



| **Plus Plan** | **Essential Plan** | **Premier Plan**  
S7126

## 2024 Summary of Benefits

January 1, 2024 – December 31, 2024



This booklet gives you a summary of what **Mutual of Omaha Rx<sup>SM</sup>** (PDP) Plus, Essential and Premier plans cover and what you pay. It doesn't list every service that we cover or every limitation or exclusion.

To get a complete list of services we cover, you can view our *Evidence of Coverage* online at [mutualofomaharx.com/2024documents](https://mutualofomaharx.com/2024documents) or call Customer Service for more information or to request an *Evidence of Coverage*.

Mutual of Omaha Rx (PDP) is a prescription drug plan with a Medicare contract.  
Enrollment in the Mutual of Omaha Rx plan depends on contract renewal.

## Contact information



### How can I contact Mutual of Omaha Rx?

**If you are not a member of this plan:** Call toll-free **1.800.961.9006**; TTY: **711**

**Hours of Operation:**

**October 1 – March 31**

8 a.m. to 8 p.m., 7 days a week, except Thanksgiving and Christmas

**April 1 – September 30**

8 a.m. to 8 p.m., Monday through Friday, except federal holidays

Website: [mutualofomaharx.com](http://mutualofomaharx.com)

**If you are a member of this plan:** Call toll-free **1.855.864.6797**; TTY: **1.800.716.3231**

**Hours of Operation:**

24 hours a day, 7 days a week

Website: [mutualofomaharx.com](http://mutualofomaharx.com)

## About Mutual of Omaha Rx (PDP)



### Who can join our plan?

To join Mutual of Omaha Rx (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 all states (except New York) and the District of Columbia.



### Which drugs are covered?

We will generally cover the drugs in our formulary (list of covered Part D prescription drugs) as long as the drug is medically necessary, the prescription is filled at a Mutual of Omaha Rx network pharmacy, and other plan rules are followed.

You can see the complete 2024 formulary online for each of our plans, as well as any restrictions, at [mutualofomaharx.com/formulary](http://mutualofomaharx.com/formulary).



### Which 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. If you use an out-of-network pharmacy, the plan may not pay for these drugs, and you may pay more than you pay at an in-network pharmacy. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can check online to see if your pharmacy is in our network at [mutualofomaharx.com/network](http://mutualofomaharx.com/network).

## Using a Part D plan

### How are drug costs determined?

Cost may vary, depending on:

- **The drug's tier**  
Our plans group each medication into one of five "tiers."
- **The type of pharmacy you use**  
Our plans offer standard and preferred retail network pharmacies, home delivery from Express Scripts® Pharmacy, as well as other home delivery pharmacies, long-term care, home infusion and Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) pharmacies.  
  
In all Mutual of Omaha Rx plans, cost-sharing amounts at long-term care, home infusion and I/T/U pharmacies are the same as at a standard retail pharmacy.
- **The number of days the prescription is written for**  
Our plans typically offer a 30-day supply, a 90-day supply, or both, depending on the drug tier. At home infusion, I/T/U and out-of-network pharmacies, supplies are limited to 30 days. Long-term care pharmacies may dispense up to a 31-day supply.
- **Which stage of the benefit you have reached**  
See information on benefit stages below.

## What are the Medicare Part D benefit stages?

- **Annual Deductible Stage**  
In this stage, you pay a set amount before your plan begins to pay its share of the cost. You will find deductible amounts on page 3 for the Plus Plan, page 9 for the Essential Plan and page 10 for the Premier Plan.
- **Initial Coverage Stage**  
This stage begins after you pay your yearly deductible. You remain in this stage until your total yearly drug costs reach \$5,030. (Total yearly drug costs include the total drug costs paid by you and any Part D plan since the calendar year began.) Refer to page 3 for the Plus Plan, page 9 for the Essential Plan and page 10 for the Premier Plan to see the amounts you pay.
- **Coverage Gap (or Donut Hole) Stage**  
This stage begins after your total yearly drug costs exceed \$5,030. **Most members do not reach the Coverage Gap.** If you reach this stage, you will pay 25% of the total drug cost on all tiers, excluding dispensing and any vaccine administration fees for brand drugs, until your year-to-date out-of-pocket costs total \$8,000.
- **Catastrophic Coverage Stage**  
This stage begins after your year-to-date out-of-pocket costs exceed \$8,000. During this stage, you pay \$0 for the cost for generic drugs and for all other drugs.

## Plus Plan Benefit Overview

### MONTHLY PREMIUM: RANGES FROM \$35.40 – \$116.90

Please refer to the chart below for the premium amount in your state.

**Annual Deductible: \$545** except for covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.

**Insulin medications** are priced with Tier 3 copays of \$35 for a 30-day supply, \$70 for a 60-day supply and \$105 for a 90-day supply for preferred and standard networks.

Initial Coverage Stage	Preferred Retail Pharmacy		Preferred Mail Order	Standard Retail Pharmacy	
Drug Tier	30-day supply	90-day supply	90-day supply	30-day supply	90-day supply
<b>Tier 1</b> Preferred Generic Drugs	\$1 - \$2 copay	\$3 - \$6 copay	\$2.50 - \$5 copay	\$8 - \$9 copay	\$24 - \$27 copay
Copayment varies by state. Please refer to the Table A on pages 4 – 5.					
<b>Tier 2</b> Generic Drugs	\$5 copay	\$15 copay	\$12.50 copay	\$12 copay	\$36 copay
<b>Tier 3</b> Preferred Brand Drugs	15% – 20% Coinsurance varies by state. Please refer to Table B on pages 5 – 7.				
<b>Tier 4*</b> Non-Preferred Drugs	35% – 46%* Coinsurance varies by state. Please refer to Table C on pages 7 – 8.				
<b>Tier 5*</b> Specialty Tier Drugs	25% of the cost*				

\*Drugs on Tiers 4 and 5 are only available in a 30-day supply at retail or mail.

## Plus Plan Premiums by State

State	Premium	State	Premium	State	Premium
Alabama	\$116.90	Kentucky	\$97.10	Ohio	\$85.00
Alaska	\$97.70	Louisiana	\$43.10	Oklahoma	\$93.20
Arizona	\$103.20	Maine	\$96.30	Oregon	\$105.50
Arkansas	\$37.70	Maryland	\$89.10	Pennsylvania	\$41.20
California	\$112.30	Massachusetts	\$110.80	Rhode Island	\$110.80
Colorado	\$104.30	Michigan	\$35.40	South Carolina	\$42.60
Connecticut	\$110.80	Minnesota	\$40.90	South Dakota	\$40.90
Delaware	\$89.10	Mississippi	\$99.00	Tennessee	\$116.90
District of Columbia	\$89.10	Missouri	\$104.60	Texas	\$99.90
Florida	\$103.80	Montana	\$40.90	Utah	\$41.90
Georgia	\$94.90	Nebraska	\$40.90	Vermont	\$110.80
Hawaii	\$94.90	Nevada	\$97.20	Virginia	\$96.50
Idaho	\$41.90	New Hampshire	\$96.30	Washington	\$105.50
Illinois	\$93.10	New Jersey	\$98.00	West Virginia	\$41.20
Indiana	\$97.10	New Mexico	\$94.70	Wisconsin	\$46.30
Iowa	\$40.90	North Carolina	\$81.20	Wyoming	\$40.90
Kansas	\$92.20	North Dakota	\$40.90		

## Plus Plan

Refer to the tables that follow for Tier 1 cost-sharing for your state.

<b>Table A: Plus Plan – Tier 1 Initial Coverage Cost-Sharing by State</b>					
<b>State</b>	<b>Preferred Pharmacy</b>		<b>Standard Pharmacy</b>		<b>Preferred Mail Order</b>
	<b>30-day supply</b>	<b>90-day supply</b>	<b>30-day supply</b>	<b>90-day supply</b>	<b>90-day supply</b>
Alabama	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Alaska	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Arizona	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Arkansas	\$2.00	\$6.00	\$9.00	\$27.00	\$5.00
California	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Colorado	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Connecticut	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Delaware	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
District of Columbia	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Florida	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Georgia	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Hawaii	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Idaho	\$2.00	\$6.00	\$9.00	\$27.00	\$5.00
Illinois	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Indiana	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Iowa	\$2.00	\$6.00	\$9.00	\$27.00	\$5.00
Kansas	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Kentucky	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Louisiana	\$2.00	\$6.00	\$9.00	\$27.00	\$5.00
Maine	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Maryland	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Massachusetts	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Michigan	\$2.00	\$6.00	\$9.00	\$27.00	\$5.00
Minnesota	\$2.00	\$6.00	\$9.00	\$27.00	\$5.00
Mississippi	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Missouri	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Montana	\$2.00	\$6.00	\$9.00	\$27.00	\$5.00
Nebraska	\$2.00	\$6.00	\$9.00	\$27.00	\$5.00
Nevada	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
New Hampshire	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
New Jersey	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
New Mexico	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
North Carolina	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
North Dakota	\$2.00	\$6.00	\$9.00	\$27.00	\$5.00

**Table A: Plus Plan – Tier 1 Initial Coverage Cost-Sharing by State, contd.**

State	Preferred Pharmacy		Standard Pharmacy		Preferred Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
Ohio	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Oklahoma	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Oregon	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Pennsylvania	\$2.00	\$6.00	\$9.00	\$27.00	\$5.00
Rhode Island	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
South Carolina	\$2.00	\$6.00	\$9.00	\$27.00	\$5.00
South Dakota	\$2.00	\$6.00	\$9.00	\$27.00	\$5.00
Tennessee	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Texas	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Utah	\$2.00	\$6.00	\$9.00	\$27.00	\$5.00
Vermont	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Virginia	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
Washington	\$1.00	\$3.00	\$8.00	\$24.00	\$2.50
West Virginia	\$2.00	\$6.00	\$9.00	\$27.00	\$5.00
Wisconsin	\$2.00	\$6.00	\$9.00	\$27.00	\$5.00
Wyoming	\$2.00	\$6.00	\$9.00	\$27.00	\$5.00

**Plus Plan**

Refer to the tables that follow for Tier 3 and Tier 4 cost-sharing for your state.

**Table B: Plus Plan – Tier 3 Initial Coverage Cost-Sharing by State**

State	Preferred Pharmacy		Standard Pharmacy		Preferred Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
Alabama	17%	17%	19%	19%	17%
Alaska	17%	17%	19%	19%	17%
Arizona	17%	17%	19%	19%	17%
Arkansas	16%	16%	18%	18%	16%
California	17%	17%	19%	19%	17%
Colorado	16%	16%	18%	18%	16%
Connecticut	17%	17%	19%	19%	17%
Delaware	17%	17%	19%	19%	17%
District of Columbia	17%	17%	19%	19%	17%
Florida	17%	17%	19%	19%	17%

**Table B: Plus Plan – Tier 3 Initial Coverage Cost-Sharing by State, contd.**

State	Preferred Pharmacy		Standard Pharmacy		Preferred Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
Georgia	17%	17%	19%	19%	17%
Hawaii	17%	17%	19%	19%	17%
Idaho	15%	15%	17%	17%	15%
Illinois	17%	17%	19%	19%	17%
Indiana	17%	17%	19%	19%	17%
Iowa	15%	15%	17%	17%	15%
Kansas	17%	17%	19%	19%	17%
Kentucky	17%	17%	19%	19%	17%
Louisiana	15%	15%	17%	17%	15%
Maine	17%	17%	19%	19%	17%
Maryland	17%	17%	19%	19%	17%
Massachusetts	17%	17%	19%	19%	17%
Michigan	15%	15%	17%	17%	15%
Minnesota	15%	15%	17%	17%	15%
Mississippi	17%	17%	19%	19%	17%
Missouri	17%	17%	19%	19%	17%
Montana	15%	15%	17%	17%	15%
Nebraska	15%	15%	17%	17%	15%
Nevada	17%	17%	19%	19%	17%
New Hampshire	17%	17%	19%	19%	17%
New Jersey	17%	17%	19%	19%	17%
New Mexico	17%	17%	19%	19%	17%
North Carolina	18%	18%	20%	20%	18%
North Dakota	15%	15%	17%	17%	15%
Ohio	17%	17%	19%	19%	17%
Oklahoma	17%	17%	19%	19%	17%
Oregon	16%	16%	18%	18%	16%
Pennsylvania	15%	15%	17%	17%	15%
Rhode Island	17%	17%	19%	19%	17%
South Carolina	16%	16%	18%	18%	16%
South Dakota	15%	15%	17%	17%	15%
Tennessee	17%	17%	19%	19%	17%
Texas	17%	17%	19%	18%	17%
Utah	15%	15%	17%	17%	15%
Vermont	17%	17%	19%	19%	17%
Virginia	18%	18%	20%	20%	18%

**Table B: Plus Plan – Tier 3 Initial Coverage Cost-Sharing by State, contd.**

State	Preferred Pharmacy		Standard Pharmacy		Preferred Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
Washington	16%	16%	18%	18%	16%
West Virginia	15%	15%	17%	17%	15%
Wisconsin	15%	15%	17%	17%	15%
Wyoming	15%	15%	17%	17%	15%

**Note:** You pay the same cost-share at non-preferred home delivery pharmacies as you pay at standard retail network pharmacies for Tier 4 drugs.

**Table C: Plus Plan – Tier 4 Initial Coverage Cost-Sharing by State**

State	Preferred Pharmacy 30-day supply	Standard Pharmacy 30-day supply	Preferred Mail Order 30-day supply
Alabama	37%	39%	37%
Alaska	39%	41%	39%
Arizona	41%	43%	41%
Arkansas	36%	38%	36%
California	39%	41%	39%
Colorado	38%	40%	38%
Connecticut	39%	41%	39%
Delaware	41%	43%	41%
District of Columbia	41%	43%	41%
Florida	40%	42%	40%
Georgia	40%	42%	40%
Hawaii	40%	42%	40%
Idaho	38%	40%	38%
Illinois	41%	43%	41%
Indiana	39%	41%	39%
Iowa	36%	38%	36%
Kansas	36%	38%	36%
Kentucky	39%	41%	39%
Louisiana	36%	38%	36%
Maine	40%	42%	40%
Maryland	41%	43%	41%
Massachusetts	39%	41%	39%
Michigan	36%	38%	36%
Minnesota	36%	38%	36%
Mississippi	38%	40%	38%
Missouri	36%	38%	36%
Montana	36%	38%	36%



**Table C: Plus Plan – Tier 4 Initial Coverage Cost-Sharing by State, contd.\***

<b>State</b>	<b>Preferred Pharmacy 30-day supply</b>	<b>Standard Pharmacy 30-day supply</b>	<b>Preferred Mail Order 30-day supply</b>
Nebraska	36%	38%	36%
Nevada	43%	45%	43%
New Hampshire	40%	42%	40%
New Jersey	41%	43%	41%
New Mexico	39%	41%	39%
North Carolina	43%	45%	43%
North Dakota	36%	38%	36%
Ohio	40%	42%	40%
Oklahoma	37%	39%	37%
Oregon	39%	41%	39%
Pennsylvania	39%	41%	39%
Rhode Island	39%	41%	39%
South Carolina	36%	38%	36%
South Dakota	36%	38%	36%
Tennessee	37%	39%	37%
Texas	44%	46%	44%
Utah	38%	40%	38%
Vermont	39%	41%	39%
Virginia	40%	42%	40%
Washington	39%	41%	39%
West Virginia	39%	41%	39%
Wisconsin	35%	37%	35%
Wyoming	36%	38%	36%

\*Drugs on Tier 4 are only available in a 30-day supply at retail or mail.

## Essential Plan Benefit Overview

### MONTHLY PREMIUM: RANGES FROM \$20.30 – \$27.90

Please refer to the chart below for the premium amount in your state.

**Annual Deductible: \$0 for Tier 1 Drugs; \$545 for Tiers 2, 3, 4 & 5 Drugs.** There is no deductible for covered insulins and most adult Part D vaccines, including shingles, tetanus and travel vaccines.

**Insulin medications** are priced with Tier 3 copays of \$35 for a 30-day supply, \$70 for a 60-day supply and \$105 for a 90-day supply for preferred and standard networks.

Initial Coverage Stage	Preferred Retail Pharmacy		Preferred Mail Order	Standard Retail Pharmacy	
Drug Tier	30-day supply	90-day supply	90-day supply	30-day supply	90-day supply
<b>Tier 1</b> Preferred Generic Drugs	\$0 copay	\$0 copay	\$0 copay	\$15 copay	\$45 copay
<b>Tier 2</b> Generic Drugs	\$15 copay	\$45 copay	\$37.50 copay	\$20 copay	\$60 copay
<b>Tier 3</b> Preferred Brand Drugs	20% coinsurance	20% coinsurance	20% coinsurance	22% coinsurance	22% coinsurance
<b>Tier 4*</b> Non-Preferred Drugs	45% - 48% coinsurance	NA*	45% - 48% coinsurance*	47% -50% coinsurance	NA*
Coinsurance varies by state. Please refer to Table D on page 10.					
<b>Tier 5*</b> Specialty Tier Drugs	25% of the cost*				

\*Drugs on Tiers 4 and 5 are only available in a 30-day supply at retail or mail.

## Essential Plan Premiums by State

State	Premium	State	Premium	State	Premium
Alabama	\$23.60	Kentucky	\$24.10	Ohio	\$24.10
Alaska	\$24.20	Louisiana	\$24.60	Oklahoma	\$22.90
Arizona	\$22.90	Maine	\$26.80	Oregon	\$23.00
Arkansas	\$22.80	Maryland	\$26.30	Pennsylvania	\$24.90
California	\$25.70	Massachusetts	\$27.90	Rhode Island	\$27.90
Colorado	\$22.80	Michigan	\$23.20	South Carolina	\$25.10
Connecticut	\$27.90	Minnesota	\$22.90	South Dakota	\$22.90
Delaware	\$26.30	Mississippi	\$23.20	Tennessee	\$23.60
District of Columbia	\$26.30	Missouri	\$23.40	Texas	\$23.70
Florida	\$24.20	Montana	\$22.90	Utah	\$20.30
Georgia	\$23.60	Nebraska	\$22.90	Vermont	\$27.90
Hawaii	\$23.10	Nevada	\$23.30	Virginia	\$25.00
Idaho	\$20.30	New Hampshire	\$26.80	Washington	\$23.00
Illinois	\$24.00	New Jersey	\$24.40	West Virginia	\$24.90
Indiana	\$24.10	New Mexico	\$22.40	Wisconsin	\$22.10
Iowa	\$22.90	North Carolina	\$24.90	Wyoming	\$22.90
Kansas	\$22.00	North Dakota	\$22.90		

## Essential Plan Tier 4 Part D Prescription Drugs

The table below shows your share of the cost when you get a *1-month* supply of covered Tier 4 (Non-Preferred Drugs) Part D prescription drugs.

**Note:** You pay the same cost-share at non-preferred home delivery pharmacies as you pay at standard retail network pharmacies for Tier 4 drugs.

Table D: Essential Plan 1-Month Supply Cost-Sharing by State for Covered Drugs in Tier 4			
State	Cost-Sharing Amounts for: – Standard Retail (In-Network) – Long-Term Care (LTC) – Out-of-Network	Cost-Sharing Amounts for: Preferred Retail (In-Network)	Cost-Sharing Amounts for: Preferred Mail Order
	Tier 4	Tier 4	Tier 4
Alaska	47%	45%	45%
Oklahoma	48%	46%	46%
All Other States	50%	48%	48%

## Premier Plan Benefit Overview

### PREMIUM: RANGES FROM \$53.30 – \$118.60

Please refer to the chart below for the premium amount in your state.

**Annual Deductible: \$0 for Tiers 1 & 2 Drugs; \$349 for Tiers 3, 4 & 5 Drugs.** There is no deductible for covered insulins and most adult Part D vaccines, including shingles, tetanus and travel vaccines.

**Insulin medications** are priced with Tier 3 copays of \$35 for a 30-day supply, \$70 for a 60-day supply and \$105 for a 90-day supply for preferred and standard networks

Initial Coverage Stage	Preferred Retail Pharmacy		Preferred Mail Order	Standard Retail Pharmacy	
	30-day supply	90-day supply	90-day supply	30-day supply	90-day supply
<b>Tier 1</b> Preferred Generic Drugs	\$1 copay	\$3 copay	\$2.50 copay	\$8 copay	\$24 copay
<b>Tier 2</b> Generic Drugs	\$10 copay	\$30 copay	\$25 copay	\$17 copay	\$51 copay
<b>Tier 3</b> Preferred Brand Drugs	\$47 copay	\$141 copay	\$117.50 copay	\$47 copay	\$141 copay
<b>Tier 4*</b> Non-Preferred Drugs	36% - 49% coinsurance	NA*	36% - 49% coinsurance*	37% - 50% coinsurance	NA*
Coinsurance varies by state. Please refer to Table E on pages 11 – 12.					
<b>Tier 5**</b> Specialty Tier Drugs	28% of the cost*				

\*Drugs on Tiers 4 and 5 are only available in a 30-day supply at retail or mail.

### Premier Plan Premiums by State

State	Premium	State	Premium	State	Premium
Alabama	\$73.00	Kentucky	\$69.50	Ohio	\$86.50
Alaska	\$81.30	Louisiana	\$77.10	Oklahoma	\$79.30
Arizona	\$67.50	Maine	\$90.10	Oregon	\$83.00
Arkansas	\$74.80	Maryland	\$84.60	Pennsylvania	\$88.20
California	\$100.30	Massachusetts	\$102.40	Rhode Island	\$102.40
Colorado	\$100.70	Michigan	\$75.00	South Carolina	\$78.60
Connecticut	\$102.40	Minnesota	\$70.30	South Dakota	\$70.30
Delaware	\$84.60	Mississippi	\$95.10	Tennessee	\$73.00
District of Columbia	\$84.60	Missouri	\$70.90	Texas	\$77.10
Florida	\$118.60	Montana	\$70.30	Utah	\$71.60
Georgia	\$86.80	Nebraska	\$70.30	Vermont	\$102.40
Hawaii	\$79.20	Nevada	\$81.80	Virginia	\$84.40
Idaho	\$71.60	New Hampshire	\$90.10	Washington	\$83.00
Illinois	\$66.90	New Jersey	\$89.50	West Virginia	\$88.20
Indiana	\$69.50	New Mexico	\$53.30	Wisconsin	\$77.80
Iowa	\$70.30	North Carolina	\$65.40	Wyoming	\$70.30
Kansas	\$67.20	North Dakota	\$70.30		

**Note:** You pay the same cost-share at non-preferred home delivery pharmacies as you pay at standard retail network pharmacies for Tier 4 drugs.

**Table E: Premier Plan  
1-Month Supply Cost-Sharing by State for Covered Drugs in Tier 4**

State	Cost-Sharing Amounts for: – Standard Retail (In-Network) – Long-Term Care (LTC) – Out-of-Network	Cost-Sharing Amounts for: Preferred Retail (In-Network)	Cost-Sharing Amounts for: Preferred Mail Order
	Tier 4	Tier 4	Tier 4
Alabama	50%	49%	49%
Alaska	40%	39%	39%
Arizona	48%	47%	47%
Arkansas	43%	42%	42%
California	47%	45%	45%
Colorado	45%	43%	43%
Connecticut	49%	48%	48%
Delaware	50%	49%	49%
Dist of Columbia	50%	49%	49%
Florida	47%	45%	45%
Georgia	50%	49%	49%
Hawaii	43%	42%	42%
Idaho	49%	48%	48%
Illinois	47%	46%	46%

**Table E: Premier Plan  
1-Month Supply Cost-Sharing by State for Covered Drugs in Tier 4, contd.**

<b>State</b>	<b>Cost-Sharing Amounts for: – Standard Retail (In-Network) – Long-Term Care (LTC) – Out-of-Network</b>	<b>Cost-Sharing Amounts for: Preferred Retail (In-Network)</b>	<b>Cost-Sharing Amounts for: Preferred Mail Order</b>
Indiana	50%	49%	49%
Iowa	47%	46%	46%
Kansas	48%	46%	46%
Kentucky	50%	49%	49%
Louisiana	48%	47%	47%
Maine	50%	48%	48%
Maryland	50%	49%	49%
Massachusetts	49%	48%	48%
Michigan	50%	48%	48%
Minnesota	47%	46%	46%
Mississippi	49%	48%	48%
Missouri	50%	49%	49%
Montana	47%	46%	46%
Nebraska	47%	46%	46%
Nevada	37%	36%	36%
New Hampshire	50%	48%	48%
New Jersey	43%	42%	42%
New Mexico	43%	41%	41%
North Carolina	48%	46%	46%
North Dakota	47%	46%	46%
Ohio	44%	42%	42%
Oklahoma	50%	48%	48%
Oregon	50%	49%	49%
Pennsylvania	37%	36%	36%
Rhode Island	49%	48%	48%
South Carolina	42%	40%	40%
South Dakota	47%	46%	46%
Tennessee	50%	49%	49%
Texas	45%	44%	44%
Utah	49%	48%	48%
Vermont	49%	48%	48%
Virginia	43%	42%	42%
Washington	50%	49%	49%
West Virginia	37%	36%	36%
Wisconsin	50%	49%	49%
Wyoming	47%	46%	46%

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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 [medicare.gov](http://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.

Mutual of Omaha Rx's pharmacy network offers limited access to pharmacies with preferred cost sharing in urban areas in Arkansas. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Service at **1.855.864.6797**; TTY: **1.800.716.3231** or consult the online pharmacy directory at **[mutualofomaharx.com/network](http://mutualofomaharx.com/network)**.

Express Scripts is the pharmacy benefit manager for Mutual of Omaha Rx and will be providing some services on behalf of Mutual of Omaha Rx.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.961.9006** (TTY: **711**).