



**Capital District Physicians' Health Plan, Inc.
CDPHP Universal Benefits,® Inc.**

Your employer has chosen the following rider to modify the Plan under which you would be covered as a CDPHP® member:

Rider 520—Prescription Rx (Small Group)

Prescription drug benefits as follows:

- No deductible and no “coverage gap.”

Drug Tier	CVS In-Network Preferred Copay (30-day supply)	CVS In-Network Preferred Copay (90-day supply)	In-Network Non-Preferred Copay (30-day supply)	In-Network Non-Preferred Copay (90-day supply)	Caremark Mail Order Copay (30-day supply)	Caremark Mail Order Copay (90-day supply)
Tier 1 Formulary Preferred Generics	\$2	\$6	\$3	\$9	\$2	\$4
Tier 2 Formulary Non-Preferred Generics	\$4	\$12	\$5	\$15	\$4	\$8
Tier 3 Formulary Preferred Brand	\$30	\$90	\$35	\$105	\$30	\$70
Tier 4 Formulary Non-Preferred Brand	\$60	\$180	\$65	\$195	\$60	\$150
Tier 5 Formulary Specialty	30%	N/A	30%	N/A	30%	N/A

- When your Part D total out-of-pocket spending reaches \$4,550, “catastrophic coverage” begins and you pay the greater of 5 percent coinsurance or \$2.50 for generic and multisource brand drugs, and the greater of 5 percent coinsurance or \$6.30 for all other drugs.
- Mail order/retail pharmacy: 90-day supply available for Tier 1-4 drugs; Tier 5 drugs limited to a 30-day supply.
- Formulary Preferred Generics and Formulary Non-Preferred Generics copayments offer better coordinated care for CDPHP Group Medicare Rx plan members by having all prescription medications used by beneficiaries tracked by the CDPHP wellness department.
- All CDPHP Medicare Choices members receive a CVS ExtraCare Health® card, offering 20 percent discounts on all on CVS brand, health-related, flexible spending account (FSA)-eligible items as well as the benefits of the standard CVS ExtraCare card.
- 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 your true out-of-pocket (“TrOOP”) spending.

This summary does not detail all benefits, limitations, or exclusions. This is not a contract and may be subject to change.



**Capital District Physicians' Health Plan, Inc.
CDPHP Universal Benefits,® Inc.**

Your employer has chosen the following rider to modify the Plan under which you would be covered as a CDPHP® member:

Rider 525—Prescription Rx (Large Group)

Prescription drug benefits as follows:

- No deductible and no “coverage gap.”

Drug Tier	CVS In-Network Preferred Copay (30-day supply)	CVS In-Network Preferred Copay (90-day supply)	In-Network Non-Preferred Copay (30-day supply)	In-Network Non-Preferred Copay (90-day supply)	Caremark Mail Order Copay (30-day supply)	Caremark Mail Order Copay (90-day supply)
Tier 1 Formulary Preferred Generics	\$2	\$6	\$3	\$9	\$2	\$6
Tier 2 Formulary Non-Preferred Generics	\$4	\$12	\$5	\$15	\$4	\$10
Tier 3 Formulary Preferred Brand	\$20	\$60	\$20	\$60	\$20	\$40
Tier 4 Formulary Non-Preferred Brand	\$30	\$90	\$30	\$90	\$30	\$60
Tier 5 Formulary Specialty	\$30	N/A	\$30	N/A	\$30	N/A

- When your Part D total out-of-pocket spending reaches \$4,550, “catastrophic coverage” begins and you pay the greater of 5 percent coinsurance or \$2.50 for generic and multisource brand drugs, and the greater of 5 percent coinsurance or \$6.30 for all other drugs.
- Mail order/retail pharmacy: 90-day supply available for Tier 1-4 drugs; Tier 5 drugs limited to a 30-day supply.
- Formulary Preferred Generics and Formulary Non-Preferred Generics copayments offer better coordinated care for CDPHP Group Medicare Rx plan members by having all prescription medications used by beneficiaries tracked by the CDPHP wellness department.
- All CDPHP Medicare Choices members receive a CVS ExtraCare® Health card, offering 20 percent discounts on all on CVS brand, health-related, flexible spending account (FSA)-eligible items as well as the benefits of the standard CVS ExtraCare card.
- 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 your true out-of-pocket (“TrOOP”) spending.

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**Capital District Physicians' Health Plan, Inc.
CDPHP Universal Benefits,[®] Inc.**

Your employer has chosen the following rider to modify the Plan under which you would be covered as a CDPHP[®] member:

Rider 526—Prescription Rx (Large Group)

Prescription drug benefits as follows:

- No deductible and no “coverage gap.”

Drug Tier	CVS In-Network Preferred Copay (30-day supply)	CVS In-Network Preferred Copay (90-day supply)	In-Network Non-Preferred Copay (30-day supply)	In-Network Non-Preferred Copay (90-day supply)	Caremark Mail Order Copay (30-day supply)	Caremark Mail Order Copay (90-day supply)
Tier 1 Formulary Preferred Generics	\$2	\$6	\$3	\$9	\$2	\$6
Tier 2 Formulary Non-Preferred Generics	\$4	\$12	\$5	\$15	\$4	\$10
Tier 3 Formulary Preferred Brand	\$30	\$90	\$35	\$105	\$30	\$60
Tier 4 Formulary Non-Preferred Brand	\$50	\$150	\$55	\$165	\$50	\$100
Tier 5 Formulary Specialty	\$50	N/A	\$55	N/A	\$50	N/A

- When your Part D total out-of-pocket spending reaches \$4,550, “catastrophic coverage” begins and you pay the greater of 5 percent coinsurance or \$2.50 for generic and multisource brand drugs, and the greater of 5 percent coinsurance or \$6.30 for all other drugs.
- Mail order/retail pharmacy: 90-day supply available for Tier 1-4 drugs; Tier 5 drugs limited to a 30-day supply.
- Formulary Preferred Generics and Formulary Non-Preferred Generics copayments offer better coordinated care for CDPHP Group Medicare Rx plan members by having all prescription medications used by beneficiaries tracked by the CDPHP wellness department.
- All CDPHP Medicare Choices members receive a CVS ExtraCare Health[®] card, offering 20 percent discounts on all on CVS brand, health-related, flexible spending account (FSA)-eligible items as well as the benefits of the standard CVS ExtraCare card.
- 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 your true out-of-pocket (“TrOOP”) spending.

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