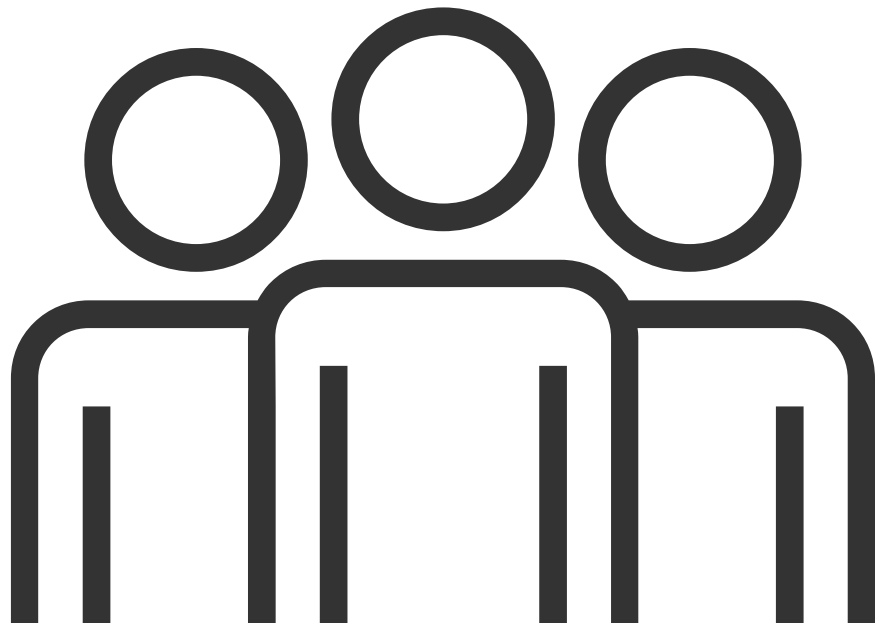


2019 Summary of Benefits

SilverScript Choice (PDP) | SilverScript Plus (PDP) | SilverScript Allure (PDP)

January 1, 2019 – December 31, 2019



SilverScript[®]

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

Summary of Benefits

January 1, 2019 - December 31, 2019

The information in this booklet serves as a tool to help you determine which SilverScript Part D Prescription Drug Plan is right for you based on your budget and the prescription drugs you take.

The following pages will show you the different costs with SilverScript's three plans, including:

- Monthly premiums for each state
- Cost-sharing for each drug tier during the Initial Coverage Stage
- Cost-sharing during the Coverage Gap Stage

This Summary of Benefits doesn't list every service we cover or every limitation or exclusion. To get our full list of services, download a copy of the *Evidence of Coverage* from our website at www.silverscript.com, or call us and we'll send you a copy.

Why SilverScript may make sense for you

Remember, no matter which plan you choose, SilverScript members enjoy savings, convenience, and peace of mind with:

\$0 deductible¹ on all prescriptions, no matter which tier, in almost all states	Up to 50%² savings at thousands of preferred pharmacies nationwide	\$0 copays³ for 90-day supplies of Tier 1 drugs through mail service ⁴
---	---	--

¹ SilverScript Choice (PDP) has a \$415 deductible in Alaska; a \$100 deductible for drugs on Tiers 3, 4, and 5 in Colorado, Georgia, and Texas; and a \$415 deductible for drugs on Tiers 3, 4, and 5 in Arizona and South Carolina.

² Percent savings based on SilverScript network pharmacies offering preferred vs. standard cost-sharing. Savings may vary by state, drug tier, and coverage stage. Refer to the tables in this booklet for drug pricing in your state.

³ During the Initial Coverage Stage, \$0 copays for 90-day prescriptions of Tier 1 drugs on the Choice and Allure plans and Tier 1 and 2 drugs on the Plus plan are only available through CVS Caremark Mail Service Pharmacy.

⁴ It is typical to receive your Mail Service Pharmacy shipment up to 10 business days from the time your order is placed. Enrollees have the option to sign up for automated mail-order delivery.

Common questions before making your decision

Who can join?

You must be entitled to Medicare Part A and/or be enrolled in Medicare Part B, be a U.S. citizen or be lawfully present in the United States, 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.
- SilverScript Allure (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 at www.silverscript.com. Or give us a call and we will send you a copy of the formulary.

How will I determine my drug costs?

The amount you pay depends on the drug tier, the pharmacy you use, and which stage of the benefit you have reached. Each medication is on one of five “tiers.” You can use your formulary to identify the drug’s tier and how much it will cost you.

There are four benefit stages in your Medicare prescription drug coverage: Deductible Stage, Initial Coverage Stage, Coverage Gap Stage, and Catastrophic Coverage Stage. As you move from stage to stage, the amount you and the plan pay for your drugs may change. For more information about formulary tiers and stages of the benefit, please see the plan’s formulary and the *Evidence of Coverage* on our website at www.silverscript.com, or contact Customer Care at 1-866-552-6106 (TTY: 711), 24 hours a day, 7 days a week.

Which pharmacies can I use?

SilverScript has 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 offer preferred cost-sharing. You may pay less for some drugs if you use these pharmacies compared to other network pharmacies that offer standard cost-sharing. You also have the option of using our mail service pharmacy, CVS Caremark Mail Service Pharmacy™. If you must use an out-of-network pharmacy in an emergency or similar situation, you may pay more than you pay at an in-network pharmacy. You can look up your nearest network pharmacies using the online Pharmacy Locator tool on our website at www.silverscript.com. Or call us and we’ll send you a copy of the pharmacy directory.

Plan Costs

The following pages contain tables showing you the monthly premium, annual deductible, and cost-sharing during the Initial Coverage Stage for SilverScript Choice (PDP), SilverScript Plus (PDP), and SilverScript Allure (PDP) in each region we offer prescription drug plans. Although most members do not reach Stage 3 (Coverage Gap Stage) or Stage 4 (Catastrophic Coverage Stage) during the plan year, a summary of your costs in these stages can be found below.

Monthly Premium

Monthly plan premiums range in price based on the plan you are in and where you live. The cost-sharing tables on the following pages list the monthly premium amounts for every state. You must continue to pay your Medicare Part B premium.

Stage 1: Annual Deductible Stage

SilverScript offers three prescription drug plans — SilverScript Choice (PDP), SilverScript Plus (PDP), and SilverScript Allure (PDP) — each of which feature a \$0 deductible*. The tables on the following pages include the details on the \$0 deductible for each state.

*SilverScript Choice has a \$0 deductible for Tier 1 and 2 drugs for plans in AZ, CO, GA, SC, and TX. The AK plan has a deductible for all tiers. SilverScript Plus and SilverScript Allure plans do not have a deductible and are not available in AK.

Stage 2: Initial Coverage Stage, Cost-Sharing

During the Initial Coverage Stage, you pay a portion of your drug cost, and the plan pays a portion. The tables on the following pages show what you pay until your total yearly drug costs reach \$3,820. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You must get your drugs from retail pharmacies or mail-order pharmacies in our network in order for SilverScript to share the cost of your prescriptions. If you reside in a long-term care facility, you pay the same amount as at a retail pharmacy. You may get drugs from an out-of-network pharmacy in an emergency, but you may pay more than you pay at an in-network pharmacy.

Stage 3: Coverage Gap Stage

The coverage gap (also called the “donut hole”) begins after the total yearly drug costs (including what our plan has paid and what you have paid) reach \$3,820.

SilverScript Choice (PDP)

After you enter the coverage gap, you pay 25% of the drug cost for covered brand name drugs and 37% of the drug cost for covered generic drugs until your out-of-pocket costs (not including your premiums) total \$5,100, which is the end of the coverage gap. Not everyone will enter the coverage gap.

SilverScript Plus (PDP)

Under this plan, we will continue to provide some prescription drug coverage beyond the standard coverage for certain drugs in the Coverage Gap Stage.

This plan provides coverage in the gap for Tier 1 and 2 drugs when filled at a network pharmacy.

For Tier 1 (Preferred Generic) and Tier 2 (Generic), you will continue to pay the copayment amounts you were paying in the Initial Coverage Stage. Refer to the tables on the following pages for the copayment amounts.

For Tiers 3, 4, and 5, you pay 25% of the drug cost for covered brand name drugs and 37% of the drug cost for covered generic drugs until your out-of-pocket costs (not including your premiums) total \$5,100, which is the end of the coverage gap.

SilverScript Allure (PDP)

After you enter the coverage gap, you pay 25% of the drug cost for covered brand name drugs and 37% of the drug cost for covered generic drugs until your out-of-pocket costs (not including your premiums) total \$5,100, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Stage 4: Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach \$5,100, you pay the greater of:

- 5% of the cost, or
- \$3.40 copay for generic drugs (including brand drugs treated as generic) and \$8.50 copay for all other drugs.

Find Your State

Find the table with your state-specific pricing on the following pages:

State	Region	Page
Alabama	12	10-11
Alaska	34	26-27
Arizona	28	22-23
Arkansas	19	16-17
California	32	24-25
Colorado	27	20-21
Connecticut	02	4-5
D.C.	05	6-7
Delaware	05	6-7
Florida	11	10-11
Georgia	10	10-11
Hawaii	33	24-25
Idaho	31	24-25
Illinois	17	14-15
Indiana	15	12-13
Iowa	25	20-21
Kansas	24	18-19

State	Region	Page
Kentucky	15	12-13
Louisiana	21	16-17
Maine	01	4-5
Maryland	05	6-7
Massachusetts	02	4-5
Michigan	13	12-13
Minnesota	25	20-21
Mississippi	20	16-17
Missouri	18	14-15
Montana	25	20-21
Nebraska	25	20-21
Nevada	29	22-23
New Hampshire	01	4-5
New Jersey	04	6-7
New Mexico	26	20-21
New York	03	4-5
North Carolina	08	8-9

State	Region	Page
North Dakota	25	20-21
Ohio	14	12-13
Oklahoma	23	18-19
Oregon	30	22-23
Pennsylvania	06	6-7
Rhode Island	02	4-5
South Carolina	09	8-9
South Dakota	25	20-21
Tennessee	12	10-11
Texas	22	18-19
Utah	31	24-25
Vermont	02	4-5
Virginia	07	8-9
Washington	30	22-23
West Virginia	06	6-7
Wisconsin	16	14-15
Wyoming	25	20-21

Cost-Sharing in the Initial Coverage Stage by State

Region 01:

Maine, New Hampshire

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$15.00	\$37.50	\$10.00	\$0.00	\$5.00	\$12.50	\$15.00	\$45.00	\$10.00
Tier 3: Preferred Brand	\$44.00	\$110.00	\$42.00	\$105.00	20%		\$44.00	\$132.00	\$42.00
Tier 4: Non-Preferred Drug	47%		40%		40%		47%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 02:

Connecticut, Massachusetts, Rhode Island, Vermont

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$12.00	\$30.00	\$5.00	\$0.00	\$5.00	\$12.50	\$12.00	\$36.00	\$5.00
Tier 3: Preferred Brand	\$38.00	\$95.00	\$35.00	\$87.50	20%		\$38.00	\$114.00	\$35.00
Tier 4: Non-Preferred Drug	38%		40%		40%		38%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 03:

New York

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$13.00	\$32.50	\$5.00	\$0.00	\$5.00	\$12.50	\$13.00	\$39.00	\$5.00
Tier 3: Preferred Brand	\$42.00	\$105.00	\$35.00	\$87.50	20%		\$42.00	\$126.00	\$35.00
Tier 4: Non-Preferred Drug	45%		40%		40%		45%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$32.00		\$53.80		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$30.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$126.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$34.20		\$65.50		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$37.90		\$73.80		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

Region 04: New Jersey

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$14.00	\$35.00	\$5.00	\$0.00	\$5.00	\$12.50	\$14.00	\$42.00	\$5.00
Tier 3: Preferred Brand	\$43.00	\$107.50	\$35.00	\$87.50	20%		\$43.00	\$129.00	\$35.00
Tier 4: Non-Preferred Drug	47%		40%		40%		47%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 05: Delaware, District of Columbia, Maryland

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$9.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$9.00	\$27.00	\$1.00
Tier 2: Generic	\$19.00	\$47.50	\$5.00	\$0.00	\$5.00	\$12.50	\$19.00	\$57.00	\$5.00
Tier 3: Preferred Brand	\$46.00	\$115.00	\$35.00	\$87.50	20%		\$46.00	\$138.00	\$35.00
Tier 4: Non-Preferred Drug	49%		40%		40%		49%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 06: Pennsylvania, West Virginia

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$14.00	\$35.00	\$5.00	\$0.00	\$5.00	\$12.50	\$14.00	\$42.00	\$5.00
Tier 3: Preferred Brand	\$43.00	\$107.50	\$35.00	\$87.50	20%		\$43.00	\$129.00	\$35.00
Tier 4: Non-Preferred Drug	43%		40%		40%		43%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$35.20		\$85.20		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$30.70		\$69.30		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$10.00	\$30.00	\$10.00	\$30.00	\$10.00	\$30.00	\$10.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$32.50		\$59.10		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

Region 07: Virginia

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$9.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$9.00	\$27.00	\$1.00
Tier 2: Generic	\$19.00	\$47.50	\$5.00	\$0.00	\$5.00	\$12.50	\$19.00	\$57.00	\$5.00
Tier 3: Preferred Brand	\$46.00	\$115.00	\$35.00	\$87.50	20%		\$46.00	\$138.00	\$35.00
Tier 4: Non-Preferred Drug	49%		40%		40%		49%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 08: North Carolina

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$18.00	\$45.00	\$5.00	\$0.00	\$5.00	\$12.50	\$18.00	\$54.00	\$5.00
Tier 3: Preferred Brand	\$45.00	\$112.50	\$35.00	\$87.50	20%		\$45.00	\$135.00	\$35.00
Tier 4: Non-Preferred Drug	49%		40%		40%		49%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 09: South Carolina

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$1.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$1.00	\$3.00	\$1.00
Tier 2: Generic	\$5.00	\$12.50	\$5.00	\$0.00	\$5.00	\$12.50	\$5.00	\$15.00	\$5.00
Tier 3: Preferred Brand	\$20.00	\$50.00	\$33.00	\$82.50	20%		\$20.00	\$60.00	\$33.00
Tier 4: Non-Preferred Drug	35%		40%		40%		35%		40%
Tier 5: Specialty Tier	25%	N/A	33%	N/A	33%	N/A	25%	N/A	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$29.20		\$50.40		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$10.00	\$30.00	\$10.00	\$30.00	\$10.00	\$30.00	\$10.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$29.70		\$61.20		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$23.50		\$52.20		\$80.00					
Annual Deductible:		\$415 (Tiers 3 - 5)		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$6.00	\$18.00	\$10.00	\$30.00	\$10.00	\$30.00	\$6.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$15.00	\$45.00	\$20.00	\$60.00	\$20.00	\$60.00	\$15.00	\$20.00	\$20.00
\$99.00	20%		\$35.00	\$105.00	\$47.00	\$141.00	25%		\$35.00	\$47.00	25%
40%	40%		40%		50%		50%		40%	50%	50%
N/A	33%	N/A	25%	N/A	33%	N/A	33%	N/A	25%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

Region 10: Georgia

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$13.00	\$32.50	\$5.00	\$0.00	\$5.00	\$12.50	\$13.00	\$39.00	\$5.00
Tier 3: Preferred Brand	\$42.00	\$105.00	\$35.00	\$87.50	20%		\$42.00	\$126.00	\$35.00
Tier 4: Non-Preferred Drug	42%		40%		40%		42%		40%
Tier 5: Specialty Tier	31%	N/A	33%	N/A	33%	N/A	31%	N/A	33%

Region 11: Florida

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$17.00	\$42.50	\$5.00	\$0.00	\$5.00	\$12.50	\$17.00	\$51.00	\$5.00
Tier 3: Preferred Brand	\$45.00	\$112.50	\$35.00	\$87.50	20%		\$45.00	\$135.00	\$35.00
Tier 4: Non-Preferred Drug	49%		40%		40%		49%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 12: Alabama, Tennessee

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$15.00	\$37.50	\$5.00	\$0.00	\$5.00	\$12.50	\$15.00	\$45.00	\$5.00
Tier 3: Preferred Brand	\$44.00	\$110.00	\$35.00	\$87.50	20%		\$44.00	\$132.00	\$35.00
Tier 4: Non-Preferred Drug	47%		40%		40%		47%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$25.20		\$50.90		\$80.00					
Annual Deductible:		\$100 (Tiers 3 - 5)		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	31%	N/A	33%	N/A	33%	N/A	31%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$28.00		\$73.80		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$29.60		\$49.50		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

Region 13: Michigan

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$12.00	\$30.00	\$5.00	\$0.00	\$5.00	\$12.50	\$12.00	\$36.00	\$5.00
Tier 3: Preferred Brand	\$39.00	\$97.50	\$35.00	\$87.50	20%		\$39.00	\$117.00	\$35.00
Tier 4: Non-Preferred Drug	39%		40%		40%		39%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 14: Ohio

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$16.00	\$40.00	\$5.00	\$0.00	\$5.00	\$12.50	\$16.00	\$48.00	\$5.00
Tier 3: Preferred Brand	\$44.00	\$110.00	\$35.00	\$87.50	20%		\$44.00	\$132.00	\$35.00
Tier 4: Non-Preferred Drug	47%		40%		40%		47%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 15: Indiana, Kentucky

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$13.00	\$32.50	\$5.00	\$0.00	\$5.00	\$12.50	\$13.00	\$39.00	\$5.00
Tier 3: Preferred Brand	\$41.00	\$102.50	\$35.00	\$87.50	20%		\$41.00	\$123.00	\$35.00
Tier 4: Non-Preferred Drug	44%		40%		40%		44%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$30.80		\$46.70		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$31.90		\$50.10		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$29.10		\$52.10		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

Region 16: Wisconsin

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$10.00	\$25.00	\$5.00	\$0.00	\$5.00	\$12.50	\$10.00	\$30.00	\$5.00
Tier 3: Preferred Brand	\$34.00	\$85.00	\$33.00	\$82.50	20%		\$34.00	\$102.00	\$33.00
Tier 4: Non-Preferred Drug	34%		40%		40%		34%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 17: Illinois

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$9.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$9.00	\$27.00	\$1.00
Tier 2: Generic	\$19.00	\$47.50	\$5.00	\$0.00	\$5.00	\$12.50	\$19.00	\$57.00	\$5.00
Tier 3: Preferred Brand	\$46.00	\$115.00	\$35.00	\$87.50	20%		\$46.00	\$138.00	\$35.00
Tier 4: Non-Preferred Drug	49%		40%		40%		49%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 18: Missouri

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$12.00	\$30.00	\$5.00	\$0.00	\$5.00	\$12.50	\$12.00	\$36.00	\$5.00
Tier 3: Preferred Brand	\$41.00	\$102.50	\$35.00	\$87.50	20%		\$41.00	\$123.00	\$35.00
Tier 4: Non-Preferred Drug	41%		40%		40%		41%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$36.30		\$60.40		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$99.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		49%		50%		50%		49%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$26.80		\$83.40		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$10.00	\$30.00	\$10.00	\$30.00	\$10.00	\$30.00	\$10.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$30.00		\$51.40		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

Region 19: Arkansas

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$13.00	\$32.50	\$5.00	\$0.00	\$5.00	\$12.50	\$13.00	\$39.00	\$5.00
Tier 3: Preferred Brand	\$43.00	\$107.50	\$35.00	\$87.50	20%		\$43.00	\$129.00	\$35.00
Tier 4: Non-Preferred Drug	46%		40%		40%		46%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 20: Mississippi

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$18.00	\$45.00	\$5.00	\$0.00	\$5.00	\$12.50	\$18.00	\$54.00	\$5.00
Tier 3: Preferred Brand	\$45.00	\$112.50	\$35.00	\$87.50	20%		\$45.00	\$135.00	\$35.00
Tier 4: Non-Preferred Drug	49%		40%		40%		49%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 21: Louisiana

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$12.00	\$30.00	\$5.00	\$0.00	\$5.00	\$12.50	\$12.00	\$36.00	\$5.00
Tier 3: Preferred Brand	\$42.00	\$105.00	\$42.00	\$105.00	20%		\$42.00	\$126.00	\$42.00
Tier 4: Non-Preferred Drug	42%		40%		40%		42%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$23.20		\$51.60		\$79.90					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$26.90		\$50.60		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$31.50		\$60.70		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$126.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

Region 22: Texas

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$13.00	\$32.50	\$5.00	\$0.00	\$5.00	\$12.50	\$13.00	\$39.00	\$5.00
Tier 3: Preferred Brand	\$42.00	\$105.00	\$35.00	\$87.50	20%		\$42.00	\$126.00	\$35.00
Tier 4: Non-Preferred Drug	42%		40%		40%		42%		40%
Tier 5: Specialty Tier	31%	N/A	33%	N/A	33%	N/A	31%	N/A	33%

Region 23: Oklahoma

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$12.00	\$30.00	\$5.00	\$0.00	\$5.00	\$12.50	\$12.00	\$36.00	\$5.00
Tier 3: Preferred Brand	\$42.00	\$105.00	\$35.00	\$87.50	20%		\$42.00	\$126.00	\$35.00
Tier 4: Non-Preferred Drug	42%		40%		40%		42%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 24: Kansas

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$13.00	\$32.50	\$5.00	\$0.00	\$5.00	\$12.50	\$13.00	\$39.00	\$5.00
Tier 3: Preferred Brand	\$43.00	\$107.50	\$35.00	\$87.50	20%		\$43.00	\$129.00	\$35.00
Tier 4: Non-Preferred Drug	43%		40%		40%		43%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$24.50		\$51.60		\$80.00					
Annual Deductible:		\$100 (Tiers 3 - 5)		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	31%	N/A	33%	N/A	33%	N/A	31%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$30.20		\$66.50		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$32.10		\$66.60		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

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

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$12.00	\$30.00	\$5.00	\$0.00	\$5.00	\$12.50	\$12.00	\$36.00	\$5.00
Tier 3: Preferred Brand	\$43.00	\$107.50	\$35.00	\$87.50	20%		\$43.00	\$129.00	\$35.00
Tier 4: Non-Preferred Drug	43%		40%		40%		43%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 26: New Mexico

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$7.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$7.00	\$21.00	\$1.00
Tier 2: Generic	\$19.00	\$47.50	\$10.00	\$0.00	\$5.00	\$12.50	\$19.00	\$57.00	\$10.00
Tier 3: Preferred Brand	\$46.00	\$115.00	\$42.00	\$105.00	20%		\$46.00	\$138.00	\$42.00
Tier 4: Non-Preferred Drug	49%		40%		40%		49%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 27: Colorado

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$14.00	\$35.00	\$5.00	\$0.00	\$5.00	\$12.50	\$14.00	\$42.00	\$5.00
Tier 3: Preferred Brand	\$43.00	\$107.50	\$35.00	\$87.50	20%		\$43.00	\$129.00	\$35.00
Tier 4: Non-Preferred Drug	47%		40%		40%		47%		40%
Tier 5: Specialty Tier	31%	N/A	33%	N/A	33%	N/A	31%	N/A	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$32.30		\$68.20		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$24.20		\$44.10		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$8.00	\$24.00	\$10.00	\$30.00	\$10.00	\$30.00	\$8.00	\$10.00	\$10.00
\$30.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$126.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$32.20		\$78.70		\$79.90					
Annual Deductible:		\$100 (Tiers 3 - 5)		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	31%	N/A	33%	N/A	33%	N/A	31%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

Region 28: Arizona

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$1.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$1.00	\$3.00	\$1.00
Tier 2: Generic	\$5.00	\$12.50	\$5.00	\$0.00	\$5.00	\$12.50	\$5.00	\$15.00	\$5.00
Tier 3: Preferred Brand	\$19.00	\$47.50	\$31.00	\$77.50	20%		\$19.00	\$57.00	\$31.00
Tier 4: Non-Preferred Drug	34%		40%		40%		34%		40%
Tier 5: Specialty Tier	25%	N/A	33%	N/A	33%	N/A	25%	N/A	33%

Region 29: Nevada

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$9.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$9.00	\$27.00	\$1.00
Tier 2: Generic	\$19.00	\$47.50	\$5.00	\$0.00	\$5.00	\$12.50	\$19.00	\$57.00	\$5.00
Tier 3: Preferred Brand	\$46.00	\$115.00	\$35.00	\$87.50	20%		\$46.00	\$138.00	\$35.00
Tier 4: Non-Preferred Drug	49%		40%		40%		49%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 30: Oregon, Washington

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$10.00	\$25.00	\$5.00	\$0.00	\$5.00	\$12.50	\$10.00	\$30.00	\$5.00
Tier 3: Preferred Brand	\$34.00	\$85.00	\$33.00	\$82.50	20%		\$34.00	\$102.00	\$33.00
Tier 4: Non-Preferred Drug	34%		40%		40%		34%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$31.20		\$79.50		\$80.00					
Annual Deductible:		\$415 (Tiers 3 - 5)		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$6.00	\$18.00	\$10.00	\$30.00	\$10.00	\$30.00	\$6.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$14.00	\$42.00	\$20.00	\$60.00	\$20.00	\$60.00	\$14.00	\$20.00	\$20.00
\$93.00	20%		\$34.00	\$102.00	\$47.00	\$141.00	25%		\$34.00	\$47.00	25%
40%	40%		39%		50%		50%		39%	50%	50%
N/A	33%	N/A	25%	N/A	33%	N/A	33%	N/A	25%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$38.40		\$65.30		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$10.00	\$30.00	\$10.00	\$30.00	\$10.00	\$30.00	\$10.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$32.50		\$65.80		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$19.00	\$57.00	\$20.00	\$60.00	\$20.00	\$60.00	\$19.00	\$20.00	\$20.00
\$99.00	20%		\$46.00	\$138.00	\$47.00	\$141.00	25%		\$46.00	\$47.00	25%
40%	40%		49%		50%		50%		49%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

Region 31: Idaho, Utah

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$14.00	\$35.00	\$5.00	\$0.00	\$5.00	\$12.50	\$14.00	\$42.00	\$5.00
Tier 3: Preferred Brand	\$42.00	\$105.00	\$35.00	\$87.50	20%		\$42.00	\$126.00	\$35.00
Tier 4: Non-Preferred Drug	45%		40%		40%		45%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 32: California

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$3.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$3.00	\$9.00	\$1.00
Tier 2: Generic	\$13.00	\$32.50	\$5.00	\$0.00	\$5.00	\$12.50	\$13.00	\$39.00	\$5.00
Tier 3: Preferred Brand	\$42.00	\$105.00	\$35.00	\$87.50	20%		\$42.00	\$126.00	\$35.00
Tier 4: Non-Preferred Drug	45%		40%		40%		45%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

Region 33: Hawaii

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$9.00	\$0.00	\$1.00	\$0.00	\$1.00	\$0.00	\$9.00	\$27.00	\$1.00
Tier 2: Generic	\$19.00	\$47.50	\$5.00	\$0.00	\$5.00	\$12.50	\$19.00	\$57.00	\$5.00
Tier 3: Preferred Brand	\$46.00	\$115.00	\$35.00	\$87.50	20%		\$46.00	\$138.00	\$35.00
Tier 4: Non-Preferred Drug	49%		40%		40%		49%		40%
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$36.10		\$71.70		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$34.80		\$83.60		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$7.00	\$21.00	\$10.00	\$30.00	\$10.00	\$30.00	\$7.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$24.50		\$62.80		\$80.00					
Annual Deductible:		\$0		\$0		\$0					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
\$3.00	\$1.00	\$3.00	\$10.00	\$30.00	\$10.00	\$30.00	\$10.00	\$30.00	\$10.00	\$10.00	\$10.00
\$15.00	\$5.00	\$15.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$60.00	\$20.00	\$20.00	\$20.00
\$105.00	20%		\$47.00	\$141.00	\$47.00	\$141.00	25%		\$47.00	\$47.00	25%
40%	40%		50%		50%		50%		50%	50%	50%
N/A	33%	N/A	33%	N/A	33%	N/A	33%	N/A	33%	33%	33%

Cost-Sharing in the Initial Coverage Stage by State

Region 34:
Alaska

	Preferred Mail CVS Caremark Mail Service Pharmacy™ 30/90 Day Supply						Preferred Retail Cost Sharing 30/90 Day Supply		
	Choice		Plus		Allure		Choice		Plus
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day
Tier 1: Preferred Generic	\$1.00	\$0.00	N/A		N/A		Not Offered		N/A
Tier 2: Generic	\$4.00	\$10.00							
Tier 3: Preferred Brand	18%								
Tier 4: Non-Preferred Drug	37%								
Tier 5: Specialty Tier	25%	N/A							

		SilverScript Choice (PDP)		SilverScript Plus (PDP)		SilverScript Allure (PDP)					
Monthly Premium:		\$49.50		N/A		N/A					
Annual Deductible:		\$415		N/A		N/A					
Preferred Retail Cost Sharing 30/90 Day Supply			Standard Retail / Mail Cost Sharing 30/90 Day Supply						Long-Term Care – 31 Days Out-of-Network – 30 Days		
Plus	Allure		Choice		Plus		Allure		Choice	Plus	Allure
90-day	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day			
N/A	N/A		\$1.00	\$3.00	N/A		N/A		\$1.00	N/A	N/A
			\$4.00	\$12.00					\$4.00		
			18%						18%		
			37%						37%		
			25%	N/A					25%		

For More Information

If you have any questions about our plans or would like more information, please call SilverScript Customer Care at 1-866-552-6106 (TTY users should call 711), 24 hours a day, 7 days a week. Or visit www.silverscript.com.

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 <https://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.

This information is not a complete description of benefits. Call 1-866-552-6106 (TTY: 711), 24 hours a day, 7 days a week, for more information.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711).

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



SilverScript Customer Care

Method	Customer Care – Contact Information
CALL	1-866-235-5660 (current members) 1-866-552-6106 (prospective members) Calls to these numbers are free, 24 hours a day, 7 days a week. Customer Care also has free language interpreter services available for non-English speakers.
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free, 24 hours a day, 7 days a week.
FAX	1-866-552-6205
WRITE	SilverScript Insurance Company P.O. Box 6590 Lee's Summit, MO 64064-6590
WEBSITE	www.silverscript.com