

STATE OF DELAWARE MEDICARE PART D PRESCRIPTION PLAN

Copay Structure

Individuals enrolled in the State of Delaware Medicare Supplement plan, administered by Highmark Delaware, are automatically enrolled in the Medicare Part D Prescription Plan. The amount you pay for your prescription depends on whether the medication is:

- A generic drug or a brand name drug, and
- On the CVS Caremark Formulary
- Pharmacy Location (In-Network Retail or Home Delivery)
- Medicare Part D Benefit Stage

What is a Formulary?

A formulary is a list of medications that are approved for coverage under your prescription drug plan. Medications not covered are considered Non-Formulary.

Three Copay Levels (Tiers)

The prescription drug program has three copay levels (tiers) for covered prescriptions. The prescription drug summary of benefits shows your share of the cost that applies to each tier of the prescription drug program:

- **Tier One** – Generic Drugs
- **Tier Two** – Preferred Brand Name (Formulary)
- **Tier Three** – Non-preferred Brand Name drugs (Non-Formulary)

PRESCRIPTION DRUGS	IN-NETWORK PHARMACY
Up to a 31-day supply (Available at a participating retail pharmacy)	
Tier One – Generic Drug	You pay \$8 copay
Tier Two – Preferred	You pay \$28 copay
Tier Three – Non-Preferred	You pay \$50 copay
Up to a 90-day supply (Available at a participating retail pharmacy or through Home Delivery)*	
Tier One – Generic Drug	You pay \$16 copay
Tier Two – Preferred	You pay \$56 copay
Tier Three – Non-Preferred	You pay \$100 copay
Catastrophic Coverage Stage	
<p>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 \$7,050 you will pay the greater of 5% coinsurance or:</p> <ul style="list-style-type: none"> • A \$3.95 copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard copayment during the Initial Coverage stage, • A \$9.85 copayment for all other covered drugs, with a maximum not to exceed the standard copayment during the Initial Coverage stage. 	
<p>*Some retail pharmacies in your plan only provide a one-month supply of your covered prescriptions at the one-month supply copayment. You may fill 90-day maintenance prescriptions (medications taken on a long-term basis) at a participating retail pharmacy or by mail through the CVS Caremark Home Delivery.</p> <p>Not all drugs are available at a 90-day supply.</p>	