

xxxxx Medicare Xx Xxxxx XXXXX

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MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

How much is the monthly premium?

\$11.11 per month.

\$111.11 per month.

How much is the deductible?

\$111 per year for Part D prescription drugs.

This plan does not have a deductible.

Plans are offered by xxxxx Health Inc., xxxxx Health of California Inc., and/or xxxxx Life Insurance Company (xxxxx). xxxxx Medicare is a prescription drug plan with a Medicare contract. Enrollment in xxxxx Medicare depends on contract renewal.

PRESCRIPTION DRUG BENEFITS

Initial Coverage

After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$1,111. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You pay the following until your total yearly drug costs reach \$1,111. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Preferred Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$1	\$1	\$1
Tier 2 (Non-Preferred Generic)	\$1 copay	\$1 copay	\$1 copay

Preferred Retail Cost-Sharing

Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$1	\$1	\$1
Tier 2 (Non-Preferred Generic)	\$1 copay	\$1 copay	\$1 copay
Tier 3 (Preferred Brand)	\$11 copay	\$11 copay	\$111 copay

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Tier	One-month supply	Two-month supply	Three-month supply	Tier	One-month supply	Two-month supply	Three-month supply
Tier 3 (Preferred Brand)	\$11 copay	\$11 copay	\$111 copay	Tier 4 (Non-Preferred Brand)	11% of the cost	11% of the cost	11% of the cost
Tier 4 (Non-Preferred Brand)	11% of the cost	11% of the cost	11% of the cost	Tier 5 (Specialty Tier)	11% of the cost	Not Offered	Not Offered
Tier 5 (Specialty Tier)	11% of the cost	Not Offered	Not Offered	Standard Retail Cost-Sharing FOO			
Standard Retail Cost-Sharing				Standard Retail Cost-Sharing FOO			
Tier	One-month supply	Two-month supply	Three-month supply	Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$1 copay	\$1 copay	\$1 copay	Tier 1 (Preferred Generic)	\$1 copay	\$1 copay	\$11 copay
Tier 2 (Non-Preferred Generic)	\$1 copay	\$11 copay	\$11 copay	Tier 2 (Non-Preferred Generic)	\$1 copay	\$11 copay	\$11 copay
Tier 3 (Preferred Brand)	\$11 copay	\$11 copay	\$111 copay	Tier 3 (Preferred Brand)	\$11 copay	\$11 copay	\$111 copay
Tier 4 (Non-Preferred Brand)	11% of the cost	11% of the cost	11% of the cost	Tier 4 (Non-Preferred Brand)	11% of the cost	11% of the cost	11% of the cost
Tier 4 (Non-Preferred Brand)	11% of the cost	11% of the cost	11% of the cost	Tier 5 (Specialty Tier)	11% of the cost	Not Offered	Not Offered

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Tier	One-month supply	Two-month supply	Three-month supply	Tier	One-month supply	Two-month supply	Three-month supply
Tier 5 (Specialty Tier)	11% of the cost	Not Offered	Not Offered	Tier 1 (Preferred Generic)	\$1	\$1	\$1
Preferred Mail Order Cost-Sharing FOO				Preferred Mail Order Cost-Sharing			
Tier	One-month supply	Two-month supply	Three-month supply	Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$1	\$1	\$1	Tier 2 (Non-Preferred Generic)	\$1 copay	\$1 copay	\$1 copay
Tier 2 (Non-Preferred Generic)	\$1 copay	\$1 copay	\$1 copay	Tier 3 (Preferred Brand)	\$11 copay	\$11 copay	\$111 copay
Tier 3 (Preferred Brand)	\$11 copay	\$11 copay	\$111 copay	Tier 4 (Non-Preferred Brand)	11% of the cost	11% of the cost	11% of the cost
Tier 4 (Non-Preferred Brand)	11% of the cost	11% of the cost	11% of the cost	Tier 5 (Specialty Tier)	11% of the cost	Not Offered	Not Offered
Tier 5 (Specialty Tier)	11% of the cost	Not Offered	Not Offered				

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xxxxx Medicare Xx Xxxxx XXXXX				xxxxx Medicare Xx Xxxxx XXXXX			
Standard Mail Order Cost-Sharing				Standard Mail Order Cost-Sharing			
Tier	One-month supply	Two-month supply	Three-month supply	Tier	One-month supply	Two-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$1 copay	\$1 copay	\$11 copay	Tier 1 (Preferred Generic)	\$1 copay	\$1 copay	\$11 copay
Tier 2 (Non-Preferred Generic)	\$1 copay	\$11 copay	\$11 copay	Tier 2 (Non-Preferred Generic)	\$1 copay	\$11 copay	\$11 copay
Tier 3 (Preferred Brand)	\$11 copay	\$11 copay	\$111 copay	Tier 3 (Preferred Brand)	\$11 copay	\$11 copay	\$111 copay
Tier 4 (Non-Preferred Brand)	11% of the cost	11% of the cost	11% of the cost	Tier 4 (Non-Preferred Brand)	11% of the cost	11% of the cost	11% of the cost
Tier 5 (Specialty Tier)	11% of the cost	Not Offered	Not Offered	Tier 5 (Specialty Tier)	11% of the cost	Not Offered	Not Offered
If you reside in a long-term care facility, you pay the same as at a retail pharmacy.				If you reside in a long-term care facility, you pay the same as at a retail pharmacy.			
You may get drugs from an out-of-network pharmacy and pay the same as an in-network pharmacy, but you will get less of the drug.				You may get drugs from an out-of-network pharmacy and pay the same as an in-network pharmacy, but you will get less of the drug.			