

**2019 CDPHP® Medicare Advantage  
RIDER FOR GROUP MEDICARE PHARMACY COVERAGE**



The *Evidence of Coverage* to which this rider is attached is amended as follows:  
**CHAPTER 6: WHAT YOU PAY FOR YOUR PART D PRESCRIPTION DRUGS**

<b>Drug Tier</b>	<b>Retail In- Network Copay (30-day supply)</b>	<b>Retail In- Network Copay (90-day supply)</b>	<b>Long- Term Care In- Network Copay (31-day supply)</b>	<b>Caremark Mail-Order Copay (30- day supply)</b>	<b>Caremark Mail-Order Copay (90- day supply)</b>	<b>Out-of- Network Copay* (30- day supply)</b>
<b>Tier 1 Preferred Generic</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Tier 2 Generic</b>	\$10	\$30	\$10	\$10	\$20	\$10
<b>Tier 3 Preferred Brand</b>	\$35	\$105	\$35	\$35	\$70	\$35
<b>Tier 4 Non- Preferred Drugs</b>	\$50	\$150	\$50	\$50	\$100	\$50
<b>Tier 5 Specialty Tier</b>	25%	N/A	25%	25%	N/A	25%

You are subject to a \$0 deductible per benefit period. During the Initial Coverage Stage, your copayments or coinsurance for covered Part D drugs under the CDPHP Medicare Advantage Drug Plans Formulary are as shown above in the cost-share grid. Once you have reached your Initial Coverage Limit totaling \$3,820, a Coverage Gap begins. In the Coverage Gap under this rider, you pay the above stated copays for all generic drugs on Tiers 1 and 2. You pay 37% of the cost for all generic drugs, and 25% of the cost of all Part D brand-name drugs (as defined by CMS) on Tiers 3 through 5.

You pay this reduced cost-sharing until your total out-of-pocket Part D drug costs reach \$5,100 and you qualify for Catastrophic Coverage. Catastrophic Coverage applies only to covered Part D drugs. During Catastrophic Coverage you pay the greater of 5% coinsurance or \$3.40 for generic and multisource brand drugs, and the greater of 5% coinsurance or \$8.50 for all other drugs.

*This summary does not detail all benefits, limitations, or exclusions. The terms of the Evidence of Coverage to which this rider is attached shall remain in full force and effect, except as amended by this rider. CDPHP is an HMO and PPO with a Medicare contract. Enrollment in CDPHP Medicare Advantage depends on contract renewal.*

## **2019 CDPHP Medicare Advantage RIDER FOR GROUP MEDICARE PHARMACY COVERAGE**

In addition to the Part D drugs covered under the Group Medicare Rx Plan, CDPHP has added expanded coverage, with additional categories of prescription drugs covered under the CDPHP Medicare Advantage Drug Plans Enhanced Formulary. Please review the enclosed copy of the Enhanced Formulary to see a list of covered drugs. Amounts you pay out of pocket for non-Part D drugs, including Enhanced Formulary drugs, do not count toward the calculation of total drug costs nor do they count toward your out-of-pocket maximum of \$5,100. For non-Part D drugs covered under the Enhanced Formulary, you will continue to pay the copayments noted above even after you have reached the Catastrophic Coverage level for Part D drugs. Enhanced Formulary drugs covered under this plan are not considered covered Part D drugs by Medicare; therefore, the following items do not apply to Enhanced Formulary drugs:

- 60-day advance notice of formulary changes.
- One-time fills for non-covered drugs for new members.
- Formulary exceptions for coverage levels (tier placement).
- Explanation of Benefits.

\* Out of Network: Limited to a 30-day supply; you are required to pay the difference between what we would pay for a prescription filled at an in-network pharmacy and what the out-of-network pharmacy charges for your prescriptions.