2016 Summary of Benefits

SilverScript Choice (PDP) | SilverScript Plus (PDP)

January 1, 2016 – December 31, 2016

All Regions except Alaska

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

SilverScript®

Y0080_52001_SB_2016 Accepted

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Summary of Benefits

January 1, 2016 - December 31, 2016

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *"Evidence of Coverage."*

You have choices about how to get your Medicare prescription drug benefits

- One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like **SilverScript**.
- Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (like an HMO or PPO) or another Medicare health plan that offers Medicare prescription drug coverage. You get all of your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **SilverScript** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **SilverScript**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call us at 1-866-235-5660, 24 hours a day, 7 days a week. TTY users should call 711.

Este documento está disponible en otros formatos tales como Braille y en letras grandes. Este documento podría estar disponible en un idioma distinto al inglés. Para obtener información adicional, llámenos al 1-866-235-5660, las 24 horas del día, los 7 días de la semana. Los usuarios de teléfono de texto (TTY) deben llamar al 711.

Things to Know About SilverScript

Hours of Operation

You can call us 24 hours a day local time, 7 days a week.

SilverScript Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-866-235-5660. TTY users should call 711.
- If you are not a member of this plan, call toll-free 1-866-235-5660. TTY users should call 711.
- Our website: http://www.silverscript.com.

Who can join?

To join SilverScript, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area. Our service area includes the following:

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

Which drugs are covered?

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

How will I determine my drug costs?

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Which pharmacies can I use?

We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's pharmacy directory at our website (http://www.silverscript.com). Or, call us and we will send you a copy of the pharmacy directory.

Summary of Benefits

January 1, 2016 - December 31, 2016

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

	SilverScript Choice (PDP)	SilverScript Plus (PDP)
How much is the monthly premium?	Please Refer to the Premium Table to find out the premium in your area.	Please Refer to the Premium Table to find out the premium in your area.
How much is the deductible?	This plan does not have a deductible.	This plan does not have a deductible.

Prescription Drug Benefits

Initial Coverage	SilverScript Choice (PDP)	SilverScript Plus (PDP)
	You pay the following until your total yearly drug costs reach $3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.	You pay the following until your total yearly drug costs reach $3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Initial Coverage (cont.)

Standard Retail Cost-Sharing

	SilverScript Choice (PDP)			SilverScript Plus (PDP)		
Tier	One-month supply	Two-month supply	Three-month supply	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	Please refer to the Cost-Sharing Table to find out the cost-sharing in your area			$7.00 copay	$14.00 copay	$21.00 copay
Tier 2 (Generic)	Please refer to the Cost-Sharing Table to find out the cost-sharing in your area			$10.00 copay	$20.00 copay	$30.00 copay
Tier 3 (Preferred Brand)	Please refer to the Cost-Sharing Table to find out the cost-sharing in your area			$29.00 copay	$58.00 copay	$87.00 copay
Tier 4 (Non-Preferred Brand)	Please refer to the Cost-Sharing Table to find out the cost-sharing in your area			45% of the cost	45% of the cost	45% of the cost
Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered	33% of the cost	Not Offered	Not Offered

Preferred Retail Cost-Sharing

	SilverScript Choice (PDP)			SilverScript Plus (PDP)		
Tier	One-month supply	Two-month supply	Three-month supply	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	Not Offered			$0.00 copay	$0.00 copay	$0.00 copay
Tier 2 (Generic)	Not Offered			$3.00 copay	$6.00 copay	$7.50 copay
Tier 3 (Preferred Brand)	Not Offered			$22.00 copay	$44.00 copay	$55.00 copay
Tier 4 (Non-Preferred Brand)	Not Offered			35% of the cost	35% of the cost	35% of the cost
Tier 5 (Specialty Tier)	Not Offered			33% of the cost	Not Offered	Not Offered

Initial Coverage (cont.)

Standard Mail Order Cost-Sharing

	SilverScript Choice (PDP)			SilverScript Plus (PDP)		
Tier	One-month supply	Two-month supply	Three-month supply	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	Please refer to the Cost-Sharing Table to find out the cost-sharing in your area			$7.00 copay	$14.00 copay	$21.00 copay
Tier 2 (Generic)	Please refer to the Cost-Sharing Table to find out the cost-sharing in your area			$10.00 copay	$20.00 copay	$30.00 copay
Tier 3 (Preferred Brand)	Please refer to the Cost-Sharing Table to find out the cost-sharing in your area			$29.00 copay	$58.00 copay	$87.00 copay
Tier 4 (Non-Preferred Brand)	Please refer to the Cost-Sharing Table to find out the cost-sharing in your area			45% of the cost	45% of the cost	45% of the cost
Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered	33% of the cost	Not Offered	Not Offered

Preferred Mail Order Cost-Sharing

	SilverScript Choice (PDP)			SilverScript Plus (PDP)		
Tier	One-month supply	Two-month supply	Three-month supply	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	Please refer to the Cost-Sharing Table to find out the cost-sharing in your area			$0.00 copay	$0.00 copay	$0.00 copay
Tier 2 (Generic)	Please refer to the Cost-Sharing Table to find out the cost-sharing in your area			$3.00 copay	$6.00 copay	$0.00 copay
Tier 3 (Preferred Brand)	Please refer to the Cost-Sharing Table to find out the cost-sharing in your area			$22.00 copay	$44.00 copay	$55.00 copay
Tier 4 (Non-Preferred Brand)	Please refer to the Cost-Sharing Table to find out the cost-sharing in your area			35% of the cost	35% of the cost	35% of the cost
Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered	33% of the cost	Not Offered	Not Offered

Initial Coverage (cont.)

SilverScript Choice (PDP)	SilverScript Plus (PDP)
If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.	If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Coverage Gap

SilverScript Choice (PDP)	SilverScript Plus (PDP)
Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $3,310. After you enter the coverage gap, you pay 45% of the plan’s cost for covered brand name drugs and 58% of the plan’s cost for covered generic drugs until your costs total $4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.	Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $3,310. After you enter the coverage gap, you pay 45% of the plan’s cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total $4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap. Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug’s tier. See the chart that follows to find out how much it will cost you.

Coverage Gap (cont.)

Standard Retail Cost-Sharing

	SilverScript Choice (PDP)			SilverScript Plus (PDP)			
Tier	One-month supply	Two-month supply	Three-month supply	Drugs Covered	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	Not Offered			All	$7.00 copay	$14.00 copay	$21.00 copay
Tier 2 (Generic)	Not Offered			All	$10.00 copay	$20.00 copay	$30.00 copay

Preferred Retail Cost-Sharing

	SilverScript Choice (PDP)			SilverScript Plus (PDP)			
Tier	One-month supply	Two-month supply	Three-month supply	Drugs Covered	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	Not Offered			All	$0.00 copay	$0.00 copay	$0.00 copay
Tier 2 (Generic)	Not Offered			All	$3.00 copay	$6.00 copay	$7.50 copay

Coverage Gap (cont.)

Standard Mail Order Cost-Sharing

	SilverScript Choice (PDP)			SilverScript Plus (PDP)			
Tier	One-month supply	Two-month supply	Three-month supply	Drugs Covered	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	Not Offered			All	$7.00 copay	$14.00 copay	$21.00 copay
Tier 2 (Generic)	Not Offered			All	$10.00 copay	$20.00 copay	$30.00 copay

Preferred Mail Order Cost-Sharing

	SilverScript Choice (PDP)			SilverScript Plus (PDP)			
Tier	One-month supply	Two-month supply	Three-month supply	Drugs Covered	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	Not Offered			All	$0.00 copay	$0.00 copay	$0.00 copay
Tier 2 (Generic)	Not Offered			All	$3.00 copay	$6.00 copay	$0.00 copay

Catastrophic Coverage

SilverScript Choice (PDP)	SilverScript Plus (PDP)
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $4,850, you pay the greater of: • 5% of the cost, or • $2.95 copay for generic (including brand drugs treated as generic) and a $7.40 copayment for all other drugs.	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $4,850, you pay the greater of: • 5% of the cost, or • $2.95 copay for generic (including brand drugs treated as generic) and a $7.40 copayment for all other drugs.

Table A:
SilverScript Premium Table

How much is the monthly premium?

State	Region	SilverScript Choice (PDP)	SilverScript Plus (PDP)	State	Region	SilverScript Choice (PDP)	SilverScript Plus (PDP)
Alabama	12	$21.40	$77.30	Montana	25	$24.00	$81.80
Arizona	28	$21.90	$82.40	Nebraska	25	$24.00	$81.80
Arkansas	19	$11.40	$69.10	Nevada	29	$31.30	$83.00
California	32	$23.10	$90.90	New Hampshire	01	$24.70	$82.60
Colorado	27	$26.90	$90.90	New Jersey	04	$32.50	$94.10
Connecticut	02	$24.90	$77.60	New Mexico	26	$12.00	$66.30
Delaware	05	$27.00	$87.10	New York	03	$22.90	$81.80
District of Columbia	05	$27.00	$87.10	North Carolina	08	$22.00	$78.50
Florida	11	$25.60	$82.20	North Dakota	25	$24.00	$81.80
Georgia	10	$19.80	$68.70	Ohio	14	$19.60	$78.90
Hawaii	33	$25.80	$80.10	Oklahoma	23	$22.80	$82.50
Idaho	31	$23.80	$94.60	Oregon	30	$25.10	$80.90
Illinois	17	$20.50	$91.00	Pennsylvania	06	$21.00	$87.70
Indiana	15	$19.00	$77.20	Rhode Island	02	$24.90	$77.60
Iowa	25	$24.00	$81.80	South Carolina	09	$22.10	$72.80
Kansas	24	$20.20	$86.40	South Dakota	25	$24.00	$81.80
Kentucky	15	$19.00	$77.20	Tennessee	12	$21.40	$77.30
Louisiana	21	$16.80	$77.60	Texas	22	$22.90	$78.50
Maine	01	$24.70	$82.60	Utah	31	$23.80	$94.60
Maryland	05	$27.00	$87.10	Vermont	02	$24.90	$77.60
Massachusetts	02	$24.90	$77.60	Virginia	07	$23.40	$82.50
Michigan	13	$26.00	$79.40	Washington	30	$25.10	$80.90
Minnesota	25	$24.00	$81.80	West Virginia	06	$21.00	$87.70
Mississippi	20	$17.30	$79.20	Wisconsin	16	$28.90	$83.10
Missouri	18	$20.90	$77.60	Wyoming	25	$24.00	$81.80

Table B: Cost-Sharing Table for SilverScript Choice (PDP)
The cost-sharing amounts for SilverScript Plus (PDP) are listed on page 6 and 7.

Initial Coverage

States	Cost-Sharing Tier	One-month supply	Two-month supply	Three-month supply
Region 01 Maine New Hampshire	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$16.00 copay	$32.00 copay	$40.00 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$115.00 copay
	Tier 4 (Non-Preferred Brand)	42% of the cost	42% of the cost	42% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$16.00 copay	$32.00 copay	$48.00 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$138.00 copay
	Tier 4 (Non-Preferred Brand)	42% of the cost	42% of the cost	42% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
Region 02 Connecticut Massachusetts Rhode Island Vermont	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$13.00 copay	$26.00 copay	$32.50 copay
	Tier 3 (Preferred Brand)	$41.00 copay	$82.00 copay	$102.50 copay
	Tier 4 (Non-Preferred Brand)	43% of the cost	43% of the cost	43% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$13.00 copay	$26.00 copay	$39.00 copay
	Tier 3 (Preferred Brand)	$41.00 copay	$82.00 copay	$123.00 copay
	Tier 4 (Non-Preferred Brand)	43% of the cost	43% of the cost	43% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Table B: Cost-Sharing Table for SilverScript Choice (PDP)
The cost-sharing amounts for SilverScript Plus (PDP) are listed on page 6 and 7.

Initial Coverage (cont.)

States	Cost-Sharing Tier	One-month supply	Two-month supply	Three-month supply
Region 03 New York	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$12.00 copay	$24.00 copay	$30.00 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$115.00 copay
	Tier 4 (Non-Preferred Brand)	46% of the cost	46% of the cost	46% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$12.00 copay	$24.00 copay	$36.00 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$138.00 copay
	Tier 4 (Non-Preferred Brand)	46% of the cost	46% of the cost	46% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
Region 04 New Jersey	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$15.00 copay	$30.00 copay	$37.50 copay
	Tier 3 (Preferred Brand)	$47.00 copay	$94.00 copay	$117.50 copay
	Tier 4 (Non-Preferred Brand)	46% of the cost	46% of the cost	46% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$15.00 copay	$30.00 copay	$45.00 copay
	Tier 3 (Preferred Brand)	$47.00 copay	$94.00 copay	$141.00 copay
	Tier 4 (Non-Preferred Brand)	46% of the cost	46% of the cost	46% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Table B: Cost-Sharing Table for SilverScript Choice (PDP)
The cost-sharing amounts for SilverScript Plus (PDP) are listed on page 6 and 7.

Initial Coverage (cont.)

States	Cost-Sharing Tier	One-month supply	Two-month supply	Three-month supply
Region 05 Delaware District of Columbia Maryland	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$17.00 copay	$34.00 copay	$42.50 copay
	Tier 3 (Preferred Brand)	$47.00 copay	$94.00 copay	$117.50 copay
	Tier 4 (Non-Preferred Brand)	46% of the cost	46% of the cost	46% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$17.00 copay	$34.00 copay	$51.00 copay
	Tier 3 (Preferred Brand)	$47.00 copay	$94.00 copay	$141.00 copay
	Tier 4 (Non-Preferred Brand)	46% of the cost	46% of the cost	46% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
Region 06 Pennsylvania West Virginia	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$12.00 copay	$24.00 copay	$30.00 copay
	Tier 3 (Preferred Brand)	$44.00 copay	$88.00 copay	$110.00 copay
	Tier 4 (Non-Preferred Brand)	47% of the cost	47% of the cost	47% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$12.00 copay	$24.00 copay	$36.00 copay
	Tier 3 (Preferred Brand)	$44.00 copay	$88.00 copay	$132.00 copay
	Tier 4 (Non-Preferred Brand)	47% of the cost	47% of the cost	47% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Table B: Cost-Sharing Table for SilverScript Choice (PDP)
The cost-sharing amounts for SilverScript Plus (PDP) are listed on page 6 and 7.

Initial Coverage (cont.)

States	Cost-Sharing Tier	One-month supply	Two-month supply	Three-month supply
Region 07 Virginia	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$15.00 copay	$30.00 copay	$37.50 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$115.00 copay
	Tier 4 (Non-Preferred Brand)	46% of the cost	46% of the cost	46% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$15.00 copay	$30.00 copay	$45.00 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$138.00 copay
	Tier 4 (Non-Preferred Brand)	46% of the cost	46% of the cost	46% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
Region 08 North Carolina	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$12.00 copay	$24.00 copay	$30.00 copay
	Tier 3 (Preferred Brand)	$45.00 copay	$90.00 copay	$112.50 copay
	Tier 4 (Non-Preferred Brand)	48% of the cost	48% of the cost	48% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$12.00 copay	$24.00 copay	$36.00 copay
	Tier 3 (Preferred Brand)	$45.00 copay	$90.00 copay	$135.00 copay
	Tier 4 (Non-Preferred Brand)	48% of the cost	48% of the cost	48% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Table B: Cost-Sharing Table for SilverScript Choice (PDP)
The cost-sharing amounts for SilverScript Plus (PDP) are listed on page 6 and 7.

Initial Coverage (cont.)

States	Cost-Sharing Tier	One-month supply	Two-month supply	Three-month supply
Region 09 South Carolina	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$14.00 copay	$28.00 copay	$35.00 copay
	Tier 3 (Preferred Brand)	$45.00 copay	$90.00 copay	$112.50 copay
	Tier 4 (Non-Preferred Brand)	46% of the cost	46% of the cost	46% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$14.00 copay	$28.00 copay	$42.00 copay
	Tier 3 (Preferred Brand)	$45.00 copay	$90.00 copay	$135.00 copay
	Tier 4 (Non-Preferred Brand)	46% of the cost	46% of the cost	46% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
Region 10 Georgia	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$11.00 copay	$22.00 copay	$27.50 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$115.00 copay
	Tier 4 (Non-Preferred Brand)	46% of the cost	46% of the cost	46% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$11.00 copay	$22.00 copay	$33.00 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$138.00 copay
	Tier 4 (Non-Preferred Brand)	46% of the cost	46% of the cost	46% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Table B: Cost-Sharing Table for SilverScript Choice (PDP)
The cost-sharing amounts for SilverScript Plus (PDP) are listed on page 6 and 7.

Initial Coverage (cont.)

States	Cost-Sharing Tier	One-month supply	Two-month supply	Three-month supply
Region 11 Florida	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$16.00 copay	$32.00 copay	$40.00 copay
	Tier 3 (Preferred Brand)	$47.00 copay	$94.00 copay	$117.50 copay
	Tier 4 (Non-Preferred Brand)	44% of the cost	44% of the cost	44% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$16.00 copay	$32.00 copay	$48.00 copay
	Tier 3 (Preferred Brand)	$47.00 copay	$94.00 copay	$141.00 copay
	Tier 4 (Non-Preferred Brand)	44% of the cost	44% of the cost	44% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
Region 12 Alabama Tennessee	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$11.00 copay	$22.00 copay	$27.50 copay
	Tier 3 (Preferred Brand)	$45.00 copay	$90.00 copay	$112.50 copay
	Tier 4 (Non-Preferred Brand)	47% of the cost	47% of the cost	47% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$11.00 copay	$22.00 copay	$33.00 copay
	Tier 3 (Preferred Brand)	$45.00 copay	$90.00 copay	$135.00 copay
	Tier 4 (Non-Preferred Brand)	47% of the cost	47% of the cost	47% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Table B: Cost-Sharing Table for SilverScript Choice (PDP)
The cost-sharing amounts for SilverScript Plus (PDP) are listed on page 6 and 7.

Initial Coverage (cont.)

States	Cost-Sharing Tier	One-month supply	Two-month supply	Three-month supply
Region 13 Michigan	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$12.00 copay	$24.00 copay	$30.00 copay
	Tier 3 (Preferred Brand)	$44.00 copay	$88.00 copay	$110.00 copay
	Tier 4 (Non-Preferred Brand)	45% of the cost	45% of the cost	45% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$12.00 copay	$24.00 copay	$36.00 copay
	Tier 3 (Preferred Brand)	$44.00 copay	$88.00 copay	$132.00 copay
	Tier 4 (Non-Preferred Brand)	45% of the cost	45% of the cost	45% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
Region 14 Ohio *In Ohio a three-month supply of a Tier 1 drug at a Standard Retail pharmacy is $7.50. A three-month supply of a Tier 1 drug at our Preferred Mail Service pharmacy is $0.00.	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 / $0.00 copay*
	Tier 2 (Generic)	$13.00 copay	$26.00 copay	$32.50 copay
	Tier 3 (Preferred Brand)	$41.00 copay	$82.00 copay	$102.50 copay
	Tier 4 (Non-Preferred Brand)	44% of the cost	44% of the cost	44% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$13.00 copay	$26.00 copay	$39.00 copay
	Tier 3 (Preferred Brand)	$41.00 copay	$82.00 copay	$123.00 copay
	Tier 4 (Non-Preferred Brand)	44% of the cost	44% of the cost	44% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Table B: Cost-Sharing Table for SilverScript Choice (PDP)
The cost-sharing amounts for SilverScript Plus (PDP) are listed on page 6 and 7.

Initial Coverage (cont.)

States	Cost-Sharing Tier	One-month supply	Two-month supply	Three-month supply
Region 15 Indiana Kentucky	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$12.00 copay	$24.00 copay	$30.00 copay
	Tier 3 (Preferred Brand)	$44.00 copay	$88.00 copay	$110.00 copay
	Tier 4 (Non-Preferred Brand)	46% of the cost	46% of the cost	46% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$12.00 copay	$24.00 copay	$36.00 copay
	Tier 3 (Preferred Brand)	$44.00 copay	$88.00 copay	$132.00 copay
	Tier 4 (Non-Preferred Brand)	46% of the cost	46% of the cost	46% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
Region 16 Wisconsin	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$12.00 copay	$24.00 copay	$30.00 copay
	Tier 3 (Preferred Brand)	$41.00 copay	$82.00 copay	$102.50 copay
	Tier 4 (Non-Preferred Brand)	42% of the cost	42% of the cost	42% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$12.00 copay	$24.00 copay	$36.00 copay
	Tier 3 (Preferred Brand)	$41.00 copay	$82.00 copay	$123.00 copay
	Tier 4 (Non-Preferred Brand)	42% of the cost	42% of the cost	42% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Table B: Cost-Sharing Table for SilverScript Choice (PDP)
The cost-sharing amounts for SilverScript Plus (PDP) are listed on page 6 and 7.

Initial Coverage (cont.)

States	Cost-Sharing Tier	One-month supply	Two-month supply	Three-month supply
Region 17 Illinois	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$16.00 copay	$32.00 copay	$40.00 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$115.00 copay
	Tier 4 (Non-Preferred Brand)	44% of the cost	44% of the cost	44% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$16.00 copay	$32.00 copay	$48.00 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$138.00 copay
	Tier 4 (Non-Preferred Brand)	44% of the cost	44% of the cost	44% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
Region 18 Missouri	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$11.00 copay	$22.00 copay	$27.50 copay
	Tier 3 (Preferred Brand)	$40.00 copay	$80.00 copay	$100.00 copay
	Tier 4 (Non-Preferred Brand)	42% of the cost	42% of the cost	42% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$11.00 copay	$22.00 copay	$33.00 copay
	Tier 3 (Preferred Brand)	$40.00 copay	$80.00 copay	$120.00 copay
	Tier 4 (Non-Preferred Brand)	42% of the cost	42% of the cost	42% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Table B: Cost-Sharing Table for SilverScript Choice (PDP)
The cost-sharing amounts for SilverScript Plus (PDP) are listed on page 6 and 7.

Initial Coverage (cont.)

States	Cost-Sharing Tier	One-month supply	Two-month supply	Three-month supply
Region 19 Arkansas	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$11.00 copay	$22.00 copay	$27.50 copay
	Tier 3 (Preferred Brand)	$43.00 copay	$86.00 copay	$107.50 copay
	Tier 4 (Non-Preferred Brand)	45% of the cost	45% of the cost	45% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$11.00 copay	$22.00 copay	$33.00 copay
	Tier 3 (Preferred Brand)	$43.00 copay	$86.00 copay	$129.00 copay
	Tier 4 (Non-Preferred Brand)	45% of the cost	45% of the cost	45% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
Region 20 Mississippi	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$12.00 copay	$24.00 copay	$30.00 copay
	Tier 3 (Preferred Brand)	$45.00 copay	$90.00 copay	$112.50 copay
	Tier 4 (Non-Preferred Brand)	48% of the cost	48% of the cost	48% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$12.00 copay	$24.00 copay	$36.00 copay
	Tier 3 (Preferred Brand)	$45.00 copay	$90.00 copay	$135.00 copay
	Tier 4 (Non-Preferred Brand)	48% of the cost	48% of the cost	48% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Table B: Cost-Sharing Table for SilverScript Choice (PDP)
The cost-sharing amounts for SilverScript Plus (PDP) are listed on page 6 and 7.

Initial Coverage (cont.)

States	Cost-Sharing Tier	One-month supply	Two-month supply	Three-month supply
Region 21 Louisiana	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$12.00 copay	$24.00 copay	$30.00 copay
	Tier 3 (Preferred Brand)	$43.00 copay	$86.00 copay	$107.50 copay
	Tier 4 (Non-Preferred Brand)	43% of the cost	43% of the cost	43% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$12.00 copay	$24.00 copay	$36.00 copay
	Tier 3 (Preferred Brand)	$43.00 copay	$86.00 copay	$129.00 copay
	Tier 4 (Non-Preferred Brand)	43% of the cost	43% of the cost	43% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
Region 22 Texas	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$15.00 copay	$30.00 copay	$37.50 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$115.00 copay
	Tier 4 (Non-Preferred Brand)	48% of the cost	48% of the cost	48% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$15.00 copay	$30.00 copay	$45.00 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$138.00 copay
	Tier 4 (Non-Preferred Brand)	48% of the cost	48% of the cost	48% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Table B: Cost-Sharing Table for SilverScript Choice (PDP)
The cost-sharing amounts for SilverScript Plus (PDP) are listed on page 6 and 7.

Initial Coverage (cont.)

States	Cost-Sharing Tier	One-month supply	Two-month supply	Three-month supply
Region 23 Oklahoma	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$11.00 copay	$22.00 copay	$27.50 copay
	Tier 3 (Preferred Brand)	$42.00 copay	$84.00 copay	$105.00 copay
	Tier 4 (Non-Preferred Brand)	46% of the cost	46% of the cost	46% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$11.00 copay	$22.00 copay	$33.00 copay
	Tier 3 (Preferred Brand)	$42.00 copay	$84.00 copay	$126.00 copay
	Tier 4 (Non-Preferred Brand)	46% of the cost	46% of the cost	46% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
Region 24 Kansas	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$12.00 copay	$24.00 copay	$30.00 copay
	Tier 3 (Preferred Brand)	$45.00 copay	$90.00 copay	$112.50 copay
	Tier 4 (Non-Preferred Brand)	43% of the cost	43% of the cost	43% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$12.00 copay	$24.00 copay	$36.00 copay
	Tier 3 (Preferred Brand)	$45.00 copay	$90.00 copay	$135.00 copay
	Tier 4 (Non-Preferred Brand)	43% of the cost	43% of the cost	43% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Table B: Cost-Sharing Table for SilverScript Choice (PDP)
The cost-sharing amounts for SilverScript Plus (PDP) are listed on page 6 and 7.

Initial Coverage (cont.)

States	Cost-Sharing Tier	One-month supply	Two-month supply	Three-month supply
Region 25 Iowa Minnesota Montana Nebraska North Dakota South Dakota Wyoming	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$13.00 copay	$26.00 copay	$32.50 copay
	Tier 3 (Preferred Brand)	$37.00 copay	$74.00 copay	$92.50 copay
	Tier 4 (Non-Preferred Brand)	43% of the cost	43% of the cost	43% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$13.00 copay	$26.00 copay	$39.00 copay
	Tier 3 (Preferred Brand)	$37.00 copay	$74.00 copay	$111.00 copay
	Tier 4 (Non-Preferred Brand)	43% of the cost	43% of the cost	43% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
Region 26 New Mexico	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$15.00 copay	$30.00 copay	$37.50 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$115.00 copay
	Tier 4 (Non-Preferred Brand)	47% of the cost	47% of the cost	47% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$15.00 copay	$30.00 copay	$45.00 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$138.00 copay
	Tier 4 (Non-Preferred Brand)	47% of the cost	47% of the cost	47% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Table B: Cost-Sharing Table for SilverScript Choice (PDP)
The cost-sharing amounts for SilverScript Plus (PDP) are listed on page 6 and 7.

Initial Coverage (cont.)

States	Cost-Sharing Tier	One-month supply	Two-month supply	Three-month supply
Region 27 Colorado	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$15.00 copay	$30.00 copay	$37.50 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$115.00 copay
	Tier 4 (Non-Preferred Brand)	46% of the cost	46% of the cost	46% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$15.00 copay	$30.00 copay	$45.00 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$138.00 copay
	Tier 4 (Non-Preferred Brand)	46% of the cost	46% of the cost	46% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
Region 28 Arizona	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$5.00 copay	$10.00 copay	$12.50 copay
	Tier 2 (Generic)	$16.00 copay	$32.00 copay	$40.00 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$115.00 copay
	Tier 4 (Non-Preferred Brand)	48% of the cost	48% of the cost	48% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$5.00 copay	$10.00 copay	$15.00 copay
	Tier 2 (Generic)	$16.00 copay	$32.00 copay	$48.00 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$138.00 copay
	Tier 4 (Non-Preferred Brand)	48% of the cost	48% of the cost	48% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Table B: Cost-Sharing Table for SilverScript Choice (PDP)
The cost-sharing amounts for SilverScript Plus (PDP) are listed on page 6 and 7.

Initial Coverage (cont.)

States	Cost-Sharing Tier	One-month supply	Two-month supply	Three-month supply
Region 29 Nevada	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$16.00 copay	$32.00 copay	$40.00 copay
	Tier 3 (Preferred Brand)	$47.00 copay	$94.00 copay	$117.50 copay
	Tier 4 (Non-Preferred Brand)	45% of the cost	45% of the cost	45% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$16.00 copay	$32.00 copay	$48.00 copay
	Tier 3 (Preferred Brand)	$47.00 copay	$94.00 copay	$141.00 copay
	Tier 4 (Non-Preferred Brand)	45% of the cost	45% of the cost	45% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
Region 30 Oregon Washington	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$12.00 copay	$24.00 copay	$30.00 copay
	Tier 3 (Preferred Brand)	$44.00 copay	$88.00 copay	$110.00 copay
	Tier 4 (Non-Preferred Brand)	44% of the cost	44% of the cost	44% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$12.00 copay	$24.00 copay	$36.00 copay
	Tier 3 (Preferred Brand)	$44.00 copay	$88.00 copay	$132.00 copay
	Tier 4 (Non-Preferred Brand)	44% of the cost	44% of the cost	44% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Table B: Cost-Sharing Table for SilverScript Choice (PDP)
The cost-sharing amounts for SilverScript Plus (PDP) are listed on page 6 and 7.

Initial Coverage (cont.)

States	Cost-Sharing Tier	One-month supply	Two-month supply	Three-month supply
Region 31 Idaho Utah	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$13.00 copay	$26.00 copay	$32.50 copay
	Tier 3 (Preferred Brand)	$45.00 copay	$90.00 copay	$112.50 copay
	Tier 4 (Non-Preferred Brand)	42% of the cost	42% of the cost	42% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$13.00 copay	$26.00 copay	$39.00 copay
	Tier 3 (Preferred Brand)	$45.00 copay	$90.00 copay	$135.00 copay
	Tier 4 (Non-Preferred Brand)	42% of the cost	42% of the cost	42% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
Region 32 California	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$7.50 copay
	Tier 2 (Generic)	$17.00 copay	$34.00 copay	$42.50 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$115.00 copay
	Tier 4 (Non-Preferred Brand)	47% of the cost	47% of the cost	47% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$3.00 copay	$6.00 copay	$9.00 copay
	Tier 2 (Generic)	$17.00 copay	$34.00 copay	$51.00 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$138.00 copay
	Tier 4 (Non-Preferred Brand)	47% of the cost	47% of the cost	47% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Table B: Cost-Sharing Table for SilverScript Choice (PDP)
The cost-sharing amounts for SilverScript Plus (PDP) are listed on page 6 and 7.

Initial Coverage (cont.)

States	Cost-Sharing Tier	One-month supply	Two-month supply	Three-month supply
Region 33 Hawaii	**Standard Retail Cost Sharing & Preferred Mail Cost Sharing**			
	Tier 1 (Preferred Generic)	$5.00 copay	$10.00 copay	$12.50 copay
	Tier 2 (Generic)	$16.00 copay	$32.00 copay	$40.00 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$115.00 copay
	Tier 4 (Non-Preferred Brand)	47% of the cost	47% of the cost	47% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered
	Standard Mail Cost Sharing			
	Tier 1 (Preferred Generic)	$5.00 copay	$10.00 copay	$15.00 copay
	Tier 2 (Generic)	$16.00 copay	$32.00 copay	$48.00 copay
	Tier 3 (Preferred Brand)	$46.00 copay	$92.00 copay	$138.00 copay
	Tier 4 (Non-Preferred Brand)	47% of the cost	47% of the cost	47% of the cost
	Tier 5 (Specialty Tier)	33% of the cost	Not Offered	Not Offered

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-235-5660. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-235-5660. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-235-5660。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-235-5660。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-235-5660. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-235-5660. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-866-235-5660 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-235-5660. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-235-5660 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-235-5660. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:
إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-235-0665. سيقوم شخص يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-235-5660 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-235-5660. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-235-5660. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-235-5660. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-235-5660. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-866-235 5660 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

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

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