

Agenda

Today's Topics

General Overview

SilverScript 2017 Prescription Drug Plan Information

Other Good-to-Know Information

SilverScript 2017

General Overview





CVS Health is a Medicare Market Leader

CVS HEALTH

- #7 on Fortune 500 list
- 2015 revenues reached \$153.3 billion
- 9,600+ CVS
 Pharmacy stores
- 1.9 billion prescriptions filled each year by CVS Health

SILVERSCRIPT® INSURANCE COMPANY

- Largest Medicare Part
 D Plan Sponsor
- ~100 Employer Group Waiver clients
- Active participant in industry workgroups and speaker at CMS conferences

CVS CAREMARK PART D SERVICES

- Offers products and services to employer groups and health plans
- Supports nearly 12 million members from 44 MAPD and PDP sponsors

Sources: Fortune Magazine, CVSHealth.com, and Medicare Advantage, Cost, PACE, Demo, and Prescription Drug Plan Contract Report - Monthly Summary Report (Enrollments as of May 13, 2016)

SilverScript Specializes in Medicare Part D

- Chosen to help launch the Medicare Part D program in 2006
- Part D is the only coverage SilverScript offers
- Our name may not be familiar to people until they become eligible for Medicare since we do not offer under-65 products
- As people learn more about SilverScript plans, they will understand why millions of people, from all walks of life, count on SilverScript everyday for peace of mind

SilverScript Choice PDP Dominates the Medicare Part D Landscape

Rank	Parent Organization	Market Share	2016 Total Enrollment	Percent Change	Basic Enrollment	Enhanced Enrollment	Group Enrollment
1	CVS Health	22.4%	5,506,819	+15.3%	4,055,002	224,727	1,227,090
2	UnitedHealth	21.0%	5,171,501	-7.1%	1,617,242	3,176,668	377,591
3	Humana	19.3%	4,755,442	+7.3%	1,808,687	2,938,590	8,165
4	Express Scripts	11.0%	2,701,730	-2.5%	467,620	58,478	2,175,632
5	Aetna	8.1%	1.989.669	+35.2%	1,050,644	855,555	83,470
6	CIGNA	4.2%	1,035,248	-30.3%	691,830	284,506	58,912
7	WellCare	4.1%	1,017,967	-2.1%	937,023	80,944	0
8	Rite Aid	1.6%	386,876	-8.1%	320,119	46,040	20,717
9	Health Care Service Corp	1.4%	343,897	-4.1%	85,748	250,242	7,907
10	Anthem	1.3%	315,804	-5.0%	106,138	182,346	27,320
	Next 15	5.0%	1,242,524	-3.3%	557,923	229,798	454,803
	Top 25 Total	99.3%	24,467,477	+2.2%	11,697,976	8,327,894	4,441,607

Source: CMS July 1, 2016, payment file (reflects enrollments accepted through June 10, 2016)

SilverScript Brand Promise

- For Medicare Part D beneficiaries, we offer confidence over confusion, and comfort that comes with consistency. With SilverScript, every prescription is more than just a transaction; each fill is a commitment to use our expertise to focus on delivering Part D coverage that helps keep members on their path to better health
- We've been here since Medicare Part D began in 2006, and we focus 100 percent on delivering prescription drug coverage that works well in every way, every day. We go the extra mile to educate, explain and understand in order to provide Part D beneficiaries with trust and peace of mind that they have chosen the right plan that cares for them

SilverScript Star Rating

- New star ratings are published on Medicare Plan Finder usually the second week of October
- For 2016, SilverScript received an overall four star rating from Medicare
- The current star ratings will be included in all marketing materials until the mid-October release of updated scores
- Pre-enrollment materials, SilverScript.com, and Medicare.gov will be updated in mid-October



Medicare Plans Change Every Year

CMS

- Standard benefit design changes: Deductible, initial coverage limit, gap
- CMS subsidy changes: Lower subsidy means higher member premiums

COMPETITION

- Anticipating competitor strategies and tactics
- Plan consolidation

PLAN SPONSOR DECISIONS

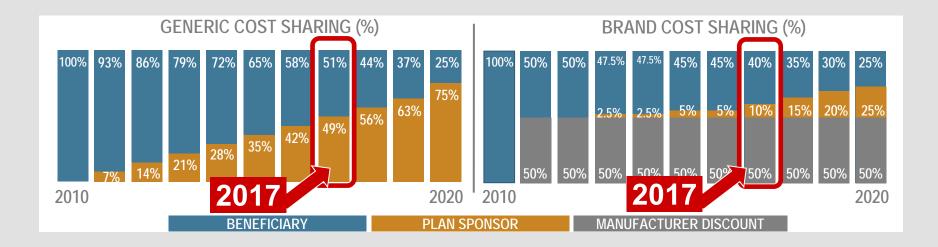
- Profitability and member mix objectives
- Formulary and pharmacy network changes

Medicare Part D Benefit Parameters for Defined Standard Benefit

Standard Benefit	2016	2017
Deductible	\$360	\$400
Initial coverage limit	\$3,310	\$3,700
Out-of-pocket (OOP) threshold	\$4,850	\$4,950
Total covered Medicare Part D drug spend at OOP threshold for non-applicable beneficiaries	\$7,062.50	\$7,425.00
Full subsidy, full benefit dual eligible individuals: Over 100% of federal poverty level - category 1)		
Generic/preferred multi-source drug	\$2.95	\$3.30
Other	\$7.40	\$8.25

Source: Advance Notice of Methodological Changes for Calendar Year (CY) 2017 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2017 Call Letter

2017 Cost Sharing in the Coverage Gap

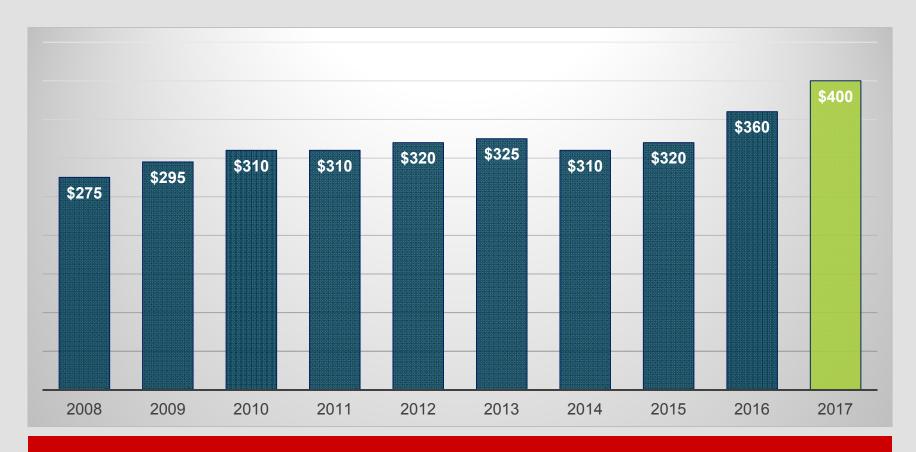


ON THE PATH TO A 25% COST SHARE

- Generic cost share will drop to 51% in 2017
- Brand cost share will drop to 40% in 2017
- Member's cost share for brands is immediately reduced by a manufacturer discount and plans contribute towards the cost of brands

Source: Advance Notice of Methodological Changes for Calendar Year (CY) 2017 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2017 Call Letter

The Medicare Part D Defined Standard Benefit **Deductible Continues to Fluctuate**

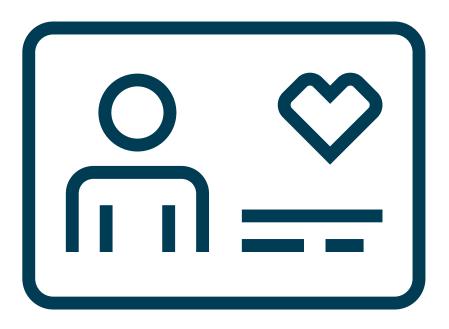


Both SilverScript PDPs continue to offer \$0 deductible on ALL tiers*

^{* \$400} deductible in Alaska and Hawaii

SilverScript 2017

Prescription Drug Plan Information





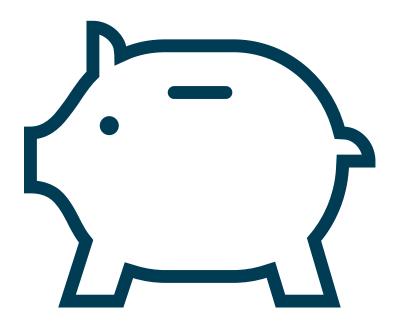
SilverScript Choice PDP is the market leader...

Rank	Parent Organization	Market Share	2016 Total Enrollment	Percent Change	Basic Enrollment	Enhanced Enrollment	Group Enrollment
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4	Express Scripts	11.0%	2,701,730	-2.5%	467,620	58,478	2,175,632
5	Aetna	8.1%	1.989.669	+35.2%	1,050,644	855,555	83,470
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10	Anthem	1.3%	315,804	-5.0%	106,138	182,346	27,320
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	Top 25 Total	99.3%	24,467,477	+2.2%	11,697,976	8,327,894	4,441,607

Source: CMS July 1, 2016, payment file (reflects enrollments accepted through June 10, 2016)

SilverScript PDPs

\$0 Deductibles on ALL Tiers*



*48 Contiguous states



2017 SilverScript Choice PDP

- Similar to 2016 plan design
- \$0 deductible applies to ALL five tiers
- Premiums below benchmark in 30 out of 34 regions
- Plan designs vary by region
- Mail service pharmacy pilot: Still in OH and now in AL, MO and TN
- Alaska and Hawaii: Actuarial equivalent plans: \$400 deductible

Source: SilverScript Insurance Company Actuarial Services, as of August 2, 2016

2017 SilverScript Choice PDP Design All States: Except Alaska and Hawaii

Stage	SilverScript Choice			
Annual deductible	\$0 applie	\$0 applies to ALL tiers		
Initial coverage (ICL)	SilverScript Choice is a \$0 deductible plan (except in AK and HI), meaning members' initial coverage stage begins the day the plan takes effect			
	Standard Retail Pharmacy	Preferred Mail Service Pharmacy		
	30-day	90-day		
Tier 1	As low as \$3	As low as \$0, \$7.50 in most regions		
Tier 2	As low as \$12	As low as \$30		
Tier 3	As low as \$42	As low as \$105		
Tier 4	As low as 44%	As low as 44%		
Tier 5	33%	N/A		
Coverage gap (donut hole)	\$3,700 in total yearly drug cos Generic drugs: Mem	Medicare Coverage Gap when they have reached sts (not including monthly premiums) hbers pay 51% of the cost bers pay 40% of the cost		
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (no Generic Drugs: Members pay the g	coverage stage when they have spent including monthly premiums) reater of 5% coinsurance of \$3.30 copay greater of 5% coinsurance of \$8.25 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 2, 2016 Premiums, copays, and coinsurance vary by region to comply with CMS equivalence rules. Alaska Choice Plan has a \$400 deductible and copays/coinsurance of \$1/\$4/15%/35%/25% (Tiers 1-5). Hawaii Choice Plan has a \$400 deductible and copays/coinsurance of \$1/\$4/17%/36%/25% (Tiers 1-5).

2017 SilverScript Choice Premiums Regions 1 Through 12

Region	States	2017 SilverScript Choice	2017 Choice vs. 2017 Benchmark
1	ME, NH	\$32.10	below by \$0.89
2	CT, MA, RI, VT	\$32.30	below by \$2.53
3	NY	\$30.80	below by \$10.19
4	NJ	\$39.50	below by \$1.31
5	DE, DC, MD	\$33.90	above by \$0.68
6	PA, WV	\$28.50	below by \$10.95
7	VA	\$30.80	below by \$1.72
8	NC	\$29.30	below by \$2.07
9	SC	\$25.20	below by \$0.83
10	GA	\$22.80	below by \$3.63
11	FL	\$28.90	below by \$0.23
12	AL, TN	\$28.90	below by \$2.86

Source: SilverScript Insurance Company Actuarial Services, as of August 2, 2016 ▼ - indicates that this plan is Below Benchmark

2017 SilverScript Choice Premiums Regions 13 Through 24

Region	States	2017 SilverScript Choice	2017 Choice vs. 2017 Benchmark
13	MI	\$33.50	below by \$0.67
14	ОН	\$27.40	below by \$4.90
15	IN, KY	\$26.60	below by \$5.46
16	WI	\$36.70	below by \$3.39
17	IL	\$28.40	below by \$0.28
18	MO	\$26.10	below by \$3.97
19	AR	\$15.70	below by \$6.88
20	MS	\$25.00	below by \$1.53
21	LA	\$24.20	below by \$8.60
22	TX	\$27.50	above by \$0.16
23	OK	\$28.10	below by \$2.73
24	KS	\$27.20	below by \$3.07

Source: SilverScript Insurance Company Actuarial Services, as of August 2, 2016 ▼ - indicates that this plan is Below Benchmark

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2017 SilverScript Choice Premiums Regions 25 Through 34

Region	States	2017 SilverScript Choice	2017 Choice vs. 2017 Benchmark
25	IA, MN, MT, ND, NE, SD, WY	\$31.30	below by \$2.72
26	NM	\$19.50 y	below by \$3.34
27	CO	\$32.00	below by \$0.04
28	AZ	\$29.70	below by \$5.41
29	NV	\$39.40	above by \$12.31
30	OR, WA	\$32.30	below by \$2.53
31	ID, UT	\$33.80	below by \$5.86
32	CA	\$29.90	below by \$6.38
33	HI	\$23.90	below by \$2.62
34	AK	\$54.40	above by \$20.34

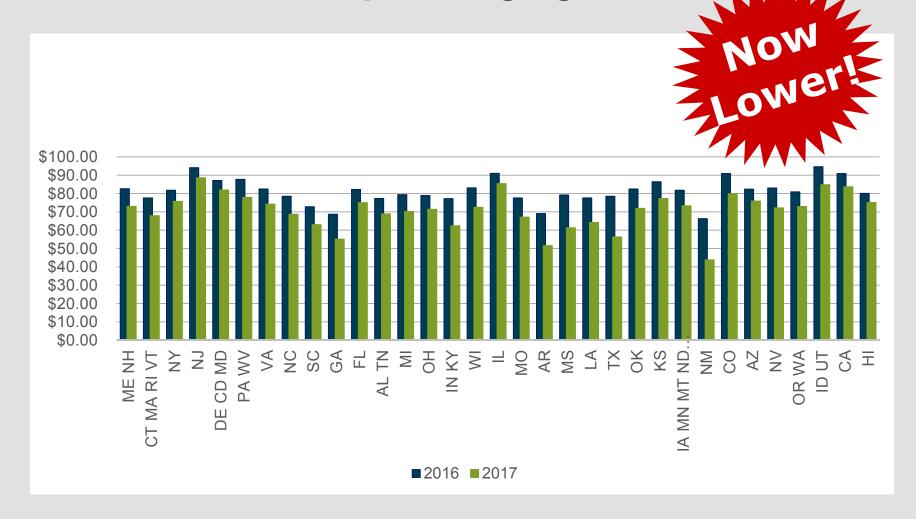
Source: SilverScript Insurance Company Actuarial Services, as of August 2, 2016 ▼ - indicates that this plan is Below Benchmark

2017 SilverScript Plus PDP

- Significantly LOWER premiums in 2017
- Enhanced plan with Tier 1 and Tier 2 gap coverage
- \$0 deductible applies to ALL 5 Tiers
- Preferred pharmacy network
 - Tier 1 has \$0 copay at retail and via mail
 - Tier 2 has \$3 copay at retail and \$0 90-day copay via mail
- Plan designs vary by region (not available in Alaska)

Source: SilverScript Insurance Company Actuarial Services, as of August 2, 2016

2017 SilverScript Plus PDP Monthly Premiums Reflect a Price Drop Averaging 13%



Source: SilverScript Insurance Company Actuarial Services, as of August 2, 2016.

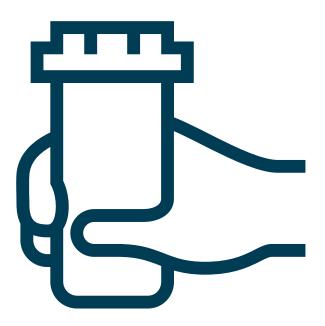
2017 SilverScript Plus PDP Design All States: Not Available in Alaska

Stage	SilverScript Plus		
Annual deductible	\$0 applies to ALL tiers		
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning members' initial coverage stage begins the day the plan takes effect		
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)	
	30-day	90-day	
Tier 1	\$0/\$10	\$0	
Tier 2	\$3/\$20	\$0	
Tier 3	As low as \$23/\$47	As low as \$57.50	
Tier 4	As low as 39%/50%	As low as 39%	
Tier 5	33%	N/A	
Coverage gap (donut hole)	Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$0/\$10	\$0	
Tier 2	\$3/\$20	\$0	
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost		
Catastrophic coverage (after donut hole)	Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic Drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All Other Drugs: Members pay the greater of 5% coinsurance of \$8.25 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 2, 2016 Premiums and coinsurance vary by region to comply with CMS equivalence rules.

SilverScript 2017

Formulary Information





BIG NEWS! SilverScript Has Two Formularies in 2017

- Both formularies have five tiers
- Overall counts are similar for both formularies
- Drugs covered on Plus formulary that are not covered on Choice formulary: Voltaren and Benicar
- SilverScript Plus formulary has slightly more drugs on Tier 1 than the SilverScript Choice formulary
 - Levothyroxine, omeprazole, and metoprolol succinate are the three drugs on Tier 1 of the Plus PDP that are on Tier 2 of the Choice PDP

NDC = National Drug Code
Maintained by the FDA, each NDC represents a drug and its strength and dosage form
All SilverScript formulary tiers include generics and brand drugs
Source: Formulary Management Department, June 2016.
This slide contains references to brand name prescription drugs that are trademarks or

2017 SilverScript Formularies



SilverScript Choice PDP contains 3,334 NDCs

100

Preferred Generics

Tier 1

489

Generics

Tier 2

869

Preferred Brands
Tier 3

1,327

Non-Preferred Drugs Tier 4 549

Specialty Tier Tier 5

SilverScript Plus PDP contains 3,341 NDCs

119

Preferred Generics

Tier 1

470

Generics

Tier 2

880

Preferred Brands
Tier 3

1,323

Non-Preferred Drugs Tier 4 549

Specialty Tier Tier 5

NDC = National Drug Code
Maintained by the FDA, each NDC represents a drug and its strength and dosage form
All SilverScript formulary tiers include generics and brand drugs
Source: Formulary Management Department, June 2016

2017 SilverScript Formulary Changes

Drugs on 2016 formulary but not on 2017 formularies		
Acyclovir Ointment	Ibandronate	
Azor	Jentadueta	
Benicar	Nasonex	
Benicar HCT	Nucynta ER	
Bidil	Olopatadine Nasal	
Clobetasol Propionate	Relpax	
Elidel	Rozerem	
Eliquis	Tanzeum	
Fenofibrate DR	Tekturna	
Fluocinonide	Tradjenta	
Harvoni	Tribenzor	

Source: Formulary Management Department, June 2016.

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2017 SilverScript Formulary Changes

Drugs on 2017 formularies but not on 2016 formulary

Adcirca

Cyproheptadine

Halobetasol

Hydroxyzine

Hysingla ER

Omeprazole 40 mg

Xeljanz

Pantoprazole

Source: Formulary Management Department, June 2016.

2017 Brands Going Generic

BRAND DRUGS REMAINING ON FORMULARY

Exelon patch

Nasonex (pending approval)

Nuvigil

Voltaren gel

NOTE: We have not yet added generics for any of these brand drugs to the 2017 formularies; therefore, the brand drugs are still covered

BRAND DRUGS REMOVED FROM FORMULARY

Astepro

Fazaclo

Namenda

Nexium

Prudoxin

Surmontil

NOTE: These are some of the brand drugs we have removed in 2017 due to generic availability that have not been implemented during the 2016 plan year

Source: Formulary Management Department, June 2016.

SilverScript 2017

Pharmacy Network





SilverScript Has Two Pharmacy Networks

SilverScript Choice Network: Consistent copays, coast to coast

 Members may fill their prescriptions at more than 67,000 Choice pharmacies and enjoy the same low copays and coinsurance

SilverScript Plus Network: More savings

 Members enjoy the advantages of the Choice network; plus preferred pricing is offered at more than 36,000 pharmacies for even lower copays and coinsurance

CVS Caremark Mail Service Pharmacy part of both PDP networks

Note: Preliminary pharmacy counts as of June 6, 2016

Help Your Clients Stay On Track By Recommending the Mail Service Pharmacy

- Peace of mind: Maintenance medications delivered on schedule
- Value: Save on 90-day copays vs. three 30-day supplies at retail
- Efficiency: Most prescriptions are filled within 48 hours
- Safety: Every prescription is inspected by an on-site pharmacist to help ensure accuracy and safety
- Guidance: Every shipment includes personalized prescription drug information for every medication and a 24/7 toll free number to speak with a registered pharmacist
- Connectivity: Members receive an online tracking number for all orders

Note: Savings on 90-day copayments at retail are not available for Arizona members.

SilverScript Measures Network Pharmacy **Performance**

SilverScript network pharmacies are held to high standards for service quality and clinical excellence

SilverScript network pharmacies deliver peace of mind to members who need to take their medications as prescribed, with confidence

Pharmacy performance is evaluated to help ensure members receive:

- Guidance
- Drug safety information

Members save with 90-day refills at retail or by mail

 Members can refill ongoing prescriptions for a full 90 days at their local pharmacy, or through the mail, and save more all year long

Notes: Savings on 90-day copays are only available for Tiers 1, 2, and 3. Savings on 90-day copayments at retail are not available for Arizona members.

SilverScript 2017 Pharmacy Networks

SILVERSCRIPT CHOICE NETWORK

Includes:

- CVS Pharmacy
- Walgreens
- Walmart
- · Sam's Club
- Costco
- Kroger
- Safeway
- Publix
- Albertsons
- Hy-Vee
- Winn Dixie
- Duane Reade and others
- Thousands of local, independent pharmacies

SILVERSCRIPT PLUS NETWORK

Preferred network includes:

- CVS Pharmacy
- Walgreens
- Costco and others
- Thousands of local, independent pharmacies

Providers that are preferred in 2016 that will not be preferred in 2017, include:

- Walmart
- Sam's Club

Note: Preliminary pharmacy counts as of June 6, 2016

SilverScript Choice PDP

Any network pharmacy.





SilverScript 2017

Good-to-Know Information





Annual Notice of Change (ANOC) Mailing

- Members must receive the ANOC package no later than September 30th
- The mailing waves will occur between August 23rd and September 19th
- Components are mailed in a polybag

SilverScript^{*}

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

SilverScript Choice (PDP) offered by SilverScript® Insurance Company

Annual Notice of Changes for 2017

You are currently enrolled as a member of SilverScript Choice (PDP). Next year, there will be some changes to the plan's costs and benefits. This booklet tells about the changes.

 You have from October 15 until December 7 to make changes to your Medicare coverage for next year.

Additional Resources

- This information is available for free in other languages.
- Please contact our Customer Care number at 1-866-235-5660 for additional information. (TTY users should call 711.) Hours are 24 hours a day, 7 days a week.
- Customer Care also has free language interpreter services available for non-English speakers.
- Esta información está disponible gratuitamente en otros idiomas. Comuníquese con nuestro Cuidado al Cliente al 1-866-235-5660 para obtener información adicional. (Los usuarios de teléfono de texto (TTY) deben llamar al 711). Estamos disponibles las 24 horas del día, los 7 días de la semana. El Cuidado al Cliente también tiene servicios de intérpretes gratuitos disponibles para personas que no hablan inglés.
- This information is available in a different format, including Braille and large print.
 Please call Customer Care if you need plan information in another format.

About SilverScript Choice (PDP)

- SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.
- When this booklet says "we," "us," or "our," it means SilverScript Insurance Company.
 When it says "plan" or "our plan," it means SilverScript Choice (PDP).

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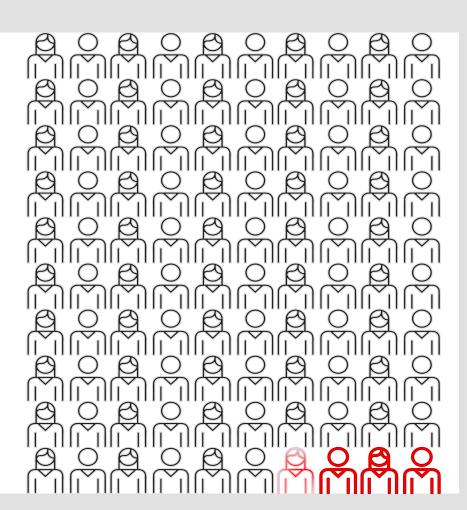
Form CMS 10260-ANOC/EOC (Approved 03/2014) OMB Approval 0938-1051 ANOC-9110-17

SilverScript Voluntary Disenrollment is Declining, Even as Membership is Increasing

SilverScript's 2016 AEP voluntary disenrollment rate was only 3.5%

Voluntary disenrollment factors:

- Cost & drug coverage
- Perpetual shopper
- Confusion leading to experience issues and CTMs
 - You have the opportunity to minimize confusion



Note: SSI 2016 AEP Attrition Analysis, July 2016

Annual Certification Options

Complete all courses on the SilverScript agent portal

Complete the AHIP Medicare Part C & Part D annual certification

- SilverScript now has a direct connection with the AHIP website

Marketing Materials for Agents

Ships in mid-September SilverScript agent portal

- Order
- Reorder
- Track shipments

Components

- Car coach
- Comprehensive formularies
- Brochure
- Plan guide
- Enrollment application
- Summary of benefits
- Star rating sheet
- · New enrollee reference guide
- Agent checklist

SilverScript Means Peace of Mind with Every Prescription

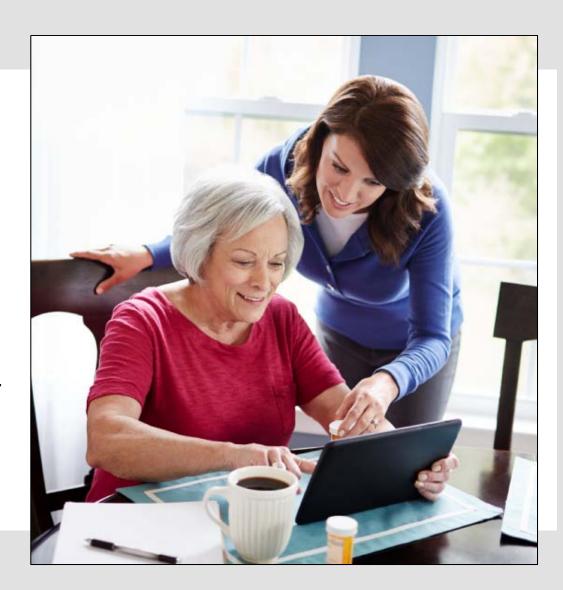
- \$0 Deductible¹
- Low Monthly Premiums
- Low Co-Pays





New Technology for SilverScript Agents

- Electronic scope of appointment (eSOA)
- Electronic enrollment application (eApp)
- Email notifications
- Email enrollment link
- iPad enrollment app for SilverScript agents
- SilverScript agent portal



Full-Service SilverScript Enrollment Portal

Tools

- Plan comparison, formulary and pharmacy search tools
- Free training and certification
- Online enrollment processing with automated email confirmations
- Marketing supply room to place and track orders or download materials
- Secure message center

Resources

- Enrollment status reports
- Downloadable temporary ID cards
- Reference materials includes member forms

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SilverScript Pays CMS Maximum Commissions

- CMS raised the PDP commission ceiling and so did SilverScript
 - 2017 commission for initial year in a Part D plan is \$71
 - 2017 commission for renewals in a Part D plan is \$36
- SilverScript Choice and SilverScript Plus are both commissionable
- SilverScript pays annual commission during the month that the policy becomes effective
- Renewal compensation continues as long as member remains in plan and agent remains in "good standing"
- Annual certification must be completed by last day of AEP (December 7th) to be eligible for renewal compensation
- 2017 referral agent one-time finders fee remains \$25

Agent/Agency Recruitment and Re-Engagement

Recruit

- Agents selling Medicare Supplement policies from carriers that do not offer PDPs
- Agents with significantly more Med Supp policies than PDP policies

Re-engage

- Agents termed due to inactivity
- Agents who did not write new policies during 2016 AEP
- Agents with less than 10 active policies

Re-contract

Shift Referral agents to more robust marketing agent program

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Why Agents Like Working with SilverScript

- SilverScript Choice PDP is extremely competitive
- SilverScript Choice PDP members pay the same copays at any network pharmacy
- SilverScript is a niche player yet has the #1 market share
- SilverScript doesn't cut out the agent
- SilverScript plan designs have been consistent since 2013
- SilverScript provides agents with application enrollment status
- SilverScript continues to pay highest allowable new and renewal commission rates on all of its PDPs

SilverScript Brand Positioning Statement

For those considering a PDP to meet their Medicare prescription drug needs, SilverScript Insurance is the clear Part D leader combining expertise through specialization on Part D insurance with low total costs

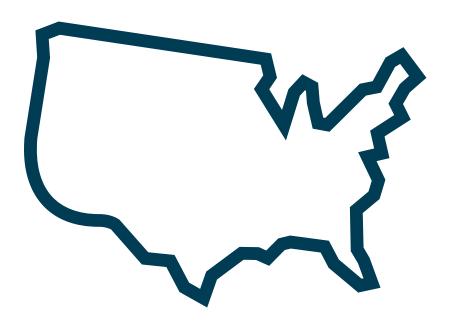
Appendix





SilverScript 2017

State-Specific Plan Designs Premiums





State	Region	SilverScript Choice	SilverScript Plus
Alabama	12	\$28.90	\$68.90
Alaska	34	\$54.40	Not Available
Arizona	28	\$29.70	\$75.90
Arkansas	19	\$15.70	\$51.60
California	32	\$29.90	\$83.70
Colorado	27	\$32.00	\$79.90
Connecticut	2	\$32.30	\$67.90
Delaware	5	\$33.90	\$81.90
District of Columbia	5	\$33.90	\$81.90
Florida	11	\$28.90	\$75.00
Georgia	10	\$22.80	\$55.10
Hawaii	33	\$23.90	\$75.10
Idaho	31	\$33.80	\$84.80

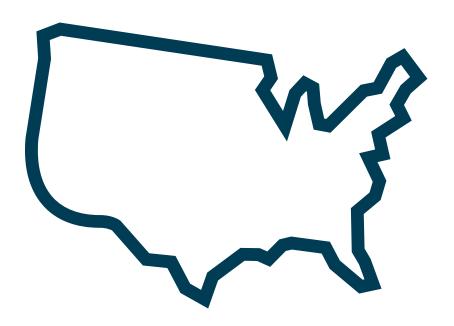
State	Region	SilverScript Choice	SilverScript Plus
Illinois	17	\$28.40	\$85.40
Indiana	15	\$26.60	\$62.40
lowa	25	\$31.30	\$73.30
Kansas	24	\$27.20	\$77.30
Kentucky	15	\$26.60	\$62.40
Louisiana	21	\$24.20	\$64.20
Maine	1	\$32.10	\$73.00
Maryland	5	\$33.90	\$81.90
Massachusetts	2	\$32.30	\$67.90
Michigan	13	\$33.50	\$70.20
Minnesota	25	\$31.30	\$73.30
Mississippi	20	\$25.00	\$61.30
Missouri	18	\$26.10	\$67.10

State	Region	SilverScript Choice	SilverScript Plus
Montana	17	\$31.30	\$73.30
Nebraska	15	\$31.30	\$73.30
Nevada	25	\$39.40	\$72.20
New Hampshire	24	\$32.10	\$73.00
New Jersey	15	\$39.50	\$88.60
New Mexico	21	\$19.50	\$43.80
New York	1	\$30.80	\$75.70
North Carolina	5	\$29.30	\$68.70
North Dakota	2	\$31.30	\$73.30
Ohio	13	\$27.40	\$71.40
Oklahoma	25	\$28.10	\$71.90
Oregon	20	\$32.30	\$72.90
Pennsylvania	6	\$28.50	\$77.90

State	Region	SilverScript Choice	SilverScript Plus
Rhode Island	2	\$32.30	\$67.90
South Carolina	9	\$25.20	\$63.00
South Dakota	25	\$31.30	\$73.30
Tennessee	12	\$28.90	\$68.90
Texas	22	\$27.50	\$56.30
Utah	31	\$33.80	\$84.80
Vermont	2	\$32.30	\$67.90
Virginia	7	\$30.80	\$74.20
Washington	30	\$32.30	\$72.90
West Virginia	6	\$28.50	\$77.90
Wisconsin	17	\$36.70	\$72.50
Wyoming	25	\$31.30	\$73.30

SilverScript 2017

State-Specific Plan Designs SilverScript Choice PDP





2017 SilverScript Choice PDP Design Alabama - Region 12

Stage			SilverScript Ch	поісе	
Premium		\$28.90	\$28.90 [\$2.86 below regional benchmark of \$31.76]		
Annual deductible			\$0 applies to all	tiers	
Initial coverage (ICL))	meaning mem	SilverScript Choice is a \$0 obers' initial coverage stage beg	deductible plan gins the day the plan takes effect	
		Standard Re	tail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
Т	Γier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
Т	Γier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
Т	Γier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
Т	Γier 4	44% - 50%	44% - 50%	44% - 50%	
Т	Γier 5	33%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 ir Ge	n total yearly drug costs (not inc eneric drugs: Members pa	ay 51% of the cost	
Catastrophic coverage (after donut hole)	ge	\$4, Generic drugs: M	Brand drugs: Members pay 40% of the cost Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay		

2017 SilverScript Choice PDP Design Alaska - Region 34

Stage	9	SilverScript Choice			
Premium		\$54.40	\$54.40 [\$20.34 above regional benchmark of \$34.06]		
Annual deductil	ble		\$400 applies to	all tiers	
Initial coverage	(ICL)				
		Standard Ret	ail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$1	\$2.50	\$2.50	
	Tier 2	\$4	\$10	\$10	
	Tier 3	15%	15%	15%	
	Tier 4	35%	35%	35%	
	Tier 5	25%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 in Ge	stage and enter the Medicar total yearly drug costs (not in neric drugs: Members p and drugs: Members pa	pay 51% of the cost	
Catastrophic co (after donut hol	•	\$4, Generic drugs: Mo	950 out of pocket (not includii embers pay the greater o	ge stage when they have spenting monthly premiums) of 5% coinsurance of \$3.30 copay of 5% coinsurance of \$8.25 copay	

2017 SilverScript Choice PDP Design Arizona - Region 28

Stage			SilverScript Ch	noice		
Premium		\$29.70	\$29.70 [\$5.41 below regional benchmark of \$35.11]			
Annual deductible			\$0 applies to all	l tiers		
Initial coverage (IC	CL)	meaning memb	SilverScript Choice is a \$0 ders' initial coverage stage beg	deductible plan gins the day the plan takes effect		
		Standard Ret	ail Pharmacy	Preferred Mail Service Pharmacy		
		30-day	90-day	90-day		
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50		
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50		
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50		
	Tier 4	44% - 50%	44% - 50%	44% - 50%		
	Tier 5	33%	N/A	N/A		
Coverage gap (donut hole)		\$3,700 in Ger	Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums) Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost			
Catastrophic cover (after donut hole)	rage	\$4,9 Generic drugs: Me	950 out of pocket (not including embers pay the greater o	e stage when they have spent g monthly premiums) f 5% coinsurance of \$3.30 copay of 5% coinsurance of \$8.25 copay		

2017 SilverScript Choice PDP Design Arkansas - Region 19

Stage			SilverScript Ch	noice	
Premium		\$15.70	\$15.70 [\$6.88 below regional benchmark of \$22.58]		
Annual deductible	:		\$0 applies to all	l tiers	
Initial coverage (IC	CL)	meaning memb	SilverScript Choice is a \$0 pers' initial coverage stage beg	deductible plan gins the day the plan takes effect	
		Standard Ref	tail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 in Ge	stage and enter the Medicare total yearly drug costs (not in- neric drugs: Members pa and drugs: Members pay	ay 51% of the cost	
Catastrophic cove (after donut hole)	erage	\$4, Generic drugs: Mo	950 out of pocket (not includin embers pay the greater o	e stage when they have spent g monthly premiums) of 5% coinsurance of \$3.30 copay of 5% coinsurance of \$8.25 copay	

2017 SilverScript Choice PDP Design California - Region 32

Stage			SilverScript Cl	hoice	
Premium		\$29.90	\$29.90 [\$6.38 below regional benchmark of \$36.28]		
Annual deductible	е		\$0 applies to al	l tiers	
Initial coverage (I	ICL)	meaning memb	SilverScript Choice is a \$0 pers' initial coverage stage beg	deductible plan gins the day the plan takes effect	
		Standard Ret	ail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 in Gei	total yearly drug costs (not in- neric drugs: Members pa	ay 51% of the cost	
Catastrophic cov (after donut hole)	-	\$4, Generic drugs: Me	Brand drugs: Members pay 40% of the cost Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay		

2017 SilverScript Choice PDP Design Colorado - Region 27

Stage			SilverScript Cl	hoice	
Premium		\$32.00	\$32.00 [\$0.04 below regional benchmark of \$32.04]		
Annual deductibl	е		\$0 applies to al	Il tiers	
Initial coverage (ICL)	meaning memb	SilverScript Choice is a \$0 pers' initial coverage stage be	deductible plan gins the day the plan takes effect	
		Standard Ret	ail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 in Gei	total yearly drug costs (not in neric drugs: Members pa	ay 51% of the cost	
Catastrophic cov (after donut hole)	_	\$4, Generic drugs: Me	Brand drugs: Members pay 40% of the cost Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay		

2017 SilverScript Choice PDP Design Connecticut - Region 2

Stage			SilverScript Ch	поісе	
Premium		\$32.30	\$32.30 [\$2.53 below regional benchmark of \$34.83]		
Annual deductible	е		\$0 applies to all	l tiers	
Initial coverage (I	CL)	meaning memb	SilverScript Choice is a \$0 pers' initial coverage stage beg	deductible plan gins the day the plan takes effect	
		Standard Ret	tail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 in Gei	stage and enter the Medicare total yearly drug costs (not in- neric drugs: Members pa and drugs: Members pay	ay 51% of the cost	
Catastrophic cove (after donut hole)	_	\$4, Generic drugs: Me		, ,	

2017 SilverScript Choice PDP Design Delaware - Region 5

Stage			SilverScript Cl	hoice	
Premium		\$33.90	\$33.90 [\$0.68 above regional benchmark of \$33.22]		
Annual deductible	е		\$0 applies to al	I tiers	
Initial coverage (I	ICL)	meaning memb	SilverScript Choice is a \$0 pers' initial coverage stage beg	deductible plan gins the day the plan takes effect	
		Standard Ref	tail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 in Gel	stage and enter the Medicare total yearly drug costs (not in- neric drugs: Members pa and drugs: Members pa	ay 51% of the cost	
Catastrophic cov (after donut hole)	-	\$4, Generic drugs: Mo	950 out of pocket (not includin embers pay the greater o	e stage when they have spent og monthly premiums) of 5% coinsurance of \$3.30 copay of 5% coinsurance of \$8.25 copay	

2017 SilverScript Choice PDP Design District of Columbia - Region 5

Stage	SilverScript Choice			
Premium	\$33.90 [\$0.68 above regional benchmark of \$33.22]			
Annual deductible		\$0 applies to all	tiers	
Initial coverage (ICL)	meaning mem	SilverScript Choice is a \$0 obers' initial coverage stage beg	deductible plan jins the day the plan takes effect	
	Standard Re	tail Pharmacy	Preferred Mail Service Pharmacy	
	30-day	90-day	90-day	
Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
Tier 4	44% - 50%	44% - 50%	44% - 50%	
Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)	Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums) Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost			
Catastrophic coverage (after donut hole)	Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay			

2017 SilverScript Choice PDP Design Florida - Region 11

Stage			SilverScript Cl	hoice	
Premium		\$28.90 [\$0.23 below regional benchmark of \$29.13]			
Annual deductib	ole		\$0 applies to al	l tiers	
Initial coverage	(ICL)	meaning memb	SilverScript Choice is a \$0 pers' initial coverage stage be	deductible plan gins the day the plan takes effect	
		Standard Ret	ail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums) Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost			
Catastrophic co (after donut hole	•	\$4,9 Generic drugs: Me	950 out of pocket (not including embers pay the greater of	e stage when they have spent g monthly premiums) of 5% coinsurance of \$3.30 copay of 5% coinsurance of \$8.25 copay	

2017 SilverScript Choice PDP Design Georgia - Region 10

Stage		SilverScript Choice			
Premium	\$22.80	\$22.80 [\$3.63 below regional benchmark of \$26.43]			
Annual deductible		\$0 applies to all	tiers		
Initial coverage (ICL)	meaning memb	SilverScript Choice is a \$0 ders' initial coverage stage beg	deductible plan gins the day the plan takes effect		
	Standard Ret	ail Pharmacy	Preferred Mail Service Pharmacy		
	30-day	90-day	90-day		
Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50		
Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50		
Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50		
Tier 4	44% - 50%	44% - 50%	44% - 50%		
Tier 5	33%	N/A	N/A		
Coverage gap (donut hole)	\$3,700 in Ger	Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums) Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost			
Catastrophic coverage (after donut hole)	\$4,9 Generic drugs: Me	. , .	· ·		

2017 SilverScript Choice PDP Design Hawaii - Region 33

Stage		SilverScript Choice				
Premium		\$23.90 [\$2.62 below regional benchmark of \$26.52]				
Annual deductib	ole		\$400 applies to	all tiers		
Initial coverage	(ICL)					
		Standard Reta	ail Pharmacy	Preferred Mail Service Pharmacy		
		30-day	90-day	90-day		
	Tier 1	\$1	\$2.50	\$2.50		
	Tier 2	\$4	\$10	\$10		
	Tier 3	17%	17%	17%		
	Tier 4	36%	36%	36%		
	Tier 5	25%	N/A	N/A		
Coverage gap (donut hole)		\$3,700 in Gen	stage and enter the Medican total yearly drug costs (not in eric drugs: Members p and drugs: Members pa	ay 51% of the cost		
Catastrophic co (after donut hole	_	\$4,9 Generic drugs: Me	50 out of pocket (not including mbers pay the greater of	e stage when they have spent ng monthly premiums) of 5% coinsurance of \$3.30 copay of 5% coinsurance of \$8.25 copay		

2017 SilverScript Choice PDP Design Idaho - Region 31

Stage			SilverScript Choice			
Premium		\$33.80	\$33.80 [\$5.86 below regional benchmark of \$39.66]			
Annual deductible	е		\$0 applies to al	I tiers		
Initial coverage (I	CL)	meaning memb	SilverScript Choice is a \$0 pers' initial coverage stage beg	deductible plan gins the day the plan takes effect		
		Standard Ret	tail Pharmacy	Preferred Mail Service Pharmacy		
		30-day	90-day	90-day		
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50		
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50		
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50		
	Tier 4	44% - 50%	44% - 50%	44% - 50%		
	Tier 5	33%	N/A	N/A		
Coverage gap (donut hole)		Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums) Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost				
Catastrophic cove (after donut hole)	_	\$4, Generic drugs: Me	Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay			

2017 SilverScript Choice PDP Design Illinois - Region 17

Stage			SilverScript Choice			
Premium		\$28.40	\$28.40 [\$0.28 below regional benchmark of \$28.68]			
Annual deductible	;		\$0 applies to al	l tiers		
Initial coverage (I	CL)	meaning memb	SilverScript Choice is a \$0 pers' initial coverage stage beg	deductible plan gins the day the plan takes effect		
		Standard Ref	tail Pharmacy	Preferred Mail Service Pharmacy		
		30-day	90-day	90-day		
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50		
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50		
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50		
	Tier 4	44% - 50%	44% - 50%	44% - 50%		
	Tier 5	33%	N/A	N/A		
Coverage gap (donut hole)		Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums) Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost				
Catastrophic cove (after donut hole)	•	\$4, Generic drugs: Mo	950 out of pocket (not includin embers pay the greater o	e stage when they have spent g monthly premiums) of 5% coinsurance of \$3.30 copay of 5% coinsurance of \$8.25 copay		

2017 SilverScript Choice PDP Design Indiana - Region 15

Stage		SilverScript Choice			
Premium	\$26.6	\$26.60 [\$5.46 below regional benchmark of \$32.06]			
Annual deductible		\$0 applies to all t	tiers		
Initial coverage (ICL)	meaning mer	SilverScript Choice is a \$0 dembers' initial coverage stage begin	•		
	Standard R	etail Pharmacy	Preferred Mail Service Pharmacy		
	30-day	90-day	90-day		
Tier	1 \$3 - \$7	\$7.50 - \$21	\$0 - \$17.50		
Tier	2 \$12 - \$20	\$30 - \$60	\$30 - \$50		
Tier	3 \$42 - \$47	\$105 - \$141	\$105 - \$117.50		
Tier	4 44% - 50%	44% - 50%	44% - 50%		
Tier	5 33%	N/A	N/A		
Coverage gap (donut hole)	\$3,700 G	Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums) Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost			
Catastrophic coverage (after donut hole)	\$. Generic drugs: f	. , ,	·		

2017 SilverScript Choice PDP Design lowa - Region 25

Stage			SilverScript Choice			
Premium		\$31.30	\$31.30 [\$2.72 below regional benchmark of \$34.02]			
Annual deductible			\$0 applies to all	tiers		
Initial coverage (ICL	_)	meaning memb	SilverScript Choice is a \$0 opers' initial coverage stage beg	deductible plan gins the day the plan takes effect		
		Standard Ref	tail Pharmacy	Preferred Mail Service Pharmacy		
		30-day	90-day	90-day		
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50		
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50		
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50		
	Tier 4	44% - 50%	44% - 50%	44% - 50%		
	Tier 5	33%	N/A	N/A		
Coverage gap (donut hole)		Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums) Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost				
Catastrophic covera (after donut hole)	age	\$4, Generic drugs: Mo				

2017 SilverScript Choice PDP Design Kansas - Region 24

Stage		SilverScript Choice			
Premium	\$27.20	\$27.20 [\$3.07 below regional benchmark of \$30.27]			
Annual deductible		\$0 applies to all	tiers		
Initial coverage (ICL)	meaning memb	SilverScript Choice is a \$0 coers' initial coverage stage beg	deductible plan gins the day the plan takes effect		
	Standard Ret	ail Pharmacy	Preferred Mail Service Pharmacy		
	30-day	90-day	90-day		
Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50		
Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50		
Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50		
Tier 4	44% - 50%	44% - 50%	44% - 50%		
Tier 5	33%	N/A	N/A		
Coverage gap (donut hole)	\$3,700 in Ger	stage and enter the Medicare total yearly drug costs (not inc neric drugs: Members pa and drugs: Members pay	y 51% of the cost		
Catastrophic coverage (after donut hole)	\$4,9 Generic drugs: Me		•		

2017 SilverScript Choice PDP Design Kentucky - Region 15

Stage			SilverScript Choice			
Premium		\$26.60	\$26.60 [\$5.46 below regional benchmark of \$32.06]			
Annual deductible	е		\$0 applies to al	Il tiers		
Initial coverage (I	CL)	meaning memb	SilverScript Choice is a \$0 pers' initial coverage stage beg	deductible plan gins the day the plan takes effect		
		Standard Ret	ail Pharmacy	Preferred Mail Service Pharmacy		
		30-day	90-day	90-day		
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50		
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50		
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50		
	Tier 4	44% - 50%	44% - 50%	44% - 50%		
	Tier 5	33%	N/A	N/A		
Coverage gap (donut hole)		Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums) Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost				
Catastrophic cove (after donut hole)	_	\$4,9 Generic drugs: Me	950 out of pocket (not includin embers pay the greater o	e stage when they have spent og monthly premiums) of 5% coinsurance of \$3.30 copay of 5% coinsurance of \$8.25 copay		

2017 SilverScript Choice PDP Design Louisiana - Region 21

Stage			SilverScript Choice			
Premium		\$24.20	\$24.20 [\$8.60 below regional benchmark of \$32.80]			
Annual deductible			\$0 applies to al	l tiers		
Initial coverage (IC	CL)	meaning memb	SilverScript Choice is a \$0 pers' initial coverage stage beg	deductible plan gins the day the plan takes effect		
		Standard Ret	ail Pharmacy	Preferred Mail Service Pharmacy		
		30-day	90-day	90-day		
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50		
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50		
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50		
	Tier 4	44% - 50%	44% - 50%	44% - 50%		
	Tier 5	33%	N/A	N/A		
Coverage gap (donut hole)		Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums) Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost				
Catastrophic cove (after donut hole)	rage	\$4,9 Generic drugs: Me	950 out of pocket (not includin embers pay the greater o	e stage when they have spent g monthly premiums) of 5% coinsurance of \$3.30 copay of 5% coinsurance of \$8.25 copay		

2017 SilverScript Choice PDP Design Maine - Region 1

Stage		SilverScript Choice			
Premium		\$32.10	[\$0.89 below regional	gional benchmark of \$32.99]	
Annual deductib	ole		\$0 applies to al	l tiers	
Initial coverage	(ICL)	meaning memb	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Ref	tail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 in Ge	stage and enter the Medicare total yearly drug costs (not in neric drugs: Members pa and drugs: Members pa	ay 51% of the cost	
Catastrophic coverage (after donut hole)		\$4, Generic drugs: Mo	Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay		

2017 SilverScript Choice PDP Design Maryland - Region 5

Stage			SilverScript Choice		
Premium		\$33.90	\$33.90 [\$0.68 above regional benchmark of \$33.22]		
Annual deductible	е		\$0 applies to al	I tiers	
Initial coverage (I	ICL)	meaning memb	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Ref	tail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 in Gel	stage and enter the Medicare total yearly drug costs (not in neric drugs: Members pa and drugs: Members pa	ay 51% of the cost	
Catastrophic coverage (after donut hole)		\$4, Generic drugs: Mo	Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay		

2017 SilverScript Choice PDP Design Massachusetts - Region 2

Stage		SilverScript Choice			
Premium		\$32.30 [\$2.53 below regional benchmark of \$34.83]			
Annual deductib	le		\$0 applies to al	l tiers	
Initial coverage ((ICL)	meaning memb	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Ret	tail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 in Gei	stage and enter the Medicare total yearly drug costs (not in neric drugs: Members pa and drugs: Members pa	ay 51% of the cost	
Catastrophic coverage (after donut hole)		\$4, Generic drugs: Mo	Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay		

2017 SilverScript Choice PDP Design Michigan - Region 13

Stage			SilverScript Choice		
Premium		\$33.50 [\$0.67 below regional benchmark of \$34.17]			
Annual deductible	е		\$0 applies to all	l tiers	
Initial coverage (I	ICL)	meaning meml	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Re	tail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 in Ge	stage and enter the Medicare total yearly drug costs (not in- neric drugs: Members pa and drugs: Members pay	ay 51% of the cost	
Catastrophic coverage (after donut hole)		\$4, Generic drugs: M		· ·	

2017 SilverScript Choice PDP Design Minnesota - Region 25

Stage		SilverScript Ch	noice		
Premium	\$31.30	\$31.30 [\$2.72 below regional benchmark of \$34.02]			
Annual deductible		\$0 applies to all	tiers		
Initial coverage (ICL)	meaning memb	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect			
	Standard Ret	ail Pharmacy	Preferred Mail Service Pharmacy		
	30-day	90-day	90-day		
Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50		
Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50		
Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50		
Tier 4	44% - 50%	44% - 50%	44% - 50%		
Tier 5	33%	N/A	N/A		
Coverage gap (donut hole)	\$3,700 in Ger	stage and enter the Medicare total yearly drug costs (not inc neric drugs: Members pa and drugs: Members pay	y 51% of the cost		
Catastrophic coverage (after donut hole)	\$4,9 Generic drugs: Me	Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay			

2017 SilverScript Choice PDP Design Mississippi - Region 20

		<u> </u>			
Stage		SilverScript Choice			
Premium		\$25.00 [\$1.53 below regional benchmark of \$26.53]			
Annual deductib	ole		\$0 applies to al	II tiers	
Initial coverage	(ICL)	meaning membe	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Reta	ail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums) Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost			
Catastrophic coverage (after donut hole)		Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay			

2017 SilverScript Choice PDP Design Missouri - Region 18

Stage			SilverScript Cl	hoice	
Premium		\$26.10	\$26.10 [\$3.97 below regional benchmark of \$30.07]		
Annual deductible	:		\$0 applies to al	l tiers	
Initial coverage (IC	CL)	meaning memb	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Ret	ail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 in Ger	stage and enter the Medicare total yearly drug costs (not in- neric drugs: Members pa and drugs: Members pa	ay 51% of the cost	
Catastrophic coverage (after donut hole)		\$4,9 Generic drugs: Me	Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay		

2017 SilverScript Choice PDP Design Montana - Region 25

Stage			SilverScript Cl	hoice	
Premium		\$31.30	\$31.30 [\$2.72 below regional benchmark of \$34.02]		
Annual deductible	;		\$0 applies to al	I tiers	
Initial coverage (IC	CL)	meaning memb	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Ret	ail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 in Ger	stage and enter the Medicare total yearly drug costs (not in- neric drugs: Members pa and drugs: Members pa	ay 51% of the cost	
Catastrophic coverage (after donut hole)		\$4,9 Generic drugs: Me	Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay		

2017 SilverScript Choice PDP Design Nebraska - Region 25

		•			
Stage)	SilverScript Choice			
Premium		\$31.30 [\$2.72 below regional benchmark of \$34.02]			
Annual deductib	ole		\$0 applies to al	Il tiers	
Initial coverage	(ICL)	meaning memb	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Reta	ail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums) Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost			
Catastrophic coverage (after donut hole)		\$4,9 Generic drugs: Me	Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay		

2017 SilverScript Choice PDP Design Nevada - Region 29

Stage			SilverScript Ch	поісе	
Premium \$39.4			[\$12.31 above regional	benchmark of \$27.09]	
Annual deductible	!		\$0 applies to all	l tiers	
Initial coverage (IC	CL)	meaning memb	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Ref	tail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums) Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost			
Catastrophic coverage (after donut hole)		\$4, Generic drugs: Mo	Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay		

2017 SilverScript Choice PDP Design New Hampshire - Region 1

	•				
Stage		SilverScript Choice			
Premium		\$32.10 [\$0.89 below regional benchmark of \$32.99]			
Annual deductib	ole		\$0 applies to al	l tiers	
Initial coverage	(ICL)	meaning memb	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Ret	ail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums) Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost			
Catastrophic coverage (after donut hole)		Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay			

2017 SilverScript Choice PDP design New Jersey - Region 4

Stage		SilverScript Cl	hoice		
Premium	\$39.50	[\$1.31 below regional	below regional benchmark of \$40.81]		
Annual deductible		\$0 applies to al	l tiers		
Initial coverage (ICL)	meaning mem	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect			
	Standard Re	tail Pharmacy	Preferred Mail Service Pharmacy		
	30-day	90-day	90-day		
Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50		
Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50		
Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50		
Tier 4	44% - 50%	44% - 50%	44% - 50%		
Tier 5	33%	N/A	N/A		
Coverage gap (donut hole)	Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums) Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost				
Catastrophic coverage (after donut hole)	Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay				

2017 SilverScript Choice PDP Design New Mexico - Region 26

Stage			SilverScript Cl	hoice		
Premium		\$19.50	\$19.50 [\$3.34 below regional benchmark of \$22.84]			
Annual deductib	ole		\$0 applies to al	l tiers		
Initial coverage	(ICL)	meaning memb	SilverScript Choice is a \$0 ers' initial coverage stage be	deductible plan gins the day the plan takes effect		
		Standard Ret	ail Pharmacy	Preferred Mail Service Pharmacy		
		30-day	90-day	90-day		
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50		
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50		
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50		
	Tier 4	44% - 50%	44% - 50%	44% - 50%		
	Tier 5	33%	N/A	N/A		
Coverage gap (donut hole)		\$3,700 in Ger	stage and enter the Medicare total yearly drug costs (not in neric drugs: Members pa and drugs: Members pa	ay 51% of the cost		
Catastrophic coverage (after donut hole)		\$4,9 Generic drugs: Me	950 out of pocket (not including embers pay the greater of	e stage when they have spent g monthly premiums) of 5% coinsurance of \$3.30 copay of 5% coinsurance of \$8.25 copay		

2017 SilverScript Choice PDP Design New York - Region 3

Stage			SilverScript Cl	hoice	
Premium		\$30.80	\$30.80 [\$10.19 below regional benchmark of \$40.99]		
Annual deductible	:		\$0 applies to al	I tiers	
Initial coverage (IC	CL)	meaning memb	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Ret	ail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 in Ger	stage and enter the Medicare total yearly drug costs (not in neric drugs: Members pa and drugs: Members pa	ay 51% of the cost	
Catastrophic coverage (after donut hole)		\$4,9 Generic drugs: Me	950 out of pocket (not includin embers pay the greater o	e stage when they have spent og monthly premiums) of 5% coinsurance of \$3.30 copay of 5% coinsurance of \$8.25 copay	

2017 SilverScript Choice PDP Design North Carolina - Region 8

			011 0 1 1 0	
Stage		SilverScript Choice		
Premium		\$29.30 [\$2.07 below regional benchmark of \$31.37]		
Annual deductible			\$0 applies to all	tiers
Initial coverage (ICL)		meaning meml	SilverScript Choice is a \$0 coers' Initial Coverage stage beg	deductible plan gins the day the plan takes effect
		Standard Re	tail Pharmacy	Preferred Mail Service Pharmacy
		30-day	90-day	90-day
Ti	er 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50
Ti	er 2	\$12 - \$20	\$30 - \$60	\$30 - \$50
Ti	er 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50
Ti	er 4	44% - 50%	44% - 50%	44% - 50%
Ti	er 5	33%	N/A	N/A
Coverage gap (donut hole)		\$3,700 ir Ge	stage and enter the Medicare n total yearly drug costs (not inc neric drugs: Members pa rand drugs: Members pay	y 51% of the cost
Catastrophic coverage (after donut hole)		\$4, Generic drugs: M		• •

2017 SilverScript Choice PDP Design North Dakota - Region 25

Stage			SilverScript Choi	ce
Premium		\$31.30 [\$2.72 below regional benchmark of \$34.02]		
Annual deductible			\$0 applies to all tie	ers
Initial coverage (ICL)		SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Retail F	harmacy	Preferred Mail Service Pharmacy
		30-day	90-day	90-day
Tie	er 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50
Tie	er 2 \$	512 - \$20	\$30 - \$60	\$30 - \$50
Tie	er 3 \$	642 - \$47	\$105 - \$141	\$105 - \$117.50
Tie	er 4 4	4% - 50%	44% - 50%	44% - 50%
Tie	er 5	33%	N/A	N/A
Coverage gap (donut hole)	М	\$3,700 in total Generic	yearly drug costs (not includ drugs: Members pay !	51% of the cost
Catastrophic coverage (after donut hole)		Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay		

2017 SilverScript Choice PDP Design Ohio - Region 14

Stage		SilverScript Cl	noice	
Premium	\$27.40	[\$4.90 below regional	benchmark of \$32.30]	
Annual deductible		\$0 applies to al	I tiers	
Initial coverage (ICL)	meaning mem	SilverScript Choice is a \$0 bers' initial coverage stage be	deductible plan gins the day the plan takes effect	
	Standard Re	tail Pharmacy	Preferred Mail Service Pharmacy	
	30-day	90-day	90-day	
Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
Tier 4	44% - 50%	44% - 50%	44% - 50%	
Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)	\$3,700 ir Ge	n total yearly drug costs (not in neric drugs: Members pa	ay 51% of the cost	
Catastrophic coverage (after donut hole)	\$4, Generic drugs: M	Brand drugs: Members pay 40% of the cost Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay		

2017 SilverScript Choice PDP Design Oklahoma - Region 23

Stage			SilverScript Cl	hoice	
Premium		\$28.10	\$28.10 [\$2.73 below regional benchmark of \$30.83]		
Annual deductible)		\$0 applies to al	I tiers	
Initial coverage (I	CL)	meaning memb	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Ret	tail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 in Ger	stage and enter the Medicare total yearly drug costs (not in neric drugs: Members pa and drugs: Members pa	ay 51% of the cost	
Catastrophic coverage (after donut hole)		\$4,9 Generic drugs: Me	950 out of pocket (not includin embers pay the greater o	e stage when they have spent og monthly premiums) of 5% coinsurance of \$3.30 copay of 5% coinsurance of \$8.25 copay	

2017 SilverScript Choice PDP Design Oregon - Region 30

Stage			SilverScript Cl	hoice	
Premium		\$32.30	[\$2.53 below regional	benchmark of \$34.83]	
Annual deductib	ole		\$0 applies to al	I tiers	
Initial coverage	(ICL)	meaning memb	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Ret	ail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums) Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost			
Catastrophic coverage (after donut hole)		\$4,9 Generic drugs: Me	50 out of pocket (not including embers pay the greater of	e stage when they have spent g monthly premiums) of 5% coinsurance of \$3.30 copay of 5% coinsurance of \$8.25 copay	

2017 SilverScript Choice PDP Design Pennsylvania - Region 6

Stage		SilverScript Che	oice	
Premium	\$28.50	[\$10.95 below regional I	benchmark of \$39.45]	
Annual deductible		\$0 applies to all	tiers	
Initial coverage (ICL)	meaning mem	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
	Standard Re	etail Pharmacy	Preferred Mail Service Pharmacy	
	30-day	90-day	90-day	
Tier	1 \$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
Tier	2 \$12 - \$20	\$30 - \$60	\$30 - \$50	
Tier	3 \$42 - \$47	\$105 - \$141	\$105 - \$117.50	
Tier	4 44% - 50%	44% - 50%	44% - 50%	
Tier	5 33%	N/A	N/A	
Coverage gap (donut hole)	\$3,700 ir Ge	n total yearly drug costs (not inclenderic drugs: Members pay	y 51% of the cost	
Catastrophic coverage (after donut hole)	\$4 Generic drugs: M	Brand drugs: Members pay 40% of the cost Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay		

2017 SilverScript Choice PDP Design Rhode Island - Region 2

Stage		SilverScript C	Choice	
Premium		\$32.30 [\$2.53 below regional benchmark of \$34.83]		
Annual deductible		\$0 applies to a	all tiers	
Initial coverage (ICL)	mea	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
	Stan	dard Retail Pharmacy	Preferred Mail Service Pharmacy	
	30-day	90-day	90-day	
Tie	r 1 \$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
Tie	r 2 \$12 - \$20	\$30 - \$60	\$30 - \$50	
Tie	r 3 \$42 - \$47	\$105 - \$141	\$105 - \$117.50	
Tie	r 4 44% - 50%	44% - 50%	44% - 50%	
Tie	r 5 33%	N/A	N/A	
Coverage gap (donut hole)	Members lea	ave the ICL stage and enter the Medical \$3,700 in total yearly drug costs (not i Generic drugs: Members p Brand drugs: Members pa	pay 51% of the cost	
Catastrophic coverage (after donut hole)	Generic d	. , ,		

2017 SilverScript Choice PDP Design South Carolina - Region 9

Stage			SilverScript Cl	hoice	
Premium		\$25.20	\$25.20 [\$0.83 below regional benchmark of \$26.03]		
Annual deductibl	е		\$0 applies to al	l tiers	
Initial coverage (ICL)	meaning memb	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Ref	tail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 in Gei	stage and enter the Medicare total yearly drug costs (not in neric drugs: Members pa and drugs: Members pa	ay 51% of the cost	
Catastrophic coverage (after donut hole)		\$4, Generic drugs: Mo	950 out of pocket (not includin embers pay the greater o	e stage when they have spent g monthly premiums) of 5% coinsurance of \$3.30 copay of 5% coinsurance of \$8.25 copay	

2017 SilverScript Choice PDP Design South Dakota - Region 25

	•				
Stage		SilverScript Cho	pice		
Premium	\$31.30	\$31.30 [\$2.72 below regional benchmark of \$34.02]			
Annual deductible		\$0 applies to all t	iers		
Initial coverage (ICL)	meaning men	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect			
	Standard Re	etail Pharmacy	Preferred Mail Service Pharmacy		
	30-day	90-day	90-day		
Tier	1 \$3 - \$7	\$7.50 - \$21	\$0 - \$17.50		
Tier	2 \$12 - \$20	\$30 - \$60	\$30 - \$50		
Tier	3 \$42 - \$47	\$105 - \$141	\$105 - \$117.50		
Tier	4 44% - 50%	44% - 50%	44% - 50%		
Tier	5 33%	N/A	N/A		
Coverage gap (donut hole)	\$3,700 i Ge	CL stage and enter the Medicare C in total yearly drug costs (not incluence) eneric drugs: Members pay Brand drugs: Members pay	51% of the cost		
Catastrophic coverage (after donut hole)	\$4 Generic drugs: M				

2017 SilverScript Choice PDP Design Tennessee - Region 12

Stage			SilverScript Ch	noice	
Premium		\$28.90	\$28.90 [\$2.86 below regional benchmark of \$31.76]		
Annual deductible			\$0 applies to all	I tiers	
Initial coverage (IC	L)	meaning meml	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Re	tail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 in Ge	stage and enter the Medicare total yearly drug costs (not ind neric drugs: Members pay rand drugs: Members pay	ay 51% of the cost	
Catastrophic coverage (after donut hole)		\$4, Generic drugs: M	. , .		

2017 SilverScript Choice PDP Design Texas - Region 22

Stage			SilverScript Cl	hoice	
Premium		\$27.50	[\$0.16 above regional	benchmark of \$27.34]	
Annual deductible)		\$0 applies to al	l tiers	
Initial coverage (I	CL)	meaning memb	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Ret	ail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 in Ger	stage and enter the Medicare total yearly drug costs (not in neric drugs: Members pa and drugs: Members pa	ay 51% of the cost	
Catastrophic coverage (after donut hole)		\$4,9 Generic drugs: Me	950 out of pocket (not includin embers pay the greater o	e stage when they have spent g monthly premiums) of 5% coinsurance of \$3.30 copay of 5% coinsurance of \$8.25 copay	

2017 SilverScript Choice PDP Design Utah - Region 31

Stage			SilverScript Cl	noice	
Premium		\$33.80	[\$5.86 below regional	benchmark of \$39.66]	
Annual deductible	е		\$0 applies to al	l tiers	
Initial coverage (I	ICL)	meaning memb	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Ref	tail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 in Gei	stage and enter the Medicare total yearly drug costs (not in- neric drugs: Members pa and drugs: Members pa	ay 51% of the cost	
Catastrophic coverage (after donut hole)		\$4, Generic drugs: Mo	. , ,	· ·	

2017 SilverScript Choice PDP Design Vermont - Region 2

Stage			SilverScript Ch	noice	
Premium		\$32.30	[\$2.53 below regional	benchmark of \$34.83]	
Annual deductible			\$0 applies to all tiers		
Initial coverage (ICI	L)	meaning memb	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Ref	tail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 in Ge	stage and enter the Medicare total yearly drug costs (not ind neric drugs: Members pay and drugs: Members pay	ay 51% of the cost	
Catastrophic coverage (after donut hole)		\$4, Generic drugs: Mo	. , ,		

2017 SilverScript Choice PDP Design Virginia - Region 7

Stage		SilverScript Ch	oice	
Premium	\$30.80	[\$1.72 below regional I	benchmark of \$32.52]	
Annual deductible		\$0 applies to all tiers		
Initial coverage (ICL)	meaning memb	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
	Standard Ret	ail Pharmacy	Preferred Mail Service Pharmacy	
	30-day	90-day	90-day	
Tier	1 \$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
Tier	2 \$12 - \$20	\$30 - \$60	\$30 - \$50	
Tier	3 \$42 - \$47	\$105 - \$141	\$105 - \$117.50	
Tier	44% - 50%	44% - 50%	44% - 50%	
Tier	33%	N/A	N/A	
Coverage gap (donut hole)	\$3,700 in Ger	stage and enter the Medicare total yearly drug costs (not inc neric drugs: Members pa and drugs: Members pay	y 51% of the cost	
Catastrophic coverage (after donut hole)	\$4,9 Generic drugs: Me	. , .	•	

2017 SilverScript Choice PDP Design Washington - Region 30

Stage			SilverScript Cl	hoice	
Premium		\$32.30		benchmark of \$34.83]	
Annual deductibl	le		\$0 applies to all tiers		
Initial coverage ((ICL)	meaning memb	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Re	tail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 in Ge	stage and enter the Medicare total yearly drug costs (not in neric drugs: Members pa and drugs: Members pa	ay 51% of the cost	
Catastrophic coverage (after donut hole)		\$4, Generic drugs: Mo	950 out of pocket (not includin embers pay the greater o	e stage when they have spent g monthly premiums) of 5% coinsurance of \$3.30 copay of 5% coinsurance of \$8.25 copay	

2017 SilverScript Choice PDP Design West Virginia - Region 6

Stage		SilverScript Ch	noice	
Premium	\$28.50	[\$10.95 below regional	benchmark of \$39.45]	
Annual deductible		\$0 applies to all tiers		
Initial coverage (ICL)	meaning meml	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
	Standard Re	tail Pharmacy	Preferred Mail Service Pharmacy	
	30-day	90-day	90-day	
Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
Tier 4	44% - 50%	44% - 50%	44% - 50%	
Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)	\$3,700 in Ge	stage and enter the Medicare total yearly drug costs (not ind neric drugs: Members pay and drugs: Members pay	ay 51% of the cost	
Catastrophic coverage (after donut hole)	\$4, Generic drugs: M	. , ,	•	

2017 SilverScript Choice PDP Design Wisconsin - Region 16

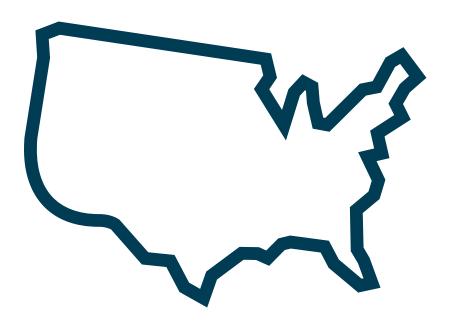
Stage			SilverScript Ch	noice	
Premium		\$36.70	[\$3.39 below regional	benchmark of \$40.09]	
Annual deductible			\$0 applies to all	l tiers	
Initial coverage (ICL	-)	meaning meml	SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Re	tail Pharmacy	Preferred Mail Service Pharmacy	
		30-day	90-day	90-day	
	Tier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50	
	Tier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50	
	Tier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50	
	Tier 4	44% - 50%	44% - 50%	44% - 50%	
	Tier 5	33%	N/A	N/A	
Coverage gap (donut hole)		\$3,700 in Ge	stage and enter the Medicare total yearly drug costs (not ind neric drugs: Members pay and drugs: Members pay	ay 51% of the cost	
Catastrophic coverage (after donut hole)		\$4, Generic drugs: M			

2017 SilverScript Choice PDP Design Wyoming - Region 25

Stage			SilverScript Cho	ice
Premium		\$31.30	\$2.72 below regional be	enchmark of \$34.02]
Annual deductible		\$0 applies to all tiers		
Initial coverage (ICL)		SilverScript Choice is a \$0 deductible plan meaning members' initial coverage stage begins the day the plan takes effect		
		Standard Retail	Pharmacy	Preferred Mail Service Pharmacy
		30-day	90-day	90-day
Ti	ier 1	\$3 - \$7	\$7.50 - \$21	\$0 - \$17.50
Ti	ier 2	\$12 - \$20	\$30 - \$60	\$30 - \$50
Ti	ier 3	\$42 - \$47	\$105 - \$141	\$105 - \$117.50
Ti	ier 4	44% - 50%	44% - 50%	44% - 50%
Ti	ier 5	33%	N/A	N/A
Coverage gap (donut hole)		\$3,700 in tota Gener	ge and enter the Medicare C al yearly drug costs (not inclu ic drugs: Members pay d drugs: Members pay	51% of the cost
Catastrophic coverage (after donut hole)		Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay		

SilverScript 2017

State-Specific Plan Designs SilverScript Plus PDP





2017 SilverScript Plus PDP Design Alabama - Region 12

Stage		SilverScript Plus		
Premium		\$68.90		
Annual deductible		\$0 applies to all tiers		
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, mea	ning members' initial coverage stage begins the day the plan takes effect		
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)		
	30-day	90-day		
Tier 1	\$0/\$10	\$0		
Tier 2	\$3/\$20	\$0		
Tier 3	\$27/\$47	\$67.50		
Tier 4	40%/50%	40%		
Tier 5	33%	N/A		
Coverage gap (donut hole)		d enter the Medicare Coverage Gap when they have reached ly drug costs (not including monthly premiums)		
Tier 1	\$0/\$10	\$0		
Tier 2	\$3/\$20	\$0		
Tier 3, 4, and 5		drugs: Members pay 51% of the cost rugs: Members pay 40% of the cost		
Catastrophic coverage (after donut hole)	\$4,950 out of Generic drugs: Member	tastrophic coverage stage when they have spent pocket (not including monthly premiums) s pay the greater of 5% coinsurance of \$3.30 copay spay the greater of 5% coinsurance of \$8.25 copay		

2017 SilverScript Plus PDP Design Arizona - Region 28

Stage		SilverScript Plus	
Premium	\$75.90		
Annual deductible	:	\$0 applies to all tiers	
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meani	ing members' initial coverage stage begins the day the plan takes effect	
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)	
	30-day	90-day	
Tier 1	\$0/\$10	\$0	
Tier 2	\$3/\$20	\$0	
Tier 3	\$27/\$47	\$67.50	
Tier 4	40%/50%	40%	
Tier 5	33%	N/A	
Coverage gap (donut hole)	-	enter the Medicare Coverage Gap when they have reached drug costs (not including monthly premiums)	
Tier 1	\$0/\$10	\$0	
Tier 2	\$3/\$20	\$0	
Tier 3, 4, and 5		ugs: Members pay 51% of the cost gs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of po Generic drugs: Members	strophic coverage stage when they have spent ocket (not including monthly premiums) pay the greater of 5% coinsurance of \$3.30 copay pay the greater of 5% coinsurance of \$8.25 copay	

2017 SilverScript Plus PDP Design Arkansas - Region 19

Stage	Sil	verScript Plus
Premium	\$51.60	
Annual deductible	\$0 a	ipplies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning m	nembers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)	•	the Medicare Coverage Gap when they have reached costs (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5		Members pay 51% of the cost Members pay 40% of the cost
Catastrophic coverage (after donut hole)	\$4,950 out of pocket Generic drugs: Members pay	ohic coverage stage when they have spent t (not including monthly premiums) the greater of 5% coinsurance of \$3.30 copay the greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design California - Region 32

Stage	Silvers	Script Plus
Premium	\$83.70	
Annual deductible	\$0 appli	es to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning memb	ers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)	•	Medicare Coverage Gap when they have reached ts (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (not Generic drugs: Members pay the g	coverage stage when they have spent t including monthly premiums) preater of 5% coinsurance of \$3.30 copay preater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Colorado - Region 27

Stage	SilverScript Plus	
Premium	\$79.90	
Annual deductible	\$0 applies to all tiers	
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning member	rs' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)		edicare Coverage Gap when they have reached (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (not in Generic drugs: Members pay the gre	overage stage when they have spent ncluding monthly premiums) eater of 5% coinsurance of \$3.30 copay eater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Connecticut - Region 2

Stage	Silve	rScript Plus
Premium	\$67.90	
Annual deductible	\$0 applies to all tiers	
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning mem	nbers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)	Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums)	
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic Drugs: Members pay 51% of the cost Brand Drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (n Generic drugs: Members pay the	c coverage stage when they have spent ot including monthly premiums) greater of 5% coinsurance of \$3.30 copay greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Delaware - Region 5

Stage	Silv	erScript Plus
Premium	\$81.90	
Annual deductible	\$0 ap	plies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning me	mbers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)	· · · · · · · · · · · · · · · · · · ·	he Medicare Coverage Gap when they have reached costs (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (Generic drugs: Members pay th	nic coverage stage when they have spent not including monthly premiums) e greater of 5% coinsurance of \$3.30 copay se greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design District of Columbia - Region 5

Stage	SilverScript Plus		
Premium	\$81.90		
Annual deductible	\$0	\$0 applies to all tiers	
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning	members' initial coverage stage begins the day the plan takes effect	
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)	
	30-day	90-day	
Tier 1	\$0/\$10	\$0	
Tier 2	\$3/\$20	\$0	
Tier 3	\$27/\$47	\$67.50	
Tier 4	40%/50%	40%	
Tier 5	33%	N/A	
Coverage gap (donut hole)	Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$0/\$10	\$0	
Tier 2	\$3/\$20	\$0	
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost		
Catastrophic coverage (after donut hole)	\$4,950 out of pocke Generic drugs: Members pay	ophic coverage stage when they have spent et (not including monthly premiums) the greater of 5% coinsurance of \$3.30 copay the greater of 5% coinsurance of \$8.25 copay	

2017 SilverScript Plus PDP Design Florida - Region 11

Stage	SilverScript Plus	
Premium	\$75.00	
Annual deductible	\$0 applies to all tiers	
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning	g members' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)		nter the Medicare Coverage Gap when they have reached drug costs (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of poo Generic drugs: Members p	trophic coverage stage when they have spent cket (not including monthly premiums) bay the greater of 5% coinsurance of \$3.30 copay bay the greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Georgia - Region 10

Stage	SilverSc	ript Plus
Premium	\$55.10	
Annual deductible	\$0 applies to all tiers	
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning members	s' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$33/\$47	\$82.50
Tier 4	45%/50%	45%
Tier 5	33%	N/A
Coverage gap (donut hole)	_	edicare Coverage Gap when they have reached (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5		ers pay 51% of the cost ers pay 40% of the cost
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (not in Generic drugs: Members pay the great	verage stage when they have spent ncluding monthly premiums) ater of 5% coinsurance of \$3.30 copay ater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Hawaii - Region 33

Stage	SilverS	cript Plus
Premium	\$75.10	
Annual deductible	\$0 applie	s to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning member	ers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$23/\$47	\$57.50
Tier 4	39%/50%	39%
Tier 5	33%	N/A
Coverage gap (donut hole)	_	ledicare Coverage Gap when they have reached s (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (not Generic drugs: Members pay the gro	overage stage when they have spent including monthly premiums) eater of 5% coinsurance of \$3.30 copay eater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Idaho - Region 31

Stage	SilverScript Plus	
Premium	\$84.80	
Annual deductible	\$0 applies to all tiers	
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning mem	bers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)		e Medicare Coverage Gap when they have reached osts (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (r Generic drugs: Members pay the	c coverage stage when they have spent not including monthly premiums) greater of 5% coinsurance of \$3.30 copay greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Illinois - Region 17

Stage	SilverScript Plus	
Premium	\$85.40	
Annual deductible	\$0 арр	olies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning mer	mbers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)		ne Medicare Coverage Gap when they have reached osts (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (r Generic drugs: Members pay the	ic coverage stage when they have spent not including monthly premiums) a greater of 5% coinsurance of \$3.30 copay a greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Indiana - Region 15

Stage	Silvers	Script Plus
Premium	\$62.40	
Annual deductible	\$0 appli	es to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning memb	ers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$33/\$47	\$82.50
Tier 4	45%/50%	45%
Tier 5	33%	N/A
Coverage gap (donut hole)		Medicare Coverage Gap when they have reached ts (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (not Generic drugs: Members pay the g	coverage stage when they have spent tincluding monthly premiums) reater of 5% coinsurance of \$3.30 copay preater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design lowa - Region 25

Stage	SilverScript Plus		
Premium	\$73.30		
Annual deductible	\$0	\$0 applies to all tiers	
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning	members' initial coverage stage begins the day the plan takes effect	
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)	
	30-day	90-day	
Tier 1	\$0/\$10	\$0	
Tier 2	\$3/\$20	\$0	
Tier 3	\$27/\$47	\$67.50	
Tier 4	40%/50%	40%	
Tier 5	33%	N/A	
Coverage gap (donut hole)	-	er the Medicare Coverage Gap when they have reached ug costs (not including monthly premiums)	
Tier 1	\$0/\$10	\$0	
Tier 2	\$3/\$20	\$0	
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost		
Catastrophic coverage (after donut hole)	\$4,950 out of pock Generic drugs: Members pa	ophic coverage stage when they have spent et (not including monthly premiums) y the greater of 5% coinsurance of \$3.30 copay y the greater of 5% coinsurance of \$8.25 copay	

2017 SilverScript Plus PDP Design Kansas - Region 24

Stage	SilverScript Plus	
Premium	\$77.30	
Annual deductible	\$0	applies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning	members' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)		ter the Medicare Coverage Gap when they have reached rug costs (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pock Generic drugs: Members pa	rophic coverage stage when they have spent set (not including monthly premiums) by the greater of 5% coinsurance of \$3.30 copay say the greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Kentucky - Region 15

Stage	Silvers	Script Plus
Premium	\$62.40	
Annual deductible	\$0 appli	es to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning memb	ers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$33/\$47	\$82.50
Tier 4	45%/50%	45%
Tier 5	33%	N/A
Coverage gap (donut hole)		Medicare Coverage Gap when they have reached ts (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5		nbers pay 51% of the cost bers pay 40% of the cost
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (not Generic drugs: Members pay the g	coverage stage when they have spent tincluding monthly premiums) reater of 5% coinsurance of \$3.30 copay preater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Louisiana - Region 21

Stage	SilverScript Plus	
Premium	\$64.20	
Annual deductible	\$0 app	lies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning mem	nbers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)	_	e Medicare Coverage Gap when they have reached osts (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (n Generic drugs: Members pay the	c coverage stage when they have spent ot including monthly premiums) greater of 5% coinsurance of \$3.30 copay greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Maine - Region 1

Stage	SilverScript Plus	
Premium	\$73.00	
Annual deductible	\$0 app	lies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning mem	nbers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)		e Medicare Coverage Gap when they have reached osts (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic Drugs: Members pay 51% of the cost Brand Drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (n Generic drugs: Members pay the	c coverage stage when they have spent ot including monthly premiums) greater of 5% coinsurance of \$3.30 copay greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Maryland - Region 5

Stage	Silve	erScript Plus
Premium	\$81.90	
Annual deductible	\$0 ap	plies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning me	mbers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)		ne Medicare Coverage Gap when they have reached costs (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (Generic drugs: Members pay th	ic coverage stage when they have spent not including monthly premiums) e greater of 5% coinsurance of \$3.30 copay e greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Massachusetts - Region 2

Stage	SilverScript Plus	
Premium	\$67.90	
Annual deductible	\$0 applies to all tiers	
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning mem	nbers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)	Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums)	
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic Drugs: Members pay 51% of the cost Brand Drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (n Generic drugs: Members pay the	c coverage stage when they have spent ot including monthly premiums) greater of 5% coinsurance of \$3.30 copay greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Michigan - Region 13

Stage	SilverScript Plus	
Premium	\$70.20	
Annual deductible	\$0 app	olies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning men	nbers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)		e Medicare Coverage Gap when they have reached osts (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (n Generic drugs: Members pay the	c coverage stage when they have spent out including monthly premiums) greater of 5% coinsurance of \$3.30 copay greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Minnesota - Region 25

Stage	SilverScript Plus	
Premium	\$73.30	
Annual deductible	\$0 ap	plies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning me	mbers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)		ne Medicare Coverage Gap when they have reached costs (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (Generic drugs: Members pay th	ic coverage stage when they have spent not including monthly premiums) e greater of 5% coinsurance of \$3.30 copay e greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Mississippi - Region 20

Stage	Silve	erScript Plus
Premium	\$61.30	
Annual deductible	\$0 ap	plies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning men	mbers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$33/\$47	\$82.50
Tier 4	45%/50%	45%
Tier 5	33%	N/A
Coverage gap (donut hole)	•	ne Medicare Coverage Gap when they have reached costs (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (I Generic drugs: Members pay the	ic coverage stage when they have spent not including monthly premiums) e greater of 5% coinsurance of \$3.30 copay e greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Missouri - Region 18

Stage	SilverScript Plus	
Premium	\$67.10	
Annual deductible	\$0 a	pplies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning m	embers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)	-	the Medicare Coverage Gap when they have reached costs (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket Generic drugs: Members pay	phic coverage stage when they have spent (not including monthly premiums) the greater of 5% coinsurance of \$3.30 copay the greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Montana - Region 25

Stage	SilverScript Plus	
Premium	\$73.30	
Annual deductible	\$0 ap	plies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning me	mbers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)		ne Medicare Coverage Gap when they have reached costs (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (Generic drugs: Members pay th	ic coverage stage when they have spent not including monthly premiums) e greater of 5% coinsurance of \$3.30 copay e greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Nebraska - Region 25

Stage	SilverScript Plus		
Premium	\$73.30		
Annual deductible	\$0	\$0 applies to all tiers	
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning	members' initial coverage stage begins the day the plan takes effect	
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)	
	30-day	90-day	
Tier 1	\$0/\$10	\$0	
Tier 2	\$3/\$20	\$0	
Tier 3	\$27/\$47	\$67.50	
Tier 4	40%/50%	40%	
Tier 5	33%	N/A	
Coverage gap (donut hole)	-	er the Medicare Coverage Gap when they have reached ug costs (not including monthly premiums)	
Tier 1	\$0/\$10	\$0	
Tier 2	\$3/\$20	\$0	
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost		
Catastrophic coverage (after donut hole)	\$4,950 out of pock Generic drugs: Members pa	ophic coverage stage when they have spent et (not including monthly premiums) y the greater of 5% coinsurance of \$3.30 copay y the greater of 5% coinsurance of \$8.25 copay	

2017 SilverScript Plus PDP Design Nevada - Region 29

Stage	SilverScript Plus	
Premium	\$72.20	
Annual deductible	\$0 a	pplies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning m	embers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)	•	the Medicare Coverage Gap when they have reached costs (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket Generic drugs: Members pay	phic coverage stage when they have spent (not including monthly premiums) the greater of 5% coinsurance of \$3.30 copay the greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design New Hampshire - Region 1

Stage	Silver	Script Plus
Premium	\$73.00	
Annual deductible	\$0 app	lies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning mem	bers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)		e Medicare Coverage Gap when they have reached sts (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic Drugs: Members pay 51% of the cost Brand Drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (no Generic drugs: Members pay the	coverage stage when they have spent of including monthly premiums) greater of 5% coinsurance of \$3.30 copay greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design New Jersey - Region 4

Stage	Silver	Script Plus
Premium	\$88.60	
Annual deductible	\$0 appli	ies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning memb	pers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)	-	Medicare Coverage Gap when they have reached sts (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (no Generic drugs: Members pay the g	coverage stage when they have spent including monthly premiums) greater of 5% coinsurance of \$3.30 copay greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design New Mexico - Region 26

Stage	SilverScript Plus	
Premium	\$43.80	
Annual deductible	\$0 ap	plies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning men	mbers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)	Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums)	
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (Generic drugs: Members pay the	ic coverage stage when they have spent not including monthly premiums) e greater of 5% coinsurance of \$3.30 copay e greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design New York - Region 3

Stage	SilverScript Plus	
Premium	\$75.70	
Annual deductible	\$0 applies to all tiers	
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning mem	bers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)	•	e Medicare Coverage Gap when they have reached sts (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic Drugs: Members pay 51% of the cost Brand Drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (no Generic drugs: Members pay the	c coverage stage when they have spent ot including monthly premiums) greater of 5% coinsurance of \$3.30 copay greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design North Carolina - Region 8

Stage	Silver	Script Plus
Premium	\$68.70	
Annual deductible	\$0 app	lies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning mem	bers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)	-	e Medicare Coverage Gap when they have reached sts (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5		mbers pay 51% of the cost nbers pay 40% of the cost
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (no Generic drugs: Members pay the	coverage stage when they have spent of including monthly premiums) greater of 5% coinsurance of \$3.30 copay greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design North Dakota - Region 25

Stage	SilverScript Plus	
Premium	\$73.30	
Annual deductible	\$0	applies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning	members' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)	-	er the Medicare Coverage Gap when they have reached ug costs (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pock Generic drugs: Members pa	ophic coverage stage when they have spent et (not including monthly premiums) y the greater of 5% coinsurance of \$3.30 copay y the greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Ohio - Region 14

Stage	SilverScript Plus	
Premium	\$71.40	
Annual deductible	\$0 appl	ies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning members	pers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)	Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums)	
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (no Generic drugs: Members pay the	coverage stage when they have spent of including monthly premiums) greater of 5% coinsurance of \$3.30 copay greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Oklahoma - Region 23

Stage	SilverScript Plus	
Premium	\$71.90	
Annual deductible	\$0 applie	es to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning member	ers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)	_	Medicare Coverage Gap when they have reached s (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay	

2017 SilverScript Plus PDP Design Oregon - Region 30

Stage	SilverScript Plus	
Premium	\$72.90	
Annual deductible	\$0 ap	plies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning me	mbers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)	Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums)	
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (Generic drugs: Members pay th	nic coverage stage when they have spent (not including monthly premiums) to greater of 5% coinsurance of \$3.30 copay the greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Pennsylvania - Region 6

Stage	SilverScript Plus	
Premium	\$77.90	
Annual deductible	\$0 a	pplies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning m	embers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)		the Medicare Coverage Gap when they have reached costs (not including monthly premiums)
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket Generic drugs: Members pay t	hic coverage stage when they have spent (not including monthly premiums) he greater of 5% coinsurance of \$3.30 copay he greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design Rhode Island - Region 2

Stage	SilverScript Plus	
Premium	\$67.90	
Annual deductible	\$0 app	lies to all tiers
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning mem	nbers' initial coverage stage begins the day the plan takes effect
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)
	30-day	90-day
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3	\$27/\$47	\$67.50
Tier 4	40%/50%	40%
Tier 5	33%	N/A
Coverage gap (donut hole)	Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums)	
Tier 1	\$0/\$10	\$0
Tier 2	\$3/\$20	\$0
Tier 3, 4, and 5	Generic Drugs: Members pay 51% of the cost Brand Drugs: Members pay 40% of the cost	
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (n Generic drugs: Members pay the	c coverage stage when they have spent ot including monthly premiums) greater of 5% coinsurance of \$3.30 copay greater of 5% coinsurance of \$8.25 copay

2017 SilverScript Plus PDP Design South Carolina - Region 9

Stage	SilverScript Plus				
Premium	\$63.00				
Annual deductible	\$0 appli	es to all tiers			
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning members' initial coverage stage begins the day the plan takes effective.				
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)			
	30-day	90-day			
Tier 1	\$0/\$10	\$0			
Tier 2	\$3/\$20	\$0			
Tier 3	\$33/\$47	\$82.50			
Tier 4	45%/50%	45%			
Tier 5	33%	N/A			
Coverage gap (donut hole)		Medicare Coverage Gap when they have reached ts (not including monthly premiums)			
Tier 1	\$0/\$10	\$0			
Tier 2	\$3/\$20	\$0			
Tier 3, 4, and 5		nbers pay 51% of the cost bers pay 40% of the cost			
Catastrophic coverage (after donut hole)	Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay				

2017 SilverScript Plus PDP Design South Dakota - Region 25

Stage	SilverScript Plus			
Premium	\$73.30			
Annual deductible		\$0 applies to all tiers		
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, mea	aning members' initial coverage stage begins the day the plan takes effect		
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)		
	30-day	90-day		
Tier 1	\$0/\$10	\$0		
Tier 2	\$3/\$20	\$0		
Tier 3	\$27/\$47	\$67.50		
Tier 4	40%/50%	40%		
Tier 5	33%	N/A		
Coverage gap (donut hole)	-	d enter the Medicare Coverage Gap when they have reached rly drug costs (not including monthly premiums)		
Tier 1	\$0/\$10	\$0		
Tier 2	\$3/\$20	\$0		
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost			
Catastrophic coverage (after donut hole)	Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay			

2017 SilverScript Plus PDP Design Tennessee - Region 12

Stage	SilverScript Plus			
Premium	\$68.90			
Annual deductible	\$0 applies to all tiers			
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning mer	mbers' initial coverage stage begins the day the plan takes effect		
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)		
	30-day	90-day		
Tier 1	\$0/\$10	\$0		
Tier 2	\$3/\$20	\$0		
Tier 3	\$27/\$47	\$67.50		
Tier 4	40%/50%	40%		
Tier 5	33%	N/A		
Coverage gap (donut hole)	-	ne Medicare Coverage Gap when they have reached osts (not including monthly premiums)		
Tier 1	\$0/\$10	\$0		
Tier 2	\$3/\$20	\$0		
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost			
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (r Generic drugs: Members pay the	ic coverage stage when they have spent not including monthly premiums) e greater of 5% coinsurance of \$3.30 copay e greater of 5% coinsurance of \$8.25 copay		

2017 SilverScript Plus PDP Design Texas - Region 22

Stage	SilverScript Plus			
Premium	\$56.30			
Annual deductible		\$0 applies to all tiers		
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, mean	ning members' initial coverage stage begins the day the plan takes effect		
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)		
	30-day	90-day		
Tier 1	\$0/\$10	\$0		
Tier 2	\$3/\$20	\$0		
Tier 3	\$33/\$47	\$82.50		
Tier 4	45%/50%	45%		
Tier 5	33%	N/A		
Coverage gap (donut hole)		enter the Medicare Coverage Gap when they have reached y drug costs (not including monthly premiums)		
Tier 1	\$0/\$10	\$0		
Tier 2	\$3/\$20	\$0		
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost			
Catastrophic coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay			

2017 SilverScript Plus PDP Design Utah - Region 31

Stage	SilverScript Plus				
Premium	\$84.80				
Annual deductible	\$0	applies to all tiers			
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning	members' initial coverage stage begins the day the plan takes effect			
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)			
	30-day	90-day			
Tier 1	\$0/\$10	\$0			
Tier 2	\$3/\$20	\$0			
Tier 3	\$27/\$47	\$67.50			
Tier 4	40%/50%	40%			
Tier 5	33%	N/A			
Coverage gap (donut hole)	-	ter the Medicare Coverage Gap when they have reached rug costs (not including monthly premiums)			
Tier 1	\$0/\$10	\$0			
Tier 2	\$3/\$20	\$0			
Tier 3, 4, and 5		s: Members pay 51% of the cost : Members pay 40% of the cost			
Catastrophic coverage (after donut hole)	\$4,950 out of pool Generic drugs: Members pa	rophic coverage stage when they have spent ket (not including monthly premiums) ay the greater of 5% coinsurance of \$3.30 copay ay the greater of 5% coinsurance of \$8.25 copay			

2017 SilverScript Plus PDP Design Vermont - Region 2

Stage	SilverScript Plus				
Premium	\$67.90				
Annual deductible	\$0 applies to all tiers				
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning members' initial coverage stage begins the day the plan takes eff				
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)			
	30-day	90-day			
Tier 1	\$0/\$10	\$0			
Tier 2	\$3/\$20	\$0			
Tier 3	\$27/\$47	\$67.50			
Tier 4	40%/50%	40%			
Tier 5	33%	N/A			
Coverage gap (donut hole)	-	ne Medicare Coverage Gap when they have reached osts (not including monthly premiums)			
Tier 1	\$0/\$10	\$0			
Tier 2	\$3/\$20	\$0			
Tier 3, 4, and 5	Generic Drugs: Members pay 51% of the cost Brand Drugs: Members pay 40% of the cost				
Catastrophic coverage (after donut hole)	Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay				

2017 SilverScript Plus PDP Design Virginia - Region 7

Stage	Silve	erScript Plus			
Premium	\$74.20				
Annual deductible	\$0 applies to all tiers				
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning men	nbers' initial coverage stage begins the day the plan takes effect			
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)			
	30-day	90-day			
Tier 1	\$0/\$10	\$0			
Tier 2	\$3/\$20	\$0			
Tier 3	\$27/\$47	\$67.50			
Tier 4	40%/50%	40%			
Tier 5	33%	N/A			
Coverage gap (donut hole)	•	e Medicare Coverage Gap when they have reached osts (not including monthly premiums)			
Tier 1	\$0/\$10	\$0			
Tier 2	\$3/\$20	\$0			
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost				
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (r Generic drugs: Members pay the	c coverage stage when they have spent not including monthly premiums) a greater of 5% coinsurance of \$3.30 copay a greater of 5% coinsurance of \$8.25 copay			

2017 SilverScript Plus PDP Design Washington - Region 30

Stage	SilverScript Plus			
Premium	\$72.90			
Annual deductible	\$0 applies to all tiers			
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning me	mbers' initial coverage stage begins the day the plan takes effect		
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)		
	30-day	90-day		
Tier 1	\$0/\$10	\$0		
Tier 2	\$3/\$20	\$0		
Tier 3	\$27/\$47	\$67.50		
Tier 4	40%/50%	40%		
Tier 5	33%	N/A		
Coverage gap (donut hole)	Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,700 in total yearly drug costs (not including monthly premiums)			
Tier 1	\$0/\$10	\$0		
Tier 2	\$3/\$20	\$0		
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost			
Catastrophic coverage (after donut hole)	\$4,950 out of pocket (Generic drugs: Members pay th	nic coverage stage when they have spent (not including monthly premiums) to greater of 5% coinsurance of \$3.30 copay the greater of 5% coinsurance of \$8.25 copay		

2017 SilverScript Plus PDP Design West Virginia - Region 6

Stage	Silve	rScript Plus		
Premium	\$77.90			
Annual deductible	\$0 applies to all tiers			
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning mem	nbers' initial coverage stage begins the day the plan takes effect		
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)		
	30-day	90-day		
Tier 1	\$0/\$10	\$0		
Tier 2	\$3/\$20	\$0		
Tier 3	\$27/\$47	\$67.50		
Tier 4	40%/50%	40%		
Tier 5	33%	N/A		
Coverage gap (donut hole)		e Medicare Coverage Gap when they have reached osts (not including monthly premiums)		
Tier 1	\$0/\$10	\$0		
Tier 2	\$3/\$20	\$0		
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost			
Catastrophic coverage (after donut hole)	Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay			

2017 SilverScript Plus PDP Design Wisconsin - Region 16

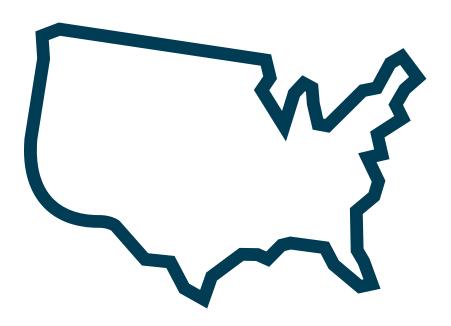
Stage	SilverScript Plus				
Premium	\$72.50				
Annual deductible	\$0 app	olies to all tiers			
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning men	nbers' initial coverage stage begins the day the plan takes effect			
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)			
	30-day	90-day			
Tier 1	\$0/\$10	\$0			
Tier 2	\$3/\$20	\$0			
Tier 3	\$27/\$47	\$67.50			
Tier 4	40%/50%	40%			
Tier 5	33%	N/A			
Coverage gap (donut hole)		e Medicare Coverage Gap when they have reached osts (not including monthly premiums)			
Tier 1	\$0/\$10	\$0			
Tier 2	\$3/\$20	\$0			
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost				
Catastrophic coverage (after donut hole)	Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay				

2017 SilverScript Plus PDP Design Wyoming - Region 25

Stage	SilverScript Plus			
Premium	\$73.30			
Annual deductible	\$0 ap	plies to all tiers		
Initial coverage (ICL)	SilverScript Plus is a \$0 deductible plan, meaning me	mbers' initial coverage stage begins the day the plan takes effect		
	Retail Pharmacy (Preferred/Standard)	Mail Service Pharmacy (Preferred)		
	30-day	90-day		
Tier 1	\$0/\$10	\$0		
Tier 2	\$3/\$20	\$0		
Tier 3	\$27/\$47	\$67.50		
Tier 4	40%/50%	40%		
Tier 5	33%	N/A		
Coverage gap (donut hole)		ne Medicare Coverage Gap when they have reached costs (not including monthly premiums)		
Tier 1	\$0/\$10	\$0		
Tier 2	\$3/\$20	\$0		
Tier 3, 4, and 5	Generic drugs: Members pay 51% of the cost Brand drugs: Members pay 40% of the cost			
Catastrophic coverage (after donut hole)	Members enter the catastrophic coverage stage when they have spent \$4,950 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance of \$3.30 copay All other drugs: Members pay the greater of 5% coinsurance of \$8.25 copay			

SilverScript 2017

State-Specific Plan Designs LIS Premiums





States	Benchmark	Premium	100% LIS	75% LIS	50% LIS	25% LIS
Alabama	\$31.76	\$28.90	\$0	\$7.20	\$14.40	\$21.70
Alaska	\$34.06	\$54.40	\$20.34	\$28.90	\$37.40	\$45.90
Arizona	\$35.11	\$29.70	\$0	\$7.40	\$14.80	\$22.30
Arkansas	\$22.58	\$15.70	\$0	\$3.90	\$7.80	\$11.80
California	\$36.26	\$29.90	\$0	\$7.50	\$14.90	\$22.40
Colorado	\$32.04	\$32.00	\$0	\$8.00	\$16.00	\$24.00
Connecticut	\$34.83	\$32.30	\$0	\$8.10	\$16.10	\$24.20
Delaware	\$33.22	\$33.90	\$0	\$9.00	\$17.30	\$25.60
District of Columbia	\$33.22	\$33.90	\$0	\$9.00	\$17.30	\$25.60
Florida	\$29.13	\$28.90	\$0	\$7.20	\$14.40	\$21.70
Georgia	\$26.43	\$22.80	\$0	\$5.70	\$11.40	\$17.10
Hawaii	\$26.52	\$23.90	\$0	\$6.00	\$11.90	\$17.90
Idaho	\$39.66	\$33.80	\$0	\$8.40	\$16.90	\$25.30

States	Benchmark	Premium	100% LIS	75% LIS	50% LIS	25% LIS
Illinois	\$28.68	\$28.40	\$0	\$7.10	\$14.20	\$21.30
Indiana	\$32.06	\$26.60	\$0	\$6.60	\$13.30	\$19.90
lowa	\$34.02	\$31.30	\$0	\$7.80	\$15.60	\$23.50
Kansas	\$30.27	\$27.20	\$0	\$6.80	\$13.60	\$20.40
Kentucky	\$32.06	\$26.60	\$0	\$6.60	\$13.30	\$19.90
Louisiana	\$32.80	\$24.20	\$0	\$6.00	\$12.10	\$18.10
Maine	\$32.99	\$32.10	\$0	\$8.00	\$16.00	\$24.10
Maryland	\$33.22	\$33.90	\$0	\$9.00	\$17.30	\$25.60
Massachusetts	\$34.83	\$32.30	\$0	\$8.10	\$16.10	\$24.20
Michigan	\$34.17	\$33.50	\$0	\$8.40	\$16.70	\$25.10
Minnesota	\$34.02	\$31.30	\$0	\$7.80	\$15.60	\$23.50
Mississippi	\$26.53	\$25.00	\$0	\$6.20	\$12.50	\$18.70
Missouri	\$30.07	\$26.10	\$0	\$6.50	\$13.00	\$19.60

States	Benchmark	Premium	100% LIS	75% LIS	50% LIS	25% LIS
Montana	\$34.02	\$31.30	\$0	\$7.80	\$15.60	\$23.50
Nebraska	\$34.02	\$31.30	\$0	\$7.80	\$15.60	\$23.50
Nevada	\$27.09	\$39.40	\$12.30	\$19.10	\$25.90	\$32.60
New Hampshire	\$32.99	\$32.10	\$0	\$8.00	\$16.00	\$24.10
New Jersey	\$40.81	\$39.50	\$0	\$9.90	\$19.70	\$29.60
New Mexico	\$22.84	\$19.50	\$0	\$4.90	\$9.70	\$14.60
New York	\$40.99	\$30.80	\$0	\$7.70	\$15.40	\$23.10
North Carolina	\$31.37	\$29.30	\$0	\$7.30	\$14.60	\$22.00
North Dakota	\$34.02	\$31.30	\$0	\$7.80	\$15.60	\$23.50
Ohio	\$32.30	\$27.40	\$0	\$6.80	\$13.70	\$20.50
Oklahoma	\$30.83	\$28.10	\$0	\$7.00	\$14.00	\$21.10
Oregon	\$34.83	\$32.30	\$0	\$8.10	\$16.10	\$24.20
Pennsylvania	\$39.45	\$28.50	\$0	\$7.10	\$14.20	\$21.40

States	Benchmark	Premium	100% LIS	75% LIS	50% LIS	25% LIS
Rhode Island	\$34.83	\$32.30	\$0	\$8.10	\$16.10	\$24.20
South Carolina	\$26.03	\$25.20	\$0	\$6.30	\$12.60	\$18.90
South Dakota	\$34.02	\$31.30	\$0	\$7.80	\$15.60	\$23.50
Tennessee	\$31.76	\$28.90	\$0	\$7.20	\$14.40	\$21.70
Texas	\$27.34	\$27.50	\$0	\$7.00	\$13.80	\$20.70
Utah		\$33.80	\$0			
Vermont	\$34.83	\$32.30	\$0	\$8.10	\$16.10	\$24.20
Virginia	\$32.52	\$30.80	\$0	\$7.70	\$15.40	\$23.10
Washington		\$32.30	\$0			
West Virginia	\$39.45	\$28.50	\$0	\$7.10	\$14.20	\$21.40
Wisconsin	\$40.09	\$36.70	\$0	\$9.20	\$18.30	\$27.50
Wyoming	\$34.02	\$31.30	\$0	\$7.80	\$15.60	\$23.50