

Medicare Part D Prescription Plan Member Drug Costs

Effective January 1, 2024

The amount you pay for your prescription depends on whether the medication is:

- A generic, preferred or non-preferred brand, or specialty drug,
- On the SilverScript Medicare Part D Formulary,
- Filled at the appropriate participating pharmacy, and
- Medicare Part D Benefit Stage.

Up to a 31-Day Supply (Available at a participating retail pharmacy – including all major chains)

Non-Specialty Drugs	In-Network Pharmacy	Out-of-Network Pharmacy
Generic Drugs	\$10 Copay	Not Covered
Preferred Brand Name (Formulary)	\$32 Copay	Not Covered
Non-Preferred Brand Name (Non-Formulary)	\$60 Copay	Not Covered

Up to a 90-Day Supply* (Available at a participating retail pharmacy or through Home Delivery)

Non-Specialty Drugs	In-Network Pharmacy	Out-of-Network Pharmacy
Generic Drugs	\$20 Copay	Not Covered
Preferred Brand Name (Formulary)	\$64 Copay	Not Covered
Non-Preferred Brand Name (Non-Formulary)	\$120 Copay	Not Covered

* Not all drugs are available at a 90-day supply. Some retail pharmacies in your plan only provide a one-month supply of your covered prescriptions at the one-month supply copayment.

Up to a 31-Day Supply (Available at CVS Specialty® Pharmacy through Home Delivery)

Specialty Drugs	In-Network Pharmacy	Out-of-Network Pharmacy
Generic Drugs	\$10 Copay	Not Covered
Preferred Brand Name (Formulary)	\$32 Copay	Not Covered
Non-Preferred Brand Name (Non-Formulary)	\$60 Copay	Not Covered

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (what you and others pay on your behalf, including manufacturer discounts but excluding payments made by your Medicare prescription drug plan) reach **\$8,000** you will pay **the greater of 5% coinsurance, or a copayment for covered generic and brand name drugs with a maximum not to exceed the standard copayment during the Initial Coverage Stage.**

For more details and information, visit <https://dhr.delaware.gov/benefits/cvs/medicare/index.shtml>.