

2021 CDPHP® Medicare Advantage Rider for Group Medicare Pharmacy Coverage

Drug Tier	Retail In-Network Copay (30-day supply)			
Tier 1 Preferred Generic	\$0			
Tier 2 Generic	\$2			Catastrophic
Tier 3 Preferred Brand	\$7		Coverage Gap	
Tier 4 Non-Preferred Drugs	\$7	Initial Coverage limit	< \$6,550	>\$6,550
Tier 5 Specialty Tier	\$7	\$0- \$4,130		

- For a retail (90-day) supply: You pay 3 times the retail in-network copay (see cost share copay grid; Tier 5 drugs are not available for 90-day supply).
- For a long-term care (31-day) supply, mail-order (30-day), and out-of-network (30-day) supply: You pay the retail in-network copay.
- For a mail-order (90-day) supply: You pay 2 times the retail in-network copay (Tier 5 drugs are not available for 90-day supply).

Deductible: \$0 per benefit period.

Initial Coverage Limit: See cost-share grid. Once copayments or coinsurance for covered Part D drugs under the CDPHP Medicare Advantage Drug Plans Formulary reach the limit, the Coverage Gap begins.

Coverage Gap: See cost-share grid. When your total out-of-pocket Part D drug costs* reach the limit, Catastrophic Coverage begins.

Catastrophic: See cost-share grid for Tier 1 drugs. You pay 5% coinsurance with a minimum copayment of \$3.70 and a maximum copayment of \$5.00 for generic and multisource brand drugs in Tiers 2 through 5, and the greater of 5% coinsurance with a minimum of \$9.20 and a maximum copayment of \$10.00 for all other drugs in Tiers 2 through 5.

This summary does not detail all benefits, limitations, or exclusions. The terms of the *Evidence of Coverage* to which this rider is attached shall remain in full force and effect, except as amended by this rider. CDPHP Medicare Advantage is an HMO and PPO with a Medicare contract. Enrollment in CDPHP Medicare Advantage depends on contract renewal.

^{*}Total out-of-pocket Part D drug costs include member payments plus any drug manufacturer discounts paid on the member's behalf.