

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

SilverScript®

2018 Plan Year Overview

August 8, 2017

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SilverScript Continues as #1 Medicare Part D Plan Sponsor Based on Total Membership

Rank	Parent Organization	Market Share	2017 Total Enrollment	Basic Enrollment	Enhanced Enrollment	Group Enrollment
1	CVS Health	22.0%	5,518,896	4,308,032	192,019	1,018,845
2	UnitedHealth Group	21.4%	5,354,464	1,516,593	3,234,926	602,945
3	Humana	20.4%	5,121,082	1,883,348	3,228,036	9,698
4	Express Scripts	11.0%	2,763,594	500,072	55,683	2,207,839
5	Aetna	8.3%	2,073,682	1,166,235	789,144	118,303
6	WellCare	4.5%	1,130,772	1,045,074	85,698	0
7	CIGNA	3.3%	821,713	560,772	204,167	56,774
8	Rite Aid	1.4%	360,916	329,708	0	31,208
9	Health Care Service Corp	1.4%	357,942	120,600	228,208	9,134
10	Anthem	1.1%	287,586	95,546	167,233	24,807
	Next 15	4.5%	1,138,178	583,153	198,813	356,212
	Top 25 Total	99.5%	24,928,825	12,109,133	8,383,927	4,435,765

Source: CMS July 1, 2017, payment file (reflects enrollments accepted through June 9, 2017)

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 Star Rating

- New star ratings are published on Medicare Plan Finder usually the second week of October
- For 2017, 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



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2018 SilverScript Choice PDP

\$0 Deductible on ALL Tiers

- Applies to ALL states except AZ, HI, and AK
- AZ & HI: \$0 T1-T2/\$100 T3-T5
- AK: \$405 applies to all Tiers

\$0 Copay On T1 90-day supply via Mail Service

- Applies to ALL states

“Less Than” Logic

- On average, 95 T1 & T2 prescriptions have costs less than the regional copay
- Members always pay whichever is lower

New Network

Over 26,000 pharmacies in Preferred Network

- Another 41,000 pharmacies in Standard Network
- Choice retail network exceeds 67,000 pharmacies

Down-tier Drug Movement

- Nearly 100 drugs moving to lower Tiers
- Formulary still contains over 3,300 drugs

Low Premiums

Below benchmark in 32 regions

- Focus on year-over-year value
- Premium difference typically offset by \$0 deductible value

SilverScript Choice PDP pharmacy network offers limited access to pharmacies with preferred cost sharing in rural areas of AK and OK.
Sources: SilverScript Insurance Company Actuarial Services, as of August 1, 2017 and CVS Health Networks Analytics, July 18, 2017.

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2018 SilverScript Choice Premiums

Regions 1 Through 12

Region	States	2018 SilverScript Choice	2018 Choice vs. 2018 Benchmark
1	ME, NH	\$29.60 ▼	below by \$4.67
2	CT, MA, RI, VT	\$29.40 ▼	below by \$6.18
3	NY	\$29.80 ▼	below by \$9.18
4	NJ	\$34.30 ▼	below by \$1.67
5	DE, DC, MD	\$29.50 ▼	below by \$1.20
6	PA, WV	\$27.80 ▼	below by \$9.38
7	VA	\$26.00 ▼	below by \$4.05
8	NC	\$26.40 ▼	below by \$3.76
9	SC	\$20.70 ▼	below by \$2.33
10	GA	\$19.60 ▼	below by \$4.93
11	FL	\$26.40 ▼	below by \$2.67
12	AL, TN	\$25.40 ▼	below by \$5.22

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

▼ - indicates that this plan is Below Benchmark

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2018 SilverScript Choice Premiums Regions 13 Through 24

Region	States	2018 SilverScript Choice	2018 Choice vs. 2017 Benchmark
13	MI	\$29.10 ▼	below by \$4.18
14	OH	\$24.00 ▼	below by \$7.95
15	IN, KY	\$23.40 ▼	below by \$7.84
16	WI	\$34.60 ▼	below by \$5.44
17	IL	\$23.40 ▼	below by \$4.10
18	MO	\$24.10 ▼	below by \$5.89
19	AR	\$16.40 ▼	below by \$6.16
20	MS	\$20.50 ▼	below by \$5.31
21	LA	\$23.10 ▼	below by \$7.82
22	TX	\$23.50 ▼	below by \$1.09
23	OK	\$23.90 ▼	below by \$5.75
24	KS	\$24.50 ▼	below by \$6.93

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

▼ - indicates that this plan is Below Benchmark

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2018 SilverScript Choice Premiums Regions 25 Through 34

Region	States	2018 SilverScript Choice	2018 Choice vs. 2018 Benchmark
25	IA, MN, MT, ND, NE, SD, WY	\$28.80 ▼	below by \$5.19
26	NM	\$18.50 ▼	below by \$6.10
27	CO	\$29.90 ▼	below by \$4.28
28	AZ	\$28.50 ▼	below by \$4.38
29	NV	\$38.10	above by \$11.02
30	OR, WA	\$30.40 ▼	below by \$4.18
31	ID, UT	\$32.70 ▼	below by \$7.54
32	CA	\$28.50 ▼	below by \$7.01
33	HI	\$23.90 ▼	below by \$1.48
34	AK	\$53.30	above by \$20.38

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

▼ - indicates that this plan is Below Benchmark

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2018 SilverScript Choice PDP Designs

SilverScript Choice								
Regions	Most Regions		AZ		HI		AK	
Annual Deductible	\$0 applies to all tiers		\$0 T1 & T2, \$100 T3-T5		\$0 T1 & T2, \$100 T3-T5		\$405 applies to all tiers	
Initial Coverage (ICL)	Retail Pref/Std	Mail Preferred	Retail Pref/Std	Mail Preferred	Retail Pref/Std	Mail Preferred	Retail Standard	Mail Preferred
	30-day	90-day	30-day	90-day	30-day	90-day	30-day	90-day
Tier 1	\$3-\$9 / \$6-\$10	\$0	\$3 / \$7	\$0	\$3 / \$7	\$0	\$1	\$0
Tier 2	\$10-\$19 / \$19-\$20	\$25-\$47.50	\$16 / \$20	\$40	\$13 / \$20	\$32.50	\$4	\$10
Tier 3	\$34-\$46 / \$44-\$47	\$85-\$115	\$41 / \$47	\$102.50	\$41 / \$47	\$102.50	17%	17%
Tier 4	34%-49% / 44%-50%	34%-49%	45% / 50%	45%	45% / 50%	45%	36%	36%
Tier 5	33%	N/A	31%	N/A	31%	N/A	25%	N/A
Coverage Gap (donut hole)	Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums) Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost							
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay							

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017
 Premiums and coinsurance vary by region to comply with CMS equivalence rules.

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2018 SilverScript Choice PDP – Count of T1 & T2 Drugs with Preliminary Costs Lower than Copay

States	Approx. Drug Count	States	Approx. Drug Count	States	Approx. Drug Count	States	Approx. Drug Count
Alabama	101	Illinois	81	Montana	102	Rhode Island	110
Alaska	139	Indiana	95	Nebraska	102	South Carolina	70
Arizona	74	Iowa	102	Nevada	53	South Dakota	102
Arkansas	106	Kansas	100	New Hampshire	77	Tennessee	101
California	82	Kentucky	95	New Jersey	92	Texas	73
Colorado	64	Louisiana	113	New Mexico	82	Utah	89
Connecticut	110	Maine	77	New York	109	Vermont	110
Delaware	74	Maryland	74	North Carolina	98	Virginia	82
DC	74	Massachusetts	110	North Dakota	102	Washington	113
Florida	59	Michigan	92	Ohio	85	West Virginia	108
Georgia	99	Minnesota	102	Oklahoma	114	Wisconsin	116
Hawaii	166	Mississippi	95	Oregon	113	Wyoming	102
Idaho	89	Missouri	118	Pennsylvania	108		

Note: Actual drug costs change frequently and vary by pharmacy
Source: SilverScript Insurance Company Actuarial Services, as of June 19, 2017

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8 Out of Top 10 Drugs Utilized in 2017 Choice PDP Have Costs “Less Than” Copay

Drug Name	Tier	Cost Less Than Copay?
Amlodipine Besylate	1	Yes
Atorvastatin Calcium	1	No
Furosemide tabs	1	Yes
Lisinopril	1	Yes
Metformin HCL	1	Yes
Metoprolol Tartrate	1	Yes
Simvastatin	1	Yes
Gabapentin caps	2	Yes
Hydrocodone/Acetaminophen	2	No
Omeprazole DR	2	Yes

Note: Actual drug costs change frequently and vary by pharmacy

Source: SilverScript Insurance Company Med D Analytics, as of June 28, 2017. This slide contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

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Popular 2018 Choice PDP Meds with Costs Significantly “Less Than” Copay

Drug Name	Drug Name	Drug Name
Alprazolam tab	Furosemide tab	Omeprazole cap
Atenolol tab	Gabapentin cap	Pantoprazole tab
Bisoprolol fumarate/HCTZ tab	Hydrochlorothiazide tab	Prednisone tab
Buspirone tab	Lamotrigine tab	Ramipril cap
Carvedilol tab	Letrozole tab	Ranitidine tab
Chlorhexidine gluconate sol	Lisinopril/HCTZ tab	Simvastatin tab
Clonazepam tab	Lisinopril tab	SMZ/TMP DS tab
Clonidine tab	Lorazepam tab	Terazosin cap
Diazepam tab	Losartan/HCT tab	Terbinafine tab
Donepezil tab	Meloxicam tab	Timolol Maleate sol
Escitalopram tab	Methimazole tab	Toresemide tab
Famotidine tab	Mirtazapine tab	Tramadol HCL tab
Fosinopril tab	Omeprazole DR cap	Trazodone tab

Note: Actual drug costs change frequently and vary by pharmacy

Source: SilverScript Insurance Company Med D Analytics, as of June 28, 2017. This slide contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

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2018 SilverScript Plus PDP

\$0 Deductible on ALL Tiers

- In ALL states
- Plan not offered in AK

\$0 Copay via Mail Service

- On T1 & T2 90-day supply

Extra Coverage in the Gap

- T1 & T2 coverage is the same as before reaching the Coverage Gap

Wider Preferred Network

- Over 35,000 pharmacies in Preferred Network
- And nearly 32,000 pharmacies in Standard Network

Over 3,300 Rx Similar to 2017

- Roughly 90 drugs moving to lower Tiers
- A few additional drugs compared to Choice PDP

2 Plan Designs

- Most states similar to 2017
- 11 states with monthly premiums under \$50.00: AL, GA, IN, KY, MO, MS, OH, SC, TN, TX, VA

Sources: SilverScript Insurance Company Actuarial Services, as of June 19, 2017 and CVS Health Networks Analytics, July 18, 2017.

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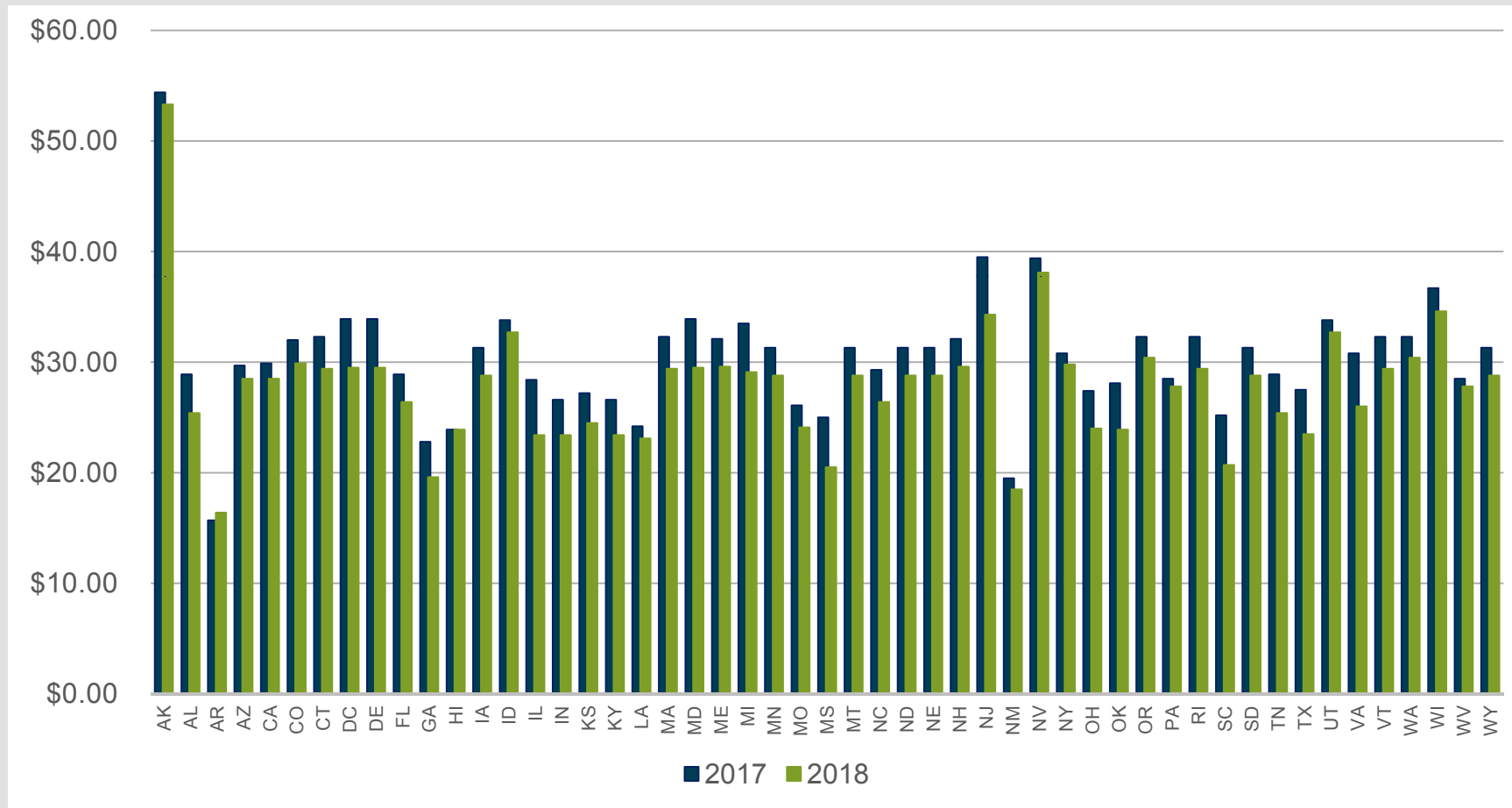
2018 SilverScript Plus PDP Designs

SilverScript Plus				
Regions	Most Regions		AL, GA, IN, KY, MO, MS, OH, SC, TN, TX, VA	
Annual Deductible	\$0 deductible applies to all tiers			
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	30-day	90-day
Tier 1	\$1 / \$10	\$0	\$2 / \$10	\$0
Tier 2	\$5 / \$20	\$0	\$8 / \$20	\$0
Tier 3	\$35 / \$47	\$70	\$40 / \$47	\$80
Tier 4	40% / 50%	40%	46% / 50%	46%
Tier 5	33% / 33%	N/A	33% / 33%	N/A
Coverage Gap (donut hole)	Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)			
Tier 1	\$1 / \$10	\$0	\$2 / \$10	\$0
Tier 2	\$5 / \$20	\$0	\$8 / \$20	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost			
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay			

Source: SilverScript Insurance Company Actuarial Services, as of June 19, 2017
Premiums and coinsurance vary by region to comply with CMS equivalence rules.

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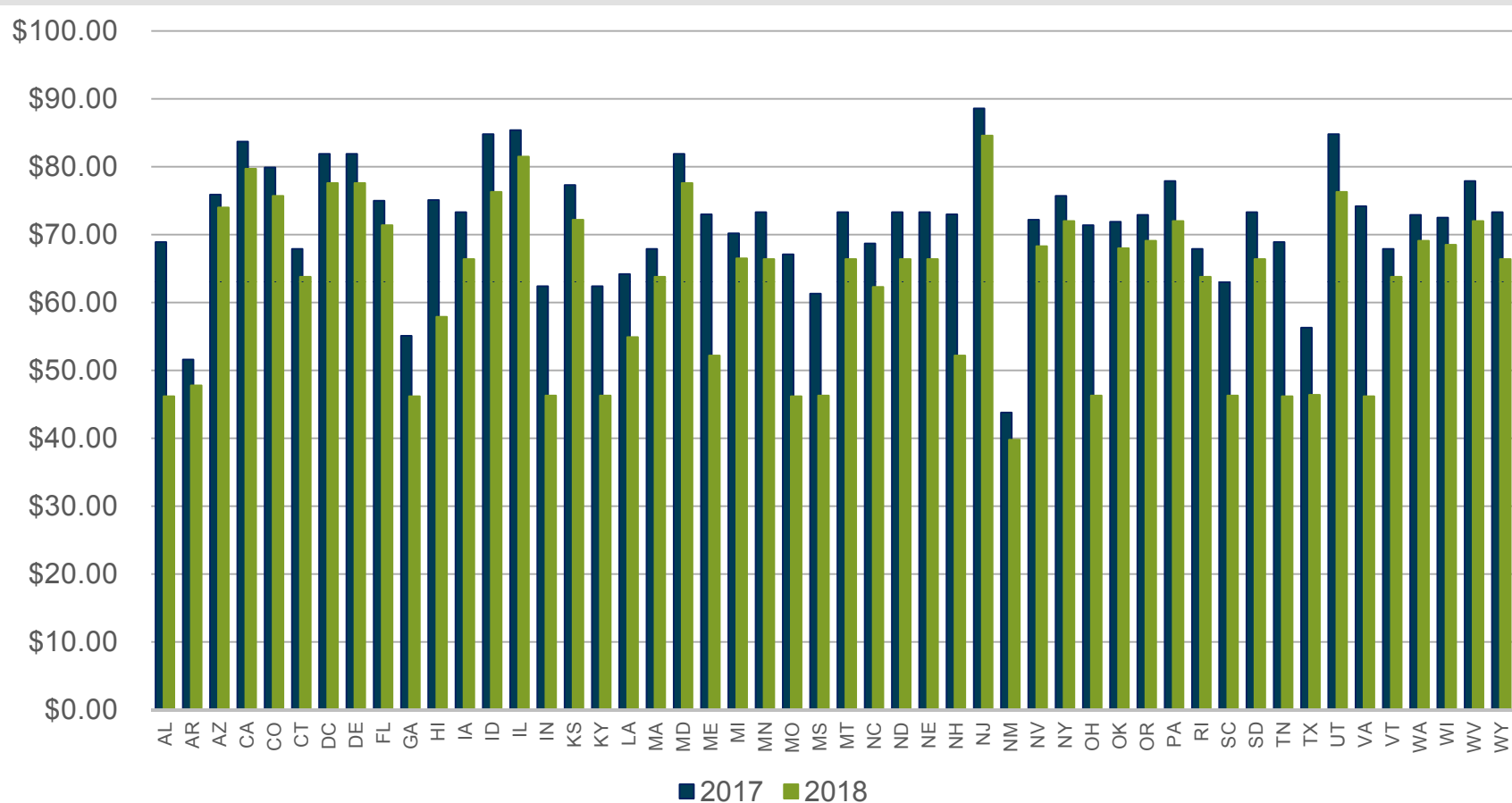
2018 SilverScript Choice PDP Monthly Premiums Are Lower in Almost Every State vs. 2017



Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017.

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2018 SilverScript Plus PDP Monthly Premiums Are Lower in Every State vs. 2017



Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

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2018 SilverScript Premiums

States	Region	SilverScript Choice 2018	SilverScript Choice 2017	SilverScript Plus 2018	SilverScript Plus 2017
Alabama	12	\$25.40	\$28.90	\$46.20	\$68.90
Alaska	34	\$53.30	\$54.40	Not Available	Not Available
Arizona	28	\$28.50	\$29.70	\$74.00	\$75.90
Arkansas	19	\$16.40	\$15.70	\$47.80	\$51.60
California	32	\$28.50	\$29.90	\$79.70	\$83.70
Colorado	27	\$29.90	\$32.00	\$75.70	\$79.90
Connecticut	2	\$29.40	\$32.30	\$63.80	\$67.90
Delaware	5	\$29.50	\$33.90	\$77.60	\$81.90
District of Columbia	5	\$29.50	\$33.90	\$77.60	\$81.90
Florida	11	\$26.40	\$28.90	\$71.40	\$75.00
Georgia	10	\$19.60	\$22.80	\$46.20	\$55.10
Hawaii	33	\$23.90	\$23.90	\$57.90	\$75.10

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

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2018 SilverScript Premiums

States	Region	SilverScript Choice 2018	SilverScript Choice 2017	SilverScript Plus 2018	SilverScript Plus 2017
Idaho	31	\$32.70	\$33.80	\$76.30	\$84.80
Illinois	17	\$23.40	\$28.40	\$81.50	\$85.40
Indiana	15	\$23.40	\$26.60	\$46.30	\$62.40
Iowa	25	\$28.80	\$31.30	\$66.40	\$73.30
Kansas	24	\$24.50	\$27.20	\$72.20	\$77.30
Kentucky	15	\$23.40	\$26.60	\$46.30	\$62.40
Louisiana	21	\$23.10	\$24.20	\$54.90	\$64.20
Maine	1	\$29.60	\$32.10	\$52.20	\$73.00
Maryland	5	\$29.50	\$33.90	\$77.60	\$81.90
Massachusetts	2	\$29.40	\$32.30	\$63.80	\$67.90
Michigan	13	\$29.10	\$33.50	\$66.50	\$70.20
Minnesota	25	\$28.80	\$31.30	\$66.40	\$73.30
Mississippi	20	\$20.50	\$25.00	\$46.30	\$61.30

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

PRELIMINARY PLAN INFORMATION – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Premiums

States	Region	SilverScript Choice 2018	SilverScript Choice 2017	SilverScript Plus 2018	SilverScript Plus 2017
Missouri	18	\$24.10	\$26.10	\$46.20	\$67.10
Montana	25	\$28.80	\$31.30	\$66.40	\$73.30
Nebraska	25	\$28.80	\$31.30	\$66.40	\$73.30
Nevada	29	\$38.10	\$39.40	\$68.30	\$72.20
New Hampshire	1	\$29.60	\$32.10	\$52.20	\$73.00
New Jersey	4	\$34.30	\$39.50	\$84.60	\$88.60
New Mexico	26	\$18.50	\$19.50	\$39.80	\$43.80
New York	3	\$29.80	\$30.80	\$72.00	\$75.70
North Carolina	8	\$26.40	\$29.30	\$62.30	\$68.70
North Dakota	25	\$28.80	\$31.30	\$66.40	\$73.30
Ohio	14	\$24.00	\$27.40	\$46.30	\$71.40
Oklahoma	23	\$23.90	\$28.10	\$68.00	\$71.90
Oregon	30	\$30.40	\$32.30	\$69.10	\$72.90

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

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2018 SilverScript Premiums

States	Region	SilverScript Choice 2018	SilverScript Choice 2017	SilverScript Plus 2018	SilverScript Plus 2017
Pennsylvania	6	\$27.80	\$28.50	\$72.00	\$77.90
Rhode Island	2	\$29.40	\$32.30	\$63.80	\$67.90
South Carolina	9	\$20.70	\$25.20	\$46.30	\$63.00
South Dakota	25	\$28.80	\$31.30	\$66.40	\$73.30
Tennessee	12	\$25.40	\$28.90	\$46.20	\$68.90
Texas	22	\$23.50	\$27.50	\$46.40	\$56.30
Utah	31	\$32.70	\$33.80	\$76.30	\$84.80
Vermont	2	\$29.40	\$32.30	\$63.80	\$67.90
Virginia	7	\$26.00	\$30.80	\$46.20	\$74.20
Washington	30	\$30.40	\$32.30	\$69.10	\$72.90
West Virginia	6	\$27.80	\$28.50	\$72.00	\$77.90
Wisconsin	16	\$34.60	\$36.70	\$68.50	\$72.50
Wyoming	25	\$28.80	\$31.30	\$66.40	\$73.30

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

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2018 SilverScript Formularies

**Over
3,300**

SilverScript Choice PDP contains 3,338 Drugs

103 Preferred Generic Tier 1	488 Generic Tier 2	982 Preferred Brand Tier 3	1,192 Non-Preferred Drug Tier 4	573 Specialty Tier Tier 5
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SilverScript Plus PDP contains 3,373 Drugs

122 Preferred Generic Tier 1	468 Generic Tier 2	999 Preferred Brand Tier 3	1,196 Non-Preferred Drug Tier 4	588 Specialty Tier Tier 5
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All SilverScript formulary tiers include generic and brand drugs
Source: Formulary Management Department, August 3, 2017

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2018 SilverScript Pharmacy Networks

SilverScript Choice Pharmacy Network

26,000+

Preferred Pharmacies

Includes CVS Pharmacy, Longs, Wegman's, and thousands of regional and local independent pharmacies

41,000+

Standard Pharmacies

Includes Walgreens, Walmart, Costco, and thousands of regional and local independent pharmacies and grocers

**Over 67,000
Total Pharmacies**

SilverScript Plus Pharmacy Network

35,000+

Preferred Pharmacies

Includes CVS Pharmacy, Walgreens, Longs, and thousands of regional and local independent pharmacies

32,000+

Standard Pharmacies

Includes Walmart, Costco, and thousands of regional and local independent pharmacies and grocers

**Over 67,000
Total Pharmacies**

Source: CVS Health Networks Analytics, July 31, 2017

SilverScript Choice PDP pharmacy network offers limited access to pharmacies with preferred cost sharing in rural areas of AK and OK.

Good to Know Items

- Annual Certification
 - SilverScript Product & Process course will be available within one week of the CMS annual release of the Part D national average bid amount
 - Agents can have their AHIP and Pinpoint core Medicare and FWA curriculum results automatically sent to SilverScript
- Sales Events
 - New Medicare Marketing Guidelines: Agents must still report sales events to plan sponsors, but plan sponsors do not need to file with CMS
- Agent Tools
 - SilverScript continues to implement just-in-time state appointments in applicable states
 - Encourage agents to utilize SilverScript's eSOA, eApplication, & iPad app

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SilverScript Agent Portal Functionality

ENROLLMENT TOOLS

- Direct data entry
- eApplication & eSOA
- Email enrollment
- Embedded script for call centers
- Batch file upload for groups
- Reports
- Search

AGENT RESOURCES

- Plan comparison, formulary, & pharmacy search
- Encrypted messaging
- eLearning courses
- Supply room & self-service kit fulfillment
- Reference materials
- Temporary ID cards

ADMINISTRATIVE TOOLS

- Organization and user management
- Good Standing items
 - Background checks
 - State license info
 - State appointments
 - Annual certification
- Reports
- Search

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Technology Supports Our SilverScript Agents

- SilverScript Agent Portal
- Electronic scope of appointment (eSOA)
- Electronic enrollment application (eApp)
- Email notifications
- iPad enrollment app for SilverScript agents

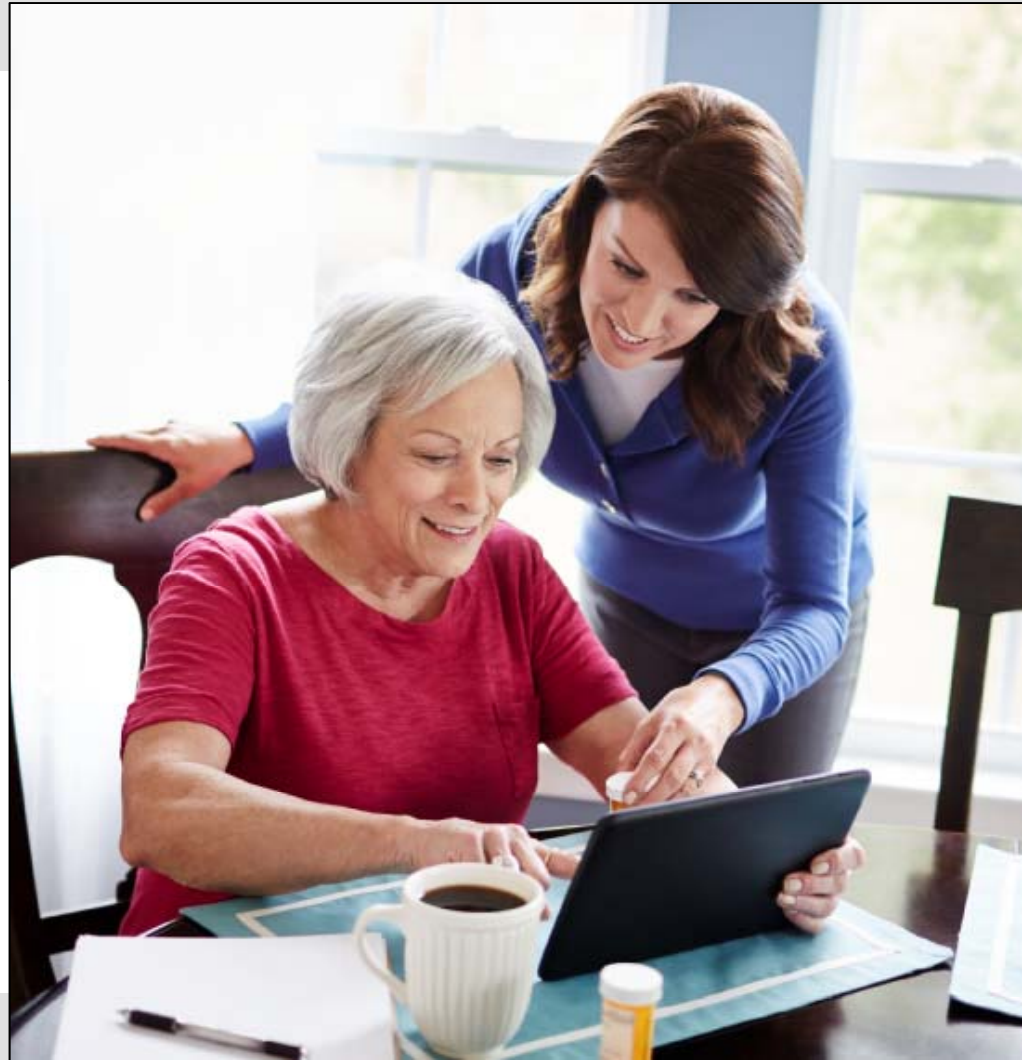


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Marketing Materials for Agents

Ships in mid-September SilverScript agent portal

- Order
- Reorder
- Track shipments

Components

- Car coach
- Comprehensive formularies
- Plan decision guide brochure
- Enrollment application
- Summary of benefits
- Star rating sheet
- New member reference guide
- Agent checklist



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SilverScript's Value Proposition for Medicare Supplement Plan F and Plan G Members

Med Supp Plan F

- Member pays the premium but never pays a Part A or Part B deductible

SilverScript PDPs

- Member pays a monthly premium but never pays a deductible*

Peace of Mind

- SilverScript PDP and Med Supp Plan F clients appreciate \$0 deductibles for Part A, Part B, and Part D

Med Supp Plan G

- Member pays a lower monthly premium than Plan F but does pay the Part B deductible

SilverScript PDPs

- Member pays a monthly premium but never pays a deductible*

Insure the Unexpected

- Is the premium savings more than \$405?
- SilverScript Choice PDP's \$0 deductible offsets lower premiums

* \$0 deductible applies to all states except AK, AZ, and HI. \$405 deductible in Alaska. \$0 deductible on T1 & T2, \$100 deductible on T3 – T5 in Arizona and Hawaii

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Why Agents Like Working with SilverScript

Plan Designs

- \$0 deductible on all Tiers*
- Competitive premiums*
- Retail savings via preferred pharmacies
- \$0 copay options via mail service

* In most states

Market Leader

- Number 1 market share of all Medicare Part D plan sponsors
- Offering PDPs since the inception of the Medicare Part D program in 2006

Agent Tools

- Award-winning Agent Portal includes features like enrollment status, temporary ID cards, tracking numbers for supply reorders, etc.
- History logs for eSOA and eApplication
- iPad app for SOA and enrollments
- Email notifications

Agent Friendly

- SilverScript does not offer MAPD or Medicare Supplement plans

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SilverScript®

Happy Selling!



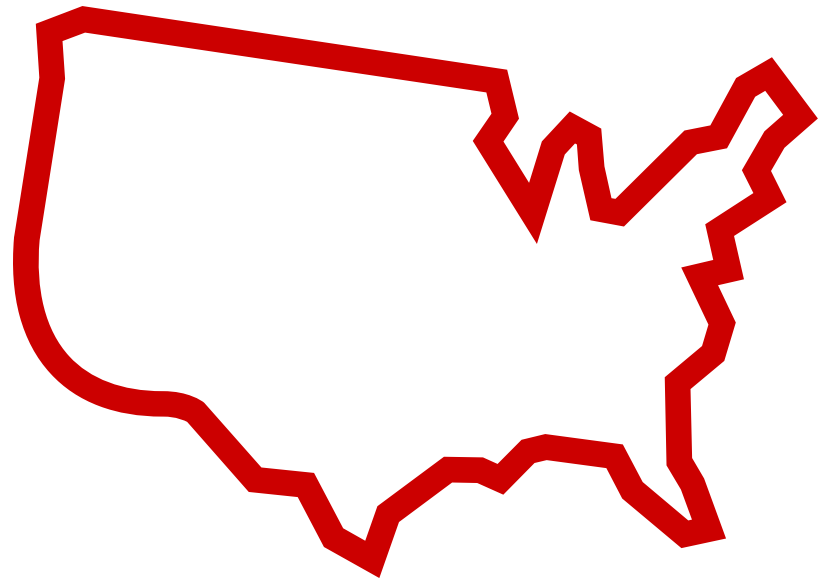
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SilverScript 2018

State-Specific Plan Designs



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2018 SilverScript Choice PDP Design

Alabama - Region 12

Stage	SilverScript Choice		
Premium	\$25.40		
Region Benchmark	\$30.62 (SilverScript Choice PDP under by \$5.22)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$13 / \$20	\$32.50 / \$60	\$32.50
Tier 3	\$42 / \$47	\$105 / \$141	\$105
Tier 4	46% / 50%	46% / 50%	46%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Alabama - Region 12

Stage	SilverScript Plus		
Premium	\$46.20		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tier 3	\$40 / \$47	\$100 / \$141	\$80
Tier 4	46% / 50%	46% / 50%	46%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Alaska - Region 34

Stage	SilverScript Choice		
Premium	\$53.30		
Region Benchmark	\$32.92 (SilverScript Choice PDP over by \$20.38)		
Annual Deductible	\$405 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Standard	Retail Pharmacy Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1	\$2.50	\$0
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)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Arizona - Region 28

Stage	SilverScript Choice		
Premium	\$28.50		
Region Benchmark	\$32.88 (SilverScript Choice PDP under by \$4.38)		
Annual Deductible	\$0 deductible applies to Tiers 1 and 2, \$100 deductible applies to Tiers 3 through 5		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$16 / \$20	\$40 / \$60	\$40
Tier 3	\$41 / \$47	\$102.50 / \$141	\$102.50
Tier 4	45% / 50%	45% / 50%	45%
Tier 5	31%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Arizona - Region 28

Stage	SilverScript Plus		
Premium	\$74.00		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Arkansas - Region 19

Stage	SilverScript Choice		
Premium	\$16.40		
Region Benchmark	\$22.56 (SilverScript Choice PDP under by \$6.16)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$10 / \$20	\$25 / \$60	\$25
Tier 3	\$34 / \$47	\$85 / \$141	\$85
Tier 4	34% / 50%	34% / 50%	34%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Arkansas - Region 19

Stage	SilverScript Plus		
Premium	\$47.80		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

California - Region 32

Stage	SilverScript Choice		
Premium	\$28.50		
Region Benchmark	\$35.51 (SilverScript Choice PDP under by \$7.01)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$13 / \$20	\$32.50 / \$60	\$32.50
Tier 3	\$42 / \$47	\$105 / \$141	\$105
Tier 4	46% / 50%	46% / 50%	46%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

California - Region 32

Stage	SilverScript Plus		
Premium	\$79.70		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Colorado - Region 27

Stage	SilverScript Choice		
Premium	\$29.90		
Region Benchmark	\$34.18 (SilverScript Choice PDP under by \$4.28)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$9 / \$10	\$22.50 / \$30	\$0
Tier 2	\$19 / \$20	\$47.50 / \$60	\$47.50
Tier 3	\$46 / \$47	\$115 / \$141	\$115
Tier 4	49% / 50%	49% / 50%	49%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Colorado - Region 27

Stage	SilverScript Plus		
Premium	\$75.70		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Connecticut - Region 2

Stage	SilverScript Choice		
Premium	\$29.40		
Region Benchmark	\$35.58 (SilverScript Choice PDP under by \$6.18)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$12 / \$20	\$30 / \$60	\$30
Tier 3	\$38 / \$47	\$95 / \$141	\$95
Tier 4	38% / 50%	38% / 50%	38%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

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2018 SilverScript Plus PDP Design

Connecticut - Region 2

Stage	SilverScript Plus		
Premium	\$63.80		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

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2018 SilverScript Choice PDP Design

Delaware - Region 5

Stage	SilverScript Choice		
Premium	\$29.50		
Region Benchmark	\$30.70 (SilverScript Choice PDP under by \$1.20)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$9 / \$10	\$22.50 / \$30	\$0
Tier 2	\$19 / \$20	\$47.50 / \$60	\$47.50
Tier 3	\$46 / \$47	\$115 / \$141	\$115
Tier 4	49% / 50%	49% / 50%	49%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

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2018 SilverScript Plus PDP Design

Delaware - Region 5

Stage	SilverScript Plus		
Premium	\$77.60		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

District of Columbia - Region 5

Stage	SilverScript Choice		
Premium	\$29.50		
Region Benchmark	\$30.70 (SilverScript Choice PDP under by \$1.20)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$9 / \$10	\$22.50 / \$30	\$0
Tier 2	\$19 / \$20	\$47.50 / \$60	\$47.50
Tier 3	\$46 / \$47	\$115 / \$141	\$115
Tier 4	49% / 50%	49% / 50%	49%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

District of Columbia - Region 5

Stage	SilverScript Plus		
Premium	\$77.60		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Florida - Region 11

Stage	SilverScript Choice		
Premium	\$26.40		
Region Benchmark	\$29.07 (SilverScript Choice PDP under by \$2.67)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$6 / \$7	\$15 / \$21	\$0
Tier 2	\$19 / \$20	\$47.50 / \$60	\$47.50
Tier 3	\$46 / \$47	\$115 / \$141	\$115
Tier 4	49% / 50%	49% / 50%	49%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Florida - Region 11

Stage	SilverScript Plus		
Premium	\$71.40		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Georgia - Region 10

Stage	SilverScript Choice		
Premium	\$19.60		
Region Benchmark	\$24.53 (SilverScript Choice PDP under by \$4.93)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$14 / \$20	\$35 / \$60	\$35
Tier 3	\$43 / \$47	\$107.50 / \$141	\$107.50
Tier 4	47% / 50%	47% / 50%	47%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Georgia - Region 10

Stage	SilverScript Plus		
Premium	\$46.20		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tier 3	\$40 / \$47	\$100 / \$141	\$80
Tier 4	46% / 50%	46% / 50%	46%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Hawaii - Region 33

Stage	SilverScript Choice		
Premium	\$23.90		
Region Benchmark	\$25.38 (SilverScript Choice PDP under by \$1.48)		
Annual Deductible	\$0 deductible applies to Tiers 1 and 2, \$100 deductible applies to Tiers 3 through 5		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$13 / \$20	\$32.50 / \$60	\$32.50
Tier 3	\$41 / \$47	\$102.50 / \$141	\$102.50
Tier 4	45% / 50%	45% / 50%	45%
Tier 5	31%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Hawaii - Region 33

Stage	SilverScript Plus		
Premium	\$57.90		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Idaho - Region 31

Stage	SilverScript Choice		
Premium	\$32.70		
Region Benchmark	\$40.24 (SilverScript Choice PDP under by \$7.54)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$14 / \$20	\$35 / \$60	\$35
Tier 3	\$41 / \$47	\$102.50 / \$141	\$102.50
Tier 4	45% / 50%	45% / 50%	45%
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 \$3,750 in total yearly drug costs (not including monthly premiums) Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript **Plus** PDP Design

Idaho - Region 31

Stage	SilverScript Plus		
Premium	\$76.30		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Illinois - Region 17

Stage	SilverScript Choice		
Premium	\$23.40		
Region Benchmark	\$27.50 (SilverScript Choice PDP under by \$4.10)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$17 / \$20	\$42.50 / \$60	\$42.50
Tier 3	\$44 / \$47	\$110 / \$141	\$110
Tier 4	48% / 50%	48% / 50%	48%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Illinois - Region 17

Stage	SilverScript Plus		
Premium	\$81.50		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

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AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Indiana - Region 15

Stage	SilverScript Choice		
Premium	\$23.40		
Region Benchmark	\$31.24 (SilverScript Choice PDP under by \$7.84)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$13 / \$20	\$32.50 / \$60	\$32.50
Tier 3	\$41 / \$47	\$102.50 / \$141	\$102.50
Tier 4	41% / 50%	41% / 50%	41%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Indiana - Region 15

Stage	SilverScript Plus		
Premium	\$46.30		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tier 3	\$40 / \$47	\$100 / \$141	\$80
Tier 4	46% / 50%	46% / 50%	46%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript **Choice** PDP Design Iowa - Region 25

Stage	SilverScript Choice		
Premium	\$28.80		
Region Benchmark	\$33.99 (SilverScript Choice PDP under by \$5.19)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$12 / \$20	\$30 / \$60	\$30
Tier 3	\$39 / \$47	\$97.50 / \$141	\$97.50
Tier 4	39% / 50%	39% / 50%	39%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript **Plus** PDP Design Iowa - Region 25

Stage	SilverScript Plus		
Premium	\$66.40		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Kansas - Region 24

Stage	SilverScript Choice		
Premium	\$24.50		
Region Benchmark	\$31.43 (SilverScript Choice PDP under by \$6.93)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$13 / \$20	\$32.50 / \$60	\$32.50
Tier 3	\$42 / \$47	\$105 / \$141	\$105
Tier 4	42% / 50%	42% / 50%	42%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Kansas - Region 24

Stage	SilverScript Plus		
Premium	\$72.20		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Kentucky - Region 15

Stage	SilverScript Choice		
Premium	\$23.40		
Region Benchmark	\$31.24 (SilverScript Choice PDP under by \$7.84)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$13 / \$20	\$32.50 / \$60	\$32.50
Tier 3	\$41 / \$47	\$102.50 / \$141	\$102.50
Tier 4	41% / 50%	41% / 50%	41%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Kentucky - Region 15

Stage	SilverScript Plus		
Premium	\$46.30		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tier 3	\$40 / \$47	\$100 / \$141	\$80
Tier 4	46% / 50%	46% / 50%	46%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Louisiana - Region 21

Stage	SilverScript Choice		
Premium	\$23.10		
Region Benchmark	\$30.92 (SilverScript Choice PDP under by \$7.82)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$10 / \$20	\$25 / \$60	\$25
Tier 3	\$34 / \$46	\$85 / \$138	\$85
Tier 4	34% / 46%	34% / 46%	34%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Louisiana - Region 21

Stage	SilverScript Plus		
Premium	\$54.90		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript **Choice** PDP Design

Maine - Region 1

Stage	SilverScript Choice		
Premium	\$29.60		
Region Benchmark	\$34.27 (SilverScript Choice PDP under by \$4.67)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$14 / \$20	\$35 / \$60	\$35
Tier 3	\$43 / \$47	\$107.50 / \$141	\$107.50
Tier 4	43% / 50%	43% / 50%	43%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript **Plus** PDP Design

Maine - Region 1

Stage	SilverScript Plus		
Premium	\$52.20		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Maryland - Region 5

Stage	SilverScript Choice		
Premium	\$29.50		
Region Benchmark	\$30.70 (SilverScript Choice PDP under by \$1.20)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$9 / \$10	\$22.50 / \$30	\$0
Tier 2	\$19 / \$20	\$47.50 / \$60	\$47.50
Tier 3	\$46 / \$47	\$115 / \$141	\$115
Tier 4	49% / 50%	49% / 50%	49%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Maryland - Region 5

Stage	SilverScript Plus		
Premium	\$77.60		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Massachusetts - Region 2

Stage	SilverScript Choice		
Premium	\$29.40		
Region Benchmark	\$35.58 (SilverScript Choice PDP under by \$6.18)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$12 / \$20	\$30 / \$60	\$30
Tier 3	\$38 / \$47	\$95 / \$141	\$95
Tier 4	38% / 50%	38% / 50%	38%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript **Plus** PDP Design

Massachusetts - Region 2

Stage	SilverScript Plus		
Premium	\$63.80		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Michigan - Region 13

Stage	SilverScript Choice		
Premium	\$29.10		
Region Benchmark	\$33.28 (SilverScript Choice PDP under by \$4.18)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$13 / \$20	\$32.50 / \$60	\$32.50
Tier 3	\$41 / \$47	\$102.50 / \$141	\$102.50
Tier 4	41% / 50%	41% / 50%	41%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript **Plus** PDP Design

Michigan - Region 13

Stage	SilverScript Plus		
Premium	\$66.50		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Minnesota - Region 25

Stage	SilverScript Choice		
Premium	\$28.80		
Region Benchmark	\$33.99 (SilverScript Choice PDP under by \$5.19)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$12 / \$20	\$30 / \$60	\$30
Tier 3	\$39 / \$47	\$97.50 / \$141	\$97.50
Tier 4	39% / 50%	39% / 50%	39%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Minnesota - Region 25

Stage	SilverScript Plus		
Premium	\$66.40		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Mississippi - Region 20

Stage	SilverScript Choice		
Premium	\$20.50		
Region Benchmark	\$25.81 (SilverScript Choice PDP under by \$5.31)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$12 / \$20	\$30 / \$60	\$30
Tier 3	\$41 / \$47	\$102.50 / \$141	\$102.50
Tier 4	45% / 50%	45% / 50%	45%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Mississippi - Region 20

Stage	SilverScript Plus		
Premium	\$46.30		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tier 3	\$40 / \$47	\$100 / \$141	\$80
Tier 4	46% / 50%	46% / 50%	46%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Missouri - Region 18

Stage	SilverScript Choice		
Premium	\$24.10		
Region Benchmark	\$29.99 (SilverScript Choice PDP under by \$5.89)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$11 / \$20	\$27.50 / \$60	\$27.50
Tier 3	\$35 / \$47	\$87.50 / \$141	\$87.50
Tier 4	35% / 50%	35% / 50%	35%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Missouri - Region 18

Stage	SilverScript Plus		
Premium	\$46.20		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tier 3	\$40 / \$47	\$100 / \$141	\$80
Tier 4	46% / 50%	46% / 50%	46%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Montana - Region 25

Stage	SilverScript Choice		
Premium	\$28.80		
Region Benchmark	\$33.99 (SilverScript Choice PDP under by \$5.19)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$12 / \$20	\$30 / \$60	\$30
Tier 3	\$39 / \$47	\$97.50 / \$141	\$97.50
Tier 4	39% / 50%	39% / 50%	39%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Montana - Region 25

Stage	SilverScript Plus		
Premium	\$66.40		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Nebraska - Region 25

Stage	SilverScript Choice		
Premium	\$28.80		
Region Benchmark	\$33.99 (SilverScript Choice PDP under by \$5.19)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$12 / \$20	\$30 / \$60	\$30
Tier 3	\$39 / \$47	\$97.50 / \$141	\$97.50
Tier 4	39% / 50%	39% / 50%	39%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Nebraska - Region 25

Stage	SilverScript Plus		
Premium	\$66.40		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Nevada - Region 29

Stage	SilverScript Choice		
Premium	\$38.10		
Region Benchmark	\$27.08 (SilverScript Choice PDP over by \$11.02)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$7 / \$8	\$17.50 / \$24	\$0
Tier 2	\$19 / \$20	\$47.50 / \$60	\$47.50
Tier 3	\$46 / \$47	\$115 / \$141	\$115
Tier 4	49% / 50%	49% / 50%	49%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

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2018 SilverScript Plus PDP Design

Nevada - Region 29

Stage	SilverScript Plus		
Premium	\$68.30		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

New Hampshire - Region 1

Stage	SilverScript Choice		
Premium	\$29.60		
Region Benchmark	\$34.27 (SilverScript Choice PDP under by \$4.67)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$14 / \$20	\$35 / \$60	\$35
Tier 3	\$43 / \$47	\$107.50 / \$141	\$107.50
Tier 4	43% / 50%	43% / 50%	43%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

New Hampshire - Region 1

Stage	SilverScript Plus		
Premium	\$52.20		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP design

New Jersey - Region 4

Stage	SilverScript Choice		
Premium	\$34.30		
Region Benchmark	\$35.97 (SilverScript Choice PDP under by \$1.67)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$14 / \$20	\$35 / \$60	\$35
Tier 3	\$43 / \$47	\$107.50 / \$141	\$107.50
Tier 4	46% / 50%	46% / 50%	46%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

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2018 SilverScript Plus PDP Design

New Jersey - Region 4

Stage	SilverScript Plus		
Premium	\$84.60		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

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2018 SilverScript Choice PDP Design

New Mexico - Region 26

Stage	SilverScript Choice		
Premium	\$18.50		
Region Benchmark	\$24.60 (SilverScript Choice PDP under by \$6.10)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$12 / \$20	\$30 / \$60	\$30
Tier 3	\$42 / \$47	\$105 / \$141	\$105
Tier 4	45% / 50%	45% / 50%	45%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

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2018 SilverScript Plus PDP Design

New Mexico - Region 26

Stage	SilverScript Plus		
Premium	\$39.80		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

New York - Region 3

Stage	SilverScript Choice		
Premium	\$29.80		
Region Benchmark	\$38.98 (SilverScript Choice PDP under by \$9.18)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$14 / \$20	\$35 / \$60	\$35
Tier 3	\$40 / \$47	\$100 / \$141	\$100
Tier 4	44% / 50%	44% / 50%	44%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

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2018 SilverScript Plus PDP Design

New York - Region 3

Stage	SilverScript Plus		
Premium	\$72.00		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

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2018 SilverScript Choice PDP Design

North Carolina - Region 8

Stage	SilverScript Choice		
Premium	\$26.40		
Region Benchmark	\$30.16 (SilverScript Choice PDP under by \$3.76)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$17 / \$20	\$42.50 / \$60	\$42.50
Tier 3	\$44 / \$47	\$110 / \$141	\$110
Tier 4	47% / 50%	47% / 50%	47%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

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2018 SilverScript Plus PDP Design

North Carolina - Region 8

Stage	SilverScript Plus		
Premium	\$62.30		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

North Dakota - Region 25

Stage	SilverScript Choice		
Premium	\$28.80		
Region Benchmark	\$33.99 (SilverScript Choice PDP under by \$5.19)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$12 / \$20	\$30 / \$60	\$30
Tier 3	\$39 / \$47	\$97.50 / \$141	\$97.50
Tier 4	39% / 50%	39% / 50%	39%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

North Dakota - Region 25

Stage	SilverScript Plus		
Premium	\$66.40		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Ohio - Region 14

Stage	SilverScript Choice		
Premium	\$24.00		
Region Benchmark	\$31.95 (SilverScript Choice PDP under by \$7.95)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$17 / \$20	\$42.50 / \$60	\$42.50
Tier 3	\$43 / \$47	\$107.50 / \$141	\$107.50
Tier 4	47% / 50%	47% / 50%	47%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript **Plus** PDP Design

Ohio - Region 14

Stage	SilverScript Plus		
Premium	\$46.30		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tier 3	\$40 / \$47	\$100 / \$141	\$80
Tier 4	46% / 50%	46% / 50%	46%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Oklahoma - Region 23

Stage	SilverScript Choice		
Premium	\$23.90		
Region Benchmark	\$29.65 (SilverScript Choice PDP under by \$5.75)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$6	\$7.50 / \$18	\$0
Tier 2	\$10 / \$19	\$25 / \$57	\$25
Tier 3	\$34 / \$44	\$85 / \$132	\$85
Tier 4	34% / 44%	34% / 44%	34%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Oklahoma - Region 23

Stage	SilverScript Plus		
Premium	\$68.00		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Oregon - Region 30

Stage	SilverScript Choice		
Premium	\$30.40		
Region Benchmark	\$34.58 (SilverScript Choice PDP under by \$4.18)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$10 / \$20	\$25 / \$60	\$25
Tier 3	\$34 / \$47	\$85 / \$141	\$85
Tier 4	34% / 48%	34% / 48%	34%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Oregon - Region 30

Stage	SilverScript Plus		
Premium	\$69.10		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Pennsylvania - Region 6

Stage	SilverScript Choice		
Premium	\$27.80		
Region Benchmark	\$37.18 (SilverScript Choice PDP under by \$9.38)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$14 / \$20	\$35 / \$60	\$35
Tier 3	\$42 / \$47	\$105 / \$141	\$105
Tier 4	45% / 50%	45% / 50%	45%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Pennsylvania - Region 6

Stage	SilverScript Plus		
Premium	\$72.00		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Rhode Island - Region 2

Stage	SilverScript Choice		
Premium	\$29.40		
Region Benchmark	\$35.58 (SilverScript Choice PDP under by \$6.18)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$12 / \$20	\$30 / \$60	\$30
Tier 3	\$38 / \$47	\$95 / \$141	\$95
Tier 4	38% / 50%	38% / 50%	38%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Rhode Island - Region 2

Stage	SilverScript Plus		
Premium	\$63.80		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

South Carolina - Region 9

Stage	SilverScript Choice		
Premium	\$20.70		
Region Benchmark	\$23.03 (SilverScript Choice PDP under by \$2.33)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$6 / \$7	\$15 / \$21	\$0
Tier 2	\$19 / \$20	\$47.50 / \$60	\$47.50
Tier 3	\$46 / \$47	\$115 / \$141	\$115
Tier 4	49% / 50%	49% / 50%	49%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript **Plus** PDP Design

South Carolina - Region 9

Stage	SilverScript Plus		
Premium	\$46.30		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tier 3	\$40 / \$47	\$100 / \$141	\$80
Tier 4	46% / 50%	46% / 50%	46%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

South Dakota - Region 25

Stage	SilverScript Choice		
Premium	\$28.80		
Region Benchmark	\$33.99 (SilverScript Choice PDP under by \$5.19)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$12 / \$20	\$30 / \$60	\$30
Tier 3	\$39 / \$47	\$97.50 / \$141	\$97.50
Tier 4	39% / 50%	39% / 50%	39%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

South Dakota - Region 25

Stage	SilverScript Plus		
Premium	\$66.40		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Tennessee - Region 12

Stage	SilverScript Choice		
Premium	\$25.40		
Region Benchmark	\$30.62 (SilverScript Choice PDP under by \$5.22)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$13 / \$20	\$32.50 / \$60	\$32.50
Tier 3	\$42 / \$47	\$105 / \$141	\$105
Tier 4	46% / 50%	46% / 50%	46%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Tennessee - Region 12

Stage	SilverScript Plus		
Premium	\$46.20		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tier 3	\$40 / \$47	\$100 / \$141	\$80
Tier 4	46% / 50%	46% / 50%	46%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Texas - Region 22

Stage	SilverScript Choice		
Premium	\$23.50		
Region Benchmark	\$24.59 (SilverScript Choice PDP under by \$1.09)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$9 / \$10	\$22.50 / \$30	\$0
Tier 2	\$19 / \$20	\$47.50 / \$60	\$47.50
Tier 3	\$46 / \$47	\$115 / \$141	\$115
Tier 4	49% / 50%	49% / 50%	49%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Texas - Region 22

Stage	SilverScript Plus		
Premium	\$46.40		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tier 3	\$40 / \$47	\$100 / \$141	\$80
Tier 4	46% / 50%	46% / 50%	46%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design Utah - Region 31

Stage	SilverScript Choice		
Premium	\$32.70		
Region Benchmark	\$40.24 (SilverScript Choice PDP under by \$7.54)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$14 / \$20	\$35 / \$60	\$35
Tier 3	\$41 / \$47	\$102.50 / \$141	\$102.50
Tier 4	45% / 50%	45% / 50%	45%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript **Plus** PDP Design Utah - Region 31

Stage	SilverScript Plus		
Premium	\$76.30		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Vermont - Region 2

Stage	SilverScript Choice		
Premium	\$29.40		
Region Benchmark	\$35.58 (SilverScript Choice PDP under by \$6.18)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$12 / \$20	\$30 / \$60	\$30
Tier 3	\$38 / \$47	\$95 / \$141	\$95
Tier 4	38% / 50%	38% / 50%	38%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript **Plus** PDP Design

Vermont - Region 2

Stage	SilverScript Plus		
Premium	\$63.80		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Virginia - Region 7

Stage	SilverScript Choice		
Premium	\$26.00		
Region Benchmark	\$30.05 (SilverScript Choice PDP under by \$4.05)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$5 / \$7	\$12.50 / \$21	\$0
Tier 2	\$18 / \$20	\$45 / \$60	\$45
Tier 3	\$44 / \$47	\$110 / \$141	\$110
Tier 4	48% / 50%	48% / 50%	48%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Plus PDP Design

Virginia - Region 7

Stage	SilverScript Plus		
Premium	\$46.20		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tier 3	\$40 / \$47	\$100 / \$141	\$80
Tier 4	46% / 50%	46% / 50%	46%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$2 / \$10	\$5 / \$30	\$0
Tier 2	\$8 / \$20	\$20 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

* Not all Tier 5 drugs may be available through mail.

AGENT USE ONLY – DO NOT EVEN THINK ABOUT SHARING WITH BENEFICIARIES!

2018 SilverScript Choice PDP Design

Washington - Region 30

Stage	SilverScript Choice		
Premium	\$30.40		
Region Benchmark	\$34.58 (SilverScript Choice PDP under by \$4.18)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$10 / \$20	\$25 / \$60	\$25
Tier 3	\$34 / \$47	\$85 / \$141	\$85
Tier 4	34% / 48%	34% / 48%	34%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

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2018 SilverScript Plus PDP Design

Washington - Region 30

Stage	SilverScript Plus		
Premium	\$69.10		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

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2018 SilverScript Choice PDP Design

West Virginia - Region 6

Stage	SilverScript Choice		
Premium	\$27.80		
Region Benchmark	\$37.18 (SilverScript Choice PDP under by \$9.38)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$14 / \$20	\$35 / \$60	\$35
Tier 3	\$42 / \$47	\$105 / \$141	\$105
Tier 4	45% / 50%	45% / 50%	45%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

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2018 SilverScript Plus PDP Design

West Virginia - Region 6

Stage	SilverScript Plus		
Premium	\$72.00		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

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2018 SilverScript Choice PDP Design

Wisconsin - Region 16

Stage	SilverScript Choice		
Premium	\$34.60		
Region Benchmark	\$40.04 (SilverScript Choice PDP under by \$5.44)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$6	\$7.50 / \$18	\$0
Tier 2	\$10 / \$19	\$25 / \$57	\$25
Tier 3	\$34 / \$46	\$85 / \$138	\$85
Tier 4	34% / 48%	34% / 48%	34%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

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2018 SilverScript Plus PDP Design

Wisconsin - Region 16

Stage	SilverScript Plus		
Premium	\$68.50		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

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2018 SilverScript Choice PDP Design

Wyoming - Region 25

Stage	SilverScript Choice		
Premium	\$28.80		
Region Benchmark	\$33.99 (SilverScript Choice PDP under by \$5.19)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$3 / \$7	\$7.50 / \$21	\$0
Tier 2	\$12 / \$20	\$30 / \$60	\$30
Tier 3	\$39 / \$47	\$97.50 / \$141	\$97.50
Tier 4	39% / 50%	39% / 50%	39%
Tier 5	33%	N/A	N/A
Coverage Gap (donut hole)	<p>Members leave the ICL stage and enter the Medicare Coverage Gap when they have reached \$3,750 in total yearly drug costs (not including monthly premiums)</p> <p>Generic drugs: Members pay 44% of the cost</p> <p>Brand drugs: Members pay 35% of the cost</p>		
Catastrophic Coverage (after donut hole)	<p>Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums)</p> <p>Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay</p> <p>All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay</p>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

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2018 SilverScript Plus PDP Design

Wyoming - Region 25

Stage	SilverScript Plus		
Premium	\$66.40		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	Retail Pharmacy Preferred / Standard	Retail Pharmacy Preferred / Standard	Mail Service Pharmacy Preferred
	30-day	90-day	90-day
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tier 3	\$35 / \$47	\$87.50 / \$141	\$70
Tier 4	40% / 50%	40% / 50%	40%
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 \$3,750 in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$2.50 / \$30	\$0
Tier 2	\$5 / \$20	\$12.50 / \$60	\$0
Tiers 3, 4, and 5	Generic drugs: Members pay 44% of the cost Brand drugs: Members pay 35% of the cost		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent \$5,000 out of pocket (not including monthly premiums) Generic drugs: Members pay the greater of 5% coinsurance or \$3.35 copay All other drugs: Members pay the greater of 5% coinsurance or \$8.35 copay		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2017

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