not offered	Not offered	Not offered
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	Not offered	Not offered	Not offered
	Preferred			
	Generic			
	Tier 3:	Not offered	Not offered	Not offered
	Preferred			
	Brand			
	Tier 4: Non-	Not offered	Not offered	Not offered
	Preferred			
	Brand			
	Tier 5:	Not offered	Not offered	Not offered
	Specialty			
	Tier			
Standard Cost Sharing	Tier 1:	\$10.00	Not offered	\$20.00
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	\$15.00	Not offered	\$30.00
	Preferred			
	Generic			
	Tier 3:	\$45.00	Not offered	\$112.50
	Preferred			
	Brand			
	Tier 4: Non-	\$95.00	Not offered	\$237.50
	Preferred			
	Brand	200/	N	N
	Tier 5:	29%	Not offered	Not offered
	Specialty			
DILL DATA CAT TRATE	Tier	NATE	NATA	NATE
PHARMACY TYPE	TIER	MAIL-	MAIL-	MAIL-
	NAME	ORDER (30-	ORDER (60-	ORDER (90-
		day Supply)	day Supply)	day Supply)

Preferred Cost Sharing	Tier 1:	Not offered	Not offered	Not offered
Pharmacies	Preferred Generic			
	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

^{*}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	Not offered	Not offered	Not offered

Generic

	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

Details - Initial Coverage
Limit
DILL DA CA CIT DE DE

Details - Initial Coverage				
Limit PHARMACY TYPE	TIER NAME	RETAIL (30- day supply)	RETAIL (60- day supply)	RETAIL (90- day supply)
Preferred Cost Sharing	Tier 1:	\$0.00	\$0.00	\$0.00
Pharmacies	Generic			
	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	MAIL-	MAIL-	MAIL-
	NAME	ORDER (30-	ORDER (60-	ORDER (90-
D. C. J.G. GI	T: 1	day Supply)	day Supply)	day Supply)
Preferred Cost Sharing Pharmacies	Tier 1: Generic	\$0.00	\$0.00	\$0.00
Pharmacies	Tier 2: Preferred Brand	\$24.00	\$48.00	\$60.00
	Tier 3: Non- Preferred Brand	40%	40%	40%

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

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

Details Tier Name

^{*}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	7			
Details - Initial Coverage				
Limit				
PHARMACY TYPE	TIER	RETAIL (30-	RETAIL (60-	RETAIL (90-
HARMACITIE	NAME	day supply)	day supply)	day supply)
Preferred Cost Sharing	Tier 1:	\$2.00	\$4.00	\$6.00
Pharmacies	Preferred	Ψ2.00	ψ+.00	φ0.00
That macros	Generic			
	Tier 2: Non-	\$4.00	\$8.00	\$12.00
	Preferred	Ψ 1.00	ψ0.00	Ψ12.00
	Generic			
	Tier 3:	\$30.00	\$60.00	\$90.00
	Preferred	φ30.00	Ψ00.00	Ψ70.00
	Brand			
	Tier 4: Non-	\$70.00	\$140.00	\$210.00
	Preferred	470.00	Ψ1.0.00	φ210.00
	Brand			
	Tier 5:	33%	Not offered	Not offered
	Specialty			
	Tier			
Standard Cost Sharing	Tier 1:	\$4.00	\$8.00	\$12.00
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	\$6.00	\$12.00	\$18.00
	Preferred			
	Generic			
	Tier 3:	\$35.00	\$70.00	\$105.00
	Preferred			
	Brand			
	Tier 4: Non-	\$75.00	\$150.00	\$225.00
	Preferred			
	Brand			
	Tier 5:	33%	Not offered	Not offered
	Specialty			
	Tier			
PHARMACY TYPE	TIER	MAIL-	MAIL-	MAIL-
	NAME	ORDER (30-	ORDER (60-	ORDER (90-
		day Supply)	day Supply)	day Supply)

Preferred Cost Sharing	Tier 1:	Not offered	Not offered	Not offered
Pharmacies	Preferred Generic			
	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

PHARMACY TYPE

copuj, comsumune				
Details - Initial Coverage				
Limit				
PHARMACY TYPE	TIER	RETAIL (30-	RETAIL (60-	RETAIL (90-
	NAME	day supply)	day supply)	day supply)
Preferred Cost Sharing	Tier 1:	\$1.00	\$2.00	\$3.00
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	\$2.00	\$4.00	\$6.00
	Preferred			
	Generic			
	Tier 3:	\$30.00	\$60.00	\$90.00
	Preferred			
	Brand			
	Tier 4: Non-	\$85.00	\$170.00	\$255.00
	Preferred			
	Brand			
	Tier 5:	33%	33%	33%
	Specialty			
	Tier			
Standard Cost Sharing	Tier 1:	\$4.00	\$8.00	\$12.00
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	\$8.00	\$16.00	\$24.00
	Preferred			
	Generic			
	Tier 3:	\$40.00	\$80.00	\$120.00
	Preferred			
	Brand			
		1.	† .	1 .

\$95.00

33%

MAIL-

ORDER (30-

day Supply)

Tier 4: Non-Preferred

NAME

Brand

Tier 5: Specialty Tier TIER \$285.00

MAIL-

ORDER (90-

day Supply)

33%

\$190.00

MAIL-

ORDER (60-

day Supply)

33%

Preferred Cost Sharing	Tier 1:	\$1.00	Not offered	\$3.00
Pharmacies	Preferred Generic			
	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

^{*}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	MAIL-	MAIL-	MAIL-

ORDER (30-

day Supply)

ORDER (60-

day Supply)

NAME

ORDER (90-

day Supply)

Preferred Cost Sharing	Tier 1:	Not offered	Not offered	Not offered
Pharmacies	Preferred Generic			
	Tier 2: Non- Preferred	Not offered	Not offered	Not offered
	Generic Tier 3:	Not offered	Not offered	Not offered
	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

^{*}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

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

Preferred Cost Sharing	Tier 1:	\$0.00	\$0.00	\$0.00
Pharmacies	Preferred Generic			
	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

^{*}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	RETAIL (30-	RETAIL (60-	RETAIL (90-	
	NAME	day supply)	day supply)	day supply)	
Preferred Cost Sharing	Tier 1:	Not offered	Not offered	Not offered	
Pharmacies	Generic				
	Tier 2:	Not offered	Not offered	Not offered	
	Preferred				
	Brand				
	Tier 3: Non-	Not offered	Not offered	Not offered	
	Preferred				
	Brand				
	Tier 4:	Not offered	Not offered	Not offered	
	Specialty				
	Tier				
Standard Cost Sharing	Tier 1:	10%	Not offered	10%	
Pharmacies	Generic				
	Tier 2:	20%	Not offered	20%	
	Preferred				
	Brand				
	Tier 3: Non-	40%	Not offered	40%	
	Preferred				
	Brand				
	Tier 4:	33%	Not offered	33%	
	Specialty				
	Tier				
PHARMACY TYPE	TIER	MAIL-	MAIL-	MAIL-	
	NAME	ORDER (30-	ORDER (60-	ORDER (90-	
		day Supply)	day Supply)	day Supply)	
Preferred Cost Sharing	Tier 1:	Not offered	Not offered	Not offered	
Pharmacies	Generic				
	Tier 2:	Not offered	Not offered	Not offered	
	Preferred				
	Brand				
	Tier 3: Non-	Not offered	Not offered	Not offered	
	Preferred				
	Brand				
	Tier 4:	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	7			
Details - Initial Coverage				
Limit				
PHARMACY TYPE	TIER	RETAIL (30-	RETAIL (60-	RETAIL (90-
TIETRUMICT TITE	NAME	day supply)	day supply)	day supply)
Preferred Cost Sharing	Tier 1:	Not offered	Not offered	Not offered
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	Not offered	Not offered	Not offered
	Preferred			
	Generic			
	Tier 3:	Not offered	Not offered	Not offered
	Preferred			
	Brand			
	Tier 4: Non-	Not offered	Not offered	Not offered
	Preferred			
	Brand			
	Tier 5:	Not offered	Not offered	Not offered
	Specialty			
	Tier			
Standard Cost Sharing	Tier 1:	\$5.00	Not offered	\$10.00
Pharmacies	Preferred			
	Generic			
	Tier 2: Non-	\$12.00	Not offered	\$24.00
	Preferred			
	Generic			
	Tier 3:	\$45.00	Not offered	\$112.50
	Preferred			
	Brand			
	Tier 4: Non-	\$95.00	Not offered	\$237.50
	Preferred			
	Brand			
	Tier 5:	33%	Not offered	Not offered
	Specialty			
	Tier			
PHARMACY TYPE	TIER	MAIL-	MAIL-	MAIL-
	NAME	ORDER (30-	ORDER (60-	ORDER (90-
		day Supply)	day Supply)	day Supply)

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

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

Details

Tier Name

^{*}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.