

Two comprehensive Part D plans.

Both focused on protecting you.

SilverScript Choice

You get affordable premiums, low copays and the convenience of a nationwide pharmacy network.

ANNUAL DEDUCTIBLE

INITIAL COVERAGE

DRUG TIERS

Tier 1* Preferred Generic

Tier 2* Generic

Tier 3* Preferred Brand

Tier 4* Non-Preferred Brand

Tier 5* Specialty

COVERAGE GAP (DONUT HOLE)

CATASTROPHIC COVERAGE

\$0 DEDUCTIBLE

SilverScript Choice is a \$0 deductible plan,* meaning your Initial Coverage stage begins the day your plan takes effect.

YOUR COPAYS (\$) AND COINSURANCE (%)

	Standard Pharmacy		Mail Service Pharmacy	
	30-day	90-day	Preferred	Standard
			90-day	
Tier 1* Preferred Generic	\$3.00 or \$5.00	\$7.50 or \$12.50	\$7.50 or \$12.50	\$9.00 or \$15.00
Tier 2* Generic	\$11.00– \$17.00	\$27.50– \$42.50	\$27.50– \$42.50	\$33.00– \$51.00
Tier 3* Preferred Brand	\$37.00– \$47.00	\$92.50– \$117.50	\$92.50– \$117.50	\$111.00– \$141.00
Tier 4* Non-Preferred Brand	42%–48%		42%–48%	
Tier 5* Specialty	33%	N/A	N/A	

You leave the Initial Coverage stage and enter the Coverage Gap when you have reached \$3,310 in total yearly drug costs (not including monthly premiums).

Generic Drugs You pay 58% of the cost

Brand Drugs You pay 45% of the cost

You enter the Catastrophic Coverage stage when you have spent \$4,850 out of pocket (not including monthly premiums).

Generic Drugs You pay the greater of 5% coinsurance or \$2.95 copay

All Other Drugs You pay the greater of 5% coinsurance or \$7.40 copay

*All Tiers may include generic and brand drugs. Alaska Choice Plan has a \$360 deductible and copays/coinsurance of \$1/\$4/15%/35%/25% (Tiers 1-5). Call or visit the SilverScript website for more information.⁷

Everyone's needs are different. That's why SilverScript gives you different coverage options, Choice and Plus. Both plans have a formulary that covers over 3,200 drugs. And both plans have a \$0 deductible, so you can immediately take advantage of your benefits day 1.⁷

SilverScript Plus⁸

You get everything the Choice plan offers, plus enhanced coverage for Medicare's "donut hole" and Preferred Pharmacy pricing.

ANNUAL DEDUCTIBLE

INITIAL COVERAGE

DRUG TIERS

Tier 1 Preferred Generic**

Tier 2 Generic**

Tier 3 Preferred Brand**

Tier 4 Non-Preferred Brand**

Tier 5 Specialty**

COVERAGE GAP (DONUT HOLE)

Tier 1 (no more than)

Tier 2 (no more than)

Tiers 3, 4 and 5

CATASTROPHIC COVERAGE

\$0 DEDUCTIBLE

SilverScript Plus is a \$0 deductible plan, meaning your Initial Coverage stage begins the day your plan takes effect.

YOUR COPAYS (\$) AND COINSURANCE (%)

Preferred Pharmacy		Standard Pharmacy		Mail Service Pharmacy	
30-day	90-day	30-day	90-day	Preferred	Standard
\$0	\$0	\$7.00	\$21.00	\$0	\$21.00
\$3.00	\$7.50	\$10.00	\$30.00	\$0	\$30.00
\$22.00	\$55.00	\$29.00	\$87.00	\$55.00	\$87.00
35%		45%		35%	45%
33%	N/A	33%	N/A	N/A	

You leave the Initial Coverage stage and enter the Coverage Gap when you have reached \$3,310 in total yearly drug costs (not including monthly premiums).

30-day	90-day	30-day	90-day	90-day	
\$0	\$0	\$7.00	\$21.00	\$0	\$21.00
\$3.00	\$7.50	\$10.00	\$30.00	\$0	\$30.00

Generic Drugs You pay 58% of the cost

Brand Drugs You pay 45% of the cost

You enter the Catastrophic Coverage stage when you have spent \$4,850 out of pocket (not including monthly premiums).

Generic Drugs You pay the greater of 5% coinsurance or \$2.95 copay

All Other Drugs You pay the greater of 5% coinsurance or \$7.40 copay

**All Tiers may include generic and brand drugs.