

# HealthChoice High Option Medicare Supplement Plan Without Part D

## Pharmacy Copay Structure for Network Benefits

### Pharmacy Deductible

You pay the first \$100 in medication costs before copays apply.

Prescription Medications	30-Day Supply	31- to 90-Day Supply
<b>Generic (Tier 1) Drugs</b>	Up to \$10 copay	Up to \$25 copay
<b>Preferred (Tier 2) Drugs</b>	Up to \$45 copay	Up to \$90 copay
<b>Non-Preferred (Tier 3) Drugs</b>	Up to \$75 copay	Up to \$150 copay
<b>Specialty (Tier 4) Drugs</b>	<i>Generic</i> – \$10 copay <i>Preferred</i> – \$100 copay <i>Non-Preferred</i> – \$200 copay	Specialty drugs are available in only a 30-day supply
<b>Preferred (Tier 5) Tobacco Cessation Drugs</b>	\$0 copay	\$0 copay

### Pharmacy Out-of-Pocket Maximum

The annual out-of-pocket maximum is \$4,950. Only your deductible and copays for covered prescription drugs purchased at network pharmacies count toward the out-of-pocket maximum. Once you reach the pharmacy out-of-pocket maximum, you pay \$0 for covered prescription drugs purchased at network pharmacies for the remainder of the calendar year.

- No Coverage Gap.
- Pharmacy benefits generally cover up to a 30- or 90-day supply. Specific therapeutic categories, medications and/or dosage forms may have more restrictive quantity and/or duration of therapy limitations.
- Some medications require prior authorization.
- Specialty medications are covered only when ordered through the CVS/caremark specialty pharmacy.

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## Pharmacy Copay Structure for Network Benefits

Pharmacy Deductible	Initial Coverage Limit	Coverage Gap	Catastrophic Coverage
You pay the first \$400 in drug costs.	After the deductible, you and HealthChoice share prescription drug costs. You pay 25% (\$825) and HealthChoice pays 75% (\$2,475) until total drug spending reaches \$3,700.	You pay 100% of the next \$3,725 in prescription drug costs.	After you spend \$4,950 out-of-pocket, you pay \$0 for covered prescription drugs for the remainder of the calendar year.

- Pharmacy benefits generally cover up to a 30- or 90-day supply. Specific therapeutic categories, medications and/or dosage forms may have more restrictive quantity and/or duration of therapy limitations.
- Some medications require prior authorization.
- Specialty medications are covered only when ordered through the CVS/caremark specialty pharmacy.