



**CDPHP® Medicare Choices**  
**SMALL 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)
500	\$295	25%	25% coinsurance	Yes	25% coinsurance	25% coinsurance
507	No	No	\$5/\$35/\$50/ 25% coinsurance	Yes	2 Copayments	3 Copayments
513	No	No	\$5/\$35/\$50/ 25% coinsurance	Yes—formulary generics covered	2 Copayments	3 Copayments

**Riders 500 & 507:**

- Once the total yearly Part D drug costs (total drug cost equals member payments plus CDPHP payments) reach \$2,700, a "coverage gap" begins:
  - You pay 100% of CDPHP discounted prices for 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.

**CDPHP® Medicare Choices**  
**SMALL GROUP PLANS**  
**4-Tier Prescription Drug Rider Options**  
**Effective January 1, 2009**  
*(continued)*

**Rider 513:**

- 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
- 90-day supply available at network mail-order and retail pharmacies for Tier 1, 2, and 3 Part D 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 applies.
- CDPHP will send you monthly or quarterly statements on the total cost of drugs used and true out-of-pocket (“TrOOP”).