

# 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	
<b>Tier 1*</b> Preferred Generic	\$3.00 or \$5.00	\$7.50 or \$12.50	\$7.50 or \$12.50	\$9.00 or \$15.00
<b>Tier 2*</b> Generic	\$11.00– \$17.00	\$27.50– \$42.50	\$27.50– \$42.50	\$33.00– \$51.00
<b>Tier 3*</b> Preferred Brand	\$37.00– \$47.00	\$92.50– \$117.50	\$92.50– \$117.50	\$111.00– \$141.00
<b>Tier 4*</b> Non-Preferred Brand	42%–48%		42%–48%	
<b>Tier 5*</b> 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.<sup>7</sup>

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.<sup>7</sup>

# SilverScript Plus<sup>8</sup>

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.