



CDPHP® Medicare Choices
LARGE GROUP PLANS
4-Tier Prescription Drug Rider Options
 Effective January 1, 2009

Rider #	Deductible	Coinsurance	Tiered Copayment Structure 30-Day Supply	Coverage Gap ("Donut Hole")	Mail Order 90-Day Supply (Tiers 1-3 only)	Retail 90-Day Supply (Tiers 1-3 only)
501	No	No	\$10/\$20/\$35/\$35	No	2 Copayments	3 Copayments
502	No	No	\$5/\$20/\$35/\$35	No	2 Copayments	3 Copayments
503	No	No	\$10/\$25/\$40/\$40	No	2 Copayments	3 Copayments
504	No	No	\$10/\$30/\$50/\$50	No	2 Copayments	3 Copayments
505	No	No	\$5/\$25/\$40/\$40	No	2 Copayments	3 Copayments
512	No	No	\$4/\$15/\$25/\$35	No	2 Copayments	3 Copayments
514	No	No	\$5/\$35/\$50/ 25% coinsurance	Yes—formulary generics covered	2 Copayments	3 Copayments

Riders 501–505 & 512:

- When your Part D total out-of-pocket spending reaches \$4,350, "catastrophic coverage" begins:
 - You pay the greater of 5% coinsurance or \$2.40 for generic and multiple source brand drugs, and the greater of 5% coinsurance or \$6.00 for all other drugs.
 - "Catastrophic coverage" applies only to Part D drugs.

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Rider 514:

- Once the total yearly Part D drug costs (total drug costs equals member payments plus CDPHP payments) reach \$2,700, a “coverage gap” begins:
 - The plan covers ALL Part D FORMULARY GENERICS through the “coverage gap”.
 - You pay 100% of CDPHP discounted prices for Tier 2, 3, and 4 Part D drug costs above \$2,700 until your total out-of-pocket spending reaches \$4,350.
- When your Part D total out-of-pocket spending reaches \$4,350, “catastrophic coverage” begins:
 - You pay the greater of 5% coinsurance or \$2.40 for generic and multiple source brand drugs, and the greater of 5% coinsurance or \$6.00 for all other drugs.

For all Riders:

- Tier 1: formulary generic drugs
- Tier 2: formulary preferred brand drugs
- Tier 3: formulary brand drugs
- Tier 4: formulary specialty drugs
- Mail order: 90-day supply available for two copayments for Tier 1, 2, and 3 drugs.
- Retail pharmacy: 90-day supply available for three copayments for Tier 1, 2, and 3 drugs.
- Tier 4 drugs limited to a 30-day supply.
- Prescriptions must be written by a duly licensed health care provider and filled at a participating pharmacy, unless otherwise authorized in advance by CDPHP.
- CDPHP Medicare Choices Part D Formulary and Enhanced Formulary apply.
- CDPHP will send you monthly or quarterly statements on the total cost of drugs used and true out-of-pocket (“TrOOP”).