



EXPRESS SCRIPTS®
Medicare (PDP)

| **Value Plan** | **Choice Plan** |

S5660 & S5983



Summary of Benefits

January 1, 2017 – December 31, 2017

This booklet gives you a summary of what **Express Scripts Medicare®** (PDP) Value and Choice plans 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 or view the *Evidence of Coverage* online.



Contact information

If you are not a member of this plan, call toll free **1.866.477.5704**; TTY: **1.800.716.3231**, 24 hours a day, 7 days a week, except Thanksgiving and Christmas.

Or visit our website: <http://www.express-scriptsmedicare.com>

If you are a member of this plan, call toll free **1.800.758.4574** (New York State residents: **1.800.758.4570**); TTY: **1.800.716.3231**, 24 hours a day, 7 days a week.

Or visit our website: <http://www.express-scripts.com>

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.
Enrollment in Express Scripts Medicare depends on contract renewal.

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.

Information about Express Scripts Medicare (PDP)

Who can join our plan?

- To join Express Scripts Medicare (PDP), 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: All 50 states, the District of Columbia and Puerto Rico.

Which drugs are covered?

- You can see the complete plan formulary (list of covered Part D prescription drugs) and any restrictions on our website (<http://www.express-scriptsmedicare.com/documents>).

What pharmacies can I use?

- We have a network of pharmacies (both standard and preferred) 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 check to see if your pharmacy is in our network at our website (<http://www.express-scriptsmedicare.com/finder>).

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/ coinsurance may change on January 1 of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1.800.758.4574**; New York residents: **1.800.758.4570** (TTY: **1.800.716.3231**).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.758.4574**; para residentes de New York: **1.800.758.4570** (TTY: **1.800.716.3231**).

This information is available in braille, large print and other formats for people with disabilities. Please contact Customer Service if you need plan information in another format.

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What will I pay for covered services (premium, deductible and cost-sharing)?

Our plan groups each medication into one of five “tiers.” The amount you pay depends on the drug’s tier, the pharmacy you use (standard or preferred), whether the prescription is for a 31-day or 90-day supply and which of the following stages of the benefit you have reached:

- **Deductible:** You pay a set amount before your plan begins to pay its share of the cost.
- **Initial Coverage:** This stage begins after you pay your yearly deductible. You remain in this stage until your total yearly drug costs reach \$3,700. (Total yearly drug costs include the total drug costs paid by you and any Part D plan since the calendar year began.)
- **Coverage Gap (or Donut Hole):** This stage begins after your total yearly drug costs exceed \$3,700. **Most members do not reach the Coverage Gap.** If you reach this stage, you will pay 51% of the cost for generic drugs and 40% of the cost for brand drugs, excluding dispensing and any vaccine administration fees, until your out-of-pocket costs total \$4,950.
- **Catastrophic Coverage:** This stage begins after your year-to-date out-of-pocket costs exceed \$4,950. During this stage, you pay the greater of \$3.30 or 5% of the cost for generic drugs (including brand drugs treated as generics) and the greater of \$8.25 or 5% of the cost for all other drugs.

Cost-sharing amounts may change depending on the type of pharmacy used, the drug tier and the stage of the Part D benefit. For more information, please call us or view our *Evidence of Coverage* on our website (<http://www.express-scriptsmedicare.com/documents>).

Cost-sharing amounts at long-term care, home infusion and out-of-network pharmacies are the same as at a **standard** retail pharmacy.

Benefit information varies by region/state. See the Index on page 2 to locate the page number for the premium, deductible and cost-sharing amounts for your state.

Region 1: Maine, New Hampshire

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$41.70 | | | \$86.50 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayments or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 Days | 31 Days | 90 Days | 31 Days | 31 Days | 90 Days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$37 copay | \$42 copay | \$111 copay | 21% of the cost | 23% of the cost | 23% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 2: Connecticut, Massachusetts, Rhode Island, Vermont

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$43.10 | | | \$80.50 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayments or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 Days | 31 Days | 90 Days | 31 Days | 31 Days | 90 Days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$36 copay | \$41 copay | \$108 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 3: New York

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$38.40 | | | \$83.40 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayments or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 Days | 31 Days | 90 Days | 31 Days | 31 Days | 90 Days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$41 copay | \$46 copay | \$123 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 4: New Jersey

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$37.50 | | | \$82.40 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$36 copay | \$41 copay | \$108 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 5: Delaware, District of Columbia, Maryland

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$30.40 | | | \$85.50 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$38 copay | \$43 copay | \$114 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 6: Pennsylvania, West Virginia

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$35.00 | | | \$88.40 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$31 copay | \$36 copay | \$93 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 7: Virginia

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$54.50 | | | \$80.40 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$39 copay | \$44 copay | \$117 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 8: North Carolina

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$39.20 | | | \$86.40 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$6 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$11 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$42 copay | \$47 copay | \$126 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 9: South Carolina

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$44.00 | | | \$84.50 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$40 copay | \$45 copay | \$120 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 10: Georgia

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$40.60 | | | \$88.40 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$7 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$12 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$42 copay | \$47 copay | \$126 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 11: Florida

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$75.10 | | | \$91.40 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$40 copay | \$45 copay | \$120 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 12: Alabama, Tennessee

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$29.60 | | | \$82.40 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$41 copay | \$46 copay | \$123 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 13: Michigan

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$39.30 | | | \$79.40 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$40 copay | \$45 copay | \$120 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 14: Ohio

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$47.80 | | | \$68.50 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$42 copay | \$47 copay | \$126 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 15: Indiana, Kentucky

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$31.20 | | | \$81.40 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$36 copay | \$41 copay | \$108 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 16: Wisconsin

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$52.20 | | | \$88.40 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$10 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$16 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$42 copay | \$47 copay | \$126 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 17: Illinois

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$39.10 | | | \$81.90 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$10 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$4 copay | \$20 copay | \$8 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$42 copay | \$47 copay | \$126 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 18: Missouri

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$51.20 | | | \$83.50 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$10 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$15 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$42 copay | \$47 copay | \$126 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 19: Arkansas

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$31.40 | | | \$80.50 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Day's Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$10 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$18 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$42 copay | \$47 copay | \$126 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 20: Mississippi

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$34.40 | | | \$88.40 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$10 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$4 copay | \$20 copay | \$8 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$42 copay | \$47 copay | \$126 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 21: Louisiana

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$31.00 | | | \$76.50 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Day's Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$41 copay | \$46 copay | \$123 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 22: Texas

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$47.20 | | | \$98.50 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$10 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$20 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$42 copay | \$47 copay | \$126 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 23: Oklahoma

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$36.30 | | | \$85.40 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$7 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$12 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$42 copay | \$47 copay | \$126 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 24: Kansas

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$48.70 | | | \$87.40 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$42 copay | \$47 copay | \$126 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 25: Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wyoming

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$52.00 | | | \$88.50 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$40 copay | \$45 copay | \$120 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 26: New Mexico

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$49.00 | | | \$78.50 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$10 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$5 copay | \$20 copay | \$10 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$42 copay | \$47 copay | \$126 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 27: Colorado

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$59.10 | | | \$88.50 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$38 copay | \$43 copay | \$114 copay | 22% of the cost | 24% of the cost | 24% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 28: Arizona

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$31.50 | | | \$84.40 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$41 copay | \$46 copay | \$123 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 29: Nevada

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$48.00 | | | \$86.40 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$41 copay | \$46 copay | \$123 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 30: Oregon, Washington

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$49.00 | | | \$81.50 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$37 copay | \$42 copay | \$111 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 31: Idaho, Utah

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$36.50 | | | \$82.40 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$34 copay | \$39 copay | \$102 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 32: California

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$59.10 | | | \$91.40 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$7 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$12 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$42 copay | \$47 copay | \$126 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 33: Hawaii

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$34.70 | | | \$68.50 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$7 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$12 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$42 copay | \$47 copay | \$126 copay | 22% of the cost | 24% of the cost | 24% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 34: Alaska

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$50.00 | | | \$88.50 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$5 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$3 copay | \$10 copay | \$6 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$35 copay | \$40 copay | \$105 copay | 22% of the cost | 24% of the cost | 24% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |

Region 38: Puerto Rico

| | Value Plan | | | Choice Plan | | |
|---|--|------------------------|-----------------------|---|------------------------|-----------------------|
| Monthly Premium | \$53.10 | | | \$74.50 | | |
| | You must continue to pay your Medicare Part B premium. | | | | | |
| Yearly Deductible | \$400 (all tiers) | | | \$0 for Tiers 1 & 2 generics \$350 for Tiers 3, 4, & 5 | | |
| Initial Coverage | Copayment or Coinsurance | | | | | |
| Pharmacy Type | Preferred Retail | Standard Retail | Preferred Mail | Preferred Retail | Standard Retail | Preferred Mail |
| Days' Supply | 31 days | 31 days | 90 days | 31 days | 31 days | 90 days |
| Tier 1 Preferred Generic Drugs | \$0 copay | \$10 copay | \$3 copay | \$2 copay | \$10 copay | \$0 copay |
| Tier 2 Generic Drugs | \$5 copay | \$20 copay | \$10 copay | \$7 copay | \$20 copay | \$4 copay |
| Tier 3 Preferred Brand Drugs | \$42 copay | \$47 copay | \$126 copay | 23% of the cost | 25% of the cost | 25% of the cost |
| Tier 4 (31-day supply only) Non-Preferred Drugs | 48% of the cost | 50% of the cost | 50% of the cost | 48% of the cost | 50% of the cost | 50% of the cost |
| Tier 5 (31-day supply only) Specialty Drugs | 25% of the cost | 25% of the cost | 25% of the cost | 26% of the cost | 26% of the cost | 26% of the cost |