

# SilverSelect Rx (PDP)

## Stand Alone Prescription Drug Plan



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# SilverSelect Rx

Plan (PDP Stand Alone)	Premium
SilverSelect Rx All Counties in Arkansas	<b>\$34</b>

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# SilverSelect Rx Service Area

Arkansas (Entire state):



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# SilverSelect Rx Benefits

## Deductible Period:

**\$360 Annual Deductible**

Tier One **not** subject to the deductible  
Deductible applies to Tiers Two, Three, Four & Five

## Initial Coverage Period:

Drug Tiers	Retail Pharmacy			Mail-Order Pharmacy		
	31 day	62 day	93 day	31 day	62 day	93 day
Tier 1 - Preferred Generics	\$9	\$18	\$22.50	\$9	\$18	\$27
Tier 2 - Non-Preferred Generics	\$20	\$40	\$50	\$20	\$40	\$60
Tier 3 - Preferred Brand	\$47	\$94	\$117.50	\$47	\$94	\$141
Tier 4 - Non-Preferred Brand	35%	35%	35%	35%	35%	35%
Tier 5 - Specialty	25%	25%	25%	25%	25%	25%

## Coverage Gap:

After your yearly drug costs reach \$3,310 you receive a discount on drugs and pay no more than 45% of the plan's costs for all brand name drugs and 58% of the plan's cost for generic drugs until your yearly out-of-pocket drug costs reach \$4,850.

## Catastrophic Coverage:

Generics - Greater of \$2.95 or

All other drugs – Greater of \$7.40 or

5% coinsurance