

# 2019 SilverScript **Choice** PDP Design

## New York - Region 3

Stage	SilverScript Choice		
Premium	\$37.90		
Region Benchmark	\$39.33 (SilverScript Choice PDP below by \$1.43)		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	<b>Retail Pharmacy Preferred / Standard</b>	<b>Retail Pharmacy Preferred / Standard</b>	<b>Mail Service Pharmacy Preferred</b>
	<b>30-day</b>	<b>90-day</b>	<b>90-day</b>
Tier 1	\$3 / \$7	\$9 / \$21	\$0
Tier 2	\$13 / \$20	\$39 / \$60	\$32.50
Tier 3	\$42 / \$47	\$126 / \$141	\$105
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 <b>\$3,820</b> in total yearly drug costs (not including monthly premiums) <b>Generic drugs: Members pay 37% of the cost</b> <b>Brand drugs: Members pay 25% of the cost</b>		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent <b>\$5,100</b> out of pocket (not including monthly premiums) <b>Generic drugs: Members pay the greater of 5% coinsurance or \$3.40 copay</b> <b>All other drugs: Members pay the greater of 5% coinsurance or \$8.50 copay</b>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2018

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

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# 2019 SilverScript **Plus** PDP Design

## New York - Region 3

Stage	SilverScript Plus		
Premium	\$73.80		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	<b>Retail Pharmacy Preferred / Standard</b>	<b>Retail Pharmacy Preferred / Standard</b>	<b>Mail Service Pharmacy Preferred</b>
	<b>30-day</b>	<b>90-day</b>	<b>90-day</b>
Tier 1	\$1 / \$10	\$3 / \$30	\$0
Tier 2	\$5 / \$20	\$15 / \$60	\$0
Tier 3	\$35 / \$47	\$105 / \$141	\$87.50
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 <b>\$3,820</b> in total yearly drug costs (not including monthly premiums)		
Tier 1	\$1 / \$10	\$3 / \$30	\$0
Tier 2	\$5 / \$20	\$15 / \$60	\$0
Tiers 3, 4, and 5	<b>Generic drugs: Members pay 37% of the cost</b> <b>Brand drugs: Members pay 25% of the cost</b>		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent <b>\$5,100</b> out of pocket (not including monthly premiums) <b>Generic drugs: Members pay the greater of 5% coinsurance or \$3.40 copay</b> <b>All other drugs: Members pay the greater of 5% coinsurance or \$8.50 copay</b>		

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# 2019 SilverScript **Allure** PDP Design New York - Region 3

Stage	SilverScript Allure		
Premium	\$80.00		
Annual Deductible	\$0 deductible applies to all tiers		
Initial Coverage (ICL)	<b>Retail Pharmacy Preferred / Standard</b>	<b>Retail Pharmacy Preferred / Standard</b>	<b>Mail Service Pharmacy Preferred</b>
	<b>30-day</b>	<b>90-day</b>	<b>90-day</b>
Tier 1	\$1 / \$10	\$3 / \$30	\$0
Tier 2	\$5 / \$20	\$15 / \$60	\$12.50
Tier 3	20% / 25%	20% / 25%	20%
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 <b>\$3,820</b> in total yearly drug costs (not including monthly premiums) <b>Generic drugs: Members pay 37% of the cost</b> <b>Brand drugs: Members pay 25% of the cost</b>		
Catastrophic Coverage (after donut hole)	Members enter the Catastrophic Coverage stage when they have spent <b>\$5,100</b> out of pocket (not including monthly premiums) <b>Generic drugs: Members pay the greater of 5% coinsurance or \$3.40 copay</b> <b>All other drugs: Members pay the greater of 5% coinsurance or \$8.50 copay</b>		

Source: SilverScript Insurance Company Actuarial Services, as of August 1, 2018

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